

# Your Medicare Coverage Choices

Step 1: Decide how you want to get your coverage

ORIGINAL MEDICARE

OR

MEDICARE ADVANTAGE PLAN

**Part A**  
Hospital  
Insurance

**Part B**  
Medical  
Insurance

(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**  
Supplement Core 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.]

## 2015 Standard Medicare Part D Benefit

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Standard Coverage Levels	2015
Annual Deductible	Beneficiary pays the first <b>\$320</b> 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 <b>\$2,960</b> .
Coverage Gap	<p>Once the beneficiary and the plan have spent \$2,960 for covered drugs, the coverage gap is reached. The beneficiary pays 45% of brand name drug costs and 65% of generic drug costs (plus a small dispensing fee) until they have spent <b>\$4,700*</b> out of pocket.</p> <p>*In the gap, the full cost of brand name medications are counted towards the \$4,700 out of pocket threshold</p>
Catastrophic Coverage	If the beneficiary's out-of-pocket costs reach \$4,700 for the calendar year, they reach catastrophic coverage. For the rest of the calendar year the beneficiary will pay 5% coinsurance or \$2.65 / \$6.60 toward their medications, whichever is greater.



**Plymouth/Bristol County Medicare Advantage Plans (2015)**  
Information as of 10/06/14



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Organization Name	Plan Name	Type of Plan	2015 Monthly Premium	Change in Premium	Drug Benefit	Drug Deductible
BCBS of Mass	Medicare HMO Blue ValueRx	HMO	\$27.00	\$1.00	yes	\$0 Tiers 1-2, \$320 Tiers 3-5
	Medicare HMO Blue PlusRx	HMO	\$193.00	\$26.00	yes	\$0 Tiers 1-2, \$200 Tiers 3-5
	Medicare PPO Blue SaverRx	PPO	\$0.00	\$0.00	yes	\$0 Tiers 1-2, \$320 Tiers 3-5
	Medicare PPO Blue ValueRx	PPO	\$49.00	-\$2.00	yes	\$0 Tiers 1-2, \$320 Tiers 3-5
	Medicare PPO Blue PlusRx	PPO	\$153.00	\$29.00	yes	\$0 Tiers 1-2, \$200 Tiers 3-5
Fallon	Fallon Senior Plan Saver	HMO	\$27.00	\$12.00	No	NA
	Fallon Senior Plan Super Saver Rx	HMO	\$0.00	\$0.00	yes	\$320
	Fallon Senior Plan Saver Enhanced Rx	HMO	\$46.00	\$9.00	yes	\$0
	Fallon Senior Plan Plus Enhanced Rx	HMO	\$152.00	\$9.00	yes	\$0
Tufts	Tufts Medicare Preferred HMO Saver Rx	HMO	\$0.00	\$0.00	yes	\$0 Tiers 1-2, \$200 Tiers 3-5
	Tufts Medicare Preferred HMO Basic Rx	HMO	\$35.90	\$0.00	yes	\$0 Tiers 1-2, \$150 Tiers 3-5
	Tufts Medicare Preferred HMO Value	HMO	\$96.00	\$3.00	No	NA
	Tufts Medicare Preferred HMO Value Rx	HMO	\$120.30	\$2.40	yes	\$0
	Tufts Medicare Preferred HMO Prime	HMO	\$130.00	\$3.00	No	NA
	Tufts Medicare Preferred HMO Prime Rx	HMO	\$154.40	\$2.50	yes	\$0
	Tufts Medicare Preferred HMO Prime Rx Plus	HMO	\$188.20	\$2.50	yes	\$0
UnitedHealthcare	AARP MedicareComplete Choice	Regional PPO	\$40.00	\$10.00	yes	\$0 Tiers 1-2, \$255 Tiers 3-4



Bristol County ONLY Medicare Advantage Plans (2015)  
Information as of 10/06/14



Harvard Pilgrim Health Care	Harvard Pilgrim Stride Value Rx HMO Plan	HMO	\$46.00	new	yes	\$0 Tiers 1-2, \$320 Tiers 3-5
	Harvard Pilgrim Stride Value Rx Plus HMO Plan	HMO	\$136.00	new	yes	\$0

## 2015 Medicare Part A Benefits and Gaps

(Chart outlines gaps in Medicare coverage. Refer to Medicare & You Handbook for more Information about Medicare benefits.)

Coverage	Beneficiary Pays	Medicare Pays
<b>Medicare Part A</b>		
<b>Inpatient Hospital Care*</b> 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.	\$1,260 deductible \$315 per day \$630 per day All costs	Balance Balance Balance Nothing
<b>Skilled Nursing Facility Care*</b> 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 \$157.50 per day All costs	All costs Balance Nothing
<b>Home Health Care</b> Part-time or intermittent skilled care, home health aide services	Nothing	Up to 35 hours per week
<b>Durable Medical Equipment and Supplies</b>	20% of approved amount	80% of approved amount
<b>Hospice Care</b> Pain relief, symptom management and support services for the terminally ill.	Small co-payments for inpatient respite and drugs	Balance
<b>Blood</b>	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 quarters	\$224/month in 2015
0-29 work quarters	\$407/month in 2015

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

## 2015 Medicare Part B Benefits and Gaps

(Chart outlines gaps in Medicare coverage. Refer to Medicare & You Handbook for more information about Medicare benefits.)

Coverage	Beneficiary Pays	Medicare Pays
<b>Medicare Part B</b>		
<b>Medical Expenses</b> <ul style="list-style-type: none"> <li>• Doctors' services</li> <li>• Inpatient and outpatient medical services and supplies</li> <li>• Physical and speech therapy</li> <li>• Diagnostic tests</li> <li>• Ambulance services</li> </ul> Medicare also pays for other medically necessary services, see Medicare Handbook.	\$147 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 \$147 deductible has been met.
<b>Clinical Lab Tests</b> Blood tests, urinalysis, and more.	Nothing for tests if medically necessary.	Generally 100% of approved amount.
<b>Home Health Care</b> Part-time or intermittent skilled care, home health aide services	Nothing	Up to 35 hours per week
<b>Durable Medical Equipment and Supplies</b>	After \$147 deductible, you pay 20% of approved amount	80% of approved amount after \$147 deductible
<b>Outpatient Hospital Treatment</b>	After \$147 deductible, you pay a co-payment according to the service.	Medicare payment to hospital based fee schedule.
<b>Blood</b>	For first 3 pints, plus 20% of approved amount (after \$147 deductible).	80% of approved amount (after \$147 deductible and starting with the 4th pint).

\* Once you have incurred \$147 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 \$147 for covered services in 2015. Most beneficiaries will pay \$104.90 for the 2015 Part B premium. Beneficiaries with higher incomes will pay higher Part B premiums. The premium for these members will range from \$146.90- \$335.70.

**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.



## Medicare Part B Preventive Services

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

Medicare now covers a “*Welcome to Medicare Exam*” and an “*Annual Wellness Visit*” free of charge.\* These visits provide you and your doctor an opportunity to develop a personalized prevention plan to improve your health and early detection for many diseases. These visits include routine measurements of height, weight and blood pressure; review of individual and family history; review of medications; mental health risk and cognitive status check; and discussion and monitoring of recommended schedule for vaccinations and screening tests, **many of which are covered by Medicare at no charge.**

HOWEVER ... It is important to understand that these free visits **do NOT cover a comprehensive physical exam or lab tests.** Therefore, beneficiaries **may be charged co-insurance or co-pays** for some services provided during the appointment that are outside the scope of either the *Welcome to Medicare Exam* or the *Annual Wellness Visit*.

**\*Doctor’s office must use correct billing codes for these visits (listed in chart below) to ensure accurate processing of claims.**

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

<b>COVERED SERVICES</b>	<b>ELIGIBLE BENEFICIARIES</b>	<b>BENEFICIARY COST</b>
<b>DEPRESSION SCREENING</b> Once every 12 months	All beneficiaries	No cost
<b>DIABETES SCREENING LAB TESTS</b> Up to two diabetes screenings per year based on risk factors and results of screenings. Includes fasting plasma glucose test.	Beneficiaries with risk factors such as 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
<b>DIABETES SELF-MANAGEMENT TRAINING</b> 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
<b>MAMMOGRAMS</b> Once every 12 months	All female beneficiaries age 40 and older	No cost
<b>GLAUCOMA TESTING</b> Once every 12 months for people at high risk for glaucoma. Test are conducted by or supervised by an ophthalmologist or optometrist	Beneficiaries at high risk (people with diabetes or a family history; African Americans age 50 or over; and Hispanic 65 or over)	20% of the Medicare-approved amount after the yearly Part B deductible.
<b>HIV SCREENING</b> 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
<b>MEDICAL NUTRITION THERAPY</b> Nutrition counseling to help manage diabetes or kidney disease – doctor must refer for service	Beneficiaries with diabetes or kidney disease	No cost
<b>OBESITY SCREENING &amp; COUNSELING</b> Individuals with BMI > 30 are eligible for intensive counseling.	All beneficiaries	No cost (if counseling is provided in a primary care setting)
<b>PAP TESTS AND PELVIC EXAMS</b> Once every 24 months. Once every 12 months, if at high risk for cervical cancer or had an abnormal Pap test in the preceding 36 months	All female beneficiaries	No cost
<b>PROSTATE CANCER SCREENING</b> Digital Rectal Exam and Prostate Specific Antigen (PSA). Once every 12 months	All male beneficiaries age 50 and over	No cost for PSA test. You pay 20% of the Medicare-approved amount after the yearly Part B deductible for the doctor's visit
<b>SHOTS (VACCINATIONS)</b> <i>Flu Shot</i> Once per year ----- <i>Pneumococcal (Pneumonia) Shot</i> Usually once in lifetime- ask your doctor ----- <i>Hepatitis B Shots</i> Talk with your doctor	All beneficiaries ----- All beneficiaries ----- Beneficiaries at risk	No cost ----- No cost ----- No cost
<b>SMOKING CESSATION</b> Counseling for 2 cessation attempts for total of 8 visits within a 12-month period – doctor must refer for service	Beneficiaries that have not been diagnosed with an illness caused or complicated by tobacco use	No cost
<b>STI (Sexually Transmitted Infection) SCREENING &amp; COUNSELING</b> Lab tests for STIs	Beneficiaries at risk	No cost

## Medicare Supplement (Medigap) Plans Massachusetts 2015

Benefit	Costs For Beneficiary With Original Medicare	Costs For Beneficiary With Supplement Core	Costs For Beneficiary With Supplement 1
<b>Medicare Part A</b>			
<b>Inpatient Hospital Care</b>			
Days 1-60	\$1,260	\$1,260	\$0
Days 61-90	\$315/Day	\$0	\$0
Days 91-150 (Lifetime Reserve)	\$630/Day	\$0	\$0
All Additional Days	Full Cost	\$0 For An Additional 365 Lifetime Hospital Days	\$0 For An Additional 365 Lifetime Hospital Days
<b>Inpatient Days in Mental Health Hospital</b>	190 Lifetime Days	An Additional 60 Days Per Year	An Additional 120 Days Per Benefit Period
<b>Skilled Nursing Facility Care</b>			
Days 1-20	\$0	\$0	\$0
Days 21-100	\$157.50/Day	\$157.50/Day	\$0
All additional Days	Full Cost	Full Cost	Full Cost
<b>Blood - First 3 Pints</b>	Full Cost	\$0	\$0
<b>Medicare Part B</b>			
<b>Annual Deductible</b>	\$147	\$147	\$0
<b>Coinsurance for Part B after deductible</b>	20%	\$0	\$0
<b>Medicare-covered services needed while traveling abroad</b>	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 currently \$747.65/month.



## Medicare Supplement (Medigap) Plans Massachusetts 2015



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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		
<b>Blue Cross &amp; Blue Shield of MA (Medex)</b> 1-800-678-2265 (sales) 1-800-258-2226 (member services) <a href="http://www.bluecrossma.com/medicare">http://www.bluecrossma.com/medicare</a>	\$95.02	\$176.63	Vision and Hearing	\$7.67	Yes	Yes
<b>Fallon Community Health Plan</b> 1-866-330-6380 (sales) 1-800-868-5200 (member services) <a href="http://www.fchp.org/medicare-choices">http://www.fchp.org/medicare-choices</a>	\$108.50	\$197.00	Vision	None	No	Yes
<b>Harvard Pilgrim Health Care</b> 1-800-782-0334 (sales) 1-877-907-4742 (member services) <a href="http://www.harvardpilgrim.org">http://www.harvardpilgrim.org</a>	\$105.00	\$199.00	None	N/A	Yes	Yes
<b>Health New England</b> 1-877-443-3314 <a href="http://www.healthnewengland.com">http://www.healthnewengland.com</a>	\$97.00	\$189.00	None	N/A	Yes	Yes (Supp. 1 only)
<b>Humana</b> 1-800-872-7294 (sales) 1-800-866-0581 (member services) <a href="http://www.humana-medicare.com">http://www.humana-medicare.com</a>	\$143.26 (rate updates midyear)	\$221.84 (rate updates midyear)	Dental and Vision	\$12.71	No	No
<b>Tufts Health Plan</b> 1-800-714-3000 (sales) 1-800-701-9000 (member services) <a href="http://www.tuftsmedicarepreferred.org">http://www.tuftsmedicarepreferred.org</a>	\$104.76	\$194.00	None	N/A	Yes	Yes
<b>United HealthCare</b> 1-800-523-5800 <a href="http://www.aarphealthcare.com">http://www.aarphealthcare.com</a> Only for members of AARP	\$122.75 (rate updates midyear)	\$218.00 (rate updates midyear)	None	N/A	No	No

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