

United Airlines 2009 Retiree United Medicare Select Benefit Summary

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

Benefit Features	2009 Plan Benefits
Annual Deductibles	\$100 single, medical only
Annual Out-of-Pocket Limits	\$1,500 single including deductible, medical only
PRIMARY CARE	
Office Visit	Covered up to 80% after Medicare
X-Ray and Laboratory	Covered up to 80% after Medicare
PREVENTIVE SERVICES	
Annual PAP Smears and Expenses for PSA Tests for Men Over 50	Covered up to 80% after Medicare
Screenings	Refer to Wellness Chart
Immunizations - Adult and Child	Refer to Wellness Chart
EMERGENCY SERVICES	
In-Area (when not followed by admission)	Covered up to 80% after Medicare
Out-of-Area (when not followed by admission)	Covered up to 80% after Medicare
AMBULANCE	Covered up to 80% after Medicare; when medically necessary
HOSPITAL CARE/INPATIENT	
Semiprivate Room and Board	Covered up to 80% after Medicare
Intensive Care	Covered up to 80% after Medicare
Surgery-Noncosmetic	Covered up to 80% after Medicare
Surgery-Cosmetic	Not covered
X-Ray and Laboratory	Covered up to 80% after Medicare
Blood Transfusions (if not replaced)	Covered up to 80% after Medicare
Anesthesia	Covered up to 80% after Medicare

Special Duty Nursing When Prescribed	Covered up to 80% after Medicare
Prescribed Care in a Skilled Nursing Facility	Covered up to 80% after Medicare
Physical Therapy	Covered up to 80% after Medicare
Physician Hospital Visit	Covered up to 80% after Medicare

PRESCRIPTION DRUGS

Annual Deductible	\$150 single, combined retail and mail order; pharmacy only
Retail Generic Drugs	Covered up to 80%; Limit of 3 fills for maintenance drugs
Retail Brand Drugs	Covered up to 80%; Limit of 3 fills for maintenance drugs
Retail Non-Preferred Brand Drugs	Covered up to 50%; Limit of 3 fills for maintenance drugs
Retail Specialty	Covered up to 75%; Limit of 3 fills for maintenance drugs
Mail Order Generic Drugs	\$21 copay; 90-day supply; Medco Health 1-800-864-1425
Mail Order Brand Name Drugs	\$67 copay; 90-day supply; Medco Health 1-800-864-1425
Mail Order Non-Preferred Brand Drugs	\$113 copay; 90-day supply; Medco Health 1-800-864-1425
Prescription Contraceptives for Women - Retail	Covered
Viagra	8 pills per month
Annual Rx Maximum	Unlimited
Out-of-Pocket Maximum	After out-of-pocket expenses reach \$4,350 (for 2009) your copay will be the greater of 5% coinsurance or \$2.40 for generic and preferred brand drugs/\$6.00 for non-preferred brand drugs (for both retail and mail)

VISION

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

HEARING

Audiometric Exam/Hardware - Hearing Aid	Covered up to 80% after Medicare; \$5,000 lifetime maximum
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MENTAL HEALTH SERVICES BY AN ELIGIBLE PROVIDER

Outpatient	Covered up to 80% after Medicare
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Inpatient	Covered up to 80% after Medicare
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SUBSTANCE ABUSE SERVICES BY AN ELIGIBLE PROVIDER

Outpatient Detoxification	Covered up to 80% after Medicare
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Inpatient Detoxification	Covered up to 80% after Medicare
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Outpatient Rehabilitation	Covered up to 80% after Medicare
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Inpatient Rehabilitation	Covered up to 80% after Medicare
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CHIROPRACTIC SERVICES

Covered up to 80% after Medicare; maintenance care is not covered

THERAPY OUTPATIENT SERVICES

Physical	Covered up to 80% after Medicare
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Occupational	Covered up to 80% after Medicare
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Speech	Covered up to 80% after Medicare
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ACUPUNCTURE BY AN ELIGIBLE PROVIDER

Covered up to 80% after Medicare; for up to 15 visits for pain relief

DURABLE MEDICAL EQUIPMENT

Covered up to 80% after Medicare

OUTPATIENT SURGERY

Covered up to 80% after Medicare

DENTAL

Implants	Covered up to 80% after Medicare; only if no alternative procedure can be performed
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Surgical Removal of Tumors, Cysts	Covered up to 80% after Medicare
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TRANSPLANTS

Heart	Covered up to 80% after Medicare
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Kidney	Covered up to 80% after Medicare
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Liver	Covered up to 80% after Medicare
Lung	Covered up to 80% after Medicare
Cornea	Covered up to 80% after Medicare
Bone marrow	Covered up to 80% after Medicare

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.

If both you and/or a Dependent are covered under the Retiree Medical Plan and another group health care plan or Medicare, the Plan includes a provision to coordinate coverage under these Plans. The Plans (including Medicare) work together to provide you with benefits up to the benefit amount provided by the plan with the higher coverage level. If you have coverage under more than one group plan, including Medicare, you must file a claim for all charges with each plan.