

**CAPE COD MUNICIPAL HEALTH GROUP - RETIREE PLAN BENEFITS**  
**MEDICARE ADVANTAGE HMO PLANS – Effective January 1, 2017**

Benefit changes or clarifications in red font

PLAN FEATURES	<b>BCBS</b> <b>Medicare HMO Blue</b>  (This Medicare Advantage plan replaces traditional Medicare coverage)	<b>TUFTS</b> <b>Medicare Preferred HMO</b>  (This Medicare Advantage plan replaces traditional Medicare coverage)
INPATIENT CARE	January Renewal	January Renewal
General Hospital: Semi-private room & board and special services	\$150 co-pay per day (days 1-5) No annual out-of-pocket limit	Covered in full after one time annual deductible \$300
Rehabilitation Hospital	\$150 co-pay per day (days 1-5) \$750 annual maximum	Covered in full for 90 days in benefit period.
Skilled Nursing Facility	<b>\$20</b> co-pay per day (days 1-20); \$100 per day (days 21-44); \$0 per day (days 45-100) in benefit period	Covered in full for 100 days in benefit period. No prior hospital stay is required.
Mental Health & Substance Abuse Care in a Psychiatric Hospital	\$150 co-pay per day (days 1-5) No annual out-of-pocket limit	\$0 co-pay - 190-day lifetime limit max
OUTPATIENT CARE		
Annual Routine Physical Exam	<b>\$0 co-pay per visit</b>	\$0 co-pay per visit
Medical Office Visits	\$15 co-pay to PCP; \$35 specialist co-pay	\$10 co-pay to PCP \$15 specialist co-pay
Consult & Care by Specialists	\$30 co-pay per visit	\$15 co-pay per visit
Day Surgery	\$0 to \$150 co-pay	\$50 per day
Diagnostic Lab & X-ray Services	\$10 co-pay per day – labs, X-rays, other diagnostic tests; \$150 per outpatient diagnostic PET, CT, MRI scans, and nuclear cardiology services	Covered in full
Radiation & Chemotherapy	Covered in full	Covered in full
Urgent & Emergency Care	\$15 co-pay for PCP office; \$35 co-pay in specialist office; \$75 co-pay for ER (world-wide urgent & ER care)	\$10 co-pay for office; \$50 co-pay for ER, waived if admitted.
Shingles Vaccine	Covered in full when administered in the Physician's office	Covered in full when administered in the Physician's office

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

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<b>OUTPATIENT CARE</b> <i>(cont'd)</i>		
Ambulance Services	\$0 to \$100 member co-pay per trip waived if admitted	\$50 member co-pay per day
Mental Health & Substance Abuse	\$35 co-pay (applies to both biologically-based and non-biologically-based mental conditions.)	\$15 co-pay per visit
Chiropractic Services	\$20 co-pay per visit	
Routine Vision & Hearing Screenings	\$35 co-pay per visit at a Davis Vision network provider. One routine eye exam and one hearing test per 12 months. Glasses or contact lenses up to \$150 every 24 months.  Up to \$400 for hearing aids every 36 mos.	\$15 co-pay per visit. Up to \$150 per year toward the purchase of eyeglasses or contact lenses at an EyeMed provider. Up to \$90 per year at non-EyeMed providers.  \$500 allowance for purchase or repair of hearing aids every 3 years. Other Discounts available through Hearing Care Solutions – see plan document for details.
Preventive Dental	\$35 co-pay for one cleaning and one oral exam every 6 mos. Incl. 1 set of 2 bitewing x-rays every 6 mos.	Not covered
Prescription drugs	<i>Retail: 30-day supply</i> \$10 co-pay Generic \$25 co-pay Preferred Brand Name \$45 co-pay Non-Preferred Brand  <i>Mail Order:</i> Up to a 90-day supply \$20 co-pay Generic \$50 co-pay Preferred Brand -Name \$90 co-pay Non-Preferred Brand Name  After you reach <b>\$4,950</b> in your annual out-of-pocket drug costs, your cost is reduced to <b>\$3.30</b> for generic and <b>\$8.25</b> for brand name drugs.	<i>Retail: 30-day supply</i> \$10 co-pay generic/ \$25 co-pay preferred brand/ \$50 co-pay non-preferred brand for  <i>Mail Order:</i> 30/60/90 day supply: Tier 1: \$7/\$14/\$20 Tier 2: \$17/\$33/\$50 Tier 3: \$33/\$67/\$100  After you reach <b>\$4,950</b> in your annual out-of-pocket drug costs, your cost is reduced to <b>\$3.30</b> for generic and <b>\$8.25</b> for brand name drugs.
<b>FITNESS</b>	<b>You Pay</b>	<b>You Pay</b>
Fitness Center benefit	Fitness benefit each year – All costs after \$300, includes verifiable COA sites Weightwatchers® each year All costs after \$300 <i>Paid receipts no longer needed when sending in claim reimbursement forms.</i>	Fitness benefit – member receives up to \$150 per calendar year. No waiting period to receive reimbursement.

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