2020 Medicare Plan
Comparison

	Blue Cross Managed Blue	Blue Cross Medex	Harvard Medicare Enhanced	Tufts Medicare Preferred HMO	Tufts Medicare Preferred Supplement
	Must live in Mass	Coverage in all States	Coverage in all States	Must Live in Mass	Coverage in all States
	Referral Needed	No Referral	No Referral	Referral Needed	No Referral
Office Visits	$10	100%	$15	$10 primary care $15 specialist	$10
In Patient Hospital	100%	100%	100%	$300 annual deductible then 100%	100%
Out Patient Hospital	100%	100%	100%	$50	100%
Emergency Room	$50	100%	$50	$50	$50
PRESCRIPTIONS					
Retail 30 day	$5/$10/$25	$5/$10/$25	$10/$20/$35	$10/$25/$50	$10/$20/$35
Retail 90 day	$15/$30/$75	$15/$30$75	$30/$60/$105	$30/$75/$150	$30/$60/$105
Mail Order 90 day	$10/$20/$50	$10/$20/$50	$20/$40/$105	$20/$50/$100	$20/$40/$70
MONTHLY PREMIUM					
Retired before 07/01/2006	**$37.76**	**$217.89**	**$44.34**	**$32.70**	**$40.80**
Retired after 07/01/2006	**$75.51**	**$217.89**	**$88.68**	**$65.40**	**$81.60**
Retired after 07/01/2018	**$113.37**	**$217.89**	**$133.02**	**$98.10**	**$122.40**
2020 Medicare Part B Rate TBD					