

Plan Comparison: Medicare Coverage

	In-Force HealthNet HMO	Anthem PPO Unbundled MAPD PPO
Plan Design & Coverage	MAPD	MAPD
Deductible	\$0	\$0
Out-of-Pocket Max	\$3,400	\$3,400
Primary Care Visit	\$10	\$10
Specialist Visit	\$10	\$10
Inpatient Hospital Care	\$0 per admit	\$0 per admit
Outpatient Surgery	\$0	\$0
Inpatient MH/SUD	\$0 per admit	\$0 per admit
Outpatient MH/SUD	\$5	\$5
Skilled Nursing Facility	\$0, Days 1-100	\$0, Days 1-100
Urgent Care Center	\$20, waived if admitted	\$20, waived if admitted
Emergency Room	\$65, waived if admitted	\$65, waived if admitted
Ambulance	\$0	\$0
DME	\$0	\$0

Plan Comparison: Ancillary Benefits

	In-Force HealthNet HMO	Anthem PPO Unbundled MAPD PPO
Plan Design & Coverage	MAPD	MAPD
Foreign Travel Coverage	\$0, Emergency Care	\$65, ER; \$20, Urgently Needed Care - both waived if admitted within 72 hours; \$0, Inpatient Care - 60 Days Lifetime Max
Hearing	\$15 copay Hearing exam Medicare Routine hearing exam: \$15, Routine exam (1 every calendar yr.), you pay 100% for hearing aids	\$0, Routine Hearing Exam - 1 per yr.; \$0 copay for hearing aid fitting eval 1 eval per covered hearing aid - \$70 Max Benefit for Exams & Fittings; \$500 Allowance - per ear - \$1,000 Total - every 3 yrs. - Must Use TruHearing
Vision	\$15, Vision exam Medicare \$15, Routine exam - per visit up to 1 every calendar yr. Routine eyewear: up to \$100 allowance every 24 months	\$0, Routine Eye Exam - 1 per yr. (\$70 OON Reimbursement); \$0, eyewear - \$100 max. benefit every 2 calendar yrs.; \$0 copay for non-elective contact lenses 1 pair every 2 calendar yrs. (100% Reimbursement OON) - Must Use Blue View Vision
Dental	\$0, Medicare \$0, Preventive Dental Services (including oral exams, cleanings, fluoride treatment, and X-rays)	\$0 copay for an oral evaluation 2 oral exams every calendar yr. combined in and out-of-network; \$0 copay for cleaning 2 cleanings every calendar yr. combined in and out-of-network; \$0 copay for X-rays 1 full mouth or panoramic X-ray every calendar yr. combined in and out-of-network - Must Use Liberty Dental - 30% OON
Podiatry	\$15, Medicare; \$15, 1 Visit per month	\$0, 12 Visits per year
Chiropractic	\$5, Medicare; \$5, 20 Visits per yr.	\$5, 20 Visits per year
Acupuncture	\$5, Medicare; \$5, 20 Visits per year	\$5, 20 Visits per year
Fitness Benefit	Included	Included

Plan Comparison: Part D

	In-Force HealthNet HMO	Anthem PPO Unbundled MAPD PPO
Plan Design & Coverage	MAPD	MAPD
CY Deductible	\$0	\$0
30-Day Retail		
Tier 1A (Pref. Generics)	\$5	\$0, Select Generics \$5 Preferred Generics
Tier 1 (Generics)	\$10	\$10
Tier 2 (Pref. Brands)	\$20	\$20
Tier 3 (NP Brands)	\$35	\$35
Tier 4 (Specialty)	25%	25%
90-Day Retail		
Tier 1A (Pref. Generics)	\$15	\$0, Select Generics \$15 Preferred Generics
Tier 1 (Generics)	\$30	\$30
Tier 2 (Pref. Brands)	\$60	\$60
Tier 3 (NP Brands)	\$105	\$105
Tier 4 (Specialty)	One Month	One Month

Plan Comparison: Part D (Continued)

RetireeFirst

	In-Force HealthNet HMO	Anthem PPO Unbundled MAPD PPO
Plan Design & Coverage	MAPD	MAPD
CY Deductible	\$0	\$0
90-Day Mail Order		
Tier 1A (Pref. Generics)	\$0	\$0, Select Generics \$0, Preferred Generics
Tier 1 (Generics)	\$0	\$0
Tier 2 (Pref. Brands)	\$40	\$40
Tier 3 (NP Brands)	\$70	\$70
Tier 4 (Specialty)	One Month	One Month
Specifications		
Out-of-Pocket Max	CMS Requirement	CMS Requirement
RX Tiers	5 Tier	5 Tier
Drug Formulary	Comprehensive	Comprehensive
Any Non-Part D Drugs	Not Defined	Yes
Utilization Mgmt	PA, QL, & ST	PA, QL, & ST



Plan Comparison: Part D (Continued)

RetireeFirst

	In-Force HealthNet HMO	Anthem PPO Unbundled MAPD PPO
Plan Design & Coverage	MAPD	MAPD
CY Deductible	\$0	\$0
Additional Non-Part D Drugs		
GLP-1 (Weight Loss Only)	Not Defined	No
Lifestyle (ED)	Not Defined	Yes
Weight Loss	Not Defined	No
Cough & Cold	Not Defined	Yes
Vitamins & Minerals	Not Defined	Yes
Cosmetic	Not Defined	DESI
ACA at \$0	Not Defined	No