2008 *Medicare Supplement Plans Comparison Chart*

This chart highlights the health plans offered by MIT in 2008 for eligible retirees and their spouses age 65 and over as well as qualified Medicare recipients on the MIT Long Term Disability Plan. **MIT retirees are generally eligible for retiree health benefits if they retire from the Institute on or after age 55 with at least 10 years of MIT Retirement Plan membership occurring after the age of 45.** This chart briefly indicates how authorized covered services will be paid under each plan at designated participating providers or facilities. To qualify for benefits, services must be considered medically necessary and approved by the plan. The plan document for each plan governs in all questions.

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		Indemnity Supplement Plan	HMO Supplement Plans		Medicare HMO Plans
		Medex 2	**Managed Blue for Seniors**	**Tufts Medicare Complement**	**Tufts Medicare Preferred**
Plan Provisions	**Deductible**	Medex deductible only applies to prescription drugs purchased at a retail pharmacy	No deductibles; small copayments for some services noted below	No deductibles; small copayments for some services noted below.	No deductibles; small copayments for some services noted below.
	Notes	You must continue paying your Medicare Part B premium	You must continue paying your Medicare Part B premium All services must be provided or arranged by your Managed Blue for Seniors (MBS) Primary Care Physician. For care not authorized by your MBS physician, refer to Medicare coverage	You must continue paying your Medicare Part B premium. Must use plan providers to get your covered services with few exceptions. Must choose a plan provider to be your Primary Care Physician, (PCP).	You must continue paying your Medicare Part B premium. Must use plan providers to get your covered services. Must choose a plan provider to be your primary care physician (PCP).
Inpatient Covered Services	**Semi-private room and hospital services**	Full coverage of 1) Medicare deductible and co-insurance; 2) lifetime reserve day co-insurance; 3) up to 365 additional hospital days in your lifetime when Medicare benefits are used up*	Covered in full	Covered in full.	Covered in full after one initial deductible of $200 per calendar year for services received at a network hospital.
	Inpatient mental health care	For biologically-based mental health conditions, plan pays Medicare hospital deductible and coinsurances. Full coverage of 1) lifetime reserve day co-insurance; 2) up to 365 additional hospital days when your Medicare benefits are used up For non biologically-based mental conditions, see plan document	Covered for up to 60 days per calendar year after 190 day Medicare lifetime limit has been reached and 30 days per calendar year for alcohol rehabilitation	$0 copayment, covered in full, 190-day lifetime maximum.	$0 copayment, 190 day lifetime maximum
	Private duty nursing	Not covered	Not covered	Not covered.	Not covered
Other Services	**Emergency care**	Pays Medicare deductible and coinsurance	You pay $50 copayment for covered services. Copayment is waived if you are admitted. When you are out of the Service Area, you must notify your MBS physician within 48 hours of a hospital admission and service must be deemed a medical emergency	$50 copayment for emergency room. Copayment waived if admitted within 24 hours for the same condition. Worldwide emergency care coverage.	$50 copayment for emergency room. Copayment waived if admitted within 24 hours for the same condition. Worldwide emergency care coverage.
	Skilled nursing facility (SNF) (for non-custodial care)	Pays in full for days 21-100; then $10 daily for days 101-365 for SNF participating with Medicare. Pays $8 daily for 365 days for SNF not participating with Medicare. Combined maximum of 365 days per benefit period* for both participating and non-participating facilities	Covered in full up to 100 days per benefit period*	$0 copayment per day. 100 days covered for each benefit period. No prior hospital stay required.	$0 copayment per day. 100 days covered for each benefit period. No prior hospital stay required.
	Non-custodial home health services	Not covered	Covered in full if approved by Medicare	Covered in full for Medicare-covered home health visits and supplies.	Covered in full for Medicare-covered home health visits and supplies.
	Limited chiropractic services	Pays Medicare deductible and coinsurance for Medicare approved charges only	You pay $10 per visit	You pay $10 copayment for each Medicare-covered visit.	You pay $15 copayment for each Medicare-covered visit.

*A benefit period begins when you first receive inpatient services in a hospital or skilled nursing facility. If you do not receive inpatient care for 60 days after your discharge, that benefit period will end. A new benefit period will begin when you again receive inpatient services.

Outpatient Covered Services

	Medex 2	Managed Blue for Seniors	Tufts Medicare Complement	Tufts Medicare Preferred
Doctor's office visits for specific treatment	Pays Medicare deductible and co-insurance	You pay $10 per visit	You pay $10 copayment per visit to PCP or specialist.	You pay $10 copayment per visit to PCP and $15 copayment per visit to a specialist.
Immunizations/ Inoculation	Not covered	You pay $10 per visit	Covered in full. Office copayment may apply if services are provided in conjunction with a physician visit.	Covered in full. Office copayment may apply if services are provided in conjunction with a physician visit.
Routine physicals	Not covered (Benefits available for pap smear, mammogram and colorectal cancer screenings. See Plan Document)	You pay $10 per visit	You pay $10 copayment per visit.	You pay $10 copayment per visit.
Routine eye and hearing exams/Eyewear and hearing aids	Not covered	You pay $10 per eye exam. Hearing exams are not covered	You pay $10 copayment per visit. Discount on lenses, frames & contacts.	You pay $15 copayment for each annual eye exam; One pair of eyeglasses (prescription lenses and frames) every calendar year up to a $69 value. You pay $15 copayment for each Medicare-covered hearing exam. You receive up to $500 hearing aidallowance provided every 3 years.
Diagnostic x-rays and lab tests	Pays Medicare medical insurance deductible and co-insurance of approved charges including pap smears and mammograms once per year	Covered in full	Covered in full.	Covered in full
Prescription drugs	Drug coverage administered through Express Scripts: generic $8, formulary brand $25, non-formulary brand $40 for a 30 day supply. The member will pay a $50 deductible per calendar quarter for drugs purchased in a retail pharmacy. Maintenance drugs purchased through the mail services program will be $16 for generic drugs, $50 for formulary, and $80 for non-formulary brand name drugs for a maximum of a 90-day supply. There is no deductible when you purchase through the mail	At an Express Scripts retail pharmacy, you pay 25% for generic drugs, 50% for brand name drugs and 75% for non-formulary drugs. For drugs purchased through the mail service program, you pay $5 for generic drugs, $30 for brand name drugs for up to a 90-day supply. Brand name drugs that are not included on an extensive list of cost-effective drugs (called a formulary) will cost $50 when ordered through the mail	Retail: 30-day supply: Tier 1-$8, Tier 2-$20, Tier 3 -$35 Mail Order: up to a 90-day supply: Tier 1-$16, Tier 2-$40, Tier 3-$70	Retail: 30-day supply: Tier 1-$10, Tier 2-$25, Tier 3-$50. 60-day supply: Tier 1-$20, Tier 2-$50, Tier 3-$100. 90-day supply: Tier 1-$30, Tier 2-$75, Tier 3-$150 Mail Order: 30-day supply: Tier 1 -$7, Tier 2-$17, Tier 3-$33. 60-day supply: Tier 1 -$14, Tier 2-$33, Tier 3-$67. 90-day supply: Tier 1-$20, Tier 2-$50, Tier 3-$100
Occupational, physical and speech therapy	Pays Medicare deductible and co-insurance for physiotherapy, occupational and speech therapy services approved by Medicare	You pay $10 per visit	You pay $10 copayment per visit.	Covered 100%
Prosthetic devices and durable medical equipment	Pays Medicare deductible and co-insurance for all equipment approved by Medicare	You pay $10 for Medicare-approved supplies and equipment when prescribed by a MBS physician and obtained from a participating provider	$0 copayment for Medicare-covered items.	$0 copayment for Medicare-covered items
Ambulance service	Pays Medicare deductible and co-insurance for ambulance services approved by Medicare	Covered in full for emergency transport. You pay $40 for each non-emergency transport in certain medically necessary circumstances	Covered in full. There is no copayment for Medicare-covered ambulance services	Covered in full. There is no copayment for Medicare-covered ambulance services
Outpatient mental health care	When covered by Medicare, full coverage of Medicare deductible and co-insurance with no visit maximum When visits are not covered by Medicare, full coverage with no visits maximum.	For up to 20 visits per year, you pay $10 per visit; after visit 20 you pay 50% of Medicare-approved charges for each visit for remainder of calendar year	$10 copayment per visit.	$15 copayment per visits

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Contact plans directly for coverage questions. Medicare: 1-800-882-1228 or 1-800-772-1213; Managed Blue for Seniors: 1-800-325-2583; Medex: 1-800-882-1093; Tufts Medicare Complement: 1-800-936-1902; Tufts Medicare Preferred: 1-800-936-1902.

Note: This comparison chart is not a legal document. It reflects limited plan information as of January 1, 20087. The following are not covered under any plan: custodial confinement, routine foot care, treatment covered by Workers' Compensation and disabilities related to service in the armed forces. Under Massachusetts state law, physicians and other covered professional providers may not bill you for any balance over the amount approved by Medicare.

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