

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
Hearing Care	Not Covered	\$15 co-pay	\$15 co-pay	Covered in full (annual routine)	Covered in full (annual routine)
Vision Care	Not Covered	\$15 co-pay every 2 years	\$15 co-pay annually	\$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 - Hearing aids covered up to \$500, and then 80% of the next \$1,500 every two years (purchase/repair) - \$150/yr Eyewear Benefit <i>No dental benefits</i>	- \$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 <i>No dental benefits</i>	- \$250 flexible benefit to use on member’s choice of fitness, dental vision, or hearing aids - \$150/yr: Eyewear Benefit - Dental - Limited preventative care	-\$500 flexible benefit to use on member’s choice of fitness, dental, vision, or hearing aids - \$150/yr: Eyewear Benefit - Dental - Limited preventative care
Monthly Premium Cost Per Retiree	\$103.75	\$96.25	\$91.25	\$86.00	\$68.50