

→ Who should use this:

Management Retirees and Dependents who are pre 65 and not Medicare eligible

Designed for those considering pre Medicare eligible plans		Lucent Basic Point of Service (POS)	Plan A	Plan B
<i>Core Services</i>				
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.	Yes		
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		
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? _____ —

**Costs to be entered by the retiree
from the annual personal enrollment data
and from quotes received from the supplier**

Deductibles and out of pocket costs

Designed for those considering pre Medicare eligible plans		Lucent Basic Point Service (POS) (what you will pay)	Plan A	Plan B
<p>What are the different costs that I must pay for this health plan? (Note: some plans use R&C (reasonable and customary) charges for their base, which may be lower than your actual bill) (TIP: Plans may not charge all 4 costs.)</p>	<p>Premium: a monthly payment you make to purchase and maintain a health plan. You pay this amount even if you do not use services under this plan.</p>	Varies		
	<p>Copayment: additional fee you pay the doctor, hospital, or pharmacy at the time you receive services</p>	\$15 PCP \$40 Specialist		
	<p>Coinsurance: a percentage of the charge for a service (after the copay or deductible) that you must pay for services you receive. A 20% coinsurance rate means you pay 20% of the charge. The plan pays the remaining 80%. There could be differing levels of coinsurance for in and out network services.</p>	<p>In Network: 20%</p> <hr/> <p>Out of Network: 40%</p>	<p>In Network: _____</p> <hr/> <p>Out of Network: _____</p>	<p>In Network: _____</p> <hr/> <p>Out of Network: _____</p>
	<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: N/A</p> <hr/> <p>Out of Network: N/A</p>	<p>In Network: _____</p> <hr/> <p>Out of Network: _____</p>	<p>In Network: _____</p> <hr/> <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 pre Medicare eligible plans		Lucent Basic Point of Service (POS) (what you will pay)	Plan A	Plan B
Maximum out of pocket cost for <u>in network</u> services	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.	\$4000 single \$8000 family		
Maximum out of pocket cost for <u>out of network</u> services	This is similar to the prior calculation for in network. These amounts are normally not combined and have to be met separately	\$7500/person		
Annual maximum benefit for <u>in network</u> services	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.	\$1,000,000 combined in and out of network		
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.	\$1,000,000 combined in and out of network		
Lifetime maximum benefit	As health costs continue to rise, a large lifetime benefit is an important consideration.	Unlimited		

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

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In network copay for primary doctor visits	\$15		
Out of network copay for primary office visits	40%		
In network - Inpatient coverage for inpatient physician and surgeons	20% after \$500 copayment		
Out of network - Inpatient coverage for inpatient physician and surgeons	40% after \$200 copayment		
In Network - Outpatient Labs/X-rays	20%		
Out of Network - Outpatient Labs/X-rays	40% after \$200 copayment		
<p>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) ?	In Network only		
Does the plan cover the costs of tests (mammograms/colorectal cancer tests/PAP smears)?	Yes		
Does the plan apply the coinsurance to the providers' actual price for the service? (most plans do not)	No		
Is there an appeals process available if the plan refuses to pay for a treatment?	Yes		
Does the plan provide coverage for home health care	Yes		
Does the plan provide coverage for durable medical equipment	Yes		
Does the plan provide coverage for chiropractic care?	Yes		

***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 ___