Commonwealth of Virginia
Retiree Health Benefits Program

Medicare Plan Options

Effective January 1, 2004

T20085 (R11/03)

COMPARISON OF MEDICARE AND STATE SUPPLEMENTAL PLANS

These charts contain only partial information about Medicare Part A and Part B coverage. They are intended to highl detailed information about benefits, exclusions, limitations, and your responsibilities under the plan.

Part A Services	Medicare
Hospital Inpatient	• Pays up to 60 days of medically necessary services, except Part A hospital deductible • Pays up to an additional 30 days, except daily coinsurance • If more than a 90-day hospital stay, possible use of up to 60 Medicare lifetime reserve days, subject to daily coinsurance • No payment for more than a 90-day hospital stay if no lifetime reserve days remain or if you choose not to use them
Skilled Nursing Facility	• Pays 100% for 20 days at a medically necessary skilled nursing facility • Pays up to an additional 80 days at a skilled nursing facility, except daily coinsurance • Medicare does not pay for more than 100 days at a skilled nursing facility

Part B Services	Medicare
Physician And Other Services	• Generally pays 80% of Medicare-approved charges for services such as: – Doctor's care, outpatient physical and occupational therapy and designated screenings (coverage limits may apply to certain therapies) • A $100 annual deductible may apply
Home Health Care (also covered under Part A)	• Pays 100% of Medicare-approved services • Pays 80% of Medicare-approved amount for durable medical equipment

Other Services	Medicare
Outpatient Prescription Drug Program	• Not covered
Vision Benefits	• Not covered
Dental Benefits	• Not covered
Out-Of-Country And Major Medical Services	• Not covered
At Home Recovery Care And Visits	• Not covered

light how the State plans supplement the Original Medicare Plan. Refer to the specific plan Member Handbook for

	State Advantage 65	NOT AVAILABLE TO NEW ENROLLEES State Option I (Medicare Complementary)	State Option II (Medicare Supplemental)
	• *Pays Medicare Part A deductible except for first $100* • *Pays Medicare Part A coinsurance*	• *Pays Medicare Part A deductible except first $100* • *Pays Medicare Part A coinsurance*	• *Pays Medicare Part A deductible except for first $100* • *Pays Medicare Part A coinsurance*
	• *Pays Medicare Part A coinsurance*	• *Pays Medicare Part A coinsurance*	• *Pays Medicare Part A coinsurance* • *Pays Medicare Part A amount for an additional 80 days*

	State Advantage 65	NOT AVAILABLE TO NEW ENROLLEES State Option I	State Option II
	• *Does not pay Medicare Part B deductible, but does pay Part B coinsurance*	• *Pays Medicare Part B coinsurance after you pay $1,000*	• *Pays Medicare Part B deductible* • *Pays Part B coinsurance*
	• *Pays 20% of Medicare-approved amount for durable medical equipment*	• *Pays 20% of Medicare-approved amount for durable medical equipment*	• *Pays 20% of Medicare-approved amount for durable medical equipment*

	State Advantage 65	NOT AVAILABLE TO NEW ENROLLEES State Option I	State Option II
	• *You pay $27 copayment for up to 34-day supply at retail pharmacy* • *You pay $54 copayment for 35-90-day supply at retail pharmacy* • *You pay $32 copayment for up to 90-day supply through home delivery service*	• *You pay $22 copayment for up to 34-day supply at retail pharmacy* • *You pay $44 copayment for 35-90-supply at retail pharmacy* • *You pay $27 copayment for up to 90-day supply through home delivery service*	• *Covered under Major Medical subject to $200 calendar year deductible and your 20% coinsurance*
	• *Optional – see page 4*	• *Covered–same benefits as outlined in Vision Benefits chart on page 4*	• *Optional – see page 4*
	• *Optional – see page 4*	• *Covered–same benefits as outlined in Dental Benefits chart on page 4*	• *Optional – see page 4*
	For Out-Of-Country services only: • *Pays 80% of allowable charge after you pay $250 calendar year deductible*	• *Not covered*	**Major Medical benefits for prescription drugs, medical services, and Out-Of-Country services:** • *Pays 80% of allowable charge after you pay $200 calendar year deductible*
	• *Pays up to $40 per visit, not to exceed $1,600 each calendar year and 7 visits each week*	• *Not covered*	• *Not covered*

STATE MEDICARE DENTAL/VISION OPTION UNDER ADVANTAGE 65 OR MEDICARE SUPPLEMENTAL OPTION II

Dental/Vision coverage may be added to either Advantage 65 or Option II at any time, and it may be canceled at any time. However, once the Dental/Vision option has been elected and canceled one time, it may not be elected again. If you add Dental/Vision to Advantage 65 or Option II, your election is effective the first of the month following receipt of your request.

Dental Benefits **(maximum payment $1,200 per calendar year)**	**The Plan Pays:**

Diagnostic And Preventive Services
• Two of each per benefit period of services such as:
  • Oral exams
  • Bitewing x-rays
  • Prophylaxis
  • Topical fluoride applications
  • Pulp vitality tests
• One full-mouth x-ray every 36 months
	100% of the allowable charge

Primary Services
• Examples:
  • Fillings
  • Root canal therapy
  • Oral surgical procedures
  • Periodontic services
  • General anesthesia
	80% of the allowable charge

Vision Benefits	**The Plan Pays:**
Routine Vision Exam *(once every 24 months)*	Provider's charge up to a maximum of $40 per routine exam
Frames *(one pair every 24 months)*	Provider's charge up to a maximum of $75 per pair
Lenses *(one pair of eyeglass lenses* ***or*** *any type of contact lenses every 24 months)* • Single lenses • Bifocal lenses • Trifocal lenses • Contact lenses (hard, soft, or disposable)	Provider's charge up to the maximum amounts specified below for the types of lenses provided: $50 per pair $75 per pair $100 per pair $100