

## City of Waltham Benefit Comparison Chart of Medicare Plans

Effective 7/1/23- 6/30/24		BLUE CROSS BLUE SHIELD OF MASSACHUSETTS	
BENEFIT	Medex III OBRA	Master Medical Carve Out A&B	
	Your Responsibility	Your Responsibility	
Deductible - Medical	No deductible	\$50 per member per Calendar Year for Extendend Benefits  \$100 per family per calendar year for Extendend Benefits  (Does not apply to approved prolonged illness conditions, private duty nursing, services with a copayment and prescription drug benefits)	
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 90 days per benefit period (plus 365 Medex lifetime benefit days)	No cost	

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BENEFIT	Medex III OBRA	Master Medical Carve Out A&B
	Your Responsibility	Your Responsibility
Physician Services, Surgical Charges, Anesthesia and Consultations.	No cost	No cost
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 cost
Non - Medicare Skilled Nursing Facility	Amount in excess of \$16 per day from day 1 to day 365 in the benefit period.	
Rehabilitation Hospital	No cost	No cost
OUTPATIENT		
Emergency Room Visits for Emergency or Accident Care	No cost	No cost
Outpatient Surgery	No cost	No cost
Radiation and Chemotherapy	No cost	No cost

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	Your Responsibility	Your Responsibility
Diagnostic X-ray and Lab	No cost	No cost
Hemodialysis	No cost	No cost
Physical Therapy	No cost	20% Coinsurance
Mental Health & Substance Abuse	No cost	Biologically based mental conditions: No Cost  Non-biologically based mental conditions: No Cost
Alcoholism Treatment	No cost	No Cost
Medical Care	No cost	20% coinsurance after deductible
Routine Physical Exams	Not covered (Medicare pays in full one annual wellness exam)	Not Covered. Member pays all Charges

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**BLUE CROSS BLUE SHIELD OF MASSACHUSETTS**

<b>BENEFIT</b>	<b>Medex III OBRA</b>	<b>Master Medical Carve Out A&amp;B</b>
	<b>Your Responsibility</b>	<b>Your Responsibility</b>
<b><i>Routine GYN Exam</i></b>	No cost. 1 exam every 2 Calendar years (1 routine Pap smear test each Calendar year at No Cost)	Not Covered. Member pays all Charges. (Full Coverage for ONE Routine Pap Smear Test each Calendar Year.)
<b><i>Routine Vision</i></b>	All charges. Not a covered benefit	All Charges. Not a covered benefit
<b>Visiting Nurse Home Health Care</b>	No cost	20% Coinsurance after Deductible
<b>Durable Medical Equipment</b>	No cost	20% Coinsurance after Deductible
<b>Prosthetic Devices</b>	No cost	20% Coinsurance after Deductible
<b>Ambulance</b> (when medically necessary)	No cost	20% Coinsurance after Deductible

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BENEFIT		Medex III OBRA	Master Medical Carve Out A&B
		Your Responsibility	Your Responsibility
<b>Chiropractor Visits</b>		No cost for manual manipulation of the spine to correct a subluxation that can be shown by x-ray. Other Chiropractic Services Not Covered. Member pays all charges.	20% Coinsurance after Deductible
<b>Prescription Drugs</b>		<b>Retail Pharmacies:</b>  \$50 Drug Deductible per Calendar Yr. No Cost for Generic Drugs 20% Coinsurance for Brand Name Drugs <b>Mail order:</b> \$2 Copayment for Generic 90 Day Supply  \$15 Copay for Brand Name 90 Day Supply  30-day supply retail pharmacy or 90-day supply mail service  Non-formulary drugs: all charges	<b>Retail Pharmacies:</b>  20% Coinsurance (no cost after \$200 Coinsurance/member) (no cost after \$400 Coinsurance/family)  <b>Mail order:</b> \$5 Copayment for Generic 90 Day Supply  \$10 Copayment for Brand Name 90 Day Supply  30-day supply retail pharmacy or 90-day supply mail service or designated retail pharmacy  Non-formulary drugs: all charges

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.