

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

(Health plan changes in red font) 1
Effective January 1, 2013

PLAN FEATURES <i>All retiree plans renew on January 1</i>	TUFTS Medicare Preferred HMO	FALLON SENIOR PLAN
General Hospital: Semi-private room & board and special services	Covered in full after one time annual hospital deductible of \$300	Covered in full when medically necessary
Rehabilitation Hospital	Covered in full for 90 days in benefit period.	Covered in full for 90 days per benefit period.
Skilled Nursing Facility	Covered in full for 100 days in benefit period. No prior hospital stay required	Covered in full for up to 100 days per benefit period (each admission).
Mental Health & Substance Abuse Care in a Psychiatric Hospital	\$0 co-pay – 190 day lifetime max	No co-payment for inpatient hospital services in a network hospital 190-day lifetime limit in a psychiatric hospital
Medical Office Visits	\$10 co-pay per visit	\$10 co-pay per visit
Consult & Care by Specialists	\$15 co-pay per visit	\$20 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	\$75 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	\$10 co-pay for office; \$50 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 \$10 or \$20 specialist co-pay for 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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(Health plan changes in red font) 2
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PLAN FEATURES	TUFTS Medicare Preferred HMO	FALLON SENIOR PLAN
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.</p> <p>\$500 allowance for purchase or repair of hearing aids every 3 years</p>	<p>Vision and Hearing Exam – One routine 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> 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 \$4,750 in your annual out-of-pocket drug costs, your cost is reduced to \$2.65 for generic and \$6.60 for brand name drugs.</p>	<p><i>Retail: 30-day supply:</i> Tier 1: \$10 co-pay Tier 2: \$25 co-pay Tier 3: \$45 co-pay</p> <p><i>Mail Order:</i> <u>90-day supply:</u> Tier 1: \$20 co-pay Tier 2: \$50 co-pay Tier 3: \$90 co-pay</p> <p>After you reach \$4,750 in your annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or \$2.65 for generic and \$6.60 for brand name drugs.</p>
OTHER BENEFITS		
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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