

**WEST SUBURBAN HEALTH GROUP - RETIREE PLAN BENEFITS**  
**MEDICARE ADVANTAGE HMO PLANS**

(Health plan changes in red font) **1**  
**Effective January 1, 2017**

| <b>PLAN FEATURES</b><br><br><i>All retiree plans renew on January 1</i> | <b>TUFTS Medicare Preferred HMO</b>   | <b>FALLON SENIOR PLAN HMO</b>   |
|---|---|---|
| General Hospital: Semi-private room & board and special services        | Covered in full after one time annual hospital deductible of \$300              | <b>\$250</b> 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.                                   |
| Skilled Nursing Facility  | Covered in full for 100 days in benefit period. No prior hospital stay required | <b>\$20 per day for days 1-10. \$0 copay for days 11-100.</b> 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   | <b>\$250</b> 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   |
| Consult & Care by Specialists   | \$15 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)   |
| Diagnostic Lab & X-ray Services   | Covered in full   | Covered in full   |
| Day Surgery   | \$50 co-pay per service   | <b>\$125</b> co-pay for each service  |
| Radiation & Chemotherapy  | 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)   |
| Ambulance Services  | \$50 per day  | Covered in full when medically necessary  |
| 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.                           |

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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**Effective January 1, 2017**

| PLAN FEATURES                       | TUFTS Medicare Preferred HMO   | FALLON SENIOR PLAN HMO  |
|-------------------------------------|--|---|
| Routine Vision & Hearing Screenings | <p>\$15 co-pay per exam.</p> <p>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.</p> <p>\$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.</p>  | <p>\$25 copayment for one routine vision exam each calendar year.</p> <p>\$0 copayment for one routine hearing exam each calendar year</p> <p>Eyewear allowance of \$150 every 12 months.</p> <p>\$500 toward the purchase of hearing aid every 36 months</p>   |
| Preventive Dental                   | Not covered  | \$25 co-pay for preventative cleaning, oral exam, bitewing x-rays & fluoride treatment every 6 months   |
| Prescription drugs                  | <p><i>Retail: 30- day supply:</i><br/>           Tier 1: \$10 co-pay<br/>           Tier 2: \$25 co-pay<br/>           Tier 3: \$50 co-pay</p> <p><i>Mail Order</i><br/>           Mail Order: 30/60/90 day supply:<br/>           Tier 1: \$7/\$14/\$20<br/>           Tier 2: \$17/\$33/\$50<br/>           Tier 3: \$33/\$67/\$100</p> <p>After you reach <b>\$4,950</b> in your annual out-of-pocket drug costs, your cost is reduced to <b>\$3.30</b> for generic and <b>\$8.25</b> for brand name drugs.</p> | <p><i>Retail: 30-day supply:</i><br/>           Tier 1: \$10 co-pay<br/>           Tier 2: \$30 co-pay<br/>           Tier 3: \$65 co-pay</p> <p><i>Mail Order:</i><br/> <i>90-day supply:</i><br/>           Tier 1: \$20 co-pay<br/>           Tier 2: \$60 co-pay<br/>           Tier 3: \$162.50 co-pay</p> <p>After you reach <b>\$4,950</b> in your annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or <b>\$3.30</b> for generic and <b>\$8.25</b> for brand name drugs.</p> |
| <b>OTHER BENEFITS</b>               |  |   |
| Fitness Center benefit              | Fitness Benefit each year – Up to \$150 Cash reimbursement at any fitness center. No waiting period.   | <p>SilverSneakers™ Fitness Program provides fitness classes and paid membership at contracted facilities.</p> <p>Weight Watchers®</p>   |

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