



Health Alliance Group Medicare Plans 2018 Benefit Highlights for **PDP Plan 2**

Please use this Benefit Highlight in conjunction with your Evidence of Coverage (EOC) to understand all of your benefits.

If you receive a bill directly from Health Alliance, your premium is \$156. If you receive a bill from your employer group or retirement benefit administrator, please contact them for your 2018 premium.	
Pharmacy Benefits	Member Pays In-Network
Deductible	\$150 (Brand, excludes Tier 1 & 2)
Does coverage continue through the Gap?	Yes
Initial Coverage	
Tier 1: Preferred Generic, 30-day supply	*\$0 copay per prescription at Walgreens \$20 copay per prescription at other network pharmacies
Tier 2: Generic, 30-day supply	\$47 copay per prescription
Tier 3: Preferred Brand, 30-day supply	\$47 copay per prescription
Tier 4: Non-Preferred Drug, 30-day supply	\$100 copay per prescription
Tier 5: Specialty Tier, 30-day supply	25% coinsurance per prescription
Mail-Order	Same copayments apply for mail-order as retail. (see above for more details)
Coverage Gap	
One-month (30-day) supply during the Coverage Gap (from \$3,750 until member's annual drug costs reach \$5,000)	Same copays as Initial Coverage
Catastrophic Coverage (when out-of-pocket drug costs reach \$5,000)	
Generics	\$3.35 OR 5% (whichever is higher)
All other drugs	\$8.35 OR 5% (whichever is higher)
Out-of-Network Coverage	<ul style="list-style-type: none"> Coverage for medications purchased out-of-network may be available in special circumstances
Limitations	<ul style="list-style-type: none"> Certain prescription drugs have quantity limits Your doctor must get preauthorization from Health Alliance Medicare for certain prescription medications
Formulary	The Health Alliance Medicare Part D Formulary is a list of drugs covered by Health Alliance. Generally, we only cover drugs listed in the formulary.

This is a summary of benefits. Please refer to your Evidence of Coverage for additional information. Health Alliance is a health plan with a Medicare contract.

*Other preferred pharmacies may be available in your area. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call Customer Service at 1-800-965-4022 TTY 711 or consult the online pharmacy directory at HealthAlliance.org.

mkt-GrpMedBensPDP2y-0917