



Town of Lincoln

| MEDICARE SUPPLEMENT PLAN | MEDICARE ADVANTAGE PLAN |
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| MEDEX 2 w) Blue Medicare Rx PDP | MEDICARE PPO w) Blue Freedom Rx PDP |

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| 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 | No Copayment | 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 | No Copayment | No Copayment (in and out of network) |
| Hearing Aids | NOT COVERED | 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 / \$20 / \$35 (PDP Option 26) | \$10 / \$20 / \$35 |
| MAIL-ORDER MAINTENANCE DRUGS (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3 | \$20 / \$40 / \$70 (PDP Option 26) | \$20 / \$40 / \$70 |

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| 2023 RATES | \$368.97 | \$325.00 |
| RETIREE PORTION (at 40%) | \$147.59 | \$130.00 |
| TOWN PORTION IN 2023 | \$221.38 | \$195.00 |