

Effective January 1, 2014

# OGB Medical Benefits Comparison for Medicare Advantage Plans

<b>COVERED BENEFIT: IN-NETWORK</b>	<b>Peoples Health HMO-POS</b>	<b>Vantage HMO-POS</b>	<b>Vantage Zero-Premium HMO-POS</b>
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 <sup>1,4</sup>	\$0 co-pay	\$275 co-pay per day (days 1-5)	\$335 co-pay per day (days 1-5)
Outpatient Hospital Care	\$0 co-pay	\$275 co-pay	\$450 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	\$275 co-pay	\$450 co-pay
Physician Visits - Primary Care/Specialty Care	\$5/\$10 co-pay	\$5/\$40 co-pay	\$9/\$50 co-pay
MRI/CAT Scan	\$0 co-pay	Up to \$150 co-pay	Up to \$175 co-pay
Sonograms	\$0 co-pay	Up to \$150 co-pay	Up to \$175 co-pay
Chemotherapy & Radiation Therapy	Chemo - 5% co-insurance Radiation - \$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	\$40 co-pay	\$40 co-pay
Speech Therapy	\$0 co-pay	\$40 co-pay; subject to Medicare maximum	\$40 co-pay; subject to Medicare maximum
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 <sup>3</sup>	\$0 co-pay	\$0 co-pay	\$0 co-pay
Prescription Drug Benefits - Retail			
Level 1 - Preferred Generic	\$0 co-pay	\$3 co-pay	\$3 co-pay
Level 2 - Generic	\$0 co-pay	\$10 co-pay	\$10 co-pay
Level 3 - Preferred Brand	\$20 co-pay	\$45 co-pay	\$45 co-pay
Level 4 - Non-Preferred Brand	\$40 co-pay	\$95 co-pay	\$95 co-pay after \$300 Medicare deductible <sup>2</sup>
Level 5 - Specialty	20% co-insurance	33% co-insurance	25% co-insurance after \$300 Medicare deductible <sup>2</sup>
Mail Order Drug Program - 90-day supply			
Level 1 - Preferred Generic	\$0 co-pay	\$9 co-pay	\$9 co-pay
Level 2 - Generic	\$0 co-pay	\$30 co-pay	\$30 co-pay
Level 3 - Preferred Brand	\$40 co-pay	\$135 co-pay	\$135 co-pay
Level 4 - Non-Preferred Brand	\$80 co-pay	\$285 co-pay <sup>2</sup>	\$285 co-pay after \$300 Medicare deductible <sup>2</sup>
Level 5 - Specialty	20% co-insurance	Not available	Not available
Mental Health <sup>4</sup>			
Inpatient	\$0 co-pay	\$370 co-pay per day (days 1-4)	\$370 co-pay per day (days 1-4)
Outpatient (per visit)	\$0 co-pay	\$40 co-pay	\$40 co-pay
Partial Hospitalization	\$0 co-pay	\$55 co-pay	\$55 co-pay
Alcohol and Substance Abuse Treatment <sup>4</sup>			
Inpatient	\$0 co-pay	\$275 co-pay per day (days 1-5)	\$335 co-pay per day (days 1-5)
Outpatient (per visit)	\$0 co-pay	\$40 co-pay	\$40 co-pay
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)	\$25 co-pay (days 1-20) \$152 co-pay (days 21-100)	\$25 co-pay (days 1-20) \$152 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

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

<sup>1</sup> Semi-private room, ancillary services & physician visits

<sup>2</sup> No coverage through the Gap (donut hole)

<sup>3</sup> Covered by Medicare

<sup>4</sup> Some services may require pre-certification

<sup>5</sup> Health Maintenance Organization - Point-of-Service Option

The benefits outlined in this document were provided by Peoples Health and Vantage Health Plan. OGB is not responsible for the accuracy of this information.

## 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?

## Medicare Advantage Meetings October 1 - October 31, 2013

In preparation for the 2014 plan year, the Office of Group Benefits is holding OGB Medicare Advantage Annual Enrollment meetings in October. Medicare Advantage enrollment is available between Oct. 15 and Dec. 7, 2013. Changes in health plans will be effective January 1, 2014.

For 2014, retirees who have Medicare Part A and Part B coverage have several options available to them:

- » They can select from 3 OGB-sponsored Medicare Advantage health plans: the Peoples Health HMO-POS plan; the Vantage HMO-POS plan; and the Vantage Zero-Premium HMO-POS plan.
- » They can choose a Medicare plan through Extend Health, the largest private Medicare exchange in the United States, and be enrolled in a health reimbursement arrangement (HRA) associated with those plans to receive HRA credits of \$200 to \$300 per month from the state.
- » They can select from 3 OGB standard plans during OGB Annual Enrollment: the PPO and HMO plans (administered by Blue Cross and Blue Shield of Louisiana) and the Medical Home HMO plan (insured by Vantage Health Plan). OGB also will hold meetings for Annual Enrollment in October. Enrollment in OGB standard health plans (the PPO, HMO and Medical Home HMO plans) for 2014 is open from Oct. 1 - 31.

It's important to consider your options carefully. Each plan member has a unique health history and different medical needs. Get more information at [www.groupbenefits.org](http://www.groupbenefits.org).

If you have questions about your OGB health coverage or Annual Enrollment, call OGB Customer Service at 225-925-6625 or 225-925-6770 (TDD) in the Baton Rouge calling area or (toll-free) 1-800-272-8451 or 1-800-259-6771 (TDD).

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### OFFICE OF GROUP BENEFITS

### OFFICIAL SCHEDULE OF PREMIUM RATES - MEDICARE ADVANTAGE PLANS

Effective January 1, 2014

#### 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
Peoples Health HMO-POS Plan	\$188.26	\$62.74	\$251.00	\$376.50	\$125.50	\$502.00
Vantage HMO-POS Plan	\$112.98	\$37.64	\$150.62	\$225.92	\$75.30	\$301.22
Vantage Zero-Premim HMO-POS Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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   
08/28/2013