### Medicare Supplemental Plans

#### 2020 Comparison Chart

<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>Indemnity Supplemental Plan</th>
<th>Medicare HMO Plan</th>
<th>HMO Supplemental Plans (no longer available to new enrollees as of 1/1/12)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>No deductible; small copayments for some services as noted below.</td>
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</tr>
<tr>
<td><strong>Notes</strong></td>
<td>You must continue paying your Medicare Part B premium.</td>
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</tr>
<tr>
<td><strong>Inpatient Covered Services</strong></td>
<td>Semi-private room and hospital services</td>
<td>Full coverage of 1) Medicare deductible and copayment; 2) Lifetime reserve day copayment; 3) Up to 365 additional hospital days in your lifetime when Medicare benefits are used up.</td>
<td>Full coverage of Medicare deductible and copayment after you pay one initial deductible of $300 per calendar year for services received at a network hospital.</td>
</tr>
<tr>
<td><strong>Inpatient mental health care</strong></td>
<td>For biologically-based mental health conditions, plan pays Medicare hospital deductible and copayments. Full coverage of lifetime reserve day copayment. Full coverage up to 365 additional hospital days in your lifetime when your Medicare benefits are used up.</td>
<td>If you are discharged into a skilled nursing facility (SNF) for non-custodial care, you must pay $50 copayment per day. Medicare pays $0 copayment, Medicare deductible and coinsurance covered in full, 190-day lifetime maximum in a psychiatric hospital. This limit does not apply to inpatient mental health care in a general hospital.</td>
<td>Full coverage of Medicare deductible and coinsurance.</td>
</tr>
<tr>
<td><strong>Skilled nursing facility (SNF) for non-custodial care</strong></td>
<td>Pays in full for days 21-100; then $10 daily for days 101-365 for SNF participating with Medicare. Pays $8 daily for 365 days for SNF not participating with Medicare. Combined maximum of 365 days per benefit period**</td>
<td>Covers Medicare deductible and copayment up to 100 days per benefit period**</td>
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</tr>
<tr>
<td><strong>Outpatient Covered Services</strong></td>
<td>Full coverage of Medicare deductible and coinsurance.</td>
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</tr>
<tr>
<td><strong>Emergency care</strong></td>
<td>Full coverage of Medicare deductible and coinsurance.</td>
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</tr>
<tr>
<td><strong>Skilled nursing facility (SNF) for non-custodial care</strong></td>
<td>Full coverage of Medicare deductible and coinsurance.</td>
<td>Medicare pays days 0-20; Plan pays full Medicare deductible and copayments for days 21-100; then $10 daily for days 101-365 for SNF participating with Medicare. Pays $8 daily for 365 days for SNF not participating with Medicare. Combined maximum of 365 days per benefit period**</td>
<td>Medicare pays days 0-20; Plan pays full Medicare deductible and copayments for days 21-100.</td>
</tr>
<tr>
<td><strong>Non-custodial home health services</strong></td>
<td>Covered by Medicare</td>
<td>Covered by Medicare</td>
<td>Covered by Medicare</td>
</tr>
</tbody>
</table>

* The 365 additional days per lifetime are a combination of days in a general or psychiatric hospital.

** A benefit period begins when you first receive inpatient services in a hospital or skilled nursing facility. If you do not receive inpatient care for 60 days after your discharge, that benefit period will end. A new benefit period will begin when you again receive inpatient services.
Managed Blue for Seniors

Tufts Medicare Complement:

Managed Blue for Seniors:

Plan

Prescription Drug

Medicare Part D

Services

continued

Compensation, and disabilities related to service in the armed forces. Under Massachusetts state law, Providers and other covered professional providers may not bill you for any balance over the amount approved by Medicare.

Note: This comparison chart is not a legal document. It reflects limited plan information as of January 1, 2020. The following are not covered under any plan: custodial confinement, routine foot care, treatment covered by Workers' Compensation, and disabilities related to service in the armed forces. Under Massachusetts state law, Providers and other covered professional providers may not bill you for any balance over the amount approved by Medicare.

For medical coverage questions contact plans directly:

Medex 2: 1-800-932-8323

Tufts Medicare Preferred: 1-800-701-9000

Managed Blue for Seniors: 1-800-325-2583

Tufts Medicare Complement: 1-800-462-0224

MIT reserves the right to alter, amend or terminate the provisions of this benefit plan to any extent and in any manner that it may deem advisable.

Note: This comparison chart is not a legal document. It reflects limited plan information as of January 1, 2020. The following are not covered under any plan: custodial confinement, routine foot care, treatment covered by Workers' Compensation, and disabilities related to service in the armed forces. Under Massachusetts state law, Providers and other covered professional providers may not bill you for any balance over the amount approved by Medicare.

Outpatient Covered Services continued

Doctor's office visits for specific treatment

Pays Medicare deductible and coinsurance.

Pays Medicare deductible and coinsurance. You pay $10 copayment per visit to PCP and $15 copayment per visit to a specialist.

Pays Medicare deductible and coinsurance. You pay $10 per visit.

Pays Medicare deductible and coinsurance. You pay $10 copayment per visit to PCP or specialist.

Immunizations/Inoculation

$0 copay for all preventive services covered under Medicare. Office copayment may apply if services are required due to an injury or immediate risk of infection and are provided in conjunction with a Provider visit. Otherwise, not covered.

$0 copay for all preventive services covered under Medicare. Office copayment may apply if services are provided in conjunction with a Provider visit.

$0 copay for all preventive services covered under Medicare. Office copayment may apply if services are provided in conjunction with a Provider visit.

$0 copay for all preventive services covered under Medicare. Office copayment may apply if services are provided in conjunction with a Provider visit.

Routine physicals

Covered by Medicare.

Covered by Medicare.

Covered by Medicare.

Covered by Medicare.

Routine eye and hearing exams/Eyewear and hearing aids

Not covered.

Covered by Medicare.

Covered in full after you pay the required copayment. You pay a $15 copayment for each annual routine eye exam. You receive up to $150 allowance in network ($90 out of network) for eyeglasses (prescription lenses and frames) or contact lenses every calendar year. You pay a $15 copayment for each annual routine hearing test. You receive up to $500 allowance for hearing aids every 3 years.

Covered in full after you pay $10 copayment for each annual routine eye exam. There is no coverage for hearing exams or hearing aids.

Eye and hearing exams are covered in full after you pay the required copayment. $10 copayment for each annual routine eye exam. Discount on lenses, frames and contacts. You pay $10 copayment for each annual routine hearing test. Hearing aids are not covered.

Diagnostic x-rays and lab tests

Pay Medicare deductible, coinsurance and copayments for approved charges.

Pay Medicare deductible, coinsurance and copayments for approved charges.

Pay Medicare deductible, coinsurance and copayments for approved charges.

Pay Medicare deductible, coinsurance and copayments for approved charges.

Prescription Drugs

Express Scripts Retail Pharmacy: 30-day supply: Tier 1 (generic) - $8, Tier 2 (preferred brand name) - $35, Tier 3 (non-preferred brand name) - $50.

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Express Scripts Retail Pharmacy: 30-day supply: Tier 1 (generic) - $8, Tier 2 (preferred brand name) - $35, Tier 3 (non-preferred brand name) - $50.

Express Scripts Mail Order Pharmacy: 90-day supply: Tier 1 (generic) - $16, Tier 2 (preferred brand name) - $50, Tier 3 (non-preferred brand name) - $80.

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Occupational, physical and speech therapy

Pays Medicare deductible and coinsurance for services approved by Medicare.

Pays Medicare deductible and coinsurance for all equipment approved by Medicare. You pay $15 copayment per visit.

Pays Medicare deductible and coinsurance for all equipment approved by Medicare. You pay $10 copayment per visit.

Pays Medicare deductible and coinsurance for all equipment approved by Medicare. You pay $10 copayment per visit.

Prosthetic devices and durable medical equipment

Pays Medicare deductible and coinsurance for all equipment approved by Medicare.

Pays Medicare deductible and coinsurance for all equipment approved by Medicare.

Pays Medicare deductible and coinsurance for all equipment approved by Medicare.

Pays Medicare deductible and coinsurance for all equipment approved by Medicare.

Ambulance service

Pays Medicare deductible and coinsurance for ambulance services approved by Medicare.

Medicare deductible and coinsurance covered in full. Full pay $50 copayment per day for Medicare-covered ambulance services.

Medicare deductible and coinsurance covered in full for emergency transport. You pay $40 for each non-emergency transport in certain medically-necessary circumstances.

Medicare deductible and coinsurance covered in full for ambulance services approved by Medicare.

Outpatient mental health care

For biologically-based conditions, when covered by Medicare, full coverage of Medicare deductible and coinsurance with no visit maximum. When visits are not covered by Medicare, Plan provides full coverage. For non-biologically-based mental health conditions, see Medex 2 Summary of Benefits.

Full coverage of Medicare deductible and coinsurance. You pay $15 copayment per visit.

Full coverage of Medicare deductible and coinsurance. You pay $10 per visit. For biologically-based mental health conditions, there is no visit limit. For non-biologically-based mental health conditions, you have a limit of 24 visits. See Summary of Benefits.

Full coverage of Medicare deductible and coinsurance. You pay $10 copayment per visit. There is no visit limit for either biologically-based or non-biologically-based mental health conditions.

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