



## 2022 Group Medicare Plans

Carrier	Provider Network of Physicians ++	Office Visit	Inpatient Hospitalization	Emergency Room	RX (Retail) +	Monthly Premium
<b>Fallon Health</b> Medicare Plus Premier HMO Rx	225 PCPs 1,500 Total Providers	\$15 PCP \$25 Specialists	\$250 per admission	\$75 copay	\$10/\$10/\$30/\$65/\$65	<b>\$467</b>
<b>Harvard Pilgrim Health Care</b> Medicare Enhance \$500 (No Rx)	Any doctor who accepts Medicare patients	\$15 PCP \$15 Specialists	Covered 100% after annual deductible of \$500	\$50 copay	Not Covered	<b>\$351</b>
<b>Harvard Pilgrim Health Care</b> Medicare Enhance \$1000 (No Rx)	Any doctor who accepts Medicare patients	\$25 PCP \$25 Specialists	Covered 100% after annual deductible of \$1,000	\$150 copay	Not Covered	<b>\$288</b>
<b>Health New England</b> Medicare Compass Premier PPO	IN: 1,300 PCPs/10,000 Total Providers OON: Any doctor who accepts Medicare patients	IN: \$10 PCP/\$40 Specialists OON: \$20 PCP/\$65 Specialists	IN: \$300 each day for days 1-5 per stay and \$0 each day for days 6-90 OON: 30% per stay	IN: \$90 copay OON: \$90 copay	\$4/\$10/\$25/\$45/\$50	<b>\$185</b>
<b>Health New England</b> Medicare Supplement (No Rx)	Any doctor who accepts Medicare patients	\$0 PCP \$0 Specialists	Covered 100%	\$0 copay	Not Covered	<b>\$199</b>
<b>Tufts Health Plan</b> Medicare Preferred HMO Basic Rx Custom	2,500 PCPs 11,000 Total Providers	\$10 PCP \$30 Specialists	\$225 each day for days 1-5 per stay	\$75 copay	\$10/\$25/\$50 with a Donut Hole	<b>\$315</b>
<b>Tufts Health Plan</b> Medicare Preferred HMO Rx	2,500 PCPs 11,000 Total Providers	\$10 PCP \$15 Specialists	Covered 100% after annual deductible of \$300	\$50 copay	\$10/\$25/\$50	<b>\$391</b>
<b>Tufts Health Plan</b> Medicare Preferred HMO Rx Plus	2,500 PCPs 11,000 Total Providers	\$10 PCP \$15 Specialists	Covered 100% after annual deductible of \$300	\$50 copay	\$10/\$20/\$35	<b>\$397</b>
<b>Tufts Health Plan</b> Medicare Complement (No Rx)	8,500 PCPs 26,000 Total Providers	\$10 PCP \$10 Specialists	Covered 100%	\$50 copay	Not Covered	<b>\$282</b>

+ All plans provide unlimited prescription drug benefits except for the HPHC Medicare Enhanced \$500 (No Rx) and \$1000 (No Rx), HNE Medicare Supplement (No Rx) and Tufts Health Plan Medicare Complement (No Rx) plans. There are no "donut holes" except for the Tufts Health Plan Medicare Preferred HMO Basic Rx Custom.

++ Some of these plans require that you live within the carriers' Medicare service area. Please call us for details.

IN = In-network OON = out-of-network

### Business Rules:

- In accordance with Medicare Secondary Payer (MSP) rules, these plans may only be sold to employers with 19 or less (total) employees.
- An employer is considered to employ 20 or more employees if the employer has 20 or more employees (full-time, part-time and temporary) for each working day in each of 20 or more calendar weeks in the current calendar year or the preceding calendar year.
- An employer that increases to greater than 19 total employees must notify HSA immediately.
- Employers must sign a Medicare Employer Agreement.
- A Group Medicare plan must be provided by the same carrier which provides the Commercial plan.
- Employers may only offer Medicare plans from one carrier. You cannot offer Medicare plans from two different carriers.

**Visit [HSAinsurance.com/medicare](https://hsainsurance.com/medicare) for more info. Questions? Contact our sales team: email [sales@hsainsurance.com](mailto:sales@hsainsurance.com) or call (800) 696-8167.**