

**Onondaga County  
Comparison of Medicare Advantage Prescription Drug Plan and OnPoint  
Estimated Implementation Date: July 1, 2013**

	Current Plan	Proposed Medicare Advantage Plan
Weighted Average Monthly Medical Rate		\$ 251.51
Weighted Average Monthly Rx Rate		
<b>Total PCPM Cost:</b>		<b>\$ 251.51</b>
<b>Approximate Medicare eligible members</b>	<b>1,646</b>	
Projected Annual Medical Cost	\$ 4,348,000	n/a
Projected Annual Rx Cost *	\$ 4,674,000	n/a
Total Projected Cost	\$ 9,022,000	\$ 4,967,888
<b>Total Projected County Contribution</b>	<b>\$ 7,432,000</b>	<b>\$ 3,377,887</b>
<b>County Savings</b>		
Projected County Savings (\$ compared to baseline)	n/a	\$ 4,054,113
Projected County Savings (% compared to baseline)	n/a	55%
<b>Other Considerations</b>		
Benefits ≥ Current	n/a	Yes
Medical Disruption	n/a	8 Retirees

\* Projected Rx Cost for the Current Plan includes Projected Rx rebates of \$500,000 and projected RDS subsidy payments of \$1,426,000.

**Onondaga County  
Medicare Advantage Prescription Drug  
Plan Benefit Summary Comparison**

		OnPoint		Proposed Medicare Advantage Plan	
		In Network	Out of Network	In Network	Out of Network
Physician Visit	Office Visit	\$17 Co-pay	20% Coinsurance After Deductible	\$17 Co-pay	\$25 Co-pay
Women's Care (OB/GYN)	Wellness Maternity	Included with Office Visit Co-pay	20% Coinsurance After Deductible	Paid in Full	Paid in Full
		Paid in Full	20% Coinsurance After Deductible	Paid in Full	Paid in Full
Immunizations (Preventive)		Paid in Full	20% Coinsurance After Deductible	Paid in Full	20% Coinsurance After Deductible
		Paid in Full	20% Coinsurance After Deductible	Paid in Full	20% Coinsurance After Deductible
		Paid in Full	20% Coinsurance After Deductible	Paid in Full	20% Coinsurance After Deductible
Lab/Diag	Lab/Diag	Lab - Paid in Full X-Ray/Diag - \$17 Co-pay	20% Coinsurance After Deductible	\$17 Co-pay	20% Coinsurance After Deductible
Emergency Room		\$35 Co-pay - \$17 Co-pay at Urgent Care Facility	20% Coinsurance After Deductible	\$65 Co-pay - \$17 Co-pay at Urgent Care Facility	\$65 Co-pay - \$17 Co-pay at Urgent Care Facility
		\$17 Co-pay	\$17 Co-pay	\$35 Co-pay	\$35 Co-pay
Out of Network (Emergency)		20% Coinsurance	50% Coinsurance After Deductible	20% Coinsurance (After Deductible)	20% Coinsurance (After Deductible)
Out of Network (Urgent Care)		Paid in Full	20% Coinsurance After Deductible	\$0 days 1-100	20% days 1-100
Out of Network (Hospital Inpatient)		Paid in Full	20% Coinsurance After Deductible	Paid in Full	20% Coinsurance After Deductible
Out of Network (Hospital Outpatient)		\$17 Co-pay	50% Coinsurance After Deductible	\$17 Co-pay	\$25 Co-pay
Out of Network (Nursing Home)		Paid in Full	20% Coinsurance After Deductible	covered by Medicare	covered by Medicare
Out of Network (Skilled Nursing Facility)		\$17 Co-pay	20% Coinsurance After Deductible	\$17 Co-pay	\$25 Co-pay
Out of Network (Home Health)		Paid in Full (60 Day Combined Max)	20% Coinsurance After Deductible (365 Days)	Paid in Full	20% Coinsurance After Deductible
Out of Network (Home Care)		Paid in Full (365 days)	20% Coinsurance After Deductible (365 Days)	\$17 Co-pay	\$25 Co-pay
Out of Network (Assisted Living)		\$17 Co-pay (365 days)	20% Coinsurance After Deductible (unlimited visits)	\$17 Co-pay	\$25 Co-pay
Out of Network (Long Term Care)		Generic - \$7 Co-pay Preferred Brand Name - 25% Co-pay (\$20 Min, \$100 Max) Non-Preferred Brand Name - 35% Co-pay (\$35 Min, \$125 Max)		Generic - \$7 Co-pay Preferred Brand Name - \$20 Co-pay Non-Preferred Brand Name - \$40 Co-pay Select Care Drugs - \$0 Co-pay	
Out of Network (Prescription Drugs)		Generic - \$7 Co-pay Preferred Brand Name - \$20 Co-pay Non-Preferred Brand Name - \$40 Co-pay		Generic - \$7 Co-pay Preferred Brand Name - \$20 Co-pay Non-Preferred Brand Name - \$40 Co-pay Select Care Drugs - \$0 Co-pay	
Out of Network (Dental)		\$17 Co-pay	50% Coinsurance After Deductible	\$17 Co-pay	\$25 Co-pay
Out of Network (Vision)		N/A	\$250 Individual \$750 Family	N/A	N/A
Out of Network (Hearing)		No Lifetime Maximum		No Lifetime Maximum	
Out of Network (Lifestyle)		N/A	\$1,500 Individual \$4,500 Family	\$4,000 Combined	