

Town of West Boylston - Retirees Hired After (Town-3/1/2010 / School-8/26/2013) 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	<u>LIMITED</u> 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	<u>\$250 per Admission</u>	<u>\$250 per Admission</u>	None
Out-Patient Surgery Co-Pay:	None	<u>\$125 per Procedure</u>	<u>\$125 per Procedure</u>	\$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:	<u>Aetna PDP</u>			
Retail at Pharmacy	\$10 Generic	\$10 Generic/ <u>Tier 1 Brand</u>	\$10 Generic/ <u>Tier 1 Brand</u>	\$10 Generic/ <u>Tier 1 Brand</u>
30-Day Supply	\$20 Pref Brand/ <u>Hi-Cost Generic</u>	\$30 Pref Brand/ <u>Hi-Cost Generic</u>	\$30 Pref Brand/ <u>Hi-Cost Generic</u>	\$20 Pref Brand/ <u>Hi-Cost Generic</u>
	\$35 Non-Pref Brand/ <u>Specialty</u>	\$65 Non-Pref Brand/ <u>Specialty</u>	\$65 Non-Pref Brand/ <u>Specialty</u>	\$35 Non-Pref Brand/ <u>Specialty</u>
Mail Order Delivery	\$20 Generic	\$20 Generic/ <u>Tier 1 Brand</u>	\$20 Generic/ <u>Tier 1 Brand</u>	\$20 Generic
90-Day Supply	\$40 Pref Brand/ <u>Hi-Cost Generic</u>	\$60 Pref Brand/ <u>Hi-Cost Generic</u>	\$60 Pref Brand/ <u>Hi-Cost Generic</u>	\$40 Pref Brand/ <u>Hi-Cost Generic</u>
	\$70 Non-Pref Brand/ <u>Specialty</u>	\$162.50 Non-Pref Brand/ <u>Specialty</u>	\$162.50 Non-Pref Brand/ <u>Specialty</u>	\$70 Non-Pref Brand/ <u>Specialty</u>
	See <u>ADDED EXTRAS</u> in letter		See <u>ADDED EXTRAS</u> in letter <u>"LIMITED NETWORK"</u>	
Current (1/1/2019) Monthly Cost	\$366.10	\$399.00		\$325.50
Town Cost:	\$183.05	\$279.30	Not Previously Available	\$227.85
Retiree Cost:	\$183.05	\$119.70		\$97.65
Renewal (1/1/2020) Monthly Cost	\$394.61	\$298.00	\$228.00	\$340.50
Town Cost:	\$197.31	\$208.60	\$159.60	\$238.35
Retiree Cost:	\$197.31	\$89.40	\$68.40	\$102.15
NOTES:	<u>Freedom is a Supplement Plan</u> Town / Retiree Split is 50% / 50%	<u>Premier Plus is an HMO Plan</u> Town / Retiree Split is 70% / 30%	<u>Premier Plus is an HMO Plan</u> Town / Retiree Split is 70% / 30%	<u>Medicare Pref. is an HMO Plan</u> Town / Retiree Split is 70% / 30%