

2011 Benefit Comparison

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2011 Prescription Drug Benefits for PFFS and PPO MAPD Plans

	GOLD	PLATINUM	Universal PPO
Annual Deductible	\$0	\$0	\$0
Coverage			
Tier 1 - Value Generics	\$4	\$2	\$4
Tier 2 - Generics	\$15	\$7	\$15
Tier 3 - Preferred Brands	\$45	\$35	\$40
Tier 4 - Nonpreferred Brands	\$80	\$65	\$80
Tier 5 - Specialty Drugs	33%	33%	33%
Mail Order	90-day:	3 Months for	90-day:
Tier 1/2/3/4	\$8/\$30/\$120/\$220	2 co-pays	\$8/\$30/\$100/\$200
Drugs Covered Under Medicare Part B	23%	23%	23%
Initial Coverage Limit	Member pays the above co-pay amounts until the total yearly drug costs (both what the Member and the Plan paid) reach \$2840.		
Coverage Gap/Donut Hole	Member pays 93% of generic drug costs and 50% of brand drug costs until the yearly out-of-pocket drug costs reach \$4550.		
Catastrophic Coverage	Then, the Member will pay the greater of \$2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other drugs, or 5% co-insurance for the rest of the year.		

Dental X-Ray Co-Pays

PFFS and PPO PLANS

Radiographs: limit of 1 radiograph service (complete series or intraoral periapicals or panoramic or bitewing) per year.

	Frequency	Co-Pay
Intraoral - Complete Series (including Bitewings)	1 per 3 yrs	\$25
Intraoral - Periapical First Film	1	\$0
Intraoral - Periapical Each Additional Film (up to 7)	1	\$5
Intraoral - Occlusal Film	2	\$10
Bitewing - Single Film	1	\$0
Bitewings - Two Films	1	\$5
Bitewings - Four Films	1	\$10
Panoramic Film	1 per 3 yrs	\$25
Temporomandibular Joint Film	1	\$75

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Labs and Diagnostics

PFFS and PPO PLANS

	Physician Office/ Freestanding Center	Hospital
Bone Density	\$0	\$0
Simple X-Rays	\$5	25%
Ultrasonography	\$10	25%
Echocardiogram/ Echo Doppler	\$25	25%
CT Scans	\$25	25%
Nuclear Medicine	\$25	25%
Nuclear Stress Test	\$50	25%
MRI	10%	25%
MRA	10%	25%
PET Scan	10%	25%



2011 Benefit Comparison for National PFFS and PPO Plans

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