

# Employer Group Waiver Plan Overview Chart—Calendar Year 2023



Health New England Where you matter.		Medicare Secure (HMO)
MONTHLY PLAN PREMIUM		Check with your Account Executive
Medical Deductible		\$0
Annual Preventive Exam		\$0
Office Visits		\$15
Specialist Office Visits		\$15
Lab Work/X-rays		\$0
Diagnostic Imaging (MRI, PET, CT Scans) <sup>1</sup>		\$50
Durable Medical Equipment/Prosthetics <sup>1</sup>		\$0
Teladoc <sup>4</sup>		\$0
Worldwide Emergency Room (ER)		\$65
Inpatient Hospital		\$300 per admission
Outpatient Surgery <sup>1</sup>		\$150
Medical Out-of-Pocket Maximum		\$3,400
ADDITIONAL BENEFITS		
Over-the-Counter (OTC) Items Allowance <sup>5</sup>		\$40 per quarter
Preventive Hearing Exam <sup>2</sup>		\$15
Hearing Aid Benefit—TruHearing <sup>® 3</sup>		\$699 copay per aid for Advanced Aids \$999 copay per aid for Premium Aids
Preventive Vision Exam—EyeMed <sup>® 2†</sup>		\$0
Vision Eyewear Allowance—EyeMed <sup>® 2†</sup>		\$200 every two years
Dental Services Allowance <sup>2</sup>		\$250 allowance per year via Additional Benefits Card
Fitness Center/Weight Management Programs/ Acupuncture/Activity Tracker <sup>2</sup>		\$150 allowance per year via Additional Benefits Card
PRESCRIPTION DRUG (PART D) COVERAGE		
The Medicare Secure (HMO) plan offers additional donut-hole (gap) coverage. Catastrophic cost sharing still applies.		
Initial Coverage: Up to \$4,660 in Drug Costs	<b>Preferred Generic:</b> \$0 preferred pharmacy/\$4 standard pharmacy; <b>Generic:</b> \$5 preferred pharmacy/\$10 standard pharmacy; <b>Preferred Brand:</b> \$20 preferred pharmacy/\$25 standard pharmacy; <b>Non-Preferred Drug:</b> \$40 preferred pharmacy/\$45 standard pharmacy; <b>Specialty Tier:</b> \$45 preferred pharmacy/\$50 standard pharmacy	
Coverage Gap: Over \$4,660 in Drug Costs; Up to \$7,400 in Out-of-Pocket Costs		
Catastrophic Coverage: Over \$7,400 in Out-of-Pocket Costs	<b>Generic:</b> you pay the greater of \$4.15 or 5% coinsurance. <b>All other drugs:</b> you pay the greater of \$10.35 or 5% coinsurance.	
Mail Order (three-month supply)	\$8 Preferred Generic   \$20 Generic   \$50 Preferred Brand   \$135 Non-Preferred Drug	