

Town of Uxbridge Retiree Plans

MEDICARE SUPPLEMENT PLAN

MEDICARE ADVANTAGE PLAN

MEDEX 2

w) Blue Medicare Rx PDP

MEDICARE PPO

w) Blue Freedom Rx PDP

PCP Designation Required?	NO	NO
PCP Referral to Specialist Required?	NO	NO
Provider Network	Any Provider Nationwide Who Accepts Medicare	National Medicare PPO Blue Network
Calendar Year Deductible	None	None (in and out of network)
Preventive Visits (according to health plan's schedule)	No Copayment	No Copayment (in and out of network)
Physician's Office Visit	No Copayment	No Copayment (in and out of network)
Retail Clinic	No Copayment	No Copayment (in and out of network)
Outpatient Behavioral Health or Substance Abuse	No Copayment	No Copayment (in and out of network)
Inpatient Hospitalization	No Copayment	No Copayment (in and out of network)
Hospice Care	No Copayment	No Copayment (in and out of network)
Diagnostic Testing, Lab Work and X-Rays	No Copayment	No Copayment (in and out of network)
Inpatient and Outpatient Surgery	No Copayment	No Copayment (in and out of network)
Emergency Room	No Copayment	No Copayment (in and out of network)
Hearing Aids	Full Coverage for 1 routine hearing exam every 2yrs. Up to \$1500 every 2 Calendar yrs for one hearing aid or one set of binaural hearing aids	IN NETWORK ONLY: Up to 2 (one per ear) TruHearing 'Advanced' or 'Premium' brand hearing aids per year. \$699 or \$999 copayment per aid.
Routine Dental	NOT COVERED	\$0 copayment In Network \$45 copayment Out of Network
Vision Care	Full Coverage for 1 routine vision exam every 2yrs. Up to \$150 every 24 months for one set of frames & lenses	\$0 copay w) EyeMed Provider, \$45 Other Providers. Up to \$200 Eyewear Allowance once every 24 months.
RETAIL PRESCRIPTION DRUGS (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3	\$10 / \$20 / \$35 (PDP Option 26)	\$10 / \$20 / \$35
MAIL-ORDER MAINTENANCE DRUGS (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3	\$20 / \$40 / \$70 (PDP Option 26)	\$20 / \$40 / \$70
Monthly Rates 7/1/2023	\$74.98	\$66.80