

→ Who should use this:

Management Retirees and Dependents who are Medicare eligible

Designed for those considering Medicare HMO plans		Lucent Health Maintenance Organization (Medicare HMO)	Plan A	Plan B
<i>Core Services</i>				
Does the plan use a “carve out” that limits Medicare payments unless they exceed coverage limits?	Some plans essentially pay nothing for Medicare Part A and B services if they are covered by Medicare, leaving the insured to pay out of pocket costs	No, this Medicare HMO plan assumes the risk from Medicare and pays accordingly to the plan specific benefits.		
Is there a network of doctors that I can choose from?	If you receive medical care from network doctors, your out of pocket costs are normally lower than receiving the same care with doctors not part of a network.	Yes		
Can I choose a doctor that is not part of the network?	The option to receive medical care with doctors outside of a network gives you more flexibility, since not all doctors belong to networks.	No.		
Are my doctors in the network?	This could help you in deciding which plans to choose, if all your doctors are in a network, it may be less costly for you to choose a plan that is an HMO or network only plan.	N/A		
Are the hospitals I prefer using in the network?		N/A		

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Does this plan exclude conditions?	Plans may not cover certain medical conditions that you have. If Yes, write the excluded condition.	N/A	Yes or No Condition? _____ —	Yes or No Condition? _____ —
How long must I wait before I receive coverage under this plan?	Plans may require a waiting period before coverage begins for a health condition you had prior to joining this plan (a preexisting condition). If Yes, write how long the waiting period.	N/A	Yes or No How Long? _____ —	Yes or No How Long? _____ —

	<p>Deductible: an amount that you must pay for services you use before the insurer begins to pay for services under this plan. This amount does not include the premium. There may be separate deductible for In and Out of Network.</p>	<p>In Network: Normally N/A</p>	<p>In Network:</p>	<p>In Network:</p>
		<p>Out of Network: N/A</p>	<p>Out of Network:</p>	<p>Out of Network:</p>

Lucent data has been entered from the 2008 Enrollment Form

The retiree needs to enter plan data from quotes that are received.

Designed for those considering Medicare eligible plans	Lucent Medicare HMO (what you will pay)	Plan A	Plan B
		<p>Maximum out of pocket cost for <u>in network</u> services</p>	<p>This calculation is based on all of your costs within the plan. Once this is met, the plan normally pays 100%. The calculation of out of pocket costs may include the deductible, coinsurance cost, and copays. These amounts vary from plan to plan.</p>
<p>Maximum out of pocket cost for <u>out of network</u> services</p>	<p>This is similar to the prior calculation for in network. These amounts are normally not combined and have to be met separately</p>	<p>N/A</p>	
<p>Annual maximum benefit for <u>in network</u> services</p>	<p>This benefit is the maximum dollar amount that the plan will cover on an annual basis. The typical amount is \$1,000,000 or unlimited.</p>	<p>Varies according to plan</p>	

Annual maximum benefit for <u>out of network</u> services	This is similar to the prior coverage. Sometimes, the plan will combine amounts paid for in and out of network services as one annual maximum. It is preferable to have separate annual maximums for in and out of network.	N/A		
Lifetime maximum benefit	As health costs continue to rise, a large lifetime benefit is an important consideration.	Varies according to plan		

Co-payments and coverage for office visits and hospital services
 NOTE: Some services have a copayment; others pay a percentage of the allowable amount

Designed for those considering Medicare eligible plans	Lucent Medicare HMO (what you pay)	Plan A	Plan B
In network copay for primary doctor visits	Varies according to plan		
Out of network copay for primary office visits	N/A		
In network - Inpatient coverage for inpatient physician and surgeons	Varies according to plan		
Out of network - Inpatient coverage for inpatient physician and surgeons	N/A		
In Network - Outpatient Labs/X-rays	Varies according to plan		
Out of Network - Outpatient Labs/X-rays	N/A		
<p style="text-align: center;">Other important considerations SPECIAL NOTE: Your Open Enrollment form lists other coverages that may be important to you. Please be sure to consider each one in addition to this list.</p>			
Does the plan cover the costs of immunizations (shots) ?	Varies according to plan		
Does the plan cover the costs of tests (mammograms/colorectal cancer tests/PAP smears)?	Varies according to plan		
Does the plan apply the coinsurance to the providers' actual price for the service? (most plans do not)	Varies according to plan		
Is there an appeals process available if the plan refuses to pay for a treatment?	Varies according to plan		
Does the plan provide coverage for home health care	Varies according to plan		

Does the plan provide coverage for durable medical equipment	Varies according to plan		
Does the plan provide coverage for chiropractic care?	Varies according to plan		

***Plan Ratings by NCQA - enter from "Best Plans" section of How To Use guide
(1 is lowest, 5 is highest)***

	Lucent	Plan A	Plan B
Access to care	N/A		
Overall member satisfaction	N/A		
Prevention	N/A		
Treatment	N/A		
NCQA accreditation	N/A	Yes ___ No ___	Yes ___ No ___