CAPE COD MUNICIPAL HEALTH GROUP – RETIREE PLAN BENEFITS
COMPARISON OF Medicare Supplement Plans effective January 1, 2027

January 1 renewal

Benefit Category	BCBS Managed Blue for Seniors Medi-Wrap (Insured)	HPHC Medicare Enhance Freedom of Choice	BCBS Medex 2 Freedom of Choice
INPATIENT CARE			
General Hospital: Semi-private room & board, physician services, and special services	Covered in full for unlimited days when medically necessary.	Covered in full for unlimited days. Patient must use reserve days after 90th day if available.	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*
Rehabilitation Hospital	Covered in full (365 days in a lifetime)	Covered in full up to 100 days per calendar year.	Covered in full for 100 days after 3-day or longer hospital stay. Then $16 per day from day 101 thru day 365.
Skilled Nursing Facility	Covered in full for 100 days in benefit period.	Covered through day 100 of a Medicare benefit period. Medicare Enhance pays Medicare SNF coinsurance for days 21-100.	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	***Biologically based conditions:*** Covered in full, no day limit.	All Medicare covered days covered in full. ***Biologically based conditions:*** Covered in full, unlimited days. Including substance abuse.	***Biologically based conditions:*** ***General or mental hospital*** - 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

Mental Health & Substance Abuse Care, Continued	***Non-biologically based conditions:*** Covered in full, no day limit.	***Non-Biologically based conditions:*** Covered in full per schedule of benefits, no day limit.	***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 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.
OUTPATIENT CARE	**BCBS Managed Blue for Seniors** **Medi-Wrap (Insured)**	**HPHC Medicare Enhance** **Freedom of Choice**	**BCBS Medex 2** **Freedom of Choice**
Consult & Care by Specialists	$10 co-pay per visit (& referral from PCP)	$5 co-pay	Covered in full.
Routine Annual Physical Exams	$10 co-pay per visit	$0 co-pay per visit	Not Covered.
Medical Office Visits	$10 co-pay per visit	$5 co-pay per visit	Covered in full
Diagnostic Lab & X-ray Services	Covered in full	Covered in full	Covered in full.
Day Surgery	Covered in full	Covered in full	Covered in full
Radiation & Chemotherapy	Covered in full	Covered in full	Covered in full
Urgent & Emergency Care	$50 co-pay per visit for ER, waived if admitted	$5 co-pay for office; $30 co-pay for ER, waived if admitted	Full coverage for emergency services

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Mental Health & Substance Abuse	***Biologically based mental conditions:*** $10 co-pay, unlimited visits	***Biologically based mental conditions:*** All Medicare covered services $5 co-pay, including substance abuse	***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.
	Non-biologically-based mental conditions: When covered by Medicare, $10 co-pay, no visit max. When not covered by Medicare, Drug addiction: $10 co-pay, 24 visits per calendar year. Alcoholism: $10 co-pay, 8 visits per calendar year	***Non-biologically based mental conditions:*** Mental health: per schedule of benefits, no visit limit	***Non-biologically-based mental conditions*:*** Covered in full when covered by Medicare. When not covered by Medicare – full coverage up to 24 visits per calendar year. 50% coinsurance from the 25th visit. ** Includes drug addiction and alcoholism.*
Routine Vision & Hearing Screenings	$10 co-pay per visit. Hearing screenings – not covered	*Hearing - $5 copay for the office visit.* *Hearing Aids – Covers $500 then 80% of next $1500, up to $2,000 every 2 yrs for purchase or repair of hearing aids. 20% copayment up to the benefit limit and all charges in excess of limit.* *Routine Vision Exam $5 copay (one per year)* *Eyeglasses or contacts - Covered up to $150 reimbursement per year*	One routine eye exam once every two calendar years Hearing screenings – not covered
Durable Medical Equipment	$10 per item	Covered in full	Covered in full
Preventive Dental	Not covered.	Not covered.	Not covered.
Shingles Vaccine	Covered in full when admin. in	Covered in full when admin. in	Covered in full when admin. in

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. The Description of Benefits document for each health plan is the accurate source of plan benefit information.

	Physician's office	Physician's office	Physician's office
OUTPATIENT CARE	**BCBS Managed Blue for Seniors** **Medi-Wrap (Insured)**	**HPHC Medicare Enhance** **Freedom of Choice**	**BCBS Medex 2** **Freedom of Choice**
Ambulance Services	$40 member co-pay	Covered in full	Covered in full (if medically necessary)
Prescription drugs	***Retail:*** *up to 30-day supply:* Tier 1: $5 co-pay Tier 2: $10 co-pay Tier 3: $25 co-pay ***Mail Order****:* *up to 90-day supply* Tier 1*:* $10 co-pay Tier 2: $20 co-pay Tier 3: $50 co-pay RX Plan name is- Blue Medicare RX CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.	***Retail*:** Tier 1: $5 co-pay generic $4 at preferred retail Tier 2 :$10 co-pay preferred brand Tier 3: $25 co-pay non-preferred drug Tier 4: $25 specialty ***90 day supply : standard or mail*** Tier 1: $10 co-pay generic $8 co-pay preferred retail or preferred mail Tier 2: $20 co-pay preferred brand Tier 3: $50 co-pay non-preferred drug Tier 4: limited to 30 day supply Provided by Aetna Medicare Rx offered by SilverScript, which is affiliated with CVS Caremark, is the Prescription Benefits Manager (PBM) for retail and mail order	***Retail****:* *up to 30-day supply:* Tier 1: $5 co-pay Tier 2: $10 co-pay Tier 3: $25 co-pay ***Mail Order****:* *up to 90-day supply* Tier 1*:* $10 co-pay Tier 2: $20 co-pay Tier 3: $50 co-pay RX Plan name is- Blue Medicare RX CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.
Other Benefits			
Fitness/Wellness	Fitness Reimbursement $150. Weight loss Reimbursement $150	Up to $150 reimbursement per cal. year towards qualified nutrition programs, mindfulness apps, fitness equipment, studio memberships and more. See plan details.	Fitness Reimbursement $150. Weight loss Reimbursement $150

BCBSMA Medex 2 Footnote
*The 365 additional days per lifetime are a combination of days in a general or mental hospital.
** A combined maximum of 365 days per benefit period in a Medicare participating and non-participating skilled nursing facility.

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