



## 2014 Retiree Benefits Overview

	UHC Senior Supplement	UHC Medicare Advantage	Kaiser Senior Advantage
Deductible	None	None	None
PCP Visit	\$0	\$5	\$0
Specialist Visit	\$0	\$5	\$0
Preventive Care (covered services are based on Federal guidelines: www.healthcare.gov)	\$0	\$0	\$0
Hospital	\$0	\$0	\$0
Outpatient Surgery	\$0	\$0	\$0
Urgent Care (waived if admitted)	\$0	\$5	\$0
Emergency Room (waived if admitted)	\$0	\$50	\$50
Ambulance	\$0	\$0	\$0
Retail Prescription Drugs	Generic: \$5 Preferred: \$20 Non-Preferred: \$35 (30 day supply)	Generic: \$7 Preferred: \$14 Non-Preferred: \$14 Specialty: \$14 (up to 31 day supply)	Generic: \$5 (up to 30 day supply)
Mail Order Prescription Drugs	Generic: \$10 Preferred: \$40 Non-Preferred:\$70 (90 day supply)	Generic: \$14 Preferred: \$28 Non-Preferred: \$28 Specialty: \$28 (up to 90 day supply)	Generic: \$10 (up to 100 day supply)
Mental Health	Outpatient:\$0 Inpatient: \$0	Outpatient:\$5 Inpatient \$0	Outpatient: \$0 Inpatient: \$0
Substance Abuse	Outpatient:\$0 Inpatient: \$0	Outpatient:\$5 Inpatient: \$0	Outpatient: \$0 Inpatient: \$0
Annual Hearing Exam	\$10	\$5	\$0

Disclaimer: This overview is merely a brief description of the major benefits offered through your district. It is not intended to alter or expand benefits, rights or liabilities as set forth in the official plan document contracts. (See Summary of Benefits or Evidence of Coverage for details.)

