WEST SUBURBAN HEALTH GROUP - RETIREE PLAN BENEFITS **EFFECTIVE January 1, 2014**

Medicare Supplement Plans

changes & clarifications in red font

PLAN FEATURES *Please note - all retiree plans renew on January 1*	**TUFTS MEDICARE SUPPLEMENT PDP PLUS** **Freedom of Choice**	**HARVARD PILGRIM MEDICARE ENHANCE** **Freedom of Choice**	**BCBS MEDEX 2 with OBRA90 Benefits** **Freedom of Choice**	**BCBS MANAGED BLUE FOR SENIORS** **Medi-wrap**
INPATIENT CARE	**Note – all plans include Medicare Part D Prescription Coverage**			
General Hospital: Semi-private room & board and special services	Covered in full for unlimited days. Patient must use reserve days after 90th day if available.	Covered in full for unlimited days. Patient must use reserve days after 90th day if available.	Full coverage for first 365 days per benefit period.	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	**Biologically based conditions:** *General or psychiatric hospital* - Full coverage of Medicare deductible and coinsurance up to 90 days per benefit period. - Full coverage of lifetime reserve day coinsurance - Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits are used up. (Lifetime 365 days are a combination of days in a general, acute rehabilitation and/or mental hospital] **Non-biologically based conditions:** *Mental hospital-* - Covered in full up to 120 days per benefit period.	All Medicare covered days covered in full. ***Biologically based conditions:*** Covered in full, unlimited days. ***Non-biologically based conditions:*** Covered in full 60 days per calendar yr for psychiatric and 30 days per cal yr for substance abuse.	No co-payment for inpatient hospital services in a network hospital 190-day lifetime limit in a psychiatric hospital	**Biologically based conditions:** Covered in full, no day limit. **Non-biologically based conditions:** Covered in full, no day limit

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OUTPATIENT CARE	TUFTS MEDICARE PLUS	HARVARD PILGRIM MEDICARE ENHANCE	BCBS MEDEX 2 with OBRA90 Benefits	BCBS MANAGED BLUE FOR SENIORS
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
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)
Ambulance Services	Covered in full	Covered in full	Covered in full	Covered in full for emergency; $40 member co-pay (non emergency only)
Mental Health & Substance Abuse	***Biologically based mental conditions:*** - When covered by Medicare, full coverage of deductible and coinsurance after $10 copayment per visit. There is no visit limit. - When not covered by Medicare, $10 copayment per visit for up to 24 visits per calendar year. ***Non-biologically-based mental conditions:*** - When covered by Medicare, full coverage after $10 copayment per visit - When not covered by Medicare, $10 copayment per visit for up to 24 visits per calendar year. * *Includes drug addiction and alcoholism.*	All Medicare covered services $5 co-pay ***Biologically based:*** $5 co-pay per visit. ***Non-biologically based:*** *Mental health*: 24 visits/calendar yr, $5 co-pay/visit. *Substance abuse*: $500/calendar yr, $5 co-pay per visit	***Biologically based:*** Covered in full ***Non-biologically based:*** Covered in full through 24th visit per calendar year; then covered in full from 25th visit for Medicare covered services	***Biologically based:*** $10 co-pay, unlimited visits ***Non-biologically based:*** When covered by Medicare, $10 co-pay, no visit max. When not covered by Medicare, $10 co-pay, 24 visits per cal. year. Includes drug addiction & alcoholism

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OUTPATIENT CARE	TUFTS MEDICARE PLUS	HARVARD PILGRIM MEDICARE ENHANCE	BCBS MEDEX 2 with OBRA90 Benefits	BCBS MANAGED BLUE FOR SENIORS
Routine Vision & Hearing Screenings	Hearing - $10 copay for the office visit. Hearing Aids – $500 then 80% of $1500, up to $1,700 every 2 yrs for purchase or repair of hearing aid Routine Vision Exam $10 copay (every 2 years) Eyeglasses or contacts - Covered up to $150 reimbursement per year	$5 co-pay per visit	Not covered	$10 co-pay per visit
Preventive Dental	Not covered	Not covered	Not covered	Not covered
Prescription drugs	***Retail***: *30-day supply:* Tier 1:$10 co-pay Tier 2: $20 co-pay Tier 3: $35 co-pay ***Mail Order***: *90-day supply* Tier 1: $20 co-pay Tier 2: $40 co-pay Tier 3: $70 co-pay	***Retail***: *30-day supply:* Tier 1: $5 co-pay Tier 2: $10 co-pay Tier 3: $25 co-pay ***Mail Order***: *90 day supply:* Tier 1: $10 co-pay Tier 2: $20 co-pay Tier 3: $75 co-pay	*NO DEDUCTIBLE* ***Retail***: *30-day supply:* Tier 1: $5 co-pay Tier 2: $15 co-pay Tier 3: $30 co-pay ***Mail Order***: *90 day supply:* Tier 1: $10 co-pay Tier 2: $30 co-pay Tier 3: $60 co-pay *RX Plan name is-* *Blue Medicare RX* CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.	*NO DEDUCTIBLE* ***Retail***: *up to 30-day supply:* Tier 1: $5 co-pay Tier 2: $15 co-pay Tier 3: $30 co-pay ***Mail order***: *up to 90-day supply* Tier 1: $10 co-pay Tier 2: $30 co-pay Tier 3: $60 co-pay *RX Plan name is-* *Blue Medicare RX* CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.
PLAN FEATURES				
FITNESS				
Fitness Center benefit	Up to $150 reimb per cal. year per subscribe for joining a health club.	Up to $150 reimb per subscriber per cal. year at a Fitness facility. Discounts also available from participating Health Clubs. See plan details.	Up to $150 reimb per cal. year per subscriber at a health club and up to $150 reimb per cal. year per subscriber at a Weight Watchers® or hospital based weight loss program. See plan details.	Up to $150 reimb per cal. year per subscriber at a health club and up to $150 reimb per cal. year per subscriber at a Weight Watchers® or hospital based weight loss program. See plan details.

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