

SCANTIC VALLEY REGIONAL HEALTH TRUST - RETIREE PLAN BENEFITS

Effective January 1, 2018

Medicare Replacement Plans

Changes/clarifications in red font

PLAN FEATURES		Tufts Medicare Preferred HMO	
		Medicare Advantage HMO Renews January	
		You Pay	
General Hospital: Semi-private room & board and special services		Covered in full after one time annual deductible \$300	
Rehabilitation Hospital		Covered in full for 90 days per Medicare benefit period.	
Skilled Nursing Facility		Covered in full for 100 days per Medicare benefit period. No prior hospital stay is required.	
Mental Health & Substance Abuse Care in a Psychiatric Hospital		\$0 co-pay - 190-day lifetime limit max	
OUTPATIENT CARE		TUFTS Medicare Preferred HMO	
		You Pay	
Medical Office Visits		\$10 co-pay to PCP \$15 specialist co-pay	
Consult & Care by Specialists		\$15 co-pay per visit	
Routine Annual Physical Exams (one per calendar year)		\$0 co-pay per visit	
Diagnostic Lab & X-ray Services		Covered in full	
Day Surgery		\$50 per service	
Radiation & Chemotherapy		Covered in full	
Urgent & Emergency Care (for Medicare covered visits)		\$10 co-pay for office; \$50 co-pay for ER, waived if admitted.	
Durable Medical Equipment (DME)/Prosthetics		Covered in full	
Ambulance Services		\$50 per day	

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OUTPATIENT CARE (cont'd)		TUFTS Medicare Preferred HMO
		You Pay
Preventive Dental		Not covered
Routine Vision & Hearing Screenings		<p>\$15 co-pay per visit.</p> <p>Up to \$150 per year reimbursement toward the purchase of eyeglasses or contacts, but not both at an Eyemed provider. Up to \$90 at any other provider.</p> <p>\$500 allowance for purchase or repair of hearing aids every 3 years. Member discounts provided when using Hearing Care Solutions (HCS) facilities. Contact member services for details.</p>
Mental Health & Substance Abuse		\$15 co-pay per visit
Prescription Drugs & Other Benefits		TUFTS Medicare Preferred HMO
		You Pay
Prescription drugs		<p>Retail: 30-day supply Tier 1: \$10 co-pay Tier 2: \$25 co-pay Tier 3: \$50 co-pay</p> <p>Mail Order: 30/60/90 day supply: Tier 1: \$7/\$14/\$20 Tier 2: \$17/\$33/\$50 Tier 3: \$33/\$67/\$100</p> <p>\$5,000 in your annual out-of-pocket drug costs, your cost is reduced to \$3.35 for generic and \$8.35 for brand name drugs.</p>
FITNESS		
Fitness Center benefit		Fitness Benefit each year – \$150 towards membership at any participating fitness club, with no waiting period

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SCANTIC VALLEY REGIONAL HEALTH TRUST- RETIREE SUPPLEMENT PLAN BENEFITS – Effective: 1-1-18

Changes/clarifications in red font

PLAN FEATURES	BCBS MANAGED BLUE FOR SENIORS HMO MEDIWRAP	HNE MEDPLUS HMO	BCBS MEDEX 2 WITH OBRA WITH BLUECARE RX	TUFTS MEDICARE PREFERRED SUPPLEMENT PLAN WITH PDP PLUS
INPATIENT CARE				
General Hospital: Semi-private room & board and special services	Covered in full for unlimited days when medically necessary	Covered in full for unlimited days when medically necessary.	Full coverage of Medicare deductible and co-insurance Full coverage of lifetime reserve day co-insurance Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up*	Covered in Full. Full coverage of lifetime reserve day co-insurance Full coverage for days 91–365 per benefit period , when Medicare benefits are used up
Rehabilitation Hospital	Covered in full (365 days in a lifetime after Medicare days end)	Covered in full up to 100 days per calendar year. (Combined with Skilled Nursing Facility)	Full coverage of Medicare deductible and co-insurance Full coverage of lifetime reserve day co-insurance Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up*	Acute rehabilitation hospital covered the same as General Hospital.
Skilled Nursing Facility	Covered in full for 100 days in benefit period.	Covered in full up to 100 days per calendar year. (Combined with Rehabilitation Hospital)	With Medicare – Full coverage of Medicare daily co-insurance for days 21-100. Then \$10 per day from day 101 thru day 365. Without Medicare - \$8 per day per benefit period.	Covered in full for 100 days per benefit period: ▪ Medicare covers up to 20 days after a hospital stay of 3 days or longer Then Plan covers, in full, Medicare daily coinsurance for days 21-100 per benefit period.

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INPATIENT CARE	BCBS MANAGED BLUE FOR SENIORS HMO MEDIWRAP	HNE MEDPLUS HMO	BCBS MEDEX 2 WITH OBRA WITH BLUECARE RX	TUFTS MEDICARE PREFERRED SUPPLEMENT PLAN WITH PDP PLUS
	You Pay	You Pay	You Pay	You Pay
Mental Health & Substance Abuse Care in a Psychiatric Hospital	<p>Biologically based mental conditions: Covered in full, no day limit.</p> <p>Non-biologically-based mental conditions: 60 days per calendar year after Medicare days end</p>	Covered in full, no day limit.	<p><i>General or Psychiatric hospital</i></p> <ul style="list-style-type: none"> - Full coverage of Medicare deductible and co-insurance up to 90 days per benefit period. - Full coverage for days 91-365 per benefit period, when Medicare benefits are used up. (Lifetime 365 days are a combination of days in a general or mental hospital) 	<p><i>General or Psychiatric hospital</i></p> <ul style="list-style-type: none"> - Full coverage of Medicare deductible and coinsurance up to 90 days per benefit period. - Full coverage of lifetime reserve day coinsurance - Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up. (Lifetime 365 days are a combination of days in a general, acute rehabilitation and/or mental hospital)
OUTPATIENT CARE				
	You Pay	You Pay	You Pay	You Pay
Medical Office Visits	\$10 co-pay per visit	\$10 co-pay per visit	Covered in full	\$10 co-pay per visit
Consult & Care by Specialists	\$10 co-pay per visit (& referral from PCP)	\$10 co-pay per visit	Covered in full.	\$10 co-pay per visit
Routine Physical Exams	\$10 co-pay per visit	\$0 co-pay per visit	Not Covered	\$0 co-pay per visit
Diagnostic Lab & X-ray Services	Covered in full	Covered in full	Covered in full	Covered in full
Day Surgery	<p>Covered in full in hospital and other day surgical setting</p> <p>\$10 co-pay per visit in an office setting</p>	\$10 co-pay in physician office	Covered in full	Covered in full
Radiation & Chemotherapy	Covered in full	Covered in full	Covered in full	Covered in full

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	You Pay	You Pay	You Pay	You Pay
Urgent & Emergency Care	\$50 co-pay per visit for ER (waived if admitted)	\$10 co-pay for urgent care office visit; \$50 co-pay per visit for ER (waived if admitted)	Full coverage for emergency services	\$10 co-pay for office; \$50 co-pay for ER (waived if admitted)
Ambulance Services	Emergency Transportation covered in full. Medically necessary transportation \$40 member co-pay	\$25 co-pay per member per day	Covered in full	Covered in full
Mental Health & Substance Abuse	<p>Biologically based mental conditions: \$10 co-pay, unlimited visits</p> <p>Non-biologically-based mental conditions: 24 visits per member per calendar year when not covered by Medicare</p>	\$10 co-pay per visit when medically necessary	<p>Biologically-based mental conditions: When covered by Medicare, full coverage of deductible and co-insurance w/no visits max. <i>When not covered by Medicare, full Medex benefits with no visit max.</i></p> <p>Non-biologically-based mental conditions *: - Covered in full when covered by Medicare. - When not covered by Medicare – full coverage up to 24 visits per calendar year. <i>* Includes drug addiction and alcoholism.</i></p>	<p>Biologically based mental conditions: - When covered by Medicare, full coverage of deductible and coinsurance after \$10 co-pay per visit. There is no visit limit.</p> <p>Non-biologically-based mental conditions: - When covered by Medicare, full coverage after \$10 co-pay per visit</p> <p><i>* Includes drug addiction and alcoholism.</i></p>
Routine Vision & Hearing Screenings	<p>\$10 co-pay per visit, per calendar year</p> <p>No coverage for hearing exams or hearing aids</p>	<p>\$0 co-pay per visit for annual routine eye</p> <p>\$10 co-pay hearing exams</p>	Not covered	<p><u>Hearing</u> - \$10 co-pay <u>Hearing Aid</u> – First \$500 covered in full, then 80% of next \$1,500 up to a total of \$1700 every 2 yrs purchase or repair <u>Vision</u> – \$10 co-pay <u>Glasses or contacts</u> - covered up to \$150 per cal year.</p> <p>Hearing and vision items are via reimbursements. You can use any provider and obtain a receipt.</p>
Preventive Dental	Not covered	Not covered	Not covered	Not covered

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OUTPATIENT CARE	BCBS MANAGED BLUE FOR SENIORS HMO MEDIWRAP	HNE MEDPLUS HMO	BCBS MEDEX 2 WITH OBRA WITH BLUECARE RX	TUFTS MEDICARE PREFERRED SUPPLEMENT PLAN WITH PDP PLUS
	You Pay	You Pay	You Pay	You Pay
Prescription drugs	<p><i>NO DEDUCTIBLE</i> Retail: up to 30-day supply: Tier 1: \$5 co-pay Tier 2: \$10 co-pay Tier 3: \$25 co-pay</p> <p>Mail order: up to 90-day supply Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$50 co-pay</p> <p><i>RX Plan name is- Blue Medicare RX</i></p> <p>CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.</p>	<p>Retail: 30 day supply: Generic: \$10 co-pay Formulary: \$20 co-pay Non-Formulary: \$35 co-pay</p> <p>Mail Order: 90 day supply: (maintenance medication) Generic: \$20 co-pay Formulary: \$40 co-pay Non-Formulary: \$105 co-pay</p> <p>OptumRx is the Prescription Benefits Manager for retail and mail order.</p>	<p>(Medicare Part D Prescription Plan) Retail: up to 30-day supply: Tier 1: \$5 co-pay Tier 2: \$10 co-pay Tier 3: \$25 co-pay</p> <p>Mail order: up to 90-day supply Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$50 co-pay</p> <p><i>RX Plan name is- Blue Medicare RX</i></p> <p>CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.</p>	<p>Retail: 30 day supply: \$10 generic \$20 preferred brand \$35 non-preferred brand</p> <p>Mail Order: 90 day supply: \$20 generic \$40 preferred brand \$70 non-preferred brand</p> <p>CVS Caremark is the Prescription Benefits Manager</p>
FITNESS	BCBS MANAGED BLUE FOR SENIORS HMO MEDIWRAP	HNE MEDPLUS HMO	BCBS MEDEX 2 WITH OBRA WITH BLUECARE RX	TUFTS MEDICARE PREFERRED SUPPLEMENT PLAN WITH PDP PLUS
Fitness Center Benefit	<p>Up to \$150 reimbursement per calendar year per subscriber at a health club.</p> <p>Up to \$150 reimbursement per calendar year per subscriber for Weight Watchers® or hospital based weight loss program.</p> <p>See plan for details.</p>	<p>Up to \$150 reimbursement per calendar year at an eligible health club per family.</p> <p>Up to \$150 reimbursement for weight watchers, per family.</p> <p>See plan for details.</p>	<p>Up to \$150 reimbursement per calendar year per subscriber at a health club.</p> <p>Up to \$150 reimbursement per calendar year per subscriber for Weight Watchers® or hospital based weight loss program.</p> <p>See plan for details.</p>	<p>Up to \$150 reimbursement per calendar year at any participating fitness club. No Waiting Period.</p> <p>See plan for details.</p>

BCBSMA Medex Plans Footnotes- Medex Enhanced 2 - *The 365 additional days per lifetime are a combination of days in a general or mental hospital.

** A combined maximum of 365 days per benefit period in a Medicare participating and non-participating skilled nursing facility.

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