

### Bentley University - 2023 Retiree Benefit Options

	BCBS Medex2	Tufts Medicare Preferred - Prime Supplement	Tufts Medicare Preferred - HMO Prime RX
<b>Physician Selection:</b>	Any Physician who accepts Medicare	Any Physician who accepts Medicare	Must see a network provider
<b>Referrals:</b>	Not Required	Not Required	Required
<b>Residence/Counties</b>	Anywhere in the US	Anywhere in the US	Barnstable, Bristol, Essex, Hampden, Hampshire Middlesex, Norfolk, Plymouth, Suffolk, Worcester
<b>SUMMARY OF BENEFITS</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Out of pocket maximum</b>	None	None	\$3,400
<b>Inpatient Care</b>	Nothing through a 365 day lifetime maximum after medicare benefit are used up	Nothing after \$300 Ded. through an additional 365 lifetime days after Medicare days are exhausted, then all charges (applies to Mental Health + General Hospital admissions)	\$300 deductible per calendar year (does not apply to inpatient mental health admissions)
<b>Skilled Nursing</b>	Nothing for day 1-100 per benefit period; charges over \$10 per day from day 101-365 per benefit period; then all charges	Nothing for days 1-100 per benefit period	Nothing for days 1-100 per benefit period
<b>Outpatient Office Visit</b>	Nothing	\$15 copay	\$10 copay
<b>Specialist Office Visit</b>	Nothing	\$15 copay	\$15 copay
<b>Substance Abuse Visit</b>	Nothing	\$15 copay	\$15 copay
<b>Routine Annual Physical Exam</b>	Not covered through BCBSMA Medex2 plan, but may be covered under Medicare	Nothing	Nothing
<b>Routine GYN Exam</b>	Nothing: 1 exam every two years (1 routine Pap smear test each year)	\$15 copay (Routine Pelvic Exam/Pap test covered w/ \$0 copay, medically necessary exams carry \$15 copay)	\$15 copay (Routine Pelvic Exam/Pap test covered w/ \$0 copay once every 24 months, medically necessary exams carry \$15 copay)
<b>Routine Eye Exam</b>	Not covered	\$15 copay; \$150 per year toward lenses, frames, and/or contacts	\$15 copay; \$150 per year toward lenses, frames, or contacts (but not both) at an EyeMed provider (or \$90 at a non-network provider)
<b>Outpatient Mental Health</b>	Nothing, 24 visit per year maximum if non-biologically base and not covered by Medicare	Biologically based - \$15 copay Non-Biologically based - \$15 copay	Biologically based - \$15 copay Non-Biologically based - \$15 copay
<b>Chiropractic</b>	Nothing for Medicare approved charges	\$15 copay	\$15 copay
<b>Home Health Care</b>	Nothing	Nothing	Nothing
<b>Hearing Aids</b>	Not covered	Allowance up to \$500 every 3 years	Allowance up to \$500 every 3 years
<b>Durable Medical Equipment</b>	Nothing	Nothing	Nothing
<b>Ambulance</b>	Emergency - Nothing Non Emergency - Part B ded. & coinsurance	\$50 copay per day	\$50 copay per day
<b>Physical, Occup. &amp; Speech Therapy</b>	Nothing	\$15 copay	\$15 copay
<b>Lab &amp; Therapeutic Radiology</b>	Nothing	Nothing	Nothing
<b>MRI, PET, CT</b>	Nothing	Nothing	Nothing
<b>Outpatient Surgery</b>	Nothing	\$50 per day	\$50 per day
<b>Emergency Care</b>	Nothing	\$50 copay	\$50 copay
<b>Annual Wellness Allowances</b>	Not Covered	\$150/year for fitness club membership, instructional fitness classes or nutritional counseling. \$150 reimbursement toward Weight Management programs.	\$150/year for fitness club membership, instructional fitness classes, acupuncture or nutritional counseling. \$150 reimbursement toward Weight Management programs.
<b>PRESCRIPTION DRUGS:</b>	<b>No Deductible</b>	<b>No Deductible (no annual limit)</b>	<b>No Deductible (no annual limit)</b>
Retail (30 day supply)	\$10/\$25/\$45	\$10/\$25/\$50	\$10/\$25/\$50
Mail Order (90 day supply)	\$20/\$50/\$90	\$20/\$50/\$110	\$20/\$50/\$100
<b>Payments greater than \$7,400 you pay the greater of:</b>	<b>Generic: \$4.15 copay Brand: \$10.35 copay</b>	<b>Generic: \$4.15 copay Brand: \$10.35 copay</b>	<b>Generic: \$4.15 copay Brand: \$10.35 copay</b>