

**Medicare Advantage Plans
Benefits Comparison
Benefits effective January 1, 2016 - December 31, 2016**

	Vantage Premium HMO-POS	Vantage HMO-POS	Vantage Zero-Premium HMO-POS	Peoples Health HMO-POS
	Network	Network	Network	Network
	You Pay	You Pay	You Pay	You Pay
Deductible				
You	\$0	\$0	\$0	\$0
You + 1 (Spouse or child)	\$0	\$0	\$0	\$0
You + Children	\$0	\$0	\$0	\$0
You + Family	\$0	\$0	\$0	\$0
Out of Pocket Maximum				
You	\$2,000 per member	\$3,000 per member	\$6,700 per member	\$2,500 per member
You + 1 (Spouse or child)				
You + Children				
You + Family				
State Funding	The Plan Pays		The Plan Pays	
You	Not Available	Not Available	Not Available	Not Available
You + 1 (Spouse or child)				
You + Children				
You + Family				
Physicians' Services	The Plan Pays		The Plan Pays	
Primary Care Physician or Specialist Office - Treatment of illness or injury	100% coverage after a \$5 or \$0 AHN PCP co-payment and \$20 or \$10 AHN SPC co-payment per visit	100% coverage after a \$10 or \$0 AHN PCP co-payment and \$40 or \$30 AHN SPC co-payment per visit	100% coverage after a \$15 or \$5 AHN PCP co-payment and \$50 or \$40 AHN 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 For a complete list of benefits, refer to the Preventive and Wellness/ Routine Care in the Benefit Plan	100% coverage	100% coverage	100% coverage	100% coverage
Physician Services for Emergency Room Care	100% coverage	100% coverage	100% coverage	100% coverage
Allergy Shots and Serum	80% coverage	80% coverage	80% coverage	95% coverage
Outpatient Surgery/Services when billed as office visits	100% coverage	100% coverage	100% coverage	100% coverage
Inpatient Services Inpatient care, delivery and inpatient short-term acute rehabilitation services	100% coverage after \$50 co-payment per day (days 1-10)	100% coverage after \$300 or \$150 AHN co-payment per day (days 1-5)	100% coverage after \$345 or \$200 AHN co-payment per day (days 1-5)	100% coverage after \$50 co-payment per day (days 1-10)
Outpatient Surgery/Services Hospital/Facility	100% coverage	100% coverage after \$300 or \$150 AHN co-payment per visit	100% coverage \$450 or \$200 AHN co-payment per visit	100% coverage
Emergency Room Care - Hospital Treatment of an emergency medical condition or injury	100% coverage after \$50 co-payment per visit; waived if admitted	100% coverage after \$75 co-payment per visit; waived if admitted	100% coverage after \$75 co-payment per visit; waived if admitted	100% coverage after \$50 co-payment per visit; waived if admitted

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	Network	Network	Network	Network
Behavioral Health	The Plan Pays	The Plan Pays	The Plan Pays	The Plan Pays
Mental Health and Substance Abuse Inpatient Facility	100% coverage after \$25 co-payment per day (days 1-5)	100% coverage after \$390 co-payment per day (days 1-4)	100% coverage after \$390 co-payment per day (days 1-4)	100% coverage after \$25 co-payment per day (days 1-5)
Mental Health and Substance Abuse Outpatient Visits - Professional	100% coverage after \$10 co-payment per mental health visit and \$20 co-payment per substance abuse visit	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	The Plan Pays
Outpatient Acute Short-Term Rehabilitation Services Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services	100% coverage, subject to Medicare maximum	100% coverage after \$25AHN/ \$40 co-payment per visit subject to Medicare maximum	100% coverage after \$25AHN/ \$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 \$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; 1 exam per year	100% coverage after \$15 co-payment; 1 exam per year
Urgent Care Center	100% coverage after \$10 co-payment per visit	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	100% coverage
Skilled Nursing Facility Services	100% coverage after \$0 co-payment (days 1-20); \$25 co-payment per day (days 21-100)	100% coverage after \$0 co-payment (days 1-20); \$160 co-payment per day (days 21-100)	100% coverage after \$0 co-payment (days 1-20); \$160 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	Covered by Medicare
Durable Medical Equipment (DME) –Rental or Purchase	95% coverage	80% coverage	80% coverage	95% coverage
Transplant Services	100% coverage after \$50 co-payment per day (days 1-10)	100% coverage after \$300 or \$150 AHN co-payment per day (days 1-5)	100% coverage after \$345 or \$200 AHN 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	You Pay
Tier 1 - Preferred Generic	\$5 co-payment	\$4 co-payment	\$4 co-payment	\$0 co-payment
Tier 2 - Non-Preferred Generic	\$10 co-payment	\$10 co-payment	\$10 co-payment	\$0 co-payment
Tier 3 - Preferred Brand	\$25 co-payment	\$47 co-payment	\$47 co-payment	\$20 co-payment
Tier 4 - Non-Preferred Brand	\$50 co-payment	\$100 co-payment	\$100 co-payment; after \$125 deductible	\$40 co-payment
Tier 5 - Specialty	20% co-insurance	33% co-insurance	25% 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.

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