

**MINUTEMAN NASHOBA HEALTH GROUP**

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

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

**Effective date 1/1/2020**

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

<b>Benefit Category</b>	<b>Fallon Medicare Plus™ Premier (formally Fallon Senior Plan Premier)</b>	<b>Fallon Medicare Plus Central™ Premier (Members must reside in Worcester County)</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>NEW for January 1, 2020</b>	<b>Medicare Advantage HMO</b>	<b>Freedom-of-Choice Medicare supplement plan</b>
General Hospital: Semi-private room & board and special services	\$250 copay per hospital stay when medically necessary	\$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.	\$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	\$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.
<b>OUTPATIENT CARE</b>				
Medical Office Visits	\$15 co-pay per visit	\$15 co-pay per visit	\$10 co-pay per visit	\$10 co-pay per visit
Consult & Care by Specialists	\$25 co-pay per visit	\$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 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	Covered in full
Day Surgery	\$125 co-pay for each service	\$125 co-pay for each service	\$50 per day	Covered in full

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OUTPATIENT CARE	Fallon Medicare Plus™ Premier	Fallon Medicare Plus Central™ Premier	Tufts Medicare Preferred HMO	Tufts Medicare Preferred Group Supplement Plan
Radiation & Chemotherapy	Covered in full	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; \$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
Outpatient Mental Health & Substance Abuse	For Medicare covered mental health services - \$15 or \$25 co-pay for each individual or group therapy visit	For Medicare covered mental health services - \$15 or \$25 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><u>Annual routine vision exam</u> – \$25 co-pay. One each calendar year.</p> <p><u>Eyewear allowance</u> of \$150 per year.</p> <p><u>Annual routine hearing exam</u>- \$0 co-pay</p> <p>Hearing Aid Purchase Program - \$695, \$795, or \$995 per device. See plan for details</p>	<p><u>Annual routine vision exam</u> – \$25 co-pay. One each calendar year.</p> <p><u>Eyewear allowance</u> of \$150 per year.</p> <p><u>Annual routine hearing exam</u>- \$0 co-pay</p> <p>Hearing Aid Purchase Program - \$695, \$795, or \$995 per device. See plan for details</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. <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 – 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>Discounts on hearing aid products and services when obtained at a Hearing Care Solutions facility.</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</p> <p>Member sends in receipt for reimbursement.</p>

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OUTPATIENT CARE	Fallon Medicare Plus™ Premier	Fallon Medicare Plus Central™ Premier	Tufts Medicare Preferred HMO	Tufts Medicare Preferred Group Supplement Plan
Preventive Dental	\$25 co-pay for cleaning, oral exam, bitewing x-rays & fluoride treatment every 6 months	\$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	\$15 co-pay	\$10 co-pay
Ambulance (medically necessary)	\$0 co-pay  Chair-van services - \$35 co-pay – one way, hospital to skilled nursing facility	\$0 co-pay  Chair-van services - \$35 co-pay – one way, hospital to skilled nursing facility	\$50 per day	\$0 co-pay
Prescription Drugs	<p><b>Effective 1/1/20 – 6-Tier Formulary</b>  <b>Retail:</b> 30-day supply:                      Tier 1: \$10 co-pay                      Tier 2: \$10 co-pay                      Tier 3: \$30 co-pay                      Tiers 4 &amp; 5: \$65 co-pay</p> <p><b>Mail Order:</b> 90-day supply:                      Tier 1: \$20 co-pay                      Tier 2: \$20 co-pay                      Tier 3: \$60 co-pay                      Tiers 4 &amp; 5: \$162.50</p> <p><b>Tier 6:</b> Medicare Part D vaccines and substance abuse therapy medication - \$0</p> <p>After reaching <b>\$6,350</b> in annual out-of-pocket drug costs members pay the greater of 5% coinsurance or <b>\$3.60</b> for generic &amp; <b>\$8.95</b> for all other drugs.</p>	<p><b>Effective 1/1/20 – 6-Tier Formulary</b>  <b>Retail:</b> 30-day supply:                      Tier 1: \$10 co-pay                      Tier 2: \$10 co-pay                      Tier 3: \$30 co-pay                      Tiers 4 &amp; 5: \$65 co-pay</p> <p><b>Mail Order:</b> 90-day supply:                      Tier 1: \$20 co-pay                      Tier 2: \$20 co-pay                      Tier 3: \$60 co-pay                      Tiers 4 &amp; 5: \$162.50</p> <p><b>Tier 6:</b> Medicare Part D vaccines and substance abuse therapy medication - \$0</p> <p>After reaching <b>\$6,350</b> in annual out-of-pocket drug costs members pay the greater of 5% coinsurance or <b>\$3.60</b> for generic &amp; <b>\$8.95</b> for all other drugs.</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>\$6,350</b> in annual out-of-pocket drug costs members pay the greater of 5% coinsurance or <b>\$3.60</b> for generic &amp; <b>\$8.95</b> for all other drugs.</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>\$6,350</b> in annual out-of-pocket drug costs members pay the greater of 5% coinsurance or <b>\$3.60</b> for generic &amp; <b>\$8.95</b> for all other drugs.</p>

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OTHER BENEFITS	Fallon Medicare Plus™ Premier	Fallon Medicare Plus Central™ Premier		
Fitness Benefit	SilverSneakers™ Fitness Program provides fitness classes and paid membership at contracted facilities.  Weightwatchers®  TeleDoc member access services	SilverSneakers™ Fitness Program provides fitness classes and paid membership at contracted facilities.  Weightwatchers®  TeleDoc member access services	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
<b>Benefit Bank – Fallon specific benefit</b>	<b>\$250</b> flexible benefit to use on member's choice of fitness, dental, hearing, or vision services	<b>\$500</b> flexible benefit to use on member's choice of fitness, dental, hearing, or vision services	n/a	n/a

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