WEST SUBURBAN HEALTH GROUP - RETIREE PLAN BENEFITS EFFECTIVE January 1, 2026

Medicare Supplement Plans

PLAN FEATURES *Please note - all retiree plans renew on January 1*		**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				
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.	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		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 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		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 year for psychiatric care not otherwise covered by Medicare	**Biologically based conditions:** Covered in full for 90 days per benefit period (plus 365 Medex lifetime benefit days) **Non-biologically based conditions:** Covered in full for 90 days per benefit period (plus 365 Medex lifetime benefit days)	**Biologically based conditions:** Covered in full, no day limit. **Non-biologically based conditions:** Covered in full, 90 days per calendar year after Medicare days end (unlimited days in a General Hospital)
OUTPATIENT CARE		**HARVARD PILGRIM MEDICARE ENHANCE**	**BCBS MEDEX 2 with OBRA90 Benefits**	**BCBS MANAGED BLUE FOR SENIORS**
Medical Office Visits		$5 co-pay per visit	Covered in full	$10 co-pay per visit
Consult & Care by Specialists		$5 co-pay per visit	Covered in full	$10 co-pay per visit (& referral from PCP)
Routine Physical Exams		Covered in Full	Paid by Medicare	$10 co-pay per visit
Diagnostic Lab & X-ray Services		Covered in full	Covered in full	Covered in full
Day Surgery		Covered in full	Covered in full	Covered in full
Radiation & Chemotherapy		Covered in full	Covered in full	Covered in full
Urgent & Emergency Care		$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

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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Ambulance Services		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		All Medicare covered services $5 co-pay ***Biologically based:*** $5 co-pay per visit including substance abuse. ***Non-biologically based:*** *Mental health*: 24 visits/calendar yr, $5 co-pay/visit.	***Biologically based*:** Covered in full ***Non-biologically based:*** Covered in full through 24th visit per calendar year	***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
Routine Vision & Hearing Screenings		*Hearing - $5 copay for the office visit. (limited to 1 exam per calendar year)* *Hearing Aids – Covers $500 then 80% of next $1500, up to $2,000 every 2 yrs for purchase or repair of hearing aids. 20% copayment up to the benefit limit and all charges in excess of limit.* *Routine Vision Exam $5 copay (limited to 1 exam per calendar year)* *Eyeglasses or contacts - Covered up to $150 reimbursement per year*	Not covered	Routine vision exam; one per calendar year; $10 co-pay; No coverage for routine hearing exams
Preventive Dental		Not covered	Not covered	Not covered
Prescription drugs		***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	*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

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		Aetna Medicare Rx offered by SilverScript is the Prescription Benefits Manager (PBM) for retail and mail order	RX Plan name is- Blue Medicare RX CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.	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/Wellness benefit		Wellness- Up to $150 reimbursement per subscriber per calendar year towards qualified nutrition programs, mindfulness apps, fitness equipment, studio memberships and more. See plan details.	Up to $150 reimbursement per calendar year per subscriber at a health club or fitness classes (in person or online) or fitness equipment. And, up to $150 reimbursement per calendar year per subscriber at a Weight Watchers® or hospital-based weight loss program. See plan details.	Up to $150 reimbursement per calendar year per subscriber at a health club or fitness classes (in person or online) or fitness equipment. And, up to $150 reimbursement per calendar year per subscriber at a Weight Watchers® or hospital-based weight loss program. See plan details.