Sandia National Laboratories

2009 Medical Plans Comparison Chart for Medicare Retirees

	UnitedHealthcare Senior Premier PPO		Presbyterian MediCare PPO (NM) Pending CMS approval		Lovelace Senior Plan (NM) Pending CMS approval	Kaiser Senior Advantage Plan (CA) Pending CMS approval
Type of Plan	**Preferred Provider Organization – PPO**		**Medicare Advantage PPO** Requires assignment of Medicare benefits		**Medicare Advantage HMO – Health Maintenance Organization** Requires assignment of Medicare benefits	**Medicare Advantage HMO – Health Maintenance Organization** Requires assignment of Medicare benefits
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network Only**	**In-Network Only**
Annual Calendar Year Deductible	Individual: N/A Family: N/A		Individual: N/A Family: N/A		Individual: N/A Family: N/A	Individual: None Family: None
Annual Calendar Year Out-of-Pocket Maximum	Individual: $1,000 per person		Individual: N/A Family: N/A		Individual: N/A Family: N/A	Individual: $1,500 Family: $3,000 (two or more) Member is responsible for tracking annual out-of-pocket costs through accumulation of Kaiser receipts Excludes prescription copays
Preventive Care						
Annual Routine Physical	No Charge	20% of U&C	No copay	$35 copay	$10 copay	$15 copay
Immunizations/Flu Shots	No Charge	20% of U&C	No copay	No copay	No copay	No copay
Certain Cancer Screenings	No Charge	20% of U&C	No copay	No copay	$0-$50 copay	No copay
Vision Screening	Not Available	Not Available	$25 copay (Optometrist only)	$50 copay (Optometrist only)	$20 copay for each Medicare covered visit $30 copay routine annual exam $150 eyewear benefit	$15 copay
Outpatient Services						
Office Visit – PCP	20% of negotiated fees	20% of U&C	$10 copay	$35 copay	$10 copay	$15 copay
Office Visit – Specialist	20% of negotiated fees	20% of U&C	$25 copay	$50 copay	$20 copay	$15 copay
Urgent Care	20% of negotiated fees	20% of U&C	$25 copay per visit	$40 copay per visit	$20 copay/$50 copay	$15 copay
Emergency Room	20% of negotiated fees	20% of U&C	$50 copay per visit Not waived if admitted	$50 copay per visit Not waived if admitted	$50 per visit Waived if admitted	$50 per visit Waived if admitted within 24 hours with same condition
Outpatient Surgery	20% of negotiated fees	20% of U&C	$75 copay	20% of Medicare allowable	$50 copay	$50 copay
Chiropractic	20% of negotiated fees $1000 annual maximum combined in and out of network	20% of U&C $1000 annual maximum combined in and out of network	$25 copay Manual manipulation of the spine to correct subluxation only	$50 copay Manual manipulation of the spine to correct subluxation only	$20 copay	$15 copay
Acupuncture	20% of negotiated fees $1000 annual maximum combined in and out of network	20% of U&C $1000 annual maximum combined in and out of network	Acupuncture not covered	Acupuncture not covered	$15 copay	$15 copay
Speech, Physical/ Occupational Therapy	20% of negotiated fees	20% of U&C	$10 copay Prior authorization required	$35 copay If you do not receive prior authorization for out-of-network services, your out-of-pocket cost sharing could be higher. Prior authorization required	$10 copay	$15 copay Maximum of 60 consecutive days/condition/lifetime
Lab/Radiology (Outpatient)	20% of negotiated fees	20% of U&C	No copay	10% lab 20% radiation therapy	$0 lab/general x-ray $20 radiation therapy $50 CT/MRI/PET	No copay
Hospital Services						
Inpatient Admit	20% of negotiated fees	20% of U&C	$250 deductible Deductible per benefit period. Benefit period begins the day you are admitted to a hospital or skilled nursing facility and ends when you have not received hospital or skilled nursing care for 60 days in a row. Prior authorization required	$750 deductible Deductible per benefit period. Benefit period begins the day you are admitted to a hospital or skilled nursing facility and ends when you have not received hospital or skilled nursing care for 60 days in a row. Prior authorization required. If you do not receive prior authorization for out-of-network services, your out-of-pocket cost sharing could be higher.	$200 copay Benefit period begins the day you are admitted to a hospital or skilled nursing facility and ends when you have not received hospital or skilled nursing care for 60 days in a row. Prior authorization required	$250 copay
Ambulance	20% of negotiated fees	20% of U&C	$50 copay (Not waived if admitted)	$50 copay (Not waived if admitted)	$75 copay	$50 copay
Hospice (Inpatient)	20% of negotiated fees	20% of U&C	Covered by Medicare	Covered by Medicare	No copay in Medicare-certified facility	No copay
Skilled Nursing Facility	20% of negotiated fees	20% of U&C	No copay 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. Prior authorization required	Days 1-20: $0 copay per day Days 21-100: $125 copay per day If you do not receive prior authorization for out-of-network services, your out-of-pocket cost sharing could be higher. 100 days per benefit period. Prior authorization required	No copay 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. Prior authorization required	No copay for up to 100 days per benefit period

	UnitedHealthcare Senior Premier PPO		Presbyterian MediCare PPO (NM) Pending CMS approval		Lovelace Senior Plan (NM) Pending CMS approval	Kaiser Senior Advantage Plan (CA) Pending CMS approval
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	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network Only**	**In-Network Only**
Other Benefits						
Durable Medical Equipment/ External Prosthetic Appliances	20% of negotiated fees	20% of U&C	$10 (DME) $0 (EPA)	$50 for each piece if prior authorization received	$0	No copay
Prescription Drugs						
Retail						
• Generic	20% of retail network price with a $6 minimum and $12 maximum Up to 30-day supply	50% retail network price less applicable minimum copay Up to 30-day supply	$5 copay Copays until you reach $4,350 in out-of-pocket costs. Beyond the $4,350, refer to Evidence of Coverage. Maximum of 30 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.	$5 copay Copays until you reach $4,350 in out-of-pocket costs. Beyond the $4,350, refer to Evidence of Coverage. Maximum of 30 days	$10 copay Up to 30-day supply
• Brand-Name	Preferred—30% of retail network price with a $25 minimum and $40 maximum Up to 30-day supply	50% retail network price less applicable minimum copay Up to 30-day supply	$35 copay Copays until you reach $4,350 in out-of-pocket costs. Beyond the $4,350, refer to Evidence of Coverage. Maximum of 30 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.	$32 copay Copays until you reach $4,350 in out-of-pocket costs. Beyond the $4,350, refer to Evidence of Coverage. Maximum of 30 days	$20 copay Up to 30-day supply
	Non Preferred—40% of retail network price with a $40 minimum and $60 maximum Up to 30-day supply	50% retail network price less applicable minimum copay Up to 30-day supply	$55 copay Copays until you reach $4,350 in out-of-pocket costs. Beyond the $4,350, refer to Evidence of Coverage. Maximum of 30 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.	$62 copay Copays until you reach $4,350 in out-of-pocket costs. Beyond the $4,350, refer to Evidence of Coverage. Maximum of 30 days	N/A
Mail Order						
• Generic	20% of mail order price with a $12 minimum and a $24 maximum Up to 90-day supply	N/A	$10 copay Copays until you reach $4,350 in out-of-pocket costs. Beyond the $4,350, refer to Evidence of Coverage. 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.	$15 copay Copays until you reach $4,350 in out-of-pocket costs. Beyond the $4,350, refer to Evidence of Coverage. Maximum of 90 days	$20 copay Up to 100-day supply
• Brand-Name	Preferred—30% of mail order price with a $50 minimum and a $80 maximum Up to 90-day supply	N/A	Preferred—$87.50 copay Copays until you reach $4,350 in out-of-pocket costs. Beyond the $4,350, refer to Evidence of Coverage. 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—$96 copay Copays until you reach $4,350 in out-of-pocket costs. Beyond the $4,350, refer to Evidence of Coverage. Maximum of 90 days	$40 copay Up to 100-day supply
	Non Preferred—40% of mail order price with a $80 minimum and a $120 maximum Up to 90-day supply	N/A	Non Preferred—$165 copay Copays until you reach $4,350 in out-of-pocket costs. Beyond the $4,350, refer to Evidence of Coverage. 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.	Non Preferred—$186 copay Copays until you reach $4,350 in out-of-pocket costs. Beyond the $4,350, refer to Evidence of Coverage. Maximum of 90 days	N/A
Specialty Drugs	Refer to the Retiree Open Enrollment book for more information	N/A	25% coinsurance Maximum of 30 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.	$62 copay Maximum of 30 days	N/A
Behavioral Health						
Mental Health						
• Inpatient	20% of negotiated fees Combined maximum of 90 days/calendar year for In-network and Out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse	50% of U&C Combined maximum of 90 days/calendar year for In-network and Out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse Does not apply to out of pocket maximum	$250 deductible Prior authorization required. Deductible per benefit period. Benefit period begins the day you are admitted to a hospital or skilled nursing facility and ends when you have not received hospital or skilled nursing care for 60 days in a row. 190-day lifetime limit	$750 deductible Deductible per benefit period. Benefit period begins the day you are admitted to a hospital or skilled nursing facility and ends when you have not received hospital or skilled nursing care for 60 days in a row. If prior authorization received. If you do not receive prior authorization for out-of-network services, your out-of-pocket cost sharing could be higher. 190-day lifetime limit	$200 copay Prior authorization required. Deductible per benefit period. Benefit period begins the day you are admitted to a hospital or skilled nursing facility and ends when you have not received hospital or skilled nursing care for 60 days in a row. 190-day lifetime limit	$250 copay Maximum of 45 days/CY
• Outpatient	20% of negotiated fees Unlimited visits	50% of U&C Unlimited visits Does not apply to out of pocket maximum	$25 copay	50% of Medicare allowable	$20 copay/individual therapy $15 copay/group visit	$15 copay 20 ind./group therapy visits/CY with 20 additional group therapy visits if criteria met
Substance Abuse						
• Inpatient	20% of negotiated fees Combined maximum of 90 days/calendar year for In-network and Out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse	50% of U&C Combined maximum of 90 days/calendar year for In-network and Out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse. Does not apply to out of pocket maximum	See “Mental Health” above	See “Mental Health” above	See “Mental Health” above	$250 copay per admission
• Outpatient	20% of negotiated fees Unlimited visits	50% of U&C Unlimited visits Does not apply to out of pocket maximum	$25 copay for individual or group therapy	50% of Medicare allowable	$20 copay/individual visit $15 copay/group visit	$15 copay Unlimited visits

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, the SPD or EOC supercedes. Last updated 9/08