This chart provides an overview of benefits available to Medicare-eligible participants. For benefits administered by Anthem Blue Cross, Beacon Health Options or Express Scripts, the information contained in applicable service provider agreements shall govern in case of conflict between this chart and the service provider agreement. For Kaiser Permanente Senior Advantage, the information about the HMO contained in an applicable Evidence of Coverage (EOC) or service provider agreement between PG&E and the HMO or service provider shall govern in case of conflict between this chart and the EOC or service provider agreement.

### Medical Benefits

#### PROVISIONS

<table>
<thead>
<tr>
<th>General</th>
<th>May use provider of choice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual deductible: $1,200/person; $240/two people, $320/three or more people</td>
</tr>
<tr>
<td></td>
<td>Annual out-of-pocket maximum (includes deductible): $750/person, $1,500/two or more people</td>
</tr>
<tr>
<td></td>
<td>No lifetime benefit maximum</td>
</tr>
<tr>
<td></td>
<td>No pre-existing condition exclusions</td>
</tr>
<tr>
<td></td>
<td>All plan benefits and out-of-pocket maximums are based on Eligible Expenses only*</td>
</tr>
</tbody>
</table>

| Routine Preventive Care | Primary care—$10 copay/visit |
|                        | Specialist—$20 copay/visit |
|                        | Lab/X-ray covered separately |

| Office Visits, Urgent Care | Primary care—$10 copay/visit |
|                           | Specialist (including OB/GYN)—$20 copay/visit |
|                           | Lab/X-ray covered separately |

#### Prescription Drugs

- **Immunizations and Injections**: 95%
- **Chiropractic Care**: 80% for medically necessary care only; preauthorization by ASHN required after initial visit
- **Acupuncture**: 80% for up to 20 visits/year from licensed acupuncturist or M.D.
- **X-Rays and Lab Tests**: 90%
- **Outpatient Physical Therapy**: 80%
- **Outpatient Hospital**: $35 copay/visit; waived if admitted, lab/X-ray covered separately
- **Hospital Stay**: 100% after $100 copay; preauthorization required for non-emergency care, $300 penalty if not obtained; covers semi-private room (private if medically necessary)
- **Skilled Nursing Facility**: 90% for semi-private room after three days in hospital; preauthorization required, $300 penalty if not obtained, excludes custodial care
- **Home Health Care**: 90%; preauthorization required, $300 penalty if not obtained; excludes custodial care
- **Hospice Care**: 90%; preauthorization required, $300 penalty if not obtained; excludes custodial care
- **Durable Medical Equipment**: 80%; preauthorization required for purchase or cumulative rentals over $1,000; $300 penalty if not obtained
- **Hearing Aids**: 80%; 1 per ear every 3 years
- **Emergency Room**: $35 copay/visit; waived if admitted; lab/X-ray covered separately
- **Mental Health and Substance Abuse (MHSA)**: See the Mental Health and Substance Abuse (MHSA) Benefits chart for details

#### ACRONYMS AT A GLANCE

- **ASHN**: American Specialty Health Network
- **EOC**: Evidence of Coverage
- **HMO**: Health Maintenance Organization
- **MHSA**: Mental Health and Substance Abuse

*Eligible Expenses are: (1) expenses for health services that are covered by the plan; (2) those that Anthem Blue Cross considers, “medically necessary” for the diagnosis or treatment of an illness or injury; and (3) those that do not exceed the “reasonable and customary” rates as determined by Anthem Blue Cross. Any costs not meeting these definitions are the responsibility of the member. Call Anthem Blue Cross Member Services for more information.
Prescription Drug Benefits

### PROVISIONS

#### COMPREHENSIVE ACCESS PLAN (CAP)

- **General**
  - Retail and mail-order prescription drugs are administered by Express Scripts
  - Annual Prescription Drug Deductible: None

- **Annual Prescription Drug Out-of-Pocket Maximum**
  - For retail and mail-order combined: None
  - Separate from medical plan: None

- **Annual or Lifetime Prescription Drug Maximum Benefit Limit**: None

- **Retail Purchases**
  - First three 30-day fills of maintenance drugs and all 30-day fills of non-maintenance drugs
  - At participating pharmacy: None
  - At non-participating pharmacy: None

- **Mail-Order Purchases**
  - Plan pays: None
  - All other drugs: None

- **Infertility, Sexual Dysfunction, Memory Enhancement and Contraceptive Drugs**
  - Plan pays 50% of retail and mail-order, unless medically necessary
  - Medically necessary drugs are covered at standard reimbursement rates

#### KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO)

- **General**
  - Retail and mail-order prescription drugs are administered by Kaiser Permanente

- **Annual Prescription Drug Deductible**: None

- **Annual Prescription Drug Out-of-Pocket Maximum**
  - Separate from medical plan: None

- **Annual or Lifetime Prescription Drug Maximum Benefit Limit**: None

- **Retail Purchases**
  - You pay $10 for up to a 100-day supply

- **Mail-Order Purchases**
  - Cover at 100%

- **Infertility, Sexual Dysfunction, Memory Enhancement and Contraceptive Drugs**
  - Up to a 100-day supply

### Mental Health and Substance Abuse (MHSA) Benefits

#### PROVISIONS

#### COMPREHENSIVE ACCESS PLAN (CAP)

- **General**
  - Each plan’s general medical plan provisions listed on the Medical Benefits chart also apply to MHSA benefits.
  - Your medical and MHSA expenses are combined when determining deductibles and out-of-pocket maximums.

- **Applied Behavioral Analysis (ABA)**
  - Covered at 100% through Beacon Health Options; requires preauthorization by Beacon Health Options; no deductible and no limits

- **Outpatient Mental Health**
  - No charge for initial visit to psychiatrist for medication evaluation
  - $10 copay/visit (individual)
  - $5 copay/visit (group)

- **Inpatient Mental Health**
  - Requires preauthorization by Beacon Health Options:
    - 100% after deductible
    - $300 penalty if you fail to notify within 48 hours

- **Outpatient Substance Abuse**
  - $10 copay/visit (individual)
  - $5 copay/visit (group)

- **Inpatient Substance Abuse**
  - Requires preauthorization by Beacon Health Options:
    - 100% after deductible
    - $300 penalty if you fail to notify within 48 hours
    - No limit on number of stays

#### KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO)

- **General**
  - Must use Kaiser’s referral and authorization process

- **Applied Behavioral Analysis (ABA)**
  - May use Beacon Health Options (preauthorization required) or Kaiser. Covered at 100%; no deductible and no limits.

- **Outpatient Mental Health**
  - $10 copay/visit (individual)
  - $5 copay/visit (group)
  - No visit limit

- **Inpatient Mental Health**
  - No charge; no day limit

- **Outpatient Substance Abuse**
  - $10 copay/visit (individual)
  - $5 copay/visit (group)
  - No visit limit

- **Inpatient Substance Abuse**
  - May use Beacon Health Options or Kaiser for detoxification.
  - All other residential inpatient treatment is available through Beacon Health Options network only, not Kaiser. All Beacon Health Options treatment—including residential inpatient treatment—requires preauthorization, $300 penalty if you fail to notify Beacon Health Options within 48 hours.

### Notes and Limitations

- Generic Incentive Provision applies*: When you purchase a brand-name drug when a generic is available, you’ll be responsible for paying the price difference plus any required coinsurance. Note: Any generic/brand price differential you pay is a non-covered expense and therefore does not count toward your annual out-of-pocket maximum.

- Eligible Expenses are: [1] expenses for health services that are covered by the plan; [2] those that the claims administrator considers “medically necessary” for diagnosis or treatment; and [3] those that do not exceed the “usual and customary” rate as determined by the claims administrator. Any costs not meeting this definition are the responsibility of the member. For more information or if you have questions, contact the claims administrator for your plan: Beacon Health Options or Kaiser Permanente, as listed in this chart.

- The following chart provides an overview of mental health and substance abuse (MHSA) benefits for Medicare-eligible plan members. If you’re enrolled in the CAP, your MHSA benefits are administered by Beacon Health Options. If you’re enrolled in Kaiser Permanente Senior Advantage, your MHSA benefits are administered by both Kaiser Permanente and Beacon Health Options, depending on the type of care you receive.

- When care is provided by Beacon Health Options:
  - All inpatient and alternative levels of care must be medically necessary.
  - Care that is not medically necessary will not be covered.

- The information in this chart is intended as a high-level summary of prescription drug benefits for Medicare-eligible plan members.
- May use Kaiser’s referral and authorization process.
- Requires preauthorization by Beacon Health Options.
- Requires preauthorization by Kaiser Permanente.