

→ Who should use this:

Management Retirees and Dependents who are Medicare eligible

Designed for those considering Medicare Advantage PFFS plans	Secure Horizon Medicare PFFS	Plan A	Plan B	
<p>Be sure to call SecureHorizons at 1-888-980-8117, to learn if the doctors and hospitals you use accept the Alcatel-Lucent plan.</p>				
<i>Core Services</i>				
<p>PFFS products do not have a listing of network doctors or hospitals. A network does not exist. Members can access any provider as long as that provider agrees to the terms of the payment schedule or charges as set forth by the insurer.</p> <p>This agreement is for each specific service. Providers may agree to accept the charges for one service and not another.</p> <p><u>Members will not be reimbursed from Medicare or the insurer for services in which the provider does not agree to accept the charges.</u></p>	<p><u>Doctors and Specialists</u></p> <p>Does my doctor normally accept the charges from this insurance company?</p> <p>Find this out for each of your doctors.</p>			
	<p><u>Hospitals</u></p> <p>Does my hospital/facility normally accept the charges from this insurance company?</p> <p>Find this out for each of your hospital/facility.</p>			
	<p><u>Services</u></p> <p>Does my doctor or hospital accept the charges from this insurance company for this particular type of service?</p> <p>Remember that the doctor can choose to accept or deny the charges for each type of service rendered.</p> <p>□</p>	N/A		
<p>Does this plan exclude conditions?</p>	<p>Plans may not cover certain medical conditions that you have. If Yes, write the excluded condition.</p>	N/A	<p>Yes or No Condition? _____</p>	<p>Yes or No Condition? _____</p>

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How long must I wait before I receive coverage under this plan?	Plans may require a waiting period before coverage begins for a health condition you had prior to joining this plan (a preexisting condition). If Yes, write how long the waiting period.	N/A	Yes or No How Long? _____	Yes or No How Long? _____

***Costs to be entered by the retiree
from the annual personal enrollment data
and from quotes received from the supplier***

Deductibles and out of pocket costs

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<p>What are the different costs that I must pay for this health plan? (Note: some plans use R&C (reasonable and customary) charges for their base, which may be lower than your actual bill) (TIP: Plans may not charge all 4 costs.)</p>	<p>Premium: a monthly payment you make to purchase and maintain a health plan. You pay this amount even if you do not use services under this plan. You will minimally have Part B premium for any plan.</p>	Varies		
	<p>Copayment: additional fee you pay the doctor, hospital, or pharmacy at the time you receive services</p>	\$15		
	<p>Coinsurance: a percentage of the charge for a service (after the copay or deductible) that you must pay for services you receive. A 20% coinsurance rate means you pay 20% of the charge. The plan pays the remaining 80%. services.</p>	20%		
	<p>Deductible: an amount that you must pay for services you use before the insurer begins to pay for services under this plan. This amount does not include the premium.</p>	\$290 / person		

The retiree needs to enter plan data from quotes that are received.

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Maximum out of pocket cost for services	This calculation is based on all of your costs within the plan. Once this is met, the plan normally pays 100%. The calculation of out of pocket costs may include the deductible, coinsurance cost, and copays. These amounts vary from plan to plan.	\$1500/person Excludes deductible		
Annual maximum benefit	This benefit is the maximum dollar amount that the plan will cover on an annual basis. The typical amount is \$1,000,000 or unlimited.	N/A		
Lifetime maximum benefit	As health costs continue to rise, a large lifetime benefit is an important consideration.	N/A		

Co-payments and coverage for office visits and hospital services
 NOTE: Some services have a copayment; others pay a percentage of the allowable amount

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Physician Services <ul style="list-style-type: none"> ✓ Primary Care Physicians ✓ Specialist 	\$15 after Ded 20% after Ded		
Emergency Services <ul style="list-style-type: none"> ✓ Within the United States ✓ Outside of the United States 	\$50/visit		
Ambulance Services	20% after Ded		
Inpatient Hospital Care	20% after Ded		
Inpatient Mental Health Care	20% after Ded		
Skilled Nursing Facility	Check SPD		
Home Health Agency Care	\$0 after Ded		
Outpatient Mental Health Care	20% after Ded		
Outpatient Hospital Services	20% after Ded		
Medicare-covered Outpatient Rehabilitation Services <ul style="list-style-type: none"> ✓ Comprehensive Outpatient Rehabilitation ✓ Cardiac and Pulmonary Rehabilitation ✓ Occupation Therapy, Physical Therapy and Speech and Language Pathology Services 	20% after Ded 20% after Ded 20% after Ded		
Durable Medical Equipment (DME) Prosthetics, Orthotics (Corrective Appliances), Infusion Equipment and Supplies used conjunction with the above	20% after Ded		
Imaging Procedures, X-rays and Portable X-rays Used in the Home <ul style="list-style-type: none"> ✓ Medicare-covered Standard X-rays ✓ Complex Radiology Services and Imaging Procedures 	20% after Ded Check SPD		

Diagnostic Test/Laboratory Services	20% after Ded		
Colorectal Screening Exams	Check SPD		
Annual Screening Mammograms	20% after Ded		
Pap Smears and Pelvic Exams	20% after Ded		
Annual Prostate Cancer Screening Exams	20% after Ded		
Medicare covered Physical Exams	Yes		
Immunizations			
<ul style="list-style-type: none"> ✓ Flu, Pneumococcal Pneumonia, and Hepatitis B Vaccines 	Not Covered		
Outpatient Prescription Drugs	Merck Medco		
Medicare Part B Prescription Drugs	Merck Medco		
Chiropractic Services			
<ul style="list-style-type: none"> ✓ Medicare-covered ✓ Routine (non-Medicare covered) 	20% after Ded		
Dental Services			
<ul style="list-style-type: none"> ✓ Medicare- covered 	Check SPD		
Foot Care			
<ul style="list-style-type: none"> ✓ Medicare-covered ✓ Routine (non-Medicare covered) 	Check SPD		
Hearing Services			
<ul style="list-style-type: none"> ✓ Medicare-covered diagnostic hearing exam ✓ Routing hearing tests for hearing aids (non-Medicare covered) ✓ Hearing Aids 	Check SPD		
Vision Services			
Eye Care-medical need			
<ul style="list-style-type: none"> ✓ Medicare-covered eye exam ✓ Medicare-covered eye wear 	Check SPD		
Routine Vision Services			
<ul style="list-style-type: none"> ✓ Routine eye exam (refraction) ✓ Routine eyewear or contact lenses 			

This list contains a partial summary of benefits. The areas of interest we covered are normally the areas that members have questions about the most. For your individual needs and circumstances, please review the benefits provided in detail and compare accordingly.

*Plan Ratings - enter from "National Rankings of Health Plans" link of
How To Use Guide at www.LucentRetirees.com/BenefitsTeam
(1 is lowest, 5 is highest)*

	SecureHorizons (or UnitedHealth Care)	Plan A	Plan B
Consumer assessment			
Prevention			
Treatment			