



Medical Benefits Comparison for Retirees with Medicare Parts A and B



Office of Group Benefits
Annual Enrollment 2010

COVERED BENEFIT: IN NETWORK	PPO Plan (statewide) Administered by OGB	HMO Plan (nationwide) Administered by Blue Cross & Blue Shield of LA	Medical Home HMO Plan (statewide; PCP must be in Region 9)** Administered by Vantage Health Plan
Lifetime Maximum Benefit	\$5 million per person	\$5 million per person	\$5 million per person
Plan Year Deductible	\$300 retired	None	Not applicable
Employee and Dependents	Family unit maximum: 3 individual deductibles	None	Not applicable
Maximum Out-Pocket Expense In-Network	\$2,000 per person	\$1,000 per person; \$3,000 per family	Not applicable
Hospital Services (Inpatient)	Member pays 20% of Medicare co-ins/ded ^{1,4}	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
In-Network	Max \$250 per admission	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
Surgery, Anesthesia & X-ray	Member pays 20% of Medicare co-in/ded ¹	\$100 co-pay/waived, if admitted ⁵	Member pays 0% of Medicare co-ins/ded
Hospital Emergency Room (facility only)	\$150 separate deductible; waived, if admitted Member pays 20% of Medicare co-ins/ded ¹	\$100 co-pay/waived, if admitted ⁵	Member pays 0% of Medicare co-ins/ded
Ambulatory Surgical Facilities	Member pays 20% of Medicare co-ins/ded ¹	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
Physician Visits	Member pays 20% of Medicare co-ins/ded ¹	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
MRI/CAT Scan	Member pays 20% of Medicare co-ins/ded ¹	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
Sonograms	Member pays 20% of Medicare co-ins/ded ¹	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
Chemical/Radiation Therapy	Member pays 20% of Medicare co-ins/ded ¹	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
Dialysis	Member pays 20% of Medicare co-ins/ded ¹	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
Cardiac Rehabilitation Therapy	Member pays 20% of Medicare co-ins/ded ^{1,3}	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
Physical and Occupational Therapy	Member pays 20% of Medicare co-ins/ded ¹	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
Speech Therapy	Member pays 20% of Medicare co-ins/ded ¹	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
Oral Surgery (Refer to plan document)	Member pays 0% of Fee Schedule	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
Routine PAP Test	Member pays 20% of Medicare co-ins/ded ¹	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
Routine Mammogram	Member pays 20% of Medicare co-ins/ded ¹	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
Routine PSA Screening	Member pays 20% of Medicare co-ins/ded ¹	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
Durable Medical Equipment	Member pays 20% of Medicare co-ins/ded ¹	Member pays 0% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
Home Health Care	Non-covered benefit when Medicare is primary	Non-covered benefit when Medicare is primary	Member pays 0% of Medicare co-ins/ded
Hospice Care	Non-covered benefit when Medicare is primary	Non-covered benefit when Medicare is primary	Member pays 0% of Medicare co-ins/ded
Urgent Care	Member pays 20% of Medicare co-ins/ded ¹	Member pays 20% of Medicare co-ins/ded ⁵	Member pays 0% of Medicare co-ins/ded
Ambulance	Member pays 20% of Medicare co-ins/ded ¹	Up to 100%; co-pay may apply ⁵	Member pays 0% of Medicare co-ins/ded
Wellness Program			
Adult	20% of Fee Schedule up to \$500	Up to 100%; co-pays may apply ⁵	Member pays 0% of Medicare co-ins/ded
Physical Exams, Lab, X-ray	Age and/or time restrictions apply	No age limitations ⁵	Member pays 0% of Medicare co-ins/ded
Prescription Drug Benefit (Retail)	Member pays 50%; maximum \$50 per 30-day fill; after \$1200 per person per plan year, co-payment \$15 brand, \$0 generic NOTE: Plan member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus 50 percent co-pay amount for brand-name drug; cost difference does not apply to \$1,200 out-of-pocket maximum. (Administered by Catalyst Rx)	Member pays 50%; maximum \$50 per 30-day fill; after \$1200 per person per plan year; co-payment \$15 brand, \$0 generic NOTE: Plan member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus 50 percent co-pay amount for brand-name drug; cost difference does not apply to \$1,200 out-of-pocket maximum. (Administered by Catalyst Rx)	Generic: \$5 for 30-day fill; Preferred: \$25 for 30-day fill; Non-preferred: \$50 for 30-day fill; Specialty: 20% co-insurance up to \$100 per 30-day fill (Administered by VHP's Catalyst Rx)
Mail Order Drug Program	Same as above	Same as above	Generic: \$15 for 90-day fill; Preferred: \$75 for 90-day fill; Non-preferred: \$150 for 90-day fill (Administered by VHP's Catalyst Rx)
Mental Health & Substance Abuse - Inpatient ²	\$100 co-payment per day; \$300 maximum per admit	\$100 co-payment per day; \$300 maximum per admit	Member pays 0% of Medicare co-ins/ded
Mental Health/Substance Abuse - Outpatient ²	\$25 office visit co-payment	\$25 office visit co-payment	Member pays 0% of Medicare co-ins/ded

COVERED BENEFIT: OUT-OF-NETWORK

Hospital Services - Inpatient	Same as in-network plus a \$50 per day deductible; maximum \$250 per admission	Member pays 30% of fee schedule Separate \$1,000 deductible	Prior approval required; If approved, plan pays up to Medicare allowable
All Other Covered Services	Same as in-network	Member pays 30% of fee schedule Separate \$1,000 deductible	Prior approval required; If approved, plan pays up to Medicare allowable

¹ Subject to plan year deductible and co-insurance

² Pre-authorization required

³ Complete within 6 months

⁴ Waived, if using an in-network hospital

⁵ Member will be subject to co-pays/co-insurance, if Medicare deductibles have not been met

**This comparison chart is a summary of plan features.
For full details of the plan, refer to the official plan document.**

* **Note:** These benefits apply when contracted providers are used; if non-contracted providers are used, out-of-network benefits apply (separate deductible and higher out-of-pocket costs to the member).

** If a Vantage member has Medicare primary, Vantage coordinates with Medicare as follows:

- For medical benefits, Vantage pays the lesser of the Medicare patient responsibility or the Vantage allowable.
- All Vantage member cost-share amounts (co-payments and co-insurance) are waived.
- All pre-authorization requirements for in-network medical benefits are waived for members with Medicare primary.