

**CAPE COD MUNICIPAL HEALTH GROUP - RETIREE PLAN BENEFITS**  
**MEDICARE ADVANTAGE HMO PLANS – Effective January 1, 2022**

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Benefit changes or clarifications in red font

PLAN FEATURES	<b>TUFTS</b> <b>Medicare Preferred HMO</b>  (This Medicare Advantage plan replaces traditional Medicare coverage)
<b>INPATIENT CARE</b>	January Renewal
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 in benefit period.
Skilled Nursing Facility	Covered in full for 100 days in 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
<b>OUTPATIENT CARE</b>	
Annual Routine Physical Exam	\$0 co-pay per visit
Medical Office Visits	\$10 co-pay to PCP \$15 specialist co-pay
Consult & Care by Specialists	\$15 co-pay per visit
Day Surgery	\$50 per day
Diagnostic Lab & X-ray Services	Covered in full
Radiation & Chemotherapy	Covered in full
Urgent & Emergency Care	\$10 co-pay for office; \$50 co-pay for ER, waived if admitted.
Shingles Vaccine	Covered in full when administered in the Physician's office
PLAN FEATURES	<b>TUFTS</b> <b>Medicare Preferred HMO</b> (a Medicare Advantage HMO)
<b>OUTPATIENT CARE</b> <i>(cont'd)</i>	
Ambulance Services	\$50 member co-pay per day
Mental Health & Substance Abuse	\$15 co-pay per visit

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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Chiropractic Services	
Routine Vision & Hearing Screenings	<p>\$15 co-pay per visit. Up to \$150 per year toward the purchase of eyeglasses or contact lenses at an EyeMed provider. Up to \$90 per year at non-EyeMed providers.</p> <p>\$500 allowance for purchase or repair of hearing aids every 3 years. Other Discounts available through Hearing Care Solutions – see plan document for details.</p>
Preventive Dental	Not covered
Prescription drugs	<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 <b>\$7,050</b> in your annual out-of-pocket drug costs, your cost is reduced to <b>\$3.95</b> for generic and <b>\$9.85</b> for brand name drugs.</p>
<b>FITNESS</b>	<b>You Pay</b>
Fitness Center benefit	Fitness benefit – member receives up to \$150 per calendar year. No waiting period to receive reimbursement.