

BENEFIT SUMMARY – Medicare Plans January 1, 2023

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 SUPPLEMENT	TUFTS MEDICARE PREFERRED HMO PRIME	FALLON MEDICARE PLUS PREMIER	FALLON MEDICARE PLUS PREMIER CENTRAL
Office Visit	\$15 co-pay: Primary Care Physician or Specialist Annual Wellness Visit - \$0	\$15 co-pay: Primary Care Physician or Specialist Annual Wellness Visit - \$0	\$10 co-pay: Primary Care Physician \$15 co-pay: Specialist Annual Wellness Visit - \$0	\$10 co-pay: Primary Care Physician \$15 co-pay: Specialist Annual Wellness Visit - \$0	\$10 co-pay: Primary Care Physician \$15 co-pay: Specialist Annual Wellness Visit - \$0
Prescriptions Retail – 30-day Mail- 90-day	\$10/\$25/\$50 \$20/\$50/\$110	\$10/\$25/\$50 \$20/\$50/\$110	\$10/\$25/\$50 \$20/\$50/\$100	<u>PART B Rx: \$10-\$50 (30-days)</u> \$10/\$25/\$50 \$20/\$50/\$100	<u>PART B Rx: \$10-\$50 (30-days)</u> \$10/\$25/\$50 \$20/\$50/\$100
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	Covered in full after one-time annual deductible of \$300
Outpatient Lab/XRay	Full Coverage	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	\$50 co-pay per day
Urgent Care	\$15 per visit	\$15 per visit	\$10/\$15 per visit	\$10 per visit	\$10 per visit
Hearing Care	Not Covered	\$15 co-pay Hearing Aids covered up to \$500 then 80% of next \$1500 every 2years	\$15 co-pay Hearing aid discount program	Covered in full (annual routine)	Covered in full (annual routine)
Vision Care	Not Covered	\$15 co-pay every 2 years \$150 eyewear benefit every 2 years	\$15 co-pay annually \$150/yr.: eyewear benefit	\$15 Annual Routine Exam	\$15 Annual Routine Exam
MRI/PET/CT Nuclear cardiology	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full
ER visit (waived if admitted)	\$75 per visit	\$75 per visit	\$75 per visit	\$75 per visit	\$75 per visit
Ambulance	\$50 co-pay per day	\$50 co-pay per day	\$50 co-pay per day	\$50 co-pay per day	\$50 co-pay per day
Provider Network	Any doctor who accepts Medicare patients	Any doctor who accepts Medicare patients	Network Provider	Network Provider (Statewide) Includes RELIANT	Network Provider (Worcester County Only) Includes RELIANT
Wellness/Fitness Benefits	-\$150/yr: Gym membership -\$150/yr: Weight Management <i>No dental benefits</i>	-\$150/yr: Gym membership, fitness classes, nutritional counseling -\$150/yr: Weight Management <i>No dental benefits</i>	-\$150/yr: Eyewear Benefit -\$150/yr: Fitness Benefit for health club/exercise classes -Silver Sneakers fitness program <i>No dental benefits</i>	-\$250 flexible benefit to use on member's choice of fitness, dental vision, or hearing aids -Silver Sneakers basic gym membership -13-consecutive week Weight Watchers membership	-\$500 flexible benefit to use on member's choice of fitness, dental, vision, or hearing aids -Silver Sneakers basic gym membership -13-consecutive week Weight Watchers membership
Monthly Premium Cost Per Retiree	\$89.00	\$87.00	\$83.25	\$78.75	\$61.25