

**BENEFIT SUMMARY – Medicare Plans January 1, 2017**

**PLEASE NOTE: The following is a very brief summary of only some benefits offered.**

**Additional details can be found in the complete plan descriptions**

<b>BENEFIT</b>	<b>BCBS MEDEX</b>	<b>TUFTS MEDICARE COMPLEMENT</b>	<b>FALLON SR.</b>	<b>TUFTS MEDICARE PREFERRED HMO PRIME</b>
Office Visit	\$10 co-pay for Primary Care Physician or Specialist Annual Wellness Visit - \$0	\$10 co-pay for Primary Care Physician or Specialist Annual Wellness Visit - \$0	\$10 co-pay for Primary Care Physician \$15 co-pay for Specialist Annual Wellness Visit - \$0	\$10 co-pay for Primary Care Physician \$15 co-pay for Specialist Annual Wellness Visit - \$0
Prescriptions	Retail = \$10/\$25/\$50 30-day supply  Mail = \$20/\$50/\$110 with 90-day supply	Retail = \$10/\$25/\$50 30-day supply  Mail = \$20/\$50/\$110 90-day supply	Retail = \$10/\$25/\$50 30-day supply  Mail = \$20/\$50/\$110 90-day supply	Retail = \$10/\$25/\$50 30-day supply  Mail = \$20/\$50/\$100 90-day supply
Inpatient Care	\$50 co-pay (4x max/yr)	\$50 co-pay (4x max/yr)	Covered in full after one-time annual deductible of \$300	Covered in full after one-time annual deductible of \$300
Outpatient Lab/XRay	Full coverage	Full coverage	Full coverage	Full coverage
Outpatient Surgery	\$50 co-pay per day	\$50 co-pay per day	\$50 co-pay per day	\$50 co-pay per day
Short term rehab: Outpatient, OT, PT...	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$15 co-pay
Chiropractor	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$15 co-pay
Outpatient mental health	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$15 co-pay
Durable Medical Equipment	No limit and no charge when medically necessary	No limit and no charge when medically necessary	No limit and no charge when medically necessary.	No limit and no charge when medically necessary.
ER visit	\$50 co-pay (waived if admitted)	\$50 co-pay (waived if admitted)	\$50 co-pay (waived if admitted)	\$50 co-pay (waived if admitted)
Ambulance	\$50 co-pay per day	\$50 calendar year deductible	\$50 co-pay per service	\$50 co-pay per day
Routine Vision Exam	Not covered	\$10 co-pay, 1 annual visit	\$10 co-pay, 1 annual visit	\$15 co-pay, 1 annual visit
Other Benefits	Discounts on: Eyewear (glasses & contacts). Alternative Therapies (massage, nutrition, acupuncture).  24-hour nurse line Member Self Service <a href="http://www.Ahealthyme.com">www.Ahealthyme.com</a> No dental benefits.	Gym discounts at participating fitness centers. Eyewear discounts (glasses, contacts, etc.), Mind & Body Therapies (massage, acupuncture, wellness seminars). Nutrition counseling, dietary supplement discounts. No dental benefits.	Silver Sneakers fitness paid membership. Up to \$150 toward eyewear once per CY. One 13- week Weight Watchers® membership each calendar year. Up to \$500 toward purchase of hearing aid every 36 months. No dental benefits.	Up to \$150 towards one pair of glasses, Fitness Benefit toward membership at a health club/exercise classes- \$150, Silver Sneakers fitness program, Hearing aid discount program, Mind & Body Therapies (massage, acupuncture, wellness seminars). Nutrition counseling. No dental benefits.
<b>Monthly Premium Cost Per Retiree</b>	<b>\$84.00</b>	<b>\$82.25</b>	<b>\$84.00</b>	<b>\$70.00</b>