

SCANTIC VALLEY REGIONAL HEALTH TRUST - RETIREE PLAN BENEFITS

Effective January 1, 2019

Medicare Replacement Plans

Changes/clarifications, if any, in red font

PLAN FEATURES	Medicare HMO Blue (BCBS) Medicare Advantage HMO Renews January	Tufts Medicare Preferred HMO Medicare Advantage HMO Renews January	HNE Medicare Secure Freedom HMO-POS Medicare Advantage POS Renews January
	You Pay	You Pay	You Pay
General Hospital: Semi-private room & board and special services	\$150 co-pay per day (days 1-5 of each admission), then no cost.	Covered in full after one time annual deductible \$300	<u>In-Network:</u> \$300 per admission (3 co-pay maximum) <u>Out-of-Network:</u> \$900 per admission <i>Prior Authorization Required</i> (3 co-pay maximum)
Rehabilitation Hospital	\$150 co-pay per day (days 1-5 of each admission), then no cost.	Covered in full for 90 days per Medicare benefit period.	<u>In-Network:</u> \$300 per admission (3 co-pay maximum) <u>Out-of-Network:</u> \$900 per admission <i>Prior Authorization Required</i> (3 co-pay maximum)
Skilled Nursing Facility	Days 1-20: \$20 co-pay Days 21-44: \$100 co-pay Days 45-100: \$0 co-pay per benefit period	Covered in full for 100 days per Medicare benefit period. No prior hospital stay is required.	<u>In-Network:</u> <i>Some services require Prior Authorization</i> Days 1-5: \$0 co-pay Days 6-50: \$75 co-pay Days 51-100 \$0 co-pay <u>Out-of-Network:</u> <i>Prior Authorization Required</i> Days 1-5: \$0 co-pay Days 6-50: \$100 co-pay Days 51-100: \$0 co-pay
Mental Health & Substance Abuse Care in a Psychiatric Hospital	\$150 co-pay per day (days 1-5 of each admission), then no cost.	\$0 co-pay - 190-day lifetime limit max	<u>In-Network (190 day lifetime limit):</u> \$300 per admission (3 co-pay maximum) <u>Out-of-Network:</u> \$900 per admission (3 co-pay maximum)

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OUTPATIENT CARE	Medicare HMO Blue (BCBS)	TUFTS Medicare Preferred HMO	HNE Medicare Secure Freedom HMO-POS
	You Pay	You Pay	You Pay
Medical Office Visits	\$15 co-pay to PCP; \$35 specialist co-pay	\$10 co-pay to PCP \$15 specialist co-pay	Primary care doctor visit for Medicare covered benefits: <u>In-Network</u> : \$15 co-pay <u>Out-of-Network</u> : \$55 co-pay
Consult & Care by Specialists	\$35 co-pay per visit	\$15 co-pay per visit	Specialist visit for Medicare covered benefits: <u>In-Network</u> : \$15 co-pay <u>Out-of-Network</u> : \$55 co-pay
Routine Annual Physical Exams (one per calendar year)	\$0 co-pay per visit (Once every 12 months)	\$0 co-pay per visit	<u>In-Network</u> - \$0 co-pay <u>Out-of-Network</u> : \$0 co-pay
Diagnostic Lab & X-ray Services	\$10/day for routine lab tests; out-patient diagnostic lab tests. \$150/day co-pay for PET, CT, MRI scans, and nuclear cardiology services	Covered in full	Routine lab tests: Covered in full Diagnostic Imaging (CT Scans, MRIs, MRAs, PET Scans, sleep studies, nuclear cardiology) : <u>In-Network</u> : \$50 co-pay <i>Some services require Prior Authorization</i> <u>Out-of-Network</u> : \$200 co-pay <i>Prior Authorization Required</i>
Day Surgery	\$0 to \$150 co-pay \$15 PCP Office \$35 Specialist Office \$150 Ambulatory Surgical Center	\$50 per service	Medicare covered ambulatory surgical center visit: <u>In-Network</u> : \$150 co-pay <i>Some services require Prior Authorization</i> <u>Out-of-Network</u> : \$450 co-pay <i>Prior Authorization Required</i>
Radiation & Chemotherapy	Covered in full	Covered in full	Covered in full
Urgent & Emergency Care (for Medicare covered visits)	\$15 co-pay for PCP office; \$35 co-pay in specialist office; \$75 co-pay for ER Emergency care worldwide	\$10 co-pay for office; \$50 co-pay for ER, waived if admitted.	Urgent Care- <u>In-Network</u> : \$15 co-pay <u>Out-of-Network</u> : \$55 co-pay World Wide Emergency Room care- \$65 co-pay, waived if admitted.
Durable Medical Equipment (DME)/Prosthetics	10% of the cost (no cost for diabetes equipment and supplies)	Covered in full	<u>In-Network</u> : \$0 coinsurance; <i>Some services require Prior Authorization</i> <u>Out-of-Network</u> : 20% coinsurance

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			Prior Approval Required
OUTPATIENT CARE (cont'd)	Medicare HMO Blue (BCBS)	TUFTS Medicare Preferred HMO	HNE Medicare Secure Freedom HMO-POS
	You Pay	You Pay	You Pay
Ambulance Services	\$100 member co-pay per trip: waived if admitted for observation or inpatient	\$50 per day	\$75 co-pay for Medicare covered ambulance benefits per trip; <i>Some services require Prior Authorization.</i> Except in an emergency, plan provider must obtain prior authorization.
Preventive Dental	\$35 co-pay for one cleaning and one oral exam every 6 mos. Incl. 1 set of 2 bite-wing x-rays every 6 mos. Emergency oral exams when needed	Not covered	\$250 annual allowance dental benefit per calendar year.
Routine Vision & Hearing Screenings	<p>\$35 co-pay per visit. One routine eye exam per 12 months. Davis Vision Network provider required</p> <p>Eyewear including contact lenses - up to \$150 every 24 months. Davis Vision network provider required</p> <p>Hearing exams One exam every 12 months; \$15 PCP; \$35 Specialist Up to \$400 for hearing aids every 36 months</p>	<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>	<p>Vision- \$0 co-pay - 1 routine eye exam each calendar year. \$100 allowance towards a new pair of glasses every 2 years. <u>After cataract surgery-</u> \$0 co-pay - one pair of glasses or contact lenses</p> <p><u>In-Network:</u> \$15 co-pay <u>Out-of-Network \$55 co-pay</u> -Exams to diagnose and treat diseases and conditions of the eye.</p> <p>Hearing- <u>In-Network:</u> \$15 co-pay <u>Out-of-Network \$55 co-pay</u> -for diagnostic hearing exams. -One routine hearing test each yr.</p> <p>Hearing Aid Benefit – TruHearing \$699 co-pay per aid for Advance Aids \$999 co-pay per aid for Premium Aids</p>

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	You Pay	You Pay	You Pay
Mental Health & Substance Abuse	\$35 co-pay (applies to both biologically-based and non-biologically-based mental conditions.)	\$15 co-pay per visit	For Medicare covered individual or group therapy visits. <u>In-Network: \$15 co-pay</u> <u>Out-of-Network: \$55 co-pay</u>
FITNESS			
Fitness Center benefit	<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>Fitness benefit each year includes Council on Aging sites.</p> <p>Paid receipts no longer needed when sending in claim reimbursement forms..</p>	Fitness Benefit each year – \$150 towards membership at any participating fitness club, with no waiting period	Fitness Benefit each year- \$150 toward at an eligible health club/Weight Watchers/ Safety Items/ Acupuncture / Activity/Fitness Tracker/ Over-the-Counter Item Allowance

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