



Medical Benefits	Original Medicare Member Pays	Harvard Pilgrim Health Care Medicare Supplement 1 Plan Member Pays	Harvard Pilgrim Health Care Medicare Supplement Core Plan Member Pays	Tufts Health Plan Supplement One Member Pays	Tufts Health Plan Supplement Core Member Pays	Blue Cross Blue Shield Supplement 1 (Medex Bronze) Member Pays	Blue Cross Blue Shield Supplement Core (Medex Core) Member Pays
Part A Deductible (Hospital Services)	\$1,100 per benefit period	\$0	\$1,100 per benefit period	\$0	\$1,100 per benefit period	\$0	\$1,100 per benefit period
Inpatient Hospital Coverage	\$1,100 for days 1-60 \$275 per day for days 61-90	\$0	\$0 after Part A deductible is met	\$0 per day for days 1-120 All charges for days 121+	\$0 after Part A deductible is met	\$0 per day for days 1-120 All charges for days 121+	\$0 after Part A deductible is met
Inpatient Mental Health	\$1,100 for days 1-60 \$275 per day for days 61-90	\$0	\$0 after Part A deductible is met	\$0	\$0 after Part A deductible is met	\$0	\$0 after Part A deductible is met
Skilled Nursing Facility	\$0 per day for days 1-20 \$137.50 per day for days 21-100 All charges for days 101+	\$0 per day for days 1-100 All charges after plan payment of \$10 a day for days 101+	\$0 per day for days 1-10 \$137.50 per day for days 11-100 All charges for days 101+	\$0 per day for days 1-100 All charges after plan payment of \$10 a day for days 101+	\$0 per day for days 1-20 \$137.50 per day for days 21-100 All charges for days 101+	\$0 per day for days 1-100 All charges after plan payment of \$10 a day for days 101+	\$0 per day for days 1-20 \$137.50 per day for days 21-100 All charges for days 101+
Part B Annual Deductible (Medical Services)	\$155 annual Part B deductible	\$0	\$155 annual Part B deductible	\$0	\$155 annual Part B deductible	\$0	\$155 annual Part B deductible
Doctor Office Visits	20% coinsurance after Part B is met	\$0	\$0 after Part B deductible is met	\$0	\$0 after Part B deductible is met	\$0	\$0 after Part B deductible is met
Routine Physical Exams	20% coinsurance for one exam within the first 12 months of your new Part B coverage	\$0 for one exam within the first 12 months of your new Part B coverage	\$0 for one exam within the first 12 months of your new Part B coverage	\$0 for one exam within the first 12 months of your new Part B coverage	\$0 for one exam within the first 12 months of your new Part B coverage	\$0 for one exam within the first 12 months of your new Part B coverage	\$0 for one exam within the first 12 months of your new Part B coverage
Emergency Room Care	20% coinsurance for the doctor and facility after Part B deductible is met	\$0	\$0 after Part B deductible is met	\$0	\$0 after Part B deductible is met	\$0	\$0 after Part B deductible is met
Diagnostic Tests, x-rays, Lab Services and Radiology Services	20% coinsurance for diagnostic tests and x-rays after Part B deductible is met \$0 for Medicare-covered lab services	\$0	\$0 for diagnostic test and x-rays \$0 for Medicare-covered lab services	\$0	\$0	\$0	\$0
PT, ST, OT	20% coinsurance after Part B deductible is met	\$0	\$0 after Part B deductible is met	\$0	\$0 after Part B deductible is met	\$0	\$0 after Part B deductible is met
Fitness Reimbursement	Not available	\$150 reimbursement for health club membership dues annually	\$150 reimbursement for health club membership dues annually	\$150 reimbursement for health club membership dues annually	\$150 reimbursement for health club membership dues annually	\$150 reimbursement for health club membership dues annually	N/A
Pap Smears and Pelvic Exams	\$0 for Pap Smears Covered every 2 years 20% coinsurance for pelvic exams	\$0	\$0	\$0	\$0	\$0	\$0
Mammograms and Breast Exams	20% coinsurance	\$0	\$0	\$0	\$0	\$0	\$0
Monthly Premium	Note: Premiums based on MA	\$183.50	\$97.50	\$174.72	\$89.87	\$172.81	\$91.22
More Information	Essex County. Other regions	<a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>		<a href="http://www.tuftsmedicarepreferred.org">www.tuftsmedicarepreferred.org</a>		<a href="http://www.bluecrossma.com/medicare-options">www.bluecrossma.com/medicare-options</a>	
To Enroll, Call	premiums may vary.	1-877-906-4742 ~ Mon-Fri 8:30am - 5pm		1-800-521-3062 ~ Mon-Sun 8am-8pm		1-800-678-2265 ~ Mon-Sun 8am-8pm	

This is a summary only and as such should not be used as a final guide of benefits. Please refer to the benefit documents prepared by the insurance carrier for detailed explanation of coverage.