

Plan Number	
Barnstable	
Bristol	
Essex	
Franklin	
Hampden	
Hampshire	
Middlesex	
Norfolk	
Plymouth	
Suffolk	
Worcester	
CO-PAYS - Beneficiary Costs	
Health Plan Deductible	
PCP/POC	
Specialist	
Inpatient Hospital.	
Outpatient Services/Surgery	
Outpatient Rehab/ medical	
Diagnostic Tests and Labs	
Skilled Nursing/Per benefit Period	
Emergency Room	
Ambulance	
DME	
Diabetic Supplies	
Part B Medications	
Annual Maximum	
Drug Deductible	
Drug Co-pays Tier 1	
Tier 2	
Tier 3	
Tier 4	
Tier 5	
Gap Generic Coverage	
Vision (Yes/No)	
Hearing (Yes/no)	
Dental (Yes/No)	