

SCANTIC VALLEY REGIONAL HEALTH TRUST - RETIREE SUPPLEMENT PLAN BENEFITS effective: 7/1/10

Benefit changes for FY11 in red font

Medex descriptions clarified in blue font

PLAN FEATURES	TUFTS MEDICARE COMPLEMENT HMO MEDIWRAP	TUFTS MEDICARE PRIME SUPPLEMENT Plan NEW PLAN Eff-7/1/10 Freedom of Choice	HNE MEDWRAP HMO MEDIWRAP	BCBS MANAGED BLUE FOR SENIORS HMO MEDIWRAP	MEDEX STANDARD Indemnity Type Medicare Supplement	MEDEX ENHANCED w/OBRA90 Indemnity Type Medicare Supplement
	You Pay	You Pay	You Pay	You Pay	You Pay	You Pay
INPATIENT CARE						
General Hospital: Semi-private room & board and special services	Covered in full when medically necessary	Member pays \$300 deductible per year, Then Plan provides full coverage of: - Medicare deductible and coinsurance up to 90 days per benefit period - Lifetime reserve day coinsurance - Up to 365 additional hospital days in your lifetime when Medicare benefits are used up. (Lifetime 365 days are a combination of days in a general, acute rehabilitation and/or mental hospital)	Covered in full for unlimited days when medically necessary.	Covered in full for unlimited days when medically necessary	Full coverage of Medicare deductible and co-insurance Full coverage of lifetime reserve day co-insurance Full coverage for days 91–365 <u>per benefit period</u> , when Medicare benefits are used up^ ^	Full coverage of Medicare deductible and co-insurance Full coverage of lifetime reserve day co-insurance Full coverage up to 365 additional hospital days in your <u>lifetime</u> when Medicare benefits are used up*
Rehabilitation Hospital	Covered in full for 100 days per benefit period.	Acute rehabilitation hospital covered the same as General Hospital.	Covered in full up to 100 days per calendar year. (Combined with Skilled Nursing Facility)	Covered in full (365 days in a lifetime)	Covered in full for 100 days after 3-day or longer hospital stay. Then \$16 per day from day 101 thru day 365.	Covered in full for 100 days after 3-day or longer hospital stay. Then \$16 per day from day 101 thru day 365.

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. 1

SCANTIC VALLEY REGIONAL HEALTH TRUST - RETIREE SUPPLEMENT PLAN BENEFITS effective: 7/1/10

Benefit changes for FY11 in red font

Medex descriptions clarified in blue font

INPATIENT CARE	TUFTS MEDICARE COMPLEMENT	TUFTS MEDICARE PREFERRED Supplement Prime Plan	HNE MEDWRAP	BCBS MANAGED BLUE FOR SENIORS	MEDEX STANDARD	MEDEX ENHANCED w/OBRA90
	You Pay	You Pay	You Pay	You Pay	You Pay	You Pay
Skilled Nursing Facility	Covered in full for up to 100 days per benefit period.	<p>Covered in full for 100 days per benefit period:</p> <ul style="list-style-type: none"> ▪ Medicare covers up to 20 days after a hospital stay of 3 days or longer <p>Then Plan covers, in full, Medicare daily coinsurance for days 21-100 per benefit period.</p>	Covered in full up to 100 days per calendar year. (Combined with Rehabilitation Hospital)	Covered in full for 100 days in benefit period.	With Medicare – Full coverage of Medicare daily co-insurance for days 21-100. Then \$16 per day from day 101 thru day 365. Without Medicare - \$16 per day per benefit period.	With Medicare – Full coverage of Medicare daily co-insurance for days 21-100. Then \$16 per day from day 101 thru day 365. Without Medicare - \$16 per day per benefit period.
Mental Health & Substance Abuse Care in a Psychiatric Hospital	190-day lifetime limit in a psychiatric hospital	<p>Biologically based conditions: <i>General or Psychiatric hospital</i></p> <ul style="list-style-type: none"> - Full coverage of Medicare deductible and coinsurance up to 90 days per benefit period. - Full coverage of lifetime reserve day coinsurance - Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up. (Lifetime 365 days are a combination of days in a general, acute rehabilitation and/or mental hospital] 	Covered in full, no day limit.	<p>Biologically based conditions: Covered in full, no day limit.</p> <p>Non-biologically based conditions: Covered in full, no day limit</p>	<p>Biologically based conditions: <i>General or Psychiatric hospital</i></p> <ul style="list-style-type: none"> - Full coverage of Medicare deductible and co-insurance - Full coverage of lifetime reserve day co-insurance - Full coverage for days 91-365 per benefit period, when Medicare benefits are used up. (Lifetime 365 days are a combination of days in a general or mental hospital 	<p>Biologically based conditions: <i>General or Psychiatric hospital</i></p> <ul style="list-style-type: none"> - Full coverage of Medicare deductible and co-insurance - Full coverage of lifetime reserve day co-insurance - Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up. (Lifetime 365 days are a combination of days in a general or mental hospital

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. 2

SCANTIC VALLEY REGIONAL HEALTH TRUST - RETIREE SUPPLEMENT PLAN BENEFITS effective: 7/1/10

Benefit changes for FY11 in red font

Medex descriptions clarified in blue font

		<p>Non-biologically based conditions: Mental hospital- - Covered in full up to 120 days per benefit period (at least 60 days per calendar year), less any days already covered by Medicare or Plan in that benefit period (or calendar year). General hospital- - Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up. (Lifetime 365 days are a combination of days in a general, acute rehabilitation and/or mental hospital)</p>			<p>Non-biologically based conditions: <i>Mental hospital-</i> Covered in full up to 120 days per benefit period (at least 60 days per calendar year), less any days already covered by Medicare or Medex in that benefit period (or calendar year) General hospital- - Full coverage for days 91-365 per benefit period, when Medicare benefits are used up.</p>	<p>Non-biologically based conditions: <i>Mental hospital-</i> Covered in full up to 120 days per benefit period (at least 60 days per calendar year), less any days already covered by Medicare or Medex in that benefit period (or calendar year) General hospital- Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up.</p>
OUTPATIENT CARE						
	You Pay	You Pay	You Pay	You Pay	You Pay	You Pay
Medical Office Visits	\$10 co-pay per visit	\$15 co-pay per visit	\$10 co-pay per visit	\$10 co-pay per visit	Subscriber owes 20% co-insurance unless within 100 days of a hospital stay of at least 3 days	Covered in full
Consult & Care by Specialists	\$10 co-pay per visit	\$15 co-pay per visit	\$10 co-pay per visit	\$10 co-pay per visit (& referral from PCP)	Subscriber owes 20% co-insurance unless within 100 days of a hospital stay of at least 3 days	Covered in full.

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. 3

SCANTIC VALLEY REGIONAL HEALTH TRUST - RETIREE SUPPLEMENT PLAN BENEFITS effective: 7/1/10

Benefit changes for FY11 in red font

Medex descriptions clarified in blue font

OUTPATIENT CARE	TUFTS MEDICARE COMPLEMENT	TUFTS MEDICARE PREFERRED Supplement Prime Plan	HNE MEDWRAP	BCBS MANAGED BLUE FOR SENIORS	MEDEX STANDARD	MEDEX ENHANCED w/OBRA90
	You Pay	You Pay	You Pay	You Pay	You Pay	You Pay
Routine Physical Exams	\$10 co-pay per visit	\$15 co-pay per visit	\$10 co-pay per visit	\$10 co-pay per visit	Not covered	Not covered
Diagnostic Lab & X-ray Services	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Day Surgery	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Radiation & Chemotherapy	Covered in full	Covered in full	Covered in full	Covered in full	Covered in Full	Covered in full
Urgent & Emergency Care	\$10 co-pay for office; \$50 co-pay for ER	\$15 co-pay for office; \$50 co-pay for ER	\$10 co-pay for urgent care office visit; \$50 co-pay per visit for ER (waived if admitted)	\$50 co-pay per visit for ER (waived if admitted)	Full coverage for emergency services	Full coverage for emergency services
Ambulance Services	Covered in full	\$50 co-pay per day.	\$25 co-pay per member per day	Emergency Transportation covered in full. Medically necessary transportation \$40 member co-pay	Covered in full (if medically necessary)	Covered in full (if medically necessary)
Mental Health & Substance Abuse	\$10 co-pay per visit when medically necessary	Biologically based mental conditions: - When covered by Medicare, full coverage of deductible and coinsurance after \$15 copayment per visit. There is no visit limit. - When not covered by Medicare, \$15 copayment per visit for up to 24 visits per calendar	\$10 co-pay per visit when medically necessary There is a Prior Authorization requirement after the 15th visit for Outpatient Mental Health and Substance Abuse, combined.	Biologically based: \$10 co-pay, unlimited visits	Biologically-based mental conditions: When covered by Medicare, full coverage of deductible and co-insurance w/no visits max. When not covered by Medicare, full Medex benefits with no visit max.	Biologically-based mental conditions: Covered in full.

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. 4

SCANTIC VALLEY REGIONAL HEALTH TRUST - RETIREE SUPPLEMENT PLAN BENEFITS effective: 7/1/10

Benefit changes for FY11 in red font

Medex descriptions clarified in blue font

Mental Health & Substance Abuse, cont'd		<p>year.</p> <p>Non-biologically-based mental conditions:</p> <ul style="list-style-type: none"> - When covered by Medicare, full coverage after \$15 copayment per visit - When not covered by Medicare, \$15 copayment per visit for up to 24 visits per calendar year. <p>* <i>Includes drug addiction and alcoholism.</i></p>		<p>Non-biologically based: When covered by Medicare, \$10 co-pay, no visit max. When <u>not</u> covered by Medicare, \$10 co-pay, 24 visits per calendar year.</p> <p>Includes drug addiction & alcoholism.</p>	<p>Non-biologically-based mental conditions *:</p> <p>Covered in full through 24th visit per calendar year; then for Medicare covered services, 50% coinsurance from the 25th visit.</p> <p><i>*Includes drug addiction & alcoholism.</i></p>	<p>Non-biologically-based mental conditions*:</p> <p>Covered in full through 24th visit per calendar year; then covered in full from 25th visit for Medicare covered services.</p> <p><i>* Includes drug addiction and alcoholism.</i></p>
Routine Vision & Hearing Screenings	\$10 co-pay per visit for annual routine eye exam & hearing exam. Hearing aids not covered	<p><u>Hearing</u> - Covered up to \$100 per cal yr.</p> <p><u>Hearing Aid</u> - \$500 every 3 yrs purchase or repair</p> <p><u>Vision</u> – covered up to \$100 per cal yr.</p> <p><u>Glasses or contacts</u> - covered up to \$150 per cal year.</p>	\$10 co-pay per visit for annual routine eye and hearing exams	\$10 co-pay per visit	Not covered	Not covered
Preventive Dental	Not covered	Not covered	Preventive dental services for children under the age of 12 (you pay the first \$25 per child per calendar year)	Not covered	Not covered	Not covered
Prescription drugs	<p>Retail:</p> <p><u>30 day</u> supply:</p> <p>Tier 1: \$8 co-pay</p> <p>Tier 2: \$20 co-pay</p> <p>Tier 3: \$35 co-pay</p>	<p>Retail:</p> <p><u>30 day</u> supply:</p> <p>\$10 generic</p> <p>\$20 preferred brand</p> <p>\$35 non-preferred brand</p>	<p>Retail:</p> <p><u>30 day</u> supply:</p> <p>Generic: \$10 co-pay</p> <p>Formulary: \$20 co-pay</p> <p>Non-Formulary: \$35 co-pay</p>	<p>Retail:</p> <p>Up to <u>60 day</u> supply:</p> <p>Tier 1: 25% co-ins.</p> <p>Tier 2: 50% co-ins.</p> <p>Tier 3: 75% co-ins.</p>	<p>Retail:</p> <p><u>30 day</u> supply:</p> <p>After \$25 deductible per calendar year, 100% coverage for generic</p> <p>80% coverage for brand for <u>30-day</u> supply</p>	<p>Retail:</p> <p><u>30 day</u> supply:</p> <p>After \$25 deductible per calendar year, 100% coverage for generic</p> <p>80% coverage for brand</p>

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. 5

SCANTIC VALLEY REGIONAL HEALTH TRUST - RETIREE SUPPLEMENT PLAN BENEFITS effective: 7/1/10

Benefit changes for FY11 in red font

Medex descriptions clarified in blue font

Prescription drugs, cont'd	Mail Order: 90 day supply: Tier 1: \$16 co-pay Tier 2: \$40 co-pay Tier 3: \$70 co-pay	Mail Order: 90 day supply: \$20 generic \$40 preferred brand \$70 non-preferred brand	Mail Order: 90 day supply: (maintenance medication) Generic: \$20 co-pay Formulary: \$40 co-pay Non-Formulary: \$105 co-pay	Mail Order: 90 day supply: Tier 1: \$5 co-pay Tier 2: \$30 co-pay Tier 3: \$50 co-pay	Mail Order: 90 day supply: \$2 generic \$15 brand <i>(no deductible applies to mail order)</i>	Mail Order: 90 day supply: \$2 generic \$15 brand <i>(no deductible applies to mail order)</i>
FITNESS	TUFTS MEDICARE COMPLEMENT	TUFTS MEDICARE PREFERRED Supplement Prime Plan	HNE MEDWRAP	BCBS MANAGED BLUE FOR SENIORS	MEDEX STANDARD	MEDEX ENHANCED w/OBRA90
Fitness Center Benefit	20% discount on an annual membership at any participating fitness club, with no initiation or joining fees. See plan for details.	Up to \$150 reimbursement per calendar year at any participating fitness club. See plan for details.	Up to \$150 reimbursement per calendar year at an eligible health club or weight watchers, per family. See plan for details.	Up to \$150 reimbursement per calendar year per subscriber at a health club or Weight Watchers® or hospital based weight loss program. See plan for details.	No Fitness Benefit	No Fitness Benefit