

Town of North Reading

Medicare Enhance Preventive Plus

Total Monthly Cost:

Total Monthly Town Cost: \$256.23

Total Monthly Retiree Cost : \$256.23

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	\$5/\$10/\$25
Mail Order	\$2/\$15/\$15
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