

Northern California

2020 Benefits and Services	High Option			Standard Option			Basic Option	
	Without Medicare	Senior Advantage 1	Senior Advantage 2	Without Medicare	Senior Advantage 1	Senior Advantage 2	Without Medicare	Senior Advantage
Deductible* (2x per family maximum)	None	None	None	\$100	None	None	\$500	None
Outpatient services								
Primary care	\$15	\$5	\$10	\$30	\$15	\$25	\$25	\$25
Specialty care	\$25	\$5	\$10	\$40	\$15	\$25	\$35	\$25
Most lab tests and X-rays	\$0	\$0	\$0	\$10*	\$10	\$10	20%*	\$0
Hospital and facility								
Outpatient surgery	\$50	\$5	\$50	\$200*	\$15	\$25	20%*	\$25
Inpatient hospital care (per admission)	\$250	\$100	\$250	\$500*	\$250	\$500	20%*	\$250 per day up to \$1,000
Emergency and urgent care (per visit or trip)								
Emergency care	\$100	\$75	\$75	\$150*	\$75	\$75	20%*	\$75
Urgent care	\$15	\$5	\$10	\$30	\$15	\$25	\$25	\$25
Ambulance	\$50	\$50	\$50	\$150*	\$125	\$150	20%*	\$150
Prescription drugs (days supply)†								
Generic	Up to 30 days	Up to 100 days	Up to 30 days	Up to 30 days	Up to 30 days	Up to 30 days	Up to 30 days	Up to 30 days
Generic	\$10	\$10	\$10	\$15	\$10	\$10	\$15	\$10
Brand (preferred/nonpreferred)	\$40	\$30	\$40	\$50	\$40	\$47	\$60	\$47
Specialty	\$100	\$100	\$100	\$150	\$150	\$150	\$200	\$200
Additional Senior Advantage benefits								
Eyewear Allowance	Not covered	\$200 every 24 months	Not covered	Not covered	\$150 every 24 months	Not covered	Not covered	\$150 every 24 months
Dental (Delta Dental HMO)	Not covered	Included	Not covered	Not covered	Included	Not covered	Not covered	Not covered
Fitness Membership	Not covered	Not covered	Silver&Fit®	Not covered	Not covered	Silver&Fit®	Not covered	Not covered
Hearing Aids for Adults	Not covered	Not covered	\$500 allowance every 36 months	Not covered	Not covered	Not covered	Not covered	Not covered
Part B reimbursement‡			Up to \$125			Up to \$125		
Out-of-pocket maximum (2x per family maximum)	\$2,000	\$2,000	\$2,000	\$3,000	\$2,000	\$2,000	\$5,500	\$2,000

*You pay the deductible, then cost sharing.

†Plan providers determine the drug that is medically necessary. If you request another drug, you pay prices charged to members for non-covered drugs.

‡We will not reimburse you for any extra charges added to your standard Medicare Part B premium, such as the Part B Late Enrollment Penalty or Income Related Monthly Adjustment Amount.