



# SUMMARY COMPARISON OF HEALTH PLANS FOR RETIREES ON MEDICARE\*

*This is a general overview. Each plan may vary depending on location. Retirees should contact the plan directly for options available.*

*(Metro New York Plans Only)\**

**THESE BENEFITS & RATES ARE FOR CALENDAR YEAR 2007. SUBJECT TO CHANGE.**

TYPE OF PLAN	MEDICARE SUPPLEMENT	MEDICARE HMO	MEDICARE HMO	MEDICARE SUPPLEMENT	MEDICARE RELATED	MEDICARE HMO	MEDICARE HMO	MEDICARE HMO	MEDICARE RELATED	MEDICARE HMO
NAME OF PLAN	GHI/BC SeniorCare	HIP-VIP Premier Medicare Plan	Aetna Golden Medicare	GHI-HMO Medicare Senior Supplement	Empire Blue Cross & Blue Shield Medicare Related Coverage	Mediblu HMO Plus (formerly Empire Blue Choice)	Elderplan	Secure Horizons (formerly Oxford)	Healthnet MedPrime	Healthnet SmartChoice
<b>MONTHLY COST PER-PERSON RATES EFFECTIVE 1/1/07 (SUBJECT TO CHANGE)</b>	<b>BASIC COVERAGE: \$0 RETIREE OPTION: \$89.18</b>	<b>AUTOMATIC OPTION: \$85.34</b>	<b>NY COUNTIES: AUTOMATIC OPTION: \$131.10 OUT OF AREA: CALL FOR COST</b>	<b>BASIC COVERAGE: \$36.34 RETIREE OPTION: \$74.54</b>	<b>BASIC COVERAGE: \$76.88 RETIREE OPTION: \$169.88</b>	<b>5 BOROUGHES OF NYC: AUTOMATIC OPTION: \$69.00 OUT OF AREA: CALL FOR COST</b>	<b>NO COST</b>	<b>NY COUNTIES : AUTOMATIC OPTION: \$86.33 OUT OF AREA: CALL FOR COST</b>	<b>NY COUNTIES: BASIC COVERAGE: \$81.41 RETIREE OPTION: \$303.48 OUT OF AREA: CALL FOR COST</b>	<b>4 BOROUGHES OF NYC: AUTOMATIC OPTION: \$60.00 OUT OF AREA: CALL FOR COST</b>
<b>PHONE NUMBER</b>	GHI: 212-501-4444 Blue Cross: 800-767-8672	800-HIP-TALK	800-307-4830	877-244-4466	800-767-8672	800-809-7328	877-414-9015	800-203-5631	800-441-5741	800-547-8734
<b>WEB SITE</b>	www.ghi.com	www.hipusa.com	www.aetna.com	www.ghihmo.com	www.empireblue.com	www.empireblue.com	www.elderplan.org	www.oxhp.com	www.healthnet.com	www.healthnet.com
<b>COVERAGE AREA</b>	Nationwide	5 boroughs of NYC & Nassau, Suffolk and Westchester Counties	<b>NY:</b> 5 boroughs of NYC; Cayoga, Dutchess, Nassau, Onondaga, Putnam, Rockland, Suffolk, Sullivan, Ulster & Westchester Counties <b>NJ:</b> Statewide (All covered) <b>PA:</b> Eastern PA Counties	<b>NY:</b> 5 boroughs of NYC. Counties of Albany, Broome, Columbia, Delaware, Dutchess, Fulton, Green, Montgomery, Nassau, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington & Westchester	Nationwide	5 boroughs of NYC & Nassau, Suffolk, Rockland & Westchester Counties	NYC Boroughs of Brooklyn, Queens, Staten Island, Manhattan & Bronx	<b>NY:</b> 5 boroughs of NYC, Nassau, Orange, Rockland & Westchester <b>NJ:</b> Hudson County, Bergen, Essex, Mercer, Middlesex, Monmouth, Ocean, Passaic & Union <b>CT:</b> New Haven	<b>NY:</b> Counties of Manhattan, Nassau, Suffolk, Westchester, Rockland, Dutchess, Putnam & Orange. <b>NJ:</b> Statewide. <b>CT:</b> Counties of Litchfield, Middlesex, New London, Tolland & Windham	<b>NY:</b> Bronx, Brooklyn, Queens & Staten Island <b>CT:</b> Fairfield, New Haven & Hartford Counties
<b>OFFICE VISIT CO-PAYMENT</b>	\$50 GHI calendar year deductible. Reimburses 20% of amount approved by Medicare (after satisfying Medicare Part B deductible and Medicare pays 80%)	\$0 co-pay \$5 Specialist	\$10 PCP \$15 Specialist NY \$15 Specialist NJ	\$15 co-pay	Reimburses 20% of amount approved by Medicare (after Medicare pays 80%)	\$0 Office visit \$10 Specialist visit	\$0 for PCP doctor \$20 for specialist	\$15 co-pay	\$10 co-pay	NY: \$10 co-pay PCP and OB/GYN \$15 co-pay all others CT: \$15 co-pay PCP/\$25 specialist
<b>OUTPATIENT LAB &amp; X-RAY CO-PAYMENT</b>	\$50 GHI calendar year deductible. Reimburses 20% of amount approved by Medicare (after satisfying Medicare Part B deductible and Medicare pays 80%)	Covered in full. \$0 co-pay	\$15 co-pay NY \$15 co-pay NJ	Lab: Covered in full X-ray: \$15 co-pay	Reimburses 20% of amount approved by Medicare (after Medicare pays 80%)	Covered in full. \$0 co-pay.	You pay 20%	Covered in full	Covered in full	Covered in full
<b>PARTICIPATING OR OUT-OF-NETWORK PROVIDER</b>	Choice of any provider	Over 25,000 doctors in more than 40,000 locations, including private practice and neighborhood health centers.	In-network providers only	In-network providers only	Choice of any provider	Participating providers only	Participating providers only	Participating providers only	Participating providers only	Participating providers only
<b>HOSPITALIZATION DEDUCTIBLE OR CO-PAY (INPATIENT)</b>	\$300 deductible per admission, \$750 annual maximum per person. Optional Rider increases coverage to 365 days.	Surgeon and physician fees, semi-private room, anesthesia, x-ray, lab tests, prescribed drugs, intensive care—covered in full. \$0 co-pay.	Covered in full	Covered in full	Reimburses Part A hospital deductible, 365 days	\$0 co-pay	You pay \$500 for each Medicare-covered stay in a network hospital. There is no co-payment for additional days in a network hospital. You are covered for unlimited days each benefit period.	No hospitalization deductible or co-pay	Covered in full	Covered in full
<b>PRIVATE DUTY NURSING</b>	80% subject to \$25 deductible. \$2,500 maximum combined with ambulance and medical equipment	Covered in full. \$0 co-pay (inpatient)	Not covered unless medically necessary and in a skilled nursing facility	Covered in full	80% after first 72 hours when authorized by a physician. \$100 deductible	Not covered	Covered in full for 100 days each benefit period in a skilled nursing facility	Not covered	Covered in full	Covered in full
<b>INPATIENT MENTAL HEALTH</b>	Covered in full 190 days lifetime maximum	Covered in full. \$0 co-pay	Covered in full 190 days lifetime maximum	Covered in full 30 days per calendar year	Covered in full 190 days lifetime maximum	Covered in full 190 days lifetime maximum	\$500 co-pay per Medicare-covered stay in network hospital. Covered in full, 190 days lifetime maximum	190 days lifetime maximum. Contact plan for specifics.	Covered in full for 30 days per year	Covered in full 190 days lifetime maximum
<b>OUTPATIENT MENTAL HEALTH</b>	Not covered	\$20 co-pay per visit	\$25 co-pay	\$15 co-pay visits 1-5 6-20 visits, \$25 co-pay	Reimburses 20% of amount approved by Medicare (after Medicare pays 80%)	\$25 co-pay	\$20 co-pay per visit	\$15 co-pay	\$10 co-pay per visit	\$25 co-pay per visit in CT \$20 co-pay per visit in NY
<b>OUT-OF-AREA COVERAGE</b>	Anywhere in USA	Emergency care only	Emergency care only	Emergency care only	Anywhere in USA	Urgent and emergency care only	\$50 co-pay per visit (waived if admitted to hospital within 24 hours). Worldwide coverage	Emergency and urgent care worldwide	Emergency care only	Emergency care only
<b>RETAIL PRESCRIPTION DRUG COVERAGE 30-DAY SUPPLY</b>	Must purchase Optional Rider. After \$3,850 in member out-of-pocket costs, unlimited drugs with co-payment of 5%. \$2,251-\$7,729 member pays 60% of drug cost. \$0-\$2,250 member pays 25% of drug cost.	Prescription drug rider automatically included. \$10 Preferred Generic. \$15 Preferred Formulary Brand. 50% Non-Preferred Brand. 25% Specialty Drugs.	Prescription drug rider automatically included. \$0/\$20/\$40 up to \$2,400. 50% co-pay to \$3,850 out of pocket. 5% after \$3,850 in co-pays.	Must purchase Optional Rider. \$5,451.25 + Member pays 5% of drug cost. \$2,400- \$5,451.25 Member pays 100% of drug cost. \$265-\$2,400 Member pays 25% of drug cost. Deductible \$265.	Must purchase Optional Rider. Prescription drug costs up to \$2,250; \$10 Generic, \$25 Brand, \$50 Non-Formulary, 25% Biologicals. Coverage gap member pays 50% 5% of cost after \$3,850 out-of-pocket cost.	Prescription drug rider automatically included. Prescription drug costs up to \$2,250; \$10 Generic, \$25 Preferred brand, \$50 Non-preferred brand, 25% Biologicals. 5% of cost after \$3,850 out-of-pocket cost.	Covered under basic plan. \$0 Generic. \$25 Preferred drugs. \$60 Brand drugs.	Prescription drug rider automatically included. \$4 Generic. \$20 Preferred. \$40 Non-Preferred. 20% co-pay for Medicare Part B drugs.	Must purchase Optional Rider. \$10 Generic. \$10 Formulary. Non-Formulary not covered.	Prescription drug rider automatically included. \$15 Generic. \$35 Formulary. \$60 Non-Formulary.

\*ADDITIONAL OUT-OF-AREA PLANS ARE: AvMed Medicare Plan (Florida only) 800-782-8633; Blue Cross Blue Shield of Florida Health Options (Florida only) 800-999-6758; Cigna HealthCare for Seniors (Arizona) 800-627-7534; Humana Gold Plus (Florida only) 888-393-6765;