

City of Newton Benefit Comparison Chart for Medicare Eligible Retirees*

Rates per Member per Month – FISCAL Year 2023			
<i>The contribution percentage for retirees and spouses will be based on the contribution percentage last paid as an active employee.</i>			
Coverage	Tufts Medicare Preferred	Tufts Medicare Complement	BC/BS Medicare HMO Blue
Massachusetts Residency	Required	Not Required	Required
20% Contribution/Month	\$74.20	\$121.11	\$79.70
25% Contribution/Month	\$92.75	\$151.38	\$99.62
30% Contribution/Month	\$111.30	\$181.66	\$119.54
	Rates may change effective January 1, 2023		Rates may change effective January 1, 2023
Inpatient Services			
Hospital	100% Coverage after \$300 Deductible per Calendar Year	100% Coverage	Day 1-5: \$150 per day Copay Day 6 and beyond \$0 copay
Skilled Nursing	Covered in Full for 100 Days in a benefit period	Covered in Full for 100 Days in a benefit period	Days 1-20: \$20 co-pay per day Days 21- 44: \$100 co-pay per day Days 45-100: \$0 co-pay per day
Mental Health and Substance Abuse Care days	Covered in Full in a Network Psychiatric Hospital. 190 Day Lifetime Limit. 90 covered for inpatient hospital stay. After limit is reached 60 lifetime reserve days allowed	Covered in Full for 190 days Inpatient Lifetime Limit. After limit is reached, 120 days per benefit year	\$35 per office visit Inpatient \$150 per day (days 1-5) 190 day Lifetime Limit
Outpatient Services			
Primary Care Physician Office Visits	\$10 Co-payment / \$0 for annual physical	\$10 Co-payment/\$0 for annual physical	\$15 Co-payment/\$0 for annual physical
Specialist Physician Office Visits	\$15 Co-payment	\$10 Co-payment	\$35 Co-payment
Emergency Room	\$50 Co-payment	Covered in full	\$75 Co-payment
Outpatient Services/Surgery	\$50 per day	Covered in full	\$150 per visit
Outpatient Rehab Services	\$15 Co-payment	\$10 Co-payment	\$15 Co-payment
Prescriptions Co-Pay 30 Day Tier 1 / 2 / 3	\$10 / \$25 / \$50	\$10 / \$20 / \$35	\$10 / \$25 / \$45
Prescriptions Co-Pay 90 Day Tier 1 / 2 / 3	Mail Order \$20 / \$50 / \$100	Mail Order \$20 / \$40 / \$70	Mail Order \$20 / \$50 / \$90
Prescriptions Co-Pay Maximum Tier 1 / 2 / 3	After co-pays of \$6,550 co-pays are reduced to \$3.70 generic or \$9.20 for brand name drugs	After co-pays of \$500 per plan year (July 1st – June 30th) your co-pays reduced to \$0	After co-pays of \$6,550 co-pay are reduced to the greater of 5% or \$3.70 generic or \$9.20 for Brand Name Drugs
Dental	Not Covered	Not Covered	\$0 (Preventive services only every 6 months)
Hearing Aids	Up to \$500 Allowed for Purchase or Repair every 3 years	Not Covered	\$699 copay per aid for Advanced Aids or \$999 copay for Premium Aids. Must use TruHearing provider.
Routine Eye Exam	\$15 Co-payment	Not Covered	\$0 Co-payment must use an EyeMed Provider
Eyewear	\$150 Toward eyeglasses or contacts each year in network, or \$90 out-of-network	Not Covered, discounts available	Routine exams no copay with EyeMed providers. Covered eyewear \$200 every 24 months
Ambulance	\$50 per Day	100% for each Medicare approved ambulance service	\$75 Co-payment
Chiropractor	\$15 Co-payment	\$10 Co-payment	\$15 Co-payment
Fitness Benefit	\$150 Fitness /\$150 Weight Management Reimbursement	Not Covered	\$150 Fitness /\$150 Weight Management Reimbursement
Customer Service	800-701-9000	800-462-0224	800-200-4255

* Note: This is a summary please refer to the carrier's plan description for more detail.

myMedicationAdvisor (CanaRX) will only accept the Tufts Medicare Complement Plan members for maintenance prescription medications.