

2012 Rochester Business Alliance MVP Preferred Gold Medicare Advantage HMO POS Plan Comparison

Service	Preferred Gold with Drugs	Preferred Gold with Drugs No Donut Hole	Preferred Gold Anywhere In-Network	Preferred Gold Anywhere Out-of-Network
Quarterly Premiums	\$344.01	\$492.51	\$491.40	\$491.40
Office Visits	\$15 PCP/\$30 Specialist	\$15 PCP/\$30 Specialist	\$10 PCP/\$15 Specialist	\$25 PCP/\$25 Specialist
GYN Routine Exams	\$15 PCP/\$30 Specialist	\$15 PCP/\$30 Specialist	\$10 PCP/\$15 Specialist	\$25 PCP/\$25 Specialist
Mammograms	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Adult Physicals	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay
X-rays	\$30 Copay	\$30 Copay	\$15 Copay	\$25 Copay
Laboratory	\$10 Copay	\$10 Copay	\$0 Copay	20% Copay
Ct, PET MRI Scans	\$40 Copay	\$40 Copay	\$15 Copay	20% Copay
Hospital Inpatient	\$250 per stay- \$750 max/yr.	\$250 per stay- \$750 max/yr.	\$0 Copay	20% Copay
Mental Health				
Inpatient: 30 Days	\$250 per stay- \$750 max/yr.	\$250 per stay- \$750 max/yr.	\$0 Copay	20% Copay
Outpatient: 20 Visits	\$30 Copay	\$30 Copay	\$15 Copay	\$25 Copay
Outpatient Surgery	\$0 Copay	\$0 Copay	\$0 Copay	20% Copay
Emergency Room	\$65 Copay	\$65 Copay	\$65 Copay	\$65 Copay
Routine Eye Exams	\$30 Copay	\$30 Copay	\$15 Copay	\$25 Copay
Eye Wear	\$100/yr. Allowance 20% Copay After Cataract Surgery	\$100/yr. Allowance 20% Copay After Cataract Surgery	\$100/yr. Allowance 20% Copay After Cataract Surgery	\$100/yr. Allowance 20% Copay After Cataract Surgery
Hearing Exam	\$30 Copay	\$30 Copay	\$15 Copay	\$25 Copay
Hearing Aids	Not Covered	Not Covered	\$600 allowance/3 years	\$600 allowance/3 years
Chiropractic-Medical	\$20 Copay	\$20 Copay	\$15 Copay	\$20 Copay
Durable Med. Equip	20% Copay	20% Copay	20% Copay	20% Copay
External Prosthetics	20% Copay	20% Copay	20% Copay	20% Copay
Diabetic Supplies/Insulin	\$10 Copay/30 Days	\$10 Copay/30 Days	20% Copay	20% Copay
Prescription Drugs				
Copays/30 Days	Tier 1: \$8 Tier 2: \$35 Tier 3: \$90 Tiers 4: 33% (specialty/limited rx) Tier 5: \$0 Select Generics Donut Hole Max \$2,930 TrOOP Max \$4,700	Tier 1: \$8 Tier 2: \$35 Tier 3: \$90 Tiers 4: 33% (specialty/limited rx) Tier 5: \$0 Select Generics TrOOP Max \$4,700	Tier 1: \$8 Tier 2: \$35 Tier 3: \$90 Tiers 4: 33% (specialty/limited rx) Tier 5: \$0 Select Generics Tiers 1 & 5: \$8 Generic in Donut Hole Donut Hole Max \$2,930 TrOOP Max \$4,700	Tier 1: \$8 Tier 2: \$35 Tier 3: \$90 Tiers 4: 33% (specialty/limited rx) Tier 5: \$0 Select Generics Tiers 1 & 5: \$8 Generic in Donut Hole Donut Hole Max \$2,930 TrOOP Max \$4,700
Ambulance	\$75 Copay Per Use	\$75 Copay Per Use	\$35 Copay Per Use	\$35 Copay Per Use
Out of Area Coverage	Worldwide for Urgent/Emergent	Worldwide for Urgent/Emergent	Worldwide for Urgent/Emergent	Worldwide for Urgent/Emergent
Travel Benefit	30% Copay for Routine Services \$5,000/yr. Max	30% Copay for Routine Services \$5,000/yr. Max		
Deductible	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Extra Benefits	Silver Sneakers Free Gym Membership	Silver Sneakers Free Gym Membership	Silver Sneakers Free Gym Membership	Not Applicable