

# 2020 MEDICARE OPTIONS

| MONTHLY PREMIUM:<br>HPHC Supplement Core  | MONTHLY PREMIUM:<br>HPHC Supplement 1A  | MONTHLY PREMIUM:<br>UHC AARP Advantage<br>Walgreens Pro  | MONTHLY PREMIUM:<br>FALLON Barnstable County<br>Plan   |
|---|---|--|--|
| <b>DEDUCTIBLE:</b><br>Plus Part B Plus Rx \$129   | <b>DEDUCTIBLE:</b><br>Plus Part B Plus Rx \$185                               | <b>DEDUCTIBLE:</b><br>Plus Part B \$0  | <b>DEDUCTIBLE:</b><br>\$0 plus Part B  |
| <b>DEDUCTIBLE:</b><br>Part B \$198 Only   | <b>DEDUCTIBLE:</b><br>Part B \$198 Only                                       | <b>DEDUCTIBLE:</b><br>NONE   | <b>DEDUCTIBLE:</b><br>NONE   |
| <b>NETWORK RESTRICTIONS:</b><br>All That Take Medicare!   | <b>NETWORK RESTRICTIONS:</b><br>All That Take Medicare!                       | <b>NETWORK RESTRICTIONS:</b><br>Must Stay in UHC Network   | <b>NETWORK RESTRICTIONS:</b><br>Must Stay in UHC Network   |
| <b>COPAYS:</b> \$0  | <b>COPAYS:</b> \$0  | <b>COPAYS:</b> PCP 0; Specialist \$45  | <b>COPAYS:</b> PCP 0; Specialist \$45  |
| <b>INPATIENT HOSPITAL<br/>COVERAGE:</b> Days 1-60: \$1408<br>(Part A Deductible) Days 61-90         | <b>INPATIENT HOSPITAL<br/>COVERAGE:</b> \$0                                   | <b>INPATIENT HOSPITAL<br/>COVERAGE:</b> Days 1-5: \$370/day<br>\$0/unlimited days after that           | <b>INPATIENT HOSPITAL<br/>COVERAGE:</b> Days 1-5: \$370/day<br>\$0/unlimited days after that           |
| <b>SKILLED NURSING FACILITY:</b><br>Days 1-20: \$0; Days 21-100: Up<br>to \$176 per day coinsurance | <b>SKILLED NURSING FACILITY:</b><br>\$0                                       | <b>SKILLED NURSING FACILITY:</b><br>Days 1-20: \$0/day; Days 21-62:<br>\$160/day; Days 63-100: \$0/day | <b>SKILLED NURSING FACILITY:</b><br>Days 1-20: \$0/day; Days 21-62:<br>\$160/day; Days 63-100: \$0/day |
| <b>EMERGENCY ROOM CARE:</b><br>\$0 after Part B Deductible  | <b>EMERGENCY ROOM CARE:</b><br>\$0 after Part B Deductible                    | <b>EMERGENCY ROOM CARE:</b><br>\$90 Copay worldwide  | <b>EMERGENCY ROOM CARE:</b><br>\$90 Copay worldwide  |
| <b>PRIMARY CARE/SPECIALISTS:</b><br>\$0 after Part B Deductible                                     | <b>PRIMARY CARE/SPECIALISTS:</b><br>\$0 after Part B Deductible               | <b>PRIMARY CARE/SPECIALISTS:</b><br>\$0/\$45 copay   | <b>PRIMARY CARE/SPECIALISTS:</b><br>\$0/\$45 copay   |
| <b>PRIMARY CARE/MEDICARE:</b> \$0   | <b>PRIMARY CARE/MEDICARE:</b> \$0   | <b>PRIMARY CARE/MEDICARE:</b> \$0  | <b>PRIMARY CARE/MEDICARE:</b> \$0  |
| <b>ANNUAL WELLNESS<br/>EXAM/PHYSICAL:</b> Wellness = \$0  | <b>ANNUAL WELLNESS<br/>EXAM/PHYSICAL:</b> Wellness = \$0                      | <b>ANNUAL WELLNESS<br/>EXAM/PHYSICAL:</b> Physical = \$0   | <b>ANNUAL WELLNESS<br/>EXAM/PHYSICAL:</b> Physical = \$0   |
| <b>OUTPATIENT SERVICE<br/>/SURGERY:</b> \$0 after Part B<br>Deductible                              | <b>OUTPATIENT SERVICE<br/>/SURGERY:</b> \$0 after Part B<br>Deductible        | <b>OUTPATIENT SERVICE<br/>/SURGERY:</b> \$0 - \$295 Copay  | <b>OUTPATIENT SERVICE<br/>/SURGERY:</b> \$0 - \$295 Copay  |
| <b>DIAGNOSTIC PROCEDURES,<br/>TESTS, LABS:</b> \$0 after Part B<br>Deductible                       | <b>DIAGNOSTIC PROCEDURES,<br/>TESTS, LABS:</b> \$0 after Part B<br>Deductible | <b>DIAGNOSTIC PROCEDURES,<br/>TESTS, LABS:</b> \$30 Copay  | <b>DIAGNOSTIC PROCEDURES,<br/>TESTS, LABS:</b> \$30 Copay  |
| <b>FITNESS REIMBURSEMENT:</b><br>Up to \$150 annually   | <b>FITNESS REIMBURSEMENT:</b><br>Up to \$150 annually                         | <b>FITNESS REIMBURSEMENT:</b><br>Free Membersio Through<br>SilverSneakers                              | <b>FITNESS REIMBURSEMENT:</b><br>Free Membersio Through<br>SilverSneakers                              |
| <b>ADDITIONAL BENEFITS:</b><br>No Networks  | <b>ADDITIONAL BENEFITS:</b><br>No Networks                                    | <b>ADDITIONAL BENEFITS:</b><br>No referrals needed, Dental +<br>Vision Benefits                        | <b>ADDITIONAL BENEFITS:</b><br>No referrals needed, Dental +<br>Vision Benefits                        |
| <b>PRESCRIPTION BENEFITS:</b><br>Seperate Card from UHC   | <b>PRESCRIPTION BENEFITS:</b><br>Seperate Card from UHC                       | <b>PRESCRIPTION BENEFITS:</b><br>INCLUDED  | <b>PRESCRIPTION BENEFITS:</b><br>INCLUDED  |
| <b>MONTHLY PREMIUM:</b><br>HPHC Supplement Core   | <b>MONTHLY PREMIUM:</b><br>HPHC Supplement 1A                                 | <b>MONTHLY PREMIUM:</b><br>UHC AARP Advantage<br>Walgreens Pro   | <b>MONTHLY PREMIUM:</b><br>FALLON Barnstable<br>County Plan  |
| <b>SUPPLEMENT/ADVANTAGE<br/>PLAN:</b> \$129   | <b>SUPPLEMENT/ADVANTAGE<br/>PLAN:</b> \$185                                   | <b>SUPPLEMENT/ADVANTAGE<br/>PLAN:</b> \$0  | <b>SUPPLEMENT/ADVANTAGE<br/>PLAN:</b> \$0  |
| <b>MEDICARE PART B*:</b> \$144.60   | <b>MEDICARE PART B*:</b> \$144.60   | <b>MEDICARE PART B*:</b> \$144.60  | <b>MEDICARE PART B*:</b> \$144.60  |
| <b>PRESCRIPTION PLAN:</b> \$36.20   | <b>PRESCRIPTION PLAN:</b> \$36.20   | <b>PRESCRIPTION PLAN:</b> \$0  | <b>PRESCRIPTION PLAN:</b> \$0  |
| <b>TOTAL PREMIUM:</b><br><b>\$309.90</b>  | <b>TOTAL PREMIUM:</b><br><b>\$365.80</b>                                      | <b>TOTAL PREMIUM:</b><br><b>\$144.60</b>   | <b>TOTAL PREMIUM:</b><br><b>\$144.60</b>   |