

Cape & the Islands 2017	Blue Cross Blue Shield of Massachusetts 1-800-678-2265									
	Medicare HMO Blue ValueRx HMO	Medicare HMO Blue PlusRx HMO	Medicare PPO Blue SaverRx		Medicare PPO Blue ValueRx		Medicare PPO Blue PlusRx PPO		Medicare HMO Blue FlexRx (HMO POS)	
Plan Number	H2261-019	H2261-005	H2230-017		H2230-016		H2230-002		H2261-021	
Barnstable	\$39	\$295	\$0		\$79		\$230		\$99	
Dukes										
Nantucket										
CO-PAYS - Beneficiary Costs	In Network	In Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Health Plan Deductible	None	None	None	None	None	None	None	None	None	None
PCP	\$20	\$15	\$25	\$25	\$20	\$20	\$15	\$45	\$15	\$65
Specialist	\$40	\$35	\$45	\$45	\$40	\$40	\$35	\$45	\$35	\$65
Inpatient Hospital	\$275/day (days 1-5) \$0/day (after day 5) per admis/ no annual OOP max	\$150/ day (days 1-5) \$0/ day(after day 5) per admis/ no annual OOP	\$350/day (days 1-5) \$0/day (after 5/days)per admis/no annual OOP maximum	\$350/day (days 1-5) \$0/day (after 5/days)per admis/no annual OOP maximum	\$250/day (days 1-5) \$0/day (after day 5) Per admission	\$250/day (days 1-5) \$0/day (after day 5) Per admission	\$150/day (days 1-5) \$0/ day (after 5 days) per admis/ no annual OOP	20% Co-ins	\$200 (days 1-5) \$0/ day (after 5 days) per admis/ no annual OOP	20% Co-ins
Outpatient Services/Surgery	Ambulatory \$250/visit	Ambulatory: \$150/visit	\$300/visit	\$300/visit	\$225/visit	\$225/visit	Ambulatory:- \$150/visit	20% Co-ins	Ambulatory:- \$200/visit	20% Co-ins
Outpatient Rehab	\$20/ visit	\$15/visit	\$40/visit	\$40/visit	\$20/visit	\$20/visit	\$15/visit	20% Co-ins	\$15/visit	20% Co-ins
Diagnostic Tests and Labs	\$30/day Labs and tests, \$20/day X-Rays \$250/day High Tech Imaging	\$10/day Labs& Diag tests, \$10/day X-Rays \$150/day High Tech Imaging	\$30/day Labs & Diag tests \$30/day X-Rays \$325/day High Tech Imaging \$60/visit Radiologic Serv	\$30/day Labs & Diag tests \$30/day X-Rays \$325/day High Tech Imaging \$60/visit Radiologic Serv	\$20/day labs \$20 /day tests and xrays, \$250/day High Tech imaging	\$20/day labs \$20 /day tests and xrays, \$250/day High Tech imaging	\$10/day Labs \$10 Tests, X-Rays \$150/day High Tech Imaging	20% Co-ins tests and labs, 40% high tech imaging	\$15/day Labs & Diag tests \$15/day X-Rays \$200/day High Tech Imaging	20% Co-ins tests and labs, 40% high tech imaging
Skilled Nursing/Per benefit Period	\$0/day (days 1-20) \$160/day (days 21-44) \$0/day (days 45-100)	\$20/day (days 1-20) \$100/day (days 21-44) \$0/day (days 45-100)	\$0/day (days 1-20) \$160/day (days 21-44) \$0/day (days 45-100)	20% Co-ins	\$0/day (days 1-20) \$160/day (days 21-44) \$0/day (days 45-100)	20% Co-ins	\$20/day (days 1-20) \$100/day (days 21-44) \$0/day (days 45-100)	20% Co-ins	\$0/day (days 1-20) \$140/day (days 21-44) \$0/day (days 45-100)	20% Co-ins
Emergency Room	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Ambulance	\$100/trip	\$100/trip	\$250/trip	\$250/trip	\$100/trip	\$100/trip	\$100/trip	\$100/trip	\$100/trip	\$100/trip
DME	20%	10%	20%	20%	20%	20%	10%	20% Co-ins	10%	20% Co-ins
Diabetic Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20% Co-ins	\$0	20% Co-ins
Part B Medications	15%	10%	20%	20%	15%	15%	10%	10%	10%	10%
Urgent Care										
Annual Maximum	\$4,900	\$3,400	\$6,700		\$4,900		\$3,400	\$5,100 combined	\$3,900 in network	\$9,900 out of network
Drug Deductible	\$320 on Tiers 3-5	\$200 on Tiers 3-5	\$400 on tiers 3-5		\$320 on tiers 3-5		\$200 on tiers 3-5		\$260 on tiers 3-5	
Drug Co-pays Tiers 1	\$4	\$2	\$6		\$4		\$2		\$2	
Tiers 2	\$8	\$6	\$12		\$8		\$6		\$6	
Tiers 3	\$45	\$45	\$45		\$45		\$45		\$45	
Tiers 4	\$95	\$95	\$95		\$95		\$95		\$95	
Tiers 5	26%	25%	25%		26%		25%		26%	
Gap Generic Coverage	No	No	No		No		No		No	
Vision (Yes/No)	Yes	Yes	No		Yes		Yes		Yes	
Hearing (Yes/no)	Yes	Yes	No		Yes		Yes		Yes	
Dental (Yes/No)	Yes	Yes	Yes		Yes		Yes		Yes	

Cape & the Islands 2017	Fallon Health 1-888-377-1980			
	FSP Super Saver Rx HMO	FSP Saver HMO	FSP Saver Enhanced RX HMO	FSP Plus Enhanced RX HMO
Plan Number	H9001-032	H9001-029	H9001-030	H9001-031
Barnstable	\$0	\$65	\$84	\$199
Dukes				
Nantucket				
CO-PAYS - Beneficiary Costs	In Network	In Network	In Network	In Network
Health Plan Deductible	None	None	None	None
PCP	\$20	\$25	\$25	\$10
Specialist	\$45	\$40	\$40	\$20
Inpatient Hospital	Days 1-5 \$360/day	\$275/day days 1-5	\$275/day days 1-5	\$200/ stay/Separate \$400 out-of-pocket maximums
Outpatient Services/Surgery	Ambulatory: \$300 Hospital: \$300	Ambulatory: \$275 Hospital: \$275	Ambulatory: \$275 Hospital: \$275	Ambulatory: \$100 Hospital: \$100
Outpatient Rehab	Occupational, Physical and Speech/language therapy visit \$20	Occupational, Physical and Speech/language therapy visit \$20	Occupational, Physical and Speech/language therapy visit \$20	Occupational, Physical and Speech/language therapy visit \$15
Diagnostic Tests and Labs	\$0 for clinical/diagnostic lab services and radiation therapy. \$200 for each CT, PET and MRI scan and nuclear study	\$0 for clinical/diagnostic lab services and radiation therapy. \$175 for each CT, PET and MRI scan and nuclear study (\$700 OOPM)	\$0 for clinical/diagnostic lab services and radiation therapy. \$175 for each CT, PET and MRI scan and nuclear study (\$700 OOPM)	\$0 cor clinical/diagnostic lab services and radiation therapy. \$125 for each Ct, PET and MRI scan and nuclear study (\$500 OOPM)
Skilled Nursing/Per benefit Period	\$0 per day days 1-20; \$160 per day days 21-44;\$0 per days 45-100	\$0 per day days 1-20; \$150 per day days 21-44; \$0 per days 45-100	\$0 per day days 1-20; \$150 per day days 21-44;\$0 per days 45-100	\$15 day days 1-20; \$75 per day days 21-44; \$0 per days 45-100
Emergency Room	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Ambulance	\$250	\$175/\$700 OOPM	\$175/\$700 OOPM	\$75/\$300 OOPM
DME	20%	20%	20%	10%
Diabetic Supplies	\$0	\$0	\$0	\$0
Part B Medications	20%	20%	20%	10%
Annual Maximum	\$6,700	\$6,700	\$6,700	\$3,400
Drug Deductible	\$400	N/A	\$300 Tiers 3-5	NA
Drug Co-pays Tiers 1	Pref \$2/\$Non-Pref \$7	NA	Pref \$1/Non-Pref \$6	Pref \$1/Non-Pref \$6
Tiers 2	Pref \$7/Non-Pref \$12	NA	Pref \$6/Non-Pref \$11	Pref \$6/Non-Pref \$11
Tiers 3	Pref \$42/Non-Pref \$47	NA	Pref \$32/Non-Pref \$37	Pref \$32/Non-Pref \$37
Tiers 4	Pref \$95/Non-Pref \$100	NA	Pref \$86/Non-Pref \$91	Pref \$86/Non-Pref \$91
Tiers 5	25%	NA	27%	33%
Gap Generic Coverage	No	No	No	No
Vision (Yes/No)	Yes	NA	Yes	Yes
Hearing (Yes/no)	Yes	NA	Yes	Yes
Dental (Yes/No)	No	NA	Yes	Yes

FALLON PREFERRED PHARMACIES
1) CVS; 2) Target; 3) Wal-Mart; 4) Big Y; 5) Shaws; 6) Stop & Shop; 7) Leader Drug stores (approximately 35 independent pharmacies across Massachusetts)

Cape & the Islands 2017	Tufts Health Plan Medicare Preferred HMO 1-866-974-0118						
	TMP Saver Rx HMO	TMP Basic Rx HMO	TMP Value No Rx HMO	TMP Value Rx HMO	TMP Prime No Rx HMO	TMP Prime Rx HMO	TMP Prime Rx+ HMO
Plan Number	H2256-028	H2256-026	H2256-019	H2256-018	H2256-016	H2256-015	H2256-001
Barnstable	\$0	\$39	\$97	\$125	\$131	\$159	\$193
Dukes							
Nantucket							
CO-PAYS - Beneficiary Costs	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Health Plan Deductible	None	None	None	None	None	None	None
PCP	\$20	\$10	\$10	\$10	\$10	\$10	\$10
Specialist	\$40	\$30	\$20	\$20	\$15	\$15	\$15
Inpatient Hospital	days 1-5: \$350/day	days 1-5: \$275/day	days 1-5: \$200/day	days 1-5: \$200/day	\$300 copay per visit up to \$900 per year	\$300 copay per visit up to \$900 per year	\$200 copay per visit up to \$400 per year
Outpatient Services/Surgery	Ambulatory: \$350 Hospital: \$350	Ambulatory: \$250 Hospital: \$250	Ambulatory: \$150 Hospital: \$150	Ambulatory: \$150 Hospital: \$150	Ambulatory: \$75 Hospital: \$75	Ambulatory: \$75 Hospital: \$75	Ambulatory: \$75 Hospital: \$75
Outpatient Rehab	\$40/visit	\$30/visit	\$20/visit	\$20/visit	\$15/visit	\$15/visit	\$15/visit
Diagnostic Tests and Labs	\$10: Labs, Tests, & X-Rays \$0: Therapeutic Radiology \$300/day: Diagnostic Radiology	\$10: Labs, Tests, & X-Rays \$0: Therapeutic Radiology \$250/day: Diagnostic Radiology	\$5: Labs, Tests, & X-Rays \$0: Therapeutic Radiology \$100/day: Diagnostic Radiology	\$5: Labs, Tests, & X-Rays \$0: Therapeutic Radiology \$100/day: Diagnostic Radiology	\$0: Labs, Tests, Therapeutic Radiology & X-Rays 20% up to \$75/day: Diagnostic Radiology	\$0: Labs, Tests, Therapeutic Radiology & X-Rays 20% up to \$75/day: Diagnostic Radiology	\$0: Labs, Tests, Therapeutic Radiology & X-Rays 20% up to \$75/day: Diagnostic Radiology
Skilled Nursing/Per benefit Period	days 1-20 \$0/day days 21-44 \$160/day days 45-100 \$0	days 1-20 \$20/day days 21-44 \$140/day days 45-100 \$0	days 1-20 \$20/day days 21-44 \$100/day days 45-100 \$0	days 1-20 \$20/day days 21-44 \$100/day days 45-100 \$0	days 1-20 \$20/day days 21-44 \$60/day days 45-100 \$0	days 1-20 \$20/day days 21-44 \$60/day days 45-100 \$0	days 1-20 \$20/day days 21-100 \$0
Emergency Room	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Ambulance	\$300	\$275	\$200	\$225	\$100	\$110	\$90
DME	20%	20%	10%	10%	10%	10%	10%
Diabetic Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Part B Medications	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Urgent Care							
Annual Maximum	\$3,900	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400
Drug Deductible	\$350 (Tier 3, Tier 4, Tier 5)	\$300 (Tier 3, Tier 4, Tier 5)	N/A	\$250 (Tier 3, Tier 4, Tier 5)	N/A	None	None
Drug Co-pays Tiers 1	\$6	\$4		\$4		\$4	\$2
Tiers 2	\$12	\$8		\$8		\$8	\$4
Tiers 3	\$47	\$47		\$47		\$47	\$30
Tiers 4	\$100	\$100		\$100		\$100	\$80
Tiers 5	26%	27%		28%		33%	33%
Gap Generic Coverage	No	No		No		No	Yes, T1 and T2
Vision (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hearing (Yes/no)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental (Yes/No)	Optional	Optional	Optional	Optional	Optional	Optional	Optional

For SHINE Counselor Use Only
For official plan details, consult the plan's Summary of Benefits

Cape & the Islands 2017	UnitedHealthCare 1-800-547-5514	
	AARP MedicareComplete Choice REGIONAL PPO	
Plan Number	R7444-001	
Barnstable	\$47	
Dukes	\$47	
Nantucket	\$47	
CO-PAYS - Beneficiary Costs	In Network	Out of Network
Health Plan Deductible	\$0	\$0
PCP	\$20	30%
Specialist	\$45	\$50
Inpatient Hospital	\$395 co-pay per day for days 1-4/\$0 co-pay for days 5-unlimited	30%
Outpatient Services/Surgery	20% co-insurance	30% co-insurance
Outpatient Rehab	\$40	\$50
Diagnostic Tests and Labs	20% of the cost	30% of the cost
Skilled Nursing/Per benefit Period	20%	30%
Emergency Room	\$75	\$75
Ambulance	\$250	\$250
DME	20%	50%
Diabetic Supplies	\$0	30%
Part B Medications	20%	30%
Annual Maximum	\$5,500	\$10,000
Drug Deductible	None	\$0 for Tier 1 and Tier 2; \$280 for Tier 3, Tier 4 and Tier 5
Drug Co-pays		
Tiers 1	\$2	\$2
Tiers 2	\$12	\$12
Tiers 3	\$47	\$47
Tiers 4	\$100	\$100
Tiers 5	27%	27%
Gap Generic Coverage		
Vision (Yes/No)	Yes	Yes
Hearing (Yes/no)	Yes	Yes
Dental (Yes/No)	No	No