

**CAPE COD MUNICIPAL HEALTH GROUP – RETIREE PLAN BENEFITS
COMPARISON OF Medicare Supplement Plans - Effective 7/1/2011**

Benefit changes in red font

Benefit Category	BCBS Managed Blue for Seniors Medi-Wrap (Insured)	HPHC Medicare Enhance Freedom of Choice	TUFTS Medicare Prime Supplement Plan NEW PLAN Eff – 7/1/10 Freedom of Choice	BCBS Medex 3 Freedom of Choice	BCBS Medex 3 Enhanced Freedom of Choice
INPATIENT CARE	<i>July 1st Renewal</i>	<i>July 1st Renewal</i>	<i>July 1st Renewal</i>	<i>July 1st Renewal</i>	<i>July 1st Renewal</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.	Member pays \$300 deductible per year, Then Plan provides full coverage of: - Medicare deductible and coinsurance up to 90 days per benefit period - Lifetime reserve day coinsurance - 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)	Full coverage of Medicare deductible and co-insurance Full coverage of lifetime reserve day co-insurance Full coverage for days 91–365 per benefit period , when Medicare benefits are used up^^	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.	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 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.	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.	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.

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.

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<p>Mental Health & Substance Abuse Care</p>	<p>Biologically based conditions: Covered in full, no day limit.</p>	<p>All Medicare covered days covered in full. Biologically based conditions: Covered in full, unlimited days.</p>	<p>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]</p>	<p>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 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</p>	<p>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</p>
<p>Mental Health & Substance Abuse Care, Continued</p>	<p>Non-biologically based conditions: Covered in full, no day limit.</p>	<p>Non-Biologically based conditions: Covered in full 60 days per calendar year for psychiatric and 30 days per calendar year for substance abuse.</p>	<p>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)</p>	<p>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 for days 91-365 per benefit period, when Medicare benefits are used up.</p>	<p>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.</p>

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Consult & Care by Specialists	\$10 co-pay per visit (& referral from PCP)	\$5 co-pay per visit	\$15 co-pay per visit	Subscriber owes 20% co-insurance unless within 100 days of a hospital stay of at least 3 days	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	Covered in full
Medical Office Visits	\$10 co-pay per visit	\$5 co-pay per visit	\$15 co-pay per visit	Subscriber owes 20% co-insurance unless within 100 days of a hospital stay of at least 3 days	Covered in full
Diagnostic Lab & X-ray Services	Covered in full	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	Covered in full
Radiation & Chemotherapy	Covered in full	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	\$15 co-pay for office; \$50 co-pay for ER	Full coverage for emergency services	Full coverage for emergency services
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 \$15 copayment per visit. There is no visit limit. - When not covered by Medicare, \$15 copayment 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.	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.

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Mental Health & Substance Abuse, Continued	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 after \$15 copayment per visit - When not covered by Medicare, \$15 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>	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	Hearing - Covered up to \$100 (\$500 every 3 yrs purchase or repair of hearing aid) Vision–covered up to \$100 (per calendar year for vision & hearing) Glasses or contacts covered up to \$150 per year.	Not covered	Not covered.
Durable Medical Equipment	\$10 per item	Covered in full	Covered in full	Subscriber owes 20% co-insurance unless within 100 days of a hospital stay of at least 3 days	Covered in full
Preventive Dental	Not covered.	Not covered.	Not covered	Not covered.	Not covered.
Ambulance Services	\$40 member co-pay	Covered in full	\$50 co-pay per day.	Up to \$15 for a one way trip. Member pays balance	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	Retail: \$5 co-pay generic/ \$10 co-pay brand formulary/ \$25 co-pay brand non-formulary for a <u>30</u> -day supply	Retail: \$10 co-pay generic/ \$20 co-pay brand formulary/ \$35 co-pay brand non-formulary for a <u>30</u> -day supply	Retail: After \$50 deductible, 100% coverage for generic/ 80% coverage for brand for <u>30</u> -day supply	Retail: After \$50 deductible, 100% coverage for generic/ 80% coverage for brand for <u>30</u> -day supply

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Prescription drugs (Cont'd)	Mail Order: \$5 generic/ \$30 preferred brand/ \$50 non-preferred brand for <u>90</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	Mail Order: \$20 generic/ \$40 preferred brand/ \$70 non-preferred brand for <u>90</u> -day supply	Mail Order: \$2 generic/ \$15 brand for <u>90</u> -day supply <i>(no deductible applies to mail order)</i>	Mail Order: \$2 generic/ \$15 brand for <u>90</u> -day supply <i>(no deductible applies to mail order)</i>
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BCBSMA Medex Plans Footnotes

Medex 3

^^ The additional days per benefit period 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.

Medex 3 Enhanced

*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.