

**WEST SUBURBAN HEALTH GROUP - RETIREE PLAN BENEFITS**

**EFFECTIVE January 1, 2020**

**Medicare Supplement Plans**

<b>PLAN FEATURES</b> <i>Please note - all retiree plans renew on January 1</i>	<b>TUFTS MEDICARE SUPPLEMENT PDP PLUS</b>  <b>Freedom of Choice</b>	<b>HARVARD PILGRIM MEDICARE ENHANCE</b>  <b>Freedom of Choice</b>	<b>BCBS MEDEX 2 with OBRA90 Benefits</b>  <b>Freedom of Choice</b>	<b>BCBS MANAGED BLUE FOR SENIORS</b>  <b>Medi-wrap</b>
<b>INPATIENT CARE</b>	<b>Note – all plans include Medicare Part D Prescription Coverage</b>			
General Hospital: Semi-private room & board and special services	Covered in full for unlimited days. Patient must use reserve days after 90 <sup>th</sup> day if available.	Covered in full for unlimited days. Patient must use reserve days after 90 <sup>th</sup> 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. <b>Biologically based conditions:</b> Covered in full, unlimited days. <b>Non-biologically based conditions:</b> Covered in full 60 days per calendar year for psychiatric care not otherwise covered by Medicare	<b>Biologically based conditions:</b> Covered in full for 90 days per benefit period (plus 365 Medex lifetime benefit days)  <b>Non-biologically based conditions:</b> Covered in full for 90 days per benefit period (plus 365 Medex lifetime benefit days)	<b>Biologically based conditions:</b> Covered in full, no day limit.  <b>Non-biologically based conditions:</b> Covered in full, 90 days per calendar year after Medicare days end (unlimited days in a General Hospital)
<b>OUTPATIENT CARE</b>	<b>TUFTS MEDICARE PLUS</b>	<b>HARVARD PILGRIM MEDICARE ENHANCE</b>	<b>BCBS MEDEX 2 with OBRA90 Benefits</b>	<b>BCBS MANAGED BLUE FOR SENIORS</b>
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

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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	<p><b>Biologically based mental conditions:</b></p> <ul style="list-style-type: none"> <li>- When covered by Medicare, full coverage of deductible and coinsurance after \$10 copayment per visit. There is no visit limit.</li> </ul> <p><b>Non-biologically-based mental conditions:</b></p> <ul style="list-style-type: none"> <li>- When covered by Medicare, full coverage after \$10 copayment per visit</li> </ul> <p><i>* Includes drug addiction and alcoholism.</i></p>	<p>All Medicare covered services \$5 co-pay</p> <p><b>Biologically based:</b> \$5 co-pay per visit including substance abuse.</p> <p><b>Non-biologically based:</b> Mental health: 24 visits/calendar yr, \$5 co-pay/visit.</p>	<p><b>Biologically based:</b> Covered in full</p> <p><b>Non-biologically based:</b> Covered in full through 24<sup>th</sup> visit per calendar year</p>	<p><b>Biologically based:</b> \$10 co-pay, unlimited visits</p> <p><b>Non-biologically based:</b> When covered by Medicare, \$10 co-pay, no visit max. When not covered by Medicare, \$10 co-pay, 24 visits per cal. year.</p> <p>Includes drug addiction &amp; alcoholism</p>
<b>OUTPATIENT CARE</b>	<b>TUFTS MEDICARE PLUS</b>	<b>HARVARD PILGRIM MEDICARE ENHANCE</b>	<b>BCBS MEDEX 2 with OBRA90 Benefits</b>	<b>BCBS MANAGED BLUE FOR SENIORS</b>
Routine Vision & Hearing Screenings	<p><u>Hearing</u> - \$10 copay for the office visit.</p> <p><u>Hearing Aids</u> – \$500 then 80% of \$1500, up to \$1,700 every 2 yrs for purchase or repair of hearing aid via reimbursement.</p> <p><u>Routine Vision Exam</u> \$10 copay (every 2 years)</p> <p><u>Eyeglasses or contacts</u> - Covered up to \$150 reimbursement per year</p>	Not Covered	Not covered	<p>Routine vision exam; one per calendar year; \$10 co-pay;</p> <p>No coverage for routine hearing exams</p>

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Preventive Dental	Not covered	Not covered	Not covered	Not covered
Prescription drugs	<p><b>Retail:</b> 30-day supply: Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$35 co-pay</p> <p><b>Mail Order:</b> 90-day supply Tier 1: \$20 co-pay Tier 2: \$40 co-pay Tier 3: \$70 co-pay</p> <p>CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.</p>	<p><b>Retail:</b> 30-day supply: Tier 1: \$5 co-pay Tier 2: \$10 co-pay Tier 3: \$25 co-pay</p> <p><b>Mail Order:</b> 90 day supply: Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$75 co-pay</p> <p><b>Effective January 1, 2020, Aetna Medicare Rx offered by SilverScript</b> and is the Prescription Benefits Manager (PBM) for retail and mail order</p>	<p><b>NO DEDUCTIBLE</b> <b>Retail:</b> 30-day supply: Tier 1: \$5 co-pay Tier 2: \$15 co-pay Tier 3: \$30 co-pay</p> <p><b>Mail Order:</b> 90 day supply: Tier 1: \$10 co-pay Tier 2: \$30 co-pay Tier 3: \$60 co-pay</p> <p>RX Plan name is- Blue Medicare RX</p> <p>CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.</p>	<p><b>NO DEDUCTIBLE</b> <b>Retail:</b> up to 30-day supply: Tier 1: \$5 co-pay Tier 2: \$15 co-pay Tier 3: \$30 co-pay</p> <p><b>Mail order:</b> up to 90-day supply Tier 1: \$10 co-pay Tier 2: \$30 co-pay Tier 3: \$60 co-pay</p> <p>RX Plan name is- Blue Medicare RX</p> <p>CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.</p>
<b>PLAN FEATURES</b>				
<b>FITNESS</b>				
Fitness Center benefit	<p>Up to \$150 reimbursement per calendar year per subscriber for joining a health club. No waiting period.</p> <p>See plan details</p>	<p>Up to \$150 reimbursement per subscriber per calendar year at a Fitness facility.</p> <p>Discounts also available from participating Health Clubs.</p> <p>See plan details.</p>	<p>Up to \$150 reimbursement per calendar year per subscriber at a health club <b>or fitness classes</b></p> <p>And, up to \$150 reimbursement per calendar year per subscriber at a Weight Watchers® or hospital based weight loss program.</p> <p>See plan details.</p>	<p>Up to \$150 reimbursement per calendar year per subscriber at a health club <b>or fitness classes</b></p> <p>And, up to \$150 reimbursement per calendar year per subscriber at a Weight Watchers® or hospital based weight loss program.</p> <p>See plan details.</p>

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