



**Harvard University Benefits
Services Group**
617-496-4001

2008 Health Care Comparison Chart for Retirees and Spouses Age 65 or Over

You must be enrolled in Medicare Parts A & B. The benefits described include coverage through Medicare.
Be sure to check the service area of the health insurance provider you are interested in to ensure you are eligible to participate.

Health Care Coverage	Medex 1-800-814-4371 www.bcbsma.com	HPHC First Seniority Freedom Premier 1-800-421-3550 www.harvardpilgrim.org	Tufts Health Plan Medicare Preferred HMO 1-800-246-2400 www.tuftshealthplan.com
Coverage Availability	Open to all eligible for Harvard post-retirement health coverage.	Open to all eligible for Harvard post-retirement health coverage.	Open to all eligible for Harvard post-retirement health coverage. You must live in the Tufts Medicare Preferred HMO service area, and select a Primary Care Physician (PCP) from the network.
Hospital Inpatient Care Semi-private room and necessary hospital services and supplies when medically necessary	Coverage coordinated with Medicare benefits; please refer to the Medex Summary of Benefits for details.	Covered in full.	Covered in full after one \$200 deductible per year.
Out-of-Hospital Care Physician's Services Diagnostic, Lab, and X-ray Tests	Covered in full for non-routine medical care. Covered in full.	Covered in full after \$15 copay per visit. Covered in full.	Covered in full after \$10 co-pay per visit for primary care doctor and \$15 co-pay for specialist. Covered in full.
Preventive Health Care Routine Physical Exams Routine Hearing Exams Immunizations Routine Pap Smears and Mammograms (test only, not related services)	No benefits for routine or preventive care. No benefits for routine or preventive care. Only if covered by Medicare. One each calendar year.	Covered in full after \$15 copay. Covered in full after \$15 copay. Covered in full. Covered in full.	Covered in full after \$10 copay. Covered in full after \$15 copay. Covered in full. Covered in full.
Prescription Drugs 30-day Retail	At Medco participating pharmacy (including CVS, Rite-Aid, Walgreen's, and other major chains): <ul style="list-style-type: none"> • No cost for generic drugs, after \$35 per calendar quarter deductible. • 20% co-insurance for brand name drugs, member pays a \$35 per calendar quarter deductible. 	At HPHC participating pharmacy per 30-day supply member pays: <ul style="list-style-type: none"> • \$10 for generic • \$20 select brand • \$35 non-select brand 	For a 30-day supply at participating Caremark pharmacy network (which includes all major chains) member pays: <ul style="list-style-type: none"> • \$10 for generic drugs • \$25 for preferred brand • \$50 for non-preferred brand
90-day Mail Orders	No calendar quarter deductible for the 90-day supply. \$2 copay for each generic drug, \$15 copay for each brand name drug through Medco by Mail.	Covered after \$20 copay for generic, \$40 copay for select brand and \$105 copay for non-select brand per 90-day supply through mail service pharmacy.	Covered after \$20 copay for generic drugs, \$50 copay preferred brand and \$100 copay for non-preferred brand for a 90-day supply for mail-away.
Emergency Services Hospital Emergency Room (ER) and outside of HMO Service Area. Note: Whenever possible, notify your plan of any medical emergency within 48 hours.	Covered in full for allowed charges.	Covered in full after \$50 copay (waived if hospitalized).	Covered in full after \$50 copay (waived if hospitalized).
Harvard University Health Services (HUHS)	HUHS available to participants. Member will be billed for services not covered in full by Medicare and Medex.	HUHS available to participants.	Not available to participants.
Service Area	You can see any physician who accepts Medicare.	You can see any physician who accepts Medicare. (Harvard Vanguard physicians do not currently accept this coverage).	You must live in the Tufts Medicare Preferred HMO service area, and select a Primary Care Physician (PCP) from the network (contact Tufts for the complete service area and a list of PCPs).



This chart compares the major coverage provisions. In the event of any inconsistency, Harvard's formal contracts will govern. For additional information, call the health care provider directly.

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Mental Health Services Outpatient Care Office Visits	When covered by Medicare, the Part B deductible and co-insurance are covered with no visit limit. When not covered by Medicare, up to 24 visits per calendar year.	Covered in full after \$15 copayment for each individual/group therapy visit.	Covered in full after \$15 co-pay per visit. Unlimited visits.
Psychiatric Hospital	Covered in full after Part A deductible, co-insurance and Medicare coverage to 120 days per benefit period (at least 60 days per calendar year).	Covered in full up to 90 days per benefit period; lifetime limit of 190 days.	Covered in full up to Medicare's lifetime limit of 190 days.
Ambulance Service	Covered in full if Medicare determines services are medically necessary.	Covered in full when medically necessary.	Covered in full for Medicare-covered ambulance services.
Home Health Care Medically Necessary Home Health Services	Covered in full for Medicare-authorized services. You pay all charges for home health care services not covered by Medicare.	Covered in full when medically necessary.	Covered in full when medically necessary.
Skilled Nursing Care Facility Semi-private room and necessary services in a Medicare-approved nursing facility	Full coverage up to 100 days per benefit period if admitted within 30 days of hospital discharge; then \$10 coverage daily from 101st – 365th day per benefit period.	100 days per benefit period covered in full.	100 days per benefit period covered in full.
Durable Medical Equipment Prosthetic Devices	Covered in full.	Covered in full when medically necessary.	Covered in full when medically necessary.
Vision Care Eye Exams for Glasses Eyeglasses	Not covered. Not covered.	Up to \$100 reimbursement for routine eye exam, one per year. 1 pair of glasses after each cataract surgery; \$200 towards eyewear every 24 months.	\$15 copay for annual eye exam. One pair of eyeglasses (prescription lenses and frames) every calendar year up to a \$69 value.
Additional Benefits	Naturally Healthy Rewards Program offers discounts on acupuncture, massage therapy and nutritional counseling.	Hearing aids – up to \$500 every 12 months towards purchase or repair.	Hearing aids – \$500 towards purchase or repair every 3 years.

Supplemental Life Insurance Cost	
Age	Monthly Cost per \$1,000 of Insurance
55-59	\$ 0.191
60-64	\$ 0.243
65-69	\$ 0.445
70	\$ 0.880

