




Town of Agawam - Retiree Plan Comparison Effective January 1, 2024

	 MASSACHUSETTS Medex 2 with Blue Medicare Rx PDP (Med Supp Plan)	 MASSACHUSETTS Managed Blue for Seniors with Blue Medicare Rx PDP (Medicare Supplement Plan) Service area the State of Massachusetts	 MASSACHUSETTS Medicare HMO Blue (HMO) Medicare Advantage Plan Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties, MA
Routine / Preventive Office Visits	\$0	\$10 per visit	\$15 per visit
Primary Care Physician Office Visit	\$0	\$10 per visit	\$15 per visit
Specialist Office Visit	\$0	\$10 per visit	\$35 per visit
Chiropractic Coverage (Limitations Apply)	\$0 for Medicare approved services. This plan covers 20% of the approved charges for services not covered by Medicare	\$10 per visit	\$15 per visit
Routine Vision And Hearing Exam	Full coverage of Medicare Part B Deductible plus 20% coinsurance	\$10 (one per calendar year)	\$0 (one per calendar year)
Urgent Care Visits	\$0	\$50 per visit	\$15 per PCP visit \$35 per other provider visit \$75 per each office visit for urgently needed services outside the United States (telehealth visits not covered)
Occupational and Physical Therapy	\$0	\$10 per visit	\$15
Durable Medical Equipment	\$0	\$10 per item	10% of the cost
Emergency Room Visit	\$0	\$50 per visit	\$75 per visit, waived if admitted within 24 hours
Ambulance	\$0	\$40 per one-way transport (waived for Emergency transport)	\$75 per one way transport
Deductible (Individual / Family)	\$0	\$0	\$0
Inpatient Hospital Services	\$0	\$0	\$150 per day—days 1-5
Outpatient - Day Surgery	\$0	\$0	\$150 per visit
Mental Health - Inpatient	\$0	\$0	\$35 per visit
Diagnostic Lab Tests	\$0	\$0	\$10 per day
Diagnostic X-Rays & Imaging	\$0	\$0	\$10 per day
Advanced Imaging - Per Scan (CT Scan, MRI, etc.)	\$0	\$0	\$150 per day
Wellness	\$150 Fitness reimbursement and \$150 weight loss towards Weight Watchers or hospital based program	\$150 Fitness reimbursement and \$150 weight loss towards Weight Watchers or hospital based program	\$150 Fitness reimbursement and \$150 weight loss towards Weight Watchers or hospital based program
Rx Deductible	N/A	N / A	N / A
Rx Retail Copayments	\$10 / \$20 / \$35	\$10 / \$20 / \$35	\$10 / \$25 / \$45
Rx Mail Order Copayments	\$20 / \$40 / \$70	\$20 / \$40 / \$70	\$20 / \$50 / \$90
Medical Out-of-Pocket Maximum	N/A	N / A	\$3,400
Rx Out-of-Pocket Maximum	\$8,000	\$8,000	\$8,000

This summary is intended as a brief overview of benefits. Please refer to the company brochure or policy for a complete description of coverages, exclusions and limitations.

