

Town of West Boylston - Retirees on Medicare - Health Plan Options January 1, 2018

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

	Medicare Supplement Plan	Medicare Advantage HMO	Medicare Advantage HMO
Insurance Company:	<u>Fallon Health Plan / Aetna</u>	<u>Fallon Health Plan</u>	<u>Tufts Health Plan</u>
Insurance Product Name:	<u>Fallon Companion Care</u>	<u>Fallon Senior Plan Premier HMO</u>	<u>THP Medicare Preferred HMO</u>
<i>What Doctors Can You See?:</i>	"ANY" Medicare Approved Doctor	Any Fallon Senior "NETWORK" Doctor	Any Tufts Med Pref "NETWORK" Doctor
<i>What is Covered?:</i>	"Only" Medicare Approved Services	Medicare Approved Service <i>PLUS</i>	Medicare Approved Service <i>PLUS</i>
<u>PLAN DESIGN:</u>			
Deductible:	None	None	None
Lifetime Maximum:	None	None	None
Maximum Out-of-Pocket:	None	None	None
In-Patient Co-Pays:	None	\$125 per Admission	None
Out-Patient Surgery Co-Pay:	None	\$125 per Procedure	\$0
<u>Physician Co-Pays:</u>	\$0 PCP OR 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
- Routine GYN Exam	Wellness Visits	Wellness Visits	Wellness Visits
- Routine Vision Exam		\$25 Co-Pay Annual Vision Exam	\$10 Co-Pay Annual Vision Exam
ER Room Co-Pay:	\$0	\$75 (waived if admitted within 24 hrs.)	\$50 (waived if admitted within 24 hrs.)
Out-of-Pocket Maximum	None	\$3,400	\$3,400
<u>RX Copays:</u>	<u>Aetna PDP</u>		
Retail at Pharmacy	\$10 Generic	\$10 Generic	\$10 Generic
30-Day Supply	\$20 "Preferred" Brand	\$30 "Preferred" Brand	\$20 "Preferred" Brand
	\$35 "Non-Preferred" Brand	\$65 "Non-Preferred" Brand	\$35 "Non-Preferred" Brand
Mail Order Delivery	\$20 Generic	\$20 Generic	\$20 Generic
90-Day Supply	\$40 "Preferred" Brand	\$60 "Preferred" Brand	\$40 "Preferred" Brand
	\$70 "Non-Preferred" Brand	\$162.50 "Non-Preferred" Brand	\$70 "Non-Preferred" Brand
<u>Current (1/1/2017) Monthly Cost</u>	\$342.95	\$349.00	\$307.50
Town Cost:	\$205.77	\$279.20	\$246.00
Retiree Cost:	<u>\$137.18</u>	<u>\$69.80</u>	<u>\$61.50</u>
<u>Renewal (1/1/2018) Monthly Cost</u>	\$361.88	\$405.00	\$325.50
Town Cost:	\$217.13	\$324.00	\$260.40
Retiree Cost:	<u>\$144.75</u>	<u>\$81.00</u>	<u>\$65.10</u>
<u>NOTES:</u>	Companion Care is a <u>Supplement Plan</u> Town / Retiree Split is 60% / 40%	Fallon Senior Plan Premier is an <u>HMO Plan</u> Town / Retiree Split is 80% / 20%	THP Medicare Preferred is an <u>HMO Plan</u> Town / Retiree Split is 80% / 20%