



Health Alliance MAPD HMO 2017 Benefit Highlights for State of Illinois TRIP and CIP

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

If you receive a bill from your State Benefits Administrator, please contact them for your 2017 premium.	
	In-Network Only
Yearly Deductible	\$0
Yearly Out-of-Pocket Limit	\$3,000 per enrollee
Services/Benefits	Member Pays In-Network
Inpatient Hospital Care	\$250 per admission
Inpatient Mental Health Care	\$250 per admission 365-day Lifetime Maximum
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	\$0 no limit on number of days
Home Health	\$15 copayment per visit
Hospice	\$0 copayment; You must get care from a Medicare-certified hospice.
Doctor Office Visits	\$20 copay per visit
Specialist Office Visits	\$20 copay per visit
Chiropractic Services	\$20 copay for each Medicare-covered visit
Podiatry Services	\$20 copay for each Medicare-covered visit
Outpatient Mental Health Care	\$20 copay per visit
Outpatient Substance Abuse Care	\$20 copay per visit
Outpatient Services	\$0
Outpatient Surgery	\$150 copay per visit
Medically Necessary Ambulance	\$0
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	\$75 copayment per visit
Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	\$20 copayment per visit
Outpatient Rehabilitation Services (occupational, physical, speech, respiratory therapy and more)	\$20 copayment per visit

Services/Benefits	Member Pays In-Network
Durable Medical Equipment (wheelchairs, oxygen, etc.)	4% coinsurance
Prosthetic Devices (braces, artificial limbs and eyes, etc.)	4% coinsurance
Diabetes Screening, Self-Monitoring Training, Nutrition Therapy and Supplies	Self-Management Training: \$0 copay Test Strips: 4% coinsurance Other Supplies: 4% coinsurance Diabetic Shoes or Inserts: 4% coinsurance
Diagnostic Tests, X-rays, Lab Services and Radiology Services	Therapeutic: \$20 (specialty copay for office visit) Diagnostic Tests/Lab and X-Rays: \$0
Cardiac and Pulmonary Rehabilitation Services	Cardiac: \$20 Intensive Cardiac: \$20 Pulmonary: \$20
Welcome to Medicare; and Annual Wellness Visit	\$0
Health/Wellness Education	Reimbursement for gym membership or individual fitness class fees up to \$30/month, up to \$360/year. Does not apply to out-of-pocket maximum.
Abdominal Aortic Aneurysm Screening	\$0
Cardiovascular Screening	\$0
Bone mass measurement (for at-risk people with Medicare)	\$0
Colorectal Screening Exams (for people with Medicare age 50 and older)	\$0
Immunizations (flu vaccine, hepatitis B vaccine—for people with Medicare who are at risk, pneumonia vaccine)	\$0
Annual Breast Cancer Screening Mammogram (for women with Medicare age 40 and older)	\$0
HIV Screening	\$0
Pap Smears and Pelvic Exams (for women with Medicare)	\$0
Prostate Cancer Screening Exams (for men age 50 and older)	\$0
Kidney Disease and Conditions	\$0 copayment for renal dialysis
Hearing Services	\$20 copay per Medicare-covered exam
Annual Routine Eye Exam (Medicare-covered)	\$20 copay
Transportation (routine)	Not Covered
Acupuncture	Not Covered

2017 Pharmacy Benefit Highlights

Pharmacy Benefits	Member Pays In-Network
Deductible	\$0
Does coverage continue through the Gap?	Yes
Initial and Gap Coverage	
Tier 1 and Tier 2: Generic, 30-day supply	\$0 at Walgreens* \$10 copay at other network pharmacies
Tier 3: Preferred Brand, 30-day supply	\$20 copay
Tier 4: Non-Preferred Drug, 30-day supply	\$40 copay
Tier 5: Specialty Tier, 30-day supply	\$40 copay
Retail 60 and 90-day supply	Tier 1 and Tier 2: 2 copays at Walgreens for 60 and 90 days; 2 copays for 60 days at all other retail pharmacies and 2.5 copays for 90 days at all other retail pharmacies Tier 3, Tier 4 and Tier 5: 2 copays for 60 and 2.5 copays for 90 days
Mail Order 90-day supply	2 copays for 90 days all tiers
Coverage Gap	
One-month (30-day) supply during the Coverage Gap (from \$3,700 until member's annual drug costs reach \$4,950)	Same copays as Initial Coverage
Catastrophic Coverage (when out-of-pocket drug costs reach \$4,950)	
Generics	\$3.30 OR 5% (whichever is higher; amount capped at \$40 for a 30-day supply)
All other drugs	\$8.25 OR 5% (whichever is higher; amount capped at \$40 for a 30-day supply)

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 MAPD HMO Part D Formulary is a list of drugs covered by Health Alliance MAPD HMO. 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 MAPD HMO with a Medicare contract. Enrollment in Health Alliance MAPD HMO 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 1-877-795-6131, TTY 711 or consult the online pharmacy directory at HealthAlliance.org/SOI.

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