ASRS/PSPRS Current Benefits and Proposed Alternatives
Medicare Eligible (Post 65)
2011

Plan Provisions	2010 ASRS/PSPRS - Current MAPD HMO Plan	2011 Proposed ASRS/PSPRS MAPD HMO Plan		2010 Senior Supp/PDP	2011 Proposed Sr Supp/PDP Plan
Calendar Year Deductible	None	None		None	None
Out-of-pocket/Coinsurance Maximum	None	$6,700		None	$6,700
Maximum Lifetime Benefit	No maximum	No maximum		No maximum	No maximum
Outpatient Benefits					
PCP Office Visit	$15 copay	$15 copay		$0 copay	$15 copay
Specialist Office Visit	$30 copay	$30 copay		$0 copay	$15 copay
Routine Office Physical (1 Every 12 months)	$0 copay	$0 copay		$0 copay	$0 copay
Immunizations (Medicare Covered)	$0 copay	$0 copay		$0 copay	$0 copay
Routine Eye Exam Refraction (1 Every 12 months) (Non Medicare Covered)	$20 copay	$20 copay		$20 Deductible plus all costs above $80 allowance per calendar year.	$20 Deductible plus all costs above $80 allowance per calendar year.
Hearing Exam (1 Every 12 months) (Non-Medicare Covered)	$0 copay	$0 copay		Not Covered	Not Covered
Outpatient Mental Health (Individual/Group)	$30 copay / $15 copay	$30 copay / $15 copay		$0 copay	$0 copay
Outpatient Hospital Services	$100 copay	$100 copay		$0 copay	$150 copay
Outpatient Standard X-rays	$0 copay	$0 copay		$0 copay	$0 copay
Outpatient Specialized Scans (Complex Radiology)	$50 copay	$50 copay		$0 copay	$0 copay
Outpatient Lab Tests	$0 copay	$0 copay		$0 copay	$0 copay
Durable Medical Equipment	$0 copay	$0 copay		$0 copay	$0 copay
Prosthetic Devices	$0 copay	$0 copay		$0 copay	$0 copay
Skilled Nursing Facility	$0 copay	$0 copay		$0 copay	$0 copay
Home Health Care	$0 copay	$0 copay		$0 copay	$0 copay
Physical, Speech and Occupational Therapy	$15 copay	$15 copay		$0 copay	$0 copay
Inpatient Benefits					
Inpatient Hospital Expenses	$100 copay per Admit	$100 copay per Admit		$0 copay	$150 IP Hospital Deductible, including IP Mental Health
Inpatient Mental Health	$100 copay per Admit	$100 copay per Admit		$0 copay	$150 IP Hospital Deductible, including IP Mental Health
Prescription Benefits					
Coverage in gap	Full	Full		None	None
Preferred Generic/Preferred Brand/Non-Preferred/Speciality	$20/$40/$40/$40 copay	$20/$40/$40/$40 copay		$10/$35/$35/$35 copay	$10/$35/$35/$35 copay
Mail Order (90-day supply)	$40/$80/$80/$80 copay	$40/$80/$80/$80 copay		$20/$70/$70/$70 copay	$20/$70/$70/$70 copay
Other Benefits					
Emergency Room	$50 copay (waived if admitted)	$50 copay (waived if admitted)		$0 copay	$50 copay (waived if admitted)
Urgent Care Facility	$15 copay	$15 copay		$0 copay	$25 copay
Ambulance	$25 copay	$25 copay		$0 copay	$0 copay
Vision/Hearing Hardware Benefits					
Lenses and Frames (Every 12 months)	$130 eyeglasses allowance $105 contacts allowance	$130 eyeglasses allowance $105 contacts allowance		$130 eyeglasses allowance $105 contacts allowance	$130 eyeglasses allowance $105 contacts allowance
Hearing Aids (Every 36 months)	$500 allowance	$500 allowance		Not Covered	Not Covered

Updated 7.29.10

Different from current benefit - MAPD (HMO).

Different from current benefits - Sr Supplement.