

University of Denver
Medicare Advantage - HMO Plan Comparison Chart
January 1, 2007

BENEFIT	Kaiser Permanente Senior Advantage (You pay)	PacifiCare of Colorado Secure Horizons Plan S3E (You pay)
Medical Office Visits	\$15 (\$25 specialist) each visit	\$10 (\$20 specialist) each visit
Preventative Care Visits	\$0 each visit	\$0 each visit, Colorectal Screenings covered in full
Prescriptions		
30-day supply	N/A	\$10 copay for formulary generic; \$20 copay for formulary brand-name; \$40 copay for non-formulary generic & brand name; unlimited prescription drug benefit and formulary apply to the above.
60-day supply	\$15 generic/\$25 brand copay; no annual maximum	N/A
Emergency Care	\$50 each visit, waived if admitted as an inpatient	\$50 each visit, waived if admitted as an inpatient
In-area Urgent Care (In-network provider)	\$30 each visit	\$10 copay each visit
Ambulance Service	20% up to \$500 per trip	\$50 each incident
Hospitalization	\$300 per stay	\$250 per stay
Outpatient/Same-day Surgery	\$100 each visit	\$125 each surgery
Optical		
Eye exams	\$15 each visit, for glasses	\$10 each visit, for glasses
Credit toward lenses, frames, and contact lenses every two years	\$100	Not covered

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BENEFIT	Kaiser Permanente Senior Advantage (You pay)	PacifiCare of Colorado Secure Horizons Plan 2A (You pay)
Hearing Services		
Hearing exams	\$15 each visit	\$10 each visit
Credit (per ear) toward hearing aids every three years	\$500	Not covered
Durable Medical Equipment	20%	Covered 100%
Oxygen	Covered 100%	Covered 100%
Chiropractic (Medicare Required)	\$15 each visit, up to 20 visits per year	\$20 Copay
Mental Health		
Impatient (up to 190 days in lifetime)	\$300/admission	\$250/admission Medicare benefits only
Outpatient	\$15 each visit	\$20 each visit
Skilled Nursing Facilities (non-custodial care)	Up to 100 days per benefit period, no charge for days 1-20; \$100 per day for days 21-100	Up to 100 days per benefit period, no charge for days 1-20; \$50 per day for days 21-100
Home Health Care (non-custodial care)	No Charge when prescribed or directed by a Kaiser Permanente physician. (Care provided only to homebound members)	Covered in full

*This summary of health insurance benefits is provided to assist you in comparing plans. It is not a complete description of plan benefits, additional restrictions and limitations may apply. Please refer to plan descriptions and certificates of coverage for full details of coverage, limitations, exclusions, etc.