

MINUTEMAN NASHOBA HEALTH GROUP

All Senior Plans Renew on January 1st

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

Effective date 1/1/2017

(health plan changes/clarifications in red font)

| Benefit Category | Fallon Senior Plan Premier | Tufts Medicare Preferred HMO | TUFTS MEDICARE PREFERRED GROUP SUPPLEMENT PLAN |
|--|--|---|---|
| INPATIENT CARE | Medicare Advantage HMO | Medicare Advantage HMO | Freedom-of-Choice Medicare supplement plan |
| General Hospital: Semi-private room & board and special services | \$250 copay per hospital stay 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 | \$20 per day for days 1-10. \$0 copays for days 11-100. 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. |
| OUTPATIENT CARE | | | |
| 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 | \$125 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; \$75 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 - \$15 or \$25 co-pay for each individual or group therapy visit | \$15 co-pay per visit | <p>Biologically based mental conditions:</p> <ul style="list-style-type: none"> - When covered by Medicare, full coverage of deductible and coinsurance after \$10 copayment per visit. There is no visit limit. <p>Non-biologically-based mental conditions:</p> <ul style="list-style-type: none"> - When covered by Medicare, full coverage after \$10 copayment per visit <p><i>* Includes drug addiction and alcoholism.</i></p> |
| Routine Vision & Hearing Screenings | <p>Annual routine vision exam – \$25 co-pay. One each calendar year.</p> <p>Eyewear allowance of \$150 per year.</p> <p>Annual routine hearing exam- \$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>Up to \$90 allowance per year at other providers.</p> <p>\$500 allowance for purchase or repair of hearing aids every 3 years – discounts on hearing aid products and services when obtained at a Hearing Care Solutions (HCS) facility. Contact member services for details.</p> | <p><u>Hearing</u> - \$10 copay for the office visit.</p> <p><u>Hearing Aids</u> – \$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><u>Routine Vision Exam</u> \$10 copay (every 2 years)</p> <p><u>Eyeglasses or contacts</u> - Covered up to \$150 reimbursement per year Member sends in receipt for reimbursement.</p> |

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| OUTPATIENT CARE | Medicare Advantage HMO | Medicare Advantage HMO | Freedom-of-Choice Medicare supplement plan |
| 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>Retail: 30-day supply: Tier 1: \$10 co-pay Tier 2: \$30 co-pay Tier 3: \$65 co-pay</p> <p>Mail Order: 90-day supply: Tier 1: \$20 co-pay Tier 2: \$60 co-pay Tier 3: \$162.50 co-pay</p> <p>After reaching \$4,950 in annual out-of-pocket drug costs members pay the greater of 5% coinsurance or \$3.30 for generic & \$8.25 for all other drugs.</p> | <p>Retail: 30-day supply: Tier 1: \$10 co-pay Tier 2: \$25 co-pay Tier 3: \$50 co-pay</p> <p>Mail Order: 90-day supply: Tier 1: \$20 co-pay Tier 2: \$50 co-pay Tier 3: \$100 co-pay</p> <p>After reaching \$4,950 in annual out-of-pocket drug costs you pay \$3.30 for generic & \$8.25 for brand.</p> | <p>Retail: 30-day supply: Tier 1:\$10 co-pay Tier 2: \$20 co-pay Tier 3: \$35 co-pay</p> <p>Mail Order: 90-day supply Tier 1: \$20 co-pay Tier 2: \$40 co-pay Tier 3: \$70 co-pay</p> <p>After reaching \$4,950 in annual out-of-pocket drug costs you pay \$3.30 for generic & \$8.25 for brand.</p> |
| OTHER BENEFITS | | | |
| 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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