



Vantage OGB Plan Design
For Medicare Eligible State Retirees

Making Healthcare Work!

OGB Plan Design - HMO - 1/1/10 - 12/31/10

BENEFIT*	COVERAGE	INFORMATION
Office Visit Copay:		
PCP	\$5 copay	Lab and basic x-rays covered 100%
SCP	\$20 copay	Including chiropractor and podiatrist Copay covers all services in a physician's office except major diagnostic tests and durable medical equipment.
Preventive Care:		
Routine physical exam	\$0	All screenings covered 100%
Well woman care	\$0	
Immunizations	\$0	Part B - 100%, Part D - Rx copay
Inpatient Hospital:		
Semi-private room, ancillary services and physician visits	100% after \$25 copay per day for first five days	Subject to Original Medicare limits
Pre-admission testing	100%	
Outpatient Hospital:		
Outpatient - surgery	100% after \$100 copay	
Other outpatient - services	100% after member pays 20% up to a total member responsibility of \$100 per day	Excludes lab which is covered 100% Radiologist and Pathologist covered 100%
Emergency room	100% after \$50 copay	Worldwide Coverage
Ambulatory surgical care center	100% after \$100 copay	Radiologist and Pathologist covered 100%
Specialty Services:		
Physical therapy, respiratory, occupation or speech	100% after \$5 copay per day	Subject to Original Medicare limits
Home health care	100% per date of service	
Durable medical equipment	100% after 20% coinsurance	Subject to Original Medicare limits
Skilled nursing	100% for days 1-20 100% after \$ 25 copay per day for days 21-100	Subject to Original Medicare limits
Ambulance	100% after \$100 copay per day	
Immediate care	100% after \$10 copay	

OGB Plan Design - continued

BENEFIT*	COVERAGE	INFORMATION
Mental Health:		
Inpatient	100% after \$25 copay per day for first five days	Subject to Original Medicare limits
Outpatient	100% after \$20 copay for each therapy visit	Subject to Original Medicare limits
Partial hospitalization	100% after \$20 copay per day	Subject to Original Medicare limits
Alcohol/Substance Abuse:		
Inpatient	100% after \$25 copay per day for first five days	Subject to Original Medicare limits
Outpatient	100% after \$20 copay for each therapy visit	Subject to Original Medicare limits
Prescription Drugs:		
Part B Drugs	20% coinsurance for all places of service except: Injectables for treatment of cancer- 100% Part B drugs in doctor's office - 100%	
Retail (31-day supply)		
Level One	\$0 (low cost generic and brand)	Multi-source Generic
Level Two	\$20 (higher cost generic and brand)	Single-source Generic and Preferred Brand
Level Three	\$40 (high cost, brand name and some self-injectables)	Non-Preferred Brand
Level Four	25% (high technology drugs and self-injections not available at other levels)	Specialty
Mail Order (90-day supply)		
Level One	\$0 (low cost generic and brand)	Multi-source Generic
Level Two	\$60 (higher cost generic and brand)	Single-source Generic and Preferred Brand
Level Three	\$120 (high cost, brand name and some self-injectables)	Non-Preferred Brand
Level Four	25% (high technology drugs and self-injections not available at other levels)	Specialty

\$3,250 Out-of-Pocket Maximum for In-Network services.

Point of Service

Out-of-Network services with an authorization are covered as if they are In-Network services.

Out-of-Network services without an authorization are covered under the Out-of-Network (Point of Service) benefit.

There is a maximum benefit of \$5,000 for Point of Service benefits (services covered as Out-of-Network).

*All other benefits not specifically listed will be subject to Original Medicare benefits/limitations.



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