2027 MEDICARE SUPPLEMENTAL PLAN OFFERINGS INCL. PART D Continued

	HARVARD PILGRIM MEDICARE ENHANCE W/ AETNA RX	BLUE CROSS BLUE SHIELD MANAGED BLUE FOR SENIORS W/ BLUE MEDICARE RX	BLUE CROSS BLUE SHIELD MEDEX II W/ BLUE MEDICARE RX CLOSED TO NEW ENROLLEES (1% Contribution Rate)	TUFTS MEDICARE PREFERRED HMO (Medicare Advantage Plan)	BLUE CROSS BLUE SHIELD MEDICARE PPO BLUE FREEDOM Rx (Medicare Advantage Plan)
Full Cost Rates	$540.08	$519.79	$539.14	$480.00	$566.33
Retiree Contribution Rates					
10% Monthly Contribution	**$54.01**	**$51.98**	**$5.39**	**$48.00**	**$56.63**
15% Monthly Contribution (Retire after 10/1/09)	**$81.01**	**$77.97**		**$72.00**	**$84.95**
Plan Information					
Website	harvardpilgrim.org aetnaretireeplans.com	bcbsma.com rxmedicareplans.com	bcbsma.com rxmedicareplans.com	thpmp.org	bcbsma.com
Telephone Number	HPHC:1-888-333-4742 Aetna:1-833-272-9886	Medical:1-800-325-2583 Rx: 1-866-832-9775	Medical: 1-800-258-2226 Rx: 1-866-832-9775	1-800-936-1902	1-800-200-4255
Annual Deductible	None	None	None	None	None
Coverage Area	Nationwide Network as long as seeing a Medicare provider; Emergency coverage wordwide	MA HMO Network Only - Care in MA Only	Nationwide Network as long as seeing a Medicare provider, no out of network benefits	MA Network only. Excludes Dukes, Berkshire	In Network and Out of Network - Nationwide Coverage
Annual Out of Pocket Maximum	Medical: None Prescription: $2,400	Medical: None Prescription: $2,400	Medical: None Prescription: $2,400	Medical: $3,400 out of pocket max excluding plan premiums and prescription drug copays Prescription: $2,400	Medical: $3,400 in-network or $5,100 for combined in- and out-of-network medical services Prescription $2,400
Inpatient Care In hospital, semiprivate room and board, surgical and special services	100% coverage	100% coverage	100% coverage	100% coverage after $300 deductible (per calendar year)	In Network/Out of Network- $0
Outpatient Surgery	100% coverage	100% coverage	100% Coverage	$50 per day	In Network/Out of Network- $0
Outpatient Care					
Office Visits, Specialist Consultations, Routine checkups or physicals	$15.00 co-pay (No co-pay for 1 routine physical per year)	$15.00 co-pay (No co-pay for 1 routine physical per year)	Full coverage of Medicare deductible & co-Insurance	$10.00 co-pay Specialist $15.00 co-pay (No co-pay for 1 routine physical per year)	In Network/Out of Network- $0
X-rays & laboratory tests	100% coverage	100% coverage	100% coverage	100% coverage	In Network/Out of Network- $0
Hearing & Vision Tests	$15.00 co-pay for annual routine vision and $0 for annual routine hearing exam	$15.00 co-pay for one routine vision exam per year **Routine** Hearing Exam not covered **Diagnosistic** Hearing Exams and tests $15.00 copay	No Benefits	$15.00 co-pay	In network $10.00 co-pay (Medical) Routine hearing exam once every 12 months $0 per visit with a TruHearing provider

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Additional Services					
Ambulance (for Medicare covered services)	100% coverage	100% coverage for emergency/ $40.00 co-pay (one way) for non-emergency medically necessary transport	Medicare deductible & co-Insurance (100% in emergency)	$50 per day	In Network/Out of Network- $0
Emergency Room	$50.00 co-pay (waived if admitted)	$50.00 co-pay	Full coverage of Medicare deductible & co-Insurance	$50.00 co-pay	In Network/Out of Network- $0
Home Health Care	100% coverage.	100% coverage.	100% coverage by Medicare	100% coverage.	In Network/Out of Network- $0
Annual Vision Benefit	$150/yr toward, lenses, frames and/or contact lenses	1 routine exam per calendar year - $15 copay	No routine coverage unless approved by Medicare	$150 per year towards eyewear at an EyeMed Vision Care participating provider, or $150 per year at non-participating providers	Eyewear (eyeglasses or contact lenses) - $200 every 24 months through a EyeMed Provider
Hearing Aids	Covered for the first $500 once every three (3) years	No Benefit	No Benefit	Up to $500 toward purchase or repair every three (3) years	In Network- $699 copay per TruHearing Advance Hearing Aid $999 copay per TruHearing Premium Hearing Aid (1 TruHearing branded hearing aid per ear every 12 months) Out of Network- 80% after $1,000 deductible up to $1,700/yr
Annual Wellness Allowance	$150 reimbursement per year, Gym, Fitness classes, Virtual class subscriptions, digital nutritional programs, digital mindfulness programs, Cardio/strength equipment	$150 fitness reimbursement per year for home fitness equipment; health clubs or fitness studios, includes virtual/online membership, subscription program and class.	No Benefit	$150 per year toward fitness club membership, instructional fitness classes, nutritional counceling, accupuncture, and/or wellness programs such as memory fitness	$150 fitness reimbursement per year for home fitness equipment; fees paid to health clubs or fitness studios, includes virtual/online membership, subscription, program and class.
Weight Management Programs	Select digital nutritional programs as part of Wellness Reimbursement program, including:Weight Watchers, PlateJoy,Noom, Wondr, My Fitness Pal, and many more	$150 weight loss reimbursement per calendar year for fees paid to qualified programs focused on eating, physical habits and lifestyle counseling (in-person, phone, online)	No Benefit	$150 per year towards program fees for weight loss programs such as Weight Watchers or a hospital based weight loss programs	$150 weight loss reimbursement per calendar year for fees paid to qualified programs focused on eating, physical habits and lifestyle counseling (in-person, phone, online).
Pharmacy					
Prescription Drugs Direct Purchase (up to a 30-day supply)	$10/$20/$50 co-pay generic/brand formulary/brand non-formulary	$10/$25/$45 co-pay generic/ brand / non preferred	$10/$25/$45 co-pay generic / brand / non preferred brand	$10/$25/$50 co-pay generic/ brand / non preferred brand	$10/$25/$45 co-pay generic/brand /non preferred
Mail Order (90-day supply)	$20/$40/$100/NA co-pay generic/preferred brand/ non-preferred brand	$20/$50/$90 co-pay generic/brand/non-preferred brand	$20/$50/$90 co-pay generic / brand/non-preferred brand	$20/$50/$100 co-pay generic/preferred brand/ non-preferred brand	$20/$50/$90 co-pay generic/ brand/non-preferred brand

Some benefits subject to change