

OFFICE OF THE  
TOWN MANAGER



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## Town of Shrewsbury

MASSACHUSETTS 01545-5398

October 14, 2016

To: Insurance Advisory Committee (IAC)

From: Daniel J. Morgado

Re: Senior Plan Renewal

Reference is made to my memo to your dated October 7, 2016.

Yesterday, the WSHG Board established the parameters of the Senior Plans for calendar year 2017.

Except for the Fallon Senior Plan, there are no plan design changes.

For the Fallon Senior Plan there are changes with the Inpatient Admissions Copay from \$125 to \$250 per hospital stay, the Outpatient Surgery Copay from \$75 to \$125, The Skilled Nursing Facility Daily Copay from \$25 to \$20 and changes to the Medicare Part D Catastrophic Coverage as mandated by Federal law.

The following monthly premiums were established:

Plan	2016	2017	Change	Percent
Harvard Pilgrim Medicare Enhanced	\$342.00	\$342.00	\$0.00	0.0%
Blue Cross/Blue Shield Medex II	\$360.00	\$379.00	\$19.00	5.3%
Tufts Medicare Prime Supplement With PDP Plus	\$321.00	\$354.00	\$33.00	10.3%
Blue Cross/Blue Shield Managed Blue for Seniors	\$313.20	\$345.00	\$31.80	10.2%
Fallon Senior Plan	\$310.00	\$338.00	\$28.00	9.0%
Tufts Medicare HMO Prime Rx Plus	\$267.00	\$296.00	\$29.00	10.9%

I have attached the summaries of how the contribution amounts will change in 2017.

The next meeting of the IAC is Tuesday, October 18, 2016, at 3:00 PM in the Selectmen's Meeting Room to formally review and act on the Senior Plan renewals.

Please advise me directly with any questions.

Cc Union/Association Presidents  
Kristen Las  
Michael Hale  
Patrick Collins  
Barbara Malone  
Carolyn Marcotte  
Mary Thompson  
Christine Fowler

**Town of Shrewsbury**  
**West Suburban Health Group Senior Plans**  
**Rates as of January 1, 2017**

% Paid Town/Retiree		Total Monthly	Town Monthly	Retiree Monthly
<b>Medicare Supplement Plans</b>				
<b>Freedom Of Choice</b>				
<i>Harvard Pilgrim - Medicare Enhance With First Health Part D</i>				
50/50	Subscriber	\$342.00	\$171.00	<b>\$171.00</b>
50/50	Surviving Spouse	\$342.00	\$171.00	<b>\$171.00</b>
<i>BC/BS - Medex II With Blue Medicare Rx</i>				
50/50	Subscriber	\$379.00	\$189.50	<b>\$189.50</b>
50/50	Surviving Spouse	\$379.00	\$189.50	<b>\$189.50</b>
<i>Tufts - Medicare Prime Supplement With PDP Plus</i>				
50/50	Subscriber	\$354.00	\$177.00	<b>\$177.00</b>
50/50	Surviving Spouse	\$354.00	\$177.00	<b>\$177.00</b>
<b>HMO Medi-Wrap Plans</b>				
<i>BC/BS - Managed Blue For Seniors</i>				
60/40	Subscriber	\$345.00	\$207.00	<b>\$138.00</b>
50/50	Surviving Spouse	\$345.00	\$172.50	<b>\$172.50</b>
<b>Medicare Advantage HMO Plans</b>				
<i>Fallon - Senior Plan</i>				
73.5/26.5	Subscriber	\$338.00	\$248.43	<b>\$89.57</b>
50/50	Surviving Spouse	\$338.00	\$169.00	<b>\$169.00</b>
<i>Tufts - Medicare HMO Prime Rx Plus</i>				
73.5/26.5	Subscriber	\$296.00	\$217.56	<b>\$78.44</b>
50/50	Surviving Spouse	\$296.00	\$148.00	<b>\$148.00</b>

**Town of Shrewsbury**  
**West Suburban Health Group Senior Plans**  
**Rates as of January 1, 2016**

% Paid Town/Retiree		Total Monthly	Town Monthly	Retiree Monthly
<b>Medicare Supplement Plans</b>				
<b>Freedom Of Choice</b>				
<i>Harvard Pilgrim - Medicare Enhance With First Health Part D</i>				
50/50	Subscriber	\$342.00	\$171.00	<b>\$171.00</b>
50/50	Surviving Spouse	\$342.00	\$171.00	<b>\$171.00</b>
<i>BC/BS - Medex II With Blue Medicare Rx</i>				
50/50	Subscriber	\$360.00	\$180.00	<b>\$180.00</b>
50/50	Surviving Spouse	\$360.00	\$180.00	<b>\$180.00</b>
<i>Tufts - Medicare Prime Supplement With PDP Plus</i>				
50/50	Subscriber	\$321.00	\$160.50	<b>\$160.50</b>
50/50	Surviving Spouse	\$321.00	\$160.50	<b>\$160.50</b>
<b>HMO Medi-Wrap Plans</b>				
<i>BC/BS - Managed Blue For Seniors</i>				
60/40	Subscriber	\$313.20	\$187.92	<b>\$125.28</b>
50/50	Surviving Spouse	\$313.20	\$156.60	<b>\$156.60</b>
<b>Medicare Advantage HMO Plans</b>				
<i>Fallon - Senior Plan</i>				
73.5/26.5	Subscriber	\$310.00	\$227.85	<b>\$82.15</b>
50/50	Surviving Spouse	\$310.00	\$155.00	<b>\$155.00</b>
<i>Tufts - Medicare Preferred HMO</i>				
73.5/26.5	Subscriber	\$267.00	\$196.25	<b>\$70.76</b>
50/50	Surviving Spouse	\$267.00	\$133.50	<b>\$133.50</b>



**Fallon Senior Plan™ Premier HMO**  
**2017 group rate & benefits renewal agreement**  
**for West Suburban Health Group**

Federal Tax ID \_\_\_\_\_

Plan Information	Plan Details
Plan Code	<b>RWf0</b>
Plan Year	January 1, 2017 through December 31, 2017
Monthly Premium PMPM	\$338 (+9%)
Annual Deductible	\$0 deductible
Out of Pocket Max	\$3,400
Office visits	\$15 copay PCP / \$25 Specialty Care
Inpatient admissions	\$250 copay per hospital stay
Skilled nursing facility	\$20 copay per day for days 1-10. \$0 copay per day for days 11-100.
Worldwide emergency care	\$75 copay
Urgently needed care	\$15 copay
Outpatient surgery	\$125 copay
Lab and imaging services	\$0 copay per service
Vision care	\$25 copay per annual supplemental routine exam
Hearing care	\$0 copay per annual supplemental routine exam
Medicare Part D No deductible/No donut hole	Retail copays (up to a 30-day supply) \$10 / \$30 / \$65 M/O copays (90-day supply) \$20 / \$60 / \$162.50
Medicare Part D Catastrophic Coverage	After total Rx costs reach \$4,950 during the benefit year, members pay the greater of 5% coinsurance or \$3.30 copays for generic or name brand drugs treated as generic or \$8.25 copays for all other drugs.
Plan highlights	<ul style="list-style-type: none"> <li>• Free gym membership through SilverSneakers® Fitness program</li> <li>• Free membership in Weight Watchers® for 13-consecutive weeks</li> <li>• \$150 toward the purchase of eyewear, every year</li> <li>• \$500 toward the purchase of hearing aids, every 36 months</li> <li>• Preventive Dental Care</li> </ul>

*This agreement is an outline of benefits & services available with this Medicare Advantage HMO benefit plan. Details about specific coverage & service limitations are found in the Plan's Evidence of Coverage. Eligibility and participation are subject to CMS enrollment and termination guidelines. Signature on this agreement, or receipt at Fallon Health of the first new year premium payment, acknowledges the following by the Employer: agreement to renew the Plan as offered, acceptance of the Plan's Administrative Guidelines; the Employer is recognized by the Commonwealth of Massachusetts as a valid public or private enterprise; follows Medicare Secondary Payer rules related to the use of this plan for Medicare beneficiaries; will allow Fallon Health to share the Employer's Federal Employer ID Number (FEIN) with appropriate federal and state agencies for audit and other purposes as defined by State or Federal regulations; Benefit designs are subject to change each January 1st. Fallon Health is a health plan with a Medicare contract.*

Employer Authorized Rep Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Street address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Organization type:  DBA  LLP  LLC  Inc  Other \_\_\_\_\_

Broker / Agency affiliation \_\_\_\_\_



**Fallon Senior Plan™ Premier HMO  
2016 group rate & benefits renewal agreement  
Plan Sponsor – West Suburban Health Group**

Plan Information	Plan Details
Plan Year	January 1, 2016 through December 31, 2016
Monthly Premium PMPM	\$322.00
Annual Deductible	\$0 deductible
Out of Pocket Max	\$3,400
Office visits	\$15 Primary Care / \$25 Specialty Care
Inpatient hospital care	\$0 copay per hospital stay
Skilled nursing facility	\$0 per day for days 1 - 100
Worldwide emergency care	\$75 copay
Urgently needed care	\$15 copay
Outpatient surgery	\$75 copay
Lab and imaging services	\$0 per service
Vision care	\$25 per annual supplemental routine vision exam
Hearing services	\$0 per annual supplemental routine hearing exam
Medicare Part D <i>No deductible/No donut hole</i>	<b>Retail copays (up to a 30-day supply) \$10 / \$30 / \$65</b> <b>M/O copays (90-day supply) \$20 / \$60 / \$162.50</b>
Medicare Part D Catastrophic Coverage: <i>For drugs covered on the formulary which are not normally covered by Part D, members will pay standard copays throughout the year.</i>	After total Rx costs reach \$4,850 during the benefit year (amount paid by the member and Fallon Health), members pay the greater of: <ul style="list-style-type: none"> <li>• 5% coinsurance or</li> <li>• \$2.95 copays for generic or name brand drugs treated as generic</li> <li>• \$7.40 copays for all other drugs.</li> </ul>
Plan Highlights	<ul style="list-style-type: none"> <li>• Free gym membership through SilverSneakers® Fitness program</li> <li>• Free membership in Weight Watchers® for 13-consecutive weeks</li> <li>• \$150 toward the purchase of eyewear, every year</li> <li>• \$500 toward the purchase of hearing aids, every 36 months</li> <li>• Preventive Dental Care</li> </ul>

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Federal Tax ID \_\_\_\_\_

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Street address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Organization type:  DBA  LLP  LLC  Inc  Other \_\_\_\_\_

Broker / Agency affiliation \_\_\_\_\_