

2026 Medicare Plan
Comparison

	Blue Cross Managed Blue	Blue Cross Medex	Harvard Medicare Enhanced	Tufts Medicare Preferred HMO
<u>MONTHLY PREMIUM</u>				
Retired before 07/01/2006	\$51.80	\$291.83	\$53.31	\$42.30
Retired after 07/01/2006	\$103.60	\$291.83	\$106.63	\$84.60
Retired after 07/01/2018	\$155.39	\$291.83	\$159.94	\$126.90

RESIDENCY REQUIREMENTS

	<u>Must live in New England</u> Referral Needed	<u>Coverage in all States</u> No Referral	<u>Coverage in all States</u> No Referral	<u>Must Live in MA</u> Referral Needed
Office Visits	\$10	100%	\$10	\$10 primary care \$15 specialist
In Patient Hospital	100%	100%	100%	\$300 annual deductible then 100%
Out Patient Hospital	100%	100%	100%	\$50
Emergency Room	\$50	100%	\$50	\$50

PRESCRIPTIONS

Retail 30 day	\$5/\$10/\$25	\$5/\$10/\$25	\$10/\$20/\$35	\$10/\$25/\$50
Retail 90 day	\$15/\$30/\$75	\$15/\$30/\$75	\$30/\$60/\$105	\$30/\$75/\$150
Mail Order 90 day	\$10/\$20/\$50	\$10/\$20/\$50	\$20/\$40/\$105	\$20/\$50/\$100

Fitness Reimbursement	\$150 per calendar year	None	\$150 per calendar year	\$150 per calendar year
Eyeglass Reimbursement	None	None	\$150 per calendar year	\$150 per calendar year
Hearing Aid Reimbursement	None	None	\$1,700 every 2 years	\$500 every 3 years