

RIPTA 2009 Retiree Medicare Plans

Medicare Part A&B eligible retirees may elect one of two plans described below: UnitedHealthcare Plan 65 (which has no prescription coverage), or AARP Medicare Complete provided through SecureHorizons (which includes Part D prescription coverage).

Plans Options	AARP Medicare Complete provided	UnitedHealthcare
	through SecureHorizons	Plan 65
Monthly Premium	<u>NO COST TO RETIREE</u> \$57.50/MONTH FOR SURVIVING SPOUSE OF RETIREE (1/1/09 - 6/30/09)	<u>\$86.16/ MONTH TO RETIREE</u> \$100.58/MONTH TO SURVIVING SPOUSE OF RETIREE (1/1/09 – 6/30/09)
Service Area	You must reside in Rhode Island	You can reside nationwide
Doctor Choice	You must use In-Network Doctors NO Referrals Required Approx. 94% of RI Doctors Participate	You can receive services from any Doctor who accepts original Medicare
Physician Services	\$10 Copay for Primary Care \$20 Copay for Specialist	\$0 Copay
Inpatient Hospital Co-payment	\$100 per admit (\$400 Annual Combined Out of Pocket Maximum) All Hospitals in RI are In-Network	\$0 Copay You can receive services from any Hospital that accepts original Medicare
Skilled Nursing Facility	\$0 Copay per day	\$0 Copay per day
Vision Services	\$20 Copay for annual eye exam/ \$70 eyewear credit per calendar year	Routine Eye examinations & eyewear not covered
Hearing Services	\$0 Copay for annual hearing exam/ \$500 Hearing Aid Allowance every three years	Hearing examinations & hearing aids not covered
Dental	One exam/cleaning every six months \$500 Calendar Year Maximum	No Coverage
Emergency Room	\$35 Copay/waived if admitted Emergencies Covered Worldwide	\$0 Copay Emergencies Covered Worldwide

Plans Options	AARP Medicare Complete provided	UnitedHealthcare
	through SecureHorizons	Plan 65
	Continued	Continued
Part D Rx Benefit	<p>Medicare Part D Prescription Drug Plan Included:</p> <p>Tier 1: Generic Copay: \$3 (30 day) / \$6 (90 day)</p> <p>Tier 2: Preferred Brand Copay: \$28 (30 day) / \$56 (90 day)</p> <p>Tier 3: Non-Preferred Brand \$58 (30 day)/ \$116 (90 day)</p> <p>Tier 4: Specialty Brand Copay: 25% (30 day & 90 day)</p> <p>No Initial Rx Deductible</p> <p>Standard Coverage Gap - \$2,700 to \$4,350</p>	NO Rx COVERAGE
Additional Services	<ul style="list-style-type: none"> ▪ YMCA Gym membership \$10 monthly member fee ▪ Nurse Line Available – 24 Hours/7days a week ▪ Passport Program Available for Routine Services outside Rhode Island while traveling. (for up to 9 Months) – Contact United Healthcare for Details. 	<ul style="list-style-type: none"> ▪ Discounts on non-covered services, including Fitness Centers, through UnitedHealth Wellness ▪ Nurse Line Available – 24 Hours/7days a week

If you have more detailed questions about the coverage outlined above, call:

UnitedHealthcare United Plan 65
SecureHorizons
Toll free 1-866-202-0434

AARP Medicare Complete provided by
Toll free 1-800-962-3753

Tell the plan representative you are a State of RI retiree