

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

(Health plan changes in red font) 1
Effective January 1, 2012

| 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. |
| 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 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>\$20 specialist co-pay for each routine eye exam, limited to 1 exam every 12 months. Eyewear allowance of \$150 every 12 months.</p> <p>\$20 co-pay for each Medicare covered hearing exam.</p> <p>\$500 toward the purchase of hearing aid every 36 months</p> |
| Preventive Dental | Not covered | \$25 co-pay for 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 \$4,700 in your annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or \$2.60 for generic and \$6.50 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> <i>90-day supply:</i> Tier 1: \$20 co-pay Tier 2: \$50 co-pay Tier 3: \$90 co-pay</p> <p>After you reach \$4,700 in your annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or \$2.50 for generic and \$6.50 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. | SilverSneakers™ Fitness Program provides fitness classes and paid membership at contracted facilities. Weightwatchers® |

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