BENEFIT SUMMARY – Medicare Plans January 1, 2027

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/ EXPRESS SCRIPTS PDP	HPHC MEDICARE ENHANCE w/ AETNA SILVERSCRIPTS PDP	TUFTS MEDICARE PREFFERED HMO PRIME	FALLON MEDICARE PLUS PREMIER
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
Prescriptions Retail – 30-day Retail – 90-day Mail - 90-day	$10/$25/$50 $30/$75/$150 $20/$50/$110	$10/$25/$50 $20/$50/$110 $20/$50/$110	$10/$25/$50 $20/$50/$100 $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
Outpatient Lab/ X-ray	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
Urgent Care	$15 per visit	$15 per visit	$10/$15 per visit	$10 per visit
Routine Hearing Care	Not Covered	$15 co-pay	$15 co-pay	Covered in full (annual routine)
Routine Vision Care	Not Covered	$15 Annual Exam every year	$15 Annual Exam	$15 Annual Exam
MRI/PET/CT Nuclear cardiology	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
Ambulance	$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**
Wellness/Fitness Benefits	- $150/yr: Gym membership - $150/yr: Weight Management *No dental benefits*	- $150/yr: Gym membership, fitness classes, nutritional counseling - $150/yr: Weight Management - Hearing aids covered up to $500, and then 80% of the next $1,500 every two years (purchase/repair) - $150/yr Eyewear Benefit *No dental benefits*	- $150/yr: Fitness Benefit for health club/exercise classes - Silver Sneakers fitness program - Hearing aids covered up to $500 toward purchase/repair every three years - $150/yr: Eyewear Benefit *No dental benefits*	- $250 flexible benefit to use on member's choice of fitness, dental vision, or hearing aids - Between $695 and $2,645 copay for hearing aids through Amplifon (depends upon type and technology - $150/yr: Eyewear Benefit - Dental - Limited preventative care
Monthly Premium Cost Per Retiree	$115.75	$97.00	$106.75	$88.75

REV 10/2026