

Medicare Advantage Plans Benefits Comparison January 1, 2015 - December 31, 2015			
	Vantage HMO-POS	Vantage Zero - Premium HMO-POS	People's Health HMO-POS
	Network	Network	Network
	You Pay	You Pay	You Pay
Deductible			
You	\$0	\$0	\$0
You + Spouse	\$0	\$0	\$0
You + Child (ren)	\$0	\$0	\$0
You + Family	\$0	\$0	\$0
Out-of-Pocket Maximum			
You	\$3,000	\$6,700	\$2,500 per member
You + Spouse	\$3,000	\$6,700	
You + Child (ren)	\$3,000	\$6,700	
You + Family	\$3,000	\$6,700	
State Funding	The Plan Pays	The Plan Pays	The Plan Pays
You	Not Available	Not Available	Not Available
You + Spouse			
You + Child (ren)			
You + Family			
Physicians' Services	The Plan Pays	The Plan Pays	The Plan Pays
Primary Care Physician or Specialist Office <i>Treatment of illness or injury</i>	100% coverage after a \$10 PCP or \$40 SPC co-payment per visit.	100% coverage after a \$15 PCP or \$50 SPC co-payment per visit.	100% coverage after a \$5 PCP or \$10 SPC co-payment per visit.
Preventative Care Primary Care Physician or Specialist Office or Clinic <i>For a complete list of benefits, refer to the Preventive and Wellness/Routine Care in the Benefit Plan</i>	100% coverage	100% coverage	100% coverage
Physician Services for Emergency Room Care	100% coverage	100% coverage	100% coverage
Allergy Shots and Serum	80% coverage	80% coverage	95% coverage
Outpatient Surgery/Services <i>when billed as office visits</i>	100% coverage	100% coverage	100% coverage
Inpatient Services <i>Inpatient care, delivery and inpatient short-term acute rehabilitation services</i>	100% coverage after \$300 co-payment per day (days 1-5)	100% coverage after \$345 co-payment per day (days 1-5)	100% coverage after \$50 co-payment per day (days 1-10)
Outpatient Surgery/Services <i>Hospital/Facility</i>	100% coverage after \$300 co-payment per visit	100% coverage \$450 co-payment per visit	100% coverage
Emergency Room Care - Hospital <i>Treatment of an emergency medical condition or injury</i>	100% coverage after \$65 co-payment per visit; waived if admitted	100% coverage after \$65 co-payment per visit; waived if admitted	100% coverage after \$50 co-payment per visit; waived if admitted

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	The Plan Pays	The Plan Pays	The Plan Pays
Behavioral Health			
Mental Health and Substance Abuse Inpatient Facility	100% coverage after \$380 co-payment per day (days 1-4)	100% coverage after \$380 co-payment per day (days 1-4)	100% coverage after \$50 co-payment per day (days 1-10)
Mental Health and Substance Abuse Outpatient Visits - Professional	100% coverage after \$40 co-payment per visit	100% coverage after \$40 co-payment per visit	100% coverage
Other Coverage	The Plan Pays	The Plan Pays	The Plan Pays
Outpatient Acute Short-Term Rehabilitation Services <i>Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services</i>	100% coverage after \$40 co-payment per visit subject to Medicare maximum	100% coverage after \$40 co-payment per visit subject to Medicare maximum	100% coverage; subject to Medicare maximum
Chiropractic Care	100% coverage after a \$20 co-payment per visit	100% coverage after a \$20 co-payment per visit.	100% coverage after a \$10 co-payment per visit.
Vision Exam (routine)	100% coverage; 1 exam per year	100% coverage; 1 exam per year	100% coverage after \$15 co-payment; 1 exam per year
Urgent Care Center	100% coverage after \$65 co-payment per visit	100% coverage after \$65 co-payment per visit	100% coverage after \$10 co-payment per visit
Home Health Care Services	100% coverage	100% coverage	100% coverage
Skilled Nursing Facility Services	100% coverage after \$0 co-payment (days 1-20); \$156 co-payment per day (days 21-100)	100% coverage after \$0 co-payment (days 1-20); \$156 co-payment per day (days 21-100)	100% coverage after \$0 co-payment (days 1-20); \$25 co-payment per day (days 21+)
Hospice Care	Covered by Medicare	Covered by Medicare	Covered by Medicare
Durable Medical Equipment (DME) - Rental or Purchase	80% coverage	80% coverage	95% coverage
Transplant Services	100% coverage after \$150/300 co-payment per day (days 1-5)	100% coverage after \$200/345 co-payment per day (days 1-5)	100% coverage after \$50 co-payment per day (days 1-10)
Pharmacy	You Pay	You Pay	You Pay
Tier 1 - Preferred Generic	\$3 co-payment	\$3 co-payment	\$0 co-payment
Tier 2 - Non-Preferred Generic	\$8 co-payment	\$8 co-payment	\$0 co-payment
Tier 3 - Preferred Brand	\$45 co-payment	\$45 co-payment	\$20 co-payment
Tier 4 - Non-Preferred Brand	\$95 co-payment	\$95* co-payment; after \$125 deductible	\$40 co-payment
Tier 5 - Specialty	33% co-insurance	33%* co-insurance; after \$125 deductible	20% co-insurance

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage. For full details of the plan, refer to the official plan document.

The benefits outlined in this document were provided by Peoples Health and Vantage Health Plan. OGB is not responsible for the accuracy of this information.

NOTE: Prior authorizations, visit limits and age and/or time restrictions may apply to some benefits - refer to your official plan document for details.

All services are subject to deductibles/co-payments/coinsurance, if Medicare Deductibles have not been met.