

## WEST SUBURBAN HEALTH GROUP

*Senior Plan Rates effective January 1, 2017 - December 31, 2017*

<b>Insured Health Plans</b>	<b>CY17 Monthly Rate</b>	<b>% incr/decr from CY16</b>	<b>Retiree Share 40%</b>	<b>Town Share 60%</b>	<b>Surviving Spouse 100%</b>	<b>Financial Arrangement</b>
<b>BCBS Medex</b>	\$ 379.00	5.3%	\$ 151.60	\$ 227.40	\$ 379.00	self-funded
<b>HPHC Medicare Enhance</b>	\$ 342.00	0.0%	\$ 136.80	\$ 205.20	\$ 342.00	self-funded
<b>Managed Blue for Seniors</b>	\$ 345.00	10.2%	\$ 138.00	\$ 207.00	\$ 345.00	fully insured
<b>Fallon Senior Plan* [Medicare Advantage plan]</b>	\$ 338.00	9.0%	\$ 135.20	\$ 202.80	\$ 338.00	fully insured
<b>Tufts Medicare Prime Supplement with PDP Plus</b>	\$ 354.00	10.3%	\$ 141.60	\$ 212.40	\$ 354.00	fully insured
<b>Tufts Medicare Preferred HMO [Medicare Advantage plan]</b>	\$ 296.00	10.9%	\$ 118.40	\$ 177.60	\$ 296.00	fully insured

\* Required plan design changes for Fallon Senior Plan:

New Outpatient co-pay of \$125.00

New Inpatient co-pay of \$250.00

New Skilled Nursing Facility (SNF) co-pay of \$20/day for days 1-10 only.