

# State Employees' Health Insurance Plan

## Medicare Eligible Retiree Benefit Comparison

Benefit	2016	2017
<b>MAJOR MEDICAL GENERAL PROVISIONS</b>		
<i>Calendar Year Deductible</i>	\$300	\$300 (applies only to ambulance)
<i>Maximum Out of Pocket</i>	\$6,250	\$6,250
<i>Out of Network</i>	20% Coinsurance (excluding emergencies)	Same Benefits In and Out of Network
<b>INPATIENT HOSPITAL BENEFITS</b>		
<i>Inpatient Hospital</i>	Covered at 100% (no deductible or copay)	Covered at 100% (no deductible or copay)
<i>Inpatient Hospital Psychiatric</i>	20% Coinsurance	\$225/Admission Deductible and \$195/Day Copay for Days 1-7
<i>Skilled Nursing Facility (SNF)</i>	20% Coinsurance	\$0/Day Copay for Days 1-20 and \$164.50/Day Copay for Days 21-59 \$0/Day Copay for Days 60-100
<b>OUTPATIENT HOSPITAL BENEFITS</b>		
<i>Surgery</i>	\$150 Facility Copay	\$150 Facility Copay
<i>Medical Emergency (ER)</i>	\$150 Copay (waived if medical emergency)	\$75 Copay (waived if admitted)
<i>Urgent Care Facility</i>	\$50 Copay	\$50 Copay
<i>Diagnostic X-rays and Tests</i>	\$75 Facility Copay (one copay per test; limited to 2 copays per date of service) for each of the following: Angiography/arteriography, cardiac cath/arteriography, colonoscopy, UGI endoscopy, CAT Scan, MRI, MUGA-Gated Cardia Scan, ERCP, PET/PECT and Thallium Scan	\$75 Facility Copay (one copay per test; limited to 2 copays per date of service) for each of the following: Angiography/arteriography, cardiac cath/arteriography, colonoscopy, UGI endoscopy, CAT Scan, MRI, MUGA-Gated Cardia Scan, ERCP, PET/PECT and Thallium Scan
<i>Diagnostic Lab and Pathology</i>	\$0 Copay	\$0 Copay
<b>PHYSICIAN / NURSE PRACTITIONER / PHYSICIAN ASSISTANT BENEFITS</b>		
<i>Physician Office Visits, Office Surgery and Outpatient Consultations</i>	20% Coinsurance up to \$35 Max Copay	20% Coinsurance up to \$35 Max Copay
<i>Nurse Practitioner, Physician Assistant Office Visits, Office Surgery and Outpatient Consultations</i>	20% Coinsurance up to \$20 Max Copay	20% Coinsurance up to \$20 Max Copay
<b>ROUTINE PREVENTIVE CARE</b>		
<i>Routine Immunizations and Preventive Services</i>	\$0 Copay	\$0 Copay
<b>MENTAL HEALTH/SUBSTANCE ABUSE SERVICES</b>		
<i>SEIB Approved Outpatient Provider Services</i>	\$14 Copay (limited to 20 visits per year)	\$14 Copay (no limit)
<i>Partial Hospitalization</i>	20% Coinsurance	\$55 Copay

Benefit	2016	2017
<b>MAJOR MEDICAL SERVICES</b>		
<i>Participating Chiropractor Services</i>	20% Coinsurance (authorization required after the 18th visit)	20% Coinsurance up to \$20 Max Copay (authorization required after the 18th visit)
<i>Physical Therapy, Speech Therapy and Occupational Therapy</i>	20% Coinsurance	20% Coinsurance up to \$40 Max Copay (authorization required after the 14th visit)
<i>Cardiac Rehabilitation Services</i>	20% Coinsurance	\$50 Copay
<i>Pulmonary Rehabilitation Services</i>	20% Coinsurance	\$30 Copay
<i>Home Health Services</i>	20% Coinsurance	\$0 Copay
<i>Durable Medical Equipment</i>	20% Coinsurance	20% Coinsurance
<i>Ambulance Services</i>	20% Coinsurance	20% Coinsurance
<i>Allergy Testing and Treatment</i>	20% Coinsurance	20% Coinsurance
<i>Dialysis Services</i>	20% Coinsurance	20% Coinsurance
<i>Diabetic Education</i>	\$0 Copay (limit of 5 diabetic classes per year)	\$0 Copay (limit of 5 diabetic classes per year)
<b>PRESCRIPTION DRUGS</b>		
<i>Tier 1 Drugs</i>	<i>Preferred/Extended Supply Pharmacy:</i> <ul style="list-style-type: none"> <li>• \$10 Copay for 30 Day Supply</li> <li>• \$10 Copay for 60 Day Supply</li> <li>• \$10 Copay for 90 Day Supply</li> </ul> <i>Non-Preferred Pharmacy:</i> <ul style="list-style-type: none"> <li>• \$10 Copay for 30 Day Supply</li> <li>• \$10 Copay for 60 Day Supply</li> <li>• \$15 Copay for 90 Day Supply</li> </ul>	<i>Preferred/Extended Supply Pharmacy:</i> <ul style="list-style-type: none"> <li>• \$10 Copay for 30 Day Supply</li> <li>• \$10 Copay for 60 Day Supply</li> <li>• \$10 Copay for 90 Day Supply</li> </ul> <i>Non-Preferred Pharmacy:</i> <ul style="list-style-type: none"> <li>• \$10 Copay for 30 Day Supply</li> <li>• \$10 Copay for 60 Day Supply</li> <li>• \$15 Copay for 90 Day Supply</li> </ul>
<i>Tier 2 Drugs</i>	<i>Preferred/Extended Supply Pharmacy:</i> <ul style="list-style-type: none"> <li>• \$30 Copay for 30 Day Supply</li> <li>• \$30 Copay for 60 Day Supply</li> <li>• \$30 Copay for 90 Day Supply</li> </ul> <i>Non-Preferred Pharmacy:</i> <ul style="list-style-type: none"> <li>• \$30 Copay for 30 Day Supply</li> <li>• \$30 Copay for 60 Day Supply</li> <li>• \$55 Copay for 90 Day Supply</li> </ul>	<i>Preferred/Extended Supply Pharmacy:</i> <ul style="list-style-type: none"> <li>• \$30 Copay for 30 Day Supply</li> <li>• \$30 Copay for 60 Day Supply</li> <li>• \$30 Copay for 90 Day Supply</li> </ul> <i>Non-Preferred Pharmacy:</i> <ul style="list-style-type: none"> <li>• \$30 Copay for 30 Day Supply</li> <li>• \$30 Copay for 60 Day Supply</li> <li>• \$55 Copay for 90 Day Supply</li> </ul>
<i>Tier 3 &amp; 4 Drugs</i>	<i>Preferred/Extended Supply Pharmacy:</i> <ul style="list-style-type: none"> <li>• \$60 Copay for 30 Day Supply</li> <li>• \$60 Copay for 60 Day Supply</li> <li>• \$60 Copay for 90 Day Supply</li> </ul> <i>Non-Preferred Pharmacy:</i> <ul style="list-style-type: none"> <li>• \$60 Copay for 30 Day Supply</li> <li>• \$60 Copay for 60 Day Supply</li> <li>• \$115 Copay for 90 Day Supply</li> </ul>	<i>Preferred/Extended Supply Pharmacy:</i> <ul style="list-style-type: none"> <li>• \$60 Copay for 30 Day Supply</li> <li>• \$60 Copay for 60 Day Supply</li> <li>• \$60 Copay for 90 Day Supply</li> </ul> <i>Non-Preferred Pharmacy:</i> <ul style="list-style-type: none"> <li>• \$60 Copay for 30 Day Supply</li> <li>• \$60 Copay for 60 Day Supply</li> <li>• \$115 Copay for 90 Day Supply</li> </ul>

▪ “This information is not a complete description of benefits. Contact the plan for more information.”

▪ “Limitations, copayments, and restrictions may apply.”

▪ “Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.”