

**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**

<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 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...	\$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	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 <a href="http://www.Ahealthyme.com">www.Ahealthyme.com</a> 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 once per CY. 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.
<b>Monthly Premium Cost Per Retiree</b>	<b>\$87.08</b>	<b>\$85.50</b>	<b>\$64.75</b>	<b>\$58.00</b>