	Health New England 1-413-787-0010				
	HNE Medicare Value HMO	HNE Medicare Basic No Rx HMO	HNE Medicare Plus HMO	HNE Medicare Premium No Rx HMO	HNE Medicare Premium HMO
Plan Number	H8578-012	H8578-009	H8578-004	H8578-003	H8578-001
Berkshire	$39.00	$38.00	$121.00	$108.00	$176.00
Franklin	$39.00	$38.00	$121.00	$108.00	$176.00
Hampden	$39.00	$38.00	$121.00	$108.00	$176.00
Hampshire	$39.00	$38.00	$121.00	$108.00	$176.00
CO-PAYS - Beneficiary Costs	In Network	In Network	In Network	In Network	In Network
Health Plan Deductible	None	None	None	None	None
PCP	$35	$30	$20	$15	$15
Specialist	$45	$40	$35	$20	$20
Inpatient Hospital	$225 per day for days 1-7, per admission	$275 per day for days 1-5, per admission	$225 per day for days 1-5, per admission	$100 per day for days 1-5, per admission	$100 per day for days 1-5, per admission
Outpatient Services/Surgery	Ambulatory:$450 Hospital: $450	Ambulatory: $450 Hospital: $450	Ambulatory: $300 Hospital: $300	Ambulatory: $150 Hospital: $150	Ambulatory: $150 Hospital: $150
Outpatient Rehab (PA aafter visit 25)	$40	$40	$35	$20	$20
Diagnostic Tests and Labs	$25 copay Labs & X-Rays & Therapeutic Radiology $250 Diagnostic Radiology (High Cost Imaging)	$0: Labs,mamograms, ultrasounds, $20 X-Rays & Therapeutic Radiology $225 Diagnostic Radiology (High Cost Imaging)	$0: Labs,mamograms, ultrasounds/ $15 X-Rays & Therapeutic Radiology $225 Diagnostic Radiology (High Cost Imaging)	$0: Labs,mamograms, ultrasounds / $10 X-Rays & Therapeutic Radiology $125 Diagnostic Radiology (High Cost Imaging)	$0: Labs,mamograms, ultrasounds / $10 X-Rays & Therapeutic Radiology $125 Diagnostic Radiology (High Cost Imaging)
Skilled Nursing	Days 1-20: $0 copay per day; Days 21-50: $160 copay per day; Days 51-100: $0 copay per day	Days 1-20: $20 copay per day; Days 21-50: $120 copay per day; Days 51-100 $0 copay per day	Days 1-20: $0 copay per day; Days 21-50: $160 copay per day, Days 51-100 $0 copay per day	Days 1-20: $0 copay per day; Days 21-50 $130 copay per day, Days 51-100 $0 copay per day	Days 1-20: $0 copay per day; Days 21-50 $130 copay per day, Days 51-100 $0 copay per day
Emergency Room	$80 Emergency Room; $50 copay urgent care/walk-in	$80 Emergency Room; $50 copay urgent care/walk-in	$80 Emergency Room; $50 copay urgent care/walk-in	$80 Emergency Room; $50 copay urgent care/walk-in	$80 Emergency Room; $50 copay urgent care/walk-in
Ambulance	$175	$150	$150	$150	$150
DME	20%	20%	20%	15%	15%
Diabetic Supplies	$0	$0	$0	$0	$0
Part B Medications	20%	20%	20%	20%	20%
Annual Maximum	$6,700	$4,900	$4,900	$4,400	$4,400
Drug Deductible	$320 (applies to Preferred Brand, Non-Preferred Brand, Speciality Medication Only)	N/A	$250 (applies to Preferred Brand, Non-Preferred Brand, Speciality Medication Only)	N/A	$250 (applies to Preferred Brand, Non-Preferred Brand, Speciality Medication Only)
Drug Co-pays Tier 1	$4	N/A	$4	N/A	$4
Tier 2	$10	N/A	$10	N/A	$10
Tier 3	$45	N/A	$45	N/A	$45
Tier 4	$95		$95		$95
Tier 5	26%	N/A	28%	N/A	28%
Gap Generic Coverage	No Additional Coverage	N/A	No Additional Coverage	N/A	$4 Preferred Generic - No additional coverage for Generic, Preferred Brand, Non Preferred Brand or Specialty
Vision (Yes/No)	Yes	Yes	Yes	Yes	Yes
Hearing (Yes/no)	Yes	Yes	Yes	Yes	Yes
Dental (Yes/No)	Yes	Yes	Yes	Yes	Yes