

## USC Senior Care Plan Comparison Effective January 1, 2013

<b>Out of Pocket Costs</b>			
	<b>Medicare</b>	<b>USC Senior Care Plan</b>	
	<b>Providers accepting assignment</b>	<b>USC Providers</b>	<b>Non-USC Providers</b>
<b>Medicare Monthly Part B Premium (Increases Based on Income)</b>	\$104.90	\$104.90	
<b>Plan Premium</b> (In addition to monthly Medicare Part B Premium)	N/A	\$195/month, \$2,340/year	
<b>Annual Deductible</b>	Part B - \$147	<b>Total Combined A &amp; B Services</b>	
		\$0	\$200
<b>Benefit Period* Deductible</b>	Part A - \$1,216	N/A	
<b>Annual Out of Pocket</b>	N/A	\$0	2% of Medicare allowed charges (after \$200 annual deductible)
<b>Pharmacy Benefit</b>	Not Covered	Not Covered	
<b>Dental Benefit</b>	Not Covered	Covered	
<b>Vision Benefit</b>	Not Covered	Covered	

<b>Benefit Highlights – Members Costs</b>			
	<b>Medicare</b>	<b>USC Senior Care Plan</b>	
	<b>Providers accepting assignment</b>	<b>USC Providers</b>	<b>Non-USC Providers</b>
<b>Physician Office Visit</b>	20% of Medicare allowed charges (after annual deductible)	\$0	2% of Medicare allowed charges (after \$200 annual deductible)
<b>Diagnostic Tests, X-rays and Lab Services</b>	20% of Medicare allowed charges (after annual deductible). If done at a hospital as an outpatient you may be charged more, not to exceed the Part A deductible	\$0	2% of Medicare allowed charges (after \$200 annual deductible)
<b>Durable Medical Equipment</b>	20% of Medicare allowed charges (after annual deductible)	\$0 - when equipment available	2% of Medicare allowed charges (after \$200 annual deductible)

## Benefit Highlights – Members Costs

	Medicare	USC Senior Care Plan	
	Providers accepting assignment	USC Providers	Non-USC Providers
<b>Outpatient Surgery</b>	20% of Medicare allowed charges	\$0	2% of Medicare allowed charges (after \$200 annual deductible)
<b>Inpatient Hospital Stay 1 through 60 Days</b>	\$1,184 Benefit Period* deductible	\$0	2% of Medicare allowed charges (after \$200 annual deductible)
<b>Inpatient Hospital Stay 61 through 90 Days</b>	\$289 per day	\$0	2% of Medicare allowed charges (after \$200 annual deductible)
<b>Inpatient Hospital Stay Beyond 90 Days</b> (Up to 60 additional lifetime reserve days)	\$578 per day	\$0	2% of Medicare allowed charges (after \$200 annual deductible)
<b>After Lifetime Reserve</b>	Not Covered	Not Covered	
<b>Skilled Nursing Facility 1 through 20 Days</b>	\$0	Not available	\$0
<b>Skilled Nursing Facility 21 through 100 Days</b> (Benefit limited to 100 days per calendar year)	\$144.50 per day	Not available	2% of Medicare allowed charges (after \$200 annual deductible)
<b>Skilled Nursing Facility More than 100 Days</b>	Not Covered	Not Covered	
<b>Home Health Care Services</b> (Approved by Medicare)	\$0	Not available	\$0
<b>Emergency Room</b>	20% of Medicare allowed charges (after annual deductible)	Not available	2% of Medicare allowed charges (after \$200 annual deductible)
<b>Urgent Care Visit</b>	20% of Medicare allowed charges	Not available	2% of Medicare allowed charges (after \$200 annual deductible)

<b>Benefit Highlights – Members Costs</b>			
	<b>Medicare</b>	<b>USC Senior Care Plan</b>	
	<b>Providers accepting assignment</b>	<b>USC Providers</b>	<b>Non-USC Providers</b>
<b>Hearing Exam</b>	20% of Medicare allowed charges	\$0	2% of Medicare allowed charges (after \$200 annual deductible)
<b>Hearing Aids</b>	Not Covered	Not Covered	
<b>Pharmacy Benefit</b>	Not Covered Member required to enroll in a Part D Prescription Drug Plan	Not Covered Member required to enroll in a Part D Prescription Drug Plan	Not Covered Member required to enroll in a Part D Prescription Drug Plan
<b>Foreign Travel Coverage</b>	Not Covered	Not Covered	20% of billed charges after separate \$250 deductible. (Lifetime maximum benefit of \$50,000)
<b>Dental Benefits</b>	Not Covered	Covered	
<b>Vision Benefits</b>	Not Covered	Covered	

\* Benefit period begins on first day of hospitalization and ends 60 days after discharge, thus, unless beneficiary is readmitted within 60 days after discharge, another deductible applies.

\*\* The Average Monthly Premium for Prescription Drug Plans (California Residents) \$35

\*\*\* The Average Monthly Premium for Dental PPO Plan (California Residents) - \$33

Updated 04/17/2014