

**RUSO: RATE COMPARISON - MEDICAL & RX  
FULLY INSURED MEDICARE PLANS (MEDICARE RETIREES)**

**BEST AND FINAL OFFERS**

Medical Plan Vendor	CURRENT - OSEEGIB (HealthChoice)	UHC
Rx Vendor		UHC
<b>Medical PLAN</b>		
<b>Inpatient Hospital Fees</b>		
Days 1-60	\$1,068	\$1,068
Days 61-90	\$267 a day	\$267 a day
Days 91-150	\$534 a day	\$534 a day
Beyond day 150	100% of eligible charges for 365 additional days	100% of eligible charges for 365 additional days
<b>Blood Deductible</b>	Approved charges for first 3 pints	Approved charges for first 3 pints
<b>Skilled Nursing Facility Care</b>		
Days 1-20	\$0	\$0
Days 21-100	Up to \$133.50 a day	Up to \$133.50 a day
<b>Physician Services</b>		
First \$135 of Medicare-approved amounts	\$0	\$0
Remainder of Medicare-approved amounts	20%	20%
Part B excess charges above Medicare-approved amounts	100% of Part B excess charges	100% of Part B excess charges
<b>Blood deductible (outpatient)</b>		
Remainder of Medicare-approved outpatient amounts	20%	20%
<b>Part D</b>		
<b>High</b>		
<b>Pharmacy Deductible</b>	N/A	None
<b>Cost Sharing/Copay</b> 25% - Member's share \$601.25 75% - Plan's share \$1,803.75	Plan pays allowed charges after Member copay is satisfied. Member Copay: Tier 1/2 (\$100 or less) - \$25 Tier 1/2 (\$100 or more) - 25% up to \$50 Tier 3 (\$100 or less) - \$50 Tier 3 (\$100 or more) - 50% up to \$100	Member copays: Tier 1 (Retail) - \$25 Tier 2 (Retail) - Min: 25% Max: \$50 Tier 3 (Retail) - Min: 50% Max: \$100 Tier 4 (Retail) - Min: 50% Max: \$100 Mail Order (90 day supply) - 2.0 x retail
<b>Coverage Gap</b>	<b>No Gap - Unlimited</b>	<b>No Gap - Unlimited</b>
<b>Annual Out-Of-Pocket Maximum</b>	\$4,550	\$4,550
<b>Coverage after Annual OOP Max</b>	100%	100% Catastrophic Coverage
<b>Low</b>		
<b>Pharmacy Deductible</b>	\$295	\$310
<b>Cost Sharing/Copay</b> 25% - Member's share \$601.25 75% - Plan's share \$1,803.75	Plan Pays: 75% of Plan's share of next \$2,405	Member copays: Tier 1 (Retail) - 25% Tier 2 (Retail) - 25% Tier 3 (Retail) - 25% Tier 4 (Retail) - 25% Mail Order (90 day supply) - 25%
<b>Coverage Gap (total spend)</b>	<b>\$2,830</b>	<b>\$2,830</b>
<b>Annual Out-Of-Pocket Maximum</b>	\$4,350	\$4,550
<b>Coverage after Annual OOP Max</b>	100%	100% Catastrophic Coverage

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	CURRENT - OSEEGIB	UHC
PREMIUM / COST	2010 Rates	2010 Rates
Admin Fee		
High Plan w/Part D (65 - 69)	\$289.42	\$294.20
High Plan w/Part D (70+)	\$289.42	\$294.20
Low Plan w/ Part D (65 - 69)	\$236.10	\$233.46
Low Plan w/ Part D (70+)	\$236.10	\$233.46
Without Part D (65 - 69)	NA <sup>(1)</sup>	\$185.30
Without Part D (70 +)	NA <sup>(1)</sup>	\$185.30
Est. Monthly Cost	\$440,245	\$446,127
<b>Est. Annual Cost (Yr 1)</b>	<b>\$5,282,941</b>	<b>\$5,353,518</b>
RATE GUARANTEE	1 year	1 year

Notes:	(1) OSEEGIB does not offer a Supplement Plan without Part D rather they offer the same plan with Part D but without the subsidy. Members electing this option would no longer have a Part D plan.	Ovations Standard Formulary for both PDP plans used.  Minimum participation in RX plan is 51 eligible retirees  (1) Part D Rates: High - \$108.90 Low - \$48.16
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