

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, 2019

PLAN FEATURES <i>All retiree plans renew on January 1</i>	TUFTS Medicare Preferred HMO	FALLON SENIOR PLAN HMO
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
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	\$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
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	\$125 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 One-way chair van from hospital to skilled nursing facility - \$35 Copay
Mental Health & Substance Abuse	\$15 co-pay per visit	For Medicare covered mental health services, you pay \$15 or \$25 specialist co-

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PLAN FEATURES	TUFTS Medicare Preferred HMO	FALLON SENIOR PLAN HMO
Routine Vision & Hearing Screenings	<p>\$15 co-pay per exam annually.</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>pay each individual or group therapy visit.</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>Hearing Aid Purchase Program - \$695, \$795, or \$995 per device</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> Tier 1: \$10 co-pay Tier 2: \$25 co-pay Tier 3: \$50 co-pay</p> <p><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</p> <p>After you reach \$5,100 in your annual out-of-pocket drug costs, your cost is reduced to \$3.40 for generic and \$8.50 for brand name drugs.</p>	<p><i>This plan has changed from a 3-tier to a 5-tier formulary</i></p> <p><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</p> <p><i>Mail Order:</i> <i>90-day supply:</i> Tier 1: \$20 co-pay Tier 2: \$20 co-pay Tier 3: \$60 co-pay Tiers 4 & 5: \$162.50</p> <p>After you reach \$5,100 in your annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or \$3.40 for generic and \$8.50 for brand name drugs.</p>
OTHER BENEFITS		

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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®
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