

I N N O V A T I V E P L A N S

For more information,  
contact your HNE Account  
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HNE MEDICARE ADVANTAGE AND HNE MEDPLUS PLANS

*HNE Retiree Solutions for Employers*



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209/KON



# PLAN COMPARISON FOR HNE MEDICARE ADVANTAGE AND HNE MEDPLUS PLANS

*Great News! Your retirees can stay with HNE.*

HNE offers a variety of plans so you can tailor your choices to the needs of your retirees. With HNE's Medicare Advantage Plans and HNE's MedPlus Plans, you'll help your retirees make a smooth transition to a plan that works for them. All of our plans provide the same great local, accountable service our members are used to from HNE. What's more, we pay for things that Medicare doesn't cover, like routine exams, vision screenings, and HNE's innovative health and fitness programs.



| PLANS                    | HNE Medicare Advantage Plans                   |  |   |
|--------------------------|--|--|---|
|                          | HNE Medicare Premium                           | HNE Medicare Plus                              | HNE Medicare Basic                              |
| SERVICE AREA             | Hampden, Hampshire, Franklin Counties          | Hampden, Hampshire, Franklin Counties          | Hampden, Hampshire, Franklin Counties           |
| NETWORK                  | Select set of hospitals and physicians         | Select set of hospitals and physicians         | Select set of hospitals and physicians          |
| MEDICAL                  |  |  |   |
| Out of Pocket Maximum    | \$3,350  | \$3,350  | \$3,350   |
| Preventive Care          | \$10   | \$15   | \$25  |
| PCP Office Visit         | \$10   | \$15   | \$25  |
| Specialist Office Visit  | \$10   | \$15   | \$25  |
| Inpatient Hospital       | \$200 per admission                            | \$400 per admission                            | \$500 per admission                             |
| Outpatient Surgery       | \$100  | \$200  | \$250   |
| Skilled Nursing Facility | Days 1-10 - \$0;<br>Days 11-100 - \$25 per day | Days 1-10 - \$0;<br>Days 11-100 - \$50 per day | Days 1-10 - \$0;<br>Days 11-100 - \$100 per day |
| Emergency Room           | \$50   | \$50   | \$50  |
| Ambulance                | \$50   | \$50   | \$75  |
| High Cost Imaging        | \$0  | \$50   | \$100   |
| DME/Prosthetics          | \$0  | 10% Coinsurance                                | 20% Coinsurance                                 |
| Hearing Exam             | \$10   | \$15   | \$25  |
| Vision Exam              | \$10   | \$15   | \$25  |
| Vision Eyewear           | \$100 eyewear allowance every 2 years          | \$100 eyewear allowance every 2 years          | \$100 eyewear allowance every 2 years           |
| Dental Services          | \$150 allowance                                | \$150 allowance                                | \$150 allowance                                 |
| Fitness/Weight Watchers® | \$150 allowance                                | \$150 allowance                                | \$150 allowance                                 |

| HNE MedPlus Plans                                   |   |
|---|---|
| HNE MedPlus HMO                                     | HNE MedPlus PPO                                     |
| Hampden, Hampshire, Franklin and Berkshire Counties | National through Private Health Care Systems (PHCS) |
| Comprehensive                                       | Comprehensive                                       |
| N/A   | N/A   |
| \$0   | HNE/PHCS: \$0, OON: \$15                            |
| \$10  | HNE/PHCS: \$10, OON: \$15                           |
| \$10  | HNE/PHCS: \$10, OON: \$15                           |
| \$0 per admission                                   | \$0 per admission                                   |
| \$0   | \$0   |
| \$0 per admission<br>100 days per calendar year     | \$0 per admission<br>100 days per calendar year     |
| \$50  | \$75  |
| \$25  | \$25  |
| \$0   | HNE/PHCS: \$0, OON: \$0                             |
| 20% Coinsurance                                     | HNE/PHCS: 20%, OON: 20%                             |
| \$10  | \$10  |
| \$0   | \$0   |
| N/A   | N/A   |
| N/A   | N/A   |
| \$150 allowance                                     | \$150 allowance                                     |

| Benefit  | Pharmacy Options for HNE Medicare Advantage Plans                        |  |
|--|--|--|
|  | Rx Enhanced  | Rx   |
| Initial Coverage<br>Up to \$2,700 in Pharmacy Cost<br><i>(Generic/Brand/Brand Non-formulary)</i> | \$5/\$20/\$45  | \$10/\$30/\$60   |
| Coverage Gap<br>From \$2,700 to \$4,350 in Pharmacy Cost   | \$5 for Generics;<br>100% of HNE negotiated price for all other drugs    | 100% of HNE negotiated price for all drugs                               |
| Catastrophic Coverage<br>Over \$4,350 in Pharmacy Cost   | \$2.40 for Generics and \$6.00 for all other drugs;<br>or 5% coinsurance | \$2.40 for Generics and \$6.00 for all other drugs;<br>or 5% coinsurance |
| Specialty Pharmacy Tier  | 25% Coinsurance  | 33% Coinsurance  |
| Mail-order   | \$10/\$40/\$90   | \$20/\$60/\$120  |
| 90 Day Supply at Retail  | \$15/\$60/\$135  | \$30/\$90/\$180  |

| Benefit   | Pharmacy Options for HNE MedPlus Plans |                   |
|---|--|-------------------|
|   | Rx \$10/\$25/\$45                      | Rx \$10/\$30/\$60 |
| 30 Day Supply at Retail<br><i>(Generic/Brand/Brand Non-formulary)</i> | \$10/\$25/\$45                         | \$10/\$30/\$60    |
| 90 Day Supply at Retail   | \$30/\$75/\$135                        | \$30/\$90/\$180   |
| Mail-order  | \$20/\$50/\$135                        | \$20/\$60/\$180   |