

SCANTIC VALLEY REGIONAL HEALTH TRUST - RETIREE PLAN BENEFITS

Effective: 7/1/2010

Medicare Replacement Plans (Health plan changes in red font)

PLAN FEATURES	Medicare HMO Blue (BCBS) Medicare Advantage HMO	Tufts Medicare Preferred HMO Medicare Advantage HMO	HNE Medicare Secure Freedom HMO-POS NEW PLAN Eff 7/1/2010 Medicare Advantage POS
	You Pay	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 \$300	<u>In-Network:</u> \$200 per admission <u>Out-of-Network:</u> \$400 per admission
Rehabilitation Hospital	\$100 co-pay per day(days 1-5) \$500 annual maximum	Covered in full for 90 days in benefit period.	<u>In-Network:</u> \$200 per admission <u>Out-of-Network:</u> \$400 per admission
Skilled Nursing Facility	\$20 co-pay per day for days 1-100 per benefit period (\$400 annual max)	Covered in full for 100 days in benefit period. No prior hospital stay is required.	<u>In-Network:</u> Days 1-10: \$0 co-pay Days 11-100: \$25 per day <u>Out-of-Network:</u> Days 1-10: \$0 co-pay Days 11-100: \$50 per day
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	<u>In-Network :</u> \$200 per admission <u>Out-of-Network :</u> \$400 per admission
OUTPATIENT CARE			
Medical Office Visits	\$15 co-pay to PCP; \$20 specialist co-pay	\$10 co-pay to PCP \$15 specialist co-pay	<u>In-Network:</u> \$10 co-pay for each primary care doctor visit for Medicare covered benefits. <u>Out-of-Network:</u> \$20 co-pay for each primary care doctor visit for Medicare covered benefits.

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Consult & Care by Specialists	\$25 co-pay per visit	\$15 co-pay per visit	<u>In-Network:</u> \$10 co-pay for each specialist visit for Medicare covered benefits <u>Out-of-Network:</u> \$20 co-pay for each specialist visit for Medicare covered benefits
Routine Physical Exams	\$15 co-pay per visit	\$10 co-pay per visit	<u>In-Network:</u> \$10 co-pay for routine exam. <u>Out-of-Network:</u> \$20 co-pay for routine exam.
Diagnostic Lab & X-ray Services	Nothing for routine lab tests; 10% of total costs for outpatient diagnostic lab tests and PET, CT, MRI scans and nuclear cardiology services.	Covered in full	Covered in full
Day Surgery	\$0 - \$100 co-pay; nothing if admitted for inpatient services	\$50 per service	<u>In-Network:</u> \$100 co-pay for each Medicare covered ambulatory surgical center visit. <u>Out-of-Network:</u> \$200 co-pay for each Medicare covered ambulatory surgical center visit.
Radiation & Chemotherapy	Covered in full	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.	<u>Urgent-</u> \$10 co-pay for Medicare covered urgently needed care visits. <u>Emergency-</u> \$50 co-pay for Medicare covered emergency room visits, waived if admitted.

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Ambulance Services	\$50 member co-pay per day	\$50 per day	\$50 co-pay for Medicare covered ambulance benefits per trip. Except in an emergency, your plan provider must obtain prior authorization.
Preventive Dental	\$25 co-pay for one cleaning and oral exam every 6 months incl. 1 set of bitewing x-rays every 6 months	Not covered	\$150 annual allowance dental benefit per calendar year.
Routine Vision & Hearing Screenings	<p>\$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.</p> <p>\$25 co-pay for one hearing exam every 12 months.</p> <p>Up to \$400 for hearing aids every 36 mos.</p>	<p>\$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.</p>	<p>Vision-</p> <p>\$20 co-pay for up to 1 routine eye exam every two years.</p> <p><u>Glasses or contacts-</u></p> <p>\$0 co-pay for one pair of eyeglasses or contact lenses after each cataract surgery, up to 1 pair of eyeglasses every year.</p> <p><u>In-Network:</u></p> <p>\$10 co-pay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$10 co-pay for up to 1 routine eye exam every two years.</p> <p><u>Out-of-Network:</u></p> <p>\$20 co-pay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$150 vision care allowance every two calendar years.</p> <p>Hearing-</p> <p><u>In-Network:</u></p> <p>\$10 co-pay for diagnostic hearing exams.</p> <p>\$10 co-pay for up to 1 routine hearing test eve</p> <p><u>Out-of-Network:</u> \$20 co-pay for diagnostic hearing exams.</p> <p>\$20 co-pay for up to 1 routine hearing test every year</p>

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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	In-Network: \$10 co-pay for each Medicare covered individual or group therapy visit. Out-of-Network: \$20 co-pay for each Medicare covered individual or group therapy 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 \$4,550 in your annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or \$2.50 for generic and \$6.30 for brand name drugs.	<i>Retail:</i> \$10 co-pay generic/\$25 co-pay preferred brand/\$50 co-pay non-preferred brand for 30-day supply <i>Mail Order: 30/60/90 day supply:</i> Tier 1: \$7/\$14/\$20 Tier 2: \$17/\$33/\$50 Tier 3: \$33/\$67/\$100 \$4,550 in your annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or \$2.50 for generic and \$6.30 for brand name drugs.	Retail: <u>30 day supply:</u> Generic: \$10 co-pay Formulary: \$25 co-pay Non-Formulary: \$45 co-pay Mail Order: <u>90 day supply:</u> Generic: \$30 co-pay Formulary: \$75 co-pay Non-Formulary: \$135 co-pay
FITNESS			
Fitness Center benefit	Fitness benefit each year – All costs after \$300 Weightwatchers® each year – All costs after \$300	Fitness Benefit each year - \$150 towards membership at any participating fitness club, with no waiting period	Fitness Benefit each year- \$150 toward at an eligible health club or Weight Watchers.

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