2018 Summary Comparison Charts — Medical and Dental Plans

This is a comparison of the medical and dental plans offered to retirees by the City of Anaheim. Note: All our medical plans include vision coverage, too! For complete details on each plan's covered services, you can locate the Summary Plan Descriptions on our benefits website: **www.myanaheimbenefits.com**.

Medical Plan Options

To make planning easier, we've included the highlights of both Medicare eligible and non-Medicare eligible medical plans below. See the following pages for details on each plan's covered services.

All Retirees

As a retiree, you're eligible for the following medical plans:

- Aetna HMO
- Aetna OAMC
- Aetna High Option OAMC
- Kaiser HMO (not available to new retirees over age 65)

Here are a few things to keep in mind about these plans:

- These plans don't include dental coverage, you'll need to enroll separately for coverage from the City, if you're eligible.
- The plans are considerably more expensive.
- If you're enrolled in Medicare and choose one of these plans, Medicare will pay primary coverage and will coordinate with your coverage through the City.

Retirees Enrolled in a Medicare Plan

If you're enrolled in a Medicare plan, you're eligible for the medical plans listed to the left as well as the following medical plans:

- Aetna Medicare HMO Plan
- Kaiser Senior Advantage HMO (must be enrolled in Medicare Parts A and B to avoid penalties)
- Aetna Medicare PPO Plan
- UnitedHealthcare Medicare Advantage

Here are a few things to keep in mind about these plans:

- These plans coordinate your costs for services with Medicare.
- The plans are cost effective options for retirees enrolled in Medicare Parts A and B.
- Only the Kaiser and UnitedHealthCare plans include dental coverage.
- If you are a retiree over age 65 who is not enrolled in Medicare but wishes to do so, please contact **retireebenefits@anaheim.net**.

For More Information

Visit the City's Benefits Website (**www.myanaheimbenefits.com**) to review the retiree benefits guide.
If you still have questions, email **retireebenefits@anaheim.net**.

The following chart shows amounts the member pays for many covered services.

	Plans Available to All Retirees Note: If you're enrolled in Medicare and choose one of these plans, Medicare will pay primary coverage and will coordinate with your coverage through the City.					
	Aetna OAMC[1]		Aetna High Option OAMC[1]		Aetna HMO	Kaiser HMO (not available to new retirees age 65 or older)
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Calendar Year Deductible						
▪ Individual / Family	$500 / $1,000 (combined in-network and out-of-network)		$1,000 / $3,000 (combined in-network and out-of-network)		None	None
Calendar Year Out-of-Pocket Maximum						
▪ Individual / Family	$2,000 / $4,000	No maximum	$6,000 / $12,700	$9,000 / $27,000	$2,000 / $4,000	$1,500 / $3,000
▪ Lifetime maximum	None		None		None	None
Professional Services						
▪ Office visits / consultations	$20 copay	40% (no deductible)	20% (no deductible)	30% (no deductible)	$20 copay	$15 copay
▪ Specialist visits / consultations	$40 copay	40% (no deductible)	20% (no deductible)	30% (no deductible)	$40 copay	$15 copay
▪ Obstetrical / gynecological (OB/GYN) services	$40 copay	40% (no deductible)	20% (no deductible)	30% (no deductible)	$40 copay	$15 copay
▪ Laboratory, X-ray, and diagnostic tests	$20 copay	40% (no deductible)	20%	30%	Lab/X-ray: No charge; Diagnostic tests: No charge	No charge
▪ Preventive care: well-baby, child, and adult physical exams	No charge	40% (no deductible)	No charge	30% (no deductible)	No charge	Well-baby: $5 copay (up to 24 months); Adult: $15 copay
▪ Annual well-woman exams	No charge	40% (no deductible)	No charge	30% (no deductible)	No charge	$15 copay
▪ Immunizations	No charge	No charge	No charge	30% (no deductible)	No charge	No charge
▪ Mammograms	No charge	40% (no deductible)	No charge	30% (no deductible)	No charge	No charge
Outpatient Services						
▪ Non-emergency outpatient surgery / treatment	10%	40%	20%	30%	$50 copay/visit or surgery	$15 copay
Hospitalization Services						
▪ Inpatient visits and consultations	10%	40%	20%	30%	No charge	No charge
▪ Surgeons and assistants, anesthesiologists, pathologists, and radiologists	10%	40%	20%	30%	No charge	No charge
Emergency Care						
▪ Urgent care	10%	40%	20%	30%	Physician: $20 copay[2] Facility: $50 copay	$15 copay
▪ Emergency room	10% after a $75 copay (waived if admitted)	10% after a $75 copay (waived if admitted)	20% (no deductible)	20% (no deductible)	$100 copay (waived if admitted)	$50 copay (waived if admitted)
▪ Ambulance service	10%	10%	20%	20%	No charge	No charge
▪ Durable medical equipment (DME)	10% (no deductible)	40%	20% (no deductible)	30%	20%	20%
Home Health Services						
▪ Home health services	Agency: $40 copay/visit; Physician: $40 copay/visit	40%	20%	20%	Agency: No charge/visit; Physician: $40 copay/visit	No charge (up to 100 visits per calendar year)
Other Services						
▪ Chiropractic coverage	$20 copay (up to 20 visits/year)	Not covered	20% (up to 20 visits/year)	Not covered	$20 copay (up to 30 visits/year)	$15 copay (up to 30 visits/year)
▪ Rehabilitative therapy services	No charge	40%	20%	30%	$20 copay	$15 copay
▪ Skilled nursing facility (SNF) services	10% (preauthorization required; up to 100 days/year combined)	0%	20% (preauthorization required; up to 100 days/year combined)		No charge	No charge (up to 100 days/year)
Hearing Aid Services						
▪ Initial hearing evaluation	$40 copay	40%	20%		$40 copay	$15 copay
▪ Hearing aid (molds, initial battery, cords, and other ancillary equipment)	10% in-network 40% out-of-network (up to $1,000 maximum/36 months)		20% (up to $1,000 maximum/36 months)		No charge (up to $1,000 maximum/ 36 months)	$2,500 hearing aid device (every 36 months)
Mental Health/Substance Abuse						
▪ Inpatient mental health	10%	40%	20%	30%	No charge	No charge
▪ Outpatient mental health	No charge	40% (no deductible)	No charge	30% (no deductible)	No charge (individual or group)	Individual: $15 copay; Group: $7 copay
▪ Inpatient substance abuse	10%	40%	20%	30%	No charge	Non-residential: No charge; Residential: $100 copay/ admittance; Transitional recovery services: No charge
▪ Outpatient substance abuse	No charge	40% (no deductible)	No charge	30% (no deductible)	No charge	Individual: $15 copay; Group: $5 copay
Prescription Drugs (network only)						
▪ Generic	$10 copay[3] (up to 30-day supply)		$10 copay[3] (up to 30-day supply)		$10 copay[3] (up to 30-day supply)	$10 copay[4] (up to 100-day supply)
▪ Preferred brand name	$30 copay[3] (up to 30-day supply)		$30 copay[3] (up to 30-day supply)		$30 copay[3] (up to 30-day supply)	$10 copay[4] (up to 100-day supply)
▪ Non-preferred brand name	$50 copay[3] (up to 30-day supply)		$50 copay[3] (up to 30-day supply)		$50 copay[3] (up to 30-day supply)	Subject to a copay if medically necessary
▪ Mail order	Double the applicable copay[3] (up to 90-day supply)		Double the applicable copay[3] (up to 90-day supply)		Double the applicable copay[3] (up to 90-day supply)	$10 copay[4] (up to 100-day supply)

1. If you live outside the participating provider network area, you're responsible for 10% of the OAMC eligible expenses and 20% of the High Option OAMC eligible expenses; the OAMC Plan pays 90% of your eligible expenses, and the High Option OAMC Plan pays 80% of your eligible expenses.
2. A physician may charge up to $25 for urgent care provided after hours.
3. Prescription drugs are covered only when the prescription is filled at a network pharmacy.
4. Includes dental prescriptions.
5. Benefits for the MA Extended Service Area PPO plan are the same as in-network.

NOTE: These comparison charts are offered for the convenience of the City of Anaheim retirees. It serves only as a summary of each plan's benefits as displayed in their brochures. This chart contains the major features of the plans and is not intended to replace the legal documents containing the complete provisions of each plan.

	Plans Available for Retirees Enrolled in a Medicare Plan				
	Aetna Medicare HMO Plan	Aetna Medicare PPO Plan		Kaiser Senior Advantage	UnitedHealthcare Medicare Advantage
		In-Network	Out-of-Network[5]		
Calendar Year Deductible					
▪ Individual / Family	None	$100 per member		None	None
Calendar Year Out-of-Pocket Maximum					
▪ Individual / Family	$6,700 per member	$2,500 per member		$1,500 / $3,000	$6,700 per member
▪ Lifetime maximum	None	None	None	None	None
Professional Services					
▪ Office visits / consultations	$20 copay	10%	20%	$20 copay	$20 copay
▪ Specialist visits / consultations	$20 copay	10%	20%	$20 copay	$20 copay
▪ Obstetrical / gynecological (OB/GYN) services	No charge (Routine Gynecological Exam)	No charge (Routine Gynecological Exam)	20%	$20 copay	$20 copay
▪ Laboratory, X-ray, and diagnostic tests	$20 copay	10%	20%	No charge	No charge
▪ Preventive care: well-baby, child, and adult physical exams	No charge	No charge	20%	Well-baby: $15 copay (up to 24 months); Adult: $20 copay	No charge
▪ Annual well-woman exams	No charge	No charge	20%	$20 copay	No charge
▪ Immunizations	No charge	No charge	No charge	No charge	No charge
▪ Mammograms	No charge	No charge	20%	No charge	No charge
Outpatient Services					
▪ Non-emergency outpatient surgery /treatment	No charge	10%	20%	$50 copay	No charge
Hospitalization Services					
▪ Inpatient visits and consultations	No charge	$350 copay	20%	No charge	No charge
▪ Surgeons and assistants, anesthesiologists, pathologists, and radiologists	No charge	10%	20%	No charge	No charge
Emergency Care					
▪ Urgent care	$35 copay	$35 copay	$35 copay	$20 copay	Network: $15 copay (waived if admitted); Non-network/out-of-area: $15 copay
▪ Emergency room	$35 copay (waived if admitted)	$50 copay (waived if admitted)	$50 copay (waived if admitted)	$50 copay (waived if admitted)	$40 copay (waived if admitted)
▪ Ambulance service	$15 copay	10%	20%	$50 copay	$25 copay
▪ Durable medical equipment (DME)	15%	10%	20%	20%	No charge
Home Health Services					
▪ Home health services	No charge	No charge	20%	No charge (part-time/intermittent)	No charge
Other Services					
▪ Chiropractic coverage	$15 copay (must be covered by Medicare)	10%	20%	$15 copay (up to 30 visits/year)	Medicare-covered: 50% Non-Medicare: $20 copay (up to 30 visits/year)
▪ Rehabilitative therapy services	$20 copay	10%	20%	$20 copay	Outpatient: $15 copay
▪ Skilled nursing facility (SNF) services	Days 1-20: No charge; Days 21-100: $50 copay/day (up to 100 days/year)	Days 1-20: No charge; Days 21-100: 10% (up to 100 days/year)	20%	No charge (up to 100 days/year)	No charge (up to 100 consecutive days/year)
Hearing Aid Services					
▪ Initial hearing evaluation	No charge	No charge	20%	$20 copay	No charge
▪ Hearing aid (molds, initial battery, cords, and other ancillary equipment)	No charge (up to $500 maximum/ 36 months)	No charge (up to $500 maximum/36 months)		$2,500 hearing aid device (every 36 months)	No charge (one every 36 months)
Mental Health/Substance Abuse					
▪ Inpatient mental health	No charge	$350 copay	20%	No charge	No charge (up to 190 days/lifetime)
▪ Outpatient mental health	$20 copay	10%	20%	$20 copay	$20 copay
▪ Inpatient substance abuse	No charge	$350 copay	20%	No charge	No charge
▪ Outpatient substance abuse	$20 copay	10%	20%	Individual: $20 copay; Group: $5 copay	$20 copay
Prescription Drugs (network only)					
▪ Generic	$10 copay[3] (up to 30-day supply)	$10 copay[3] (up to 30-day supply)	Not covered	$10 copay[4] (up to 30-day supply)	$10 copay (up to 30-day supply)
▪ Preferred brand name	$25 copay[3] (up to 30-day supply)	$25 copay[3] (up to 30-day supply)	Not covered	$25 copay[4] (up to 30-day supply)	$25 copay (up to 30-day supply)
▪ Non-preferred brand name	$40 copay[3] (up to 30-day supply)	$40 copay[3] (up to 30-day supply)	Not covered	Subject to a copay if medically necessary	$50 copay (up to 30-day supply)
▪ Mail order	Double the applicable copay[3] (up to 90-day supply)	Double the applicable copay[3] (up to 90-day supply)	Not covered	Double the applicable retail copay[4] (up to 100-day supply)	Double the applicable copay (up to 90-day supply)

1. If you live outside the participating provider network area, you're responsible for 10% of the OAMC eligible expenses and 20% of the High Option OAMC eligible expenses; the OAMC Plan pays 90% of your eligible expenses, and the High Option OAMC Plan pays 80% of your eligible expenses.
2. A physician may charge up to $25 for urgent care provided after hours.
3. Prescription drugs are covered only when the prescription is filled at a network pharmacy.
4. Includes dental prescriptions.
5. Benefits for the MA Extended Service Area PPO plan are the same as in-network.

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Vision Coverage

The vision coverage shown in the chart below is included with the medical plan you elect. The following chart shows amounts the **member pays** for covered services.

	Plans Available to All Retirees					
	Aetna OAMC[1]		Aetna High Option OAMC[1]		Aetna HMO	Kaiser HMO (not available to retirees age 65 or older)
	In-Network	Out-of-Network	In-Network	Out-of-Network		
▪ Initial eye exam	No charge every 12 months	40% (no deductible) every 12 months	No charge every 12 months	30% every 12 months	No charge (every 12 months; must use network provider)	$15 copay (every 12 months)
▪ Frame ▪ Lenses ▪ Contacts	No charge up to $200 materials allowance every 12 months In-network only: Discounted fees through EyeMed		No charge up to $200 materials allowance every 12 months In-network only: Discounted fees through EyeMed		No charge up to $200 materials allowance every 12 months, plus discounted fees through EyeMed	No charge up to $150 retail allowance every 24 months (frames, lenses, and contacts share same retail allowance)

	Plans Available for Retirees Enrolled in a Medicare Plan			
	Aetna Medicare HMO Plan	Aetna Medicare PPO Plan	Kaiser Senior Advantage	UnitedHealthcare Medicare Advantage
▪ Initial eye exam	No charge every 12 months	No charge every 12 months 20% out-of-network every 12 months	$20 copay (every 12 months)	$20 copay (every 12 months)
▪ Frames ▪ Lenses	No charge up to $100 materials allowance every 24 months	No charge up to $100 materials allowance every 24 months	No charge up to $150 retail allowance every 24 months (frames, lenses, and contacts share same retail allowance)	No charge after $20 copay; up to $70 retail allowance every 24 months (frames and lenses share the same retail allowance)
▪ Contacts				No charge up to $105 retail allowance every 24 months

1. If you live outside the participating provider network area, you're responsible for 10% of the OAMC eligible expenses and 20% of the High Option OAMC eligible expenses; the OAMC Plan pays 90% of your eligible expenses, and the High Option OAMC Plan pays 80% of your eligible expenses.

Dental Coverage

The following chart shows amounts the **member pays** for many covered services.

	Delta Dental PPO Plan		DeltaCare USA DHMO
	In-Network	Out-of-Network	
▪ Calendar year deductible	$25[1]	$50	No deductible
▪ Maximum annual benefit	$1,500	$1,500	No maximum
▪ Choice of dentist	Delta Dental PPO dentist	Any dentist	Choice of DeltaCare USA provider network
Diagnostic and Preventive			
▪ Periodic oral exam (2 per calendar year)	No charge[2]	20%[2]	No charge
▪ Teeth cleaning (2 per calendar year)	No charge[2]	20%[2]	No charge (1 every 6 months)
▪ Routine X-rays	No charge	20%	No charge
Restorative Services			
▪ Amalgam filling	No charge[3]	20%[3]	No charge
Oral Surgery			
▪ Biopsy of oral tissue	20%	20%	No charge[4]
▪ Extractions	20%	20%	$0-$25
▪ Removal of impacted teeth	20%	20%	Soft tissue $50 Partially bony $70 Completely bony $90[5]
Periodontics (treatment of the gums)			
▪ Periodontal scaling and root planing (per quadrant)	20%[2]	20%[2]	1–3 teeth $20[6] 4+ teeth $25[6]
▪ Gingivectomy per quadrant	20%	20%	1–3 teeth $80 4+ teeth $130
Endodontics			
▪ Root canal – anterior	20%	20%	$55
▪ Root canal – bicuspid	20%	20%	$120
▪ Root canal – molar	20%	20%	$250
Prosthetics			
▪ Complete maxillary or mandibular denture	40%	50%	$145
▪ Denture adjustment	40%	50%	$10
Orthodontics			
▪ Adult (full banded)	50% (subject to a $1,500 lifetime maximum benefit per person)	50% (subject to a $1,500 lifetime maximum benefit per person)	100% (after $1,900 copay) up to 24 months, plus start up fees[7]
▪ Child (full banded)	50% (subject to a $1,500 lifetime maximum benefit per person)	50% (subject to a $1,500 lifetime maximum benefit per person)	100% (after $1,700 copay) up to 24 months, plus start up fees[8]

1. In-network deductible waived for diagnostic and preventive services.
2. One additional oral exam and either one additional routine cleaning or periodontal scaling and root planing per quadrant per year is covered for pregnant women.
3. In-network and out-of-network deductibles waived for amalgam fillings.
4. Doesn't include pathology laboratory procedures.
5. $110 if there are unusual surgical complications.
6. Limited to four quadrants during any 12 consecutive months.
7. Includes covered dependent adult children age 19 to 26.
8. Children to age 19.

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