

A Comparison of Health Plans *(for specific details, consult the plan overview provided by each company.)*

The district will provide 95% of the premium cost of OUSDHP. When a rate is higher than this the member pays the difference plus the 5%.

INDEMNITY/PPO	INDEMNITY/PPO	HMO	HMO	HMO
<p>Ind.=\$612/Family=\$1331</p> <p><u>NYSHIP</u> (State Insurance Plan) (\$363/\$700 - deductible) Individ Out Pock Max \$1000/Family Max \$3000</p> <p>Calendar Max: \$1,000,000 - Lifetime Max. Unlimited</p>	<p>Ind.=\$644/Family=\$1370</p> <p><u>OUSDHP</u> (\$300/800 - deductible) Out Pock Max \$1000/Family Max \$1800</p> <p>Calendar Max: \$500,000 - Lifetime Max. Unlimited</p>	<p>Ind.=\$576/Family=\$1492</p> <p><u>MVP</u> In Network Only Students to age 25 NO REFERRALS NEEDED</p>	<p>Ind.=\$800/ Family=\$2041</p> <p><u>GHI HMO</u> In Network Only</p>	<p>Ind.=\$801/ Family=\$2083</p> <p><u>EMPIRE</u> HMO In Network Only Students to age 23 REFERRALS NEEDED</p>
<p><u>OFFICE VISIT</u> <u>In Network/ Out of Network</u> \$20 copay / Ded. + 80% (r/c)</p> <p><u>Eye Exams</u> Not Covered (see plan spec.cir.)</p> <p><u>Well Baby/Child</u> No Copay</p> <p><u>Routine Exams</u> \$20 copay</p> <p><u>Mammography</u> \$35 copay in network hosp/ outnetwork-ded. +80/20</p> <p><u>Hospital</u> 100% in network/ 10% billed charges— non network out pt. \$35/\$70</p> <p><u>Alcohol/Sub</u> No ded./100% in-net:out net facility- \$2000 ded/maximums-then 50%(out net)</p> <p><u>Mental Health</u>(pre-cert.)No ded./no max. 100% in- net facilities. Non-net: 90% after ded.</p> <p><u>Emergency</u> 100% in network/\$60 non network — waived if admitted Must call within 48 hours</p> <p><u>Alcohol/Sub</u> Outpt-\$20/unlimited in net: outnet-ded. 50%/30 visits</p> <p><u>Mental Health</u> Outpt-\$20 (with 3/crisis paid in full): Outnet: 80% R/C after ded.</p> <p><u>Labor/Delivery</u> 100% / 80% of R&C</p> <p><u>Pre- Natal</u> NO Copay for Pre-Natal visits</p> <p><u>*Labs</u> 100% in hospital (out pt)(\$35)</p> <p><u>*XRAY</u> 100% in hospital (out pt) (35 Ded. per day)</p> <p><u>*Radiology</u> can use Center of Excellence or go to participating provider for copay. 100% (out pt)</p> <p><u>Radiation/Chem</u>can use Center of Excellence or go to participating provider for copay.</p> <p><u>Durable Med.</u> Must pre-certify. 100%/50% out net</p> <p><u>Diabetic Supp.</u> Must pre-certify. 100%/50% out net</p> <p><u>*Physical Therapy</u> \$20 copay/MPN Provider/50% after \$250 deduct—outnetwork</p> <p><u>Chiropractic Visits</u> \$20 copay/MPN Provider/50% after \$250 deduct—outnetwork</p> <p><u>Hospice</u> 100% in net/out net 90%</p> <p><u>Home/Health</u> 100% must pre-certify.</p> <p><u>Ambulance</u> 100% after first \$35</p> <p><u>Nursing Home</u> 100% in net/precertify-90%</p> <p><u>Acupuncture</u> DNA</p> <p><u>Nutritional Counsel</u> DNA</p> <p><u>Prescip Drug</u> \$5gen./\$15pref./\$40non pref. 31 -90 day from pharmacy: \$10/\$30/\$70 31-90 day from Medco (mail) \$5/\$20/\$55</p>	<p><u>In Network/ Out of Network</u> \$15 copay / Ded. + 80% (r/c)</p> <p>Not Covered</p> <p>No Copay</p> <p>19-49 1/ 3 years/No benefit 50+: 1 / 2 years/ No benefit (Pap/Mammo- different schedule)</p> <p>\$15@ORMC /\$35 copay in network hosp/outnetwork-ded. +80/20</p> <p>100%/ \$500 ded per adm. 80% of R&C out pt. \$35/\$70 100% 4 weeks/ 6 wks per year (inpatient) (out net) 100% R&C-\$250 ded. (pre-cert.)No Copay-100 day (Inpatient) cal/80% up to 30 days + ded.not cert.)50% up to 30 days+dud. 100% following a \$25 per day ded. waived if admitted must call:Accident -within 72 hrs\ Illness (life threat)Surgery</p> <p>(Outpatient) 50% (60 visit limit)</p> <p>\$15 co pay - 100 visits/ 50%- out patient 30visits</p> <p>100% / 80% of R&C 20%/ Ded +80% of R&C 100% in hospital (out pt)(\$25 ded per day.) 100% in hospital (out pt) (\$25 Ded. per day) 100% in hospital (out pt) (\$25 Ded. per day) 100% in hospital</p> <p>100% (\$25 day ded.)if following hosp. or surg. \$15 copay + meet plan ded. +20%</p> <p>\$15/80% RC (100% if reach out pocket max. Must pre-cert. Before 16th visit or pay 50%)</p> <p>100% 100% (180 visits annual) \$50 per trip 100%/180 days DNA DNA DNA</p> <p>\$5generic/\$20preferred/\$30non preferred <i>*if in a non-network hosp. then \$50 per day ded. - if not in hospital ,then not covered</i></p>	<p>\$15 Copay</p> <p>1 every other year</p> <p>No Copay</p> <p>\$15/In System only \$15/In System only \$15/In System only</p> <p>\$15</p> <p>No Charge</p> <p>No Charge Detox</p> <p>No Charge Short Term, Acute, Crisis/ 30 day max.</p> <p>\$50 – waived if admitted</p> <p><u>Outpatient</u> \$15 per visit (limit 60) Outpatient 20 visit max/\$35 copay</p> <p>100% \$15 copay 1st visit only No charge</p> <p>\$15 per visit(100% in hosp.)</p> <p>No charge</p> <p>20% copay</p> <p>\$15 copay per visit 30 visits/ year</p> <p>\$15 copay with referral Covered \$15 copay per visit/60 visits 100% Covered DNA DNA \$5generic/\$20 brand/\$40 non -formulary <i>Can mail order 90 day supply at 60 day price</i></p>	<p>\$15 copay</p> <p>\$15 copay</p> <p>No Copay</p> <p>\$15 Gyn. No Copay (2x w/ out referral) Pap Smear free</p> <p>No Copay</p> <p>No Copay</p> <p>No Copay 30 days No Copay 30 days</p> <p>\$50– waived if admitted</p> <p>\$15/60 visits \$15 visit 1-5 \$25 visit 6-20</p> <p>No Copay \$15 No Copay</p> <p>No Copay 20% Copay/\$1500 annual max. \$15 Copay</p> <p>\$15 30 visits/60 days</p> <p>\$15 Copay</p> <p>Covered Covered 100% Covered up to 6 visits \$10 ea 2 visits \$10 each</p> <p>\$5 generic/\$ 10 pre- ferred/\$20 nonpreferred</p>	<p>\$15 copay</p> <p>Not Covered</p> <p>No Copay</p> <p>\$15 copay (Well Woman, no PCP referral needed)</p> <p>No copay</p> <p>No copay (unlimited days)</p> <p>No copay/ 7days detox per year No Copay/ 30 days</p> <p>\$35 copay waived if admitted</p> <p>No Copay/60 visits(incl. 20 family visits \$25 copay / 20 visits</p> <p>No Copay</p> <p>No Copay</p> <p>No Copay</p> <p>No Copay No Copay</p> <p>No Copay No Copay</p> <p>Up to 30 visits inpatient & 30 out</p> <p>\$15 Copay</p> <p>No Copay, 210 days lifetime No Copay 200 visits/year NO Copay No Copay/ 60 day per year Covered DNA \$10generic/\$20brand/\$30 non formulary</p>

This is just a summary for comparison purposes. You should consult your plan for more detailed information.

THE VCTA DOES NOT ENDORSE ANY PLAN OVER ANOTHER!!!

