



Retiree Healthcare Information Booklet

January 1, 2023 – December 31, 2023

TOWN OF NATICK, MASSACHUSETTS

This booklet provides a summary of available Medicare Supplement health insurance plans and associated benefits, rates and contribution levels for the period January 1 – December 31, 2023. For further information, please contact Aimee Carnicelli, Benefits Manager, at (508) 647-6411 or acarnicelli@natickma.org

We are pleased to continue to offer our valued retirees a wide variety of supplement plans, including traditional HMO-type plans and PPO plans. Several plans are “transportable” to other places of residence to best accommodate retirees’ lifestyles. Please carefully review the details regarding the various Medicare Supplement plans to ensure you get the best value and coverage for your needs.

For 2023, increases in plan rates vary, ranging from a 0.0 % for Medex, Tufts Medicare Pref. w/ PDP Plus, Fallon Sr.), to a 3.1% increase for HPHC Medicare Enhanced, to a 4.2% increase for Tufts Medicare Pref. HMO. Plan benefits are largely unchanged you can often reduce your medication costs by using generic forms of prescription drugs (speak to your doctor about this option) or by obtaining 90-day supplies of your medications through the mail (your health plan can provide additional information).

All of Natick’s health insurance plans – whether for employees or retirees – are offered through the West Suburban Health Group (WSHG) health care collaborative, of which Natick is a member. This self-insured health care purchasing group provides substantial risk diversification and purchasing power, allowing us to continuously offer high-quality, competitively-priced health insurance.

Retirees who are Medicare-eligible must enroll in Medicare Part A, and Medicare Part B if eligible. More information about this requirement is included in the general information section. Whichever senior supplement plan you choose, we encourage you to become well acquainted with the plan benefits as there are often numerous opportunities for free or low-cost preventative care, reimbursements for fitness programs, and other money-saving benefits aimed at keeping you healthy.

The Town of Natick appreciates your past service and wishes you good health in the year ahead.

TOWN OF NATICK
 WESTERN SUBURBAN HEALTH GROUP
 MONTHLY HEALTH/DENTAL INSURANCE RATES (JANUARY 1, 2023 - DECEMBER 31, 2023)

MEDICARE ELIGIBLE SENIOR INSURANCE PLANS

TOTAL MONTHLY COST	50% TOWN CONTRIBUTION	50% RETIREE CONTRIBUTION	*MEDICARE B 50% Equivalent (REDUCE)	RETIREE MONTHLY PAY
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MEDICARE SUPPLEMENT PLANS:

MEDEX 2 WITH BLUE MEDICARE RX	\$405.00	\$202.50	\$202.50	-\$82.45	\$120.05
HPHC MEDICARE ENHANCE WITH AETNA MEDICARE RX BY SILVER SCRIPT	\$401.00	\$200.50	\$200.50	-\$82.45	\$118.05
TUFTS MEDICARE SUPPLEMENT PLUS (PDP)	\$387.00	\$193.50	\$193.50	-\$82.45	\$111.05
MANAGED BLUE FOR SENIORS	\$387.00	\$193.50	\$193.50	-\$82.45	\$111.05

MEDICARE ADVANTAGE PLANS:

TUFTS MEDICARE PREFERRED HMO	\$371.00	\$185.50	\$185.50	-\$82.45	\$103.05
FALLON SENIOR PLAN PREMIER HMO	\$328.00	\$164.00	\$164.00	-\$82.45	\$81.55
FALLON SENIOR PLAN (PLUS CENTRAL PREMIER) (AVAILABLE FOR THOSE RESIDING IN WORCESTER COUNTY ONLY)	\$243.00	\$121.50	\$121.50	-\$82.45	\$39.05

* The Town contributes 50% of the premium for the supplemental/advantage plan, plus a 50% equivalent of the base monthly cost for Medicare Part B.

DENTAL PLAN	0% TOWN CONTRIBUTION	100% RETIREE CONTRIBUTION	RETIREE MONTHLY PAY
DELTA DENTAL PLAN - IND	\$0.00	\$50.30	\$50.30
DELTA DENTAL PLAN - FAM	\$0.00	\$128.76	\$128.76

VISION CARE PLAN	0% TOWN CONTRIBUTION	100% RETIREE CONTRIBUTION	RETIREE MONTHLY PAY
EYEMED - IND	\$0.00	\$7.34	\$7.34
EYEMED - FAM	\$0.00	\$21.60	\$21.60

WEST SUBURBAN HEALTH GROUP - RETIREE PLAN BENEFITS

EFFECTIVE January 1, 2023

Medicare Supplement Plans

PLAN FEATURES <i>Please note - all retiree plans renew on January 1</i>	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 90 th day if available.	Covered in full for unlimited days. Patient must use reserve days after 90 th 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	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	No co-payment for inpatient hospital services. 190-day lifetime limit 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 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

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, 2023

Medicare Supplement Plans

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), \$10 copayment per visit for Urgent Care Center
Ambulance Services	Covered in full	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	<p>Biologically based mental conditions:</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. <p>Non-biologically-based mental conditions:</p> <ul style="list-style-type: none"> - When covered by Medicare, full coverage after \$10 copayment per visit <p><i>* Includes drug addiction and alcoholism.</i></p>	<p>All Medicare covered services \$5 co-pay</p> <p>Biologically based: \$5 co-pay per visit including substance abuse.</p> <p>Non-biologically based: Mental health: 24 visits/calendar yr, \$5 co-pay/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 co-pay, unlimited visits</p> <p>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.</p> <p>Includes drug addiction & alcoholism</p>
OUTPATIENT CARE	TUFTS MEDICARE PLUS	HARVARD PILGRIM MEDICARE ENHANCE	BCBS MEDEX 2 with OBRA90 Benefits	BCBS MANAGED BLUE FOR SENIORS
Routine Vision & Hearing Screenings	<p><u>Hearing</u> - \$10 copay for the office visit.</p> <p><u>Hearing Aids</u> - \$500 then 80% of \$1500, up to \$1,700 every 2 yrs for purchase or repair of hearing aid via reimbursement.</p> <p><u>Routine Vision Exam</u> \$10 copay (every 2 years)</p> <p><u>Eyeglasses or contacts</u> - Covered up to \$150 reimbursement per year</p>	Not Covered	Not covered	<p>Routine vision exam; one per calendar year; \$10 co-pay;</p> <p>No coverage for routine hearing exams</p>

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WEST SUBURBAN HEALTH GROUP - RETIREE PLAN BENEFITS

EFFECTIVE January 1, 2023

Medicare Supplement Plans

Preventive Dental	Not covered	Not covered	Not covered	Not covered
Prescription drugs	<p>Retail: 30-day supply: Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$35 co-pay</p> <p>Mail Order: 90-day supply Tier 1: \$20 co-pay Tier 2: \$40 co-pay Tier 3: \$70 co-pay</p> <p>CVS Caremark is the Prescription Benefits Manager (PBM) for retail and mail order.</p>	<p>Retail: 30-day supply: Tier 1: \$5 co-pay Tier 2: \$10 co-pay Tier 3: \$25 co-pay</p> <p>Mail Order: 90 day supply: Tier 1: \$10 co-pay Tier 2: \$20 co-pay Tier 3: \$75 co-pay</p> <p>Aetna Medicare Rx offered by SilverScript is the Prescription Benefits Manager (PBM) for retail and mail order</p>	<p>NO DEDUCTIBLE Retail: 30-day supply: Tier 1: \$5 co-pay Tier 2: \$15 co-pay Tier 3: \$30 co-pay</p> <p>Mail Order: 90 day supply: Tier 1: \$10 co-pay Tier 2: \$30 co-pay Tier 3: \$60 co-pay</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 Retail: up to 30-day supply: Tier 1: \$5 co-pay Tier 2: \$15 co-pay Tier 3: \$30 co-pay</p> <p>Mail order: up to 90-day supply Tier 1: \$10 co-pay Tier 2: \$30 co-pay Tier 3: \$60 co-pay</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>
PLAN FEATURES				
FITNESS				
Fitness Center benefit	<p>Up to \$150 reimbursement per calendar year per subscriber for joining a health club. No waiting period.</p> <p>See plan details</p>	<p>Up to \$150 reimbursement per subscriber per calendar year at a Fitness facility.</p> <p>Discounts also available from participating Health Clubs.</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>And, 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>And, 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>

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

Effective January 1, 2023

PLAN Benefits <i>All retiree plans renew on January 1</i>	TUFTS Medicare Preferred HMO	FALLON Medicare Plus Premier (formally Fallon Senior Plan)	FALLON Medicare Plus Central Premier (Limited Network - Members <u>MUST</u> reside in Worcester County)
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	\$250 copay per hospital stay when medically necessary
Rehabilitation Hospital	Covered in full for 90 days in benefit period.	\$0 co-pay for substance abuse admissions. Inpatient rehabilitation care is covered for 90 days per benefit period.	\$0 co-pay 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	\$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	\$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 co-pay – 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	\$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 co-pay per visit	\$15 co-pay per visit	\$15 co-pay per visit
Consult & Care by Specialists	\$15 co-pay per visit	\$25 co-pay per visit	\$25 co-pay per visit
Routine Physical Exams	\$0 co-pay per visit (1 per year)	\$0 co-pay (1 per year)	\$0 co-pay (1 per year)
Diagnostic Lab & X-ray Services	Covered in full	Covered in full	Covered in full
Day Surgery	\$50 co-pay per service	\$125 co-pay for each service	\$125 co-pay for each service
Radiation & Chemotherapy	Covered in full	Covered in full	Covered in full
Urgent & Emergency Care	\$10-\$15 co-pay for office; \$50 co pay for ER	\$15 co-pay for office; \$75 co-pay for ER (waived if admitted)	\$15 co-pay for office; \$75 co-pay 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	Covered in full when medically necessary One-way chair van from hospital to skilled nursing facility - \$35 Copay

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

Effective January 1, 2023

PLAN Benefits	TUFTS Medicare Preferred HMO	FALLON Medicare Plus Premier	FALLON Medicare Plus Central Premier
Mental Health & Substance Abuse	\$15 co-pay per visit	For Medicare covered mental health services, you pay \$15 or \$25 specialist co-pay each individual or group therapy visit.	For Medicare covered mental health services, you pay \$15 or \$25 specialist co-pay each individual or group therapy visit.
Routine Vision & Hearing Screenings	<p>\$15 co-pay per exam annually.</p> <p>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 Hearing Care Solutions (HCS) facilities. Contact member services for details.</p>	<p>\$25 copayment for one routine vision exam each calendar year.</p> <p>\$0 copayment for one routine hearing exam each calendar year</p> <p>Eyewear allowance of \$150 every 12 months.</p> <p>Hearing Aid Purchase Program - \$695- \$2,645 per device</p>	<p>\$25 copayment for one routine vision exam each calendar year.</p> <p>\$0 copayment for one routine hearing exam each calendar year</p> <p>Eyewear allowance of \$150 every 12 months.</p> <p>Hearing Aid Purchase Program - \$695 - \$2,645 per device</p>
Preventive Dental	Not covered	\$25 co-pay for preventative cleaning, oral exam, bitewing x-rays & fluoride treatment every 6 months	\$25 co-pay for preventative 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 \$7,400 in your annual out-of-pocket drug costs, your cost is reduced to \$4.15 for generic and \$10.35 for brand name drugs.</p>	<p><i>Retail: 30-day supply:</i> Tier 1: \$10 co-pay Tier 2: \$10 co-pay Tier 3: \$30 co-pay Tiers 4 & 5: \$65</p> <p><i>Mail Order: 90-day supply:</i> Tier 1: \$20 co-pay Tier 2: \$20 co-pay Tier 3: \$60 co-pay 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 \$7,400 in your</p>	<p><i>Retail: 30-day supply:</i> Tier 1: \$10 co-pay Tier 2: \$10 co-pay Tier 3: \$30 co-pay Tiers 4 & 5: \$65</p> <p><i>Mail Order: 90-day supply:</i> Tier 1: \$20 co-pay Tier 2: \$20 co-pay Tier 3: \$60 co-pay Tiers 4: \$162.50 Tier 5: Limited to 30-day supply Tier 6 – Medicare Part D vaccines and substance abuse therapy medication - \$0</p>

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WEST SUBURBAN HEALTH GROUP - RETIREE PLAN BENEFITS

Effective January 1, 2023

MEDICARE ADVANTAGE HMO PLANS

Prescription drugs		Annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or <u>\$4.15</u> for generic and <u>\$10.35</u> for brand name drugs.	After you reach <u>\$7,400</u> in your annual out-of-pocket drug costs, your cost is reduced to the greater of 5% or <u>\$4.15</u> for generic and <u>\$10.35</u> for brand name drugs.
OTHER BENEFITS	TUFTS Medicare Preferred HMO	FALLON Medicare Plus Premier	FALLON Medicare Plus Central Premier
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. Weight Watchers®	SilverSneakers™ Fitness Program provides fitness classes and paid membership at contracted facilities. Weight Watchers®
Benefit Bank	n/a	\$250 flexible benefit to use on member's choice of fitness memberships, dental services, hearing aids, or eyewear	\$500 flexible benefit to use on member's choice of fitness memberships, dental services, hearing aids, or eyewear

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EXPLANATION OF MEDICARE PLANS

	MEDICARE SUPPLEMENT PLANS	MEDICARE REPLACEMENT PLANS (MEDICARE ADVANTAGE PLANS)
Who is eligible?	Retirees and spouses of retirees with Medicare Part A and Part B	Retirees and spouses of retirees with Medicare Part A and Part B
What is the BASIC difference between "supplement" and "replacement" plans?	The member maintains Medicare and receives the supplemental benefits offered by the health plan. Medicare is the primary payer for Medicare covered services and health plans pay secondary. Health plans pay primary for services covered by the plan but not covered by Medicare.	The member signs over his/her Medicare benefits to the Medicare Advantage (MA) plan and does not retain original Medicare during the time of enrollment. The MA plan pays all Medicare covered services and provides additional benefits. Each year the member may choose to go back to original Medicare or remain with a Medicare Advantage plan.
Who pays the doctors, hospitals and other health care providers?	For Medicare covered services: Medicare pays primary and health plan pays secondary. For services covered by the health plan but not covered by Medicare: Health Plan pays, and member pays his/her cost share if applicable.	For Medicare covered services and services covered only by the health plan: Health Plan pays. Health plans enter into contracts with Center for Medicare and Medicaid Services (CMS). CMS pays the health plan a monthly amount to cover costs of care for enrolled MA members. Health Plan pays providers for all covered services.
Prescription Drug (RX) Coverage	WSHG's Medicare supplement plans have RX coverage through Medicare Part D plans (PDPs). MEMBERS SHOULD NOT BUY MEDICARE PART D individually because members are automatically enrolled in Part D plan then they enroll in a Senior plan through their Employer.	WSHG's Medicare Advantage (MA) plans have limited RX coverage based on CMS formularies. Medicare Part D is built into MA plans and may be enhanced with additional coverage. Members are automatically enrolled in Part D through the MA plan. MEMBERS SHOULD NOT BUY MEDICARE PART D.

Types of Medicare plans	Medicare traditional indemnity type plans	Medicare HMO wrap plans (also called Medicare HMO medigap plans)	Medicare Advantage HMO plans
Examples of types	-BCBS Medex -Harvard Pilgrim Medicare Enhance -Tufts Medicare Pref. Suppl. w/PDP Plus	-Managed Blue for Seniors	-Fallon Medicare Plus Premier and Medicare Plus Premier Central -Tufts Medicare Preferred HMO
Provider Network	No network. All Medicare participating providers must accept the plan.	There is a provider network of Medicare participating providers that agree to accept the plan and its terms and payments. Usually (not always) the network is the same as the commercial HMO network.	There is a provider network. Often it is a subset of the commercial HMO network.
Service area	Nationwide	HMO service area for full benefits. Nationwide for Medicare only level of coverage and nationwide for full coverage for emergencies/urgent care	Medicare HMO service area and nationwide for emergencies and urgent care only

If you wish to continue your health benefits with the Town of Natick's group insurance when you become a retiree and you or your spouse turns 65 years of age, you need to do the following:

- Make an appointment with your local Social Security office 90 days prior to turning 65 to sign up for Medicare Part A and Part B or obtain a letter from Social Security stating that you are not eligible.
- If you decide to continue with your health coverage with the Town, you will not need to purchase Medicare Part D. The Medicare supplemental plans offered by the Town have prescription drug coverage.
- Once you have reviewed the senior plan comparisons and consulted with your Primary Care Physicians office to be sure of what plans they accept, contact the Town of Natick's benefits office at 508-647-6411 to schedule an appointment to sign up for a supplemental senior plan.

ABOUT THIS BOOKLET:

Reasonable measures have been made to report the enclosed information accurately. However, specific details of coverages and exclusions are available from each plan provider. This report does not constitute a legal document, and the Town of Natick is not responsible for changes or accuracy of this information.