



**Vantage OGB Plan Design**  
**For Medicare Eligible State Retirees**

**OGB Plan Design - HMO - 1/1/09 - 12/31/09**

BENEFIT*	COVERAGE	INFORMATION
<b>Office Visit Copay:</b>		
PCP	\$5 copay	
SCP	\$20 copay	Including chiropractor and podiatrist Copay covers all services in a physician's office except major diagnostic tests and durable medical equipment.
<b>Preventive Care:</b>		
Routine physical exam	\$0	All screenings covered 100%
Well woman care	\$0	
Immunizations	\$0	Part B - 100%, Part D - Rx copay
<b>Inpatient Hospital:</b>		
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%	
<b>Outpatient Hospital:</b>		
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%
Emergency room	100% after \$50 copay	Worldwide Coverage
Ambulatory surgical care center	100% after \$100 copay	
<b>Specialty Services:</b>		
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
<b>Mental Health:</b>		
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
<b>Alcohol/Substance Abuse:</b>		
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
<b>Prescription Drugs:</b>		
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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