

EAST BATON ROUGE PARISH SCHOOL SYSTEM
Summary of Medicare Advantage (MA) Plans
Effective: 01/01/2014 - 12/31/2014

With Copayments MA Plan Options	Current Plan BCBSLA		Humana		United Healthcare
	Buy-Up Plan	Core Plan	Option 1 HMO **	Option 2 Passive PPO	Passive PPO
	In-Network	In-Network	In-Network	In & Out-of-Network	In & Out-of-Network
Plan Design	In-Network	In-Network	In-Network	In & Out-of-Network	In & Out-of-Network
Coordination with Medicare	Benefits offset by 100% of Medicare allowable charge	Benefits offset by 100% of Medicare allowable charge	None: stand alone Medical and Rx plan	None: stand alone Medical and Rx plan	None: stand alone Medical and Rx plan
Deductible	\$400	\$600	None	None	None
Out-of-Pocket Maximum	\$2,500	\$3,500	\$2,500	\$2,500	\$2,500
Coinsurance	85%	80%	None	None	85%
Preventive Care	100%	100%	100%	100%	100%
Office visit- Primary Care	\$25 copay	\$30 copay	\$10 copay	\$5 copay	\$10 copay
Office visit- Specialist	\$50 copay	\$60 copay	\$25 copay	\$15 copay	\$15 copay
Inpatient Services	\$400 per admission; then 85%	\$600 per admission; then 80%	\$250 copay per day (Days 1-5) per admission	\$175 copay per admission	\$200 per admission
Skilled Nursing	85% (Limit to 60 days per year)	80% (Limit to 60 days per year)	\$75 copay per day (Days 21-100)	\$50 copay per day (Days 21-100)	85%; Limited to 100 days per year
Outpatient Surgery	\$50 per admission; then 85%	\$100 per admission; then 80%	\$200 copay per visit	\$50 copay per visit	\$100 copay per visit
Emergency Room	85%	80%	\$65 copay	\$65 copay	\$65 copay
Ambulance	85%	80%	\$75 copay	\$50 copay	85%
Laboratory & Radiology Services	85%	80%	100%	100%	85%
Mental Health Services	\$25 copay then 100%	\$30 copay then 100%	\$25 copay; then 100%	\$15 copay; then 100%	\$15 copay
Vision EyeWear Allowance	\$30 copay; exam every 24 months	\$25 copay; exam every 24 months	\$25 copay; exams every 12 months including a materials discount through EyeMed	\$15 copay; exams every 12 months including a materials discount through EyeMed	\$15 copay; exam every 12 months and materials allowance
Hearing Aid Reimbursement	n/a	n/a	Discounts that range between \$600 to \$2,000 off retail costs	Discounts that range between \$600 to \$2,000 off retail costs	\$500 allowance
Pharmacy					
Prescription Drug Deductible	\$50	\$50	\$50	\$50	\$50
Catastrophic Coverage Trigger	n/a	n/a	\$4,550	\$4,550	\$4,750
Retail					
Tier 1	\$10	\$10	\$10	\$10	\$10
Tier 2	\$25	\$25	\$25	\$25	\$20
Tier 3	\$45	\$45	\$45	\$45	\$35
Specialty	Included in above tiers	Included in above tiers	\$45	\$45	\$35
Mail Order					
Tier 1	\$25	\$25	\$25	\$25	\$20
Tier 2	\$65	\$65	\$65	\$65	\$40
Tier 3	\$100	\$100	\$100	\$100	\$70
Catastrophic Copays after Trigger	n/a	n/a	Greater of \$2.55 for generic/multiple source drugs (\$6.35 for all other) or 5% coinsurance	Greater of \$2.55 for generic/multiple source drugs (\$6.35 for all other) or 5% coinsurance	Greater of \$2.65 copay for generics and \$6.60 for all others or 5% coinsurance
Part B Drugs	n/a	n/a	80%-100%	80%-100%	85%
Member must be enrolled in Part A and Part B	No*	No*	Yes	Yes	Yes

*Depends on age and retirement date. Some are enrolled in Part A only

**Available as an option only for those living in an HMO service area. For those not living in an HMO service area, PPO is only offering available.

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Plan Design	In-Network	In-Network	In-Network	In & Out-of-Network	In & Out-of-Network
Coordination with Medicare	Benefits offset by 100% of Medicare allowable charge	Benefits offset by 100% of Medicare allowable charge	None: stand alone Medical and Rx plan	None: stand alone Medical and Rx plan	None: stand alone Medical and Rx plan
Deductible	\$400	\$600	None	None	None
Out-of-Pocket Maximum	\$2,500	\$3,500	\$1,000	\$1,000	\$1,000
Coinsurance	85%	80%	None	None	100%
Preventive Care	100%	100%	100%	100%	100%
Office visit- Primary Care	\$25 copay	\$30 copay	100%	100%	100%
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Skilled Nursing	85% (Limit to 60 days per year)	80% (Limit to 60 days per year)	100% (Limit to 100 days per year)	100% (Limit to 100 days per year)	100% (Limit to 100 days per year)
Outpatient Surgery	\$50 per admission; then 85%	\$100 per admission; then 80%	100%	100%	100%
Emergency Room	85%	80%	100%	100%	100%
Ambulance	85%	80%	100%	100%	100%
Laboratory & Radiology Services	85%	80%	100%	100%	100%
Mental Health Services	\$25 copay then 100%	\$30 copay then 100%	100%	100%	100%
Vision EyeWear Allowance	\$30 copay; exam every 24 months	\$25 copay; exam every 24 months	One exam every 12 months covered at 100%, plus a materials discount through EyeMed	One exam every 12 months covered at 100%, plus a materials discount through EyeMed	One exam every 12 months covered at 100%, plus a materials allowance
Hearing Aid Reimbursement	n/a	n/a	Discounts that range between \$600 to \$2,000 off retail costs	Discounts that range between \$600 to \$2,000 off retail costs	\$500 allowance
Pharmacy					
Prescription Drug Deductible	\$50	\$50	\$50	\$50	\$50
Catastrophic Coverage Trigger	n/a	n/a	\$4,550	\$4,550	\$4,750
Retail					
Tier 1	\$10	\$10	\$10	\$10	\$10
Tier 2	\$25	\$25	\$25	\$25	\$20
Tier 3	\$45	\$45	\$45	\$45	\$35
Specialty	Included in above tiers	Included in above tiers	\$45	\$45	\$35
Mail Order					
Tier 1	\$25	\$25	\$25	\$25	\$20
Tier 2	\$65	\$65	\$65	\$65	\$40
Tier 3	\$100	\$100	\$100	\$100	\$70
Catastrophic Copays after Trigger	n/a	n/a	Greater of \$2.55 for generic/multiple source drugs (\$6.35 for all other) or 5% coinsurance	Greater of \$2.55 for generic/multiple source drugs (\$6.35 for all other) or 5% coinsurance	Greater of \$2.65 copay for generics and \$6.60 for all others or 5% coinsurance
Part B Drugs	n/a	n/a	80%-100%	80%-100%	85%
Member must be enrolled in Part A and Part B	No*	No*	Yes	Yes	Yes

*Depends on age and retirement date. Some are enrolled in Part A only

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