

**BENEFIT SUMMARY – Medicare Plans January 1, 2025**

PLEASE NOTE: The following is a summary of only some benefits offered. Additional details can be found in the complete plan descriptions

BENEFIT	BCBS MEDEX II w/PDP	HPHC MEDICARE ENHANCE w/ PDP	TUFTS MEDICARE PREFERRED HMO PRIME	FALLON MEDICARE PLUS PREMIER	FALLON MEDICARE PLUS PREMIER CENTRAL
Office Visit	\$15 per visit Annual Wellness Visit - \$0	\$15 per visit Annual Wellness Visit - \$0	\$10 per visit Primary Care Physician \$15 per visit Specialist Annual Wellness Visit - \$0	\$10 per visit Primary Care Physician \$15 per visit Specialist Annual Wellness Visit - \$0	\$10 per visit Primary Care Physician \$15 per visit 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	PART B Rx: \$10-\$50 (30-days) \$0 (Pref Generics) \$10/\$25/\$50 \$0 (Pref Generics) \$20/\$50/\$100	PART B Rx: \$10-\$50 (30-days) \$0 (Pref Generics) \$10/\$25/\$50 \$0 (Pref Generics) \$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/ X-ray	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
Routine Hearing Care	Not Covered	\$15 co-pay	\$15 co-pay	Covered in full (annual routine)	Covered in full (annual routine)
Routine Vision Care	Not Covered	\$15 Annual Exam	\$15 Annual Exam	\$15 Annual Exam	\$15 Annual 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) <b>Includes RELIANT</b>	Network Provider (Worcester County Only) <b>Includes RELIANT</b>
Wellness/Fitness Benefits	<ul style="list-style-type: none"> <li>- \$150/yr: Gym membership</li> <li>- \$150/yr: Weight Management</li> </ul> <p><i>No dental benefits</i></p>	<ul style="list-style-type: none"> <li>- \$150/yr: Gym membership, fitness classes, nutritional counseling</li> <li>- \$150/yr: Weight Management</li> <li>- Hearing aids covered up to \$500, and then 80% of the next \$1,500 every two years (purchase/repair)</li> <li>- \$150/yr Eyewear Benefit</li> </ul> <p><i>No dental benefits</i></p>	<ul style="list-style-type: none"> <li>- \$150/yr: Fitness Benefit for health club/exercise classes</li> <li>- Silver Sneakers fitness program</li> <li>- Hearing aids covered up to \$500 toward purchase/repair every three years</li> <li>- \$150/yr: Eyewear Benefit</li> </ul> <p><i>No dental benefits</i></p>	<ul style="list-style-type: none"> <li>- \$250 flexible benefit to use on member's choice of fitness, dental vision, or hearing aids</li> <li>- \$150/yr: Eyewear Benefit</li> <li>- Dental - Limited preventative care</li> </ul>	<ul style="list-style-type: none"> <li>- \$500 flexible benefit to use on member's choice of fitness, dental, vision, or hearing aids</li> <li>- \$150/yr: Eyewear Benefit</li> <li>- Dental - Limited preventative care</li> </ul>
Monthly Premium Cost Per Retiree	\$103.75	\$96.25	\$91.25	\$86.00	\$68.50