

**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**

**Effective date 1/1/2022**

*(health plan changes/clarifications in red font)*

| <b>Benefit Category</b>  | <b>Fallon Medicare Plus™ Premier<br/><i>(formally Fallon Senior Plan Premier)</i></b>   | <b>Fallon Medicare Plus Central™ Premier <i>(Members must reside in Worcester County)</i></b>   | <b>Tufts Medicare Preferred HMO</b>   | <b>Tufts Medicare Preferred Group Supplement Plan</b>   |
|--|---|---|---|---|
| <b>INPATIENT CARE</b>  | <b>Medicare Advantage HMO</b>   | <b>Medicare Advantage HMO</b>   | <b>Medicare Advantage HMO</b>   | <b>Freedom-of-Choice Medicare supplement plan</b>   |
| 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   |

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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  |
|--|--|--|--|---|
| 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; \$50co-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><i>* Includes drug addiction and alcoholism.</i></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><u>Hearing</u> - \$10 copay for the office visit.</p> <p><u>Hearing Aids</u> – \$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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| 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  | \$25 co-pay for cleaning, oral exam, bitewing x-rays & fluoride treatment every 6 months  | 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<br><br>Chair-van services - \$35 co-pay – one way, hospital to skilled nursing facility  | \$0 co-pay<br><br>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:<br/>Tier 1: \$10 co-pay<br/>Tier 2: \$10 co-pay<br/>Tier 3: \$30 co-pay<br/>Tiers 4 &amp; 5: \$65 co-pay</p> <p><b>Mail Order:</b> 90-day supply:<br/>Tier 1: \$20 co-pay<br/>Tier 2: \$20 co-pay<br/>Tier 3: \$60 co-pay<br/>Tiers 4: \$162.50<br/><b>Tier 5: Limited to 30-days</b><br/>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:<br/>Tier 1: \$10 co-pay<br/>Tier 2: \$10 co-pay<br/>Tier 3: \$30 co-pay<br/>Tiers 4 &amp; 5: \$65 co-pay</p> <p><b>Mail Order:</b> 90-day supply:<br/>Tier 1: \$20 co-pay<br/>Tier 2: \$20 co-pay<br/>Tier 3: \$60 co-pay<br/>Tiers 4: \$162.50<br/><b>Tier 5: Limited to 30-days</b><br/>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:<br/>Tier 1: \$10 co-pay<br/>Tier 2: \$25 co-pay<br/>Tier 3: \$50 co-pay</p> <p><b>Mail Order:</b> 90-day supply:<br/>Tier 1: \$20 co-pay<br/>Tier 2: \$50 co-pay<br/>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:<br/>Tier 1: \$10 co-pay<br/>Tier 2: \$20 co-pay<br/>Tier 3: \$35 co-pay</p> <p><b>Mail Order:</b> 90-day supply:<br/>Tier 1: \$20 co-pay<br/>Tier 2: \$40 co-pay<br/>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>                     | <b>Fallon Medicare Plus™ Premier</b>  | <b>Fallon Medicare Plus Central™ Premier</b>  |  |   |

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| Fitness Benefit                               | SilverSneakers™ Fitness Program provides fitness classes and paid membership at contracted facilities.<br><br>Weightwatchers®<br><br>TeleDoc member access services | SilverSneakers™ Fitness Program provides fitness classes and paid membership at contracted facilities.<br><br>Weightwatchers®<br><br>TeleDoc member access services | Fitness Benefit each year –<br>Up to \$150 Cash reimbursement at any fitness center. No waiting period. | Up to \$150 reimbursement per calendar year per subscribe for joining a health club. No waiting period |
|---|---|---|---|--|
| <b>Benefit Bank – Fallon specific benefit</b> | <b>\$250</b> flexible benefit to use on member's choice of fitness memberships, dental services, hearing aids, or eyewear   | <b>\$500</b> flexible benefit to use on member's choice of fitness memberships, dental services, hearing aids, or eyewear   | n/a   | n/a  |

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