

**BENEFIT COMPARISON**

**CITY OF WESTFIELD**

**1/1/2026**

	<b>BLUE CROSS BLUE SHIELD MEDEX 2 w/ Blue Medicare RX  (INCLUDES MEDICARE BENEFITS)</b>	<b>BLUE CROSS BLUE SHIELD Managed Blue for Seniors HMO  (INCLUDES MEDICARE BENEFITS)</b>	<b>HEALTH NEW ENGLAND Medicare Secure HMO  (A Medicare Advantage Plan)</b>
<i>Retiree's Share</i>	<b>\$164.67</b>	<b>\$175.84</b>	<b>\$140.80</b>
<i>City of Westfield's Share</i>	<b>\$305.81</b>	<b>\$326.56</b>	<b>\$261.50</b>
<b>Deductible</b>	None	None	None
<b>Coinsurance Maximum</b>	No Medical Out of Pocket Maximum	No Medical Out of Pocket Maximum	\$3,400 Medical Out of Pocket Maximum In-network providers
<b>Lifetime Benefit Maximum</b>	None	None	None
<b>INPATIENT</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>General Hospital (semi-private room &amp; board and special services)</b>	Nothing to 365 days per benefit period maximum	Nothing for each medically necessary hospital stay	\$300 Copayment per Admission
<b>Physician Services</b>	Nothing, Medex pays full coverage of Medicare deductible and co-insurance	Nothing	Nothing
<b>Skilled Nursing Facility</b>	Nothing to 100 days per benefit period 101-365 days Medex 2 pays \$ 16.00 per day Subscriber responsible for the balance	Nothing to 100 days per benefit period 100 days per benefit period;	Days 1- 5 \$0 Copayment Days 6-50 \$75 Copayment per day Days 51-100 - \$0 Copayment per day
<b>Rehabilitation Hospital</b>	Nothing to 100 days per benefit period 101-365 days Medex 2 pays \$ 16.00 per day Subscriber responsible for the balance	Nothing to 365 days in a lifetime	\$300 Copayment per Admission
<b>OUTPATIENT HOSPITAL</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Emergency Room Visits for Emergency or Accident Care</b>	Nothing, Medex pays full coverage of Medicare deductible and co-insurance	\$50 copay for each emergency room visit (waived if admitted)	\$65 Copayment (waived if admitted)
<b>Emergency Room Visits for Medical Care</b>	Nothing, Medex pays full coverage of Medicare deductible and co-insurance	\$50 copay for each emergency room visit (waived if admitted)	\$65 Copayment (waived if admitted)
<b>Surgery</b>	Nothing, Medex pays full coverage of Medicare deductible and co-insurance	Nothing	\$150 Copayment
<b>Radiation and Chemotherapy</b>	Nothing	Nothing	Nothing
<b>Diagnostic X-ray and Lab</b>	Nothing	Nothing	Nothing
<b>Hemodialysis</b>	Nothing	Nothing	Nothing
<b>Physical Therapy</b>	Nothing	\$10 per visit	\$15 Copayment per visit

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<b>PHYSICIAN'S OFFICE</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Surgery</b>	Nothing	\$10 per visit	\$15 Copayment or \$150 Copayment Based on surgery
<b>Medical Care</b>	Nothing	\$10 per visit	\$15 Copayment
<b>Routine GYN Exam</b>	Nothing (1 visit every 2 years)	Nothing (1 visit per calendar year)	Nothing (1 visit every 2 years)
<b>Routine Vision Exam</b>	All charges Nothing for diagnostic exam	\$10 per visit	\$0 Copayment Must use EyeMed Provider (\$200 allowance for glasses every 2 years)
<b>Annual Physical Exam - Additional Benefit</b>	Nothing for Medicare approved yearly wellness exam.	Nothing for Medicare approved yearly wellness exam.	There is no coinsurance, copayment or deductible for the annual physical exam.
<b>Office Visits</b>	Nothing	\$10 per visit	\$15 copayment for office visits
<b>Dental Services</b>	All charges <i>(see brochure for exceptions)</i>	All charges	\$250 allowance every year
<b>Hearing Services</b>	All charges for routine hearing exams. Nothing for diagnostic exams	All charges for routine hearing exams. \$10 per visit for diagnostic exams.	\$15 Copayment
<b>MENTAL HEALTH</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Inpatient-General Hospital for all mental conditions or Mental Hospital for Biological-based conditions</b>	Nothing to 365 days per benefit period maximum	Nothing for each hospital stay	\$300 Copayment per Admission
<b>Inpatient Mental Hospital or Substance Abuse Facility for Non-Biologically Based mental conditions <i>(includes drug &amp; alcoholism)</i></b>	Nothing to 120 days per benefit period	Nothing (after Medicare days end, up to 60 days per calendar year)	\$300 Copayment per Admission
<b>Outpatient Psychiatric Treatment for Biologically Based Mental Conditions</b>	Nothing	\$10 per visit	\$15 Copayment
<b>Outpatient Psychiatric Treatment for Non-Biologically Based Mental conditions <i>(includes drug addition &amp; alcoholism)</i></b>	Nothing when covered by Medicare	\$10 per visit Outpatient visits covered by Medicare and up to 24 visits per calendar year	\$15 Copayment

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<b>OTHER OUTPATIENT</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Visiting Nurse Home Health Care</b>	Nothing	Nothing	Nothing
<b>Durable Medical Equipment</b>	Nothing	\$10 per item (medicare approved)	0% of total cost for Medicare covered items.
<b>Ambulance</b>	Nothing for emergency and medically necessary	Nothing for emergency \$40 copay when medically necessary	\$75 Copayment
<b>Medical Nutritional Therapy</b>	Nothing. Medex pays full coverage for licensed dietitian for Medicare approved nutrition counseling or medical nutrition therapy services.	\$ 10 copay for licensed dietitian for Medicare approved nutrition counseling or medical nutrition therapy services.	\$0 copay for Medicare covered medical nutritional therapy. All members now eligible with a (limit 4 one hour visits per year.)
<b>Chiropractor Visits</b>	20% of the approved charges for services not covered by Medicare Full coverage of Medicare deductible and coinsurance for Medicare-approved charges only	\$10 copay for manual manipulation of the spine to correct subluxation that can be shown by x-ray. All charges for other services	\$15 copay for manual manipulation of the spine to correct subluxation that can be shown by x-ray. All charges for other services
<b>Hearing Aids</b>	NOT COVERED	NOT COVERED	<b>You pay a \$699 copay per aid for Advanced Aids You pay a \$999 copay per aid for Premium Aids</b>  Up to two Hearing Aids per year. Must use a TruHearing Provider to use this benefit
<b>Telehealth Services</b>			<b>\$0 Copay - Virtual Visit with a Teledoc Provider</b>

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<b>Prescription Drugs</b>	\$5 Tier 1 \$10 Tier 2 \$25 Tier 3 30-day supply at a retail pharmacy  \$15 Tier 1 \$30 Tier 2 \$75 Tier 3 90-day supply through retail pharmacy  \$10 Tier 1 \$20 Tier 2 \$50 Tier 3 90-day supply through mail order	\$5 Tier 1 \$10 Tier 2 \$25 Tier 3 30-day supply at a retail pharmacy  \$15 Tier 1 \$30 Tier 2 \$75 Tier 3 90-day supply through retail pharmacy  \$10 Tier 1 \$20 Tier 2 \$50 Tier 3 90-day supply through mail order	\$4 Tier 1 \$10 Tier 2 \$25 Tier 3 \$45 Tier 4 \$50 Tier 5 30-day supply at a retail pharmacy  \$8 Tier 1 \$20 Tier 2 \$50 Tier 3 \$135 Tier 4 N/A Tier 5 90-day supply through standard mail order  <b>Prior authorization is required for certain Medicare Part B prescription drugs</b>
	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Fitness Club/Weight Watchers/Safety Items Annual Allowance</b>	\$150 annual reimbursement for Fitness Club Membership and \$ 150 annual reimbursement for Weight Loss Programs	\$150 annual reimbursement for Fitness Club Membership and \$ 150 annual reimbursement for Weight Loss Programs	\$150 annual allowance for fitness/Weight Watchers and certain over the counter items.
<b>Vision Care</b>	Nothing for prosthetic lenses for a member lacking the organic lens of the eye due to surgical removal or congenital absence; prosthetic contact lenses; and intraocular lenses and one pair of cataract eyeglasses or cataract contact lenses after covered cataract surgery.	Coverage for contact lenses (plus the fitting of these contact lenses) when they are needed to treat keratoconus and intraocular lenses that are implanted (or one pair of eyeglasses instead) after covered corneal transplant, cataract surgery or other covered surgery when the natural eye lens is replaced.	\$200 every two years for eyewear. You must use an EyeMed vision provider for this benefit.
<p><b>These pages summarize benefits of the plan(s). The Subscriber Certificate(s) and applicable riders define the terms and conditions of these benefits in greater detail. Should any questions arise, the certificate(s) and riders will govern.</b></p>			