

CAPE COD MUNICIPAL HEALTH GROUP – RETIREE PLAN BENEFITS
COMPARISON OF Medicare Supplement Plans – see below for plan effective dates

Benefit changes/clarifications in red font

Benefit Category	BCBS Managed Blue for Seniors Medi-Wrap (Insured)	HPHC Medicare Enhance Freedom of Choice	TUFTS Medicare Preferred Supplement Plan Freedom of Choice	BCBS Medex 3 Enhanced Freedom of Choice
INPATIENT CARE	<i>Eff. July 1, 2013</i>	<i>Eff. July 1, 2013</i>	<i>Eff. January 1, 2013</i>	<i>Eff. July 1, 2013</i>
General Hospital: Semi-private room & board, physician services, and special services	Covered in full for unlimited days when medically necessary.	Covered in full for unlimited days. Patient must use reserve days after 90 th day if available.	Covered in full for unlimited days. Patient must use reserve days after 90 th day if available.	Full coverage of Medicare deductible and co-insurance Full coverage of lifetime reserve day co-insurance Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up*
Rehabilitation Hospital	Covered in full (365 days in a lifetime)	Covered in full up to 100 days per calendar year.	Acute rehabilitation hospital covered the same as General Hospital.	Covered in full for 100 days after 3-day or longer hospital stay. Then \$16 per day from day 101 thru day 365.
Skilled Nursing Facility	Covered in full for 100 days in benefit period.	Covered in full for 100 days in benefit period.	Covered in full for 100 days in benefit period.	With Medicare – Full coverage of Medicare daily co-insurance for days 21-100. Then \$16 per day from day 101 thru day 365. Without Medicare - \$16 per day per benefit period.
Mental Health & Substance Abuse Care	Biologically based conditions: Covered in full, no day limit.	All Medicare covered days covered in full. Biologically based conditions: Covered in full, unlimited days.	Biologically based conditions: General or psychiatric hospital - Full coverage of Medicare deductible and coinsurance up to 90 days per benefit period. - Full coverage of lifetime reserve day coinsurance - Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up. (Lifetime 365 days are a combination of days in a general, acute rehabilitation and/or mental hospital]	Biologically based conditions: General or mental hospital - Full coverage of Medicare deductible and co-insurance - Full coverage of lifetime reserve day co-insurance - Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up. (Lifetime 365 days are a combination of days in a general or mental hospital

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 CCMHG is not responsible for the accuracy of this summary of benefits. The Description of Benefits document for each health plan is the accurate source of plan benefit information.

CAPE COD MUNICIPAL HEALTH GROUP – RETIREE PLAN BENEFITS

Benefit changes/clarifications in red font

COMPARISON OF Medicare Supplement Plans – see below for plan effective dates

Mental Health & Substance Abuse Care, Continued	Non-biologically based conditions: Covered in full, no day limit.	Non-Biologically based conditions: Covered in full 60 days per calendar year for psychiatric and 30 days per calendar year for substance abuse.	Non-biologically based conditions: Mental hospital- - Covered in full up to 120 days per benefit period (at least 60 days per calendar year), less any days already covered by Medicare or Plan in that benefit period (or calendar year). General hospital- Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up. (Lifetime 365 days are a combination of days in a general, acute rehabilitation and/or mental hospital)	Non-biologically based conditions: Mental hospital- Covered in full up to 120 days per benefit period (at least 60 days per calendar year), less any days already covered by Medicare or Medex in that benefit period (or calendar year) General hospital- Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up.
OUTPATIENT CARE	BCBS Managed Blue for Seniors Medi-Wrap (Insured)	HPHC Medicare Enhance Freedom of Choice	TUFTS Medicare Preferred Supplement Plan Freedom of Choice	BCBS Medex 3 Enhanced Freedom of Choice
Consult & Care by Specialists	\$10 co-pay per visit (& referral from PCP)	\$5 co-pay per visit	\$10 co-pay per visit	Covered in full.
Routine Annual Physical Exams	\$0 co-pay per visit	\$0 co-pay per visit	\$0 co-pay per visit	Covered in full
Medical Office Visits	\$10 co-pay per visit	\$5 co-pay per visit	\$10 co-pay per visit	Covered in full
Diagnostic Lab & X-ray Services	Covered in full	Covered in full	Covered in full	Covered in full.
Day Surgery	Covered in full	Covered in full	Covered in full	Covered in full
Radiation & Chemotherapy	Covered in full	Covered in full	Covered in full	Covered in full
Urgent & Emergency Care	\$50 co-pay per visit for ER, waived if admitted	\$5 co-pay for office; \$30 co-pay for ER, waived if admitted	\$10 co-pay for office; \$50co-pay for ER, waived if admitted	Full coverage for emergency services

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 CCMHG is not responsible for the accuracy of this summary of benefits. The Description of Benefits document for each health plan is the accurate source of plan benefit information.

CAPE COD MUNICIPAL HEALTH GROUP – RETIREE PLAN BENEFITS
COMPARISON OF Medicare Supplement Plans – see below for plan effective dates

Benefit changes/clarifications in red font

OUTPATIENT CARE	BCBS Managed Blue for Seniors Medi-Wrap (Insured)	HPHC Medicare Enhance Freedom of Choice	TUFTS Medicare Preferred Supplement Plan Freedom of Choice	BCBS Medex 3 Enhanced Freedom of Choice
Mental Health & Substance Abuse	Biologically based mental conditions: \$10 co-pay, unlimited visits	Biologically based mental conditions: All Medicare covered services \$5 co-pay	Biologically based mental conditions: - When covered by Medicare, full coverage of deductible and coinsurance after \$10 co-payment per visit. There is no visit limit. - When not covered by Medicare, \$10 co-payment per visit for up to 24 visits per calendar year.	Biologically-based mental conditions: When covered by Medicare, full coverage of deductible and co-insurance w/no visits max. When not covered by Medicare, full Medex benefits with no visit max.
	Non-biologically-based mental conditions: When covered by Medicare, \$10 co-pay, no visit max. When not covered by Medicare, \$10 co-pay, 24 visits per calendar year. <i>* Includes drug addiction and alcoholism.</i>	Non-biologically based mental conditions: <u>Mental health</u> : 24 visits per calendar year, \$5 co-pay per visit <u>Substance abuse</u> : \$500/calendar year, \$5 co-pay per visit	Non-Biologically based mental conditions: - When covered by Medicare, full coverage of deductible and coinsurance after \$10 copayment per visit. There is no visit limit. - When not covered by Medicare, \$10 copayment per visit for up to 24 visits per calendar year. Non-biologically-based mental conditions: - When covered by Medicare, full coverage after \$10 copayment per visit - When not covered by Medicare, \$10 copayment per visit for up to 24 visits per calendar year. <i>* Includes drug addiction and alcoholism.</i>	Non-biologically-based mental conditions*: Covered in full when covered by Medicare. When not covered by Medicare – full coverage up to 24 visits per calendar year. 50% coinsurance from the 25 th visit. <i>* Includes drug addiction and alcoholism.</i>
Routine Vision & Hearing Screenings	\$10 co-pay per visit.	\$5 co-pay per visit	<u>Hearing</u> - \$10 co-pay for the office visit. <u>Hearing Aids</u> – \$500 then 80% of \$1500 every 2 yrs for purchase or repair of hearing aid <u>Routine Vision Exam</u> \$10 co-pay (every 2 years) <u>Eyeglasses or contacts</u> - Covered up to \$150 reimbursement per year	One routine eye exam once every two calendar years effective 7-1-13

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 CCMHG is not responsible for the accuracy of this summary of benefits. The Description of Benefits document for each health plan is the accurate source of plan benefit information.

CAPE COD MUNICIPAL HEALTH GROUP – RETIREE PLAN BENEFITS
COMPARISON OF Medicare Supplement Plans – see below for plan effective dates

Benefit changes/clarifications in red font

OUTPATIENT CARE	BCBS Managed Blue for Seniors Medi-Wrap (Insured)	HPHC Medicare Enhance Freedom of Choice	TUFTS Medicare Preferred Supplement Plan Freedom of Choice	BCBS Medex 3 Enhanced Freedom of Choice
Durable Medical Equipment	\$10 per item	Covered in full	Covered in full	Covered in full
Preventive Dental	Not covered.	Not covered.	Not covered	Not covered.
Shingles Vaccine	Covered in full when administered in the Physician's office	Covered in full when administered in the Physician's office	Covered in full when administered in the Physician's office	Covered in full when administered in the Physician's office – <i>effective 1-1-13</i>
Ambulance Services	\$40 member co-pay	Covered in full	\$50 co-pay per day.	Covered in full (if medically necessary)
Prescription drugs	Retail: 25% co-insurance generic/ 50% co-insurance preferred brand/ 75% co-insurance non-preferred brand for <u>60</u> -day supply Mail Order: \$5 generic/ \$30 preferred brand/ \$50 non-preferred brand for <u>90</u> -day supply	Retail: \$5 co-pay generic/ \$10 co-pay brand formulary/ \$25 co-pay brand non-formulary for a <u>30</u> -day supply Mail Order: \$10 co-pay generic/ \$20 co-pay brand formulary/ \$75 co-pay brand non-formulary for a <u>90</u> -day supply	Retail: 30-day supply: Tier 1:\$10 co-pay Tier 2: \$20 co-pay Tier 3: \$35 co-pay Mail Order: 90-day supply Tier 1: \$20 co-pay Tier 2: \$40 co-pay Tier 3: \$70 co-pay	Retail: <i>up to 30-day supply:</i> Tier 1: \$5 co-pay Tier 2: \$10 co-pay Tier 3: \$25 co-pay Mail Order: <i>up to 90-day supply</i> Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$50 co-pay
Other Benefits				
Fitness			Up to \$150 reimbursement per calendar year per subscribe for joining a health club.	

BCBSMA Medex 3 Enhanced Footnote

*The 365 additional days per lifetime are a combination of days in a general or mental hospital.

** A combined maximum of 365 days per benefit period in a Medicare participating and non-participating skilled nursing facility.

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 CCMHG is not responsible for the accuracy of this summary of benefits. The Description of Benefits document for each health plan is the accurate source of plan benefit information.