

City of Holyoke Retirees
Medicare Advantage & Supplement Options
January 1, 2016 - December 31, 2016

Please refer to plan documents for detailed coverage information. Some services require prior approval or limit number of visits.

	Option 1		Option 2	Option 3
				
	HNE Medicare Secure Freedom (HMO-POS) In Network Out of Network		Medicare HMO Blue	Medex II with Blue Medicare Rx
MA Residency Requirement	Yes		Yes	No
Network Coverage	HNE Medicare Provider	Any Medicare Provider	BCBSMA Providers	Any Medicare Provider
PCP Referral Needed?	No		Yes	No
Out of Pocket Maximum (excludes Rx drug cost sharing)	\$3400		\$3400	none
Routine Care: Physical, GYN/PAP, Mammogram, Prostate screening, Cardio Screening, Bone Density testing, Glaucoma test, etc.	\$0		\$0	\$0
Non-Routine or Urgent Care PCP Office Visit	\$15	\$55	\$15	\$0
Specialist Office Visit (includes Mental Hlth/Substance Abuse)	\$15	\$55	\$35	\$0
Outpatient Rehab/PT/Speech	\$15	\$55	\$15	\$0
Chiropractic	\$15	\$55	\$20	\$0
Preventive Dental	\$150 allowance		\$35	not available
Routine Eye Exams	\$0		\$35	\$0
Eyewear	\$100 allowance/ 24 mos		\$150 allowance/ 24 mos	not available
Hearing Exams (by a Specialist)	\$15	\$55	\$35	not available
Fitness & Weight Loss	\$150 allowance		\$150 allowance	not available
DME/Prosthetics	\$0	20%	10%	\$0
Diagnostic Lab & X-Ray	\$0		\$10	\$0
MRI, CT scans, PET scans	\$50	\$200	\$150	\$0
RX (30 day supply)	\$10/25/45		\$10/25/45	\$5/15/30
Mail order RX (90 day supply)	\$20/50/135		\$20/50/90	\$10/30/60
Ambulance	\$75		\$100	\$0
Emergency Room	\$65 per visit		\$75 per visit (was \$65 in 2015)	\$0
Skilled Medicare-Participating Nursing Facility	\$0 (days 1-5 & 51-100) \$75/day (days 6-50)	\$0 (days 1-5 & 51-100) \$100/day (days 6-50)	\$40/day (days 1-20) \$100/day (days 21-44) \$0/day (days 45-100)	\$0 (days 1-100) (see plan summary for days 101+)
InPatient Hospital Services (including mental health)	\$300 per admission	\$900 per admission	\$150 per day (days 1-5)	\$0 up to 365 days
Day Surgery	\$150	\$450	\$150	\$0
Full Monthly Premium	\$280.00		\$300.87	\$328.16
Monthly Retiree Contribution	\$126.00		\$135.39	\$164.08
Monthly Retiree Increase	\$22.95		\$15.49	\$6.35

Please note that in accordance with MGL 32B Section 19, surviving spouses pay 50% of the full premium