

# Group Medicare – Illinois/Indiana



	HMO Option 1	HMO Option 2
Monthly Premium	\$218	\$199
<b>Member Benefits</b>	<b>In-Network Only</b>	<b>In-Network Only</b>
Plan Year Deductible	\$0	\$0
Plan Year Out-of-Pocket Maximum	\$3,500	\$6,700
Be Healthy Annual Physical and Preventive Services*	\$0 copayment	\$0 copayment
Primary Care Office Visit	\$20 copayment	\$10 copayment
Specialist Office Visit	\$40 copayment	\$50 copayment
Laboratory Services and Diagnostic Tests	\$0 copayment	20% coinsurance
Outpatient Surgery	\$150 copayment	20% coinsurance
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
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
Emergency Care/Post Stabilization Care	\$75 copayment	\$75 copayment
Urgently Needed Care	\$25 copayment	\$65 copayment
Durable Medical Equipment and Prosthetic Devices	20% coinsurance	20% coinsurance
Diabetic Test Strips and Blood Glucose Monitors	0% coinsurance	0% coinsurance
<b>Prescription Drugs**</b> (deductibles exclude Tiers 1 and 2)	\$0 deductible	\$0 deductible
Tier 1 Preferred Generic at Walgreens	\$0 copayment	\$0 copayment
Tier 1 Preferred Generic Elsewhere	\$9 copayment	\$15 copayment
Tier 2 Generic	\$20 copayment	\$30 copayment
Tier 3 Preferred Brand	\$47 copayment	\$30 copayment
Tier 4 Non-Preferred Drug	25% coinsurance	\$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 \$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).

# Group Medicare – Illinois/Indiana



	POS Option 1		POS Option 2		POS Option 3	
Monthly Premium	\$236		\$302		\$356	
<b>Member Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Plan Year Deductible	\$0		\$0		\$0	
Plan Year Out-of-Pocket Maximum	\$4,000	\$5,100	\$4,000	\$5,100	\$4,000	\$5,100
Be Healthy Annual Physical and Preventive Services*	\$0 copayment	\$30 copayment	\$0 copayment	\$30 copayment	\$0 copayment	\$30 copayment
Primary Care Office Visit	\$20 copayment	\$40 copayment	\$20 copayment	\$40 copayment	\$20 copayment	\$40 copayment
Specialist Office Visit	\$30 copayment	\$40 copayment	\$30 copayment	\$40 copayment	\$30 copayment	\$40 copayment
Laboratory Services and Diagnostic Tests	\$0 copayment	\$30 copayment	\$0 copayment	\$30 copayment	\$0 copayment	\$30 copayment
Outpatient Surgery	\$175 copayment	\$250 copayment	\$175 copayment	\$250 copayment	\$175 copayment	\$250 copayment
Inpatient Hospital Care <i>Unlimited days each benefit period</i>	\$195 each day for days 1–10, \$0 each day for days 11 and beyond	25% coinsurance	\$195 each day for days 1–10, \$0 each day for days 11 and beyond	25% coinsurance	\$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)	\$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	\$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	\$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	\$75 copayment	\$75 copayment
Urgently Needed Care	\$30 copayment	\$30 copayment	\$30 copayment	\$30 copayment	\$30 copayment	\$30 copayment
Durable Medical Equipment and Prosthetic Devices	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Diabetic Test Strips and Blood Glucose Monitors	0% coinsurance	20% coinsurance	0% coinsurance	20% coinsurance	0% coinsurance	20% coinsurance
<b>Prescription Drugs**</b> (deductibles exclude Tiers 1 and 2)	\$0 deductible		\$0 deductible		\$0 deductible	
Tier 1 Preferred Generic at Walgreens	\$0 copayment		\$0 copayment		\$0 copayment	
Tier 1 Preferred Generic Elsewhere	\$20 copayment		\$15 copayment		\$10 copayment	
Tier 2 Generic	\$40 copayment		\$30 copayment		\$20 copayment	
Tier 3 Preferred Brand	\$40 copayment		\$30 copayment		\$20 copayment	
Tier 4 Non-Preferred Drug	\$100 copayment		\$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.					

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\*\*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).