

2009 NBT/MBA/HSA	Medicare Advantage Plans				Medicare Wrap Plan
	2009-THP Private Fee for Service (Basic) (\$3350 max OOP)	2009-THP Private Fee for Service (Prime)	2009-THP Medicare Preferred HMO	2009-THP Medicare Preferred PPO	THP Medicare Complement
Monthly Premium	Unlimited Rx \$149 Unlimited Rx Plus \$156	Unlimited Rx \$202 Unlimited Rx Plus \$209	Unlimited Rx \$184 Unlimited Rx Plus \$191	Unlimited Rx \$204 Unlimited Rx Plus \$211	With Rx \$346 No Rx \$176
Office Visit - PCP co-pay	\$25	\$15	\$10	\$10 in-network \$30 out-of-network	\$10
In-Hospital	Days 1-5: \$200 per day Days 6-90: \$0 per day Additional days: \$0 per day	\$200 annual deductible 100% thereafter	\$200 annual deductible 100% thereafter	<i>In-network:</i> \$200 deductible 100% thereafter <i>Out-of-network:</i> \$500 co- pay/admission	Covered in full
Outpatient Surgery	\$0 to \$150 co-pay	\$0 to \$50 co-pay	\$0 to \$50 co-pay	\$0 to \$50 co-pay (<i>In- network</i>); 20% co-pay (<i>Out- of-network</i>)	Covered in full
Provider Network of Physicians	Members may go to any Medicare approved physician or hospital anywhere in the USA that accepts the plan	Members may go to any Medicare approved physician or hospital anywhere in the USA that accepts the plan	900 PCP 4,000 Total THP Medicare Preferred HMO Network	1,000 PCP 5,000 Total THP Medicare Preferred PPO Network	8,500 PCP 20,000 Total THP HMO Network
Emergency Room	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay
Chiropractic	\$25 co-pay	\$15 co-pay	\$15 co-pay	\$15 co-pay in-network \$30 co-pay out-of-network	\$10 co-pay
Dental	No coverage	No coverage	No coverage	No coverage	No coverage
Eye Exam	\$25	\$15	\$15	\$15 in-network \$30 out-of-network	\$10
Eyewear	1 pair eyewear after each cataract surgery. Up to \$150 towards one pair of glasses every 12 months	1 pair eyewear after each cataract surgery. Up to \$150 towards one pair of glasses every 12 months	1 pair eyewear after each cataract surgery. Up to \$150 towards one pair of glasses every 12 months	1 pair eyewear after each cataract surgery. Up to \$150 towards one pair of glasses every 12 months	Discounts through network
Hearing Aids	\$500 every 36 months	\$500 every 36 months	\$500 every 36 months	\$500 every 36 months	Not covered
Prescription Drugs	Unlimited \$10/\$25/\$50 (30 day, retail) \$20/\$50/\$100 (90 day, mail) After \$4,350 out-of-pocket then: \$2/\$8/\$14 Unlimited Plus \$10/\$20/\$35 (30 day, retail) \$20/\$40/\$70 (90 day, mail) After \$4,350 out-of-pocket then: \$2/\$8/\$14	Unlimited \$10/\$25/\$50 (30 day, retail) \$20/\$50/\$100 (90 day, mail) After \$4,350 out-of-pocket then: \$2/\$8/\$14 Unlimited Plus \$10/\$20/\$35 (30 day, retail) \$20/\$40/\$70 (90 day, mail) After \$4,350 out-of-pocket then: \$2/\$8/\$14	Unlimited \$10/\$25/\$50 (30 day, retail) \$20/\$50/\$100 (90 day, mail) After \$4,350 out-of-pocket then: \$2/\$8/\$14 Unlimited Plus \$10/\$20/\$35 (30 day, retail) \$20/\$40/\$70 (90 day, mail) After \$4,350 out-of-pocket then: \$2/\$8/\$14	Unlimited \$10/\$25/\$50 (30 day, retail) \$20/\$50/\$100 (90 day, mail) After \$4,350 out-of-pocket then: \$2/\$8/\$14 Unlimited Plus \$10/\$20/\$35 (30 day, retail) \$20/\$40/\$70 (90 day, mail) After \$4,350 out-of-pocket then: \$2/\$8/\$14	Unlimited \$8/\$20/\$35 (30 day, retail) \$16/\$40/\$70 (90 day, mail) Also available without prescription coverage

For more information about our Medicare plans please contact Pat Armstrong at 781-228-2146 or parmstrong@mbagroup.com

2009
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Medicare Advantage Plans

	2009-HPHC First Seniority Freedom (PFFS) (Premier 3)	2009-HPHC First Seniority Freedom (PFFS) (Premier 4)	2009 Fallon Senior Plan Premier HMO	2009 Fallon Senior Plan Premier Preferred PPO
Monthly Premium	Rates based on county of residence Berkshire, Nantucket, Norfolk, Worcester, Outside of Massachusetts Barnstable, Essex, Middlesex, Plymouth Bristol, Dukes, Franklin, Hampden, Hampshire, Suffolk			
		Premier 3 Premier 4		
		\$300.00 \$279.00	\$210	\$284
		\$250.00 \$239.00		
		\$240.00 \$218.00		
Office Visit - PCP co-pay	\$15	\$15	\$15	<i>In-network:</i> \$15 <i>Out-of-network:</i> 20% co-pay
In-Hospital	Covered in full	Covered in full	Covered in full	<i>In-network:</i> \$250 per stay <i>Out-of-network:</i> 20% co-pay
Outpatient Surgery	Covered in full	Covered in full	Covered in full	<i>In-network:</i> \$75 co-pay <i>Out-of-network:</i> 20% co-pay
Provider Network of Physicians	Members may go to any Medicare approved physician or hospital anywhere in the USA that accepts the plan	Members may go to any Medicare approved physician or hospital anywhere in the USA that accepts the plan	270 PCP 2,000 Total Fallon Senior Plan HMO Network	680 PCP 3,300 Total Fallon Senior Plan PPO Network
Emergency Room	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay
Chiropractic	\$15 co-pay	\$15 co-pay	\$15 co-pay	<i>In-network:</i> \$15 <i>Out-of-network:</i> 20% co-pay
Dental	No coverage	No coverage	\$10 routine check-up \$19 to \$51 for fillings	No coverage
Eye Exam	Up to \$100 reimbursement for one routine eye exam per year	Up to \$100 reimbursement for one routine eye exam per year	\$15	<i>In-network:</i> \$15 co-pay <i>Out-of-network:</i> 20% co-pay
Eyewear	\$200 every 24 months	\$200 every 24 months	\$150 every 24 months	\$150 every 24 months
Hearing Aids	\$500 every 12 months	\$500 every 12 months	\$500 every 36 months	\$500 every 36 months
Prescription Drugs	Unlimited \$10/\$30/\$50 (30 day, retail) \$20/\$60/\$150 (90 day, mail order) <hr/> After \$4,350 out-of-pocket then the greater of \$2.40 or 5% co-pay for generic. The greater of \$6.00 or 5% co-pay for all other drugs.	Unlimited with \$275 deductible for tiers 2 & 3 \$10/\$30/\$50 (30 day, retail) \$20/\$60/\$150 (90 day, mail order) <hr/> After \$4,350 out-of-pocket then the greater of \$2.40 or 5% co-pay for generic. The greater of \$6.00 or 5% co-pay for all other drugs.	Unlimited \$7/\$25/\$45 (30 day, retail) \$14/\$50/\$90 (90 day, mail order) <hr/> After \$4,350 out-of-pocket then \$2.40 generic and \$6.00 name brand or 5% co-pay whichever is greater	Unlimited \$7/\$25/\$45 30 day, retail) \$10/\$50/\$90 (90 day, mail order) <hr/> After \$4,350 out-of-pocket then \$2.40 generic and \$6.00 name brand or 5% co-pay whichever is greater

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