



Mayflower Municipal Health Group

Comparison of Benefits- Medicare Plans 2027

Effective 1-1-2027		Retiree Plan Options	
	BLUE CROSS BLUE SHIELD OF MASSACHUSETTS		HARVARD PILGRIM HEALTH CARE
Benefit	Medex 2 + Blue MedicareRX	Medicare PPO Blue FreedomRx	Medicare Enhance + Aetna SilverScript
Medicare plans	This Medicare supplement plan helps pay for medical costs that aren't covered by Original Medicare, such as copays and co-insurance. Prescription drug coverage is available through the accompanying Blue Medicare RX Part D plan.	This all-in-one Medicare Advantage plan offers additional coverage for prescriptions, dental, vision, and hearing.	This Medicare supplement plan helps pay for medical costs not covered by Original Medicare, such as deductibles, copays, and coinsurance. Prescription drug coverage is available through the accompanying Aetna SilverScript Part D plan.
Calendar-year medical deductible	\$0	\$0	Not applicable
Out-of-pocket maximum	\$0	In-network services: \$3,400 Combined in/out-of-network: \$5,100	\$0
	YOU PAY	YOU PAY	YOU PAY
Prescription drug coverage	To get prescription drug coverage, you need to enroll in Blue MedicareRx Part D. When you do, you'll receive a separate ID card for your pharmacy coverage, and you'll pay the following copays: 30-day retail copay: Tier 1: \$10 Tier 2: \$20 Tier 3: \$35 90-day mail order copay: Tier 1: \$20 Tier 2: \$40 Tier 3: \$70	Prescription drug coverage is included in this plan. No separate ID card necessary. 30-day retail copay: Tier 1: \$10 Tier 2: \$20 Tier 3: \$35 100-day generic / 90-day other drugs mail order copay: Tier 1: \$20 Tier 2: \$40 Tier 3: \$70	Prescription drug benefits are administered separately from Medicare Enhance medical coverage. For Medicare Enhance, enrollment is automatic with Aetna SilverScript and you'll receive a separate ID card for pharmacy coverage, and you'll pay the following copays: 30-day retail copay: Tier 1: \$9 preferred/\$10 standard Tier 2: \$20 Tier 3: \$35 90-day mail order copay: Tier 1: \$27 preferred/\$30 standard Tier 2: \$60 Tier 3: \$105
Inpatient hospital care	\$0	\$0	No charge
Skilled nursing facility	\$0 up to 100 days per benefit period \$16/day for days 101-365 per benefit period	\$0 up to 100 days per benefit period	No charge, including days 101 and after
Doctor office visits	\$0	\$0	No charge
Specialist office visits	\$0	\$0	No charge
Telehealth visits	Same cost as comparable in-person visit.	In-network: \$0 Out-of-network: Not covered	No charge
Acupuncture	\$0 – 12 visits per calendar year	Not covered	No charge - 12 visits per calendar year
Emergency/urgent care	\$0 in or out of the country	\$0 in or out of the country	No charge in or out of country
Annual physical exam	Not covered; But Medicare-covers certain preventive services at no cost	\$0 – One exam per year	\$0 - one exam per year
Routine GYN exam	\$0 – One exam every two years -One pap smear test every year	\$0 – One exam every two years	No charge
Prostate cancer screening	\$0 – One per year	\$0 – One per year	No charge

Benefit	Medex 2 + Blue MedicareRX	Medicare PPO Blue FreedomRx	Medicare Enhance + Aetna SilverScript
	YOU PAY	YOU PAY	YOU PAY
Mammogram	\$0 – One per year	\$0 – One per year	No charge
Mental health and substance use	\$0	\$0	No charge
Outpatient diagnostic lab and X-ray services	\$0	\$0	No charge
Outpatient surgery	\$0	\$0	No charge
Durable medical equipment and prosthetic devices	\$0	\$0 (diabetes equipment and supplies limited to Freestyle & Accu-Chek products ONLY)	No charge
Chiropractic	\$0 for manual manipulation of the spine to correct subluxation, and 20% coverage for other chiropractic services	\$0 (limited to manual manipulation of the spine to correct subluxation)	No charge
Hearing exam	Not covered	One per year \$0 – With a TruHearing® provider \$45 – With other providers	No charge, limited to 1 exam per calendar year
Hearing aids	Up to \$2,000 allowance every 36 months, per hearing-impaired ear	Up to two TruHearing Advanced or Premium hearing aids (one per ear per year) \$699 or \$999 copay per covered TruHearing aid \$1,000 deductible then 80% coinsurance (\$1,700 max per ear per year) for an out-of-network branded aid	Up to \$2,000 allowance every 36 months, per hearing-impaired ear
Routine dental exam	Not covered	Two exams per calendar year, each including a routine cleaning and X-rays. In-network: \$0 per office visit Out-of-network: \$45 per office visit	Not covered
Routine vision exam	Not covered	One routine eye exam per year. \$0 with an EyeMed® provider \$45 with an out-of-network provider	No charge, limited to 1 exam per calendar year
Vision supplies	Up to \$150 every 24 months for one set of frames and lenses	Up to \$200 allowance every 24 months	Up to \$150 every 24 months eyeglass lenses and/or frames OR contact lenses
Podiatry care	\$0 for Medicare covered services	\$0 for Medicare covered services	No charge for Medicare covered services
Fitness and weight-loss benefit	\$150 each for fitness and weight-loss reimbursements per calendar year.	Up to \$150 each for fitness and weight-loss reimbursements per calendar year	Up to \$150 each for Wellness Reimbursement and weight-loss management reimbursements (hospital based or weight watchers program) per calendar year
Disclaimer: This comparison summarizes certain benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern. Please call the "member service" phone number on your ID card(s) for specific coverage questions. ***Reviewed by Blue Cross Blue Shield and Harvard Pilgrim 10/2026**			