

BENEFIT SUMMARY – Medicare Plans January 1, 2012

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

Additional details can be found in the complete plan descriptions

BENEFIT	BCBS MEDEX	TUFTS MEDICARE COMPLEMENT	FALLON SR.	TUFTS MEDICARE PREFERRED HMO PRIME
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 or Specialist Annual Wellness Visit - \$0	\$10 co-pay for Primary Care Physician \$15 co-pay for Specialist Annual Wellness Visit - \$0
Prescriptions	Retail = \$8/\$15/\$30 with \$4 Value Generic, 30-day supply Mail = \$16/\$30/\$60 with \$8 Value Generic, 90-day supply Rx through SilverScripts	Retail = \$8/\$15/\$30 with \$4 Value Generic, 30-day supply Mail = \$16/\$30/\$60 with \$8 Value Generic, 90-day supply Rx through SilverScripts	Retail = \$10/\$20/\$40 Mail = \$20/\$40/\$80 90-day supply	Retail = \$10/\$20/\$35 Mail = \$20/\$40/\$70 90-day supply
Inpatient Care	Full coverage	Full coverage	Full coverage	Covered at 100% after An annual deductible of \$300
Outpatient Lab/XRay	Full coverage	Full coverage	Full coverage	Full coverage
Outpatient Surgery	Full coverage	Full coverage	Full Coverage	\$50 co-pay per day
Short term rehab: Outpatient, OT, PT...	Full coverage	\$10 co-pay	\$10 co-pay	\$15 co-pay
Chiropractor	Full coverage if Medicare approved	\$10 co-pay	\$10 co-pay	\$15 co-pay
Outpatient mental health	Full coverage biologically-based Full coverage 24 visits for non-biologically-based	\$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	Full coverage * To Nearest Medical Facility	No co-pay for Medicare covered services	Full coverage for medically necessary ambulance services	\$50 co-pay for medically necessary situations
Routine Vision Exam	Not covered	\$10 co-pay, 1 annual visit	\$10 co-pay, 1 visit every 12 months	\$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 www.Ahealthyme.com No dental benefits.	Gym discounts at participating fitness centers. Eyewear discounts (glasses, contacts, laser vision correction, etc.). Mind & Body Therapies (massage, acupuncture, wellness seminars). Nutrition counseling, Weight Watchers discount, dietary supplement discounts. No dental benefits.	Silver Sneakers fitness membership. Up to \$150 toward glasses every 24 months. One 12-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 Benefits toward membership at a health club/exercise classes- \$150 Mind & Body Therapies (massage, acupuncture, wellness seminars). Nutrition counseling No dental benefits.
Monthly Premium Cost Per Retiree	\$87.08	\$85.50	\$64.75	\$58.00