

**NOT FOR DISTRIBUTION**

10/7/2011

|                                    | NOT FOR DISTRIBUTION   |   |
|------------------------------------|--|---|
|                                    | Aetna Medicare Value Plan HMO \$0 premium                              | Aetna Medicare Freedom Plan PPO \$35 premium                            |
| <b>PREMIUM</b>                     | \$0  | 35  |
| <b>Bristol</b>                     | H3931-122 (HMO)  | H5521-159 (PPO)   |
| <b>Essex</b>                       | H3931-122 (HMO)  | H5521-159 (PPO)   |
| <b>Middlesex</b>                   | H3931-122 (HMO)  | H5521-159 (PPO)   |
| <b>Norfolk</b>                     | H3931-122 (HMO)  | H5521-159 (PPO)   |
| <b>Plymouth</b>                    | H3931-120 (HMO)  | H5521-158 (PPO)   |
| <b>Suffolk</b>                     | H3931-122 (HMO)  | H5521-159 (PPO)   |
| <b>Worcester</b>                   | H3931-123 (HMO)  | H5521-160 (PPO)   |
| <b>CO-PAYS - Beneficiary Costs</b> |  |   |
| <b>Health Plan Deductible</b>      | No Deductible  | No Deductible   |
| <b>PCP</b>                         | \$20   | \$15 (Plymouth County \$20)/\$50 OON                                    |
| <b>Specialist</b>                  | \$45   | \$45 copay in network/\$50 OON  |
| <b>Inpatient Hospital</b>          | \$360 per day, days 1-5  | \$285 per day, days 1-7 ,<br>(Worcester County \$270 per day, days 1-7) |
| <b>Outpatient Services/Surgery</b> | \$325 Greater Boston, \$345 Plymouth County,<br>\$265 Worcester County | \$250 Greater Boston and Worcester County,<br>\$295 Plymouth County,    |

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| <b>Diagnostic Tests and Labs</b> | Lab Services \$20 X-Rays \$20<br>Diagnostic Radiology: \$125 Greater Boston, \$225<br>Plymouth County, \$195 Worcester County | Lab Services \$15 X-Rays \$15<br>Diagnostic Radiology: \$195 All Counties |
| <b>Skilled Nursing</b>           | \$0 per day, days 1-20<br>\$160.50 per day, days 21-100   | \$0 per day, days 1-20<br>\$160.50 per day, days 21-100                   |
| <b>Emergency Room</b>            | \$80  | \$80  |
| <b>Ambulance</b>                 | \$325   | \$250 Greater Boston and Worcester County,<br>\$300 Plymouth County       |
| <b>DME</b>                       | 20% co-insurance  | \$20% co-insurance  |
| <b>Diabetic Supplies</b>         | \$0 with preferred vendor One Touch; all<br>others 20%  | \$0 with preferred vendor One Touch; all<br>others 20%                    |
| <b>Part B Medications</b>        | 20% co-insurance  | 20% co-insurance  |
| <b>Annual Maximum</b>            | \$6,700   | \$6700 in-network, \$10,000<br>combined in and out of network             |
| <b>Drug Deductible</b>           | \$125 on T3,4,5 only  | \$0   |
| <b>Drug Co-pays Tier 1</b>       | Preferred Pharmacy \$2 / Standard Pharmacy \$10   | Preferred Pharmacy \$2 / Standard Pharmacy \$10                           |
| <b>Tier 2</b>                    | Preferred Pharmacy \$5 / Standard Pharmacy \$15   | Preferred Pharmacy \$5 / Standard Pharmacy \$15                           |
| <b>Tier 3</b>                    | Preferred Pharmacy \$42 / Standard Pharmacy \$47  | Preferred Pharmacy \$42 / Standard Pharmacy \$47                          |
| <b>Tier 4</b>                    | \$100   | \$100   |
| <b>Tier 5</b>                    | 30%   | 33%   |
| <b>Gap Generic Coverage</b>      | T1 and T2   | T1 and T2   |
| <b>Vision (Yes/No)</b>           | YES Routine Eye Exam<br>Eyewear Allowance \$75/yr, No network   | YES Routine Eye Exam<br>Eyewear Allowance \$75 / yr., No network          |
| <b>Hearing (Yes/no)</b>          | YES Routine Hearing Exam  | YES Routine Hearing Exam  |
| <b>Dental (Yes/No)</b>           | Routine Dental Allowance \$75/yr<br>No network  | Routine Dental Allowance \$100/yr<br>No network                           |