

# PY25 Town of Plymouth Benefit Comparison Chart of Medicare Plans

Effective 01/01/2025- 12/31/2025		BLUE CROSS BLUE SHIELD OF MASSACHUSETTS	
BENEFIT	Medex II	Managed Blue for Seniors	
	Includes Medicare benefit	Includes Medicare benefit	
	Your Responsibility	Your Responsibility	
Deductible - Medical	\$50 copayment per calendar quarter for all inpatient hospital services	No deductible	
Deductible - Prescription	No deductible	No deductible	
Calendar Year Coinsurance Maximum	None	None	
Lifetime Benefit Maximum	None	None	
INPATIENT			
General Hospital, <i>Mental Hospital</i> , <i>Substance Abuse Facility</i> (semi-private room and board and special services)	No cost after \$50 Calendar Quarter Deductible. 90 days per benefit period (plus 365 Medex lifetime benefit days)	No cost	
Physician Services, Surgical Charges, Anesthesia and Consultations.	No cost	No cost	

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<b>Skilled Nursing Facility</b>	No cost up to 100 days per benefit period, then amount in excess of \$16 per day from day 101 thru day 365	No copay up to 100 days per benefit period, then member pays all charges.
<b>Rehabilitation Hospital</b>	No cost	No cost up to 365 days lifetime maximum after Medicare days end.
<b>OUTPATIENT</b>		
<b>Emergency Room Visits for Emergency or Accident Care</b>	\$25 copayment per visit	\$50 copay (waived if admitted)
<b>Outpatient Surgery</b>	No cost	No copay in General Hospital; Physicians office \$10 copay
<b>Radiation and Chemotherapy</b>	No cost	No copay
<b>Diagnostic X-ray and Lab</b>	No cost	No copay

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Hemodialysis	No cost	No copay
Physical Therapy	\$20 Copayment per visit	\$10 copayment
Mental Health & Substance Abuse	\$20 Copayment per visit	Biologically based mental conditions: \$10 copayment - no benefit limit  Non-biologically based mental conditions: \$10 copayment - (up to 24 visits per calendar year when not covered by Medicare)
Alcoholism Treatment	\$20 Copayment per visit	\$10 copayment - up to 8 visits per Calendar Year (when not covered by Medicare)
Medical Care	\$20 Copayment per visit	\$10 copayment
Routine Physical Exams	Not covered (Medicare pays in full one annual wellness exam)	\$10 copay per visit
<i>Routine GYN Exam</i>	\$20 Copayment. 1 exam every 2 Calendar years (1 routine Pap smear test each Calendar year at No Cost)	\$10 copay per visit - 1 exam per calendar year

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<i>Routine Vision</i>	All charges. Not a covered benefit	\$10 copay per visit - 1 exam per calendar year
<b>Visiting Nurse Home Health Care</b>	No cost	No copay
<b>Durable Medical Equipment</b>	No cost	\$10 copayment per covered item
<b>Prosthetic Devices</b>	No cost	\$10 copayment per covered item
<b>Ambulance</b> (when medically necessary)	No cost	No copay for emergency transport  \$40 copayment per one way trip for other medically necessary transport
<b>Chiropractor Visits</b>	\$20 Copayment per visit for manual manipulation of the spine to correct a subluxation that can be shown by x-ray. Other Chiropractic Services member pays 80% Coinsurance.	\$10 copayment

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Prescription Drugs	<p>Blue MedicareRx 3 Tier Option 33</p> <p>Tier 1: \$10 Copay Tier 2: \$15 Copay Tier 3: \$30 Copay</p> <p>Mail order:</p> <p>Tier 1: \$10 copay Tier 2: \$15 copay Tier 3: \$30 copay</p> <p>30-day supply retail pharmacy or 90-day supply mail service</p> <p>Non-formulary drugs: all charges</p>	<p>Blue MedicareRx 3 Tier Option 33</p> <p>Tier 1: \$10 Copay Tier 2: \$15 Copay Tier 3: \$30 Copay</p> <p>Mail order:</p> <p>Tier 1: \$10 Copay Tier 2: \$15 Copay Tier 3: \$30 Copay</p> <p>30-day supply retail pharmacy or 90-day supply mail service</p> <p>Non-formulary drugs: all charges</p>

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OTHER BENEFITS		
Fitness Benefit/Special Programs - (See Plan for Details)	N/A	\$150 fitness reimbursement per calendar year for home fitness equipment; fees paid to health clubs or fitness studios that provide cardiovascular and strength-training services includes virtual/online membership, subscription, program and class.
		Discounts on eyewear, acupuncture, massage therapy, nutrition counseling, personal health assessment, lifestart prenatal care programs.
		Enroll in a qualified Weight Watchers or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees.

These pages summarize benefits of the plan(s). 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.