*Calendar Year 2017



MAYFLOWER MUNICIPAL HEALTH GROUP

OVERVIEW OF BENEFITS FOR RETIREES ENROLLED IN MEDICARE A & B

PLEASE NOTE THIS IS A CALENDAR YEAR BENEFIT SUMMARY/RATES AND BENEFITS MAY CHANGE JANUARY 1, 2018 AND YOU WILL BE NOTIFIED

Overview of Medicare and the following Medicare Supplement Plan:

(all subscribers MUST maintain enrollment in Medicare Parts A & B to be eligible for the following supplemental plan):

BLUE CROSS BLUE SHIELD MEDEX II WITH BLUE MEDICARE RX PDP PLAN

MEDICARE RETIREES EFFECTIVE 7/1/2017

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CY17 Mayflower Municipal Health Group Plan Benefit
Overview of Medicare/Medicare Supplement Plan

Effective 7-1-2017		BLUE CROSS BLUE SHIELD
		Medex II with Blue Medicare RX PDP plan
	Medicare A & B	Includes medicare benefit
Deductible	Part A - $1,316 inpatient per benefit period. Part B - $183 per calendar year	None
Calendar Year Coinsurance Maximum	None	None
Lifetime Benefit Maximum	None	None
BENEFIT	**Medicare A & B**	**Medex II**
INPATIENT	**YOU PAY**	**YOU PAY**
General Hospital, Mental Hospital, Substance Abuse Facility (semi-private room and board and special services)	Nothing after $1,316 inpatient deductible for 60 days; then $329 daily coinsurance days 61-90; then $658 daily coinsurance for 60 lifetime reserve days.	Nothing to 365 days
Physician Services, Surgical Charges, Anesthesia and Consultations.	20% coinsurance	Nothing to 365 days
Skilled Nursing Facility	Nothing for 20 days; $164.50 daily coinsurance days 21-100. All costs for each day after day 100 in a benefit period	Nothing up to 100 days per benefit period, then the amount in excess of $16 per day from day 101 thru day 365
Rehabilitation Hospital	Nothing after $1,316 inpatient deductible for 60 days; then $329 daily coinsurance days 61-90; then $658 daily coinsurance for 60 lifetime reserve days.	Nothing to 100 days per benefit period; then $16 per day from day 101 thru day 365
OUTPATIENT		
Emergency Room Visits for Emergency or Accident Care	20% coinsurance	Nothing
OutPatient Surgery	20% coinsurance	Nothing
Radiation and Chemotherapy	20% coinsurance	Nothing

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OUTPATIENT cont.	**YOU PAY**	**YOU PAY**
Hemodialysis	20% coinsurance	Nothing
Physical Therapy	20% coinsurance	Nothing
Mental Health & Substance Abuse	**Please see Medicare Benefits as described in your Medicare Benefits Handbook for mental health.**	Nothing
Alcoholism treatment	**Please see Medicare Benefits as described in your Medicare Benefits Handbook for mental health.**	Nothing
Routine Physical Exams	$0 co-pay for "Welcome to Medicare" visit within the first 12-months that you have Part B. $0 co-pay annual physical once per calendar year after 12 months of Part B.	All charges (when not covered by Medicare)
Routine GYN Exam	$0 (1 visit every 24 months or 1 visit every 12 months if at high risk)	Nothing (1 visit every 2 years)
Routine Vision & Hearing Screenings	All Charges	All charges
Office Visit -Clinic , Medical, Specialist	20% coinsurance after $183 calendar year deductible met	Nothing
Diagnostic Lab & X-Ray	20% coinsurance after $183 calendar year deductible met	Nothing
Visiting Nurse **Home Health Care**	Nothing	Nothing
Durable Medical Equipment	20% coinsurance	Nothing

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OUTPATIENT cont.	**YOU PAY**	**YOU PAY**
Ambulance (when medically necessary)	20% coinsurance	Nothing
Chiropractor Visits	20% coinsurance after $183 Part B deductible only for manual manipulation of the spine to correct a subluxation that can be shown by x-ray. All charges for other services.	Nothing only for manual manipulation of the spine to correct a subluxation that can be shown by x-ray. 80% of the allowed charge by a chiropractor when covered by Medicare.
Prescription Drugs		***Blue Medicare RX PDP Plan***
Retail pharmacy & mail order	All charges	Formulary drugs: **Retail Pharmacy:** $5 copay for Generic $10 copay for brand formulary $25 copay for Brand non-formulary **Mail order:** $10 copay for Generic $20 copay for brand formulary $50 copay for Brand non-formulary 30-day supply retail pharmacy or 90-day supply mail service Non-formulary drugs: all charges
OTHER BENEFITS		
Fitness	N/A	$150 Fitness club reimbursement benefit per calendar year.
MMHG Wellness Program	"BENEFICIAL WELLNESS NEWS" QUARTERLY NEWSLETTER, WALKING PROGRAMS, MONTHLY HEALTH LINKS, WELLNESS SEMINARS/SCREENINGS, INCENTIVE PROGRAMS, FITNESS CENTER DISCOUNTS, WORKPLACE FLU CLINICS, HEALTHY RESOURCES POSTED ON OUR WEBSITE/FACEBOOK/TWITTER & MORE (PARTICIPATION IN CERTAIN PROGRAMS MAY VARY BY MEMBER UNIT. PLEASE CHECK WITH YOUR BENEFIT COORDINATOR OR WELLNESS COORDINATOR AND OUR WEBSITE -www.MMHG.org- FOR MORE INFORMATION)	

*****ALL SUBSCRIBERS MUST MAINTAIN ENROLLMENT IN MEDICARE PARTS A & B TO BE ELIGIBLE FOR THE ABOVE NAMED SUPPLEMENTAL PLAN*****

Medex Subscribers can live anywhere in the US; may see any doctor who accepts Medicare, do not need to select a PCP and do not need referrals.

ANYTHING THAT APPEARS IN ITALIC BOLD TYPE INDICATES A CHANGE IN THE BENEFIT OR WORDING FROM THE PREVIOUS YEAR.
PLEASE NOTE: MEDICARE/MEDEX II/BLUE MEDICARE RX ARE CALENDAR YEAR PLANS

Disclaimer: This comparison summarizes benefits of the plan(s) and is not a definitive statement of benefits. The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern.
Please call the "member service" phone number on your ID card for specific coverage questions.

Reviewed by Blue Cross Blue Shield of Massachusetts.