

**Benefits Comparison Chart
(Appendix A)**

Description	Current PPO Actives	Current PPO Retirees	MAPD United Healthcare
Annual Medical Deductible	\$350	\$350	\$350
Is Annual Medical Deductible combined for IN and OUT of network?	Yes	Yes	Yes
Annual Medical Out-of-Pocket Maximum	\$1,500	\$1,500	\$1,500
Is Annual Medical Out-of-Pocket combined for IN and OUT of network?	Yes	Yes	Yes
PHYSICIAN SERVICES			
Primary Care Physician Office visit (includes Non-MD office visits)	15%	15%	15%
Specialist Office Visit	15%	15%	15%
INPATIENT SERVICES			
Inpatient Hospital Stay	15%	15%	15%
Skilled Nursig Facility Care	15%	15%	15%
Inpatient Mental Health in a Psychiatric Hospital	15%	15%	15%
OUTPATIENT SERVICES			
Outpatient Surgery	15%	15%	15%
Outpatient Hospital Services	15%	15%	15%
Outpatient Mental Health/Substance Abuse (Individual Visit)	15%	15%	15%
Outpatient Mental Health/Substance Abuse (Group Visit)	15%	15%	15%
Partial Hospitalization (Mental Health Day Treatment) per day	15%	15%	5%
Comprehensive Outpatient Rehabilitation Facility (CORF)	15%	15%	15%
Occupational Therapy	15%	15%	15%
Physical Therapy and Speech/Language Therapy	15%	15%	15%
Cardiac/Pulmonary Rehabilitation	15%	15%	15%
Kidney Dialysis	15%	15%	15%
MEDICARE-COVERED SPECIALIST VISITS			
Chiropractic Visit (Medicare-covered)	15%	15%	15%
Podiatry Visit (Medicare-covered)	15%	15%	15%
Eye Exam (Medicare-covered)	Separate Plan		15%
Hearing Exam (Medicare-covered)	Preventive Coverage		15%
Dental Services (Medicare-covered)	Separate Plan		15%
AMBULANCE/EMERGENCY ROOM/URGENT CARE			
Ambulance Services	15%	15%	15%
Ambulance Copay Waived if Admitted?	No	No	No
Emergency Room (includes Worldwide Coverage)	\$100	\$100	\$75
Emergency Room Copay Waived if Admitted within 24 hours?	Yes	Yes	Yes
Urgently Needed Care (Includes Worldwide Coverage)	15%	15%	15%
Urgent Care Copay Waived if Admitted with 24 hours?	No	No	Yes
PART B DRUGS and BLOOD			
Part B Drugs - Immunosuppressives, Anti-nausea, Inhalation Solutions, Hemophilia Clotting Factors, Antigens, Outpatient Injectable Medications Administered in a Physician's Office	15%	15%	15%
Chemotherapy Drugs	15%	15%	15%

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(Appendix A)**

Description	Current PPO	Current PPO	MAPD
	Actives	Retirees	United Healthcare
Blood	15%	15%	\$0
DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES			
Durable Medical Equipment	15%	15%	15%
Prosthetics	15%	15%	15%
Orthotics	15%	15%	15%
Diabetic Shoes and Inserts	15%	15%	15%
Medical Supplies	15%	15%	15%
Diabetes Monitoring Supplies	\$0	\$0	\$0
Insulin Pumps and Supplies	15%	15%	15%
HOME HEALTHCARE AGENCY & HOSPICE			
Home Health Services	15%	15%	15%
Hospice (Medicare-covered)	15%	15%	\$0
PROCEDURES			
Clinical Laboratory Services	15%	15%	15%
Outpatient X-ray Services	15%	15%	15%
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	15%	15%	15%
Diagnostic Radiology Service	15%	15%	15%
Therapeutic Radiology Service	15%	15%	15%
PREVENTIVE SERVICES (MEDICARE-COVERED)			
Cardiovascular Screenings	\$0	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B Vaccines)	\$0	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0	\$0
Prostate Cancer Screening	\$0	\$0	\$0
Colorectal Cancer Screening	\$0	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0	\$0
Mammography	\$0	\$0	\$0
Smoking Cessation Visit	\$0	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	NA	NA	\$0
Diabetic Screening	\$0	\$0	\$0
HIV Screening	NA	NA	\$0
Screening and Behavior Counseling Interventions in Primary Care to Reduce Alcohol Misuse	NA	NA	\$0
Screening for Depression in Adults	NA	NA	\$0
Screening for Sexually Transmitted Infections	NA	NA	\$0
High Intensity Behavioral Counseling to Prevents STI's and Intensive Behavioral Therapy for Cardiovascular Disease	NA	NA	\$0
Screening and Counseling for Obesity	\$0	\$0	\$0
Glaucoma Screening	NA	NA	\$0
Kidney Disease Education	NA	NA	\$0
Hepatitis C Screening	\$0	\$0	\$0
Lung Cancer Screening	\$0	\$0	\$0

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ADDITIONAL BENEFITS/PROGRAMS (Non Medicare -covered)			
Routine Podiatry	15%	15%	15%
Routine Hearing Exam for Hearing Aids - every 12 months	\$0	\$0	\$0
Hearing Aid Allowance - includes Digital Hearing Aids	None		\$500
Benefit per ear or combined	Not covered		Combined
Number of Hearing Aids	Not covered		Unlimited
Hearing Aid period in months	Not covered		36 months
Annual Routine Physical Exam	\$0	\$0	\$0
Outpatient Prescription Drug Coverage			
Formulary	Broad	Broad	Broad
Formulary Edits (step therapy, quantity limits, prior authorization)	Yes	Yes	Yes
Part D Retail Copay (up to a 30 day supply)			
Tier 1: Generic	\$9	\$9	\$9
Tier 2: Preferred Brand	\$25	\$25	\$25
Tier 3: Non-Preferred Brand	\$45	\$45	\$45
Tier 4: Specialty Tier	\$100	\$100	\$100
Part D Preferred Mail Order Copay (up to a 90 day supply)			
Tier 1: Generic	\$18	\$18	\$18
Tier 2: Preferred Brand	\$50	\$50	\$50
Tier 3: Non-Preferred Brand	\$90	\$90	\$90
Tier 4: Specialty Tier	\$200	\$200	\$200

Rate Comparisons			
PPO	Retiree	District	Total
Current (Monthly)	\$ 193.10	\$ 289.66	\$ 482.76
MAPD (Monthly)	\$ 118.06	\$ 177.09	\$ 295.15
Monthly Savings	\$ 75.04	\$ 112.57	\$ 187.61
Annual Savings	\$ 900.53	\$ 1,350.79	\$ 2,251.32
HMO	Retiree	District	Total
Current (Monthly)	\$ 224.14	\$ 336.21	\$ 560.35
MAPD (Monthly)	\$ 118.06	\$ 177.09	\$ 295.15
Monthly Savings	\$ 106.08	\$ 159.12	\$ 265.20
Annual Savings	\$ 1,272.96	\$ 1,909.44	\$ 3,182.40

* utilizes the 2017 retiree contribution rate (40.0%)