City of Boston - Medicare Plan Comparison Chart: Effective July 1st, 2024

	MEDICARE SUPPLEMENT PLANS			MEDICARE ADVANTAGE PLANS	
Covered Services	**Harvard Pilgrim Enhance with Aetna SilverScript PDP**	**BCBSMA Medex 2 with Blue Medicare Rx PDP**	**BCBSMA Managed Blue for Seniors**	**BCBSMA Medicare HMO Blue**	**Tufts Medicare Preferred HMO**
Monthly Rate	$57.77	$58.63	$70.08	$58.77	$55.10
Residence Eligibility	Reside anywhere in the United States or one of its territories	Reside anywhere in the United States or one of its territories	Reside in Plan Service area	Reside in Plan Service area	Reside in Plan Service area
Office Visits	$15 copay per visit $0 for annual physical	$15 copay per visit $15 for annual physical	$15 copay per visit $15 for annual physical	PCP: $15 Specialist: $35 $0 for annual physical	PCP: $15 copay Specialist: $15 copay $0 for annual physical
Prescription Drugs Purchased at Participating Pharmacies	Copays for up to a 30-day supply: Tier 1: $10 Tier 2: $25 Tier 3: $45	Copays for up to a 30-day supply: Tier 1: $10 Tier 2: $25 Tier 3: $45	Copays for up to a 30-day supply: Tier 1: $10 Tier 2: $25 Tier 3: $45	Copays for up to a 30-day supply: Tier 1: $10 Tier 2: $25 Tier 3: $45	Copays for up to a 30-day supply: Tier 1: $10 Tier 2: $25 Tier 3: $45
Prescription Drugs Purchased by Mail Order	Copays for up to a 90-day supply: Tier 1: $20 Tier 2: $50 Tier 3: $115	Copays for up to a 90-day supply: Tier 1: $20 Tier 2: $50 Tier 3: $115	Copays for up to a 90-day supply: Tier 1: $20 Tier 2: $50 Tier 3: $115	Copays for up to a 90-day supply: Tier 1: $20 Tier 2: $50 Tier 3: $115	Copays for up to a 90-day supply: Tier 1: $20 Tier 2: $50 Tier 3: $115
Inpatient Care in an Acute Care Hospital	Covered in full after $50 copay per admission, max of 1 copay per person per quarter	Covered in full after $50 copay per admission, max of 1 copay per person per quarter	Covered in full after $50 copay per admission, max of 1 copay per person per quarter	Member pays $150 per day for days 1 – 5 (up to $750 per admission), then covered in full	Covered in full after one-time annual deductible of $300
Inpatient Care in Skilled Nursing Facility Care (SNF)	Covered in full for 100 days per benefit period[1] after a 3-day inpatient hospital stay	Covered in full for 100 days per benefit period[1] after a 3-day inpatient hospital stay	Covered in full for up to 100 days per benefit period[1]. You must be hospitalized three or more days in a row and transferred to the SNF within 30 days of the hospital discharge.	Member pays $20 per day for days 1 – 20; $100 per day for days 21 – 44; $0 per day for days 45 – 100. Coverage for up to 100 days per benefit period1	Covered in full for up to 100 days per benefit period[1]

[1] Benefit Period: The time period defined by Medicare to determine when coverage in a hospital or Skilled Nursing Facility starts and ends. A benefit period starts on the first day a beneficiary receives care in a hospital or Skilled Nursing Facility and ends when the beneficiary has not received care in a hospital or Skilled Nursing Facility for 60 days in a row.

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Emergency Room	$50 copay, waived if admitted to hospital	$50 copay, waived if admitted to hospital	$50 copay, waived if admitted to hospital	$75 copay, waived if admitted to hospital	$50 copay, waived if admitted to hospital
Ambulance Services	Medicare-approved ambulance services covered at 100%	Medicare-approved ambulance services covered at 100%.	Full coverage for emergency transport. $40 copay for non-emergency transport.	$75 copay for one-way trip for Medicare approved transport; Copay waived when member is admitted within 24 hours of trip	Medicare-approved ambulance services covered with a $50 copay per day
Dental Care	No coverage for routine dental care	No coverage for routine dental care	No coverage for routine dental care	1 cleaning and 1 oral exam (including 1 set of bitewing X-rays) are covered at 100% twice per calendar year	No coverage for routine dental care
Chiropractic Services	Covered for Medicare-approved services with a $15 copay	Covered for Medicare-approved services with a $15 copay	$15 copay per visit, including spinal manipulation services furnished by a chiropractor	$15 copay per visit, including spinal manipulation services furnished by a chiropractor	Covered for Medicare-approved services with a $15 copay
Eyeglasses	Not Covered	Not Covered	Discounts from participating providers	Up to $200 once every 24 months for eyewear including fittings and evaluations	$150 allowance per year towards eyewear or contact lenses, but not both at contracting EyeMed providers.
Hearing Aids	Not Covered	Not Covered	Not Covered	$699 - $999 copay (depending on type) for TruHearing branded hearing aid per ear every 12 months	Covered up to $500 for the purchase or repair of hearing aids every three years at contracting providers.

This comparison chart is not a comprehensive explanation of benefits. Please see the plan's Summary of Benefits for additional information.