

# CAPE COD MUNICIPAL HEALTH GROUP - RETIREE PLAN BENEFITS COMPARISON OF Medicare Supplement Plans effective January 1, 2024

January 1 renewal

Benefit Category	BCBS Managed Blue for Seniors Not in our plans Medi-Wrap (Insured)	HPHC Medicare Enhance	TUFTS Medicare Preferred Supplement Plan	BCBS Medex 2
		Freedom of Choice	Freedom of Choice	Freedom of Choice
<b>INPATIENT CARE</b>				
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 <sup>th</sup> day if available.	Covered in full for unlimited days. Patient must use reserve days after 90 <sup>th</sup> day if available.	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 <u><b>lifetime</b></u> 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.
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 in 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.
Mental Health & Substance Abuse Care	<b>Biologically based conditions:</b> Covered in full, no day limit.	All Medicare covered days covered in full. <b>Biologically based conditions:</b> Covered in full, unlimited days. Including substance abuse.	<b>Biologically based conditions:</b> <b>General or psychiatric hospital</b> - 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 rehabilitation and/or mental hospital)	<b>Biologically based conditions:</b> <b>General or mental hospital</b> - 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

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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Mental Health & Substance Abuse Care, Continued	Non-biologically based conditions: Covered in full, no day limit.  Not in our plan	Non-Biologically based conditions: Covered in full per schedule of benefits, no day limit.	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).	
			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).	
OUTPATIENT CARE	BCBS Managed Blue for Seniors  Medi-Wrap (Insured) \$10 co-pay per visit (& referral from PCP)	HPHC Medicare Enhance  Freedom of Choice \$5 co-pay	TUFTS Medicare Preferred Supplement Plan  Freedom of Choice \$10 co-pay per visit	BCBS Medex 2  Freedom of Choice Covered in full.
Consult & Care by Specialists	\$10 co-pay per visit (& referral from PCP)	\$5 co-pay	\$10 co-pay per visit	Covered in full.
Routine Annual Physical Exams	\$10 co-pay per visit	\$0 co-pay per visit	\$0 co-pay per visit	Not Covered.
Medical Office Visits	\$10 co-pay per visit	\$5 co-pay per visit	\$10 co-pay per visit	Covered in full
Diagnostic Lab & X-ray Services	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
Radiation & Chemotherapy	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	\$10 co-pay for office; \$50co-pay for ER, waived if admitted	Full coverage for emergency services

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	Freedom of Choice	Freedom of Choice	Freedom of Choice	Freedom of Choice
Mental Health & Substance Abuse	<p><b>Biologically based mental conditions:</b></p> <p>\$10 co-pay, unlimited visits</p> <p><b>Not in our plans</b></p>	<p><b>Biologically based mental conditions:</b></p> <p>All Medicare covered services \$5 co-pay, including substance abuse</p>	<p><b>Biologically based mental conditions:</b></p> <p>- When covered by Medicare, full coverage of deductible and coinsurance after \$10 co-payment per visit. There is no visit limit.</p>	<p><b>Biologically-based mental conditions:</b></p> <p>When covered by Medicare, full coverage of deductible and co-insurance w/ no visits max.</p> <p>When not covered by Medicare, full Medex benefits with no visit max.</p>
	<p><b>Non-biologically-based mental conditions:</b></p> <p>When covered by Medicare, \$10 co-pay, no visit max.</p> <p>When not covered by Medicare, \$10 co-pay, 24 visits per calendar year.</p> <p>* Includes drug addiction and alcoholism.</p>	<p><b>Non-biologically based mental conditions:</b></p> <p>Mental health: <b>per schedule of benefits, no visit limit</b></p>	<p><b>Non-Biologically based mental conditions:</b></p> <p>- When covered by Medicare, full coverage of deductible and coinsurance after \$10 copayment per visit. There is no visit limit.</p> <p><b>-Non-biologically-based mental conditions:</b></p> <p>- When covered by Medicare, full coverage after \$10 copayment per visit</p> <p>* Includes drug addiction and alcoholism.</p>	<p><b>Non-biologically-based mental conditions:</b></p> <p>Covered in full when covered by Medicare.</p> <p>When not covered by Medicare – full coverage up to 24 visits per calendar year. 50% coinsurance from the 25<sup>th</sup> visit.</p> <p>* Includes drug addiction and alcoholism.</p>
Routine Vision & Hearing Screenings	\$10 co-pay per visit.	<b>Both covered once per calendar year with \$5 copay</b>	<p>Hearing - \$10 co-pay for the office visit.</p> <p>Hearing Aids – Reimbursement for \$500, then 80% of \$1500 every 2 yrs. for purchase or repair</p> <p>Routine Vision Exam \$10 co-pay (every 2 years)</p> <p>Eyeglasses or contacts - Covered up to \$150 reimbursement per year</p>	One routine eye exam once every two calendar years
Durable Medical Equipment	\$10 per item	Covered in full	Covered in full	Covered in full
Preventive Dental	Not covered.	Not covered.	Not covered	Not covered.
Shingles Vaccine	Covered in full when admin. in Physician's office	Covered in full when admin. in Physician's office	Covered in full when admin. in Physician's office	Covered in full when admin. in Physician's office

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Ambulance Services	\$40 member co-pay	Covered in full	Covered in full	Covered in full (if medically necessary)
Prescription drugs	<p><b>Retail:</b> up to 30-day supply: Tier 1: \$5 co-pay Tier 2: \$10 co-pay Tier 3: \$25 co-pay</p> <p><b>Mail Order:</b> up to 90-day supply Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$50 co-pay</p> <p>RX Plan name is- Blue Medicare RX</p> <p>CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.</p>	<p><b>Retail:</b> Tier 1: \$5 co-pay generic \$4 at preferred retail Tier 2: \$10 co-pay preferred brand Tier 3: \$25 co-pay non-preferred drug Tier 4: \$25 specialty</p> <p><b>90 day supply : standard or mail</b> Tier 1: \$10 co-pay generic \$8 co-pay preferred retail or preferred mail Tier 2: \$20 co-pay preferred brand Tier 3: \$50 co-pay non-preferred drug Tier 4: limited to 30 day supply</p> <p>Provided by Aetna Medicare Rx offered by SilverScript is the Prescription Benefits Manager (PBM) for retail and mail order</p>	<p><b>Retail:</b> 30-day supply: Tier 1:\$10 co-pay Tier 2:\$20 co-pay Tier 3:\$35 co-pay</p> <p><b>Mail Order:</b> 90-day supply Tier 1: \$20 co-pay Tier 2: \$40 co-pay Tier 3: \$70 co-pay</p> <p>Optum is the Prescription Benefits Manager (PBM) for retail and mail order</p>	<p><b>Retail:</b> up to 30-day supply: Tier 1: \$5 co-pay Tier 2: \$10 co-pay Tier 3: \$25 co-pay</p> <p><b>Mail Order:</b> up to 90-day supply Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$50 co-pay</p> <p>RX Plan name is- Blue Medicare RX</p> <p>CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.</p>
<b>Other Benefits</b>				
Fitness	Fitness Reimbursement \$150. Weight loss Reimbursement \$150	Up to \$150 reimb per subscriber per cal. year at a Fitness facility. Discounts also available from participating Health Clubs. See plan details.	Up to \$150 reimbursement per calendar year per subscriber for joining a health club. No Waiting Period.	Fitness Reimbursement \$150. Weight loss Reimbursement \$150

BCBSMA Medex 2 Footnote

\*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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