WEST SUBURBAN HEALTH GROUP - RETIREE PLAN BENEFITS EFFECTIVE January 1, 2019

Medicare Supplement Plans

PLAN FEATURES *Please note - all retiree plans renew on January 1*	TUFTS MEDICARE SUPPLEMENT PDP PLUS Freedom of Choice	HARVARD PILGRIM MEDICARE ENHANCE Freedom of Choice	BCBS MEDEX 2 with OBRA90 Benefits Freedom of Choice	BCBS MANAGED BLUE FOR SENIORS Medi-wrap
INPATIENT CARE	**Note – all plans include Medicare Part D Prescription Coverage**			
General Hospital: Semi-private room & board and special services	Covered in full for unlimited days. Patient must use reserve days after 90th day if available.	Covered in full for unlimited days. Patient must use reserve days after 90th day if available.	Full coverage for 90 days per benefit period (plus 365 Medex lifetime benefit days)	Covered in full for unlimited days when medically necessary
Rehabilitation Hospital	Acute rehabilitation hospital covered the same as General Hospital.	Covered in full up to 100 days per calendar year.	Covered in full for 100 days at Medicare participating facility. Days 101-365 - $16/day.	Covered in full (365 days in a lifetime)
Skilled Nursing Facility	Covered in full for 100 days per benefit period:	Covered in full for 100 days in benefit period.	Covered in full for 100 days at Medicare participating facility. Days 101-365 - $16/day.	Covered in full for 100 days in benefit period.
Mental Health & Substance Abuse Care in a Psychiatric Hospital	No co-payment for inpatient hospital services. 190-day lifetime limit in a psychiatric hospital	All Medicare covered days covered in full. ***Biologically based conditions:*** Covered in full, unlimited days. ***Non-biologically based conditions:*** Covered in full 60 days per calendar yr for psychiatric and 30 days per cal yr for substance abuse.	**Biologically based conditions:** Covered in full for 90 days per benefit period (plus 365 Medex lifetime benefit days) **Non-biologically based conditions:** Covered in full for 90 days per benefit period (plus 365 Medex lifetime benefit days)	**Biologically based conditions:** Covered in full, no day limit. **Non-biologically based conditions:** Covered in full, 30 days per calendar year after Medicare days end (unlimited days in a General Hospital)
OUTPATIENT CARE	**TUFTS MEDICARE PLUS**	**HARVARD PILGRIM MEDICARE ENHANCE**	**BCBS MEDEX 2 with OBRA90 Benefits**	**BCBS MANAGED BLUE FOR SENIORS**
Medical Office Visits	$10 co-pay per visit	$5 co-pay per visit	Covered in full	$10 co-pay per visit
Consult & Care by Specialists	$10 co-pay per visit	$5 co-pay per visit	Covered in full	$10 co-pay per visit (& referral from PCP)
Routine Physical Exams	$0 co-pay (1 per year)	$5 co-pay per visit	Paid by Medicare	$10 co-pay per visit
Diagnostic Lab & X-ray Services	Covered in full	Covered in full	Covered in full	Covered in full

This is an abbreviated description of benefits. Details of coverage are available from each health plan provider. Health plans provided the information in this summary. The WSHG is not responsible for the accuracy of this summary of benefits.

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Day Surgery	Covered in full	Covered in full	Covered in full	Covered in full
Radiation & Chemotherapy	Covered in full	Covered in full	Covered in full	Covered in full
Urgent & Emergency Care	$10 co-pay for office; $50co-pay for ER	$5 co-pay for office; $30 co-pay for ER (waived if admitted)	Full coverage for emergency services	$50 co-pay per visit for ER (waived if admitted), $10 copayment per visit for Urgent Care Center
Ambulance Services	Covered in full	Covered in full	Covered in full	Covered in full for emergency; $40 member co-pay per one way trip (non-emergency only)
Mental Health & Substance Abuse	***Biologically based mental conditions:*** - When covered by Medicare, full coverage of deductible and coinsurance after $10 copayment per visit. There is no visit limit. ***Non-biologically-based mental conditions:*** - When covered by Medicare, full coverage after $10 copayment per visit ** Includes drug addiction and alcoholism.*	All Medicare covered services $5 co-pay ***Biologically based:*** $5 co-pay per visit. ***Non-biologically based:*** *Mental health*: 24 visits/calendar yr, $5 co-pay/visit. *Substance abuse*: $500/calendar yr, $5 co-pay per visit	***Biologically based***: Covered in full ***Non-biologically based:*** Covered in full through 24th visit per calendar year	***Biologically based:*** $10 co-pay, unlimited visits ***Non-biologically based:*** When covered by Medicare, $10 co-pay, no visit max. When not covered by Medicare, $10 co-pay, 24 visits per cal. year. Includes drug addiction & alcoholism
OUTPATIENT CARE	**TUFTS MEDICARE PLUS**	**HARVARD PILGRIM MEDICARE ENHANCE**	**BCBS MEDEX 2 with OBRA90 Benefits**	**BCBS MANAGED BLUE FOR SENIORS**
Routine Vision & Hearing Screenings	Hearing - $10 copay for the office visit. Hearing Aids – $500 then 80% of $1500, up to $1,700 every 2 yrs for purchase or repair of hearing aid via reimbursement. Routine Vision Exam $10 copay (every 2 years) Eyeglasses or contacts - Covered up to $150 reimbursement per year	Not Covered	Not covered	Routine vision exam; one per calendar year; $10 co-pay; No coverage for routine hearing exams
Preventive Dental	Not covered	Not covered	Not covered	Not covered

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Prescription drugs	***Retail**: 30-day supply:* Tier 1:$10 co-pay Tier 2: $20 co-pay Tier 3: $35 co-pay ***Mail Order**: 90-day supply* Tier 1: $20 co-pay Tier 2: $40 co-pay Tier 3: $70 co-pay CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.	***Retail**: 30-day supply:* Tier 1: $5 co-pay Tier 2: $10 co-pay Tier 3: $25 co-pay ***Mail Order**: 90 day supply:* Tier 1: $10 co-pay Tier 2: $20 co-pay Tier 3: $75 co-pay Aetna is the Prescription Benefits Manager (PBM) for retail and mail order *(formerly Coventry)*	*NO DEDUCTIBLE* ***Retail**: 30-day supply:* Tier 1: $5 co-pay Tier 2: $15 co-pay Tier 3: $30 co-pay ***Mail Order**: 90 day supply:* Tier 1: $10 co-pay Tier 2: $30 co-pay Tier 3: $60 co-pay RX Plan name is- Blue Medicare RX CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.	*NO DEDUCTIBLE* ***Retail**: up to 30-day supply:* Tier 1: $5 co-pay Tier 2: $15 co-pay Tier 3: $30 co-pay ***Mail order**:* *up to 90-day supply* Tier 1: $10 co-pay Tier 2: $30 co-pay Tier 3: $60 co-pay RX Plan name is- Blue Medicare RX CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.
PLAN FEATURES				
FITNESS				
Fitness Center benefit	Up to $150 reimb per cal. year per subscribe for joining a health club. No waiting period.	Up to $150 reimb per subscriber per cal. year at a Fitness facility. Discounts also available from participating Health Clubs. See plan details.	Up to $150 reimb per cal. year per subscriber at a health club and up to $150 reimb per cal. year per subscriber at a Weight Watchers® or hospital based weight loss program. See plan details.	Up to $150 reimb per cal. year per subscriber at a health club and up to $150 reimb per cal. year per subscriber at a Weight Watchers® or hospital based weight loss program. See plan details.

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