

2009 VERIZON HEALTH PLANS COMPARATIVE ANALYSIS

The GetHealthHelp.com analysis is based on calls we receive to help you choose the right plan for your needs.
IMPORTANT! Members who were covered by the Aetna MEP PPO (185) and the Empire MEP in 2008 will automatically be enrolled in the MEP HCPPO for 2009. The first 2 columns are both for the new plan. The chart shows how you are covered both in and out of network.

Go online between November 12- 25 2008 <http://resources.hewitt.com/verizon> or call 1-877-275-8947

ONLY if you want to change your plan selection from last year.

These 2 columns are both the new MEPHCPPO

PLAN	Empire MEP HCPPO Out of Network	Empire MEP HCPPO In Network	814.Empire BCBS NY HMO	21.Aetna HCN NY	847.Aetna HMO	822.HIP NY	838.HealthNet NY/CT
HOW DOCTORS & PATIENTS LIKE THIS PLAN	A+ BEST for Adults Preventive Exams for children not covered	Your Aetna Doctors should be sure they are in the Empire HCPPO	Only doctors at participating hospitals will accept. Bare Bones Coverage	Comprehensive Primary Care at a low cost.	Only doctors at participating hospitals will accept. Bare Bones Coverage	VERY GOOD for Preventive Services for children and women's care.	Doctors compare this coverage to Medicare HMO's. Small Network
Deductibles and co-pays	\$250/\$625 Out Of Pocket max. increased to \$700	same as in network co-pays are not counted to deductibles	\$150 Hospital co-pay per admission added	NONE	\$150 Hospital co-pay per admission added \$50 emergency room	\$100 Hospital co-pay per admission added	\$150 Hospital co-pay per admission added
Well Child Care	80% after deductible	100% immunizations & office visits	no change	no change	no change	no change	no change
PRESCRIPTION PLAN CHANGES	no assignment of benefits reimbursement only	% raised for co-pays out of pocket raised	no change	no change	NONE	NONE	NONE
CAN I USE MY OUT OF NETWORK DOCTOR & HOSPITAL	All doctors are covered for 80% of office fee after deductible	\$15 co-pay \$5 co-pay with Medicare	NO	70% covered after \$250 deductible with limits on fees and procedures including hospital care	NO	NO	NO
ADVANTAGE OF USING IN NETWORK DOCTORS	Most doctors know this plan and accept it.	Co-pays instead of %	Requires PCP Selection Limits out of pocket cost	No out of Pocket for In Network doctors visits \$15 co-pay for specialists	Requires PCP Selection Pay only a \$10 co-pay for office visits	Pay only a \$10 co-pay for office visits.	Pay only a \$10 co-pay for office visits.
PHYSICAL THERAPY/ CHIROPRACTIC	Same as Medical Coverage Out-of-Network In-Network agrees to managed care limits	80 % of contracted rate	\$10 co-pay	Limited number of visits both in and out of network b Preauthorization and \$1500 Annual Max.	Only limited in-network coverage with managed care limits	Limited number of visits in-network \$10 co-pay	Limited number of visits in-network \$10 co-pay
OUT PATIENT MENTAL HEALTH	80% after deductible	80% after deductible	Approved Services in-network \$10 co-pay	Authorization Required \$15 in network 50% out	Approved Services in-network \$10 co-pay	60 visits limit in-network \$10 co-pay	Approved Services in-network \$10 co-pay