

County of Mendocino	In-Network Benefits	Out-of-Network Benefits	Medicare Pays	Aetna	Cigna	UnitedHealthcare Group Senior Supplement	UnitedHealthcare Group Senior Supplement	UnitedHealthcare Group Senior Security
Benefits	Anthem Blue Cross and The Foundation					Plan K	Plan F	Plan 1
Annual Deductible: Individual / Family per calendar year(s)	\$100 indiv / \$200 Family	\$100 indiv / \$200 Family	None	\$200	\$0	N/A	N/A	\$1,000
Maximum Out-Of-Pocket	\$1,100/member, \$2,200/ family	\$3,100/member, \$6,200/ family	None	\$3,000	\$0	\$4,620	N/A	N/A
Maximum Lifetime Benefit	\$2,000,000	\$2,000,000	\$2,000,000	Unlimited	Unlimited	\$2,000,000	\$2,000,000	\$1,000,000
Hospital Inpatient First 60 days; Days 61-90; Days 91-and after while using 60 lifetime reserve days; After 60 lifetime reserve days 365 lifetime add days; Beyond 365 lifetime add days	80% (+\$200 deductible for non-precertification)	60% (+\$200 deductible for non-precertification)	All but \$1,068; All but \$267 per day; All but \$534 per day; \$0; \$0	Covers 90% after Medicare's payment and deductible is paid	Covers 80% after Medicare's payment	Covers 50% of the Part A deductible (first 60 days); Covers balance after Medicare's payment	Covers the Part A deductible (first 60 days); Covers balance after Medicare's payment	Covers 100% after plan deductible
Outpatient Surgery First \$135 of Medicare Approved Amounts; Remainder of Medicare App Amts; Outpatient MH for most outpatient mental illness services; Part B Excess Charges (above Medicare Approved Amounts)	Covers 80% after Medicare's payment and deductible is paid	Covers 60% after Medicare's payment and deductible is paid	\$0; Generally 80%; 50%; \$0	Covers 90% after Medicare's payment and deductible is paid	Covers 80% after Medicare's payment	Covers balance after Medicare's payment. Covers Medicare Part B Deductible; 100%(Part B Excess charges)	Not covered; Covers 10% of balance after Medicare pymt; Not covered (Part B Excess charges)	Covers 100% after plan deductible; Not covered (Part B Excess charges)
Office Visits First \$135 of Medicare Approved Amounts Remainder of Medicare App Amts Outpatient MH for most outpatient mental illness services Part B Excess Charges (above Medicare Approved Amounts)	Covers 80% after Medicare's payment and deductible is paid	Covers 60% after Medicare's payment and deductible is paid	\$0; Generally 80%; 50%; \$0	Covers 100% after Medicare's payment and deductible is paid	Covers 80% after Medicare's payment	Covers balance after Medicare's payment. Covers Medicare Part B Deductible; 100%(Part B Excess charges)	Not covered; Covers 10% of balance after Medicare pymt; Not covered (Part B Excess charges)	Covers 100% after plan deductible; Not covered (Part B Excess charges)
Emergency Room	\$50 copay then 80%; deductible waived	\$50 copay then 60%; deductible waived	\$50 copay	\$50 copay	Covers 80% after Medicare's payment	Covers 100% after Medicare's payment	Covers 100% after Medicare's payment	Covers 100% after Medicare's payment
Outpatient Prescription Drugs (pharmacy and mail order)	20% generic / 20% brand (both retail and mail order)	20% generic / 20% brand (both retail and mail order)		15% generic / 25% brand preferred / 35% non-pref (both retail and mail order)	20% generic; 20% brand preferred; 20% non-preferred (both retail and mail order)	\$10 generic / \$50 preferred brand/ \$75 non-preferred/ \$75 Specialty; Mail Order: \$20 generic / \$100 preferred brand/ \$150 non-preferred/ \$150 Specialty	\$10 generic / \$50 preferred brand/ \$75 non-preferred/ \$75 Specialty; Mail Order: \$20 generic / \$100 preferred brand/ \$150 non-preferred/ \$150 Specialty	\$10 generic / \$50 preferred brand/ \$75 non-preferred/ \$75 Specialty; Mail Order: \$20 generic / \$100 preferred brand/ \$150 non-preferred/ \$150 Specialty
Days supply	30 days, 90 days MOI	30 days, 90 days MOI		31 days, 90 days MOI	30 days, 90 days MOI	31 days, 90 days MOI	31 days, 90 days MOI	31 days, 90 days MOI
Durable Medical Equipment First \$135 of Medicare Approved Amounts Remainder of Medicare Approved Amounts	Covers 80% after Medicare's payment and deductible is paid	Covers 60% after Medicare's payment and deductible is paid	\$0; 80% of approved amounts	Covers 90% after deductible	Covers 80% after Medicare's payment	Not covered; Covers 10% after Medicare's payment	Covers balance after Medicare's payment; Covers Medicare Part B Deductible	Covers 100% after plan deductible
Skilled Nursing Days 1-20 Days 21-100 Days 101 and after	Medicare pays all approved amounts; 80%; 120 days calendar year maximum	Medicare pays all approved amounts; 60%; 120 days calendar year maximum	100%; All but \$133.50 per day; \$0	Medicare pays all approved amounts; Covers 90% after ded; Not covered	Medicare pays all approved amounts; Covers 80%; Not covered	Medicare pays all approved amounts; Covers 50% after ded; Not covered	Medicare pays all approved amounts; 100%; Not covered	Medicare pays all approved amounts; Covers 100% after ded; Not covered
Hospice	100%; \$3,000 lifetime max	100%; \$3,000 lifetime max	All but very limited coinsurance for outpatient drugs and inpatient respite care	Not covered	Covers 80% after Medicare's payment	Covers 50% of balance after Medicare's payment	Covers balance after Medicare's payment	Covers 100% after plan deductible
Home Health Care	Covers 80% after Medicare's payment and deductible is paid	Covers 60% after Medicare's payment and deductible is paid	All approved amounts	Covers 100% after Medicare's payment and deductible is paid	Covers 80% after Medicare's payment	Covers 50% of balance after Medicare's payment	Covers balance after Medicare's payment	Covers 100% after plan deductible
Rate(s)	\$605.02		\$94.60	\$168 - \$379.80	\$365.61	\$267.44	\$350.61	\$287.46

This benefit summary is intended to highlight the benefits only. If this benefit summary conflicts in any way with the plan(s) currently in place or quoted, the applicable COC, carrier proposal, and/or Medicare benefits summary found on www.medicare.gov