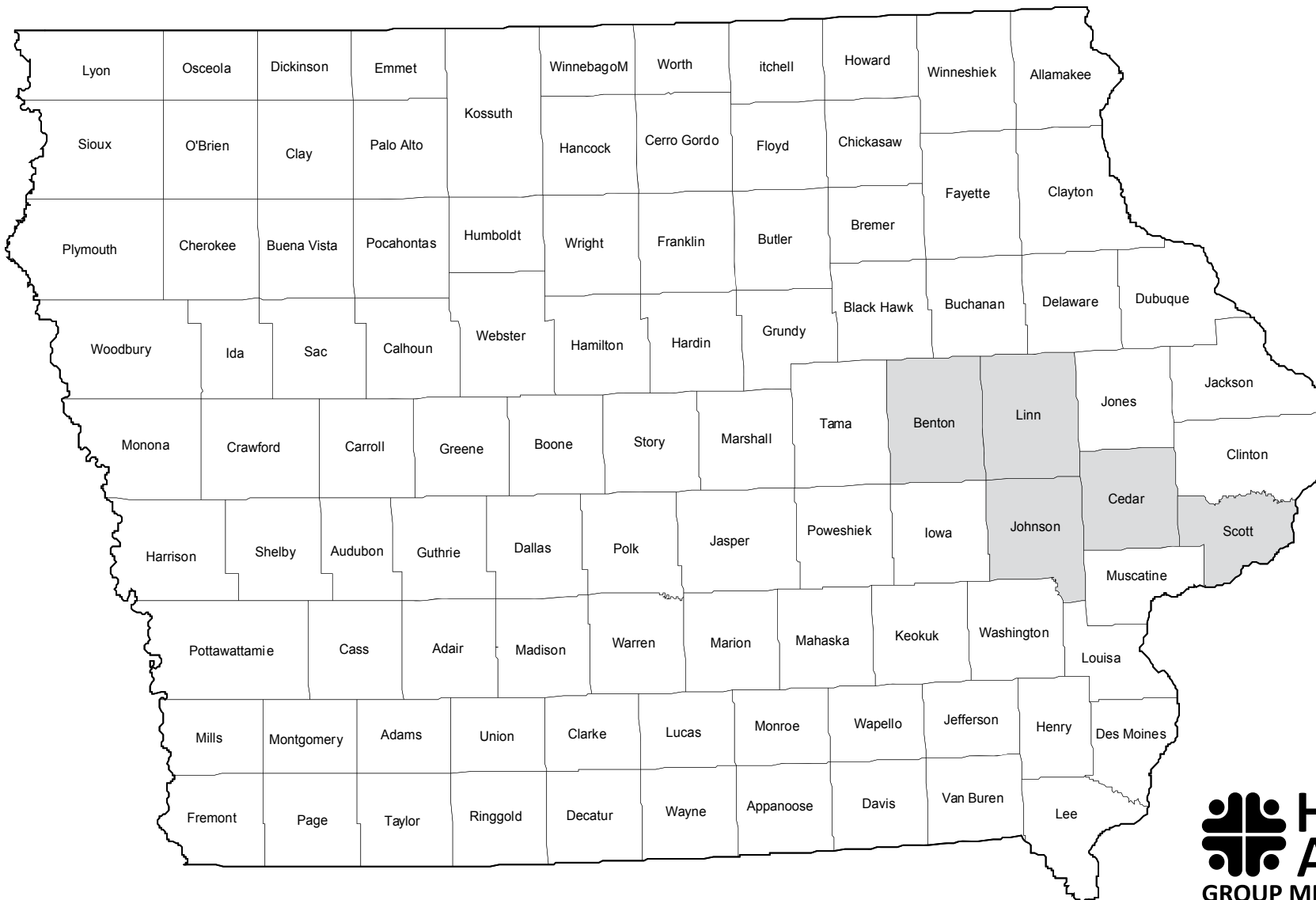


2018 Iowa Group Medicare

 Medicare HMO and PPO plans



Group Medicare – Iowa	HMO Option 1 (available for groups only)	HMO Option 2 (available for groups only)	PPO Option 1 (available for groups only)	
Monthly Premium	\$253	\$171	\$123	
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 (in- and out-of-network combined)
Be Healthy Annual Physical and Preventive Services*	\$0 copayment	\$0 copayment	\$0 copayment	\$30 copayment
Primary Care Office Visit	\$20 copayment	\$10 copayment	\$20 copayment	\$40 copayment
Specialist Office Visit	\$40 copayment	\$50 copayment	\$30 copayment	\$40 copayment
Outpatient Diagnostic Procedures/Tests/Lab	\$0 copayment	20% coinsurance	\$0 copayment	\$30 copayment
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	\$5 copayment	\$150 copayment	\$0 copayment	\$30 copayment
Outpatient Radiological Services- X-rays	\$0 copayment	20% coinsurance	\$0 copayment	\$30 copayment
Outpatient Hospital Services- 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	\$20 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	\$80 copayment	\$80 copayment	\$80 copayment	\$80 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
Preferred brand (Abbott) Diabetic Test Strips and Blood Glucose Monitors	0% coinsurance	0% coinsurance	0% coinsurance	20% coinsurance
Non-Preferred Diabetic Test Strips and Blood Glucose Monitors	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Prescription Drugs (30-day supply)**	\$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 \$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).

Group Medicare – Iowa	Guide HMO Rx (available for groups and individuals)
Monthly Premium	\$0
Member Benefits	In-Network Only
Plan Year Deductible	\$0
Plan Year Out-of-Pocket Maximum	\$5,900
Be Healthy Annual Physical and Preventive Services*	\$0 copayment
Primary Care Office Visit	\$10 copayment
Specialist Office Visit	\$50 copayment
Outpatient Diagnostic Procedures/Tests/Lab	20% coinsurance
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	20% coinsurance
Outpatient Radiological Services- X-rays	20% coinsurance
Outpatient Hospital Services- Surgery	\$425 copayment
Inpatient Hospital Care <i>Unlimited days each benefit period</i>	\$363 each day for days 1–5, \$0 each day for days 6 and beyond
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	\$0 each day for days 1–20, \$167.50 each day for days 21–100
Emergency Care/Post Stabilization Care	\$80 copayment
Urgently Needed Care	\$65 copayment
Durable Medical Equipment and Prosthetic Devices	20% coinsurance
Preferred brand (Abbott) Diabetic Test Strips and Blood Glucose Monitors	0% coinsurance
Non-Preferred Diabetic Test Strips and Blood Glucose Monitors	20% coinsurance
Prescription Drugs (30-day supply)**	\$0 deductible
Tier 1 Preferred Generic at Walgreens	\$0 copayment
Tier 1 Preferred Generic Elsewhere	\$9 copayment
Tier 2 Generic	\$20 copayment
Tier 3 Preferred Brand	\$47 copayment
Tier 4 Non-Preferred Drug	50% coinsurance
Tier 5 Specialty Tier	33% coinsurance
Coverage Gap Stage One-month (30-day) supply	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	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), and 44%/35% generic/brand coverage for non-low income members in the coverage gap.

