



Health New England
Medicare Advantage

Plan Overview Chart

HNE MEDICARE SECURE FREEDOM
(HMO-POS) POINT OF SERVICE

Employer Group Waiver Plan
Calendar Year 2016

Benefit

Medical

Out-of-Pocket Maximum
Office Visits (\$0 Annual Preventive Exam)
Specialist Office Visits
Inpatient Hospital (3 copayment maximum)
Outpatient Surgery
Skilled Nursing Facility (SNF) Per Day
Worldwide Emergency Room (ER)
Ambulance
Outpatient Rehabilitation (PA after visit 25)**
High-Cost Imaging
Lab Work/X-Rays
Durable Medical Equipment/Prosthetics

Additional Benefits

Routine Hearing Exam ⁺
Hearing Aids
Routine Vision Exam ⁺
Vision Eyewear Allowance ⁺
Dental Services Allowance ⁺ *
Fitness Center/Weight Watchers®/ Over-the-Counter Items Allowance
Wig Allowance (if on Chemotherapy)

Prescription Drugs

Listed as Generic, Brand and Brand
Non-Preferred

HNE Medicare Secure Freedom
(HMO-POS) Point of Service Plan

In-Network	Out-of-Network \$
\$3,400	
\$15	\$55
\$15	\$55
\$300 per admission	\$900 per admission PA
\$150*	\$450 PA
Days 1-5: \$0 copay* Days 6-50: \$75 copay Days 51-100: \$0 copay	Days 1-5: \$0 copay PA Days 6-50: \$100 copay Days 51-100: \$0 copay
\$65	\$65
\$75*	\$75 PA
\$15*	\$55 PA
\$50*	\$200 PA
\$0	\$0
\$0*	20% Coinsurance PA
\$15	\$55
100% reimbursement for the first \$500 and 80% reimbursement for next \$1,500, every 2 years	
\$0	\$0
\$100 every two years	
\$150 per year	
\$150 per year	
\$350 per year	
Retail \$10/\$25/\$45 Mail Order \$20/\$50/\$135	

- § Out-of-Network providers must be eligible to bill Medicare. The provider must be acting within the scope of his or her license, must not have opted out of Medicare, and must not be on the Office of Inspector General (OIG) sanctioned provider list. Hospitals and other facilities such as skilled nursing facilities must be Medicare certified. If you receive care from a provider who is not eligible to bill Medicare, you will be responsible for the full cost of the services you receive.
- * Some services require prior authorization. Our network providers know what we cover under your benefit plan. They also know what requires prior authorization and will request approval from HNE on your behalf.
- ** Prior Authorization required for rehabilitation services after visit 25 or if services are rendered in a SNF as an outpatient benefit when member is a resident of the SNF.
- PA (Prior Authorization) **Members of the HNE Medicare Secure Freedom (HMO-POS) plan who choose to get these services out-of-network are responsible for getting prior authorization from HNE.** Please tell your out-of-network provider that prior authorization is required. The provider may be willing to contact HNE Member Services for you to get prior authorization. Call Member Services to confirm prior authorization. For a complete list of services that require prior authorization, refer to the Summary of Benefits.
- + HNE additional benefits include allowances that must be used within the one or two calendar year period, as well as other additional benefits. Refer to the Summary of Benefits or call Member Services if you have questions at one of the numbers listed below.



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