

<b>STATE HEALTH BENEFIT PLAN MEDICARE ADVANTAGE PLANS SUMMARY</b>		
<b>Medicare Advantage with Prescription Drugs PFFS Benefit</b>	<b>MAPD PFFS Standard Offered in 2009 and 2010</b>	<b>MAPD PFFS Premium New for 2010</b>
Deductible	\$0	\$0
Out of Pocket Maximum (excludes copays for office visits and drugs)	\$1,000	\$500
Hospital Inpatient – unlimited days	\$190 days 1-4/Admit	\$100 days 1-3/Admit
Inpatient Mental Health (MH) 190 day limit (lifetime)	\$190 days 1-4/Admit	\$100 days 1-3/Admit
Inpatient Substance Abuse (SA) – unlimited days	\$190 days 1-4/Admit	\$100 days 1-3/Admit
Skilled Nursing Facility – 100 day limit calendar year	\$50 days 11-100	\$25 days 11-100
Transplants – unlimited days	Same as Inpatient	Same as Inpatient
Emergency Room (world wide coverage)	\$50	\$50
Urgent Care	\$25	\$20
Partial Hospitalization	\$95	\$50
Home Health – unlimited days	\$0	\$0
Primary Care Physician	\$20	\$10
Specialist	\$25	\$20
Annual Physical Exam	Physician copay	Physician copay
Immunizations	\$0	\$0
Chiropractic – 20 day limit for non Medicare covered	\$25	\$20
Podiatry – 6 day limit for non Medicare covered	\$25	\$20
Allergy Shots and Serum	10%	10%
Outpatient Rehab – Occupational, Physical, Speech, Cardiac Rehab	\$25	\$10
Outpatient MH/SA	\$25	\$10
MH/SA Partial & Intensive Out Patient	\$60	\$50
Hospital Outpatient/Ambulatory Surgical Center	\$95	\$50
Ambulance	\$0	\$0
Durable Medical Equipment and Supplies	10%	10%
Diabetes Monitoring Supplies	10%	10%
Medicare Part B Drugs	10%	10%
Routine Eye Exam	\$25	\$20
Vision Hardware	\$125/2 years	\$125/2 years
Hearing Exams (including Hearing Aid fitting)	\$25	\$20
Hearing Aids	\$1000/4 years	\$1000/4 years
Pharmacy*		
Tier One	\$10	\$10
Tier Two	\$25	25% up to max of \$25
Tier Three	\$50	25% up to max of \$50
Tier Four	\$50	25% up to max of \$50

\*Under each tier, you can purchase a 90 day supply for 2 copays using Mail Order or pay 3 copays at a Retail Pharmacy.  
Note: the \$ amounts shown are the member's co-pay or co-insurance amount.

*This information is provided as a summary only and does not contain all important information. Make sure to read all your enrollment information thoroughly as plan details may vary. If you need more assistance, call CIGNA or United Healthcare or visit their websites to review a Summary of Benefits and Drug List. CIGNA: 1-800-942-6724, [www.cigna.com/shbp](http://www.cigna.com/shbp), United Healthcare: (877) 246-4190, [www.uhcretiree.com/shbp](http://www.uhcretiree.com/shbp).*