

Group Medicare – Iowa



	HMO Option 1	HMO Option 2	PPO Option 1	
Monthly Premium	\$239	\$162	\$116	
Member Benefits	In-Network Only	In-Network Only	In-Network	Out-of-Network
Plan Year Deductible	\$0	\$0	\$0	
Plan Year Out-of-Pocket Maximum	\$3,500	\$6,700	\$4,000	\$5,100
Be Healthy Annual Physical and Preventive Services*	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Primary Care Office Visit	\$20 copayment	\$10 copayment	\$20 copayment	\$40 copayment
Specialist Office Visit	\$40 copayment	\$50 copayment	\$30 copayment	\$40 copayment
Laboratory Services and Diagnostic Tests	\$0 copayment	20% coinsurance	\$0 copayment	\$30 copayment
Outpatient Surgery	\$150 copayment	20% coinsurance	\$175 copayment	\$250 copayment
Inpatient Hospital Care <i>Unlimited days each benefit period</i>	\$150 each day for days 1–7, \$0 each day for days 8–60, \$50 each day for days 61–90, \$0 each day for days 91 and beyond	\$247 each day for days 1–8, \$0 each day for days 9–60, \$100 each day for days 61–90, \$0 each day for days 91 and beyond	\$195 each day for days 1–10, \$0 each day for days 11 and beyond	25% coinsurance
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	\$0 each day for days 1–20, \$125 each day for days 21–100	\$0 each day for days 1–20, \$160 each day for days 21–100	\$25 each day for days 1–20, \$75 each day for days 21–100	\$25 each day for days 1–20, \$125 each day for days 21–100
Emergency Care/Post Stabilization Care	\$75 copayment	\$75 copayment	\$75 copayment	\$75 copayment
Urgently Needed Care	\$25 copayment	\$65 copayment	\$30 copayment	\$30 copayment
Durable Medical Equipment and Prosthetic Devices	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Diabetic Test Strips and Blood Glucose Monitors	0% coinsurance	0% coinsurance	0% coinsurance	20% coinsurance
Prescription Drugs** (deductibles exclude Tiers 1 and 2)	\$0 deductible	\$0 deductible	\$0 deductible	\$0 deductible
Tier 1 Preferred Generic at Walgreens	\$0 copayment	\$0 copayment	\$0 copayment	
Tier 1 Preferred Generic Elsewhere	\$9 copayment	\$15 copayment	\$20 copayment	
Tier 2 Generic	\$20 copayment	\$30 copayment	\$40 copayment	
Tier 3 Preferred Brand	\$47 copayment	\$30 copayment	\$40 copayment	
Tier 4 Non-Preferred Drug	25% coinsurance	\$100 copayment	\$100 copayment	
Tier 5 Specialty Tier	25% coinsurance	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 \$4,950, member pays the greater of: \$3.30 copay for Tier 1 and Tier 2 drugs and \$8.25 copay for all other 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).