City of Boston - Medicare Plan Comparison Chart (Effective July 1, 2020)

	Medicare Supplements				Medicare Advantage	
Covered Services	Harvard Pilgrim Enhance with Aetna SilverScript PDP	Tufts Medicare Preferred Supplement/PDP	BCBSMA Medex 2 with Blue Medicare RX PDP	BCBSMA Managed Blue for Seniors	BCBSMA Medicare HMO Blue	Tufts Medicare Preferred HMO
Monthly Rate	$44.98	$47.38	$47.92	$55.44	$47.90	$41.25
Residence Eligibility	Reside anywhere in the United States or one of its territories	Reside anywhere in the United States or one of its territories	Reside anywhere in the United States or one of its territories	Reside in Plan Service area	Reside in Plan Service area	Reside in Plan Service area
Office Visits	$15 copay per visit $0 for annual physical	$15 copay per visit $0 for annual physical	$15 copay per visit $0 for annual physical	$15 copay per visit $15 copay for annual physical	PCP: $15 Specialist: $35 $0 for annual physical	PCP: $15 copay Specialist: $15 copay $0 for annual physical
Prescription Drugs Purchased at Participating Pharmacies	Copays for up to a 30-day supply: Tier 1: $10 Tier 2: $20 Tier 3: $35	Copays for up to a 30-day supply: Tier 1: $5 Tier 2: $10 Tier 3: $25	Copays for up to a 30-day supply: Tier 1: $10 Tier 2: $20 Tier 3: $35	Coinsurance for up to a 60-day supply: Tier 1: 25% Tier 2: 50% Tier 3: 75%	Copays for up to a 30-day supply: Tier 1: $10 Tier 2: $25 Tier 3: $45	Copays for up to a 30-day supply: Tier 1: $10 Tier 2: $25 Tier 3: $50
Prescription Drugs Purchased by Mail Order	Copays for up to a 90-day supply: Tier 1: $20 Tier 2: $40 Tier 3: $105	Copays for up to a 90-day supply: Tier 1: $10 Tier 2: $20 Tier 3: $75	Copays for up to a 90-day supply: Tier 1: $20 Tier 2: $40 Tier 3: $70	Copays for up to a 90-day supply: Tier 1: $5 Tier 2: $30 Tier 3: $50	Copays for up to a 90-day supply: Tier 1: $20 Tier 2: $50 Tier 3: $90	Copays for up to a 90-day supply: Tier 1: $20 Tier 2: $50 Tier 3: $100
Inpatient Care in an Acute Care Hospital	Covered in full After $50 copay per admission, max of 1 copay per person per quarter (Copay does not apply to behavioral health)	Covered in full after $50 copay per admission, max of $200 per person per year (Copay does not apply to behavioral health)	Covered in full After $50 copay per admission, max of 1 copay per person per quarter	Covered in full after $50 copay per admission, max of 1 copay per person per quarter (Copay does not apply to behavioral health)	Member pays $150 per day for days 1 – 5 (up to $750 per admission), then covered in full	Covered in full after one time annual deductible of $300
Inpatient Care in Skilled Nursing Facility Care (SNF)	Covered in full for 100 days per benefit period[1] after 3-day inpatient hospital stay	Covered in full for 100 days per benefit period[1] after 3-day inpatient hospital stay	Covered in full for 100 days per benefit period[1] after 3-day inpatient hospital stay	Covered in full for up to 100 days per benefit period[1]. You must have been hospitalized three or more days in a row and transferred to the SNF within 30 days of the hospital discharge.	Member pays $20 per day for days 1 – 20; $100 per day for days 21 – 44; $0 per day for days 45 – 100. Coverage for up to 100 days per benefit period[1]	Covered in full for up to 100 days per benefit period[1]

	Medicare Supplements				Medicare Advantage	
Covered Services	Harvard Pilgrim Enhance with Aetna Silverscript PDP	Tufts Medicare Preferred Supplement/PDP	BCBSMA Medex 2 with Blue Medicare RX PDP	BCBSMA Managed Blue for Seniors	BCBSMA Medicare HMO Blue	Tufts Medicare Preferred HMO
Emergency Care at a Hospital Emergency Room	$50 copay, waived if admitted to hospital	$50 copay, waived if admitted to hospital	$50 copay, waived if admitted to hospital	$50 copay, waived if admitted to hospital	$75 copay, waived if admitted to hospital	$50 copay, waived if admitted to hospital
Ambulance Services	Medicare approved ambulance services covered at 100%	Medicare approved ambulance services covered at 100%	Medicare approved ambulance services covered at 100%.	Full coverage for emergency transport. $40 copay for non-emergency transport.	$100 copay, waived if admitted within 24 hours of trip. Covered in full for trips between hospital and Skilled Nursing Facility.	Medicare approved ambulance services covered with a $50 copay per day
Dental Care	No coverage for routine dental care	No coverage for routine dental care	No coverage for routine dental care	No coverage for routine dental care	After you pay a $35 copay per visit, you are covered every six months for: 1 cleaning; 1 oral exam, including one set of bitewing X-rays	No coverage for routine dental care
Chiropractic Services	Covered for Medicare-approved services with a $15 copay	Covered for Medicare approved services with a $15 copay	Covered for Medicare-approved services with a $15 copay	$15 copay per visit including spinal manipulation services furnished by a Chiropractor	$20 copay per visit including spinal manipulation services furnished by a Chiropractor	Covered for Medicare approved services with a $15 copay
Eyeglasses	One pair of eyeglasses or contact lenses after each cataract surgery	$150 per year towards eyewear or contact lenses, but not both. This benefit is a reimbursement from the plan with receipt of purchase.	Not Covered	Discounts from participating providers	Up to $150 once every 24 months for eyewear including fittings and evaluations	$150 allowance per year towards eyewear or contact lenses, but not both at contracting EyeMed providers.
Hearing Aids	Not Covered	Members reimbursed for first $500 (covered in full); then for 80% of next $1,500, up to a total of $1,700 every 2 years from any provider.	Not Covered	Not Covered	Covered up to $400 every 36 months	Covered up to $500 for the purchase or repair of hearing aids every three years at contracting providers.

[1] Benefit Period: The time period defined by Medicare to determine when coverage in a hospital or Skilled Nursing Facility starts and ends. A benefit period starts on the first day a beneficiary receives care in a hospital or Skilled Nursing Facility and ends when the beneficiary has not received care in a hospital or Skilled Nursing Facility for 60 days in a row.