

2024 MEDICAL PLAN COMPARISON CHART FOR RETIREES AND ELIGIBLE DEPENDENTS AGE 65 OR MORE

(FOR RETIRED MEMBERS OF HUCTW AND LOCAL 26 WHO RETIRED ON OR AFTER 7/5/2011)

You must be enrolled in Medicare Parts A and B. The benefits described below include coverage through Medicare.  
Be sure to check the service area/residency requirements of the medical insurance provider you are interested in to ensure you are eligible to participate.

MEDICAL PLAN COVERAGE	BCBS MEDEX 1-800-258-2226 • www.bcbsma.com	HPHC MEDICARE ENHANCE 1-866-874-0817 • SmartStart@harvardpilgrim.org www.harvardpilgrim.org	TUFTS HEALTH PLAN MEDICARE PREFERRED HMO 1-800-488-0229 • www.tuftshealthplan.com
Service Area	You can see any physician who accepts Medicare	You can see any physician who accepts Medicare	You must live in the Tufts Medicare Preferred HMO service area and select a Primary Care Physician (PCP) from the network. Contact Tufts for the complete service area and a list of PCPs
Annual Deductible	\$250 per calendar year	None	None
Out-of-Pocket Maximum (for medical only. Does not apply to prescription benefit)	\$1,000 per calendar year	None	\$3,400 per calendar year
HOSPITAL INPATIENT CARE			
Semi-private room and hospital services and supplies when medically necessary	Coverage coordinated with Medicare benefits; please refer to the BCBS Medex Summary of Benefits for details	Coverage coordinated with Medicare benefits. Please refer to the HPHC Medicare Enhance Schedule of Benefits for details	Covered in full after one \$200 deductible per year
OUT-OF-HOSPITAL CARE			
Physician’s Services	Deductible then 20% coinsurance	\$15 copayment per visit	\$10 copayment per visit for primary care physician \$15 copayment for specialist
Diagnostic, Lab, and X-Ray Tests	Deductible then 20% coinsurance	Covered in full	Covered in full
PREVENTIVE HEALTH CARE			
Routine Physical Exam	Coverage coordinated with Medicare Benefits	Covered in full	Covered in full
Routine Hearing Exam	Coverage coordinated with Medicare Benefits	\$15 copayment	\$15 copayment
Immunizations	Coverage coordinated with Medicare Benefits	Covered in full	Covered in full
Routine Pap Smears and Mammograms (Test only, not related services)	Coverage coordinated with Medicare Benefits	Covered in full	Covered in full

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PRESCRIPTION DRUG – MEDICARE PART D ADMINISTERED THROUGH EXPRESS SCRIPTS MEDICARE			
<b>Retail:</b> May purchase up to a 90-day supply. Copayments apply for each 30-day supply.  <b>Through Express Scripts Medicare Home Delivery</b> (saves over retail cost). Call 866-544-2895 for information about mail order. (International retirees call 877-787-8684)	At a participating pharmacy for a 30-day supply: \$7 copayment for generic \$25 copayment for preferred brand \$50 copayment for non-preferred brand  Through Express Scripts Medicare Home Delivery for a 90-day supply: \$14 copayment for generic \$50 copayment for preferred brand \$100 copayment for non-preferred brand	At a participating pharmacy for a 30-day supply: \$10 copayment for generic \$20 copayment for preferred brand \$35 copayment for non-preferred brand  Through Express Scripts Medicare Home Delivery for a 90-day supply: \$20 copayment for generic \$40 copayment for preferred brand \$105 copayment for non-preferred brand	At a participating pharmacy for a 30-day supply: \$10 copayment for generic \$25 copayment for preferred brand \$50 copayment for non-preferred brand  Through Express Scripts Medicare Home Delivery for a 90-day supply: \$20 copayment for generic \$50 copayment for preferred brand \$100 copayment for non-preferred brand
<b>Prescription Out-of-Pocket Maximum</b>	\$1,250 per calendar year	None	None
EMERGENCY SERVICES			
<b>Hospital Emergency Room (ER) and Outside HMO Service Area</b> Whenever possible, notify your plan of any medical emergency within 48 hours.	Deductible then 20% coinsurance	\$50 copayment (waived if admitted)	\$50 copayment (waived if admitted)
HARVARD UNIVERSITY HEALTH SERVICES (HUHS)			
<b>HUHS Access</b>	Can continue care at HUHS if you have an HUHS PCP immediately prior to enrolling in this plan	Can continue care at HUHS if you have an HUHS PCP immediately prior to enrolling in this plan	Cannot access care at HUHS
BEHAVIORAL HEALTH SERVICES			
<b>Outpatient Care Office Visits</b>	Deductible then 20% coinsurance	\$15 copayment each individual/group therapy visit, unlimited visits	\$15 copayment with unlimited visits
<b>Psychiatric Hospital</b>	Deductible then 20% coinsurance	\$15 copayment with unlimited visits	Covered in full up to Medicare’s lifetime limit of 190 days

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AMBULANCE SERVICE			
Ambulance Service	Deductible then 20% coinsurance if Medicare determines it is medically necessity	Covered in full for Medicare-covered ambulance services	Covered in full for Medicare-covered ambulance services
HOME HEALTH CARE			
Medically Necessary Home Health Services	Deductible then 20% coinsurance Medicare-eligible home health services	Covered in full when medically necessary	Covered in full when medically necessary
SKILLED NURSING CARE FACILITY			
Semiprivate Room and Necessary Services in a Medicare-Approved Nursing Facility	Deductible then 20% coinsurance	Covered in full up to 100 days per benefit period	Covered in full up to 100 days per benefit period
DURABLE MEDICAL EQUIPMENT			
Prosthetic Devices	Deductible then 20% coinsurance	Covered in full when medically necessary	Covered in full when medically necessary
VISION CARE			
Annual Eye Exams for Glasses	Coverage coordinated with Medicare for certain conditions only	\$15 copayment	\$15 copayment
Eyeglasses	Coverage coordinated with Medicare for certain conditions only	Up to \$200 towards eyewear every two calendar years; additional discounts available through HPHC Discounts & Savings program	Up to \$150 at EyeMed provider or up to \$90 with any other eyewear provider, per calendar year
ADDITIONAL BENEFITS			
Hearing Aids	No coverage. However, discounts may be available through Blue 365 - <a href="https://www.blue365deals.com/BCBSMA/">https://www.blue365deals.com/BCBSMA/</a>	Up to \$500 per calendar year	Up to \$500 every 3 years towards purchase or repair and discounts through Hearing Care Solutions
Healthy Rewards	Naturally Healthy Rewards Program offers discounts on acupuncture, massage therapy, and nutritional counseling	\$150 annual wellness allowance for health club memberships, online instructional fitness classes or subscription, select nutrition or mindfulness programs, and more	\$150 annual wellness allowance towards health club memberships, online instructional fitness classes, or online fitness subscription
Weight Management Programs	No separate benefit. See Healthy Rewards	No separate benefit. Included in annual wellness allowance. See Healthy Rewards	\$150 towards program fees for weight loss programs like WeightWatchers or hospital-based program

