<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Medicare Part A and B</th>
<th>Indemnity Supplement Plan</th>
<th>Medicare HMO Plan</th>
<th>Tufts Medicare Preferred</th>
<th>Managed Blue for Seniors</th>
<th>Tufts Medicare Complement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient surgery</td>
<td>20% of Medicare-approved amount for the doctor's services.</td>
<td>20% of Medicare-approved amount for the doctor's services.</td>
<td>Full coverage of Medicare deductible and coinsurance.</td>
<td>Pay $50 copayment for emergency room care.</td>
<td>Pay $50 copayment for emergency room care.</td>
<td>Pay $50 copayment for emergency room care.</td>
</tr>
<tr>
<td>Skilled nursing facility (SNF) (for non-custodial care)</td>
<td>Coverage for maximum of 100 days: Days 0 - 20: $0 copayment; Coverage for Days 21 - 100 after daily $148.00 co-insurance; Days 101+: Your pay 100%.</td>
<td>Pay $148.00 coinsurance; Days 101-365 for SNF participating with Medicare.</td>
<td>Pay $50 copayment for covered services.</td>
<td>Pay $148.00 coinsurance; Days 101-365 for SNF participating with Medicare.</td>
<td>Pay $50 copayment for covered services.</td>
<td>Pay $148.00 coinsurance; Days 101-365 for SNF participating with Medicare.</td>
</tr>
<tr>
<td>Non-custodial home health services</td>
<td>Covered in full.</td>
<td>Covered by Medicare</td>
<td>Covered in full.</td>
<td>Covered by Medicare</td>
<td>Covered by Medicare</td>
<td>Covered by Medicare</td>
</tr>
</tbody>
</table>

* The 365 additional days per lifetime are a combination of days in a general or psychiatric hospital.

** A benefit period begins when you 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 wh...
Limited chiropractic services

You pay 20% of the Medicare-approved amount for manual manipulation of the spine to correct a subluxation demonstrated by an X-ray. Your MIT Medicare Supplement Plan will cover this amount - the 20% that you are responsible for through Medicare, less any applicable deductible or copayment for the option you are enrolled in.

Doctor’s office visits for specific treatment

You pay 20% of the Medicare-approved amount. Your MIT Medicare Supplement Plan will cover this amount - the 20% that you are responsible for through Medicare, less any applicable deductible or copayment for the option you are enrolled in.

Immunizations/Inoculation

Coverage for some preventive vaccines. See the "2014 Medicare & You" handbook for details or visit www.medicare.gov.

Routine physicals

"Welcome to Medicare" one-time preventive physical exam within the first 12 months of enrollment in Part B coverage. After 12 months, a yearly "Wellness" exam (if you’ve had Part B longer than 12 months) if doctor accepts assignment.

Diagnostic x-rays and lab tests

You pay 20% of the Medicare-approved amount. Your MIT Medicare Supplement Plan will cover this amount - the 20% that you are responsible for through Medicare, less any applicable deductible or copayment for the option you are enrolled in. If you get an X-ray in a hospital outpatient setting, you pay a copayment which is also paid by the Medicare Supplement Plan you are enrolled in.

Medicare Part D Prescription Drug Plan

Express Scripts Mail Order Pharmacy: 90-day supply: Tier 1 (generic) - $8, Tier 2 (preferred brand name) - $35; Tier 3 (non-preferred brand name) - $50.

Prescription Drugs

Tufts Medicare Preferred

Pays Medicare deductible and coinsurance for Medicare-approved charges only.

Managed Blue for Seniors

Pays Medicare deductible and coinsurance for Medicare-approved charges. You pay $10 copayment per visit.

Tufts Medicare Complement

Pays Medicare deductible and coinsurance for Medicare-approved charges. You pay $10 copayment per visit.

Outpatient mental health care

You pay 40% of the Medicare-approved amount for most outpatient mental health care. Your MIT Medicare Supplement Plan will cover this amount - the 40% that you are responsible for through Medicare, less any applicable deductible or copayment for the option you are enrolled in. Certain visit limitations may apply.

Medicare Part A and Part B

Medex 2

Pays Medicare deductible and coinsurance for Medicare-approved charges only.

Tufts Medicare Preferred

Pays Medicare deductible and coinsurance for Medicare-approved charges only.

Managed Blue for Seniors

Pays Medicare deductible and coinsurance for Medicare-approved charges. You pay $10 copayment per visit.

Tufts Medicare Complement

Pays Medicare deductible and coinsurance for Medicare-approved charges. You pay $10 copayment per visit.

Prescription Drugs

Express Scripts Retail Pharmacy: 30-day supply: Tier 1 (generic) - $8, Tier 2 (preferred brand name) - $35; Tier 3 (non-preferred brand name) - $50.

Pays Medicare deductible and coinsurance for all equipment approved by Medicare.

Full coverage of Medicare deductible and coinsurance. You pay $10 copayment per visit.

Express Scripts Retail Pharmacy: 30-day supply: Tier 1 (generic) - $8, Tier 2 (preferred brand name) - $35; Tier 3 (non-preferred brand name) - $50.

Pays Medicare deductible and coinsurance for all equipment approved by Medicare.

Full coverage of Medicare deductible and coinsurance. You pay $10 copayment per visit.

Managed Blue for Seniors

Pays Medicare deductible and coinsurance for Medicare-approved charges. You pay $10 copayment per visit.

Tufts Medicare Complement

Pays Medicare deductible and coinsurance for Medicare-approved charges. You pay $10 copayment per visit.

Outpatient Covered Services continued

Pays Medicare deductible and coinsurance.

Pays Medicare deductible and coinsurance. You pay $10 copayment per visit to PCP and $15 copayment per visit to a specialist.

Pays Medicare deductible and coinsurance.

Pays Medicare deductible and coinsurance. You pay $10 copayment per visit to the provider.

Pays Medicare deductible and coinsurance. You pay $10 copayment per visit to PCP.

Pays Medicare deductible and coinsurance.

Pays Medicare deductible and coinsurance.

Full coverage of Medicare deductible and coinsurance. You pay $10 copayment per visit.

Medical equipment

Pays Medicare deductible and coinsurance for all equipment approved by Medicare.

Pays Medicare deductible and coinsurance for all equipment approved by Medicare.

Pays Medicare deductible and coinsurance for all equipment approved by Medicare.

Full coverage of Medicare deductible and coinsurance. You pay $10 copayment per visit.

Managed Blue for Seniors

Full coverage of Medicare deductible and coinsurance. You pay $10 copayment per visit.

Tufts Medicare Complement

Full coverage of Medicare deductible and coinsurance. You pay $10 copayment per visit.

Note: This comparison chart is not a legal document. It reflects limited plan information as of January 1, 2014. 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 military.