

WEST SUBURBAN HEALTH GROUP - RETIREE PLAN BENEFITS

EFFECTIVE January 1, 2012

Medicare Supplement Plans

Benefit changes in red font

PLAN FEATURES <i>Please note - all retiree plans renew on January 1</i>	TUFTS MEDICARE PLUS (Formally Tufts Medicare Prime Supplement Plan) Freedom of Choice	HARVARD PILGRIM MEDICARE ENHANCE Freedom of Choice	BCBS MEDEX 3 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 The Plan provides full coverage of: -Medicare deductible and coinsurance up to 90 days per benefit period -Lifetime reserve day coinsurance -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)	Covered in full for unlimited days. Patient must use reserve days after 90 th 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: -Medicare covers up to 20 days after a hospital stay of 3 days or longer -Then Plan covers, in full, Medicare daily coinsurance for days 21-100 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: <i>General or psychiatric hospital</i> - Full coverage of Medicare deductible and coinsurance up to 90 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	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

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.

WEST SUBURBAN HEALTH GROUP - RETIREE PLAN BENEFITS

EFFECTIVE January 1, 2012

Medicare Supplement Plans

Benefit changes in red font

	<ul style="list-style-type: none"> - 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] <p>Non-biologically based conditions: <i>Mental hospital-</i></p> <ul style="list-style-type: none"> - Covered in full up to 120 days per benefit period (at least 60 days per calendar year), less any days already covered by Medicare or Plan in that benefit period (or calendar year). <p>General hospital-</p> <ul style="list-style-type: none"> - 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) 	psychiatric and 30 days per cal yr for substance abuse.		
OUTPATIENT CARE				
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

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.

WEST SUBURBAN HEALTH GROUP - RETIREE PLAN BENEFITS

EFFECTIVE January 1, 2012

Medicare Supplement Plans

Benefit changes in red font

PLAN FEATURES	TUFTS MEDICARE PLUS	HARVARD PILGRIM MEDICARE ENHANCE	BCBS MEDEX 3 WITH OBRA90	BCBS MANAGED BLUE FOR SENIORS
OUTPATIENT CARE <i>(cont'd)</i>				
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	\$40 member co-pay
Mental Health & Substance Abuse	<p><i>Biologically based mental conditions:</i></p> <ul style="list-style-type: none"> - 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. <p><i>Non-biologically-based mental conditions:</i></p> <ul style="list-style-type: none"> - 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. <p><i>* Includes drug addiction and alcoholism.</i></p>	<p>All Medicare covered services \$5 co-pay</p> <p><i>Biologically based:</i> \$5 co-pay per visit.</p> <p><i>Non-biologically based:</i></p> <p><i>Mental health:</i> 24 visits/calendar yr, \$5 co-pay/visit.</p> <p><i>Substance abuse:</i> \$500/calendar yr, \$5 co-pay per visit</p>	<p><i>Biologically based:</i> Covered in full</p> <p><i>Non-biologically based:</i> Covered in full through 24th visit per calendar year; then covered in full from 25th visit for Medicare covered services</p>	<p><i>Biologically based:</i> \$10 co-pay, unlimited visits</p> <p><i>Non-biologically based:</i> 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</p>
Routine Vision & Hearing Screenings	<p>Hearing - \$10 copay for the office visit. (\$1,700 every 2 yrs for purchase or repair of hearing aid)</p> <p>Routine Vision Exam \$10 copay (every 2 years)</p> <p>(Covered up to \$150 per year for eyeglasses or contacts.</p>	\$5 co-pay per visit	Not covered	\$10 co-pay per 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.

WEST SUBURBAN HEALTH GROUP - RETIREE PLAN BENEFITS

EFFECTIVE January 1, 2012

Medicare Supplement Plans

Benefit changes in red font

PLAN FEATURES	TUFTS MEDICARE PLUS	HARVARD PILGRIM MEDICARE ENHANCE	BCBS MEDEX 3 WITH OBRA90	BCBS MANAGED BLUE FOR SENIORS
OUTPATIENT CARE <i>(cont'd)</i>				
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	Retail: up to 60-day supply Tier 1: 25% co-insurance Tier 2: 50% co-insurance Tier 3: 75% Mail order: 90-day supply Tier 1: \$5 co-pay Tier 2: \$30 co-pay Tier 3: \$50 co-pay
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.

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.