

Group Medicare – Thurston county



	HMO Option 1	HMO Option 2
Monthly Premium	\$239	\$216
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
Laboratory Services and Diagnostic Tests	\$10 copayment	\$15 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	\$75 copayment	\$75 copayment
Urgently Needed Care	\$40 copayment	\$55 copayment
Durable Medical Equipment and Prosthetic Devices	20% coinsurance	20% coinsurance
Diabetic Test Strips and Blood Glucose Monitors	0% coinsurance	0% coinsurance
Prescription Drugs** (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	\$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 \$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 – Thurston county



	Pioneer HMO	Pioneer Basic Rx	Pioneer Rx	Pioneer Rx Plus
Monthly Premium	\$22	\$0	\$54	\$98
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	\$5,550	\$6,700	\$5,700	\$4,200
Be Healthy Annual Physical and Preventive Services*	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Primary Care Office Visit	\$15 copayment	\$20 copayment	\$15 copayment	\$5 copayment
Specialist Office Visit	\$40 copayment	\$50 copayment	\$40 copayment	\$35 copayment
Laboratory Services and Diagnostic Tests	\$10 copayment	\$10 copayment	\$10 copayment	\$10 copayment
Outpatient Surgery	\$350 copayment	\$350 copayment	\$350 copayment	\$300 copayment
Inpatient Hospital Care <i>Unlimited days each benefit period</i>	\$330 each day for days 1–5, \$0 each day for days 6 and beyond	\$450 each day for days 1–4, \$0 each day for days 5 and beyond	\$360 each day for days 1–5, \$0 each day for days 6 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, \$160 each day for days 21–100	\$0 each day for days 1–20, \$164 each day for days 21–100	\$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	\$75 copayment	\$75 copayment	\$75 copayment	\$75 copayment
Urgently Needed Care	\$50 copayment	\$60 copayment	\$50 copayment	\$40 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	0% coinsurance
Prescription Drugs** (deductibles exclude Tiers 1 and 2)	N/A	\$400 deductible	\$400 deductible	\$400 deductible
Tier 1 Preferred Generic at Walgreens	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	25% coinsurance	25% coinsurance	25% coinsurance
Tier 5 Specialty Tier	N/A	25% coinsurance	25% coinsurance	25% coinsurance
Coverage Gap Stage One-month (30-day) supply	N/A	From \$3,700 until member's annual drug costs reach \$4,950, member pays 51 percent of generic drugs and 40 percent 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 \$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), and 51%/40% generic/brand coverage for non-low income members in the coverage gap.