

Effective January 1, 2012

Medical Benefits Comparison for Retirees with Medicare Part A & Part B



<u>COVERED BENEFITS: IN-NETWORK</u>	<u>PPO Plan (statewide)</u> <i>Administered by OGB</i>	<u>HMO Plan (nationwide)*</u> <i>Administered by Blue Cross and Blue Shield of Louisiana</i>	<u>Regional HMO Plan (Regions 6, 7, 8 & 9) 7 *</u> <i>Insured by Vantage Health Plan</i>	<u>Medical Home HMO Plan (statewide; PCP must be in Region 9) 7 **</u> <i>Insured by Vantage Health Plan</i>
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	\$1,000 per person; \$3,000 per family	Not applicable
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 5	Member pays 0% of Medicare co-insurance/deductible
In-Network		Member pays 0% of Medicare co-insurance/deductible 5	Member pays 0% of Medicare co-insurance/deductible 5	Member pays 0% of Medicare co-insurance/deductible
Surgery, Anesthesia & X-ray	Member pays 20% of Medicare co-insurance/deductible 1	\$100 co-pay/waived if admitted 5	\$100 co-pay/waived if admitted 5	Member pays 0% of Medicare co-insurance/deductible
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	\$100 co-pay/waived if admitted 5	Member pays 0% of Medicare co-insurance/deductible
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 5	Member pays 0% of Medicare co-insurance/deductible
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 5	Member pays 0% of Medicare co-insurance/deductible
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 5	Member pays 0% of Medicare co-insurance/deductible
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 5	Member pays 0% of Medicare co-insurance/deductible
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 5	Member pays 0% of Medicare co-insurance/deductible
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 5	Member pays 0% of Medicare co-insurance/deductible
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 5	Member pays 0% of Medicare co-insurance/deductible
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 5	Member pays 0% of Medicare co-insurance/deductible
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 5	Member pays 0% of Medicare co-insurance/deductible
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 5	Member pays 0% of Medicare co-insurance/deductible
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 5	Member pays 0% of Medicare co-insurance/deductible
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 5	Member pays 0% of Medicare co-insurance/deductible
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 5	Member pays 0% of Medicare co-insurance/deductible
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 5	Member pays 0% of Medicare co-insurance/deductible
Home Health Care	Non-covered benefit when Medicare is primary	Non-covered benefit when Medicare is primary	Non-covered benefit when Medicare is primary	Member pays 0% of Medicare co-insurance/deductible
Hospice Care	Non-covered benefit when Medicare is primary	Non-covered benefit when Medicare is primary	Non-covered benefit when Medicare is primary	Member pays 0% of Medicare co-insurance/deductible
Urgent Care	Member pays 20% of Medicare co-insurance/deductible 1	Member pays 20% of Medicare co-insurance/deductible 5	Member pays 20% of Medicare co-insurance/deductible 5	Member pays 0% of Medicare co-insurance/deductible
Ambulance	Member pays 20% of Medicare co-insurance/deductible 1	Up to 100%; co-pay may apply 5	Up to 100%; co-pay may apply 5	Member pays 0% of Medicare co-insurance/deductible
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	Up to 100% No age limitations	Member pays 0% of Medicare co-insurance/deductible
Prescription Drug Benefit (Retail)	Member pays 50%; max \$50 per 31-day fill; after \$1,200 per person per plan year, co-payment \$15 brand, \$0 generic <i>(Administered by Medco in partnership with Catalyst Rx)</i>	Member pays 50%; max \$50 per 31-day fill; after \$1,200 per person per plan year, co-payment \$15 brand, \$0 generic <i>(Administered by Medco in partnership with Catalyst Rx)</i>	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. <i>(Administered by VHP's Catalyst Rx)</i>	Generic: \$5 for 30-day fill; Preferred: \$30 for 30-day fill; Non-preferred: \$50 for 30-day fill; Specialty: 20% co-insurance up to \$100 per 30-day fill <i>(Administered by VHP's Catalyst Rx)</i>
Mail Order Drug Program	Plan member will be automatically enrolled in OGB's Medicare Part D coverage with a wrap-around; detailed information will be mailed to plan members soon Same as above	Plan member will be automatically enrolled in OGB's Medicare Part D coverage with a wrap-around; detailed information will be mailed to plan members soon Same as above	Same as above	Generic: \$15 for 90-day fill; Preferred: \$90 for 90-day fill; Non-preferred: \$150 for 90-day fill <i>(Administered by VHP's Catalyst Rx)</i>
Mental Health & Substance Abuse - Inpatient 2	Member pays 20% of Medicare co-insurance/deductible 1 <i>(Administered by ValueOptions)</i>	\$100 co-pay per day; \$300 maximum per admit <i>(Administered by ValueOptions)</i>	\$100 co-pay per day; \$300 maximum per admit <i>(Administered by Vantage Health Plan)</i>	Member pays 0% of Medicare co-insurance/deductible <i>(Administered by Vantage Health Plan)</i>
Mental Health & Substance Abuse - Outpatient	Member pays 20% of Medicare co-insurance/deductible 1 <i>(Administered by ValueOptions)</i>	\$15 office visit co-pay <i>(Administered by ValueOptions)</i>	\$25 office visit co-pay 2 <i>(Administered by Vantage Health Plan)</i>	Member pays 0% of Medicare co-insurance/deductible 2 <i>(Administered by Vantage Health Plan)</i>

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	Member pays 30% of Vantage Allowable 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	Member pays 30% of Vantage Allowable 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 subject to co-pays/co-insurance, if Medicare deductibles have not been met

⁶ See plan document for details on prescription drug coverage

⁷ Tier I and Tier II networks available. All medical benefits shown are for the Tier I network.

Tier II network benefits require an additional 20% coinsurance.

* 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.

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