

## Retirees With Medicare

	HUMANA RETIREE MEDICARE PPO	KAISER SENIOR ADVANTAGE HMO	SCAN RETIREE MEDICARE HMO	SHAREWELL RETIREE PPO	WELLWISE RETIREE MEDICARE PPO
<b>Annual Deductible</b> (the amount you pay before the plan pays benefits)	None	None	None	<b>Network/non-network combined:</b> \$5,000 <b>Applies to:</b> Medical and prescription drug claims	<b>Network:</b> \$500 individual <b>Non-network:</b> \$750 individual <b>Applies to:</b> Medical claims (not prescription drugs)
<b>Annual Out-of-Pocket Maximum</b> (the most you pay in a year)	<b>Medical:</b> \$3,400 <b>Prescription drugs:</b> \$2,100	<b>Medical:</b> \$1,000 individual <b>Prescription drugs:</b> \$2,100	<b>Medical:</b> \$3,000 <b>Prescription drugs:</b> \$2,100	<b>Network:</b> \$6,000 family <b>Non-network:</b> \$12,000 family	<b>Network (medical):</b> \$2,500 individual/\$5,000 family <b>Network (prescription drugs):</b> \$2,100 individual <b>Non-network (medical):</b> \$5,000 individual/\$10,000 family <b>Non-network (prescription drugs):</b> \$2,100 individual
<b>Office Visits</b>	<b>Primary care:</b> \$25 per visit <b>Specialist:</b> \$40 per visit	\$20 per visit	\$15 per visit	<b>Network:</b> 10% coinsurance after deductible <b>Non-network:</b> 30% coinsurance after deductible	
<b>Inpatient Hospital</b>	\$100 copay per day for days 1 – 5, then covered at 100%	\$100 per admission	\$100 per admission	<b>Network:</b> 10% coinsurance after deductible <b>Non-network:</b> 30% coinsurance after deductible (50% if no pre-admission review)	
<b>Emergency Room</b> (as defined by the plan)	\$65 per visit	\$50 per visit	\$50 per visit, waived if admitted	<b>Network:</b> 10% coinsurance after deductible <b>Non-network:</b> 10% coinsurance after deductible; member also pays for charges in excess of usual, reasonable, and customary amounts	
<b>Prescription Drugs</b> (other exclusions, limits, and requirements set by the plan)	<b>Tier 1:</b> \$0 <b>Tier 2:</b> \$40 <b>Tier 3:</b> \$45 <b>Tier 4:</b> \$45	Up to 100-day supply: <b>Generic:</b> \$10 <b>Brand:</b> \$35	<b>Generic:</b> \$5 preferred pharmacy/\$10 non-preferred pharmacy <b>Brand:</b> \$20 <b>Specialty:</b> 25% coinsurance	<b>Network only:</b> Through OptumRx 20% coinsurance after deductible with important requirements and considerations (refer to Plan Document and one-page summaries)	<b>Network only:</b> Through OptumRx Deductible does not apply <b>Tier 1:</b> 20% coinsurance <b>Tier 2:</b> 25% coinsurance <b>Tier 3:</b> 30% coinsurance
<b>Plan Contact Information</b>	<b>Medical:</b> Humana 1-866-771-1615 <a href="https://your.humana.com/countyoforange">your.humana.com/countyoforange</a> <b>Pharmacy:</b> Centerwell (mail delivery) 1-800-379-0092 <a href="https://your.humana.com/countyoforange">your.humana.com/countyoforange</a>	1-800-433-0815 7 days/week, 8 a.m. – 8 p.m. (closed holidays) <a href="https://my.kp.org/oc">my.kp.org/oc</a> (from top navigation, choose “Plans and services,” then “Early Retirees” or “Retirees”)	<b>Current members:</b> 1-800-559-3500 <b>Prospective members:</b> 1-877-212-7654 <a href="https://scanhealthplan.com/countyoforange">scanhealthplan.com/countyoforange</a>	<b>Medical:</b> Blue Shield 1-888-235-1767 <a href="https://blueshieldca.com/oc">blueshieldca.com/oc</a> <b>Pharmacy:</b> OptumRx 1-800-573-3583 <a href="https://welcome.optumrx.com/countyoforange">welcome.optumrx.com/countyoforange</a>	<b>Medical:</b> Blue Shield 1-888-235-1767 <a href="https://blueshieldca.com/oc">blueshieldca.com/oc</a> <b>Pharmacy:</b> OptumRx 1-800-908-9097 <a href="https://welcome.optumrx.com/countyoforange">welcome.optumrx.com/countyoforange</a>