

A Your Medicare Coverage Choices

Step 1: Decide how you want to get your coverage

ORIGINAL MEDICARE

Part A
Hospital
Insurance

Part B
Medical
Insurance

OR

MEDICARE ADVANTAGE PLAN

(like an HMO or PPO)

Part C
Combines Part A, Part B
and usually Part D

Step 2: Decide if you need a Prescription Drug Plan

Part D
Stand Alone PDP

Part D
Drug coverage is limited to
plan
offered by HMO or PPO.

Step 3: Decide if you need to add supplemental medical coverage

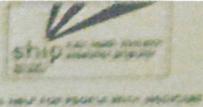
Medigap
Supplemental Care or
Supplement 1 plan

End

End

If you join a Medicare Advantage Plan with drug coverage (MAPD), you cannot join another drug plan and you don't need and cannot be sold a Medigap policy.

[MIDDLEBORO C.O.A.]



2016 Medicare Part A Benefits and Gaps

Updated 11/12/15

Coverage	Beneficiary Pays	Medicare Pays
Medicare Part A		
Inpatient Hospital Care* Days 1-60 Days 61-90 Days 91-150 (<i>lifetime reserve days</i>) All additional days Semiprivate room and board, general nursing, and other hospital services and supplies.	\$1,288 deductible \$322 per day \$644 per day All costs	Balance Balance Balance Nothing
Skilled Nursing Facility Care* Days 1-20 Days 21-100 All additional days After three-day hospitalization and admitted to a skilled nursing facility approved by Medicare within 30 days of discharge.	Nothing \$161 per day All costs	All costs Balance Nothing
Home Health Care Part-time or intermittent skilled care, home health aide services	Nothing	Up to 35 hours per week
Durable Medical Equipment and Supplies	20% of approved amount	80% of approved amount
Hospice Care Pain relief, symptom management and support services for the terminally ill.	Small co-payments for inpatient respite and drugs	Balance
Blood	For first 3 pints	All but first 3 pints per calendar year

*A benefit period provides 90 days of hospital care, if needed. A new benefit period begins each time the beneficiary is out of the hospital or has not received skilled nursing care from any other facility for 60 consecutive days.

Part A Premiums for Voluntary Enrollee (individuals who must purchase Part A):

30-39 work credits \$226/month in 2016

0-29 work credits \$411/month in 2016

Refer to Medicare & You Handbook for more information about Medicare benefits. Or call Medicare at 1-800-633-4227 TTY: 1-877-486-2048



2016 Medicare Part B Benefits and Gaps

Coverage	Beneficiary Pays	Medicare Pays
Medicare Part B		
Medical Expenses <ul style="list-style-type: none"> • Doctors' services • Inpatient and outpatient medical services and supplies • Physical and speech therapy • Diagnostic tests • Ambulance services Medicare also pays for other medically necessary services, see Medicare Handbook.	\$166 deductible* plus 20% ** of Medicare's approved amount. Limited charges above the approved amount may apply for some Part B providers.	80% of Medicare's approved amount after \$166 deductible has been met.
Clinical Lab Tests Blood tests, urinalysis, and more.	Nothing for tests if medically necessary.	Generally 100% of approved amount.
Home Health Care Part-time or intermittent skilled care, home health aide services	Nothing	Up to 35 hours per week
Durable Medical Equipment and Supplies	After \$166 deductible, you pay 20% of approved amount	80% of approved amount after \$166 deductible
Outpatient Hospital Treatment	After \$166 deductible, you pay a co-payment according to the service.	Medicare payment to hospital based fee schedule.
Blood	For first 3 pints, plus 20% of approved amount (after \$166 deductible).	80% of approved amount (after \$166 deductible and starting with the 4th pint).

* Once you have incurred \$166 of expenses for Medicare-covered services in any year, the Part B deductible does not apply to any further covered services you receive for the rest of the year.

** Part B Coinsurance is paid after you have met the annual Part B deductible of \$166 for covered services in 2016.

Services Not Covered by Medicare (partial list only): Private Duty Nursing, Experimental Procedures, Care Outside of the U.S., Custodial Care at Home, Custodial Care in Nursing Home, Outpatient Prescription Drugs, Hearing Aids, Eyeglasses (generally), Most Chiropractic Services, Dental Care, Acupuncture, or Private Hospital Room.



2017 Medigap Plans

Updated 10/12/16



LOCAL HELP FOR PEOPLE WITH MEDIGAP

Medigap Carriers	Supplement Core Monthly Premium	Supplement 1 Monthly Premium	Dental, Vision, or Hearing Benefits?*		Core Includes Foreign Travel?	Fitness/Weight Loss Benefit
			Types	Additional Premium		
Blue Cross & Blue Shield of MA (Medex) 1-800-678-2265 (sales) 1-800-258-2226 (member services) http://www.bluecrossma.com/medicare	\$93.61	\$183.10	Vision & Hearing	\$4.56	Yes	Yes
Fallon Community Health Plan 1-866-330-6380 (sales) 1-800-868-5200 (member services) http://www.fchp.org/medicare-choices	\$126.00	\$229.00	Vision	None	No	Yes
Harvard Pilgrim Health Care 1-800-782-0334 (sales) 1-877-907-4742 (member services) http://www.harvardpilgrim.org	\$112.00	\$212.00	None	N/A	Yes	Yes
Health New England 1-877-443-3314 http://www.healthnewengland.com	\$108.00	\$199.00	None	N/A	Yes	Yes (Supp. 1 only)
Humana 1-800-872-7294 (sales) 1-800-866-0581 (member services) http://www.humana-medicare.com	\$163.45 (7/1/16)	\$260.51 (7/1/16)	Dental & Vision	\$13.35	No	No
Tufts Health Plan 1-800-714-3000 (sales) 1-800-701-9000 (member services) http://www.tuftsmedicarepreferred.org	\$104.76 (waiting for 2017 rates)	\$194.00 (waiting for 2017 rates)	Vision	None	Yes	Yes
United HealthCare 1-800-523-5800 http://www.aarphealthcare.com Only for members of AARP	\$122.75	\$219.25	None	N/A	No	No
Medex Choice Hybrid between Medigap & Medicare Advantage. Consult BC/BS for details	\$136.69		No Vision & Hearing	N/A	No	None

*Dental, vision, and hearing benefits may be limited. Consult the plan's Outline of Coverage for full details.





2016 Medicare Rates

Benefit	Costs For Beneficiary With Original Medicare	Costs For Beneficiary With Supplement Core	Costs For Beneficiary With Supplement 1
Medicare Part A			
Inpatient Hospital Care			
Days 1-60	\$1,288	\$1,288	\$0
Days 61-90	\$322/Day	\$0	\$0
Days 91-150 (Lifetime Reserve)	\$644/Day	\$0	\$0
All Additional Days	Full Cost	\$0 For An Additional 365 Lifetime Hospital Days	\$0 For An Additional 365 Lifetime Hospital Days
Inpatient Days in Mental Health Hospital	190 Lifetime Days	An Additional 60 Days Per Year	An Additional 120 Days Per Benefit Period
Skilled Nursing Facility Care			
Days 1-20	\$0	\$0	\$0
Days 21-100	\$161/Day	\$161/Day	\$0
All additional Days	Full Cost	Full Cost	Full Cost
Blood - First 3 Pints	Full Cost	\$0	\$0
Medicare Part B			
Annual Deductible	\$166	\$166	\$0
Coinsurance for Part B after deductible	20%	\$0	\$0
Medicare-covered services needed while traveling abroad	Full Cost	Full Cost*	\$0

*Blue Cross & Blue Shield, Harvard Pilgrim, Health New England, and Tufts Core plans cover foreign travel.

As of 2/1/10, Bankers Life and Casualty Company's Core and Supplement plans are no longer sold in Massachusetts. Current members may remain in plan.

In compliance with Medicare regulations, Medicare Supplement 2 cannot be sold after December 31, 2005 but existing members may remain enrolled. Medex™ Gold premium is \$833.06/month in 2017.



THE SHINE PROGRAM
Serving the Health Insurance Needs of Everyone

Plymouth/Bristol/Norfolk County Medicare Advantage Plans (2017)
Information as of 10/06/16



LOCAL HELP FOR PEOPLE WITH MEDICARE

Organization Name	Plan Name	Type of Plan	2017 Monthly Premium	Change in Premium	Drug Benefit	Drug Deductible
BCBS of Mass	Medicare HMO Blue ValueRx	HMO	\$39.00	\$10.00	yes	\$0 Tiers 1-2, \$320 Tiers 3-5
	Medicare HMO Blue PlusRx	HMO	\$295.00	\$59.00	yes	\$0 Tiers 1-2, \$200 Tiers 3-5
	Medicare PPO Blue SaverRx	PPO	\$0.00	\$0.00	yes	\$0 Tiers 1-2, \$400 Tiers 3-5
	Medicare PPO Blue ValueRx	PPO	\$79.00	\$20.00	yes	\$0 Tiers 1-2, \$320 Tiers 3-5
	Medicare PPO Blue PlusRx	PPO	\$230.00	\$49.50	yes	\$0 Tiers 1-2, \$200 Tiers 3-5
	Medicare HMO Blue FlexRx	HMO POS	\$99.00	-	yes	\$0 Tiers 1-2, \$260 Tiers 3-5
Fallon	Fallon Senior Plan Saver	HMO	\$29.00	\$2.00	No	NA
	Fallon Senior Plan Super Saver Rx	HMO	\$0.00	\$0.00	yes	\$400
	Fallon Senior Plan Saver Enhanced Rx	HMO	\$49.00	\$3.00	yes	\$0 Tiers 1-2, \$300 Tiers 3-5
	Fallon Senior Plan Plus Enhanced Rx	HMO	\$156.00	\$4.00	yes	\$0
Tufts	Tufts Medicare Preferred HMO Saver Rx	HMO	\$0.00	\$0.00	yes	\$0 Tiers 1-2, \$350 Tiers 3-5
	Tufts Medicare Preferred HMO Basic Rx	HMO	\$39.00	\$3.10	yes	\$0 Tiers 1-2, \$300 Tiers 3-5
	Tufts Medicare Preferred HMO Value	HMO	\$97.00	\$1.00	No	NA
	Tufts Medicare Preferred HMO Value Rx	HMO	\$125.00	\$4.70	yes	\$0 Tiers 1-2, \$250 Tiers 3-5
	Tufts Medicare Preferred HMO Prime	HMO	\$131.00	\$1.00	No	NA
	Tufts Medicare Preferred HMO Prime Rx	HMO	\$159.00	\$4.60	yes	\$0
	Tufts Medicare Preferred HMO Prime Rx Plus	HMO	\$193.00	\$4.80	yes	\$0



Plymouth, Bristol, Norfolk County Medicare Advantage Plans
Information as of 10/06/16



Harvard Pilgrim Health Care	Harvard Pilgrim Stride Value Rx HMO Plan	HMO	\$57.00	\$9.00	yes	\$0 Tiers 1-2, \$320 Tiers 3-5
	Harvard Pilgrim Stride Value Rx Plus HMO Plan	HMO	\$148.00	\$10.00	yes	\$0
UnitedHealthcare	AARP Medicare Complete Choice	Regional PPO	\$47.00	-\$3.00	yes	\$0 Tiers 1-2, \$310 Tiers 3-5
	AARP Medicare Complete Plan 1	HMO	\$0.00	\$0.00	yes	\$0 Tiers 1-2, \$180 Tiers 3-5
	AARP Medicare Complete Plan 2	HMO	\$42.00	-\$3.00	yes	\$0 Tiers 1-2, \$255 Tiers 3-5
	AARP Medicare Complete Plan 3	HMO	\$76.00	new	yes	\$0



2017 Standard Medicare Part D Benefit

Standard Coverage Levels	2017
Annual Deductible	Beneficiary pays the first \$400 of their drug costs before the plan starts to pay its share.
Initial Coverage	Beneficiary pays 25% co-insurance; the plan pays 75% for each covered drug until the combined drug costs (plus the deductible) reach \$3,700 .
Coverage Gap	<p>Once the beneficiary and the plan have spent \$3,700 for covered drugs, the coverage gap is reached. The beneficiary pays 40% of brand name drug costs and 51% of generic drug costs (plus a small dispensing fee) until they have spent \$4,950* out of pocket.</p> <p>*In the gap, the full cost of brand name medications are counted towards the \$4,950 out of pocket threshold</p>
Catastrophic Coverage	If the beneficiary's out-of-pocket costs reach \$4,950 for the calendar year, they reach catastrophic coverage. For the rest of the calendar year the beneficiary will pay 5% coinsurance or \$3.30 / \$8.25 toward their medications, whichever is greater.



Medicare Part B Preventive Services

(Medicare Advantage Plan co-pays for these services may vary)

Updated 10/16

COVERED SERVICES	ELIGIBLE BENEFICIARIES	BENEFICIARY COST
“WELCOME TO MEDICARE EXAM” (Billing code is G0402)	All beneficiaries (one time only within first 12 months of joining Part B)	No Cost
ANNUAL WELLNESS VISIT (AWV) (Billing code for first AWV is G0438 and G0439 for all other AWVs)	Beneficiaries with Part B for more than 12 months	No cost
ADVANCE CARE PLANNING	All beneficiaries	No cost if done at AWV
ABDOMINAL AORTIC ANEURYSM SCREENING Once in a lifetime	Beneficiaries w/ risk factors: family history, male aged 65-75, having smoked 100 cigarettes	No Cost
ALCOHOL MISUSE SCREENING & COUNSELING Once every 12 months	All beneficiaries	No cost
BONE MASS MEASUREMENTS Once every 24 months. More often if medically necessary	Beneficiaries at risk for osteoporosis or meet other criteria	No cost
CARDIOVASCULAR SCREENING <ul style="list-style-type: none"> ▪ <i>Blood pressure monitoring and counseling.</i> Once every 12 months ▪ <i>Blood tests for cholesterol, fat or lipids, and triglyceride levels</i> Once every 5 years 	All beneficiaries	No cost
COLORECTAL CANCER SCREENING <p><i>Fecal Occult Blood Test</i> Once every 12 months</p> <hr/> <p><i>Flexible Sigmoidoscopy</i> Once every 48 months or 10 years after previous colonoscopy if not at high risk</p> <hr/> <p><i>Colonoscopy</i> Once every 24 months if at high risk for colon cancer – once every 10 years if not at high risk or 48 months after a flexible sigmoidoscopy</p> <hr/> <p><i>Barium Enema</i> Once every 48 months or 24 months if high risk, when used instead of a sigmoidoscopy or colonoscopy</p> <hr/> <p><i>Multi-target stool DNA test (Cologuard™)</i> Once every 3 years</p>	All beneficiaries age 50 and over <hr/> All beneficiaries age 50 and over <hr/> All beneficiaries <hr/> All beneficiaries age 50 and over <hr/> Beneficiaries between age 50-85; no signs of colorectal disease & at average risk for colorectal cancer	No cost for test, but you generally have to pay 20% of the Medicare-approved amount for the doctor’s visit <hr/> No cost <hr/> No cost <hr/> 20% of the Medicare-approved amount for the doctor’s services. In out-patient hospital setting, you also have co-payment <hr/> No cost
DEPRESSION SCREENING Once every 12 months	All beneficiaries	No cost



COVERED SERVICES	ELIGIBLE BENEFICIARIES	BENEFICIARY COST
DIABETES SCREENING LAB TESTS Up to two diabetes screenings per year based on risk factors and results of screenings. Includes fasting plasma glucose test	Beneficiaries with risk factors (high blood pressure, abnormal cholesterol levels, obesity, or history of high blood sugar)	No cost for the test, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit
DIABETES SELF-MANAGEMENT TRAINING Education for people who have diabetes Doctor must refer for service	Beneficiaries at risk for complications from diabetes	20% of the Medicare-approved amount after the yearly Part B deductible
GLAUCOMA TESTING Once a year for people at high risk for glaucoma. Test conducted/supervised by ophthalmologist/optometrist	Beneficiaries at high risk (diabetes/family history; African Americans 50+ ; Hispanic +)	20% of the Medicare-approved amount after the yearly Part B deductible.
HEPATITIS C SCREENING Single once-in-a-lifetime test for most. Repeat screening for certain people at high risk	Beneficiaries born between 1945-1965 or at high risk	No cost
HIV SCREENING Covered once every 12 months or up to 3 times during a pregnancy	All beneficiaries	No cost for the test, but you generally have to pay the doctor 20% of the Medicare-approved amount for the doctor's visit
LUNG CANCER SCREENING Low Dose Computed Tomography (LDCT). Once every 12 months	Beneficiaries between age 55-77 who are current smokers/quit in the last 15 years, with a smoking history (30 "pack years")	No cost
MAMMOGRAMS Once every 12 months	All female beneficiaries age 40+ and older	No cost
MEDICAL NUTRITION THERAPY Nutrition counseling to help manage diabetes or kidney disease – doctor must refer for service	Beneficiaries with diabetes or kidney disease	No cost
OBESITY SCREENING & COUNSELING Individuals with BMI > 30 are eligible for intensive counseling.	All beneficiaries	No cost (if counseling is provided in a primary care setting)
PAP TESTS AND PELVIC EXAMS Once every 2 years. Once every year if at high risk for cervical cancer or abnormal Pap in past 3 years	All female beneficiaries	No cost
PROSTATE CANCER SCREENING Digital Rectal Exam and Prostate Specific Antigen (PSA). Once every 12 months	All male beneficiaries age 50 and over	No cost for PSA test. 20% Medicare-approved amount after Part B deductible for doctor's visit
SHOTS (VACCINATIONS) <i>Flu Shot</i> Once per year ----- <i>Pneumococcal (Pneumonia) Shot</i> Initial shot for all who never received shot under Part B. Second shot given 11 months after first ----- <i>Hepatitis B Shots</i> Talk with your doctor	All beneficiaries ----- All beneficiaries ----- Beneficiaries at risk	No cost ----- No cost ----- No cost
SMOKING CESSATION Counseling for 2 cessation attempts for total of 8 visits within a 12-month period	Beneficiaries not diagnosed with an illness caused or complicated by tobacco use	No cost
STI (Sexually Transmitted Infection) SCREENING & COUNSELING Lab tests for STIs	Beneficiaries at risk	No cost