

# GIC Medicare Enrolled Retirees

Effective 7/1/2016

## HMO Summary of Benefits Chart

This chart provides a summary of key services offered by your Health New England plan. Consult your Member Handbook for a full description of your plan's benefits and provisions. If any terms in this summary differ from those in your Member Handbook, the terms of the Member Handbook apply.

BENEFIT	Copay
<b>Inpatient Care</b>	
Acute Hospital Care	\$0
Inpatient Rehabilitation	\$0
Skilled Care Facility ( <i>maximum of 100 days per Policy Year</i> )	\$0
<b>Outpatient Preventive Care</b>	
Adult Routine Physical Exams by your PCP	\$0
Pediatric Preventive Care	\$0
Annual Gynecological Exam	\$0
Screening Mammographic Exam	\$0
Medically Necessary Adult and Child Immunizations by your PCP	\$0
Nutritional Counseling ( <i>maximum of four visits per Policy Year</i> )	\$0
<b>Other Outpatient Care</b>	
PCP Office Visits	\$10/visit
Specialist Office Visits	\$10/visit
Second Opinions	\$10/visit
Telephone and video consultations with internists, family practitioners, and pediatricians for non-emergency medical conditions through Teladoc™	\$10/consultation
Routine Eye Exam ( <i>one per Policy Year</i> )	\$10/visit
Hearing Tests in your PCP's office	\$10/visit
Diabetic-Related Items	
Outpatient Services	\$10/visit
Laboratory/Radiological Services	\$0
Durable Medical Equipment ( <i>diabetic-related; some items require Prior Approval</i> )	\$0
Group Diabetic Education	\$10/session
Applied Behavioral Analysis (ABA) to treat Autism Spectrum Disorder	\$0
Emergency Room Care ( <i>Copay waived if admitted directly from ER</i> )	\$50/visit

<b>BENEFIT</b>	<b>Copay</b>
Diagnostic Testing	
In a Doctor's Office	\$10/visit
In All Other Settings	\$0
Laboratory Services	\$0
Radiological Services: Ultrasound, X-rays, Nuclear Cardiology <i>(Nuclear Cardiac Imaging requires Prior Approval)</i>	\$0
Advanced Diagnostic Imaging: CT Scans, MRIs, MRAs, PET Scans <i>(requires Prior Approval)</i>	\$0
Outpatient Short-Term Rehabilitation Services <i>(Covered for 90 days per acute episode, per Policy Year. The limit does not apply when services are provided to treat Autism Spectrum Disorder.)</i>	\$10/visit/treatment type
Day Rehabilitation Program <i>(limited to 15 full day or half day sessions per condition per lifetime)</i>	\$25/day or half day
Early Intervention Services <i>(covered for children from birth to age 3)</i>	\$0
Outpatient Surgical Services and Procedures <i>(some services require Prior Approval)</i>	
In a Doctor's Office	\$10/visit
All Other Settings	\$0
Allergy Testing and Treatment in an Allergist's Office	\$10/visit; \$0 for injection
<b>Infertility Services</b> <i>(some infertility treatments require Prior Approval)</i>	
Outpatient Care	\$10/visit
Laboratory Tests	\$0
Inpatient Care	\$0
<b>Maternity Care</b>	
Routine Prenatal and Postpartum Care	\$0
Delivery/Hospital Care for Mother and Child <i>(Coverage for child limited to routine newborn nursery charges. For continued coverage, child must be enrolled within 30 days of date of birth.)</i>	\$0
<b>Dental Services</b>	
Surgical Treatment of Non-Dental Conditions <i>(requires Prior Approval)</i> and Emergency Dental Care	
In a Doctor's Office	\$10/visit
At an Emergency Room	\$50/visit
Hospital Inpatient	\$0
Outpatient Surgical Facility	\$0

BENEFIT	Copay
<b>Other Services</b>	
Home Health Care <i>(requires Prior Approval)</i>	\$0
Hospice Services <i>(requires Prior Approval)</i>	\$0
Durable Medical Equipment and Prosthetic Equipment <i>(some items require Prior Approval)</i>	20% Coinsurance
Scalp Hair Prostheses (Wigs) for hair loss due to treatment of any form of cancer or leukemia <i>(Health New England covers one prosthesis per Policy Year)</i>	\$0
Ambulance and Chair Van Services <i>(non-emergency transportation requires Prior Approval)</i>	\$25/member/day
Reconstructive or Restorative Surgery	\$0
Kidney Dialysis	\$0
Human Organ Transplants and Bone Marrow Transplants <i>(requires Prior Approval)</i>	\$0
Nutritional Support <i>(requires Prior Approval)</i>	\$0
Cardiac Rehabilitation	\$10/visit
Speech, Hearing, and Language Disorders <i>(requires Prior Approval after the initial evaluation)</i>	\$10/visit
Coronary Artery Disease Program <i>(Provided for members with documented coronary artery disease, this program helps participants reduce coronary artery disease risk factors through lifestyle changes. The program must be authorized by your PCP.)</i>	10% Coinsurance
Hearing aids	
•• Members 21 and under <i>(Health New England covers the cost of one hearing aid per hearing impaired ear, every 36 months, up to a maximum of \$2,000 for each hearing aid. Prior Approval is required.)</i>	100% coverage up to \$2,000 per device per ear (you are responsible for all costs beyond maximum)
•• Members over 21 years old <i>(Health New England reimburses for hearing aids at 100% for the first \$500 and 80% for the next \$1,500 per person, up to a maximum of \$1,700, every two Policy Years.)</i>	100% coverage for the first \$500 and 80% for the next \$1,500 per person, every two Policy Years
<b>Behavioral Health Services (Mental Health and Substance Abuse)</b> <i>(Some services may require Prior Approval)</i>	
Inpatient Services	\$0
Intermediate Services <i>(such as Partial Hospitalization)</i>	\$0
Outpatient Services	\$10/visit

# P R E S C R I P T I O N   D R U G   C O V E R A G E

<b>Prescription Drugs</b> <i>(certain drugs require Prior Approval)</i> Your Prescription Drug benefit covers those items described in the Health New England Formulary. Please call Member Services or visit <a href="http://healthnewengland.org">healthnewengland.org</a> for a copy of the Health New England Formulary.	<b>Copay</b>
<b>At a Plan Pharmacy (up to a 30-day supply):</b>	
Generic Drugs	\$10
Formulary Drugs	\$30
Non-formulary Drugs	\$65
<b>Through Mail Order (a 90-day supply of maintenance medication):</b>	
Generic drugs	\$25
Formulary drugs	\$75
Non-formulary drugs	\$165
<b>At a Pharmacy Participating in the Access 90 Program (a 90-day supply of maintenance medication):</b>	
Generic Drugs	\$30
Formulary Drugs	\$90
Non-formulary Drugs	\$195