

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, 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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Skilled Nursing Facility	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.	
Rehabilitation Hospital	No cost	No cost up to 365 days lifetime maximum after Medicare days end.	
OUTPATIENT			
Emergency Room Visits for Emergency or Accident Care	\$25 copayment per visit	\$50 copay (waived if admitted)	
Outpatient Surgery	No cost	No copay in General Hospital; Physicians office \$10 copay	
Radiation and Chemotherapy	No cost	No copay	
Diagnostic X-ray and Lab	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	
Routine GYN Exam	\$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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Routine Vision	All charges. Not a covered benefit	\$10 copay per visit - 1 exam per calendar year	
Visiting Nurse Home Health Care	No cost	No copay	
Durable Medical Equipment	No cost	\$10 copayment per covered item	
Prosthetic Devices	No cost	\$10 copayment per covered item	
Ambulance (when medically necessary)	No cost	No copay for emergency transport \$40 copayment per one way trip for other medically necessary transport	
Chiropractor Visits	\$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	Blue MedicareRx 3 Tier Option 33 Tier 1: \$10 Copay Tier 2: \$15 Copay Tier 3: \$30 Copay Mail order: Tier 1: \$10 copay Tier 2: \$15 copay Tier 3: \$30 copay 30-day supply retail pharmacy or 90-day supply mail service Non-formulary drugs: all charges	Blue MedicareRx 3 Tier Option 33 Tier 1: \$10 Copay Tier 2: \$15 Copay Tier 3: \$30 Copay Mail order: Tier 1: \$10 Copay Tier 2: \$15 Copay Tier 3: \$30 Copay 30-day supply retail pharmacy or 90-day supply mail service Non-formulary drugs: all charges	

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OTHER BENEFITS			
Fitness Benefit/Special Programs - (See Plan for Details)	N/A	<p>\$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.</p> <p>Discounts on eyewear, acupuncture, massage therapy, nutrition counseling, personal health assessment, lifestart prenatal care programs.</p> <p>Enroll in a qualified Weight Watchers or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees.</p>	

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.