

2021 MEDICARE OPTIONS

MONTHLY PREMIUM: HPHC Supplement Core	MONTHLY PREMIUM: HPHC Supplement 1A	MONTHLY PREMIUM: UHC AARP Advantage Walgreens PPO	MONTHLY PREMIUM: FALLON Barnstable County Plan
DEDUCTIBLE: PART A \$1494 PART B: \$203	DEDUCTIBLE: \$203 Part B	DEDUCTIBLE: NONE	DEDUCTIBLE: NONE
<p>NETWORK RESTRICTIONS: All That Take Medicare!</p> <p>COPAYS: \$0</p> <p>INPATIENT HOSPITAL COVERAGE: Days 1-60: \$1408 (Part A Deductible) Days 61-90</p> <p>SKILLED NURSING FACILITY: Days 1-20: \$0; Days 21-100: Up to \$176 per day coinsurance</p> <p>EMERGENCY ROOM CARE: \$0 after Part B Deductible</p> <p>PRIMARY CARE/SPECIALISTS: \$0 after Part B Deductible</p> <p>PRIMARY CARE/MEDICARE: \$0</p> <p>ANNUAL WELLNESS EXAM/PHYSICAL: Wellness = \$0</p> <p>OUTPATIENT SERVICE /SURGERY: \$0 after Part B Deductible</p> <p>DIAGNOSTIC PROCEDURES, TESTS, LABS: \$0 after Part B Deductible</p> <p>FITNESS REIMBURSEMENT: Up to \$150 annually</p> <p>ADDITIONAL BENEFITS: No Networks</p> <p>PRESCRIPTION BENEFITS: Seperate Card from UHC</p>	<p>NETWORK RESTRICTIONS: All That Take Medicare!</p> <p>COPAYS: \$0</p> <p>INPATIENT HOSPITAL COVERAGE: \$0</p> <p>SKILLED NURSING FACILITY: \$0</p> <p>EMERGENCY ROOM CARE: \$0 after Part B Deductible</p> <p>PRIMARY CARE/SPECIALISTS: \$0 after Part B Deductible</p> <p>PRIMARY CARE/MEDICARE: \$0</p> <p>ANNUAL WELLNESS EXAM/PHYSICAL: Wellness = \$0</p> <p>OUTPATIENT SERVICE /SURGERY: \$0 after Part B Deductible</p> <p>DIAGNOSTIC PROCEDURES, TESTS, LABS: \$0 after Part B Deductible</p> <p>FITNESS REIMBURSEMENT: Up to \$150 annually</p> <p>ADDITIONAL BENEFITS: No Networks</p> <p>PRESCRIPTION BENEFITS: Seperate Card from UHC</p>	<p>NETWORK RESTRICTIONS: Must Stay in UHC Network</p> <p>COPAYS: PCP 0; Specialist \$45</p> <p>INPATIENT HOSPITAL COVERAGE: Days 1-5: \$370/day \$0/unlimited days after that</p> <p>SKILLED NURSING FACILITY: Days 1-20: \$0/day; Days 21-62: \$160/day; Days 63-100: \$0/day</p> <p>EMERGENCY ROOM CARE: \$90 Copay worldwide</p> <p>PRIMARY CARE/SPECIALISTS: \$0/\$45 copay</p> <p>PRIMARY CARE/MEDICARE: \$0</p> <p>ANNUAL WELLNESS EXAM/PHYSICAL: Physical = \$0</p> <p>OUTPATIENT SERVICE /SURGERY: \$0 - \$295 Copay</p> <p>DIAGNOSTIC PROCEDURES, TESTS, LABS: \$30 Copay</p> <p>FITNESS REIMBURSEMENT: Free Membersio Through SilverSneakers</p> <p>ADDITIONAL BENEFITS: No referrals needed, Dental + Vision Benefits</p> <p>PRESCRIPTION BENEFITS: INCLUDED</p>	<p>NETWORK RESTRICTIONS: Must Stay in UHC Network</p> <p>COPAYS: PCP 0; Specialist \$45</p> <p>INPATIENT HOSPITAL COVERAGE: Days 1-5: \$370/day \$0/unlimited days after that</p> <p>SKILLED NURSING FACILITY: Days 1-20: \$0/day; Days 21-62: \$160/day; Days 63-100: \$0/day</p> <p>EMERGENCY ROOM CARE: \$90 Copay worldwide</p> <p>PRIMARY CARE/SPECIALISTS: \$0/\$45 copay</p> <p>PRIMARY CARE/MEDICARE: \$0</p> <p>ANNUAL WELLNESS EXAM/PHYSICAL: Physical = \$0</p> <p>OUTPATIENT SERVICE /SURGERY: \$0 - \$295 Copay</p> <p>DIAGNOSTIC PROCEDURES, TESTS, LABS: \$30 Copay</p> <p>FITNESS REIMBURSEMENT: Free Membersio Through SilverSneakers</p> <p>ADDITIONAL BENEFITS: No referrals needed, Dental + Vision Benefits</p> <p>PRESCRIPTION BENEFITS: INCLUDED</p>
MONTHLY PREMIUM: HPHC Supplement Core	MONTHLY PREMIUM: HPHC Supplement 1A	MONTHLY PREMIUM: UHC AARP Advantage Walgreens PPO	MONTHLY PREMIUM: FALLON Barnstable County Plan
SUPPLEMENT/ADVANTAGE PLAN: \$136	SUPPLEMENT/ADVANTAGE PLAN: \$195	SUPPLEMENT/ADVANTAGE PLAN: \$0	SUPPLEMENT/ADVANTAGE PLAN: \$29
MEDICARE PART B* Price Varies by Income	MEDICARE PART B* Price Varies by Income	MEDICARE PART B* Price Varies by Income	MEDICARE PART B* Price Varies by Income
PRESCRIPTION PLAN: \$36.20	PRESCRIPTION PLAN: \$36.20	PRESCRIPTION PLAN: \$0	PRESCRIPTION PLAN: \$0
MONTHLY PREMIUM \$136 + Part B	TOTAL PREMIUM: \$195 + Part B	TOTAL PREMIUM: \$0 + Part B	TOTAL PREMIUM: \$29 + Part B