

CAPE COD MUNICIPAL HEALTH GROUP - RETIREE PLAN BENEFITS
MEDICARE ADVANTAGE HMO PLANS

Benefit changes in red font 1
Effective 1-1-2011

PLAN FEATURES	BCBS Medicare HMO Blue Medicare Advantage (Replacement) HMO	TUFTS HEALTH PLAN Medicare Preferred Medicare Advantage (Replacement) HMO
INPATIENT CARE	January Renewal	July Renewal
General Hospital: Semi-private room & board and special services	\$150 co-pay per day up to \$750 per calendar year (combined with Inpatient Mental Health Admissions)	Covered in full after one time annual deductible \$300
Rehabilitation Hospital	\$150 co-pay per day (days 1-5) \$750 annual maximum	Covered in full for 90 days in benefit period.
Skilled Nursing Facility	\$50 co-pay per day for day (up to \$1,000 per calendar year)	Covered in full for 100 days in benefit period. No prior hospital stay is required.
Mental Health & Substance Abuse Care in a Psychiatric Hospital	\$150 co-pay per day (up to \$750 per calendar year combined with general hospital stays)	\$0 co-pay - 190-day lifetime limit max
OUTPATIENT CARE		
Annual Routine Physical Exam	\$0 co-pay per visit	\$0 co-pay per visit
Medical Office Visits	\$15 co-pay to PCP; \$30 specialist co-pay	\$10 co-pay to PCP \$15 specialist co-pay
Consult & Care by Specialists	\$30 co-pay per visit	\$15 co-pay per visit
Day Surgery	\$0 to \$150 co-pay	\$50 per day
Diagnostic Lab & X-ray Services	Covered in full for routine lab tests; 10% of total costs for outpatient diagnostic lab tests, PET, CT, MRI scans, and nuclear cardiology services	Covered in full
Radiation & Chemotherapy	Covered in full	Covered in full
Urgent & Emergency Care	\$15 co-pay for PCP office; \$30 co-pay in specialist office; \$50 co-pay for ER	\$10 co-pay for office; \$50 co-pay for ER, waived if admitted.

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.

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OUTPATIENT CARE (<i>cont'd</i>)		
Ambulance Services	\$0 to \$100 member co-pay per day waived if admitted	\$50 member co-pay per day
Mental Health & Substance Abuse	\$15 co-pay (applies to both biologically-based and non-biologically-based mental conditions.)	\$15 co-pay per visit
Routine Vision & Hearing Screenings	\$30 co-pay per visit. One routine eye exam and one hearing test per 12 months. Eyewear incl. contacts up to \$150 every 24 months. Up to \$400 for hearing aids every 36 mos.	\$15 co-pay per visit. Up to \$150 per year toward the purchase of eyeglasses. \$500 allowance for purchase or repair of hearing aids every 3 years.
Preventive Dental	\$30 co-pay for one cleaning and one oral exam every 6 mos. Incl. 1 set of 2 bitewing x-rays every 6 mos.	Not covered
Prescription drugs	<p><i>Retail: 30-day supply</i> \$10 co-pay Generic \$25 co-pay Preferred Brand Name \$45 co-pay Non-Preferred Brand</p> <p><i>Mail Order: Up to a 90-day supply</i> \$20 co-pay Generic \$50 co-pay Preferred Brand -Name \$90 co-pay Non-Preferred Brand Name</p> <p>After you reach \$4,550 in your annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or \$2.50 for generic and \$6.30 for brand name drugs.</p>	<p><i>Retail: 30-day supply</i> \$10 co-pay generic/ \$25 co-pay preferred brand/ \$50 co-pay non-preferred brand for</p> <p><i>Mail Order: 30/60/90 day supply:</i> Tier 1: \$7/\$14/\$20 Tier 2: \$17/\$33/\$50 Tier 3: \$33/\$67/\$100</p> <p>After you reach \$4,550 in your annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or \$2.50 for generic and \$6.30 for brand name drugs.</p>
FITNESS		
Fitness Center benefit	Fitness benefit each year – All costs after \$300 Weightwatchers® each year – All costs after \$300	Fitness benefit – member receives up to \$150 per calendar year. No waiting period to receive reimbursement.

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