

CAPE COD MUNICIPAL HEALTH GROUP - RETIREE PLAN BENEFITS
MEDICARE ADVANTAGE HMO PLANS – Effective January 1, 2025

1

Benefit changes or clarifications in red font

PLAN FEATURES	BCBS Medicare HMO Blue	TUFTS Medicare Preferred HMO
	(This Medicare Advantage plan replaces traditional Medicare coverage)	(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)	Covered in full for 90 days in benefit period.
Skilled Nursing Facility	\$\$20 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) 190 lifetime days, then 60 days per calendar year (unlimited days in a General Hospital)	\$0 co-pay - 190-day lifetime limit max
OUTPATIENT CARE		
Annual Routine Physical Exam	\$0 co-pay per visit	\$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	\$35 co-pay per visit	\$15 co-pay per visit
Day Surgery	\$150 co-pay	\$50 per day
Diagnostic Lab & X-ray Services	\$10 co-pay per day – labs, other diagnostic tests; \$5 co-pay per day x-rays \$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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2

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PLAN FEATURES	BCBS Medicare HMO Blue (a Medicare Advantage HMO)	TUFTS Medicare Preferred HMO (a Medicare Advantage HMO)
OUTPATIENT CARE (cont'd)		
Ambulance Services	\$75 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.) \$0 copayments for opioid treatment program svcs	\$15 co-pay per visit
Chiropractic Services	\$15 co-pay per visit 20 visits per calendar year	
Routine Vision & Hearing Screenings	<p>No cost. One routine eye exam per 12 months with an EyeMed provider. Glasses or contact lenses up to \$200 every 24 months.</p> <p>One hearing test per 12 months with a TruHearing provider.</p> <p>1 TruHearing branded hearing aid per ear every 12 months \$600 copayment per TruHearing Advanced hearing aid \$999 copayment per TruHearing Premium hearing aid</p>	<p>\$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.</p> <p>\$500 allowance for purchase or repair of hearing aids every 3 years. Other Discounts available through Hearing Care Solutions – see plan document for details.</p>
Preventive Dental	No Cost- One initial and periodic oral exam, one cleaning, and one set of bitewing x-rays every 6 mos.	Not covered
Prescription drugs	<p><i>Retail: 30-day supply</i> \$10 co-pay Generic \$25 co-pay Preferred Brand Name \$45 co-pay Non-Preferred Brand</p> <p><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</p> <p>After you reach \$2,000 in your annual out-of-pocket drug costs, your cost is reduced to \$0 for generic and brand name drugs.</p>	<p><i>Retail: 30-day supply</i> \$10 co-pay generic/ \$25 co-pay preferred brand/ \$50 co-pay non-preferred brand for</p> <p><i>Mail Order:</i> 30/60/90 day supply: Tier 1: \$7/\$14/\$20 Tier 2: \$17/\$33/\$50 Tier 3: \$33/\$67/\$100</p> <p>After you reach \$2,000 in your annual out-of-pocket drug costs, your cost is reduced to \$0 for generic and brand name drugs.</p>
FITNESS	You Pay	You Pay

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3

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Fitness Center benefit	Fitness benefit each year – Up to \$150 per calendar year, includes verifiable COA sites Weightwatchers® \$150 each year Paid receipts no longer needed when sending in claim reimbursement forms.	Fitness benefit – member receives up to \$150 per calendar year. No waiting period to receive reimbursement.
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