



Town of Chelmsford

<i>MEDICARE SUPPLEMENT PLAN</i>		<i>MEDICARE ADVANTAGE PLAN</i>
MEDEX 2		MEDICARE PPO
w) Blue Medicare Rx PDP		w) Blue Freedom Rx PDP

PCP Designation Required?	NO		NO
PCP Referral to Specialist Required?	NO		NO
Provider Network	Any Provider Nationwide Who Accepts Medicare		National Medicare PPO Blue Network
Calendar Year Deductible	None		None (in and out of network)
Preventive Visits (according to health plan's schedule)	No Copayment		No Copayment (in and out of network)
Physician's Office Visit	\$10 per visit		No Copayment (in and out of network)
Retail Clinic	No Copayment		No Copayment (in and out of network)
Outpatient Behavioral Health or Substance Abuse	No Copayment		No Copayment (in and out of network)
Inpatient Hospitalization	No Copayment		No Copayment (in and out of network)
Hospice Care	No Copayment		No Copayment (in and out of network)
Diagnostic Testing, Lab Work and X-Rays	No Copayment		No Copayment (in and out of network)
Inpatient and Outpatient Surgery	No Copayment		No Copayment (in and out of network)
Emergency Room	\$50 per visit (waived if admitted)		No Copayment (in and out of network)
Hearing Aids	Full coverage, up to \$1,500 every two calendar years, for one hearing aid or one set of binaural aids		IN NETWORK ONLY: Up to 2 (one per ear) TruHearing 'Advanced' or 'Premium' brand hearing aids per year. \$699 or \$999 copayment per aid.
Routine Dental	NOT COVERED		\$0 copayment In Network \$45 copayment Out of Network
Vision Care	No copayment when deemed medically necessary		\$0 copay w) EyeMed Provider, \$45 Other Providers. Up to \$200 Eyewear Allowance once every 24 months.
RETAIL PRESCRIPTION DRUGS (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$65		\$10/ \$20 / \$35
MAIL-ORDER MAINTENANCE DRUGS (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3	\$25 / \$75 / \$165		\$20 / \$40 / \$70
2026 RETIREE PORTION	\$186.95		\$212.10
2025 RETIREE PORTION	\$158.06		\$175.60