

**MINUTEMAN NASHOBA HEALTH GROUP**

**COMPARISON OF HEALTH PLANS for RETIREES WITH MEDICARE PART A & PART B**

**All Senior Plans Renew on January 1<sup>st</sup>**

**Effective date 1/1/2016**

*(health plan changes/clarifications in red font)*

<b>Benefit Category</b>	<b>Fallon Senior Plan Premier</b>	<b>Tufts Medicare Preferred HMO</b>	<b>TUFTS MEDICARE PREFERRED GROUP SUPPLEMENT PLAN</b>
<b>INPATIENT CARE</b>	<b>Medicare Advantage HMO</b>	<b>Medicare Advantage HMO</b>	<b>Freedom-of-Choice Medicare supplement plan</b>
General Hospital: Semi-private room & board and special services	<b>\$125 copay per hospital stay</b> when medically necessary	Covered 100% after one-time annual deductible of \$300	Covered in full when medically necessary
Rehabilitation Hospital	\$0 co-pay for substance abuse admissions. Inpatient rehabilitation care is covered for 90 days per benefit period.	Covered in full for 90 days in benefit period.	Acute rehabilitation hospital covered the same as General Hospital.
Skilled Nursing Facility	<b>\$25 per day for days 1-5. \$0 copays for days 6-100.</b> Covered for up to 100 days per Medicare benefit period. No prior hospital stay required	Covered in full for 100 days per Medicare benefit period. No prior hospital stay is required.	Covered in full for 100 days per Medicare benefit period after 3 day inpatient hospital stay.
<b>OUTPATIENT CARE</b>			
Medical Office Visits	\$15 co-pay per visit	\$10 co-pay per visit	\$10 co-pay per visit
Consult & Care by Specialists	\$25 co-pay per visit	\$15 co-pay per visit	\$10 co-pay per visit
Annual Routine Physical Exam	\$0 co-pay once per year	\$0 co-pay per visit	\$0 co-pay per visit
Diagnostic Lab & X-ray Services	Covered in full	Covered in full	Covered in full
Day Surgery	\$75 co-pay for each service	\$50 per day	Covered in full
Radiation & Chemotherapy	Covered in full	Covered in full	Covered in full
Urgent & Emergency Care	\$15 co-pay for office; <b>\$75</b> co-pay for ER, waived if admitted	\$15 co-pay for office; \$50 co-pay for ER, waived if admitted	\$10 co-pay for office; \$50co-pay for ER

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OUTPATIENT CARE	Medicare Advantage HMO	Medicare Advantage HMO	Freedom-of-Choice Medicare supplement plan
Outpatient Mental Health & Substance Abuse	For Medicare covered mental health services - <b>\$15 or \$25</b> co-pay for each individual or group therapy visit	\$15 co-pay per visit	<p><b>Biologically based mental conditions:</b></p> <ul style="list-style-type: none"> <li>- When covered by Medicare, full coverage of deductible and coinsurance after \$10 copayment per visit. There is no visit limit.</li> </ul> <p><b>Non-biologically-based mental conditions:</b></p> <ul style="list-style-type: none"> <li>- When covered by Medicare, full coverage after \$10 copayment per visit</li> </ul> <p><i>* Includes drug addiction and alcoholism.</i></p>
Routine Vision & Hearing Screenings	<p><b>Annual routine vision exam</b> – \$25 co-pay. One each calendar year.</p> <p>Eyewear allowance of \$150 per year.</p> <p><b>Annual routine hearing exam</b>- \$0 co-pay</p> <p>\$500 toward the purchase of hearing aid every 36 months</p>	<p>\$15 co-pay per exam.</p> <p>Up to \$150 per year toward the purchase of eyeglasses or contacts, but not both at an Eyemed provider.</p> <p><b>Up to \$90 allowance per year at other providers.</b></p> <p>\$500 allowance for purchase or repair of hearing aids every 3 years – <b>discounts on hearing aid products and services when obtained at a Hearing Care Solutions (HCS) facility. Contact member services for details.</b></p>	<p><b>Hearing</b> - \$10 copay for the office visit.</p> <p><b>Hearing Aids</b> – \$500 then 80% of \$1500, up to \$1,700 every 2 yrs for purchase or repair of hearing aid. Member sends in receipt for reimbursement.</p> <p><b>Routine Vision Exam</b> \$10 copay (every 2 years)</p> <p><b>Eyeglasses or contacts</b> - Covered up to \$150 reimbursement per year Member sends in receipt for reimbursement.</p>

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<b>OUTPATIENT CARE</b>	<b>Medicare Advantage HMO</b>	<b>Medicare Advantage HMO</b>	<b>Freedom-of-Choice Medicare supplement plan</b>
Preventive Dental	\$25 co-pay for cleaning, oral exam, bitewing x-rays & fluoride treatment every 6 months	Not covered	Not covered
Occupational, physical and speech therapy	\$15 co-pay	\$15 co-pay	\$10 co-pay
Ambulance (medically necessary)	\$0 co-pay	\$50 per day	\$0 co-pay
Prescription Drugs	<p><b>Retail:</b> 30-day supply: Tier 1: \$10 co-pay Tier 2: <b>\$30</b> co-pay Tier 3: <b>\$65</b> co-pay</p> <p><b>Mail Order:</b> 90-day supply: Tier 1: \$20 co-pay Tier 2: <b>\$60</b> co-pay Tier 3: <b>\$162.50</b> co-pay</p> <p>After reaching <b>\$4,850</b> in annual out-of-pocket drug costs you pay <b>\$2.95</b> for generic &amp; <b>\$7.40</b> for brand name or 5% coinsurance, whichever is greater.</p>	<p><b>Retail:</b> 30-day supply: Tier 1: \$10 co-pay Tier 2: \$25 co-pay Tier 3: \$50 co-pay</p> <p><b>Mail Order:</b> 90-day supply: Tier 1: \$20 co-pay Tier 2: \$50 co-pay Tier 3: \$100 co-pay</p> <p>After reaching <b>\$4,850</b> in annual out-of-pocket drug costs you pay <b>\$2.95</b> for generic &amp; <b>\$7.40</b> for brand.</p>	<p><b>Retail:</b> 30-day supply: Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$35 co-pay</p> <p><b>Mail Order:</b> 90-day supply: Tier 1: \$20 co-pay Tier 2: \$40 co-pay Tier 3: \$70 co-pay</p> <p>After reaching <b>\$4,850</b> in annual out-of-pocket drug costs you pay <b>\$2.95</b> for generic &amp; <b>\$7.40</b> for brand.</p>
<b>OTHER BENEFITS</b>			
Fitness Benefit	SilverSneakers™ Fitness Program provides fitness classes and paid membership at contracted facilities.  Weightwatchers®	Fitness Benefit each year – Up to \$150 Cash reimbursement at any fitness center. No waiting period.	Up to \$150 reimbursement per calendar year per subscribe for joining a health club. No waiting period

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