



**Town of Concord**  
Finance Department  
22 Monument Square  
P.O. Box 535  
Concord, Massachusetts 01742-0535  
Tel: (978) 318-3090  
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October 21, 2021

**To:** Concord Retirees, Medicare Eligible  
**From:** Richard P. Delorey, Assistant Treasurer

**Medicare Supplement Plan annual open enrollment; plan and rate changes**

**As a result of the COVID-19 Pandemic, there will not be an Open House again this year.**

**If you are not planning on making any changes to your current enrollment, you do not have to take any action currently. Your healthcare plan will continue as you have elected.**

The open enrollment period is currently taking place and will end on Wednesday, November 19, 2021. If you want to make any changes to your current enrollment, please notify me as soon as possible at [rdelorey@concordma.gov](mailto:rdelorey@concordma.gov) or 978.318.3096 and I will send you the appropriate forms.

**Special message for Retirees and the spouse of a retiree not currently enrolled in a Town of Concord Medicare Supplement Plan:**

If you are eligible for Medicare Part A **without premium charge**, either through your own employment or through your spouse, you must enroll in Medicare Part B to obtain health coverage through the Town of Concord. When you enroll in Part B coverage, the Social Security Administration (SSA) may charge you a premium penalty each month if you didn't enroll when you first became eligible; the premium penalty increases with each year that you delay enrollment. Contact the SSA at 1.800.772.1213 for more information.

**THE PLANS AND RATES for calendar year 2022**

The Medicare Supplement Plans (Senior Plans) offered by the Town are a vital addition to basic Medicare A and B coverage. They include prescription drug coverage, so there is **NO NEED TO PURCHASE A SEPARATE PART D PLAN** if you enroll in a Town of Concord Medicare Supplement Plan. Please read the Medicare Part D Letter of Creditable Coverage that is included in this mailing for more information.

For 2022, your 50% share of the premium cost is:

<b>COST</b>	<b>Fallon Medicare Plus Central Premier</b>	<b>Fallon Medicare Plus Premier</b>	<b>Tufts Medicare HMO</b>	<b>Tufts Group Supplement</b>
<b>Your monthly cost</b>	<b>\$164.00</b>	<b>\$121.50</b>	<b>\$178.00</b>	<b>\$210.00</b>
<b>Your annual cost</b>	<b>\$1,968.00</b>	<b>\$1,458.00</b>	<b>\$2,136.00</b>	<b>\$2,520.00</b>
<b>Your cost increase compared to 2021:</b>				
<b>Monthly</b>	<b>\$7.55</b>	<b>\$7.50</b>	<b>\$7.50</b>	<b>(\$8.50)</b>
<b>Annual</b>	<b>\$90.60</b>	<b>\$90.00</b>	<b>\$90.00</b>	<b>(\$101.28)</b>

These are premium rates set by the Health Plans and apply uniformly to all public and private employer groups within the plan service area. The Town matches your dollar amount, its 50% share.

**BENEFIT CHANGES**

Please reference the plan comparison chart included in this packet for more plan details. Insurance information may also be found on the Town’s website at [www.concordma.gov](http://www.concordma.gov) → Departments → Human Resources → Employee Benefits → Retirement

**MEDICARE ADVANTAGE**

The **Fallon Medicare Plus Premier Plan, the Fallon Medicare Plus Central Premier Plan, and Tufts Medicare Preferred HMO Plan** are *Medicare Advantage* plans. These have restricted networks of providers and health care facilities that replace Medicare and provide **both** Medicare and Supplemental coverage in one package, including prescription drugs. Medicare pays the health plan a fixed amount per month to provide coverage for Medicare covered services. The funding level each year is determined by Congressional action and thus the premium set each year by the health plans is directly related to actual claims costs and how much funding Congress approves for *Medicare Advantage* plans.

**FOR MORE INFORMATION**

Contact Rich Delorey with any questions via e-mail: [rdelorey@concordma.gov](mailto:rdelorey@concordma.gov).



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**To:** Concord Retirees, Medicare Eligible  
**Re:** Medicare Part D Letter of Creditable Coverage

**If you and/or your dependent is Medicare eligible or will be eligible within the next year, it is important that you read the following notice and share it with any dependent to whom it applies.**

The Medicare Modernization Act of 2003 requires all employers that offer prescription drug coverage to notify employees and their dependents who are Medicare eligible, or who may be Medicare eligible, as to the value of the current prescription drug benefit compared to that of the optional Medicare Part D drug benefit that went into effect on January 1, 2006.

This is to inform you that **all of the health plans that the Town of Concord offers have prescription drug benefits that are at least as good as the standard Medicare Part D prescription drug benefit, and these plans are considered to be “creditable coverage”**. This statement is based on reviews performed by qualified actuaries of the prescription drug benefits and spending by the employer on each health plan compared to what Medicare would pay in 2021 and 2022.

Therefore, **if you plan to continue to be covered under the Town of Concord’s health benefits plans, you do not need to purchase Medicare Part D\***. Because you are covered by a plan that has benefits as good as or better than Part D benefits, you would not be charged the Part D late enrollment premium penalty if you should decide to purchase Part D in the future.

As required by federal law, this letter of creditable coverage will be sent each year. The determination of creditable coverage applies only to the following calendar year.

If you have any questions about this, please contact Rich Delorey in the Finance Administration Department at 978-318-3096.

\* There is a possibility that Medicare eligible retirees who meet the Medicare Part D low-income guidelines and who qualify for a government subsidy could do better under Part D than under the current Rx benefits offered through the Town of Concord. Individuals who think they might qualify for the Medicare Part D low-income subsidy should seek assistance from their local social security office. If you buy Medicare Part D, please inform us as soon as possible.

Town of Concord  
**Senior Plans - Group Health Insurance Rates**  
 Effective 1-1-22

(Pension Check Deductions as of December 2021)

	4447014	4518713	1168	1168-SD
	Fallon Medicare Plus Premier (formerly Fallon Senior Plan)	Fallon Medicare Plus Central Premier (new for 2020)	Tufts Medicare Preferred HMO	Tufts Group Supplement Plan
<b>Monthly Premium</b>	\$328.00	\$243.00	\$356.00	\$420.00
Town %	50%	50%	50%	50%
Town Share	\$164.00	\$121.50	\$178.00	\$210.00
<b>Retiree's Monthly Payment</b>	<b>\$ 164.00</b>	<b>\$ 121.50</b>	<b>\$ 178.00</b>	<b>\$ 210.00</b>
Dollar Change In Deduction	\$7.55	\$7.50	\$7.50	-\$8.50

**PLEASE NOTE:**

- Monthly payment shown is the cost per person.
- If you move your residence, you must contact the Finance Department at (978) 318-3096 to record your address change and to determine if your change in residence affects your insurance coverage.
- These Senior Plans supplement Medicare Part A & B coverage obtained through the Social Security Administration. SSA charges subscribers for Part B coverage. Please contact SSA directly for information regarding the cost and payment methods.

**MINUTEMAN NASHOBA HEALTH GROUP  
COMPARISON OF HEALTH PLANS for RETIREES WITH MEDICARE PART A & PART B  
Effective date 1/1/2022**

**All Senior Plans Renew on January 1<sup>st</sup>**

(health, plan changes/clarifications in red font)

Benefit Category	Fallon Medicare Plus™ Premier (formerly Fallon Senior Plan Premier)	Fallon Medicare Plus Central™ Premier (Members must reside in Worcester County)	Tufts Medicare Preferred HMO	Tufts Medicare Preferred Group Supplement Plan
<b>INPATIENT CARE</b>	Medicare Advantage HMO	Medicare Advantage HMO	Medicare Advantage HMO	Freedom-of-Choice Medicare supplement plan
General Hospital: Semi-private room & board and special services	\$250 copay per hospital stay when medically necessary	\$250 copay per hospital stay when medically necessary	Covered 100% after one-time annual deductible of \$300	Covered in full when medically necessary
Rehabilitation Hospital	\$0 co-pay for substance abuse admissions. Inpatient rehabilitation care is covered for 90 days per benefit period.	\$0 co-pay for substance abuse admissions. Inpatient rehabilitation care is covered for 90 days per benefit period.	Covered in full for 90 days in benefit period.	Acute rehabilitation hospital covered the same as General Hospital.
Skilled Nursing Facility	\$20 per day for days 1-10. \$0 copays for days 11-100. Covered for up to 100 days per Medicare benefit period. No prior hospital stay required	\$20 per day for days 1-10. \$0 copays for days 11-100. Covered for up to 100 days per Medicare benefit period. No prior hospital stay required	Covered in full for 100 days per Medicare benefit period. No prior hospital stay is required.	Covered in full for 100 days per Medicare benefit period after 3 day inpatient hospital stay.
<b>OUTPATIENT CARE</b>				
Medical Office Visits	\$15 co-pay per visit	\$15 co-pay per visit	\$10 co-pay per visit	\$10 co-pay per visit
Consult & Care by Specialists	\$25 co-pay per visit	\$25 co-pay per visit	\$15 co-pay per visit	\$10 co-pay per visit
Annual Routine Physical Exam	\$0 co-pay once per year	\$0 co-pay once per year	\$0 co-pay per visit	\$0 co-pay per visit
Diagnostic Lab & X-ray Services	Covered in full	Covered in full	Covered in full	Covered in full
Day Surgery	\$125 co-pay for each service	\$125 co-pay for each service	\$50 per day	Covered in full

This is an abbreviated description of benefits. Details of coverage are available from each health plan provider. Health plans provided the information in this summary. The MNHG is not responsible for the accuracy of this summary of benefits.

**MINUTEMAN NASHOBA HEALTH GROUP**  
**All Senior Plans Renew on January 1<sup>st</sup>**  
**COMPARISON OF HEALTH PLANS for RETIREES WITH MEDICARE PART A & PART B**  
 (health plan changes/clarifications in red font)  
**Effective date 1/1/2022**

OUTPATIENT CARE	Fallon Medicare Plus™ Premier	Fallon Medicare Plus Central™ Premier	Tufts Medicare Preferred HMO	Tufts Medicare Preferred Group Supplemental Plan
Radiation & Chemotherapy	Covered in full	Covered in full	Covered in full	Covered in full
Urgent & Emergency Care	\$15 co-pay for office; \$75 co-pay for ER, waived if admitted	\$15 co-pay for office; \$75 co-pay for ER, waived if admitted	\$15 co-pay for office; \$50 co-pay for ER, waived if admitted	\$10 co-pay for office; \$50 co-pay for ER
Outpatient Mental Health & Substance Abuse	For Medicare covered mental health services - \$15 or \$25 co-pay for each individual or group therapy visit	For Medicare covered mental health services - \$15 or \$25 co-pay for each individual or group therapy visit	\$15 co-pay per visit	<p><b>Biologically based mental conditions:</b></p> <ul style="list-style-type: none"> <li>- When covered by Medicare, full coverage of deductible and coinsurance after \$10 copayment per visit. There is no visit limit.</li> </ul> <p><b>Non-biologically-based mental conditions:</b></p> <ul style="list-style-type: none"> <li>- When covered by Medicare, full coverage after \$10 copayment per visit</li> </ul> <p>* Includes drug addiction and alcoholism.</p>
Routine Vision & Hearing Screenings	<p><u>Annual routine vision exam</u> – \$25 co-pay. One each calendar year.</p> <p><u>Eyewear allowance</u> of \$150 per year.</p> <p><u>Annual routine hearing exam</u> – \$0 co-pay</p> <p>Hearing Aid Purchase Program - \$695, \$795, or \$995 per device. See plan for details</p>	<p><u>Annual routine vision exam</u> – \$25 co-pay. One each calendar year.</p> <p><u>Eyewear allowance</u> of \$150 per year.</p> <p><u>Annual routine hearing exam</u> – \$0 co-pay</p> <p>Hearing Aid Purchase Program - \$695, \$795, or \$995 per device. See plan for details</p>	<p>\$15 co-pay per exam.</p> <p>Up to \$150 per year toward the purchase of eyeglasses or contacts, but not both at an Eyemed provider. <b>Up to \$90 allowance per year at other providers.</b></p> <p>\$500 allowance for purchase or repair of hearing aids every 3 years – discounts on hearing aid products and services when obtained at a Hearing Care Solutions (HCS) facility. Contact member services for details.</p>	<p>Hearing – \$10 copay for the office visit.</p> <p>Hearing Aids – \$500, then 80% of \$1500, up to \$1,700 every 2 yrs for purchase or repair of hearing aid. Member sends in receipt for reimbursement.</p> <p>Discounts on hearing aid products and services when obtained at a Hearing Care Solutions facility.</p> <p><u>Routine Vision Exam</u> \$10 copay (every 2 years)</p> <p><u>Eyeglasses or contacts</u> - Covered up to \$150 reimbursement per year</p> <p>Member sends in receipt for reimbursement.</p>

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**MINUTEMAN NASHOBA HEALTH GROUP  
COMPARISON OF HEALTH PLANS for RETIREES WITH MEDICARE PART A & PART B  
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OUTPATIENT CARE	Fallon Medicare Plus™ Premier	Fallon Medicare Plus Central™ Premier	Tufts Medicare Preferred HMO	Tufts Medicare Preferred Group Supplement Plan
Preventive Dental	\$25 co-pay for cleaning, oral exam, bitewing x-rays & fluoride treatment every 6 months \$15 co-pay	\$25 co-pay for cleaning, oral exam, bitewing x-rays & fluoride treatment every 6 months \$15 co-pay	Not covered	Not covered
Occupational, physical and speech therapy	\$15 co-pay	\$15 co-pay	\$15 co-pay	\$10 co-pay
Ambulance (medically necessary)	\$0 co-pay Chair-van services - \$35 co-pay – one way, hospital to skilled nursing facility	\$0 co-pay Chair-van services - \$35 co-pay – one way, hospital to skilled nursing facility	\$50 per day	\$0 co-pay
Prescription Drugs	<p><b>Retail:</b> 30-day supply: Tier 1: \$10 co-pay Tier 2: \$10 co-pay Tier 3: \$30 co-pay Tiers 4 &amp; 5: \$65 co-pay</p> <p><b>Mail Order:</b> 90-day supply: Tier 1: \$20 co-pay Tier 2: \$20 co-pay Tier 3: \$60 co-pay Tiers 4: \$162.50 <b>Tier 5: Limited to 30-days</b> Tier 6: Medicare Part D vaccines and substance abuse therapy medication - \$0</p> <p>After reaching \$7,050 in annual out-of-pocket drug costs members pay the greater of 5% coinsurance or \$3.95 for generic &amp; \$9.85 for all other drugs.</p>	<p><b>Retail:</b> 30-day supply: Tier 1: \$10 co-pay Tier 2: \$10 co-pay Tier 3: \$30 co-pay Tiers 4 &amp; 5: \$65 co-pay</p> <p><b>Mail Order:</b> 90-day supply: Tier 1: \$20 co-pay Tier 2: \$20 co-pay Tier 3: \$60 co-pay Tiers 4: \$162.50 <b>Tier 5: Limited to 30-days</b> Tier 6: Medicare Part D vaccines and substance abuse therapy medication - \$0</p> <p>After reaching \$7,050 in annual out-of-pocket drug costs members pay the greater of 5% coinsurance or \$3.95 for generic &amp; \$9.85 for all other drugs.</p>	<p><b>Retail:</b> 30-day supply: Tier 1: \$10 co-pay Tier 2: \$25 co-pay Tier 3: \$50 co-pay</p> <p><b>Mail Order:</b> 90-day supply: Tier 1: \$20 co-pay Tier 2: \$50 co-pay Tier 3: \$100 co-pay</p> <p>After reaching \$7,050 in annual out-of-pocket drug costs members pay \$3.95 for generic &amp; \$9.85 for all other drugs.</p>	<p><b>Retail:</b> 30-day supply: Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$35 co-pay</p> <p><b>Mail Order:</b> 90-day supply: Tier 1: \$20 co-pay Tier 2: \$40 co-pay Tier 3: \$70 co-pay</p> <p>After reaching \$7,050 in annual out-of-pocket drug costs members pay \$3.95 for generic &amp; \$9.85 for all other drugs.</p>
<b>OTHER BENEFITS</b>	Fallon Medicare Plus™ Premier	Fallon Medicare Plus Central™ Premier		

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Fitness Benefit	SilverSneakers™ Fitness Program provides fitness classes and paid membership at contracted facilities. Weightwatchers® TeleDoc member access services	SilverSneakers™ Fitness Program provides fitness classes and paid membership at contracted facilities. Weightwatchers® TeleDoc member access services	SilverSneakers™ Fitness Program provides fitness classes and paid membership at contracted facilities. Weightwatchers® TeleDoc member access services \$500 flexible benefit to use on member's choice of fitness memberships, dental services, hearing aids, or eyewear	Fitness Benefit each year – Up to \$150 Cash reimbursement at any fitness center. No waiting period.	Up to \$150 reimbursement per calendar year per club. No waiting period
<b>Benefit Bank – Fallon specific benefit</b>				n/a	n/a

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