# 2016 Medical Plans Comparison Chart for Medicare Retirees

The table below presents your medical plan options side-by-side for ease of comparison. See page 4 of the 2016 Medicare Benefits Choices and Enrollment Guide included with this mailing to determine if you must take action during Open Enrollment.

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|---|---|
| **Your Spending Arrangement** | The *Your Spending Arrangement (YSA)* option is available to all Sandia Medicare-eligible retirees.<br>Under this option, you will receive a dollar amount from Sandia to use toward purchasing an individual Medicare plan or use toward other eligible health care expenses.<br>OneExchange offers a variety of individual Medicare supplemental medical and prescription drug coverage options in the individual Medicare marketplace that provides you value and choice.<br>YSA funds may not be used to purchase Sandia-sponsored Medicare Advantage plans.<br>For more information on the Your Spending Arrangement option, in the 2016 Medicare Benefits Choices and Enrollment Guide:<br>• Employees who retired on or before December 31, 2011, see page 12<br>• Employees who retired on or after January 1, 2012, see page 28 |

| **Note:** Plans are pending CMS approval | **Presbyterian MediCare PPO (NM)** | | **Lovelace Employer Group Medicare Plan (HMO) provided by Blue Cross Blue Shield of New Mexico (NM)** | **Kaiser Senior Advantage Plan (CA)** |
|---|---|---|---|---|
| **Type of Plan** | Medicare Advantage PPO:<br>Requires assignment of Medicare benefits. (*Must be enrolled in Medicare Parts A and B)* | | Medicare Advantage HMO:<br>Requires assignment of Medicare benefits. (*Must be enrolled in Medicare Parts A and B)* | Medicare Advantage HMO:<br>Requires assignment of Medicare benefits. (*Must be enrolled in Medicare Parts A and B)* |
| | **In-Network** | **Out-of-Network** | **In-Network Only** | **In-Network Only** |
| **Annual Calendar Year Deductible** | None | | None | None |
| **Annual Calendar Year Out-of-Pocket Maximum** | $1,500 per person<br>*(Doesn't apply to Part D prescription drugs.)* | $10,000 per person<br>*(Combined in-network & out-of-network maximum. Does not apply to Part D prescription drugs.)* | $1,500 per person<br>*(Does not apply to Part D prescription drugs)* | Individual: $1,500<br>Family: $3,000 (two or more)<br>*(Member is responsible for tracking annual out-of-pocket costs through accumulation of Kaiser receipts. Prescription copays do not apply to out of pocket maximum.)* |
| **Preventive Care** | | | | |
| Annual Routine Physical | No copay | $35 copay | No copay* | No copay |
| Certain Cancer Screenings | No copay | $35 copay | No copay | No copay |
| Vision Screening | No copay | $55 copay | No copay | $0 copay |
| **Outpatient Services** | | | | |
| Office Visit-PCP | $10 copay | $35 copay | $10 copay | $15 copay |
| Office Visit-Specialist | $30 copay | $55 copay | $30 copay | $15 copay |
| Urgent Care | $10 copay per visit | $50 copay per visit | $30 copay - $50 copay | $15 copay |
| Emergency Room | $50 copay per visit<br>*(waived if admitted)* | $50 copay per visit<br>*(waived if admitted)* | $50 copay per visit<br>*(waived if admitted within 24 hours with same condition)* | $50 copay per visit<br>*(waived if admitted within 24 hours with same condition)* |
| Outpatient Surgery | $150 copay | 20% of Medicare allowable | $150 copay | $100 copay |
| Chiropractic | $20 copay<br>*(Manual manipulation of the spine to correct subluxation only)* | $55 copay<br>*(Manual manipulation of the spine to correct subluxation only)* | $30 copay<br>*(36 routine & Medicare visits combined)* | $15 copay |
| Acupuncture | $15 copay<br>*(20 visits per year)* | $55 copay<br>*(20 visits per year)* | $15 copay<br>*(20 acupuncture and other alternative therapies combined)* | $15 copay |
| Speech, Physical, & Occupational Therapy | $10 copay<br>*(Prior authorization required)* | $35 copay<br>(See Evidence of Coverage for Prior authorization.) | $10 copay | $15 copay |
| Lab/Radiology (Outpatient) | No copay | 10% lab/x-ray<br>20% radiological services | No copay | No copay |
| **Hospital Services** | | | | |
| Inpatient Admit | $175/day for days 1-3 (per admit)<br>*(Prior authorization required)* | $750 (per admit) | *$175/day for days 1-3 (per admit)*<br>*(Prior authorization required)* | $500 copay |
| Ambulance | $75 copay | $75 copay | $75 copay | $75 copay |
| Hospice (Inpatient) | Covered by Medicare | Covered by Medicare | No copay in Medicare-certified facility | No copay |
| Skilled Nursing Facility | Days 1-20: $0 copay per day<br>Days 21-100: $40 copay per day<br>*(Prior authorization required)* | Days 1-20: $0 copay per day<br>Days 21-100: $125 copay per day | Days 1-20: $0 copay per day<br>Days 21-100: $75 copay per day<br>*(Prior authorization required.)* | Days 1-20: $0 copay per day**<br>Days 21-100: $75 copay per day**<br>*(Prior authorization required.)* |
| | *Benefit period begins 1st day of hospitalization or skilled nursing facility confinement; new benefit period begins with 60 day lapse between confinements. 100 days per benefit period.* | | | |
| Other Benefits: Durable Medical Equipment/External Prosthetic Appliances | $10 (DME)<br>$10 (EPA) | $50 | No copay | No copay |
| **Prescription Drugs** | | | | |
| Retail Generic | Preferred: $4 copay***<br>*(Maximum of 30 days)*<br>Preferred: $12 copay***<br>*(Maximum of 90 days)* | Generally, prescription drugs are only covered at an out-of-network pharmacy in limited circumstances when a network pharmacy is not available. Please refer to the Evidence of Coverage for these limited circumstances. | *Preferred:* $4 copay***<br>*(Maximum of 30 days)* | $10 copay for a 30 day supply<br>$20 copay for a 31-60 day supply<br>$30 copay for a 61-100 day supply |
| | Non-preferred: $12 copay***<br>*(Maximum of 30 days)*<br>Non-preferred: $36 copay***<br>*(Maximum of 90 days)* | | *Non-preferred:* $12 copay***<br>*(Maximum of 30 days)* | |
| Retail Brand-Name | Preferred: $20 copay***<br>*(Maximum of 30 days)*<br>Preferred: $60 copay***<br>*(Maximum of 90 days)* | | Preferred $20 copay***<br>*(Maximum of 30 days)* | $20 copay for a 30 day supply<br>$40 copay for a 31-60 day supply<br>$60 copay for a 61-100 day supply |
| | Non-preferred: $40 copay***<br>*(Maximum of 30 days)*<br>Non-preferred: $120 copay***<br>*(Maximum of 90 days)* | | Non-preferred $40 copay***<br>*(Maximum of 30 days)* | N/A |
| Mail Order Generic | Preferred: $8 copay***<br>*(Maximum of 90 days)* | | Preferred: $8 copay***<br>*(Maximum of 90 days)* | $10 copay for a 30 day supply<br>$20 copay for a 31-100 day supply |
| | Non-preferred: $24 copay***<br>*(Maximum of 90 days)* | | Non-preferred: $24 copay***<br>*(Maximum of 90 days)* | |
| Mail Order Brand-Name | Preferred: $40 copay***<br>*(Maximum of 90 days)* | | Preferred $40 copay***<br>*(Maximum of 90 days)* | $20 copay for a 30 day supply<br>$40 copay for a 31-100 day supply |
| | Non-preferred: $80 copay***<br>*(Maximum of 90 days)* | | Non-preferred $80 copay***<br>*(Maximum of 90 days)* | N/A |
| ****Copays until you reach $4,850 in out-of-pocket costs. Beyond the $4,850, refer to Evidence of Coverage.* | | | | |
| Specialty Drugs | 25% copay<br>*(Maximum of 30 days)* | See Evidence of Coverage. | 25% copay<br>*(Maximum of 30 days)* | See Evidence of Coverage |
| **Behavioral Health** | | | | |
| Inpatient Mental Health | $175/day for days 1-3 (per admit)<br>*(Prior authorization required)* | $750 (per admit) | $175/day for days 1-3 (per admit)<br>*(Prior authorization required)* | $500 copay |
| Outpatient Mental Health | $30 copay | 50% of Medicare allowable | $20 copay | $15 copay |
| Inpatient / Outpatient Substance Abuse | See Evidence of Coverage | | See Evidence of Coverage | See Evidence of Coverage |

* Annual Wellness Visit as covered under Medicare.
** Benefit period begins the day you are admitted to a skilled nursing facility and ends when you have not received skilled nursing care for 60 days in a row.

This information is a condensed summary and does not replace or modify the Summary Plan Description (SPD) or Evidence of Coverage (EOC) for the plans. If there is any discrepancy in the information on this grid, the SPD or the EOC supercedes.