

Town of West Boylston - Retirees on Medicare - Health Plan Options January 1, 2020

This comparison reflects general services & benefits. Refer to the Insurance Co. Plan Summaries for complete details. Retirees MUST have Medicare Parts A & B. All Plans INCLUDE Part D Prescriptions.

	<u>Medicare Supplement Plan</u>	<u>Medicare Advantage HMO</u>	<u>Medicare Advantage HMO</u>	<u>Medicare Advantage HMO</u>
Insurance Company:	<u>Fallon Health Plan / Aetna</u>	<u>Fallon Health Plan*</u>	<u>Fallon Health Plan*</u>	<u>Tufts Health Plan</u>
Insurance Product Name:	<u>Medicare Plus Freedom</u>	<u>Medicare Plus Premier HMO</u>	<u>Medicare Plus Premier Central HMO**</u>	<u>Medicare Preferred HMO</u>
What Doctors Can You See?:	ANY Medicare Approved Doctor	Fallon Medicare+ <i>NETWORK</i> Only	LIMITED Medicare+ <i>NETWORK</i>	Tufts Med Pref <i>NETWORK</i> Only
What is Covered?:	Only Medicare Approved Services	Medicare Approved Services +	Medicare Approved Services +	Medicare Approved Services +
PLAN DESIGN:				
Deductible:	None	None	None	None
Lifetime Maximum:	None	None	None	None
Maximum Out-of-Pocket:	None	None	None	None
In-Patient Co-Pays:	None	\$250 per Admission	\$250 per Admission	None
Out-Patient Surgery Co-Pay:	None	\$125 per Procedure	\$125 per Procedure	\$0
Physician Co-Pays:	\$0 PCP OR Specialist	\$15 PCP / \$25 Specialist	\$15 PCP / \$25 Specialist	\$10 PCP OR Specialist
- Routine Care	\$0 Co-Pay for All	\$0 Co-Pay for All	\$0 Co-Pay for All	\$0 Co-Pay for All
- Routine GYN Exam	Wellness Visits (incl. Vision)	Wellness Visits	Wellness Visits	Wellness Visits
- Routine Vision Exam		\$25 Co-Pay Annual Vision Exam	\$25 Co-Pay Annual Vision Exam	\$15 Co-Pay Annual Vision Exam
ER Room Co-Pay:	\$0	\$75-waived if admitted w/in 24 hrs	\$75-waived if admitted w/in 24 hrs	\$50-waived if admitted w/in 24 hrs
Out-of-Pocket Maximum	None	\$3,400	\$3,400	\$3,400
RX Copays:				
Retail at Pharmacy	<u>Aetna PDP</u>			
30-Day Supply	\$10 Generic \$20 Pref Brand/ <u>Hi-Cost Generic</u> \$35 Non-Pref Brand/ <u>Specialty</u>	\$10 Generic/ <u>Tier 1 Brand</u> \$30 Pref Brand/ <u>Hi-Cost Generic</u> \$65 Non-Pref Brand/ <u>Specialty</u>	\$10 Generic/ <u>Tier 1 Brand</u> \$30 Pref Brand/ <u>Hi-Cost Generic</u> \$65 Non-Pref Brand/ <u>Specialty</u>	\$10 Generic/ <u>Tier 1 Brand</u> \$20 Pref Brand/ <u>Hi-Cost Generic</u> \$35 Non-Pref Brand/ <u>Specialty</u>
Mail Order Delivery				
90-Day Supply	\$20 Generic \$40 Pref Brand/ <u>Hi-Cost Generic</u> \$70 Non-Pref Brand/ <u>Specialty</u>	\$20 Generic/ <u>Tier 1 Brand</u> \$60 Pref Brand/ <u>Hi-Cost Generic</u> \$162.50 Non-Pref Brand/ <u>Specialty</u>	\$20 Generic/ <u>Tier 1 Brand</u> \$60 Pref Brand/ <u>Hi-Cost Generic</u> \$162.50 Non-Pref Brand/ <u>Specialty</u>	\$20 Generic \$40 Pref Brand/ <u>Hi-Cost Generic</u> \$70 Non-Pref Brand/ <u>Specialty</u>
	See <u>ADDED EXTRAS</u> in letter		See <u>ADDED EXTRAS</u> in letter " LIMITED NETWORK "	
Current (1/1/2019) Monthly Cost	\$366.10	\$399.00		\$325.50
MLP Cost:	\$256.27	\$319.20	Not Previously Available	\$260.40
Retiree Cost:	\$109.83	\$79.80		\$65.10
Renewal (1/1/2020) Monthly Cost	\$394.61	\$298.00	\$228.00	\$340.50
MLP Cost:	\$276.23	\$238.40	\$182.40	\$272.40
Retiree Cost:	\$118.38	\$59.60	\$45.60	\$68.10
NOTES:	<u>Freedom</u> is a <u>Supplement Plan</u> MLP / Retiree Split is 70% / 30%	<u>Premier Plus</u> is an <u>HMO Plan</u> MLP / Retiree Split is 80% / 20%	<u>Premier Plus</u> is an <u>HMO Plan</u> MLP / Retiree Split is 80% / 20%	<u>Medicare Pref.</u> is an <u>HMO Plan</u> MLP / Retiree Split is 80% / 20%