

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

	<u>PPO Plan (nationwide)</u> ⁷ <i>Administered by Blue Cross and Blue Shield of La.</i>	<u>HMO Plan (nationwide)</u> ⁷ <i>Administered by Blue Cross and Blue Shield of La.</i>	<u>Medical Home HMO Plan (Regions 5, 6, 7, 8 & 9; must choose a PCP)</u> ^{7**} <i>Insured by Vantage Health Plan*</i>
COVERED BENEFIT: IN-NETWORK			
Lifetime Maximum Benefit (all eligible expenses)	Unlimited	Unlimited	Unlimited
Plan Year Deductible	\$300 retiree	None	None
Employee and Dependents	Family unit maximum: 3 individual deductibles	None	None
Maximum Out-of-Pocket Expense In-Network	\$2,000 per person	\$1,000 per person; \$3,000 per family	\$2,000 per person; \$6,000 per family
Hospital Services - Inpatient In-Network	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
Surgery, Anesthesia & X-ray	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
Hospital Emergency Room (facility only)	\$150 separate deductible; waived if admitted; member pays 20% of Medicare co-insurance/deductible ¹	\$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
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
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
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
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
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
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
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
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
Oral Surgery (<i>Refer to plan document</i>)	Member pays 0% of fee schedule	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	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	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	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
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
Hospice Care	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 0% 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	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	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 Catamaran, formerly 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 Catamaran, formerly Catalyst Rx)</i>	Generic: \$10 for 30-day fill; Preferred: \$45 for 30-day fill; Non-preferred: \$85 for 30-day fill; Specialty: 25% co-insurance per 30-day fill <i>(Administered by Catamaran, formerly Catalyst Rx)</i>
	Plan member is enrolled automatically in OGB's Medicare Part D coverage with a wrap-around	Plan member is enrolled automatically in OGB's Medicare Part D coverage with a wrap-around	
Mail-Order Prescription 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 (Not available for specialty drugs) <i>(Administered by Catamaran, formerly Catalyst Rx)</i>
Mental Health & Substance Abuse - Inpatient ²	Member pays 20% of Medicare co-insurance/deductible ¹ <i>(Administered by Blue Cross and Blue Shield of La.)</i>	\$100 co-pay per day; \$300 maximum per admit <i>(Administered by Blue Cross and Blue Shield of La.)</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 Blue Cross and Blue Shield of La.)</i>	\$15 office visit co-pay <i>(Administered by Blue Cross and Blue Shield of La.)</i>	Member pays 0% of Medicare co-insurance/deductible ² <i>(Administered by Vantage Health Plan)</i>
COVERED BENEFIT: 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***
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***

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 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).

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

* Tier I and Tier II networks available. All medical benefits shown are for Tier I network. Tier II network benefits require an additional 20% coinsurance.
** If a Vantage member has Medicare as primary coverage, Vantage coordinates with Medicare as follows:
• For medical benefits, Vantage pays lesser of Medicare patient responsibility or Vantage allowable.
• Certain Vantage member cost-share amounts (co-payments and Tier I co-insurance) are waived.
• All pre-authorization requirements for in-network medical benefits are waived for members with Medicare primary.
*** All co-pays are waived; separate deductible of \$1000 member/\$3000 family and 50% co-insurance apply

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