

**GROUP INSURANCE COMMISSION
CY18 AND FY18 MEDICARE PLAN DESIGN COMPARISON
FEBRUARY 14, 2017**

Health Plan	Fallon Senior Plan CY17	Fallon Senior Plan CY18	Harvard Pilgrim Medicare Enhance FY17	Harvard Pilgrim Medicare Enhance FY18	Health New England MedPlus FY17	Health New England MedPlus FY18
Medical Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Preventive Care	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
Physician Office Visit	\$10 per visit	\$15 per visit	\$10 per visit	\$15 per visit	\$10 per visit	\$15 per visit
Inpatient Hospital Care	100%	100%	100%	100%	100%	100%
Retail Clinic/Urgent Care Center	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay
Hospice Care	100%	100%	100%	100%	100%	100%
Diagnostic Laboratory Tests and X-rays	100%	100%	100%	100%	100%	100%
Surgery (Inpatient & Outpatient)	100%	100%	100%	100%	100%	100%
Emergency Room Care	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per 2-year period	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per 2-year period	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per 2-year period	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per 2-year period	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per 2-year period	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per 2-year period



**GROUP INSURANCE COMMISSION
 MEDICARE PLAN BENEFIT COMPARISON
 FEBRUARY 14, 2017**

Health Plan	Fallon Senior Plan CY17	Fallon Senior Plan CY18	Harvard Pilgrim Medicare Enhance FY17	Harvard Pilgrim Medicare Enhance FY18	Health New England MedPlus FY17	Health New England MedPlus FY18
Pharmacy – Retail: up to a 30-day supply						
▪ Tier 1	\$10	\$10	\$10	\$10	\$10	\$10
▪ Tier 2	\$30	\$30	\$30	\$30	\$30	\$30
▪ Tier 3	\$65	\$65	\$65	\$65	\$65	\$65
Pharmacy – Mail Order: up to a 90-day supply						
▪ Tier 1	\$25	\$25	\$25	\$25	\$25	\$25
▪ Tier 2	\$75	\$75	\$75	\$75	\$75	\$75
▪ Tier 3	\$165	\$165	\$165	\$165	\$165	\$165
Outpatient Behavioral Health/Substance Use Disorder Care	\$10 per visit	\$15 per visit	\$10 per visit	\$15 per visit	\$10 per visit	\$15 per visit



**GROUP INSURANCE COMMISSION
 MEDICARE PLAN BENEFIT COMPARISON
 FEBRUARY 14, 2017**

Health Plan	Tufts Medicare Complement	Tufts Medicare Complement	Tufts Medicare Preferred	Tufts Medicare Preferred	Unicare State Indemnity Plan/Medicare Extension (OME)	Unicare State Indemnity Plan/Medicare Extension (OME)
	FY17	FY18	CY17	CY18	FY17	FY18
Medical Deductible	\$0	\$0	\$0	\$0	\$35	\$0
Preventive Care	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
Physician Office Visit	\$10 per visit	\$15 per visit	\$10 per visit	\$15 per visit	100% after deductible	\$10 per visit
Inpatient Hospital Care	100%	100%	100%	100%	100% after \$50 copay per quarter per person; waived if readmitted w/in 30 days	100% after \$50 copay per quarter per person; waived if readmitted w/in 30 days
Retail Clinic/Urgent Care Center	\$10 copay	\$15 copay	\$10 copay	\$15 copay	100% after deductible	\$10 copay
Hospice Care	100%	100%	100%	100%	100% after deductible	100%
Diagnostic Laboratory Tests and X-rays	100%	100%	100%	100%	100%	100%
Surgery (Inpatient & Outpatient)	100%	100%	100%	100%	100% (in MA)	100% (in MA)
Emergency Room Care	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$25 per visit (waived if admitted – deductible may apply)	\$50 per visit (waived if admitted)
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per 2-year period	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per 2-year period	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per 2-year period	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per 2-year period	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per 2-year period	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per 2-year period



**GROUP INSURANCE COMMISSION
 MEDICARE PLAN BENEFIT COMPARISON
 FEBRUARY 14, 2017**

Health Plan	Tufts Medicare Complement FY17	Tufts Medicare Complement FY18	Tufts Medicare Preferred CY17	Tufts Medicare Preferred CY18	Unicare State Indemnity Plan/Medicare Extension (OME) FY17	Unicare State Indemnity Plan/Medicare Extension (OME) FY18
Pharmacy – Retail: up to a 30-day supply						
▪ Tier 1	\$10	\$10	\$10	\$10	\$10	\$10
▪ Tier 2	\$30	\$30	\$30	\$30	\$30	\$30
▪ Tier 3	\$65	\$65	\$65	\$65	\$65	\$65
Pharmacy – Mail Order: up to a 90-day supply						
▪ Tier 1	\$25	\$25	\$25	\$25	\$25	\$25
▪ Tier 2	\$75	\$75	\$75	\$75	\$75	\$75
▪ Tier 3	\$165	\$165	\$165	\$165	\$165	\$165
Outpatient Behavioral Health/Substance Use Disorder Care	\$10 per visit	\$15 per visit	\$10 per visit	\$15 per visit	Visits 1-4: 100% Visits 5+: \$10	Visits 1-4: 100% Visits 5+: \$10



**GROUP INSURANCE COMMISSION
MEDICARE PLAN BENEFIT COMPARISON
FEBRUARY 14, 2017**

NOTES ON PROPOSED BENEFIT CHANGES NOT REFLECTED IN GRIDS

All Medicare Plans

- To assist with the opioid epidemic, remove copayments and prior authorization for Medication Assisted Treatment for opioid dependence (generic buprenorphine-naloxone, naloxone, and naltrexone products) across the GIC's plans.

Tufts Medicare Complement, Harvard Pilgrim Medicare Enhance, Health New England MedPlus

- Carve-out pharmacy benefit to SilverScript EGWP.

Fallon Senior Plan and Tufts Medicare Preferred

- Fallon Senior Plan and Tufts Medicare Preferred are calendar year plans. Changes noted in the benefit grid will not go into effect until 1/1/2018.