



Medical Benefits Comparison

Retirees with Medicare Part A & Part B



Office of Group Benefits
Annual Enrollment 2011

Effective July 1, 2011

COVERED BENEFITS: IN-NETWORK	PPO Plan (statewide) Administered by OGB	HMO Plan (nationwide)* Administered by Blue Cross and Blue Shield of LA	Medical Home HMO Plan (statewide; PCP must be in Region 9)** Administered by Vantage Health Plan	Regional HMO Plan (Regions 6, 7, 8 & 9)* Insured by Vantage Health Plan
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Plan Year Deductible	\$300 retired	None	None	None
Employee and Dependents	Family unit maximum: 3 individual deductibles	None	None	None
Maximum Out-of-Pocket Expense In-Network	\$2,000 per person	\$1,000 per person; \$3,000 per family	Not applicable	\$1,000 per person; \$3,000 per family
Hospital Services (Inpatient)	Member pays 20% of Medicare co-insurance/deductible ^{1,4}	Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
In-Network		Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
Surgery, Anesthesia & X-ray	Member pays 20% of Medicare co-insurance/deductible ¹	\$100 co-pay/waived if admitted ⁵	Member pays 0% of Medicare co-insurance/deductible	\$100 co-pay/waived if admitted ⁵
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-insurance/deductible	\$100 co-pay/waived if admitted ⁵
Ambulatory Surgical Facilities	Member pays 20% of Medicare co-insurance/deductible ¹	Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
Physician Visits	Member pays 20% of Medicare co-insurance/deductible ¹	Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
MRI/CAT Scan	Member pays 20% of Medicare co-insurance/deductible ¹	Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
Sonograms	Member pays 20% of Medicare co-insurance/deductible ¹	Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
Chemotherapy & Radiation Therapy	Member pays 20% of Medicare co-insurance/deductible ¹	Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
Dialysis	Member pays 20% of Medicare co-insurance/deductible ¹	Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
Cardiac Rehabilitation Therapy	Member pays 20% of Medicare co-insurance/deductible ^{1,3}	Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
Physical and Occupational Therapy	Member pays 20% of Medicare co-insurance/deductible ¹	Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
Speech Therapy	Member pays 20% of Medicare co-insurance/deductible ¹	Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
Oral Surgery (Refer to plan document)	Member pays 0% of fee schedule	Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
Routine Pap Test	Member pays 0% of Medicare co-insurance/deductible ¹	Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
Routine Mammogram	Member pays 0% of Medicare co-insurance/deductible ¹	Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
Routine PSA Screening	Member pays 0% of Medicare co-insurance/deductible ¹	Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
Durable Medical Equipment	Member pays 20% of Medicare co-insurance/deductible ¹	Member pays 0% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 0% of Medicare co-insurance/deductible ⁵
Home Health Care	Non-covered benefit when Medicare is primary	Non-covered benefit when Medicare is primary	Member pays 0% of Medicare co-insurance/deductible	Non-covered benefit when Medicare is primary
Hospice Care	Non-covered benefit when Medicare is primary	Non-covered benefit when Medicare is primary	Member pays 0% of Medicare co-insurance/deductible	Non-covered benefit when Medicare is primary
Urgent Care	Member pays 20% of Medicare co-insurance/deductible ¹	Member pays 20% of Medicare co-insurance/deductible ⁵	Member pays 0% of Medicare co-insurance/deductible	Member pays 20% of Medicare co-insurance/deductible ⁵
Ambulance	Member pays 20% of Medicare co-insurance/deductible ¹	Up to 100%; co-pay may apply ⁵	Member pays 0% of Medicare co-insurance/deductible	Up to 100%; co-pay may apply ⁵
Preventive Care (Wellness) (See OGB website for list of preventive care services)	Member pays 0% of contracted rate Age and/or time restrictions apply	Up to 100%; co-pays may apply ⁵ No age limitations ⁵	Member pays 0% of Medicare co-insurance/deductible	Up to 100% No age limitations
Prescription Drug Benefit (Retail)	Member pays 50%; max \$50 per 30-day fill; after \$1,200 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 for brand-name drug; cost difference does not apply to \$1,200 out-of-pocket max. (Administered by Catalyst Rx)	Member pays 50%; max \$50 per 30-day fill; after \$1,200 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 for brand-name drug; cost difference does not apply to \$1,200 out-of-pocket max. (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)	Member pays 50%; max \$50 per 30-day fill; after \$1,200 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 for brand-name drug; cost difference does not apply to \$1,200 out-of-pocket max. (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)	Same as above
Mental Health & Substance Abuse - Inpatient ²	Member pays 20% of Medicare co-insurance/deductible ¹ (Administered by ValueOptions)	\$100 co-pay per day; \$300 maximum per admit (Administered by Optum Health)	Member pays 0% of Medicare co-insurance/deductible (Administered by Vantage Health Plan)	\$100 co-pay per day; \$300 maximum per admit (Administered by Vantage Health Plan)
Mental Health & Substance Abuse - Outpatient	Member pays 20% of Medicare co-insurance/deductible ¹ (Administered by ValueOptions)	\$15 office visit co-pay (Administered by Optum Health)	Member pays 0% of Medicare co-insurance/deductible ² (Administered by Vantage Health Plan)	\$25 office visit co-pay ² (Administered by Vantage Health Plan)
COVERED BENEFITS: 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	Member pays 30% of Vantage Allowable Separate \$1,000 deductible
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	Member pays 30% of Vantage Allowable Separate \$1,000 deductible

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 subject to co-pays/co-insurance, if Medicare deductibles have not been met

⁶ See plan document for details on prescription drug coverage

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

* 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 member).

** If a Vantage member has Medicare primary, Vantage coordinates with Medicare as follows:
• For medical benefits, Vantage pays lesser of Medicare patient responsibility or 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.

MONTHLY PREMIUM RATES RETIRED PLAN MEMBERS WITH MEDICARE PARTS A & B

OGB Standard Plans

Effective July 1, 2011

Retired with 1 Medicare Single


Retired with 2 Medicare With Spouse

State Share Plan Member Share Total Premium State Share Plan Member Share Total Premium

PPO Plan (Administered by OGB) <i>Available statewide</i>	\$267.60	\$89.20	\$356.80	\$481.02	\$160.34	\$641.36
HMO Plan (Administered by Blue Cross) <i>Available nationwide</i>	\$258.04	\$86.00	\$344.04	\$462.52	\$154.16	\$616.68
Medical Home HMO Plan (Administered by Vantage) <i>Available statewide; must designate primary care physician in Region 9</i>	\$258.30	\$86.10	\$344.40	\$464.08	\$154.68	\$618.76
Regional HMO Plan (Administered by Vantage) <i>Available in Regions 6, 7, 8 & 9</i>	\$255.52	\$85.16	\$340.68	\$450.10	\$150.02	\$600.12

Note: Breakdown between state share and employee share may not be accurate for certain school board employees due to local funding that affects contributions. Total premium columns are correct for all agencies.

Approved by:


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How Do I Choose?

The answers to these questions can help you decide which OGB health plan is right for you...

- ✓ Is the plan available in my area?
- ✓ Are my hospitals and doctors included in the plan?
- ✓ Does the plan have an open or closed (restricted) drug formulary?
- ✓ If the formulary is closed (restricted), are my prescription drugs covered?
- ✓ What is the monthly premium cost?
- ✓ How do the plan's costs and benefits compare to my current plan?
- ✓ If I need out-of-state coverage, does the plan have it?