



2012 PremierCare Plans Comparison

	Choice	Choice Rx	Value Rx	Plus†
Premium	\$49	\$74	\$125	\$0*
Hospital inpatient No days limit	Days 1-6: \$295 co-pay Days 7-90: \$0 co-pay		Days 1-6: \$160 co-pay Days 7-90: \$0 co-pay	\$0* co-pay
Skilled nursing facility 100-day limit	Days 1-20: \$0 co-pay Days 21-100: \$25 co-pay		\$0 co-pay	\$0* co-pay
PCP Doctor visit	\$20 co-pay		\$15 co-pay	\$0* co-pay
Specialist visit	\$35 co-pay		\$30 co-pay	\$0* co-pay
Chiropractic visit	\$20 co-pay		\$20 co-pay	\$0 co-pay
Outpatient mental health	\$35 co-pay		\$30 co-pay	\$0* co-pay
Outpatient substance abuse	20% of cost		\$0 co-pay	\$0* co-pay
Outpatient services/surgery	20% of cost		10% of cost	\$0* co-pay
Diagnostics				
Lab & diagnostic tests	20% of cost		\$0 co-pay	\$0* co-pay
X-rays & diagnostic radiology	20% of cost		10% of cost	\$0* co-pay
Therapeutic radiology	20% of cost		10% of cost	\$0* co-pay
Rehabilitation	20% of cost		\$30 co-pay	\$0* co-pay
Prescription drugs				
Deductible	NA	\$190	\$100	\$0 co-pay
Tier 1	NA	\$7 co-pay	\$7 co-pay	\$0 / \$1.10 / \$2.60 co-pay†
Tier 2	NA	\$30 co-pay	\$30 co-pay	\$0 / \$3.30 / \$6.50 co-pay†
Tier 3	NA	\$65 co-pay	\$70 co-pay	
Tier 4	NA	28% co-insurance	30% co-insurance	
Vision				
Routine eye exam	\$20		\$20	\$0
Glasses/contacts	\$100/\$65 credit every two years		\$100/\$65 credit every two years	\$100/\$65 credit every year

†You may be eligible to join this plan if you receive assistance from the state and Medicare. All cost sharing for PremierCare Plus is based on your level of Medicaid eligibility. Depending on your level of Medicaid eligibility, you may not have any cost sharing responsibility for original Medicare services.

*After OHP/Medicaid contribution