

2018 Washington Group Medicare



■ Companion Group HMO plans

Wenatchee Retail Location
316 Fifth St.
Wenatchee, WA 98801

Chelan, Douglas, Grant and Okanogan counties	HMO Option 1 (available for groups only)	HMO Option 2 (available for groups only)
Monthly Premium	\$238	\$228
Member Benefits	In-Network Only	In-Network Only
Plan Year Deductible	\$0	\$0
Plan Year Out-of-Pocket Maximum	\$4,000	\$6,700
Be Healthy Annual Physical and Preventive Services*	\$0 copayment	\$0 copayment
Primary Care Office Visit	\$10 copayment	\$15 copayment
Specialist Office Visit	\$45 copayment	\$50 copayment
Outpatient Diagnostic Procedures/Tests/Lab	\$10 copayment	\$15 copayment
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	\$300 copayment	\$300 copayment
Outpatient Radiological Services- X-rays	\$30 copayment	\$30 copayment
Outpatient Surgery	\$300 copayment	\$350 copayment
Inpatient Hospital Care <i>Unlimited days each benefit period</i>	\$450 each day for days 1–4, \$0 each day for days 5 and beyond	\$450 each day for days 1–4, \$0 each day for days 5 and beyond
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	\$0 each day for days 1–20, \$160 each day for days 21–100	\$0 each day for days 1–20, \$164 each day for days 21–100
Emergency Care/Post Stabilization Care	\$80 copayment	\$80 copayment
Urgently Needed Care	\$40 copayment	\$55 copayment
Durable Medical Equipment and Prosthetic Devices	20% coinsurance	20% coinsurance
Preferred brand (Abbott) Diabetic Test Strips and Blood Glucose Monitors	0% coinsurance	0% coinsurance
Non-Preferred Diabetic Test Strips and Blood Glucose Monitors	20% coinsurance	20% coinsurance
Prescription Drugs (30-day supply)**	\$0 deductible	\$0 deductible
Tier 1 Preferred Generic at Walgreens and other preferred pharmacies	\$0 copayment	\$0 copayment
Tier 1 Preferred Generic Elsewhere	\$10 copayment	\$10 copayment
Tier 2 Generic	\$20 copayment	\$20 copayment
Tier 3 Preferred Brand	\$20 copayment	\$20 copayment
Tier 4 Non-Preferred Drug	\$100 copayment	\$100 copayment
Tier 5 Specialty Tier	25% coinsurance	25% coinsurance
Coverage Gap Stage One-month (30-day) supply	Prescription Drug Coverage continues through Medicare's Coverage Gap Stage.	
Catastrophic Coverage One-month (30-day) supply	After member's yearly out-of-pocket drug costs reach \$5,000, member pays the greater of: \$3.35 copay for generic drugs and \$8.35 copay for brand-name drugs, OR 5% coinsurance.	

*Immunizations, annual physical exam, mammograms, pap smears, cancer screenings, and more. Age/frequency schedules apply.

**All plans include 2 x 30-day copay for 90-day scripts filled at Walgreens & preferred pharmacies (2.5 x 30-day copays for 90-day scripts at all other contracted pharmacies).

Chelan, Douglas, Grant and Okanogan counties	Companion HMO (available for groups and individuals)	Companion Basic Rx (available for groups and individuals)	Companion Rx (available for groups and individuals)	Companion Rx Plus (available for groups and individuals)
Monthly Premium	\$29	\$32	\$65	\$105
Member Benefits	In-Network Only	In-Network Only	In-Network Only	In-Network Only
Plan Year Deductible	\$0	\$0	\$0	\$0
Plan Year Out-of-Pocket Maximum	\$5,700	\$6,700	\$4,500	\$3,900
Be Healthy Annual Physical and Preventive Services*	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Primary Care Office Visit	\$15 copayment	\$20 copayment	\$10 copayment	\$10 copayment
Specialist Office Visit	\$45 copayment	\$50 copayment	\$45 copayment	\$40 copayment
Outpatient Diagnostic Procedures/Tests/Lab	\$10 copayment	\$15 copayment	\$10 copayment	\$5 copayment
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	\$300 copayment	\$300 copayment	\$300 copayment	20% coinsurance
Outpatient Radiological Services- X-rays	\$30 copayment	\$30 copayment	\$30 copayment	\$15 copayment
Outpatient Hospital Services- Surgery	\$325 copayment	\$375 copayment	\$325 copayment	\$225 copayment
Inpatient Hospital Care <i>Unlimited days each benefit period</i>	\$450 each day for days 1–4, \$0 each day for days 5 and beyond	\$450 each day for days 1–4, \$0 each day for days 5 and beyond	\$450 each day for days 1–4, \$0 each day for days 5 and beyond	\$300 each day for days 1–6, \$0 each day for days 7 and beyond
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	\$0 each day for days 1–20, \$162.50 each day for days 21–100	\$0 each day for days 1–20, \$167.50 each day for days 21–100	\$0 each day for days 1–20, \$162.50 each day for days 21–100	\$0 each day for days 1–20, \$157.50 each day for days 21–100
Emergency Care/Post Stabilization Care	\$80 copayment	\$80 copayment	\$80 copayment	\$80 copayment
Urgently Needed Care	\$20 copayment	\$20 copayment	\$20 copayment	\$20 copayment
Durable Medical Equipment and Prosthetic Devices	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Preferred brand (Abbott) Diabetic Test Strips and Blood Glucose Monitors	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance
Non-Preferred Diabetic Test Strips and Blood Glucose Monitors	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Prescription Drugs (30-day supply)**	N/A	\$0 deductible	\$0 deductible	\$0 deductible
Tier 1 Preferred Generic at Walgreens and other preferred pharmacies	N/A	\$0 copayment	\$0 copayment	\$0 copayment
Tier 1 Preferred Generic Elsewhere	N/A	\$9 copayment	\$9 copayment	\$9 copayment
Tier 2 Generic	N/A	\$20 copayment	\$20 copayment	\$20 copayment
Tier 3 Preferred Brand	N/A	\$47 copayment	\$47 copayment	\$47 copayment
Tier 4 Non-Preferred Drug	N/A	50% coinsurance	50% coinsurance	50% coinsurance
Tier 5 Specialty Tier	N/A	33% coinsurance	33% coinsurance	33% coinsurance
Coverage Gap Stage One-month (30-day) supply	N/A	From \$3,750 until member's yearly out-of-pocket drug costs reach \$5,000, member pays 44% of generic drugs and 35% for brand-name drugs after the 50% manufacturer discount and 10% brand name coverage.		
Catastrophic Coverage One-month (30-day) supply	N/A	After member's yearly out-of-pocket drug costs reach \$5,000, member pays the greater of: \$3.35 copay for generic drugs and \$8.35 copay for brand-name drugs, OR 5% coinsurance.		

*Immunizations, annual physical exam, mammograms, pap smears, cancer screenings, and more. Age/frequency schedules apply.

**All Rx plans include 2 x 30-day copay for 90-day scripts filled at Walgreens & preferred pharmacies (2.5 x 30-day copays for 90-day scripts at all other contracted pharmacies), and 44%/35% generic/brand coverage for non-low income members in the coverage gap.

