

| Medicare Advantage Plans Benefits Comparison January 1, 2015 - December 31, 2015 | | | |
|---|---|---|---|
| | Vantage HMO-POS | Vantage Zero - Premium HMO-POS | People's Health HMO-POS |
| | Network | Network | Network |
| | You Pay | You Pay | You Pay |
| Deductible | | | |
| You | \$0 | \$0 | \$0 |
| You + Spouse | \$0 | \$0 | \$0 |
| You + Child (ren) | \$0 | \$0 | \$0 |
| You + Family | \$0 | \$0 | \$0 |
| Out-of-Pocket Maximum | | | |
| You | \$3,000 | \$6,700 | \$2,500 per member |
| You + Spouse | \$3,000 | \$6,700 | |
| You + Child (ren) | \$3,000 | \$6,700 | |
| You + Family | \$3,000 | \$6,700 | |
| State Funding | The Plan Pays | The Plan Pays | The Plan Pays |
| You | Not Available | Not Available | Not Available |
| You + Spouse | | | |
| You + Child (ren) | | | |
| You + Family | | | |
| Physicians' Services | The Plan Pays | The Plan Pays | The Plan Pays |
| Primary Care Physician or Specialist Office <i>Treatment of illness or injury</i> | 100% coverage after a \$10 PCP or \$40 SPC co-payment per visit. | 100% coverage after a \$15 PCP or \$50 SPC co-payment per visit. | 100% coverage after a \$5 PCP or \$10 SPC co-payment per visit. |
| Preventative Care Primary Care Physician or Specialist Office or Clinic <i>For a complete list of benefits, refer to the Preventive and Wellness/Routine Care in the Benefit Plan</i> | 100% coverage | 100% coverage | 100% coverage |
| Physician Services for Emergency Room Care | 100% coverage | 100% coverage | 100% coverage |
| Allergy Shots and Serum | 80% coverage | 80% coverage | 95% coverage |
| Outpatient Surgery/Services <i>when billed as office visits</i> | 100% coverage | 100% coverage | 100% coverage |
| Inpatient Services <i>Inpatient care, delivery and inpatient short-term acute rehabilitation services</i> | 100% coverage after \$300 co-payment per day (days 1-5) | 100% coverage after \$345 co-payment per day (days 1-5) | 100% coverage after \$50 co-payment per day (days 1-10) |
| Outpatient Surgery/Services <i>Hospital/Facility</i> | 100% coverage after \$300 co-payment per visit | 100% coverage \$450 co-payment per visit | 100% coverage |
| Emergency Room Care - Hospital <i>Treatment of an emergency medical condition or injury</i> | 100% coverage after \$65 co-payment per visit; waived if admitted | 100% coverage after \$65 co-payment per visit; waived if admitted | 100% coverage after \$50 co-payment per visit; waived if admitted |

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|---|--|--|--|
| | Vantage HMO-POS | Vantage Zero - Premium HMO-POS | People's Health HMO-POS |
| | Network | Network | Network |
| | The Plan Pays | The Plan Pays | The Plan Pays |
| Behavioral Health | | | |
| Mental Health and Substance Abuse Inpatient Facility | 100% coverage after \$380 co-payment per day (days 1-4) | 100% coverage after \$380 co-payment per day (days 1-4) | 100% coverage after \$50 co-payment per day (days 1-10) |
| Mental Health and Substance Abuse Outpatient Visits - Professional | 100% coverage after \$40 co-payment per visit | 100% coverage after \$40 co-payment per visit | 100% coverage |
| Other Coverage | The Plan Pays | The Plan Pays | The Plan Pays |
| Outpatient Acute Short-Term Rehabilitation Services <i>Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services</i> | 100% coverage after \$40 co-payment per visit subject to Medicare maximum | 100% coverage after \$40 co-payment per visit subject to Medicare maximum | 100% coverage; subject to Medicare maximum |
| Chiropractic Care | 100% coverage after a \$20 co-payment per visit | 100% coverage after a \$20 co-payment per visit. | 100% coverage after a \$10 co-payment per visit. |
| Vision Exam (routine) | 100% coverage; 1 exam per year | 100% coverage; 1 exam per year | 100% coverage after \$15 co-payment; 1 exam per year |
| Urgent Care Center | 100% coverage after \$65 co-payment per visit | 100% coverage after \$65 co-payment per visit | 100% coverage after \$10 co-payment per visit |
| Home Health Care Services | 100% coverage | 100% coverage | 100% coverage |
| Skilled Nursing Facility Services | 100% coverage after \$0 co-payment (days 1-20); \$156 co-payment per day (days 21-100) | 100% coverage after \$0 co-payment (days 1-20); \$156 co-payment per day (days 21-100) | 100% coverage after \$0 co-payment (days 1-20); \$25 co-payment per day (days 21+) |
| Hospice Care | Covered by Medicare | Covered by Medicare | Covered by Medicare |
| Durable Medical Equipment (DME) –Rental or Purchase | 80% coverage | 80% coverage | 95% coverage |
| Transplant Services | 100% coverage after \$150/\$300 co-payment per day (days 1-5) | 100% coverage after \$200/\$345 co-payment per day (days 1-5) | 100% coverage after \$50 co-payment per day (days 1-10) |
| Pharmacy | You Pay | You Pay | You Pay |
| Tier 1 - Preferred Generic | \$3 co-payment | \$3 co-payment | \$0 co-payment |
| Tier 2 - Non-Preferred Generic | \$8 co-payment | \$8 co-payment | \$0 co-payment |
| Tier 3 - Preferred Brand | \$45 co-payment | \$45 co-payment | \$20 co-payment |
| Tier 4 - Non-Preferred Brand | \$95 co-payment | \$95* co-payment; after \$125 deductible | \$40 co-payment |
| Tier 5 - Specialty | 33% co-insurance | 33%* co-insurance; after \$125 deductible | 20% co-insurance |

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage. For full details of the plan, refer to the official plan document.

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.

NOTE: Prior authorizations, visit limits and age and/or time restrictions may apply to some benefits - refer to your official plan document for details.

All services are subject to deductibles/co-payments/coinsurance, if Medicare Deductibles have not been met.