

Town of North Reading

Medicare Enhance Preventive Plus

Total Monthly Cost: \$342.97

Total Monthly Town Cost: \$171.49

Total Monthly Retiree Cost: \$171.48

Benefit Category	Medicare Enhance Preventive Plus
Network	Any doctor who accepts Medicare patients
Enrollment Area	The enrollment area is Nationwide
Deductible	\$0 deductible
Office Visits PCPs/Specialists	\$0 copayment
Routine Physical	\$0 copayment, 1 per calendar year
Preventive Care (mammograms, bone mass measurement, colorectal screening, PSA test)	\$0 copayment
Pap Smears and Pelvic Exams	\$0 copayment
Radiology	\$0 copayment
Lab Services & X-rays	\$0 copayment
Immunizations/Injections (Flu, Hepatitis B for people at risk, Pneumonia vaccine)	\$0 copayment
Allergy Shots	\$0 copayment
Urgently Needed Care	\$0 copayment (worldwide coverage)
Hospital Outpatient	\$0 copayment
Outpatient Surgery	\$0 copayment
Emergency Room	\$0 copayment
Ambulance	\$0 copayment
Hospital Inpatient (includes substance abuse and rehabilitation services)	\$0 copayment
Skilled Nursing Facility	0 copayment, up to 100 days each benefit period
Home Health Care	\$0 copayment
Outpatient Rehabilitation Service (occupational therapy, physical therapy, speech therapy)	\$0 copayment for each Medicare-covered visit
Podiatry	\$0 copayment for medically necessary foot care visit
Chiropractic	\$0 copayment per Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

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Diabetic Self Monitoring Training/Diabetic Supplies	\$0 copayment for self monitoring training; supplies covered at 100%
Durable Medical Equipment	\$0 copayment
Routine Vision	\$0 copayment
Eyewear	Covered for one pair of eyeglasses or contact lenses after each cataract surgery.
Hearing	\$0 copayment
Hearing Aid	No coverage
Mental Health Inpatient	Biologically Based – covered at 100%, same benefits as acute inpatient hospital care Other – covered at 100%, with day limits
Mental Health Outpatient	\$0 per visit individual and group
Hospice	\$0 copayment, you must get care from a Medicare certified hospice
Worldwide Coverage for Emergency Services	\$0 copayment; Covered for emergency services worldwide
Prescription Drug coverage	
In-Network Retail Pharmacy (Aetna)	\$5/\$10/\$25/\$25
Mail Order (Aetna)	\$5/\$10/\$25/\$25
Member Savings	Up to \$150/year Fitness reimbursement Eyewear discounts Hearing Aid discounts 25% off participating acupuncturists and chiropractors. Other health related discounts

*Medicare Enhance is underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care
This is illustrative and refer to the Schedule of Benefits and Member Handbook for further details*