

Plan Comparison	Current UHC MAPD	Current Sr. Med Supp	TA Med Supp + ESI Rx
	Retiree Pays	Retiree Pays	Retiree Pays
Deductible	\$0	\$0	\$0
Hospitalization	\$0	\$0	\$0
Skilled Nursing Facility Care (Days 1- 100)	\$0	\$0	\$0
Hospice Care	\$0	\$0	\$0
Office Visits & Specialists	\$10	\$0	\$0
Outpatient Surgery	\$0	\$0	\$0
ER Visit	\$50	\$0	\$0
Urgent Care	\$10	\$0	\$0
Chiro Visits	\$10	Only Spinal Manipulations Covered	Only Spinal Manipulations Covered
Hearing Exam	\$0	\$0 Medicare covered only	\$0 Medicare covered only
Hearing Aids	Plan pays \$500 every 3 years	Not covered	Not Covered
Vision Exam	\$0	\$0 Medicare covered only	\$0 Medicare covered only
Vision - Eyewear	Plan pays \$70 allowance every 2 years	\$0 Medicare covered only	\$0 Medicare covered only
Fitness Program	Included	Not Included	Not Included
Out of Pocket Max	\$6,700	N/A	N/A
2019 PMPM Rates	\$542.17	\$545.39	\$478

Rx Plan Comparison	Current UHC MAPD	Current Rx	TransAmerica Sr. Med Supp + ESI Rx
	Retiree Pays	Retiree Pays	Retiree Pays
Prescription Drug Plan	<i>30 Day Retail</i>	<i>30 Day Retail</i>	<i>30 Day Retail</i>
Preferred Generics	\$5	\$5	\$0
Preferred Brand	\$15	\$15	\$15
Non-Preferred	\$30	\$30	\$30
Specialty	\$30	\$30	\$30
<i>Mail Order</i>	<i>90 Day</i>	<i>90 Day</i>	<i>90 Day</i>
Preferred Generics	\$10	\$10	\$0
Preferred Brand	\$30	\$30	\$30
Non-Preferred	\$60	\$60	\$60
Specialty	\$60	\$60	\$60