

# WEST SUBURBAN HEALTH GROUP - RETIREE PLAN BENEFITS

(Health plan changes, if any, in red font)

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## MEDICARE ADVANTAGE HMO PLANS

Effective January 1, 2020

<b>PLAN Benefits</b> <i>All retiree plans renew on January 1</i>	<b>TUFTS Medicare Preferred HMO</b>	<b>FALLON Medicare Plus Premier</b> <i>(formally Fallon Senior Plan)</i>	<b>FALLON Medicare Plus Central Premier</b> <i>(Limited Network - Members <u>MUST</u> reside in Worcester County)</i>
General Hospital: Semi-private room & board and special services	Covered in full after one time annual hospital deductible of \$300	\$250 copay per hospital stay when medically necessary	\$250 copay per hospital stay when medically necessary
Rehabilitation Hospital	Covered in full for 90 days in benefit period.	\$0 co-pay for substance abuse admissions. Inpatient rehabilitation care is covered for 90 days per benefit period.	\$0 co-pay for substance abuse admissions. Inpatient rehabilitation care is covered for 90 days per benefit period.
Skilled Nursing Facility	Covered in full for 100 days in benefit period. No prior hospital stay required	\$20 per day for days 1-10. \$0 copay for days 11-100. Covered for up to 100 days per Medicare benefit period. No prior hospital stay required	\$20 per day for days 1-10. \$0 copay for days 11-100. Covered for up to 100 days per Medicare benefit period. No prior hospital stay required
Mental Health & Substance Abuse Care in a Psychiatric Hospital	\$0 co-pay – 190 day lifetime max	\$250 copay per hospital stay for inpatient hospital services in a network hospital 190-day lifetime limit in a psychiatric hospital	\$250 copay per hospital stay for inpatient hospital services in a network hospital 190-day lifetime limit in a psychiatric hospital
Medical Office Visits	\$10 co-pay per visit	\$15 co-pay per visit	\$15 co-pay per visit
Consult & Care by Specialists	\$15 co-pay per visit	\$25 co-pay per visit	\$25 co-pay per visit
Routine Physical Exams	\$0 co-pay per visit (1 per year)	\$0 co-pay (1 per year)	\$0 co-pay (1 per year)
Diagnostic Lab & X-ray Services	Covered in full	Covered in full	Covered in full
Day Surgery	\$50 co-pay per service	\$125 co-pay for each service	\$125 co-pay for each service
Radiation & Chemotherapy	Covered in full	Covered in full	Covered in full
Urgent & Emergency Care	\$10-\$15 co-pay for office; \$50 co-pay for ER	\$15 co-pay for office; \$75 co-pay for ER (waived if admitted)	\$15 co-pay for office; \$75 co-pay for ER (waived if admitted)
Ambulance Services	\$50 per day	Covered in full when medically necessary  One-way chair van from hospital to skilled nursing facility - \$35 Copay	Covered in full when medically necessary  One-way chair van from hospital to skilled nursing facility - \$35 Copay

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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PLAN Benefits	TUFTS Medicare Preferred HMO	FALLON Medicare Plus Premier	FALLON Medicare Plus Central Premier
Mental Health & Substance Abuse	\$15 co-pay per visit	For Medicare covered mental health services, you pay \$15 or \$25 specialist co-pay each individual or group therapy visit.	For Medicare covered mental health services, you pay \$15 or \$25 specialist co-pay each individual or group therapy visit.
Routine Vision & Hearing Screenings	\$15 co-pay per exam annually.  Up to \$150 per year reimbursement toward the purchase of eyeglasses or contacts, but not both at an Eyemed provider. Up to \$90 via reimbursement at any other provider.  \$500 allowance for purchase or repair of hearing aids every 3 years. Member discounts provided when using Hearing Care Solutions (HCS) facilities. Contact member services for details.	\$25 copayment for one routine vision exam each calendar year.  \$0 copayment for one routine hearing exam each calendar year  Eyewear allowance of \$150 every 12 months.  Hearing Aid Purchase Program - \$695, \$795, or \$995 per device	\$25 copayment for one routine vision exam each calendar year.  \$0 copayment for one routine hearing exam each calendar year  Eyewear allowance of \$150 every 12 months.  Hearing Aid Purchase Program - \$695, \$795, or \$995 per device
Preventive Dental	Not covered	\$25 co-pay for preventative cleaning, oral exam, bitewing x-rays & fluoride treatment every 6 months	\$25 co-pay for preventative cleaning, oral exam, bitewing x-rays & fluoride treatment every 6 months
Prescription drugs	<i>Retail: 30-day supply:</i> Tier 1: \$10 co-pay Tier 2: \$25 co-pay Tier 3: \$50 co-pay  <i>Mail Order</i> Mail Order: 30/60/90 day supply: Tier 1: \$7/\$14/\$20 Tier 2: \$17/\$33/\$50 Tier 3: \$33/\$67/\$100  After you reach <b>\$6,350</b> in your annual out-of-pocket drug costs, your cost is reduced to <b>\$3.60</b> for generic and <b>\$8.95</b> for brand name drugs.	<i>This plan has changed from a 5-tier to a 6-tier formulary</i> <i>Retail: 30-day supply:</i> Tier 1: \$10 co-pay Tier 2: \$10 co-pay Tier 3: \$30 co-pay Tiers 4 & 5: \$65  <i>Mail Order: 90-day supply:</i> Tier 1: \$20 co-pay Tier 2: \$20 co-pay Tier 3: \$60 co-pay Tiers 4 & 5: \$162.50 <b>Tier 6 – Medicare Part D vaccines and substance abuse therapy medication - \$0</b>	<i>This plan has changed from a 5-tier to a 6-tier formulary</i> <i>Retail: 30-day supply:</i> Tier 1: \$10 co-pay Tier 2: \$10 co-pay Tier 3: \$30 co-pay Tiers 4 & 5: \$65  <i>Mail Order: 90-day supply:</i> Tier 1: \$20 co-pay Tier 2: \$20 co-pay Tier 3: \$60 co-pay Tiers 4 & 5: \$162.50 <b>Tier 6 – Medicare Part D vaccines and substance abuse therapy medication - \$0</b>

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**MEDICARE ADVANTAGE HMO PLANS**

**Effective January 1, 2020**

Prescription drugs		After you reach <b>\$6,350</b> in your annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or <b>\$3.60</b> for generic and <b>\$8.95</b> for brand name drugs.	After you reach <b>\$6,350</b> in your annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or \$3.46 for generic and <b>\$8.95</b> for brand name drugs.
<b>OTHER BENEFITS</b>	<b>TUFTS Medicare Preferred HMO</b>	<b>FALLON Medicare Plus Premier</b>	<b>FALLON Medicare Plus Central Premier</b>
Fitness Center benefit	Fitness Benefit each year – Up to \$150 Cash reimbursement at any fitness center. No waiting period.	SilverSneakers™ Fitness Program provides fitness classes and paid membership at contracted facilities.  Weight Watchers®	SilverSneakers™ Fitness Program provides fitness classes and paid membership at contracted facilities.  Weight Watchers®
<b>Benefit Bank – new effective January 1, 2020</b>	n/a	<b>\$250</b> flexible benefit to use on member’s choice of fitness memberships, dental services, or eyewear	<b>\$500</b> flexible benefit to use on member’s choice of fitness memberships, dental services, or eyewear

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