

**SCANTIC VALLEY REGIONAL HEALTH TRUST - RETIREE PLAN BENEFITS**

**Effective: 7/1/2009**

**Medicare Replacement Plans** (Health plan changes in red font)

Revised for 1/1/2010

PLAN FEATURES	Medicare HMO Blue (BCBS)	Tufts Medicare Preferred HMO
	Medicare Advantage HMO	Medicare Advantage HMO
	You Pay	You Pay
General Hospital: Semi-private room & board and special services	\$100 co-pay per day up to \$500 per calendar year	Covered in full after one time annual deductible <b>\$300</b>
Rehabilitation Hospital	\$100 co-pay per day (days 1-5) \$500 annual maximum	Covered in full for 90 days in benefit period.
Skilled Nursing Facility	<b>\$20</b> co-pay per day for days 1-100 per benefit period ( <b>\$400</b> annual max)	Covered in full for 100 days in benefit period. No prior hospital stay is required.
Mental Health & Substance Abuse Care in a Psychiatric Hospital	\$100 co-pay per day (\$500 per calendar year for all admissions)	\$0 co-pay - 190-day lifetime limit max
<b>OUTPATIENT CARE</b>		
Medical Office Visits	<b>\$15</b> co-pay to PCP; \$20 specialist co-pay	\$10 co-pay to PCP \$15 specialist co-pay
Consult & Care by Specialists	<b>\$25</b> co-pay per visit	\$15 co-pay per visit
Routine Physical Exams	<b>\$15</b> co-pay per visit	\$10 co-pay per visit
Diagnostic Lab & X-ray Services	<b>Nothing for routine lab tests; 10% of total costs for outpatient diagnostic lab tests and PET, CT, MRI scans and nuclear cardiology services.</b>	Covered in full
Day Surgery	<b>\$0 - \$100 co-pay; nothing if admitted for inpatient services</b>	<b>\$50 per service</b>
Radiation & Chemotherapy	Covered in full	Covered in full
Urgent & Emergency Care	\$10 co-pay for PCP office; \$20 in specialist office; \$50 co-pay for ER	\$10 co-pay for office; \$50 co-pay for ER, waived if admitted.

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 SVRHT is not responsible for the accuracy of this summary of benefits.

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OUTPATIENT CARE (cont'd)	Medicare HMO Blue (BCBS)	TUFTS Medicare Preferred HMO
	You Pay	You Pay
Ambulance Services	\$50 member co-pay per day	<b>\$50 per day</b>
Preventive Dental	<b>\$25</b> co-pay for one cleaning and oral exam every 6 months incl. 1 set of bitewing x-rays every 6 months	Not covered
Routine Vision & Hearing Screenings	<b>\$25 co-pay for one exam every 12 months. All costs after \$150 every 24 months for eyewear. Exams and eyewear must be provided by a Davis Vision provider.</b> <b>\$25 co-pay for one hearing exam every 12 months.</b> Up to \$400 for hearing aids every 36 mos.	\$15 co-pay per visit. Up to \$150 per year toward the purchase of eyeglasses. \$500 allowance for purchase or repair of hearing aids every 3 years.
Mental Health & Substance Abuse	\$20 co-pay for visits 1-10; \$30 co-pay for visits 11+ (applies to both biologically-based and non-biologically-based mental conditions.)	\$15 co-pay per visit
Prescription drugs	<i>Retail: 30-day supply</i>  \$10 co-pay Generic \$25 co-pay Preferred Brand Name \$45 co-pay Non-Preferred Brand Name  <i>Mail Order: Up to a 90-day supply</i> \$20 co-pay Generic \$50 co-pay Preferred Brand -Name \$90 co-pay Non-Preferred Brand Name  <b>\$4,550</b> in your annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or <b>\$2.50</b> for generic and <b>\$6.30</b> for brand name drugs.	<i>Retail: \$10 co-pay generic/\$25 co-pay preferred brand/\$50 co-pay non-preferred brand for 30-day supply</i>  <i>Mail Order: 30/60/90 day supply:</i> Tier 1: \$7/\$14/\$20 Tier 2: \$17/\$33/\$50 Tier 3: \$33/\$67/\$100  <b>\$4,550</b> in your annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or <b>\$2.50</b> for generic and <b>\$6.30</b> for brand name drugs.

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<b>FITNESS</b>	<b>You Pay</b>	<b>You Pay</b>
Fitness Center benefit	Fitness benefit each year – All costs after <b>\$300</b> Weightwatchers® each year – All costs after <b>\$300</b>	Fitness Benefit each year - \$150 towards membership at any participating fitness club, with no waiting period

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