

# 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+ NETWORK Only	<b>LIMITED</b> Medicare+ NETWORK	Tufts Med Pref NETWORK Only
What is Covered?:	Only Medicare Approved Services	Medicare Approved Services +	Medicare Approved Services +	Medicare Approved Services +
<b>PLAN DESIGN:</b>				
Deductible:	None	None	None	None
Lifetime Maximum:	None	None	None	None
Maximum Out-of-Pocket:	None	None	None	None
In-Patient Co-Pays:	None	<b><u>\$250 per Admission</u></b>	<b><u>\$250 per Admission</u></b>	None
Out-Patient Surgery Co-Pay:	None	<b><u>\$125 per Procedure</u></b>	<b><u>\$125 per Procedure</u></b>	\$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	<b>\$15</b> 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
<b>RX Copays:</b>				
Retail at Pharmacy	<u>Aetna PDP</u>			
30-Day Supply	\$10 Generic	\$10 Generic/ <b><u>Tier 1 Brand</u></b>	\$10 Generic/ <b><u>Tier 1 Brand</u></b>	\$10 Generic/ <b><u>Tier 1 Brand</u></b>
	\$20 Pref Brand/ <b><u>Hi-Cost Generic</u></b>	\$30 Pref Brand/ <b><u>Hi-Cost Generic</u></b>	\$30 Pref Brand/ <b><u>Hi-Cost Generic</u></b>	\$20 Pref Brand/ <b><u>Hi-Cost Generic</u></b>
	\$35 Non-Pref Brand/ <b><u>Specialty</u></b>	\$65 Non-Pref Brand/ <b><u>Specialty</u></b>	\$65 Non-Pref Brand/ <b><u>Specialty</u></b>	\$35 Non-Pref Brand/ <b><u>Specialty</u></b>
Mail Order Delivery				
90-Day Supply	\$20 Generic	\$20 Generic/ <b><u>Tier 1 Brand</u></b>	\$20 Generic/ <b><u>Tier 1 Brand</u></b>	\$20 Generic
	\$40 Pref Brand/ <b><u>Hi-Cost Generic</u></b>	\$60 Pref Brand/ <b><u>Hi-Cost Generic</u></b>	\$60 Pref Brand/ <b><u>Hi-Cost Generic</u></b>	\$40 Pref Brand/ <b><u>Hi-Cost Generic</u></b>
	\$70 Non-Pref Brand/ <b><u>Specialty</u></b>	\$162.50 Non-Pref Brand/ <b><u>Specialty</u></b>	\$162.50 Non-Pref Brand/ <b><u>Specialty</u></b>	\$70 Non-Pref Brand/ <b><u>Specialty</u></b>
	See <b><u>ADDED EXTRAS</u></b> in letter		See <b><u>ADDED EXTRAS</u></b> in letter <b>" LIMITED NETWORK "</b>	
<b>Current (1/1/2019) Monthly Cost</b>	\$366.10	\$399.00		\$325.50
Water Dept. Cost:	\$274.58	\$359.10	<b>Not Previously Available</b>	\$292.95
Retiree Cost:	<b><u>\$91.53</u></b>	<b><u>\$39.90</u></b>		<b><u>\$32.55</u></b>
<b>Renewal (1/1/2020) Monthly Cost</b>	\$394.61	\$298.00	\$228.00	\$340.50
Water Dept. Cost:	\$295.96	\$268.20	\$205.20	\$306.45
Retiree Cost:	<b><u>\$98.65</u></b>	<b><u>\$29.80</u></b>	<b><u>\$22.80</u></b>	<b><u>\$34.05</u></b>
<b>NOTES:</b>	<b><u>Freedom is a Supplement Plan</u></b> Water / Retiree Split is 75% / 25%	<b><u>Premier Plus is an HMO Plan</u></b> Water / Retiree Split is 90% / 10%	<b><u>Premier Plus is an HMO Plan</u></b> Water / Retiree Split is 90% / 10%	<b><u>Medicare Pref. is an HMO Plan</u></b> Water / Retiree Split is 90% / 10%