

Medicare Benefit Coverage Highlights

Benefit Coverage	UnitedHealthcare Medicare Advantage PPO	Kaiser Permanente Senior Advantage HMO	PERS Choice Medicare Supplemental PPO*
Annual Deductible	None	None	None
Maximum Calendar Year Co-pay/Co-insurance (Individual)	\$1,500 (Co-pay)	\$1,500 (Co-pay)	N/A
Office Visits	\$10	\$10	No charge
Inpatient Hospitalization	No charge	No charge	No charge
Outpatient (Surgery and Hospital Services)	No charge	\$10	No charge
Emergency Services	\$50	\$50	No charge
Diagnostic X-ray/Lab	No charge	No charge	No charge

* The term “No charge” in this column applies when benefits are payable by Medicare and you use a provider who accepts Medicare assignment (i.e., covered services will be paid in full). However, if you use a provider who does not accept Medicare assignment, you may be responsible for balances remaining after payment has been made by the PERS Choice Supplemental Plan.