



Vantage Medicare Advantage HMO Plan Design

For Retired OGB Plan Members
with Medicare Parts A & B

Plan Design (HMO-POS): 1/1/12 - 12/31/12

BENEFIT	COVERAGE	INFORMATION
Individual with Medicare		
Medical Home - PCP	100% after \$5 copay	Lab and basic x-rays covered 100%
Specialty Care Provider	100% after \$30 copay	Copay covers most services in a physician's office except major diagnostic tests and durable medical equipment.
Preventive Care (as required by the Affordable Care Act)		
Routine physical exam	100%	All screenings covered 100%
Well woman care	100%	Pap smear, bloodwork, mammogram
Immunizations & Vaccines	100%	Part B - 100%, Part D - Rx copay
Inpatient Hospital		
Semi-private room, ancillary services and physician visits	100% after \$100 copay per day for first five days	Subject to Original Medicare limits
Pre-admission testing	100%	
Outpatient Hospital		
Outpatient - surgery	100% after \$100 copay	Radiologist, Pathologist and Anesthesiologists covered 100%
Other outpatient - services	100% after \$100 Copay	Lab covered 100% Radiologist, Pathologist and Anesthesiologists covered 100%
Emergency room	100% after \$50 copay	Worldwide Coverage
Ambulatory surgical care center	100% after \$100 copay	Radiologist, Pathologist and Anesthesiologists covered 100%
Specialty Services		
Physical therapy, respiratory, occupation or speech therapy	100% after \$30 copay per day	Subject to Original Medicare limits
Home health care	100%	
Durable medical equipment	100% after member pays 20% coinsurance	Subject to Original Medicare limits
Skilled nursing	Days 1-3 \$0/day Days 4-100 \$30/day	Subject to Original Medicare limits
Ambulance	100% after \$100 copay per day	
Urgent Care	100% after \$30 copay	



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BENEFIT	COVERAGE	INFORMATION
Mental Health		
Inpatient	100% after \$100 copay per day for first five days	Subject to Original Medicare limits
Outpatient	100% after \$30 copay per day	Subject to Original Medicare limits
Partial Hospitalization	100% after \$30 copay per day	Subject to Original Medicare limits
Alcohol/Substance Abuse:		
Inpatient	100% after \$100 copay per day for first five days	Subject to Original Medicare limits
Outpatient	100% after \$30 copay per day	Subject to Original Medicare limits
Prescription Drugs (31-day supply for retail cost)		
Part B Drugs	100% after 20% coinsurance except: - Most Part B drugs in primary care physician's office - 100% covered	
Retail (31-day supply)		
▶ Tier One	\$0 (low cost generic and brand)	Multi-source Generic
▶ Tier Two	\$20 (high cost generic and brand)	Single-source Generic and Preferred Brand
▶ Tier Three	\$40 (high cost brand name and some self-injectables)	Non-Preferred Brand
▶ Tier Four	25% (high technology drugs and Specialty self-injections not available at other levels)	Specialty
Mail Order (90-day supply)		
▶ Tier One	\$0 (low cost generic and brand)	Multi-source Generic
▶ Tier Two	\$60 (high cost generic and brand)	Single-source Generic and Preferred Brand
▶ Tier Three	\$120 (high cost brand name and some self-injectables)	Non-Preferred Brand
▶ Tier Four	25% (high technology drugs and Specialty self-injections not available at other tiers)	Specialty

Maximum Out-Of-Pocket \$3,250

VHP512

OGB APPROVED 9/14/2011