

2/4/2016

MIIA

Town of Sherborn
Senior Supplemental Plan Comparison
HEALTH PLAN COMPARISON CHART July 1, 2016

PLAN FEATURES <i>Please note -</i> <i>all retiree plans renew on January 1</i>	BCBS Medex 2 with Blue Medicare Rx (PDP) Freedom of Choice	BCBS Managed Blue for Seniors with Blue Medicare Rx (PDP) Medi-Wrap	TUFTS MEDICARE SUPPLEMENT PDP PLUS Freedom of Choice	HARVARD PILGRIM MEDICARE ENHANCE Freedom of Choice	MEDEX 2 with PDP Freedom of Choice	BCBS MANAGED BLUE FOR SENIORS Medi-wrap	TUFTS MEDICARE PREFERRED Medicare Advantage HMO Plan	Fallon Senior Plan HMO Medicare Advantage HMO Plan
INPATIENT CARE	Note – all plans include Medicare Part D Prescription Coverage							
General Hospital: Semi-private room & board and special services	Full coverage for first 365 days per benefit period.	Covered in full for unlimited days when medically necessary	Covered in full for unlimited days. Patient must use reserve days after 90 th day if available.	Covered in full for unlimited days. Patient must use reserve days after 90 th day if available.	Full coverage for first 365 days per benefit period.	Covered in full for unlimited days when medically necessary	Covered in full after one time annual hospital deductible of \$300	\$125 co-pay per hospital stay
Rehabilitation Hospital	Covered in full for 100 days at Medicare participating facility. Days 101-365 - \$16/day	Covered in full (365 days in a lifetime)	Acute rehabilitation hospital covered the same as General Hospital.	Covered in full up to 100 days per calendar year.	Covered in full for 100 days at Medicare participating facility. Days 101-365 - \$16/day.	Covered in full (365 days in a lifetime)	Covered in full for 90 days in benefit period	\$0 co-pay for substance abuse admissions
Skilled Nursing Facility	Covered in full for 100 days at Medicare participating facility. Days 101-365 - \$16/day	Covered in full for 100 days in benefit period.	Covered in full for 100 days per benefit period:	Covered in full for 100 days in benefit period.	Covered in full for 100 days at Medicare participating facility. Days 101-365 - \$16/day.	Covered in full for 100 days in benefit period.	covered in full for 100 days in benefit period. No prior hospital stay required	\$25 per day for days 1-5 ; \$0 co-pays for days 6 through 100
Mental Health & Substance Abuse Care in a Psychiatric Hospital	No co-payment for inpatient hospital services in a participating hospital	Biologically based conditions: Covered in full, no day limit. Non-biologically based conditions: Covered in full, no day limit	Biologically based conditions: <i>General or psychiatric hospital</i> - Full coverage of Medicare deductible and coinsurance up to 90 days per benefit period. - Full coverage of lifetime reserve day coinsurance Non-biologically based conditions: <i>Mental hospital-</i> - Covered in full up to 120 days per benefit period.	All Medicare covered days covered in full. Biologically based conditions: Covered in full, unlimited days. Non-biologically based conditions: Covered in full 60 days per calendar yr for psychiatric and 30 days per cal yr for substance abuse.	No co-payment for inpatient hospital services in a network hospital 190-day lifetime limit in a psychiatric hospital	Biologically based conditions: Covered in full, no day limit. Non-biologically based conditions: Covered in full, no day limit	\$0 co-pay - 190 day lifetime max	\$125 co-pay per admission

PLAN FEATURES <i>Please note -</i> <i>all retiree plans renew on January 1</i>	BCBS Medex 2 with Blue Medicare Rx (PDP)	BCBS Managed Blue for Seniors with Blue Medicare Rx (PDP)	TUFTS MEDICARE SUPPLEMENT PDP PLUS	HARVARD PILGRIM MEDICARE ENHANCE	MEDEX 2 with PDP	BCBS MANAGED BLUE FOR SENIORS	TUFTS MEDICARE PREFERRED	Fallon Senior Plan HMO
	Freedom of Choice	Medi-Wrap	Freedom of Choice	Freedom of Choice	Freedom of Choice	Medi-wrap	Medicare Advantage HMO Plan	Medicare Advantage HMO Plan
OUTPATIENT CARE	BCBS Medex 2 with PDP	BCBS MBS with PDP	TUFTS MEDICARE PLUS	HARVARD PILGRIM MEDICARE ENHANCE	BCBS MEDEX 2 with OBRA90 Benefits	BCBS MANAGED BLUE FOR SENIORS	TUFTS MEDICARE PLUS	Fallon Senior Plan
Medical Office Visits	Covered in Full	\$10 co-pay per visit	\$10 co-pay per visit	\$5 co-pay per visit	Covered in full	\$10 co-pay per visit	\$10 co-pay per visit	\$15 co-ay
Consult & Care by Specialists	Covered in Full	\$10 co-pay per visit (& referral from	\$10 co-pay per visit	\$5 co-pay per visit	Covered in full	\$10 co-pay per visit (& referral from PCP)	\$15 co-pay per visit (1 per year)	\$25 co-pay
Routine Physical Exams	Paid by Medicare	\$10 co-pay per visit	\$0 co-pay (1 per year)	\$5 co-pay per visit	Paid by Medicare	\$10 co-pay per visit	\$0 co-pay (1 per year)	\$0 co-pay (1 per year)
Diagnostic Lab & X-ray Services	Covered in Full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Day Surgery	Covered in Full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	\$50 co-py per service	\$75 co-pay
Radiation & Chemotherapy	Covered in Full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Urgent & Emergency Care	Full coverage for emergency services	\$50 co-pay per visit for ER (waived if admitted)	\$10 co-pay for office; \$50co-pay for ER	\$5 co-pay for office; \$30 co-pay for ER (waived if admitted)	Full coverage for emergency services	\$50 co-pay per visit for ER (waived if admitted)	\$10 - \$15 co-pay for office; \$50 co-pay for Er	\$15 co-pay in Doctors office; \$75 ER Co-pay
Ambulance Services	Covered in Full	Covered in full for emergency; \$40 member co-pay (non emergency only)	Covered in full	Covered in full	Covered in full	Covered in full for emergency; \$40 member co-pay (non emergency only)	\$50 per day	Covered in full
Mental Health & Substance Abuse	Biologically based: Covered in full Non-biologically based: Covered in full through 24 th visit per calendar year; then covered in full from 25 th visit for Medicare covered services	Biologically based: \$10 co-pay, unlimited visits Non-biologically based: When covered by Medicare, \$10 co-pay, no visit max. When not covered by Medicare, \$10 co-pay, 24 visits per cal. year. Includes drug addiction & alcoholism	Biologically based mental conditions: - When covered by Medicare, full coverage of deductible and coinsurance after \$10 copayment per visit. There is no visit limit. - When not covered by Medicare, \$10 copayment per visit for up to 24 visits per calendar year. Non-biologically-based mental conditions: - When covered by Medicare, full coverage after \$10 copayment per visit - When not covered by Medicare, \$10 copayment per visit for up to 24 visits per calendar year.	All Medicare covered services \$5 co-pay Biologically based: \$5 co-pay per visit. Non-biologically based: <i>Mental health:</i> 24 visits/calendar yr, \$5 co-pay/visit. <i>Substance abuse:</i> \$500/calendar yr, \$5 co-pay per visit	Biologically based: Covered in full Non-biologically based: Covered in full through 24 th visit per calendar year; then covered in full from 25 th visit for Medicare covered services	Biologically based: \$10 co-pay, unlimited visits Non-biologically based: When covered by Medicare, \$10 co-pay, no visit max. When not covered by Medicare, \$10 co-pay, 24 visits per cal. year. Includes drug addiction & alcoholism	\$15 co-pay per visit	\$15 co-pay ; \$25 co-pay for specialist

* Includes drug addiction and alcoholism.

PLAN FEATURES <i>Please note -</i> <i>all retiree plans renew on January 1</i>	BCBS Medex 2 with Blue Medicare Rx (PDP) Freedom of Choice	BCBS Managed Blue for Seniors with Blue Medicare Rx (PDP) Medi-Wrap	TUFTS MEDICARE SUPPLEMENT PDP PLUS Freedom of Choice	HARVARD PILGRIM MEDICARE ENHANCE Freedom of Choice	MEDEX 2 with PDP Freedom of Choice	BCBS MANAGED BLUE FOR SENIORS Medi-wrap	TUFTS MEDICARE PREFERRED Medicare Advantage HMO Plan	Fallon Senior Plan HMO Medicare Advantage HMO Plan
OUTPATIENT CARE			TUFTS MEDICARE PLUS	HARVARD PILGRIM MEDICARE ENHANCE	BCBS MEDEX 2 with OBRA90 Benefits	BCBS MANAGED BLUE FOR SENIORS	TUFTS MEDICARE PLUS	Fallon Senior Plan
Routine Vision & Hearing Screenings	Not covered	\$10 co-pay per visit	<u>Hearing</u> - \$10 copay for the office visit. <u>Eyeglasses or contacts</u> - Covered up to \$150 reimbursement per year	\$5 co-pay per visit	Not covered	\$10 co-pay per visit	<u>\$15 co-pay per exam.</u> Up to \$150 per year reimbursement towards the purchase of eyeglasses or contacts, but not both at an Eyemed provider. Up to \$90 at any other provider. \$500 allowance for purchase or repair of hearing aides every 3 years. Member discounts provided when using Hearing Care Solutions (HCS) facilities. Contact member services for details.	<u>\$25 co-payment (one exam per calender year)</u> <u>\$0 co-payment for one routine hearinh exam per calender year</u> \$500 toward purchase of hearing aid every 36 months
Preventive Dental	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	\$25 co-payment for preventive cleaning, x-
Prescription drugs	Retail 30 day Tier 1 - \$5.00 Tier 2 - \$15.00 Tier 3 - \$30.00 Mail Order - 90 day Supply Tier 1: \$10 co-pay Tier 2: \$30 co-pay Tier 3: \$60 co-pay	Retail 30 days Tier 1 - \$5.00 Tier 2 - \$15.00 Tier 3 - \$30.00 Mail Order - 90 day Supply Tier 1: \$10 co-pay Tier 2: \$30 co-pay Tier 3: \$60 co-pay	<u>Retail: 30-day supply:</u> Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$35 co-pay <u>Mail Order: 90-day supply</u> Tier 1: \$20 co-pay Tier 2: \$40 co-pay Tier 3: \$70 co-pay	<u>Retail: 30-day supply:</u> Tier 1: \$5 co-pay Tier 2: \$10 co-pay Tier 3: \$25 co-pay <u>Mail Order: 90 day supply:</u> Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$75 co-pay	NO DEDUCTIBLE <u>Retail: 30-day supply:</u> Tier 1: \$5 co-pay Tier 2: \$15 co-pay Tier 3: \$30 co-pay <u>Mail Order: 90 day supply:</u> Tier 1: \$10 co-pay Tier 2: \$30 co-pay Tier 3: \$60 co-pay <i>Blue Medicare RX</i> CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail	NO DEDUCTIBLE <u>Retail: up to 30-day supply:</u> Tier 1: \$5 co-pay Tier 2: \$15 co-pay Tier 3: \$30 co-pay <u>Mail order: up to 90-day supply</u> Tier 1: \$10 co-pay Tier 2: \$30 co-pay Tier 3: \$60 co-pay <i>RX Plan name is-</i> <i>Blue Medicare RX</i> CVS Caremark is the Prescription Benefits Manager (PBM) for retail	<u>Retail: 30-day supply:</u> Tier 1: \$10 co-pay Tier 2: \$25 co-pay Tier 3: \$50 co-pay <u>Mail Order: 30/60/90-day supply</u> Tier 1: \$7/\$14/\$20 Tier 2: \$17/\$33/\$50 Tier 3: \$33/\$67/\$100 After you reach \$4,700 in your annual out-of-pocket drug costs, your cost is reduced to \$2.65 for generic and \$6.60 for brand name drugs.	<u>Retail: 30-day supply:</u> Tier 1: \$10 co-pay Tier 2: \$ 30 co-pay Tier 3: \$ 65 co-pay <u>Mail Order: 30/60/90-day supply</u> Tier 1: \$ 20 co-pay Tier 2: \$ 60 co-pay Tier 3: \$ 162.50 co-pay
PLAN FEATURES								
FITNESS								

PLAN FEATURES <i>Please note -</i> <i>all retiree plans renew on January 1</i>	BCBS Medex 2 with Blue Medicare Rx (PDP)	BCBS Managed Blue for Seniors with Blue Medicare Rx (PDP)	TUFTS MEDICARE SUPPLEMENT PDP PLUS	HARVARD PILGRIM MEDICARE ENHANCE	MEDEX 2 with PDP	BCBS MANAGED BLUE FOR SENIORS	TUFTS MEDICARE PREFERRED	Fallon Senior Plan HMO
	Freedom of Choice	Medi-Wrap	Freedom of Choice	Freedom of Choice	Freedom of Choice	Medi-wrap	Medicare Advantage HMO Plan	Medicare Advantage HMO Plan
Fitness Center benefit	Up to \$150 reimb per cal. year per subscriber at a health club and up to \$150 reimb per cal. year per subscriber at a Weight Watchers® or hospital based weight loss program. See plan	Up to \$150 reimb per cal. year per subscriber at a health club and up to \$150 reimb per cal. year per subscriber at a Weight Watchers® or hospital based weight loss program. See plan details.	Up to \$150 reimb per cal. year per subscribe for joining a health club.	Up to \$150 reimb per subscriber per cal. year at a Fitness facility. Discounts also available from participating Health Clubs. See plan details.	Up to \$150 reimb per cal. year per subscriber at a health club and up to \$150 reimb per cal. year per subscriber at a Weight Watchers® or hospital based weight loss program. See plan details.	Up to \$150 reimb per cal. year per subscriber at a health club and up to \$150 reimb per cal. year per subscriber at a Weight Watchers® or hospital based weight loss program. See plan details.	Up to \$150 reimb cash reimbursement at any fitness center. No waiting period.	Silver Sneakers Fitness program...also Weight Watchers