



Medical Benefits Comparison for Active Employees and Non-Medicare Retirees

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	CD-HSA Plan (Consumer Driven Plan with Health Savings Account)*** (nationwide) Administered by UnitedHealthcare
Lifetime Maximum Benefit (all eligible expenses) Plan Year Deductible Employees and dependents	\$5 million per person \$500 active; \$300 retired Family unit maximum: 3 individual deductibles	\$5 million per person None	\$5 million per person None	\$5 million per person Must meet deductible before co-insurance applies Employee - \$1,250 Employee plus one (spouse or child) - \$2,500 ** Family - \$3,000 **
Maximum Out-Pocket Expense In-Network	\$1000 per person	\$1000 per person/\$3000 per family	N/A	Employee - \$3,250; including deductible Employee plus one (spouse or child) - \$6,500; including deductible Family - \$9,000 for 3 members; \$11,000 for 4 members; \$11,900 for 5 or more due to statutory maximum; including deductible
Hospital Services (inpatient)	Member pays 10% of contracted rate ^{1,2}	\$100 per day ² Maximum of \$300 per admission	\$100 per day ² Maximum \$300 per admission	Member pays 20% of contracted rate ^{1,2}
Surgeon, Anesthesia, Lab, X-rays & Injections	Member pays 10% of contracted rate ¹	No co-payment	Member pays 0%, up to allowable charges	Member pays 20% of contracted rate ^{1,2}
Hospital Emergency Room (facility only)	\$150 separate deductible; waived if admitted Member pays 10% of contracted rate ¹	\$100 co-payment; waived if admitted (hospital co-payment applies) ²	\$100 co-payment; waived if admitted (hospital co-payment applies) ²	Member pays 20% of contracted rate ¹
Ambulatory Surgical Facilities	Member pays 10% of contracted rate ¹	\$100 co-payment	Member pays \$100 co-payment ²	Member pays 20% of contracted rate ^{1,2}
Physician Visits	Member pays 10% of contracted rate ¹	\$15 PCP/\$25 specialist (no referral required)	\$10 PCP/\$25 specialist (referral required to all specialists)	Member pays 20% of contracted rate ¹
Maternity (physician only)	Member pays 10% of contracted rate ¹	\$90 co-payment	\$10 co-pay, first visit (no referral required)	Member pays 20% of contracted rate ¹
MRI/CAT Scan	Member pays 10% of contracted rate ¹	\$50 co-payment	\$50 co-payment per procedure ²	Member pays 20% of contracted rate ^{1,2}
Sonograms	Member pays 10% of contracted rate ¹	\$25 co-payment	Member pays 0%, up to allowable charges	Member pays 20% of contracted rate ^{1,2}
Chemical/Radiation Therapy	Member pays 10% of contracted rate ¹	\$15 co-payment	Member pays 0%, up to allowable charges ²	Member pays 20% of contracted rate ^{1,2}
Pre-Admission Testing	Member pays 10% of contracted rate ¹	No co-payment	Member pays 0%, up to allowable charges	Member pays 20% of contracted rate ^{1,2}
Dialysis	Member pays 10% of contracted rate ¹	\$0 co-payment	Member pays 0%, up to allowable charges ²	Member pays 20% of contracted rate ^{1,2}
Cardiac Rehabilitation Therapy	Member pays 10% of contracted rate ^{1,7}	\$15/\$25 co-payment	20% co-insurance ²	Member pays 20% of contracted rate ^{1,2,7}
Physical and Occupational Therapy	Member pays 10% of contracted rate ^{1,5}	\$15 co-payment	20% co-insurance; maximum 20 visits per plan year ^{2,10}	Member pays 20% of contracted rate ^{1,2,5}
Speech Therapy ²	Member pays 10% of contracted rate ^{1,6}	\$15 co-payment	20% co-insurance; maximum 20 visits per plan year ¹⁰	Member pays 20% of contracted rate ^{1,2,6}
Oral Surgery (Refer to plan document)	Member pays 0% of contracted rate	\$25 co-payment	20% co-insurance ²	Member pays 20% of contracted rate ^{1,2}
Routine PAP Test	Member pays 10% of contracted rate ³	No co-payment ³	Member pays 0%	Member pays 0%, deductible does not apply ³
Routine Mammogram	Member pays 10% of contracted rate ³	No co-payment ³	Member pays 0%	Member pays 0%, deductible does not apply ³
Routine PSA Screening	Member pays 10% of contracted rate ³	No co-payment ³	Member pays 0%	Member pays 0%, deductible does not apply ³
Durable Medical Equipment	Member pays 10% of contracted rate ¹	Member pays 20% of contracted rate	20% co-insurance; \$50,000 lifetime maximum ²	Member pays 20% of contracted rate ^{1,2}
Home Health Care ²	Case management required Member pays 30% of negotiated rate ¹ Limited to 150 visits per plan year	No co-payment Limited to 150 visits per plan year	Member pays 0% ² No visit limit	Member pays 20% of contracted rate ^{1,2}
Hospice Care	Member pays 20% of negotiated rate ²	No co-payment ²	Member pays 0% ²	Member pays 20% of contracted rate ^{1,2}
Wellness Program				
Baby/Child (Routine exams, scheduled immunizations)	Member pays 10% of contracted rate ¹	\$15/\$25 co-payment	\$10 medical home PCP office visit co-payment ³	Member pays 0%, deductible does not apply ³
Adult (Physical exam, lab, X-ray)	Member pays 0% of eligible expenses to \$500 ^{3,8}	\$15/\$25 co-payment	\$10 medical home PCP office visit co-payment ³	Member pays 0%, deductible does not apply ³
Annual Eye Exam	Not covered	\$15/\$25 co-payment	\$25 specialist office visit co-payment; one visit every 2 plan years ³	Member pays 0%, deductible does not apply ³
Prescription Drug Benefit In-Network (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 co-payment per 30-day fill Preferred brand: \$25 co-payment per 30-day fill Non-preferred brand: \$50 co-payment per 30-day fill Specialty drugs: 20% co-insurance up to \$100 per Rx per 30-day fill (Administered by VHP's Catalyst Rx)	Level 1 - Generic; 31-day supply; \$10 co-payment ¹ Level 2 - Preferred Brand; 31-day supply; \$25 co-payment ¹ Level 3 - Non-preferred Brand; 31-day supply; \$50 co-payment ¹ Level 4 - Specialty; 31-day supply; \$50 co-payment ¹ Maintenance drugs: • 31-day supply; • not subject to deductible • subject to applicable co-payment levels 1 through 4 above • refer to myuhc.com for Maintenance Medication List (Administered by UHC's PrescriptionSolutions)
Mail Order Drug Program	Same as above	Same as above	30-day supply for one co-payment 60-day supply for two co-payments 90-day supply for three co-payments	Level 1 - Generic; 90-day supply; \$10 co-payment ¹ Level 2 - Preferred Brand; 90-day supply; \$25 co-payment ¹ Level 3 - Non-preferred Brand; 90-day supply; \$50 co-payment ¹ Level 4 - Specialty; 90-day supply; \$50 co-payment ¹ Maintenance drugs; • 90-day supply • not subject to deductible • subject to applicable co-payment levels 1 through 4 above • refer to myuhc.com for Maintenance Medication List (Administered by UHC's PrescriptionSolutions)
Mental Health/Substance Abuse - Inpatient ²	\$100 co-payment per day; \$300 maximum per admit	\$100 co-payment per day; \$300 maximum per admit	100% after \$100 co-payment per day for the first three days (Administered by Vantage Health Plan)	Member pays 20% of contracted rate ^{1,2} (Administered by OptumHealth)
Mental Health/Substance Abuse - Outpatient ²	\$25 office visit co-payment	\$25 office visit co-payment	100% after \$25 co-payment per office visit (Administered by Vantage Health Plan)	Member pays 20% of contracted rate ^{1,2} (Administered by OptumHealth)

COVERED BENEFIT: OUT-OF-NETWORK

Member resides in Louisiana	Member pays 30% of fee schedule ^{1,4}	Member pays 30% of fee schedule ⁴ Separate \$1000 deductible	Prior authorization required	Wellness benefits - Member pays 0% of contracted rate; deductible does not apply ^{3,4} Member pays 30% of fee schedule ^{1,2,4}
Member resides outside Louisiana	Member pays 10% of fee schedule ^{1,4}	Member pays 30% of fee schedule ⁴ Separate \$1000 deductible	Prior authorization required	Wellness benefits - Member pays 0% of contracted rate; deductible does not apply ^{3,4} Member pays 30% of fee schedule ^{1,2,4}

¹ Subject to plan year deductible and/or co-insurance

² Pre-authorization required

³ Age and/or time restrictions, apply

⁴ Member pays difference between billed amount and fee schedule

⁵ Limited to 50 visits per year

⁶ Limited to 26 visits per year

⁷ Within 6 months of qualifying event

⁸ Member pays any amount above \$500 maximum

⁹ Not applicable to hospital-based ancillary providers at in-network facilities. Provider can balance bill patient

¹⁰ Occupational and Speech Therapy combined for maximum 20 visits per plan year

***Note:** All office visits other than PCP, OB/GYN & routine eye exams office visits require referral and/or pre-authorization

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

** Employee plus one unit or family unit must satisfy a total deductible before co-insurance applies

*** **Note:** Only active employees or rehired retirees without Medicare are eligible.