

Benefits-at-a-Glance: Medicare Retirees



Here is an overview of health insurance benefits offered through each of the GIC's Medicare plans. Benefits are subject to definitions, conditions, limitations and exclusions as spelled out in the respective health insurance products' documents. With the exception of emergency care, out-of-network benefits are not covered through the Tufts Medicare Advantage Plan.

| HEALTH INSURANCE PRODUCTS | MEDICARE ADVANTAGE | | MEDICARE SUPPLEMENT | | |
|---|--|---------------------------------------|---|-------------------------------------|---|
| | TUFTS HEALTH PLAN MEDICARE PREFERRED | TUFTS HEALTH PLAN MEDICARE COMPLEMENT | UNICARE STATE INDEMNITY PLAN MEDICARE EXTENSION (OME) WITH CIC* (Comprehensive) | HARVARD PILGRIM MEDICARE ENHANCE | HEALTH NEW ENGLAND MEDICARE SUPPLEMENT PLUS |
| PRODUCT TYPE | HMO | INDEMNITY | INDEMNITY | INDEMNITY | INDEMNITY |
| PCP Designation Required? | Yes | No | No | No | No |
| PCP Referral to Specialist Required? | Yes | No | No | No | No |
| Calendar Year Deductible | None | None | None | None | None |
| Preventive Care Office visits according to health plan's schedule | No Copay | No Copay | No Copay | No Copay | No Copay |
| Physician's Office Visit (except behavioral health) | \$15 per visit | \$15 per visit | \$10 per visit | \$15 per visit | \$15 per visit |
| Retail Clinic | \$15 per visit | \$15 per visit | \$10 per visit | \$15 per visit | \$15 per visit |
| Outpatient Behavioral Health / Substance Abuse Disorder Care | \$15 per visit | \$15 per visit | First 4 visits: no copay; visits 5 and over: \$10 / visit | \$15 per visit | \$15 per visit |
| Inpatient Hospital Care | No Copay | No Copay | No Copay | No Copay | No Copay |
| Hospice Care | No Copay | No Copay | No Copay | No Copay | No Copay |
| Diagnostic Laboratory Tests and X-Rays | No Copay | No Copay | No Copay | No Copay | No Copay |
| Surgery Inpatient and Outpatient | No Copay | No Copay | No copay in MA and for out-of-state providers that accept Medicare; call the plan for details if using out-of-state providers that do not accept Medicare | No Copay | No Copay |
| Emergency Room Care (includes out-of-area) | \$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 \$1,200 per person, per two-year period | | | | |
| PRESCRIPTION DRUGS | | | | | |
| Retail (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 |
| Mail Order Maintenance Drugs (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 |

* Without CIC, deductibles are higher and coverage is only 80% for some services. Contact UniCare for details.