Health Alliance Group Medicare Plans

2018 Benefit Highlights for **POS 30 Rx**

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 $96. If you receive a bill from your employer group or retirement benefit administrator, please contact them for your 2018 premium.		
	In-Network	**Out-of-Network**
Yearly Deductible	$0	$0
Yearly Out-of-Pocket Limit	$5,500	$10,000 Total In and OON combined
Services/Benefits	**Member Pays In-Network**	**Member Pays Out-of-Network**
Inpatient Hospital Care	Days 1-6: $290 copay per day Days 7+: $0 copay per day	Days 1-8: $320 copay per day Days 9-60: $0 copay per day Days 61-90: $200 copay per day
Inpatient Mental Health Care (in a psychiatric hospital)	Days 1-6: $245 copay per day Days 7-90: $0 copay per day	Days 1-8: $235 copay per day Days 9-60: $0 copay per day Days 61-90: $150 copay per day
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	Days 1–20: $0 copay per day Days 21–100: $167.50 copay per day	Days 1–20: $200 copay per day Days 21–100: $400 copay per day
Home Health	$0 copay	$50 copay
Hospice	You must get care from a Medicare-certified hospice.	You must get care from a Medicare-certified hospice.
Primary Care Doctor Office Visits	$15 copay per visit	$50 copay per visit
Specialist Office Visits	$45 copay per visit	$50 copay per visit
Chiropractic Services	Medicare Covered: $20 copay per visit Non-Medicare Covered: Not Covered	Medicare Covered: $50 copay per visit Non-Medicare Covered: Not Covered
Podiatry Services	$45 copay per visit	$50 copay per visit
Partial Hospitalization	$40 copay per visit	$50 copay per visit
Outpatient Mental Health Care	$40 copay per visit	$50 copay per visit
Outpatient Substance Abuse Care	$40 copay per visit	$50 copay per visit
Ambulatory Surgery Center Services	$275 copay per visit	$300 copay per visit
Outpatient Hospital Services	$275 copay per visit	$300 copay per visit
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	$80 copay per visit	$80 copay per visit
Medically Necessary Ambulance	$225 copay per trip	$225 copay per trip
Transportation (routine)	Not Covered	Not Covered

Services/Benefits	Member Pays In-Network	Member Pays Out-of-Network
Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	$40 copay per visit	$40 copay per visit
Worldwide Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	$80 copay per visit	$80 copay per visit
Worldwide Transportation (Medically Necessary Ambulance)	$80 copay per visit	$80 copay per visit
Worldwide Urgent Care (This is NOT emergency care, and in most cases, is out of the service area.)	$40 copay per visit	$40 copay per visit
Outpatient Rehabilitation Services (occupational, physical, speech, respiratory therapy and more)	$20 copay per visit	$50 copay per visit
Durable Medical Equipment (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance
Prosthetic Devices (braces, artificial limbs and eyes, etc.)	20% coinsurance	20% coinsurance
Diabetes Screening, Self-Monitoring Training, Nutrition Therapy and Supplies	Self-Management Training: $0 copay Test Strips: 0% coinsurance Other Supplies: 20% coinsurance Diabetic Shoes or Inserts: 20% coinsurance	Self-Management Training: $50 copay Test Strips: 20% coinsurance Other Supplies: 20% coinsurance Diabetic Shoes or Inserts: 20% coinsurance
Diagnostic Tests, X-rays, Lab Services and Radiology Services	Procedures/Test/Lab: $40 copay Complex Diagnostic: $40 copay General Diagnostic: $40 copay Therapeutic: $40 copay X-Rays: $40 copay	Procedures/Test/Lab: $50 copay Complex Diagnostic: $50 copay General Diagnostic: $50 copay Therapeutic: $50 copay X-Rays: $50 copay
Cardiac and Pulmonary Rehabilitation Services	Cardiac: $0 copay Intensive Cardiac: $0 copay Pulmonary: $0 copay	Cardiac: $50 copay Intensive Cardiac: $50 copay Pulmonary: $50 copay
Welcome to Medicare and Annual Wellness Physical Exam/Visit	$0 copay per service	$50 copay per service
Health/Wellness Education: BeFit	Members may submit receipts for eligible fitness classes and facilities for reimbursement up to $360 per year. Any submission for non-eligible classes or facilities or for amounts in excess of the $360 per year allowance will result in a denial of reimbursement.	
Nursing Hotline (Non-Medicare Covered)	$0 copay per service	$0 copay per service
In-Home Safety Assessment (Non-Medicare Covered)	$0 copay per service	$0 copay per service
Smoking & Tobacco Cessation (Non-Medicare Covered)	$0 copay per service	$0 copay per service

Services/Benefits	Member Pays In-Network	Member Pays Out-of-Network
Preventive and Screening Services (cardiovascular, abdominal aortic aneurysm, colorectal, paps smears/pelvic exams, prostate cancer, annual breast cancer, glaucoma)	$0 copay per service	$50 copay per service
Immunizations (flu vaccine, hepatitis B vaccine—for people with Medicare who are at risk, pneumonia vaccine	$0 copay per service	$50 copay per service
Bone mass measurement (for at-risk people with Medicare)	$0 copay per service	$50 copay per service
Immunizations (flu vaccine, hepatitis B vaccine—for people with Medicare who are at risk, pneumonia vaccine)	$0 copay per service	$50 copay per service
Kidney Disease Education Services	$0 copay per service	$50 copay per service
Kidney Disease and Conditions	Dialysis Services: $0 copay for renal dialysis	Dialysis Services: $0 copay for renal dialysis
Medicare Part B Drugs	20% coinsurance	20% coinsurance
Dental Services (Non-Medicare Covered): Including but not limited to oral exam, cleaning, x-rays, fluoride treatment, fillings, dentures, denture adjustments and repairs, crowns, bridge work, root canals and extractions	Health Alliance will pay a maximum of $200 per plan year for non-Medicare-covered dental services. You will be responsible for any cost above the $200 maximum. Preventative-Annual Cleaning: $0 copay Preventative-Supplemental Oral Exam: $20 copay Comprehensive Dental: $0 copay	
Dental Service (Medicare Covered)	Comprehensive Dental: $20 copay	
Hearing Exams (Medicare Covered)	$25 copay	$40 copay
Routine Hear Test (Non-Medicare Covered)	$45 copayment with a TruHearing provider	Not Covered
Hearing Aids (Non-Medicare Covered)	TrueHearing Select Plan (adjudicated by TruHearing): $699 for Flyte 700 level digital hearing aid or $999 for Flyte 900 level digital hearing aid from TruHearing network audiologist	Not Covered
Vision Exams (Medicare Covered)	$25 copay	$40 copay
Routine Eye Exams (Non-Medicare Covered)	Not Covered	Not Covered
Eyewear: Glasses/Contacts	Medicare Covered: $25 copay Non-Medicare Covered: Not Covered	Medicare Covered: $40 copay Non-Medicare Covered: Not Covered

Pharmacy Highlights

Pharmacy Benefits	**Member Pays In-Network**
Deductible	$0
Does coverage continue through the Gap?	No
Initial Coverage	
Tier 1: Preferred Generic, 30-day supply	*$0 copayment per prescription at Walgreens $9 copayment per prescription at other network pharmacies
Tier 2: Generic, 30-day supply	$20 copayment per prescription
Tier 3: Preferred Brand, 30-day supply	$47 copayment per prescription
Tier 4: Non-Preferred Drug, 30-day supply	50% coinsurance
Tier 5: Specialty Tier, 30-day supply	33% coinsurance
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)	44% for all generic drugs and 35% for all brand-name drugs
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	• Coverage for medications out-of-network may be available in special circumstances
Limitations	• 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 Medicare is a HMO-POS with a Medicare contract. Enrollment in Health Alliance Medicare depends on contract renewal.

*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.

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