

United Airlines 2005 Retiree Post-Medicare PPO Medical Plan Benefit Summary

Customer Services 1-800-535-9825
www.bcbsil.com/united

Benefit Features	2005 Traditional Medical Plan Benefits
DEDUCTIBLE	In-network: \$250 / \$500 Out-of-network: \$1500 / \$3000
OFFICE VISIT	Covered 80%
Diagnostic X-Ray and Laboratory	Covered 80%
PREVENTIVE SERVICES	
Annual PAP Smears and Expenses for PSA Tests for Men Over 50	Covered 80%
Screenings	Refer to Wellness Chart
Immunizations	Refer to Wellness Chart
EMERGENCY SERVICES	
In-Area	Covered 80%
Out-of-Area	Covered 80%
AMBULANCE	Covered 80% when medically necessary
HOSPITAL CARE	
Semiprivate Room and Board	Covered 80%
Intensive Care	Covered 80%
Surgery-Noncosmetic	Covered 80%
Surgery-Cosmetic	Not covered
Diagnostic X-Ray and Laboratory	Covered 80%
Blood Transfusions (if not replaced)	Covered 80%
Anesthesia	Covered 80%
Special Duty Nursing When Prescribed	Covered 80%
Prescribed Care in a Skilled Nursing Facility	Covered 80%
Therapy (physical, occupational, etc.)	Covered 80%
Physician Hospital Visit	Covered 80%
MATERNITY CARE	
Pre-/Post-Natal Care (included in delivery fee)	Covered 80%
In Hospital: Physician's Services	Covered 80%
Newborn Nursery Services	Covered 80%
Covers All Females Enrolled as Employees or Dependents	Yes

Birth Centers, Licensed and Certified	Covered 80%
Midwives, Licensed and Certified	Covered 80%

PRESCRIPTION DRUGS

Retail	Covered 80%
Mail Order Generic Drugs	\$17 copay per prescription; Medco Health 1-800-864-1425
Mail Order Brand Name Drugs	\$51 copay per prescription; Medco Health 1-800-864-1425
Prescription Contraceptives for Women - Retail	Covered
Viagra	8 pills per month
Annual Rx Maximum	Unlimited

VISION

Routine Exam	Not covered
Hardware-Regular Lenses and Frames	Not covered
Hardware-Contact Lenses	Not covered

HEARING

Routine Exam/Hardware	Covered 80%; \$5,000 lifetime maximum
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MENTAL HEALTH SERVICES BY AN ELIGIBLE PROVIDER

Outpatient	Covered 80%
Inpatient	Covered 80%

SUBSTANCE ABUSE SERVICES BY AN ELIGIBLE PROVIDER

Outpatient Detoxification	Covered 80%
Inpatient Detoxification	Covered 80%
Outpatient Rehabilitation	Covered 80%
Inpatient Rehabilitation	Covered 80%

CHIROPRACTIC SERVICES

Covered 80%; maintenance care is not covered

THERAPY OUTPATIENT SERVICES

Physical	Covered 80%
Occupational	Covered 80%
Speech	Covered 80%

ACUPUNCTURE BY AN ELIGIBLE PROVIDER

Covered 80% for up to 15 visits for pain relief

DURABLE MEDICAL EQUIPMENT

Covered 80%

OUTPATIENT SURGERY

Covered 80%

DENTAL

Implants	Covered 80% only if no alternative procedure can be performed
Surgical Removal of Tumors, Cysts	Covered 80%
Impacted Teeth	Covered by COBRA Dental Plan continuation of coverage (if enrolled)

TRANSPLANTS

Heart	Covered 80%
Kidney	Covered 80%
Liver	Covered 80%
Lung	Covered 80%
Cornea	Covered 80%
Bone marrow	Covered 80%

This summary is only an overview of your UAL medical benefits. Please refer to the Summary Plan Description (SPD) for details, or call the Blue Cross Blue Shield Customer Full Service Unit at 1-800-535-9825.

The annual deductible must be met before the Plan's copayment is applied. Only medically necessary expenses are covered by the Plan. The term "medically necessary" is defined in the SPD.

The Post-65 Comprehensive Traditional Medical Plan coordinates with Medicare and pays benefits after Medicare has paid. Please refer to information provided by Medicare for details of the Medicare Program.