

PLAN FEATURES <i>Please note - all retiree plans renew on January 1</i>	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			
Medical Office Visits	\$5 copay per visit	Covered in full	\$10 copay per visit
Specialists Visits	\$5 copay per visit	Covered in full	\$10 copay per visit (& referral from PCP)
Routine Physical Exams	Covered in full	Paid by Medicare	\$10 copay 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 copay for office; \$30 copay for ER (waived if admitted)	Full coverage for emergency services	\$50 copay per visit for ER (waived if admitted), \$10 copay per visit for Urgent Care Center
Ambulance Services	Covered in full	Covered in full	Covered in full for emergency; \$40 member copay per one way trip (non-emergency only)

West Suburban Health Group - RETIREE PLAN BENEFITS
Medicare Supplement Plans
EFFECTIVE January 1, 2026

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Mental Health & Substance Abuse	<p>All Medicare covered services \$5 copay</p> <p>Biologically based: \$5 copay per visit, including substance abuse.</p> <p>Non-biologically based: Mental health: 24 visits/calendar yr, \$5 copay/visit.</p>	<p>Biologically based: Covered in full</p> <p>Non-biologically based: Covered in full through 24th visit per calendar year</p>	<p>Biologically based: \$10 copay, unlimited visits</p> <p>Non-biologically based: When covered by Medicare, \$10 copay, no visit max. When not covered by Medicare, \$10 copay, 24 visits per calendar year. Includes drug addiction & alcoholism</p>
Routine Vision & Hearing Screenings	<p><u>Hearing</u> \$5 copay for the office visit. (limited to 1 exam per calendar year)</p> <p><u>Hearing Aids</u> 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.</p> <p><u>Routine Vision Exam</u> \$5 copay (limited to 1 exam per calendar year)</p> <p><u>Eye glasses or contacts</u> - Covered up to \$150 reimbursement per year</p>	Not covered	<p>Routine vision exam; one per calendar year; \$10 copay;</p> <p>No coverage for routine hearing exams</p>
Preventive Dental	Not covered	Not covered	Not covered
Prescription Drugs	<p>Retail: <u>30-day supply:</u> Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$25 copay</p> <p>Mail Order: <u>90 day supply:</u> Tier 1: \$10 copay Tier 2: \$20 copay Tier 3: \$75 copay</p> <p>Aetna Medicare Rx offered by SilverScript is the Prescription Benefits Manager (PBM) for retail and mail order.</p>	<p>NO DEDUCTIBLE</p> <p>Retail: <u>30-day supply:</u> Tier 1: \$5 copay Tier 2: \$15 copay Tier 3: \$30 copay</p> <p>Mail Order: <u>90 day supply:</u> Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$60 copay</p> <p>RX Plan name is- Blue Medicare RX</p> <p>CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.</p>	<p>NO DEDUCTIBLE</p> <p>Retail: up to <u>30-day supply:</u> Tier 1: \$5 copay Tier 2: \$15 copay Tier 3: \$30 copay</p> <p>Mail order: up to <u>90-day supply</u> Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$60 copay</p> <p>RX Plan name is- Blue Medicare RX</p> <p>CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.</p>
Fitness/Wellness benefit	<p>Up to \$150 reimbursement per subscriber per calendar year towards qualified nutrition programs, mindfulness apps, fitness equipment, studio memberships and more.</p> <p>See plan details.</p>	<p>Up to \$150 reimbursement per calendar year per subscriber at a health club or fitness classes (in person or online) or fitness equipment.</p> <p>Up to \$150 reimbursement per calendar year per subscriber at a Weight Watchers® or hospital-based weight loss program.</p> <p>See plan details.</p>	<p>Up to \$150 reimbursement per calendar year per subscriber at a health club or fitness classes (in person or online) or fitness equipment.</p> <p>Up to \$150 reimbursement per calendar year per subscriber at a Weight Watchers® or hospital-based weight loss program.</p> <p>See plan details.</p>

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.

PLAN FEATURES	TUFTS MEDICARE PREFERRED HMO	FALLON MEDICARE PLUS PREMIER
<i>All retiree plans renew on January 1</i>		
General Hospital: Semi-private room & board and special services	Covered in full after one time annual hospital deductible of \$300	\$250 copay per hospital stay when medically necessary
Rehabilitation Hospital	Covered in full for 90 days in benefit period. Prior authorization may be required.	\$0 copay for substance abuse admissions. Inpatient rehabilitation care is covered for 90 days per benefit period.
Skilled Nursing Facility	Covered in full for 100 days in benefit period. No prior hospital stay required. Prior authorization may be required.	\$20 per day for days 1-10. \$0 copay for days 11-100. Covered for up to 100 days per Medicare benefit period. No prior hospital stay required
Mental Health & Substance Abuse Care in a Psychiatric Hospital	\$0 copay: 190 day lifetime max	\$250 copay per hospital stay for inpatient hospital services in a network hospital 190-day lifetime limit in a psychiatric hospital
Medical Office Visits	\$10 copay per visit	\$15 copay per visit
Consult & Care by Specialists	\$15 copay per visit	\$25 copay per visit
Routine Physical Exams	Covered in full (1 per year)	\$0 copay (1 per year)
Diagnostic Lab & X-ray Services	Covered in full	Covered in full
Day Surgery	\$50 copay per service	\$125 copay for each service
Radiation & Chemotherapy	Covered in full	Covered in full
Urgent & Emergency Care	\$15 copay for office; \$50 copay for ER	\$15 copay for office; \$75 copay for ER (waived if admitted)
Ambulance Services	\$50 per day	Covered in full when medically necessary One-way chair van from hospital to skilled nursing facility - \$35 copay
Mental Health & Substance Abuse	\$15 copay per visit	For Medicare covered mental health services, you pay \$15 or \$25 specialist copay each individual or group therapy visit.

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PLAN FEATURES	TUFTS MEDICARE PREFERRED HMO	FALLON MEDICARE PLUS PREMIER
<i>All retiree plans renew on January 1</i>		
Routine Vision & Hearing Screenings	<p>\$15 copay per exam annually. Up to \$150 per year reimbursement toward the purchase of eyeglasses or contacts (but not both) at an Eyemed provider. Up to \$90 via reimbursement at any other provider.</p> <p>\$500 allowance for purchase or repair of hearing aids every 3 years. Member discounts provided when using TruHearing facilities. Contact member services for details.</p>	<p>\$25 copay for one routine vision exam each calendar year. \$0 copay for one routine hearing exam each calendar year Eyewear allowance of \$150 every 12 months. Hearing Aid Purchase Program: \$695-\$2,645 per device</p>
Preventive Dental	Not covered	\$0 copay for preventative cleaning, oral exam, bitewing x-rays & fluoride treatment every 6 months
Prescription drugs	<p>Retail: <u>30-day supply:</u> Tier 1: \$10 copay Tier 2: \$25 copay Tier 3: \$50 copay</p> <p>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 \$2,100 in your annual out-of-pocket drug costs, your cost is reduced to \$0 for generic and brand name drugs.</p>	<p>Retail: <u>30-day supply:</u> Tier 1: \$0 copay Tier 2: \$10 copay Tier 3: \$30 copay Tiers 4 & 5: \$65</p> <p>Mail Order: <u>90-day supply:</u> Tier 1: \$0 copay Tier 2: \$20 copay Tier 3: \$60 copay Tiers 4: \$162.50 Tier 5: Limited to 30-day supply Tier 6 – Medicare Part D vaccines and substance abuse therapy medication - \$0</p> <p>After you reach \$2,100 in your annual out- of-pocket drug costs, your cost is reduced to \$0 for generic and brand name drugs.</p>
Fitness Benefit	Fitness Benefit each year – Up to \$150 Cash reimbursement at any fitness center. No waiting period.	n/a
Benefit Bank	n/a	\$250 flexible benefit to use on member's choice of fitness memberships, dental services, hearing aids, or eyewear