

SCANTIC VALLEY REGIONAL HEALTH TRUST - RETIREE PLAN BENEFITS

Effective January 1, 2020

Medicare Replacement Plans

Changes/clarifications in red font

| PLAN FEATURES | | Tufts Medicare Preferred HMO | |
|--|--|--|--|
| | | Medicare Advantage HMO Renews January | |
| | | You Pay | |
| General Hospital: Semi-private room & board and special services | | Covered in full after one time annual deductible \$300 | |
| Rehabilitation Hospital | | Covered in full for 90 days per Medicare benefit period. | |
| Skilled Nursing Facility | | Covered in full for 100 days per Medicare benefit period. No prior hospital stay is required. | |
| Mental Health & Substance Abuse Care in a Psychiatric Hospital | | \$0 co-pay - 190-day lifetime limit max | |
| OUTPATIENT CARE | | TUFTS Medicare Preferred HMO | |
| | | You Pay | |
| Medical Office Visits | | \$10 co-pay to PCP \$15 specialist co-pay | |
| Consult & Care by Specialists | | \$15 co-pay per visit | |
| Routine Annual Physical Exams (one per calendar year) | | \$0 co-pay per visit | |
| Diagnostic Lab & X-ray Services | | Covered in full | |
| Day Surgery | | \$50 per service | |
| Radiation & Chemotherapy | | Covered in full | |
| Urgent & Emergency Care (for Medicare covered visits) | | \$10 co-pay for office; \$50 co-pay for ER, waived if admitted. | |
| Durable Medical Equipment (DME)/Prosthetics | | Covered in full | |
| Ambulance Services | | \$50 per day | |
| Preventive Dental | | Not covered | |
| Mental Health & Substance Abuse | | \$15 co-pay per visit | |
| | | | |

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Changes/clarifications in red font

| OUTPATIENT CARE (cont'd) | | TUFTS Medicare Preferred HMO | |
|--|--|---|--|
| | | You Pay | |
| Routine Vision & Hearing Screenings | | <p>\$15 co-pay per visit.</p> <p>Up to \$150 per year reimbursement toward the purchase of eyeglasses or contacts, but not both at an Eyemed provider. Up to \$90 at any other provider.</p> <p>\$500 allowance for purchase or repair of hearing aids every 3 years. Member discounts provided when using Hearing Care Solutions (HCS) facilities. Contact member services for details.</p> | |
| Prescription Drugs & Other Benefits | | TUFTS Medicare Preferred HMO | |
| | | You Pay | |
| Prescription drugs | | <p>Retail: 30-day supply \$10 generic \$20 preferred brand \$35 non- preferred brand</p> <p>Mail Order: 90 day supply: \$20 generic \$40 preferred brand \$70 non- preferred brand</p> <p>Prescription drug copayments apply only until your out-of-pocket prescription drug costs for covered Part D drugs reach \$6,350, then you pay \$3.60 for a generic drug, an \$8.95 for all other drugs.</p> | |
| FITNESS | | | |
| Fitness Center benefit | | Fitness Benefit each year – \$150 towards membership at any participating fitness club, with no waiting period | |

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SCANTIC VALLEY REGIONAL HEALTH TRUST- RETIREE SUPPLEMENT PLAN BENEFITS – Effective: 1-1-2020

Changes/clarifications in red font if applicable

| PLAN FEATURES | TUFTS MEDICARE SUPPLEMENT Plan Freedom of Choice | HNE MEDPLUS HMO MEDIWRAP | BCBS MANAGED BLUE FOR SENIORS HMO MEDIWRAP | MEDEX 2 w/OBRA Indemnity Type Medicare Supplement Freedom of Choice |
|---|--|--|--|---|
| January Renewal | | | | |
| INPATIENT CARE | | | | |
| General Hospital: Semi-private room & board and special services | Covered in Full. Full coverage of lifetime reserve day co-insurance Full coverage for days 91–365 per benefit period , when Medicare benefits are used up | Covered in full for unlimited days when medically necessary. | Covered in full for unlimited days when medically necessary | 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 | Acute rehabilitation hospital covered the same as General Hospital. | Covered in full up to 100 days per calendar year. (Combined with Skilled Nursing Facility) | Covered in full (365 days in a lifetime after Medicare days end) | 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* |
| Skilled Nursing Facility | Covered in full for 100 days per benefit period: ▪ Medicare covers up to 20 days after a hospital stay of 3 days or longer Then Plan covers, in full, Medicare daily coinsurance for days 21-100 per benefit period. | Covered in full up to 100 days per calendar year. (Combined with Rehabilitation Hospital) | Covered in full for 100 days in benefit period. | With Medicare – Full coverage of Medicare daily co-insurance for days 21-100. Then \$10 per day from day 101 thru day 365. Without Medicare - \$8 per day per benefit period. |

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SCANTIC VALLEY REGIONAL HEALTH TRUST- RETIREE SUPPLEMENT PLAN BENEFITS – Effective: 1-1-2020

Changes/clarifications in red font if applicable

| INPATIENT CARE | TUFTS MEDICARE Supplement Plan | HNE MEDPLUS | BCBS MANAGED BLUE FOR SENIORS | MEDEX 2 w/OBRA <i>(formally known as MEDEX ENHANCED w/OBRA90)</i> |
|--|--|---------------------------------|---|--|
| | You Pay | You Pay | You Pay | You Pay |
| Mental Health & Substance Abuse Care in a Psychiatric Hospital | <i>General or Psychiatric hospital</i> - 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) | Covered in full, no day limit. | Biologically based mental conditions: Covered in full, no day limit. Non-biologically-based mental conditions: 60 days per calendar year after Medicare days end | <i>General or Psychiatric hospital</i> - Full coverage of Medicare deductible and co-insurance up to 90 days per benefit period. - Full coverage for days 91-365 per benefit period, when Medicare benefits are used up. (Lifetime 365 days are a combination of days in a general or mental hospital) |
| OUTPATIENT CARE | | | | |
| | You Pay | You Pay | You Pay | You Pay |
| Medical Office Visits | \$10 co-pay per visit | \$10 co-pay per visit | \$10 co-pay per visit | Covered in full |
| Consult & Care by Specialists | \$10 co-pay per visit | \$10 co-pay per visit | \$10 co-pay per visit (& referral from PCP) | Covered in full. |
| Routine Physical Exams | \$0 co-pay per visit | \$0 co-pay per visit | \$10 co-pay per visit | Not Covered |
| Diagnostic Lab & X-ray Services | Covered in full | Covered in full | Covered in full | Covered in full |
| Day Surgery | Covered in full | \$10 co-pay in physician office | Covered in full in hospital and other day surgical setting \$10 co-pay per visit in an office setting | Covered in full |
| Radiation & Chemotherapy | Covered in full | Covered in full | Covered in full | Covered in full |

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| OUTPATIENT CARE | TUFTS MEDICARE Supplement Plan | HNE MEDPLUS | BCBS MANAGED BLUE FOR SENIORS | MEDEX 2 w/OBRA |
|-------------------------------------|---|--|---|--|
| | You Pay | You Pay | You Pay | You Pay |
| Urgent & Emergency Care | \$10 co-pay for office; \$50 co-pay for ER (waived if admitted) | \$10 co-pay for urgent care office visit; \$50 co-pay per visit for ER (waived if admitted) | \$50 co-pay per visit for ER (waived if admitted) | Full coverage for emergency services |
| Ambulance Services | Covered in full | \$25 co-pay per member per day | Emergency Transportation covered in full. Medically necessary transportation \$40 member co-pay | Covered in full |
| Mental Health & Substance Abuse | <p>Biologically based mental conditions:</p> <ul style="list-style-type: none"> - When covered by Medicare, full coverage of deductible and coinsurance after \$10 co-pay per visit. There is no visit limit. <p>Non-biologically-based mental conditions:</p> <ul style="list-style-type: none"> - When covered by Medicare, full coverage after \$10 co-pay per visit <p style="text-align: center;"><i>* Includes drug addiction and alcoholism.</i></p> | <p>Biologically based mental conditions:</p> <ul style="list-style-type: none"> \$10 co-pay per visit; no visit limits on medically necessary services <p>Non-biologically-based mental conditions:</p> <ul style="list-style-type: none"> \$10 co-pay per visit on medically necessary services | <p>Biologically based mental conditions:</p> <ul style="list-style-type: none"> \$10 co-pay, unlimited visits <p>Non-biologically-based mental conditions:</p> <ul style="list-style-type: none"> 24 visits per member per calendar year when not covered by Medicare | <p>Biologically-based mental conditions:</p> <ul style="list-style-type: none"> When covered by Medicare, full coverage of deductible and co-insurance w/no visits max. <i>When not covered by Medicare, full Medex benefits with no visit max.</i> <p>Non-biologically-based mental conditions *:</p> <ul style="list-style-type: none"> - Covered in full when covered by Medicare. - When not covered by Medicare – full coverage up to 24 visits per calendar year. <p style="text-align: center;"><i>* Includes drug addiction and alcoholism.</i></p> |
| Routine Vision & Hearing Screenings | <p><u>Hearing</u> - \$10 co-pay <u>Hearing Aid</u> – First \$500 covered in full, then 80% of next \$1,500 up to a total of \$1700 every 2 yrs purchase or repair <u>Vision</u> – \$10 co-pay <u>Glasses or contacts</u> - covered up to \$150 per calendar year.</p> <p>Hearing and vision items are via reimbursements. You can use any provider and obtain a receipt.</p> | <p>\$0 co-pay per visit for annual routine eye</p> <p>\$10 co-pay hearing exams</p> | <p>\$10 co-pay per visit, per calendar year</p> <p>No coverage for hearing exams or hearing aids</p> | Not covered |
| Preventive Dental | Not covered | Not covered | Not covered | Not covered |

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| OUTPATIENT CARE | TUFTS MEDICARE Supplement Plan | HNE MEDWRAP | BCBS MANAGED BLUE FOR SENIORS | MEDEX 2 w/OBRA |
|------------------------|--|---|---|--|
| | You Pay | You Pay | You Pay | You Pay |
| Prescription drugs | <p>Retail: <u>30 day</u> supply: \$10 generic \$20 preferred brand \$35 non-preferred brand</p> <p>Mail Order: <u>90 day</u> supply: \$20 generic \$40 preferred brand \$70 non-preferred brand</p> <p>CVS Caremark is the Prescription Benefits Manager</p> | <p>Retail: <u>30 day</u> supply: Generic: \$10 co-pay Formulary: \$20 co-pay Non-Formulary: \$35 co-pay</p> <p>Mail Order: <u>90 day</u> supply: (maintenance medication) Generic: \$20 co-pay Formulary: \$40 co-pay Non-Formulary: \$105 co-pay</p> <p>OptumRx is the Prescription Benefits Manager for retail and mail order.</p> | <p><i>NO DEDUCTIBLE</i> Retail: up to 30-day supply: Tier 1: \$5 co-pay Tier 2: \$10 co-pay Tier 3: \$25 co-pay</p> <p>Mail order: <i>up to 90-day supply</i> Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$50 co-pay</p> <p><i>RX Plan name is- Blue Medicare RX</i></p> <p>CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.</p> | <p>(Medicare Part D Prescription Plan) Retail: up to 30-day supply: Tier 1: \$5 co-pay Tier 2: \$10 co-pay Tier 3: \$25 co-pay</p> <p>Mail order: <i>up to 90-day supply</i> Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$50 co-pay</p> <p><i>RX Plan name is- Blue Medicare RX</i></p> <p>CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.</p> |
| FITNESS | TUFTS MEDICARE Supplement Plan | HNE MEDWRAP | BCBS MANAGED BLUE FOR SENIORS | MEDEX 2 w/OBRA |
| Fitness Center Benefit | <p>Up to \$150 reimbursement per calendar year at any participating fitness club. No Waiting Period.</p> <p>See plan for details.</p> | <p>Up to \$200 ind/\$400 family reimbursement per calendar year for weight watchers or for an eligible health club per family</p> <p>See plan for details.</p> | <p>Up to \$150 reimbursement per calendar year per subscriber for health club or group class based fitness programs.</p> <p>Up to \$150 reimbursement per calendar year per subscriber for hospital based weight loss programs and qualified non-hospital based programs.</p> <p>See plan for details.</p> | <p>Up to \$150 reimbursement per calendar year per subscriber for health club or group class based fitness programs.</p> <p>Up to \$150 reimbursement per calendar year per subscriber for hospital based weight loss programs and qualified non-hospital based programs.</p> <p>See plan for details.</p> |

BCBSMA Medex Plans Footnotes

Medex Enhanced 2

*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.

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