



# Medical Benefits Comparison for Active & Non-Medicare Retirees



Office of Group Benefits  
Annual Enrollment 2010

<b>COVERED BENEFIT: IN NETWORK</b>	<b>PPO Plan (statewide) Administered by OGB</b>	<b>HMO Plan (nationwide) Administered by Blue Cross &amp; Blue Shield of LA</b>	<b>Medical Home HMO Plan (statewide; PCP must be in Region 9)* Administered by Vantage Health Plan</b>	<b>CD-HSA Plan (Consumer Driven Plan with Health Savings Account)*** (nationwide) Administered by UnitedHealthcare</b>
Lifetime Maximum Benefit (all eligible expenses) Plan Year Deductible Employees and dependents	\$5 million per person \$500 active; \$300 retired Family unit maximum: 3 individual deductibles	\$5 million per person None	\$5 million per person None	\$5 million per person Must meet deductible before co-insurance applies Employee - \$1,250  Employee plus one (spouse or child) - \$2,500 ** Family - \$3,000 **
Maximum Out-Pocket Expense In-Network	\$1000 per person	\$1000 per person/\$3000 per family	N/A	Employee - \$3,250; including deductible Employee plus one (spouse or child) - \$6,500; including deductible Family - \$9,000 for 3 members; \$11,000 for 4 members; \$11,900 for 5 or more due to statutory maximum; including deductible Member pays 20% of contracted rate <sup>1,2</sup>
Hospital Services (inpatient)	Member pays 10% of contracted rate <sup>1,2</sup>	\$100 per day <sup>2</sup> Maximum of \$300 per admission	\$100 per day <sup>2</sup> Maximum \$300 per admission	Member pays 20% of contracted rate <sup>1,2</sup>
Surgeon, Anesthesia, Lab, X-rays & Injections Hospital Emergency Room (facility only)	Member pays 10% of contracted rate <sup>1</sup> \$150 separate deductible; waived if admitted Member pays 10% of contracted rate <sup>1</sup>	No co-payment \$100 co-payment; waived if admitted (hospital co-payment applies) <sup>2</sup>	Member pays 0%, up to allowable charges \$100 co-payment; waived if admitted (hospital co-payment applies) <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup> Member pays 20% of contracted rate <sup>1</sup> Member pays 20% of contracted rate <sup>1,2</sup> Member pays 20% of contracted rate <sup>1</sup>
Ambulatory Surgical Facilities Physician Visits	Member pays 10% of contracted rate <sup>1</sup> Member pays 10% of contracted rate <sup>1</sup>	\$100 co-payment \$15 PCP/\$25 specialist (no referral required)	Member pays \$100 co-payment <sup>2</sup> \$10 PCP/\$25 specialist (referral required to all specialists)	Member pays 20% of contracted rate <sup>1,2</sup> Member pays 20% of contracted rate <sup>1</sup>
Maternity (physician only)	Member pays 10% of contracted rate <sup>1</sup>	\$90 co-payment	\$10 co-pay, first visit (no referral required)	Member pays 20% of contracted rate <sup>1</sup>
MRI/CAT Scan	Member pays 10% of contracted rate <sup>1</sup>	\$50 co-payment	\$50 co-payment per procedure <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup>
Sonograms	Member pays 10% of contracted rate <sup>1</sup>	\$25 co-payment	Member pays 0%, up to allowable charges	Member pays 20% of contracted rate <sup>1,2</sup>
Chemical/Radiation Therapy	Member pays 10% of contracted rate <sup>1</sup>	\$15 co-payment	Member pays 0%, up to allowable charges <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup>
Pre-Admission Testing	Member pays 10% of contracted rate <sup>1</sup>	No co-payment	Member pays 0%, up to allowable charges	Member pays 20% of contracted rate <sup>1,2</sup>
Dialysis	Member pays 10% of contracted rate <sup>1</sup>	\$0 co-payment	Member pays 0%, up to allowable charges <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup>
Cardiac Rehabilitation Therapy	Member pays 10% of contracted rate <sup>1,7</sup>	\$15/\$25 co-payment	20% co-insurance <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2,7</sup>
Physical and Occupational Therapy	Member pays 10% of contracted rate <sup>1,5</sup>	\$15 co-payment	20% co-insurance; maximum 20 visits per plan year <sup>2,10</sup>	Member pays 20% of contracted rate <sup>1,2,5</sup>
Speech Therapy <sup>2</sup>	Member pays 10% of contracted rate <sup>1,6</sup>	\$15 co-payment	20% co-insurance; maximum 20 visits per plan year <sup>10</sup>	Member pays 20% of contracted rate <sup>1,2,6</sup>
Oral Surgery (Refer to plan document)	Member pays 0% of contracted rate	\$25 co-payment	20% co-insurance <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup>
Routine PAP Test	Member pays 10% of contracted rate <sup>3</sup>	No co-payment <sup>3</sup>	Member pays 0%	Member pays 0%, deductible does not apply <sup>3</sup>
Routine Mammogram	Member pays 10% of contracted rate <sup>3</sup>	No co-payment <sup>3</sup>	Member pays 0%	Member pays 0%, deductible does not apply <sup>3</sup>
Routine PSA Screening	Member pays 10% of contracted rate <sup>3</sup>	No co-payment <sup>3</sup>	Member pays 0%	Member pays 0%, deductible does not apply <sup>3</sup>
Durable Medical Equipment	Member pays 10% of contracted rate <sup>1</sup>	Member pays 20% of contracted rate	20% co-insurance; \$50,000 lifetime maximum <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup>
Home Health Care <sup>2</sup>	Case management required Member pays 30% of negotiated rate <sup>1</sup> Limited to 150 visits per plan year	No co-payment Limited to 150 visits per plan year	Member pays 0% <sup>2</sup> No visit limit	Member pays 20% of contracted rate <sup>1,2</sup>
Hospice Care	Member pays 20% of negotiated rate <sup>2</sup>	No co-payment <sup>2</sup>	Member pays 0% <sup>2</sup>	Member pays 20% of contracted rate <sup>1,2</sup>
Wellness Program				
Baby/Child (Routine exams, scheduled immunizations)	Member pays 10% of contracted rate <sup>1</sup>	\$15/\$25 co-payment	\$10 medical home PCP office visit co-payment <sup>3</sup>	Member pays 0%, deductible does not apply <sup>3</sup>
Adult (Physical exam, lab, X-ray)	Member pays 0% of eligible expenses to \$500 <sup>3,8</sup>	\$15/\$25 co-payment	\$10 medical home PCP office visit co-payment <sup>3</sup>	Member pays 0%, deductible does not apply <sup>3</sup>
Annual Eye Exam	Not covered	\$15/\$25 co-payment	\$25 specialist office visit co-payment; one visit every 2 plan years <sup>3</sup>	Member pays 0%, deductible does not apply <sup>3</sup>
Prescription Drug Benefit In-Network (Retail)	Member pays 50%; maximum \$50 per 30-day fill; after \$1200 per person per plan year, co-payment \$15 brand, \$0 generic <b>NOTE: Plan member who chooses brand-name drug for which approved generic version is available, pays cost difference between brand-name drug &amp; generic drug, plus 50 percent co-pay amount for brand-name drug; cost difference will not apply to \$1,200 out-of-pocket maximum. (Administered by Catalyst Rx)</b>	Member pays 50%; maximum \$50 per 30-day fill; after \$1200 per person per plan year, co-payment \$15 brand, \$0 generic <b>NOTE: Plan member who chooses brand-name drug for which approved generic version is available, pays cost difference between brand-name drug &amp; generic drug, plus 50 percent co-pay amount for brand-name drug; cost difference will not apply to \$1,200 out-of-pocket maximum. (Administered by Catalyst Rx)</b>	Generic: \$5 co-payment per 30-day fill Preferred brand: \$25 co-payment per 30-day fill Non-preferred brand: \$50 co-payment per 30-day fill Specialty drugs: 20% co-insurance up to \$100 per Rx per 30-day fill (Administered by VHP's Catalyst Rx)	Level 1 - Generic; 31-day supply; \$10 co-payment <sup>1</sup> Level 2 - Preferred Brand; 31-day supply; \$25 co-payment <sup>1</sup> Level 3 - Non-preferred Brand; 31-day supply; \$50 co-payment <sup>1</sup> Level 4 - Specialty; 31-day supply; \$50 co-payment <sup>1</sup> Maintenance drugs: • 31-day supply; • not subject to deductible • subject to applicable co-payment levels 1 through 4 above • refer to myuhc.com for Maintenance Medication List (Administered by UHC's PrescriptionSolutions)
Mail Order 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	Level 1 - Generic; 90-day supply; \$10 co-payment <sup>1</sup> Level 2 - Preferred Brand; 90-day supply; \$25 co-payment <sup>1</sup> Level 3 - Non-preferred Brand; 90-day supply; \$50 co-payment <sup>1</sup> Level 4 - Specialty; 90-day supply; \$50 co-payment <sup>1</sup> Maintenance drugs; • 90-day supply Member pays 20% of contracted rate <sup>1,2</sup> • not subject to deductible • subject to applicable co-payment levels 1 through 4 above • refer to myuhc.com for Maintenance Medication List (Administered by UHC's PrescriptionSolutions)
Mental Health/Substance Abuse - Inpatient <sup>2</sup>	\$100 co-payment per day; \$300 maximum per admit (Administered by ValueOptions)	\$100 co-payment per day; \$300 maximum per admit (Administered by ValueOptions)	100% after \$100 co-payment per day for the first three days (Administered by Vantage Health Plan)	Member pays 20% of contracted rate <sup>1,2</sup> (Administered by OptumHealth)
Mental Health/Substance Abuse - Outpatient <sup>2</sup>	\$25 office visit co-payment (Administered by ValueOptions)	\$25 office visit co-payment (Administered by ValueOptions)	100% after \$25 co-payment per office visit (Administered by Vantage Health Plan)	Member pays 20% of contracted rate <sup>1,2</sup> (Administered by OptumHealth)

## COVERED BENEFIT: OUT-OF-NETWORK

Member resides in Louisiana	Member pays 30% of fee schedule <sup>1,4</sup>	Member pays 30% of fee schedule <sup>4</sup> Separate \$1000 deductible	None	Wellness benefits - Member pays 0% of contracted rate; deductible does not apply <sup>3,4</sup> Member pays 30% of fee schedule <sup>1,2,4</sup>
Member resides outside Louisiana	Member pays 10% of fee schedule <sup>1,4</sup>	Member pays 30% of fee schedule <sup>4</sup> Separate \$1000 deductible	None	Wellness benefits - Member pays 0% of contracted rate; deductible does not apply <sup>3,4</sup> Member pays 30% of fee schedule <sup>1,2,4</sup>

<sup>1</sup> Subject to plan year deductible and/or co-insurance

<sup>2</sup> Pre-authorization required

<sup>3</sup> Age and/or time restrictions, apply

<sup>4</sup> Member pays difference between billed amount and fee schedule

<sup>5</sup> Limited to 50 visits per year

<sup>6</sup> Limited to 26 visits per year

<sup>7</sup> Within 6 months of qualifying event

<sup>8</sup> Member pays any amount above \$500 maximum

<sup>9</sup> Not applicable to hospital-based ancillary providers

at in-network facilities. Provider can balance bill patient

<sup>10</sup> Occupational and Speech Therapy combined for maximum 20 visits per plan year

\*Note: All office visits other than PCP, OB/GYN & routine eye exams office visits require referral and/or pre-authorization

Health Savings Account (HSA): State contributes \$100 to each plan member's qualified HSA and matches up to \$400 per plan year in additional contributions. Refer to plan document for more details.

\*\* Employee plus one unit or family unit must satisfy a total deductible before co-insurance applies

\*\*\*Note: Only active employees or rehired retirees without Medicare are eligible.

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