



**Town of Wilbraham 240 Springfield Street Wilbraham MA 01095 413-596-2800**

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## **2016 Health Insurance Open Enrollment For Retirees on Medicare and their Spouses**

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**ends November 18, 2015**

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Health Insurance  
Wellness and Incentive programs

This document is available, upon request, in alternate formats including large print and on the town's website at [www.wilbraham-ma.gov](http://www.wilbraham-ma.gov). Please direct your request to: Herta Dane, Human Resources Coordinator 240 Springfield Street, Wilbraham, MA 01095 or call (413) 596-2800 extension 100

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DISCLAIMER: The Town retains the right to adopt rules and regulations as provided for under MGL chapter 32B, Section 14. In accordance with MGL Chapter 150E, health insurance and other benefit costs are subject to appropriation by the Town of Wilbraham. State or federal law or regulatory action may result in an increase in plan deductibles or co-payments.

## Chapter 1: What's New in 2016?

Here are some of the changes. This is not a complete list, for specific plan changes regarding such as co-pay increases changes please refer to the [comparison charts](#) beginning on page xx and [individual plan documents](#):

### Tufts Health Plan:

- New Contract signed with Beth Israel Hospital Providers (over 500 new PCP's and their specialists joining Medicare Preferred from the Cape to the North Shore beginning January 1, 2016).
- Wellness allowance (\$150) now includes reimbursement for acupuncture HMO ONLY).
- Weight Management benefit now includes *Idiet*.
- Discounts on Personal Response System (Local Massachusetts company called *Safer at Home*
- Meals discount program through *Independent Living Systems*
- Jenny Craig Discounts on food
- All members will receive new ID cards
- New Web Portal where you can easily find out such things as what your plan covers and when you need a referral

### HNE Medicare Secured Freedom HMO-POS:

- HNE reimburses for hearing aids 100% for the first \$500 and 80% for the next \$1,500 per person, to a max of \$1,700, every 2 calendar years.
- HNE introduces "Teladoc", a new service which allows you to access a doctor's advice anytime for \$20 over the phone or via video consult. To find out more visit [www.healthnewengland.com](http://www.healthnewengland.com) or call 1-800-Teladoc (2362).

### BCBS Medicare HMO Blue:

- Day Surgery co-pays changed from \$0 to \$150 co-pay to \$15 PCP Office, \$35 Specialist Office, \$150 Ambulatory Surgical Center
- New \$75 co-pay for ER for Urgent and Emergency Care (for Medicare covered visits)
- \$100 ambulance co-pay waived if admitted for observation or inpatient
- Vision screening benefit limited to the Davis Vision Network providers
- Hearing exams one exam every 12 months; \$15 PCP; \$35 Specialist
- BC/BS has a BlueCare Nurse Line which allows their members to speak to a registered nurse 24 hours a day, 7 days a week. If you are concerned about symptoms you are having, and not sure what the next best step is, you can call and describe the situation to the nurse who will advise you. Next time you are questioning the urgency of a medical issue, call 1-888-247-BLUE (2583).

For a Benefits Overview for each plan, please visit [www.scantichealth.com](http://www.scantichealth.com) and click on "Healthplans".

## 2016 Medicare Plan Premium Rates

January 1, 2016 - December 31, 2016

**MONTHLY RATES**

HEALTH PLANS	40% RETIREE	60% TOWN	100% TOTAL
BCBS Medex 2 with Blue Medicare RX	<b>\$134.80</b>	\$202.20	\$337.00
BCBS Managed Blue for Seniors	<b>\$123.67</b>	\$185.51	\$309.18
BCBS Medicare HMO Blue [Medicare Advantage Plan]	<b>\$120.35</b>	\$180.52	\$300.87
HNE MedPlus	<b>\$151.20</b>	\$226.80	\$378.00
HNE Medicare Secure Freedom POS [Medicare Advantage plan]	<b>\$112.00</b>	\$168.00	\$280.00
Tufts Medicare Prime Supplement with PDP Plus	<b>\$134.80</b>	\$202.20	\$337.00
Tufts Medicare Preferred HMO [Medicare Advantage plan]	<b>\$106.80</b>	\$160.20	\$267.00

**NOTICE: Premiums are paid one month in advance. Deductions for the new premium rates effective January 1, 2016 will be deducted beginning with the December 2015 retirement check.**

### What do I need to do during Open Enrollment?

Retirees and their spouses who want to keep the same insurance plan(s) in which they are currently enrolled and add no additional coverage need to do nothing; enrollment will be automatically continued unless a change form is completed.

Retirees who want to cancel a plan must complete a termination form, retirees who wish to enroll in a new or different plan, or add a dependent must complete an enrollment form and submit supporting documents.

### What if something has changed or will change during the year?

It is the retiree's responsibility to inform the employer and health plan of any changes that may affect health care eligibility **within 30 days** of the change (i.e. getting married, adopting a child). After 30 days from the date of the event you may not be able to make a change until the next Annual Open Enrollment Period! Please let us know immediately, now or during the year, if you:

- Have changed your address and/or phone number
- Have married, divorced/ legally separated, or your spouse has passed away
- Are receiving Medicare benefits for yourself or any family member
- Wish to enroll a dependent child who is between 19 and 26 years old

## **Chapter 2: SVRHT (Scantic Valley Regional Health Trust)**

The Scantic Valley Regional Health Trust (SVRHT) meets regularly in open session at the Wilbraham Town Office Building. Meeting minutes are posted on the SVRHT website at [www.scantichealth.org](http://www.scantichealth.org). The following programs offered by the trust may save you money:

### Wellness Program

SVRHT employs a Wellness Coordinator who works on developing programs designed to help you stay healthy and manage illnesses such as diabetes. The Wellness Program offers disease screening incentives (such as \$100 paid to you for having a colonoscopy), exercise programs and general behavior risk reduction programs (i.e. weight management, smoking cessation). For example, the July/August 2015 Wellness Newsletter announced the new collaboration with Glenmeadow Retirement Community in Longmeadow! Glenmeadow offers many services to adults aged 62 and older even if you don't live there like a *Lifestyle Pass*, which you can purchase for \$25 a month. This will allow you to use their Wellness Center and pool anytime, as often as you like, and take any of the more than 20 fitness/wellness classes that are offered each week! The SVRHT Wellness Program will award you a \$10 Visa gift card for each monthly Lifestyle Pass you purchase. Now you can enjoy a month's worth of physical and social activities for \$15 a month! Please contact Torrie Dearborn at Glenmeadow (567-5547) if you would like to visit the facility and take advantage of this great offer. It is located at 24 Tabor Crossing. You need to be at least 62, and either working or retired from the municipalities we serve. It's that easy!

Please take a look and check the Wellness Newsletter regularly to find out how you can benefit from the Wellness Program. For more information, please contact: **Lyn Fioravanti, Phone: 413.896.9080**; <https://www.facebook.com/scanticvalleywellness>

### High Technology Imaging

The SVRHT voted to waive co-payments for high technology imaging services when members select from a list of non-hospital based imaging centers for scheduled services. The list for BCBS and HNE non-hospital based imaging centers is posted on the SVRHT website at [www.scantichealth.org](http://www.scantichealth.org). You can also get a copy by calling the Selectmen's Office at 596-2800 ext 100 or by calling your member services number on your insurance card. Tufts has not issued a list, you will need to call Tufts to find out if your location will require a co-payment or not.

### Free Maintenance Prescription Program\*

*myMedicationAdvisor* is a voluntary prescription medication safety and savings program provided free of charge as part of the benefits package for retirees who are enrolled in self insured health plans. myMedicationAdvisor The program offers education in the area of medication management, and provides answers to confidential medication questions. Most importantly, the program offers selected maintenance medications free of charge. Medication lists are updated every three months. myMedicationAdvisor's website is

[www.myMedicationAdvisor.com](http://www.myMedicationAdvisor.com). The new medication lists are also posted on the SVRHT website. If you are enrolled in one of the participating plans, start saving on prescription medications by calling toll free 1-877-467-3133.

### **Diabetes Care Rewards Program –Free Diabetes Supplies \***

The Good Health Gateway Diabetes Care Rewards Program offers free of charge diabetes medications and supplies for subscribers of self insured health plans who complete program requirements. To learn more, call their helpline at (800)-643-8028 or register online at [www.GoodHealthGateway.com](http://www.GoodHealthGateway.com).

(\*These two programs are only available to members of the Health New England MedPlus Plan).

## **Chapter 3: Enrollment Rules**

### **General Rules for Covering Spouses and Dependents**

#### ***Eligible Spouses***

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The subscriber may enroll an eligible spouse for coverage under his or her health plan membership. An 'eligible spouse' includes the subscriber's legal spouse.

In the event of a divorce or legal separation, the person who was the spouse of the subscriber prior to the divorce or legal separation will remain eligible for coverage under the subscriber's health plan membership, whether or not the judgment was entered prior to the effective date of this health plan. The former spouse will remain eligible for this coverage only until the subscriber is no longer required by the judgment to provide health insurance for the former spouse or the subscriber or former spouse remarries, whichever comes first.

If the subscriber remarries, the former spouse may continue coverage under a separate health plan membership with the subscriber's group, provided the divorce judgment requires that the subscriber provide health insurance for the former spouse. This is true even if the subscriber's new spouse is not enrolled under the subscriber's health plan membership. However, the former spouse must move from family coverage to individual coverage and additional premiums will be required; the former spouse only remains eligible under the group if the divorce decree provided for such coverage. If the former spouse remarries, the former spouse's eligibility ends.

#### ***Eligible Dependents***

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The subscriber may enroll eligible dependents for coverage under his or her health plan membership. The subscriber's 'eligible dependents' include: a dependent child who is under age of 26. These include the subscriber's or legal spouse's dependent children who qualify as dependents as subject of a court order which requires the subscriber to provide health insurance for the children. These may include:

1. A newborn child – the effective date of coverage for a newborn child will be the child's date of birth provided that the subscriber formally notified the plan sponsor within 30 days of the date of birth.
2. An adopted child – the effective date of coverage for an adopted child will be the date of placement with the subscriber for the purpose of adoption. The effective date of coverage for an adoptive child who has been living with the subscriber and for whom the subscriber has been getting foster care payments will be the date the petition to adopt is filed.
3. A child who is recognized under a Qualified Medical Child Support Order as having the right to enroll for health care coverage.
4. An unmarried disabled dependent child may maintain coverage under the subscriber's health plan membership. The child must be either mentally or physically handicapped so as not to be able to earn his or her own living, as determined by the health plan carrier. The subscriber must make arrangements for the disabled child to continue coverage under the family contract no more than 30 days after the date the child would normally lose eligibility.
5. A newborn infant of an enrolled dependent immediately from the moment of birth and continuing after, until the enrolled dependent is no longer eligible as a dependent.

**To enroll a spouse or dependent, please submit the following documentation:**

<u>Relationship</u>	<u>Documentation</u>
Spouse	Photocopy of town- or city-issued marriage certificate (church or Justice of the Peace certificates are NOT accepted), <u>and</u> Page 1 of your filed 2009 or 2010 Federal Tax Return (1040 or 1040A.) Social Security numbers and income may be blacked out.
Divorced or Separated Spouse	Photocopy of the health insurance provision language from divorce/ separation agreement, <u>and</u> first page listing names of both parties or signature page.
Child Under Age 26	Photocopy of town- or city-issued birth certificate (long form listing parents' names) ( <u>hospital records are not accepted</u> ), or Court Order documenting guardianship, or adoption papers.

**CONTINUATION OF COVERAGE FOR RETIREES:**

**Massachusetts General Laws Chapter 32B allow for benefit CONTINUATION into retirement. Employees who are enrolled and retire are therefore eligible to CONTINUE their coverage into retirement. However, if a retiree DISCONTINUES his/her health insurance coverage with the Town (cancels coverage at any time for any reason), the retiree is not allowed to re-enroll at a later time!**

## Chapter 4: Notices

### The Affordable Care Act

The Affordable Care Act (ACA) passed by Congress in 2010, requires that beginning in 2013 we make a **Summary of Benefits and Coverage (SBC)** available to you for each health plan during the Open Enrollment Period. This is in addition to any other information we usually provide, such as the benefit comparison charts we have provided for many years. All SBC's must follow a prescribed template, use a uniform glossary of terms, and provide coverage examples to make it easy to compare health plans.

**Accordingly, this is to notify you that the SBC's for plans offered by the Town of Wilbraham are available on the SVRHT website at [www.scantichealth.org](http://www.scantichealth.org)**

**For a printed copy of any or all of these documents, please contact Herta Dane, Human Resources Coordinator, at 413-596-2800 extension 100 or at [hdane@wilbraham-ma.gov](mailto:hdane@wilbraham-ma.gov).**

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### The Massachusetts Health Connector

The Insurance Marketplace in Massachusetts, set up under the ACA, which is meant to make it easier for consumers to compare health insurance plans and enroll in coverage, is known as the Massachusetts Health Connector.

Open Enrollment for plans on the Health Connector starts on November 15, 2015 for plans starting on January 1, 2016.

Please visit <https://www.mahealthconnector.org> or call 1-877-MAENROLL (1-877-623-6765) for more information.

NOTICE: All group health plans the Town of Wilbraham offers meet the Minimum Creditable Coverage Standards which satisfies the individual mandate requirement of the Massachusetts Health Care Reform Act (Chapter 58 of the Acts of 2006).

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### Children's Health Insurance Program (CHIP)

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States, including Massachusetts, have premium assistance programs that can help pay for coverage. If you or your dependents are already enrolled in Medicaid (Medicaid in Massachusetts is called MassHealth) or CHIP and you live in Massachusetts (or any of the other states that offer premium assistance), contact your State Medicaid or

CHIP office to find out if premium assistance is available at <http://www.mass.gov/MassHealth> or by calling 1-800-462-1120.

If you or your dependents are NOT currently enrolled in Medicaid or Chip, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan within 60 days of being determined eligible for premium assistance (not only during Open Enrollment!).

For more information you may also contact: U.S. Department of Labor U.S. Department of Health & Human Services; Employee Benefits Security Administration Centers for Medicare and Medicaid Services, [www.dol.gov/ebsa](http://www.dol.gov/ebsa) [www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-866-444-EBSA (3272) 1-877-267-2323 ext 61565

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## Consolidated Omnibus Budget Reconciliation Act (COBRA)

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees/retirees and qualified beneficiaries the right to continue health insurance coverage for up to 18 months (longer in certain circumstances) under the town's group health plan when a "qualifying event" would normally result in loss of eligibility. Included are such events as resignation, termination of employment, a reduction in an employee's work hours, an unpaid leave of absence, divorce or legal separation, a dependent child no longer meeting eligibility requirements or the death of an employee/retiree. Under COBRA the employee or beneficiary pays the full cost of the premium at the Town of Wilbraham's group rate. Coverage is subject to timely premium payments to the Town of Wilbraham. For more information please contact the benefits administrator or visit the website of the U.S. Department of Labor at: <http://www.dol.gov/dol/topic/health-plans/cobra.htm> or call Gloria Congram.

## Women's Health and Cancer Rights Act – WHCRA Notice

The Women's Health and Cancer Rights Act (WHCRA) helps protect many women with breast cancer who choose to have their breasts rebuilt (reconstructed) after a mastectomy. Mastectomy is surgery to remove all or part of the breast. This federal law requires most group insurance plans that cover mastectomies to also cover breast reconstruction. It was signed into law on October 21, 1998. The United States Departments of Labor and Health and Human Services oversee this law. The law applies to group health plans for plan years starting on or after October 1, 1998, and to group health plans, health insurance companies, and HMOs, as long as the plan covers medical and surgical costs for mastectomy.

Under the WHCRA, mastectomy benefits must cover:

- Reconstruction of the breast that was removed by mastectomy Surgery and reconstruction of the other breast to make the breasts look symmetrical or balanced after mastectomy

- Any external breast prostheses (breast forms that fit into your bra) that are needed before or during the reconstruction
- Any physical complications at all stages of mastectomy, including lymphedema (fluid build-up in the arm and chest on the side of the surgery)
- Mastectomy benefits may have a yearly deductible and may require that you pay *co-insurance*. Co-insurance is when less than the full amount of the bill is paid by the insurance company and the patient must pay the difference.

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## HIPAA Notice of Privacy Practices (HIPAA)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please be advised that the Town of Wilbraham is a member of the Scantic Valley Regional Health Trust (SVRHT), a joint purchasing group. SVRHT contracts with Group Benefits Strategies (GBS) to administer the health insurance program for the member communities. Even for self-insured plans, the Town of Wilbraham does not directly pay for services and does not receive Private Health Information (PHI). The Town of Wilbraham may ask the employee's permission to receive such information in certain circumstances; for instance, when reimbursing an employee for expenses from a Medical Flexible Spending Account. For a full copy of the notice, please contact Herta Dane, Human Resources Coordinator, at (413) 596-2800, Ext. 100 or visit this link on the Town's website under Employee Benefits at <http://www.wilbraham-ma.gov>.

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## Medicare

The 2011 Massachusetts Municipal Health Reform Law amended MGL Chapter 32B Section 18A and requires that all municipal retirees and their spouses who are eligible for Medicare MUST enroll in Medicare and can only select from a Medicare Supplement or Replacement (Advantage) Plan.

Medicare is health insurance for the following:

- \* People 65 or older
- \* People under 65 with certain disabilities
- \* People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

### **The Different Parts of Medicare**

The different parts of Medicare help cover specific services:

#### Medicare Part A (Hospital Insurance)

- \* Helps cover inpatient care in hospitals
- \* Helps cover skilled nursing facility, hospice, and home health care

#### Medicare Part B (Medical Insurance)

- \* Helps cover doctors' services, hospital outpatient care, home health care
- \* Helps cover some preventive services to help maintain your health and to keep certain illnesses from getting worse

#### Medicare Advantage (sometimes referred to as Part C)

- \* These are Medicare-approved private health insurance plans for individuals enrolled in Original Medicare, Part A and Part B. When you join a Medicare Advantage plan, you are still in the Medicare program and must continue paying your Part B premium.
- \* Medicare Advantage plans provide all of your Medicare Part A (hospital insurance) and Medicare Part B (medical insurance) coverage. They generally offer additional benefits, such as vision, dental, and hearing, and many include prescription drug coverage. These plans often have networks, which mean you may have to see certain doctors and go to certain hospitals in the plan's network to get care. Medicare Advantage plans may potentially save you money because out-of-pocket costs in these plans can be lower than with Original Medicare, Part A and Part B, in some cases.

Medicare Part D (Medicare Prescription Drug Coverage)

- \* A prescription drug insurance by Medicare-approved private companies
- \* Helps cover the cost of prescription drugs
- \* May help lower your prescription drug costs

**All of the health plans that the Town of Wilbraham offers include the Medicare D Prescription Drug benefit except for Health New England MedPlus. However, the coverage this plan offers is at least as comprehensive as the Medicare Part D benefit. If you are currently enrolled in HNE MedPlus you will receive a separate creditable coverage notice with this mailing.**

*\*There is a possibility that Medicare eligible retirees who meet the Medicare Part D low-income guidelines and who qualify for a government subsidy could do better under Part D than under the current Rx benefits offered through the Town of Wilbraham. Individuals who think they might qualify for the Medicare Part D low-income subsidy should seek assistance from the local social security office. If you buy Part D, please inform us as soon as possible.*

**Medicare:**

**CMS has made adjustments to Part D plan coverage and upped the limits for the initial coverage stage from \$2,960 to \$3,310 and catastrophic coverage from \$4,700 to \$4,850.**

Call 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov) on the internet to get more information.

## **Medicare Buy-In Programs**

Medicare Buy-In Programs are MassHealth programs that pay all or part of Medicare health insurance expenses for eligible low-income Medicare recipients. There are three MassHealth Medicare Buy-In programs that help pay Medicare expenses:

- Qualified Medicare Beneficiary (QMB) Program (Senior Buy-In). This program pays for your Medicare premiums, annual deductibles, and co-payments. If you owe a Part A premium, QMB pays for Part A as well as Part B. QMB recipients qualify for Extra Help from Social Security to pay for basic Part D drug coverage. Your countable monthly income must be no greater than 100% of the Federal Poverty Guidelines.
- Buy-In for Specified Low-Income **Medicare Beneficiaries (SLMB)**. This program pay your Medicare Part B premium. SLMB and QI recipients also qualify for extra help from Social Security to pay for basic Part D drug coverage. For SLMB, your countable monthly income must be between 100% and 120% of the FPG.
- Buy-In for Qualifying Individuals (QI) also pays your Medicare Part B premium. For QI your countable income must be between 120% and 135% of the FPG. *(Note: Funding for the QI program is limited and is given on a first-come first-served basis).*

Call the MassHealth Enrollment Center at 1-800-408-1253 (TTY: 1-888-665-9997 for people with partial or total hearing loss) to request a MassHealth Buy-In Application.

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## **SHINE Program**

The SHINE (Serving Health Insurance Needs of Elders) program provides free, unbiased and up-to-date health insurance information, counseling and assistance from trained community volunteers. SHINE Counselors provide information on Medicare (Part A & Part B), Medigap insurance, Medicare HMOs, retiree insurance plans, Medicaid and free or reduced cost health care programs, and can help with claim forms and applications.

### **Where Can I Find a SHINE Counselor?**

To locate a SHINE Counselor in your community, please contact the Central Massachusetts Association of Councils on Aging at the Milford Senior Center 1-800-AGE-INFO / 1-800-243-4636.

Or contact your local senior center for information of Shine counselor visits to your town. (In Wilbraham, call 413-596-8379 to set up an appointment).

## Where do I go for help?

Questions about:	Contact	Phone	Email
Enrollment, Eligibility, Premium Payments, Continuation of benefits, Changes, Retirement	Gloria Congram, Benefits Administrator	413-596-2800 x 102	<a href="mailto:gcongram@tmcg-consult.com">gcongram@tmcg-consult.com</a>
Coverage of Services	Health Plan Service Representative	as listed on your membership card	as listed in your plan documents
Wellness Program	Lyn Fioravanti, Regional Wellness Coordinator, SVRHT	413-896-9080	<a href="mailto:lyn@scantichealth.org">lyn@scantichealth.org</a>
Scantic Valley Regional Health Trust	Tom Sullivan	413-596-2800 x 207	<a href="mailto:tsullivan@wilbraham-ma.gov">tsullivan@wilbraham-ma.gov</a>
Medicare	Medicare	1-800-633-4227	<a href="http://www.medicare.gov">www.medicare.gov</a>
Free Prescription Program*	myMedicationAdvisor	1-877-467-3133	<a href="http://www.myMedicationAdvisor.com">www.myMedicationAdvisor.com</a>
Free Diabetes Supplies and Meds Program*	Good Health Gateway	1-800-643-8028	<a href="http://www.GoodHealthGateway.com">www.GoodHealthGateway.com</a>
SHINE Program	Massachusetts	1-800-243-4636	or your local senior center (Wilbraham 413-596-8379)
Boston Mutual Life Insurance	Gloria Congram	413-596-2800 x 102	<a href="mailto:gcongram@tmcg-consult.com">gcongram@tmcg-consult.com</a>
Anything Else	Herta Dane	413-596-2800 x 100	<a href="mailto:hdane@wilbraham-ma.gov">hdane@wilbraham-ma.gov</a>
*only for members of HNE MedPlus			

## Chapter 6: Benefit Comparison Charts

NOTICE: This benefit comparison chart prepared by Group Benefits Strategies is an overview of the plans offered by SVRHT. The actual plan documents as prepared by the insurance carriers describe full and complete details. If there is a discrepancy between this chart and the plan documents, the plan documents are the basis for benefits. Employees are encouraged to contact the insurance carrier directly with specific questions relating to coverage and benefits.

### Key Criteria to Help Guide Your Purchase Decision:

1. Health benefits: Which plans provide the must-have benefits you have identified?
2. Costs: Which plans are more favorable to your budget when you look at premiums, co-payments, and coinsurance (add it all up)?
3. Physician network and Hospital provider: Do you have a doctor you want to keep? Is there a certain hospital you want to be able to go to? (Eliminate plans which are not accepted by your doctor or hospital).
4. Brand: Are there brand-name carriers that you prefer? Are there any you want to avoid?
5. Use the new Summary of Benefits and Coverage (SBC) available for each plan on the Scantic Valley Regional Health Trust website at [www.scantichealth.org](http://www.scantichealth.org) or in print from Herta Dane by calling 413-596-2800 ext 100.

### *November is Diabetes Month*

Diabetes is one of the leading causes of disability and death in the United States. One in 11 Americans have diabetes — that's more than 29 million people. And another 86 million adults in the United States are at high risk of developing type 2 diabetes.

If you are overweight, have high blood pressure, or are age 45 or older, you are at higher risk of developing type 2 diabetes. The good news is that making healthy changes can greatly lower your risk. To help prevent type 2 diabetes:

- Watch your weight
- Eat healthy
- Get more physical activity

For more information, visit the American Diabetes Association at [www.diabetes.org](http://www.diabetes.org) or speak to your health care provider.

**SCANTIC VALLEY REGIONAL HEALTH TRUST – RETIREE PLAN BENEFITS**  
**Effective January 1, 2016**

**Medicare Replacement Plans**

Changes/clarifications in red font

<b>PLAN FEATURES</b>	<b>Medicare HMO Blue (BCBS) Medicare Advantage HMO</b> Renews January	<b>Tufts Medicare Preferred HMO Medicare Advantage HMO</b> Renews January	<b>HNE Medicare Secure Freedom HMO-POS Medicare Advantage POS</b> Renews January
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
General Hospital: Semi-private room & board and special services	\$150 co-pay per day up to \$750 per calendar year (combined with Inpatient Mental Health Admissions)	Covered in full after one time annual deductible \$300	<u>In-Network:</u> \$300 per admission (3 co-pay maximum)  <u>Out-of-Network:</u> \$900 per admission (3 co-pay maximum)
Rehabilitation Hospital	\$150 co-pay per day (days 1-5) No annual out-of-pocket maximum	Covered in full for 90 days per Medicare benefit period.	<u>In-Network:</u> \$300 per admission (3 co-pay maximum)  <u>Out-of-Network:</u> \$900 per admission (3 co-pay maximum)
Skilled Nursing Facility	Days 1-20: \$40 co-pay Days 21-44: \$100 co-pay Days 45-100: \$0 co-pay per benefit period	Covered in full for 100 days per Medicare benefit period. No prior hospital stay is required.	<u>In-Network:</u> Days 1-5: \$0 co-pay Days 6-50: \$75 per day co-pay Days 51 – 100 \$0 co-pay  <u>Out-of-Network:</u> Days 1-5: \$0 co-pay Days 6-50:\$100 per day co-pay Days 51-100: \$0 co-pay
Mental Health & Substance Abuse Care in a Psychiatric Hospital	\$150 co-pay per day (days 1-5) No annual out-of-pocket maximum	\$0 co-pay - 190-day lifetime limit max	<u>In-Network (190 day lifetime limit):</u> \$300 per admission (3 co-pay maximum)  <u>Out-of-Network:</u> \$900 per admission (3 co-pay maximum)

OUTPATIENT CARE	Medicare HMO Blue (BCBS)	TUFTS Medicare Preferred HMO	HNE Medicare Secure Freedom HMO-POS
	You Pay	You Pay	You Pay
Medical Office Visits	\$15 co-pay to PCP; \$35 specialist co-pay	\$10 co-pay to PCP \$15 specialist co-pay	Primary care doctor visit for Medicare covered benefits: <u>In-Network</u> : \$15 co-pay <u>Out-of-Network</u> : \$55 co-pay
Consult & Care by Specialists	\$35 co-pay per visit	\$15 co-pay per visit	Specialist visit for Medicare covered benefits: <u>In-Network</u> : \$15 co-pay <u>Out-of-Network</u> : \$55 co-pay
Routine Annual Physical Exams (one per calendar year)	\$0 co-pay per visit	\$0 co-pay per visit	<u>In-Network</u> - \$0 co-pay <u>Out-of-Network</u> : \$0 co-pay
Diagnostic Lab & X-ray Services	\$10/day for routine lab tests; out-patient diagnostic lab tests. \$150/day co-pay for PET, CT, MRI scans, and nuclear cardiology services	Covered in full	Routine lab tests: Covered in full  Diagnostic Imaging (CT Scans, MRIs, MRAs, PET Scans, sleep studies, nuclear cardiology): <u>In-Network</u> : \$50 co-pay <u>Out-of-Network</u> : \$200 co-pay
Day Surgery	\$0 to \$150 co-pay <b>\$15 PCP Office</b> <b>\$35 Specialist Office</b> <b>\$150 Ambulatory Surgical Center</b>	\$50 per service	Medicare covered ambulatory surgical center visit: <u>In-Network</u> : \$150 co-pay <u>Out-of-Network</u> : \$450 co-pay
Radiation & Chemotherapy	Covered in full	Covered in full	Covered in full
Urgent & Emergency Care (for Medicare covered visits)	\$15 co-pay for PCP office; \$35 co-pay in specialist office; <b>\$75</b> co-pay for ER Emergency care worldwide	\$10 co-pay for office; \$50 co-pay for ER, waived if admitted.	Urgent Care- <u>In-Network</u> : \$15 co-pay <u>Out-of-Network</u> : \$55 co-pay  Emergency- \$65 co-pay, waived if admitted.
Durable Medical Equipment (DME)/Prosthetics	10% of the cost (no cost for diabetes equipment and supplies)	Covered in full	<u>In-Network</u> : \$0 coinsurance <u>Out-of-Network</u> : 20% coinsurance

OUTPATIENT CARE (cont'd)	Medicare HMO Blue (BCBS)	TUFTS Medicare Preferred HMO	HNE Medicare Secure Freedom HMO-POS
	You Pay	You Pay	You Pay
Ambulance Services	\$100 member co-pay per trip: <b>waived if admitted for observation or inpatient</b>	\$50 per day	\$75 co-pay for Medicare covered ambulance per trip Except in emergency, plan provider must get prior authorization.
Preventive Dental	\$35 co-pay for one cleaning and one oral exam every 6 mos. Incl. 1 set of 2 bite-wing x-rays every 6 mos. <b>Emergency oral exams when needed</b>	Not covered	\$150 annual allowance dental benefit per calendar year.
Routine Vision & Hearing Screenings	<p>\$35 co-pay per visit. One routine eye exam per 12 months. <b>Davis Vision Network provider required</b></p> <p>Eyewear including contact lenses - up to \$150 every 24 months. <b>Davis Vision network provider required</b></p> <p><b>Hearing exams One exam every 12 months; \$15 PCP; \$35 Specialist</b> Up to \$400 for hearing aids every 36 months</p>	<p>\$15 co-pay per visit.</p> <p>Up to \$150 per year reimbursement toward the purchase of eyeglasses or contacts, but not both at an Eyemed provider. Up to \$90 at any other provider.</p> <p>\$500 allowance for purchase or repair of hearing aids every 3 years. Member discounts provided when using Hearing Care Solutions (HCS) facilities. Contact member services for details.</p>	<p><b>Vision-</b> \$0 co-pay - 1 routine eye exam each calendar year. \$100 allowance towards a new pair of glasses every 2 years. <u>After cataract surgery-</u> \$0 co-pay - one pair of glasses or contact lenses</p> <p><u>In-Network: \$15 co-pay</u> <u>Out-of-Network \$55 co-pay</u> -Exams to diagnose and treat diseases and conditions of the eye.</p> <p><b>Hearing-</b> <u>In-Network: \$15 co-pay</u> <u>Out-of-Network \$55 co-pay</u> -for diagnostic hearing exams. -One routine hearing test each yr. <b>HNE reimburses for hearing aids 100% for the first \$500 and 80% for the next \$1,500 per person, to a max of \$1,700, every 2 Cal. Yrs.</b></p>
Mental Health & Substance Abuse		\$15 co-pay per visit	For Medicare covered ind or group therapy <u>In-Network: \$15 co-pay</u> <u>Out-of-Network: \$55 co-pay</u>

Prescription Drugs & Other Benefits	Medicare HMO Blue (BCBS)	TUFTS Medicare Preferred HMO	HNE Medicare Secure Freedom HMO-POS
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
Prescription drugs	<p><b>Retail:</b> 30-day supply \$10 co-pay generic \$25 co-pay preferred brand \$45 co-pay non-preferred brand</p> <p><b>Mail Order:</b> Up to a 90-day supply \$20 co-pay generic \$50 co-pay preferred brand \$90 co-pay non-preferred brand</p> <p>\$4,850 in your annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or \$2.95 for generic and \$7.40 for brand name drugs.</p>	<p><b>Retail:</b> 30-day supply Tier 1: \$10 co-pay Tier 2: \$25 co-pay Tier 3: \$50 co-pay</p> <p><b>Mail Order:</b> 30/60/90 day supply: Tier 1: \$7/\$14/\$20 Tier 2: \$17/\$33/\$50 Tier 3: \$33/\$67/\$100</p> <p>\$4,850 in your annual out-of-pocket drug costs, your cost is reduced to \$2.95 for generic and \$7.40 for brand name drugs.</p>	<p><b>Retail:</b> 30 day supply: Tier 1: \$10 co-pay Tier 2: \$25 co-pay Tier 3: \$45 co-pay</p> <p><b>Mail Order*:</b> 90 day supply: Tier 1: \$20 co-pay Tier 2: \$50 co-pay Tier 3: \$135 co-pay</p>
<b>FITNESS</b>			
<b>Fitness Center benefit</b>	Fitness benefit each year includes Council on Aging sites, \$150 per year Weightwatchers® each year – \$150 per year	Fitness Benefit each year – \$150 towards membership at any participating fitness club, with no waiting period	Fitness Benefit each year- \$150 toward at an eligible health club or Weight Watchers.

Stress Relief Tips:

Slow down	Don't try to be perfect
Go home	Don't procrastinate
Make a hot chocolate	Fulfill important tasks
Use gentle candlelight	Ditch unimportant tasks
Take a long bath	Don't compete
Don't watch the news	Be flexible
Keep your sense of humor	Don't react, move away

**SCANTIC VALLEY REGIONAL HEALTH TRUST- RETIREE PLAN BENEFITS**  
**Effective January 1, 2016** **Medicare Supplement Plans**

Changes/clarifications in red font

PLAN FEATURES	TUFTS MEDICARE SUPPLEMENT Plan  Freedom of Choice	HNE MEDPLUS  HMO MEDIWRAP	BCBS MANAGED BLUE FOR SENIORS  HMO MEDIWRAP	MEDEX 2 w/OBRA  Indemnity Type Medicare Supplement Freedom of Choice
<b>INPATIENT CARE</b>				
General Hospital: Semi-private room & board and special services	Covered in Full.  Full coverage of lifetime reserve day co-insurance  Full coverage for days 91-365 <b>per benefit period</b> , when Medicare benefits are used up	Covered in full for unlimited days when medically necessary.	Covered in full for unlimited days when medically necessary	Full coverage of Medicare deductible and co-insurance  Full coverage of lifetime reserve day co-insurance  Full coverage up to 365 additional hospital days in your <b>lifetime</b> when Medicare benefits are used up*
Rehabilitation Hospital	Acute rehabilitation hospital covered the same as General Hospital.	Covered in full up to 100 days per calendar year. (Combined with Skilled Nursing Facility)	Covered in full (365 days in a lifetime)	Covered in full for 100 days after 3-day or longer hospital stay.  Then \$10 per day from day 101 thru day 365.
Skilled Nursing Facility	Covered in full for 100 days per benefit period:  Medicare covers up to 20 days after a hospital stay of 3 days or longer  Then Plan covers, in full, Medicare daily coinsurance for days 21-100 per benefit period.	Covered in full up to 100 days per calendar year. (Combined with Rehabilitation Hospital)	Covered in full for 100 days in benefit period.	With Medicare – Full coverage of Medicare daily co-insurance for days 21-100. Then \$10 per day from day 101 thru day 365.  Without Medicare – \$8 per day per benefit period.

<b>INPATIENT CARE</b>	<b>TUFTS MEDICARE Supplement Plan</b>	<b>HNE MEDPLUS</b>	<b>BCBS MANAGED BLUE FOR SENIORS</b>	<b>MEDEX 2 w/OBRA</b> <i>(formally known as MEDEX ENHANCED w/OBRA90)</i>
	You Pay	You Pay	You Pay	You Pay
Mental Health & Substance Abuse Care in a Psychiatric Hospital	<ul style="list-style-type: none"> <li>• <i>General or Psychiatric hospital</i> <ul style="list-style-type: none"> <li>- Full coverage of Medicare deductible and coinsurance up to 90 days per benefit period.</li> <li>- Full coverage of lifetime reserve day coinsurance</li> </ul> </li> <li>• - Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up. (Lifetime 365 days are a combination of days in a general, acute rehabilitation and/or mental hospital]</li> </ul>	Covered in full, no day limit.	Covered in full, no day limit.	<ul style="list-style-type: none"> <li>• <i>General or Psychiatric hospital</i> <ul style="list-style-type: none"> <li>- Full coverage of Medicare deductible and co-insurance</li> <li>- Full coverage of lifetime reserve day co-insurance</li> </ul> </li> <li>• - Full coverage for days 91-365 per benefit period, when Medicare benefits are used up. (Lifetime 365 days are a combination of days in a general or mental hospital</li> </ul>
<b>OUTPATIENT CARE</b>				
	You Pay	You Pay	You Pay	You Pay
Medical Office Visits	\$10 co-pay per visit	\$10 co-pay per visit	\$10 co-pay per visit	Covered in full
Consult & Care by Specialists	\$10 co-pay per visit	\$10 co-pay per visit	\$10 co-pay per visit (& referral from PCP)	Covered in full.
Routine Physical Exams	\$0 co-pay per visit	\$0 co-pay per visit	\$0 co-pay per visit	Not Covered
Diagnostic Lab & X-rays	Covered in full	Covered in full	Covered in full	Covered in full
Day Surgery	Covered in full	\$10 co-pay in physician office	Covered in full	Covered in full
Radiation & Chemotherapy	Covered in full	Covered in full	Covered in full	Covered in full
Urgent & Emergency Care	\$10 co-pay for office; \$50 co-pay for ER (waived if admitted)	\$10 co-pay for urgent care office visit; \$50 co-pay per visit for ER (waived if admit)	\$50 co-pay per visit for ER (waived if admitted)	Full coverage for emergency services

OUTPATIENT CARE	TUFTS MEDICARE Supplement Plan	HNE MEDPLUS	BCBS MANAGED BLUE FOR SENIORS	MEDEX 2 w/OBRA
	You Pay	You Pay	You Pay	You Pay
Ambulance Services	Covered in full	\$25 co-pay per member per day	Emergency Transport covered in full. Medically necessary transport \$40 member co-pay	Covered in full
Mental Health & Substance Abuse	<p><b>Biologically based mental conditions:</b></p> <ul style="list-style-type: none"> <li>- When covered by Medicare, full coverage of deductible and coinsurance after \$10 co-pay per visit. There is no visit limit.</li> </ul> <p><b>Non-biologically-based mental conditions*:</b></p> <ul style="list-style-type: none"> <li>- When covered by Medicare, full coverage after \$10 co-pay per visit</li> </ul> <p><i>* Includes drug addiction and alcoholism.</i></p>	\$10 co-pay per visit when medically necessary	\$10 co-pay, unlimited visits	<p><b>Biologically-based mental conditions:</b></p> <p>If covered by Medicare, full coverage of deductible &amp; co-insurance w/no visits max. <i>If not covered by Medicare, full Medex benefits with no visit max.</i></p> <p><b>Non-biologically-based mental conditions*:</b></p> <ul style="list-style-type: none"> <li>- Covered in full if covered by Medicare</li> <li>- If not covered by Medicare – full coverage up to 24 visits per cal year 50% coinsurance from the 25<sup>th</sup> visit.</li> </ul> <p><i>* Includes drug addiction and alcoholism.</i></p>
Routine Vision & Hearing Screenings	<p><u>Hearing</u> - \$10 co-pay <u>Hearing Aid</u> – First \$500 covered in full, then 80% of next \$1,500 up to a total of \$1700 every 2 yrs purchase or repair <u>Vision</u> – \$10 co-pay <u>Glasses or contacts</u> - covered up to \$150 per cal year.</p> <p>Hearing &amp; vision items are reimbursed. You can use any provider and obtain a receipt.</p>	<p>\$0 co-pay per visit for annual routine eye</p> <p>\$10 co-pay hearing exams</p>	<p>\$10 co-pay per visit, per calendar year</p> <p>No coverage for hearing exams or hearing aids</p>	Not covered
Preventive Dental	Not covered	Preventive dental services for children under age 12 (you pay the first \$25 per child per cal Yr)	Not covered	Not covered

OUTPATIENT CARE	TUFTS MEDICARE Supplement Plan	HNE MEDWRAP	BCBS MANAGED BLUE FOR SENIORS	MEDEX 2 w/OBRA
	You Pay	You Pay	You Pay	You Pay
Prescription drugs	<p><b>Retail:</b> 30 day supply: \$10 generic \$20 preferred brand \$35 non-preferred brand</p> <p><b>Mail Order:</b> 90 day supply: \$20 generic \$40 preferred brand \$70 non-preferred brand</p> <p>CVS Caremark is the Prescription Benefits Manager</p>	<p><b>Retail:</b> 30 day supply: Generic: \$10 co-pay Formulary: \$20 co-pay Non-Formulary: \$35 co-pay</p> <p><b>Mail Order:</b> 90 day supply: (maintenance medication) Generic: \$20 co-pay Formulary: \$40 co-pay Non-Formulary: \$105 co-pay</p> <p>Catamaran is the PBM for retail and mail order.</p>	<p><i>NO DEDUCTIBLE</i> <b>Retail:</b> up to 30-day supply: Tier 1: \$5 co-pay Tier 2: \$10 co-pay Tier 3: \$25 co-pay</p> <p><b>Mail order:</b> up to 90-day supply Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$50 co-pay</p> <p><i>RX Plan name is-Blue Medicare RX</i></p> <p>CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.</p>	<p>(Medicare Part D Prescription Plan) <b>Retail:</b> 30 day supply: \$5 generic \$10 preferred brand \$25 non-preferred brand</p> <p><b>Mail Order:</b> 90 day supply: \$10 generic \$20 preferred brand \$50 non-preferred brand</p> <p><i>RX Plan name is-Blue Medicare RX</i></p> <p>CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.</p>
FITNESS	TUFTS MEDICARE Supplement Plan	HNE MEDWRAP	BCBS MANAGED BLUE FOR SENIORS	MEDEX 2 w/OBRA
Fitness Center Benefit	<p>Up to \$150 reimbursement per calendar year at any participating fitness club. No Waiting Period.</p> <p>See plan for details.</p>	<p>Up to \$150 reimbursement per calendar year at an eligible health club per family.</p> <p>Up to \$150 reimbursement for weight watchers, per family.</p> <p>See plan for details.</p>	<p>Up to \$150 reimbursement per calendar year per subscriber at a health club or Weight Watchers® or hospital based weight loss program.</p> <p>See plan for details.</p>	No Fitness Benefit

BCBSMA Medex Plans Footnotes

Medex Enhanced 2

\*The 365 additional days per lifetime are a combination of days in a general or mental hospital.

\*\* A combined maximum of 365 days per benefit period in a Medicare participating and non-participating skilled nursing facility.