

October 1, 2008 OUTLINE OF MEDICARE-CARVEOUT FOR CITY OF NORFOLK

Optima Health Medicare Carve-out (HMO1000)		
Retiree Price: \$384.72 per member per month		
	In-Network	Out-Of-Network
		NO OUT-OF-NETWORK COVERAGE
<i>Annual OOP Max</i>	\$1,000	
<i>PCP</i>	\$5 copay	
<i>SOV</i>	\$10 copay	
<i>Inpatient care</i>	100%	
<i>OP Surgery</i>	100%	
<i>Emergency care</i>	\$50 copay, covered at 100%	
<i>Skilled Care</i>	100% up to 100 days	
<i>Home Health</i>	100%	
<i>Diag.test,X-rays,lab</i>	\$10 copay, covered at 100%	
<i>MRI, CT and PET Scans</i>	\$50 copay	
<i>Preventive Screening</i>	100%	
<i>Immunizations</i>	100%	
<i>Annual routine eye exam</i>	\$5 for 1 exam every 12 mths	
RX benefits	\$10/20/40/40	

OPTIMA MEDICARE PREFERRED PLUS (Individual PPO Plan)		
Price: \$109.00 per member per month		
	In-Network	Out-Of-Network
		\$3,000
<i>Annual OOP Max**</i>		
<i>Dr. office visits**</i>	\$10 copay	\$15 copay
<i>Annual routine physicals</i>	\$0 copay	\$15 copay
<i>Inpatient care</i>	100%	\$500 per admission
<i>OP Surgery</i>	100%	\$250 per admission
<i>Emergency care</i>	\$50 copay	\$50 copay
<i>Skilled care</i>	100%	\$150 per admission
<i>Home Health</i>	100%	\$15 per visit
<i>Diag.test,X-rays,lab</i>	100%	\$15 copay
<i>MRI, CT and PET Scans</i>	\$50 copay	\$100 copay
<i>Preventive Screening</i>	100%	100%
<i>Immunizations</i>	100%	100%
<i>Annual routine eye exam</i>	\$10	20% for Medicare covered eye exams
Part D RX **		\$0/45/85/30%
<i>After the total yearly drug cost(paid by both you and your plan) reach \$2,510, you pay 100% of your RX cost. After your yearly out-of-pocket drug cost reach \$4,050 you pay the greater of: \$2.25 for generic or a preferred brand drug and \$5.60 for all other drugs, or 5% coinsurance.</i>		



Monthly Premiums	Retiree	Retiree + Spouse
<i>City Current</i>		\$ 641.75
<i>Optima Current</i>	\$ 354.27	\$ 708.54
<i>Optima Charge if non-subsidized</i>	\$ 385.92	\$ 771.84
OPTIMA MEDICARE PREFERRED P	\$ 118.00	

Monthly Premiums	Retiree	Retiree + Spouse
<i>Optima Current</i>	\$ 354.27	\$ 708.54
<i>Optima Charge if non-subsidized</i>	\$ 385.92	\$ 771.84
OPTIMA MEDICARE PREFERRED PLU	\$118.00/ Retiree	