

Medical Benefits Comparison for OGB Medicare Advantage Plans

Retirees with Medicare Part A and Part B



Effective January 1, 2013

COVERED BENEFITS	Peoples Health HMO-POS ⁵	Vantage HMO-POS ^{4,5}	Vantage Zero-Premium HMO-POS ^{4,5}
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Plan Year Deductible	\$0	\$0	\$0
Maximum Out-of-Pocket Expense	\$2,500	\$5,900	\$6,700
Inpatient Hospital Services ^{1,4}	\$0 co-pay	\$250 co-pay per day (days 1-5)	\$300 co-pay per day (days 1-5)
Outpatient Hospital Care	\$0 co-pay	\$100 co-pay	\$100 co-pay
Surgery, Anesthesia & X-ray	\$0 co-pay	\$0 co-pay for physician	\$0 co-pay for physician
Hospital Emergency Room (Worldwide - facility only)	\$50 co-pay; waived if admitted	\$65 co-pay; waived if admitted	\$65 co-pay; waived if admitted
Ambulatory Surgical Facilities	\$0 co-pay	\$250 co-pay	\$300 co-pay
Physician Visits - Primary Care/Specialty Care	\$5/\$10 co-pay	\$5/\$45 co-pay	\$10/\$50 co-pay
MRI/CAT Scan	\$0 co-pay	Up to \$100 co-pay	Up to \$100 co-pay
Sonograms	\$0 co-pay	Up to \$100 co-pay	Up to \$100 co-pay
Chemotherapy & Radiation Therapy	\$0 co-pay	20% co-insurance	20% co-insurance
Dialysis	\$0 co-pay	20% co-insurance	20% co-insurance
Cardiac Rehabilitation Therapy	\$0 co-pay	20% co-insurance	20% co-insurance
Physical and Occupational Therapy	\$0 co-pay	20% co-insurance	20% co-insurance
Speech Therapy	\$0 co-pay	20% co-insurance	20% co-insurance
Routine Preventive Care (Wellness Program)			
Routine Exams	\$0 co-pay	\$0 co-pay	\$0 co-pay
Well Woman Care	\$0 co-pay	\$0 co-pay	\$0 co-pay
Immunizations	\$0 co-pay	\$0 co-pay	\$0 co-pay
PSA Test	\$0 co-pay	\$0 co-pay	\$0 co-pay
Oral Surgery	Medicare coverage guidelines apply; check health plan for details	Medicare coverage guidelines apply; check health plan for details	Medicare coverage guidelines apply; check health plan for details
Durable Medical Equipment	5% co-insurance	20% co-insurance	20% co-insurance
Home Health Care	\$0 co-pay	\$0 co-pay	\$0 co-pay
Hospice Care ³	\$0 co-pay	\$0 co-pay	\$0 co-pay
Prescription Drug Benefits - Retail			
Level 1 - Generic	\$0 co-pay	\$5 co-pay	\$5 co-pay ²
Level 2 - Preferred Brand	\$20 co-pay	\$45 co-pay	\$45 co-pay after \$325 Medicare deductible ²
Level 3 - Non-Preferred Brand	\$40 co-pay	\$85 co-pay after \$325 Medicare deductible ²	\$85 co-pay after \$325 Medicare deductible ²
Level 4 - Specialty	20% co-insurance	25% co-insurance after \$325 Medicare deductible ²	25% co-insurance after \$325 Medicare deductible ²
Mail Order Drug Program - 90-day supply			
Level 1 - Generic	\$0 co-pay	\$15 co-pay	\$15 co-pay ²
Level 2 - Preferred Brand	\$40 co-pay	\$135 co-pay	\$135 co-pay after \$325 Medicare deductible ²
Level 3 - Non-Preferred Brand	\$80 co-pay	\$255 co-pay after \$325 Medicare deductible ²	\$255 co-pay after \$325 Medicare deductible ²
Level 4 - Specialty	20% co-insurance	Not available	Not available
Mental Health ⁴			
Inpatient	\$0 co-pay	\$350 co-pay per day (days 1-4)	\$350 co-pay per day (days 1-4)
Outpatient (per visit)	\$0 co-pay	35% co-insurance	35% co-insurance
Partial Hospitalization	\$0 co-pay	35% co-insurance	35% co-insurance
Alcohol and Substance Abuse Treatment ⁴			
Inpatient	\$0 co-pay	\$250 co-pay per day (days 1-5)	\$300 co-pay per day (days 1-5)
Outpatient (per visit)	\$0 co-pay	35% co-insurance	35% co-insurance
Pre-Admission Testing	\$0 co-pay	\$0 co-pay	\$0 co-pay
Skilled Nursing Care	\$0 co-pay (days 1-20) \$25 co-pay (days 21-100)	\$50 co-pay (days 1-20) \$150 co-pay (days 21-100)	\$50 co-pay (days 1-20) \$150 co-pay (days 21-100)
Urgent Care	\$10 co-pay	\$65 co-pay	\$65 co-pay
Ambulance	\$50 co-pay	\$250 co-pay per trip	\$250 co-pay per trip

¹Semi-private room, ancillary services & physician visits

²No coverage through the Gap (donut hole)

³Covered by Medicare

⁴Some services may require pre-certification

⁵Health Maintenance Organization - Point-of-Service Option

This chart is a summary of plan options. Refer to the plan document for full details.

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?
- ✓ Does the plan have drug coverage in the coverage gap or "donut hole"?
- ✓ 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?