

**HMO 4000b Elite Silver**

**Silver**

01/01/2019

Member Responsibility

**Member Benefits**

**In-Network**

**Out-of-Network**

<b>Plan Year Deductible</b> <i>Includes Embedded Deductible. Members on this plan who meet their individual deductibles can use their coverage before the family deductible is met.</i>		Single: \$4,000 Family: \$8,000	Single: Not Applicable Family: Not Applicable
<b>Plan Year Out-of-Pocket Maximum</b> <i>Combined medical and pharmacy expenses including deductible, coinsurance amounts and copays.</i>		Single: \$7,500 Family: \$15,000	Single: Not Applicable Family: Not Applicable
<b>Walk-in Patient Services</b>	<i>Annual Vision Exam</i>	\$20 per exam	Not Covered
	<i>Primary Care Physician Office Visit</i>	\$20 per visit	Not Covered
	<i>Specialty Care Physician Office Visit</i>	\$40 per visit	Not Covered
	<i>Spinal Manipulations</i>	\$40 per visit	Not Covered
	<i>Urgent Care</i>	\$40 per visit	In Network Benefit Applies
	<i>Virtual Visits</i>	\$0 visits 1-3, then \$20	Not Covered
<b>Emergency Services</b>	<i>Emergency Department Visit</i>	deductible, 30%	In Network Benefit Applies
	<i>Emergency Ambulance Transportation</i>	deductible, 30%	In Network Benefit Applies
<b>Hospital Services</b>	<i>Outpatient Surgery/Procedures*</i>	\$500 per procedure	Not Covered
	<i>Inpatient Facility*</i>	\$750 per day	Not Covered
<b>Mental Health/ Substance Abuse</b>	<i>Outpatient Office Visits</i>	\$20 per visit	Not Covered
	<i>Inpatient Facility*</i>	\$750 per day	Not Covered
<b>Rehabilitative And Habilitative Services</b>	<i>Physical Therapy</i>	\$100 per visit	Not Covered
	<i>Occupational Therapy</i>	\$100 per visit	Not Covered
	<i>Durable Medical Equipment</i>	deductible, 30%	Not Covered
<b>Diagnostic Services</b>	<i>MRI and CT Scans</i>	\$350 per test	Not Covered
	<i>Laboratory and X-rays</i>	\$75 per test	Not Covered
<b>Maternity</b> <i>Inpatient newborn covered on mother's policy up to 96 hours</i>	<i>Routine Prenatal Care</i>	deductible, 30%	Not Covered
	<i>Inpatient Maternity Facility*</i>	\$750 per day	Not Covered
	<i>Inpatient Newborn Facility*</i>	\$750 per day	Not Covered
<b>Pediatric Services</b>	<i>Pediatric Dental Exam</i>	Refer to Delta Dental Materials	Not Covered
<i>Offered to children up to age 19</i>	<i>Pediatric Vision Exam</i>	\$0 per exam	Not Covered
	<i>Pediatric Vision Materials</i>	\$0 per item	Not Covered
<b>Preventive &amp; Wellness Services</b> <i>Immunizations, adult and child annual physical exams, mammograms, PAP smears, cancer screenings and more. Age/frequency schedules apply.</i>		\$0	Not Covered
<b>Prescription Drugs</b>			
<b>Retail</b>	<i>Preferred Generic/Preventive – Tier 1</i>	\$0	Not Covered
	<i>Non-Preferred Generic – Tier 2</i>	\$10	Not Covered
	<i>Preferred Brand – Tier 3</i>	\$40	Not Covered
	<i>Non-Preferred Brand – Tier 4</i>	\$80	Not Covered
<b>Specialty Pharmacy/Medical</b>	<i>Preferred Specialty – Tier 5</i>	50%	Not Covered
	<i>Non-Preferred Specialty – Tier 6</i>	50%	Not Covered
	<i>Medical Drugs – Tier 7</i>	50%	Not Covered

This is a brief summary of Health Alliance benefits and exclusions, which are subject to change. Please refer to your Health Alliance Policy for detailed information regarding this plan.

\*Facility coverage only; physicians fees may apply



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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print audio, accessible electronic formats, other formats)
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  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service.

If you believe that Health Alliance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Health Alliance Medicare, Member Services, 301 S. Vine Street, Urbana, IL 61801 or 316 Fifth Street, Wenatchee, WA 98801, telephone for members in Illinois, Indiana, Iowa and Ohio: 1-800-965-4022; telephone for members in Washington: 1-877-750-3550 TTY: 711, fax: 217-337-3425, [MemberServices@healthalliance.org](mailto:MemberServices@healthalliance.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Member Services is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, TTY: 1-800-537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATENCIÓN:** Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. IA, IL, IN, OH: Llame 1-800-965-4022, WA Llame: 1-877-750-3550 (TTY: 711).

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**UWAGA:** Jeśli mówić Polskie, usługi pomocy języka, bezpłatnie, są dostępne dla Ciebie. IA, IL, IN, OH: Zadzwoń 1-800-965-4022, WA: Zadzwoń 1-877-750-3550 (TTY: 711).

**Chú ý:** Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. IA, IL, IN, OH: Gọi 1-800-965-4022, WA: Gọi 1-877-750-3550 (TTY: 711).

**주의:** 당신이한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 1-800-965-4022 IA, IL, IN, OH: 전화 WA: 1-877-750-3550 전화 (TTY: 711).

**ВНИМАНИЕ:** Если вы говорите русский, вставки услуги языковой помощи, бесплатно, доступны для вас. IA, IL, IN, OH: Вызов 1-800-965-4022, WA: Вызов 1-877-750-3550 (TTY: 711).

**Pansin:** Kung magsalita ka Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. IA, IL, IN, OH: Tumawag 1-800-965-4022, WA: Tumawag 1-877-750-3550 (TTY: 711).

**انتباه:** إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. إيلينوي، إنديانا، أوهايو: اتصل بالرقم 1-800-965-4022، ولاية واشنطن: اتصل بالرقم: 1-877-750-3550 (إذا كنت تعاني من الصمم أو صعوبة في السمع فاتصل على الرقم 711)

**Aufmerksamkeit:** Wenn Sie Deutsch sprechen, Sprachassistentendienste sind kostenlos, zur Verfügung. IA, IL, IN, OH: Anruf 1-800-965-4022, WA: Anruf 1-877-750-3550 (TTY: 711).

**ATTENTION:** Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. IA, IL, IN, OH: Appelez 1-800-965-4022, WA: Appelez 1-877-750-3550 (TTY: 711).

**ધ્યાન:** તમે વાત તો ગુજરાતી, ભાષા સહાય સેવાઓ, મફત, તમારા માટે ઉપલબ્ધ છે. IA, IL, IN, OH: કોલ 1-800-965-4022, WA: કોલ 1-877-750-3550 (TTY: 711).

**注意:** あなたは、日本語、無料で言語支援サービスを、話す場合は、あなたに利用可能です。1-800-965-4022 IA, IL, IN, OH: コール 1-877-750-3550 WA: コール (TTY: 711)。

**LET OP:** Als je spreekt pennsylvania nederlandse, taalkundige bijstand diensten, gratis voor u beschikbaar zijn. IA, IL, IN, OH: Bel 1-800-965-4022, WA: Bel 1-877-750-3550 (TTY: 711).

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