



## Health Alliance MAPD HMO 2018 Benefit Highlights for State of Illinois TRIP and CIP

Please use this Benefit Highlight 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 2018 premium.	
	<b>In-Network Only</b>
Yearly Deductible	\$0
Yearly Out-of-Pocket Limit	\$3,000 per enrollee
<b>Services/Benefits</b>	<b>Member Pays In-Network</b>
Inpatient Hospital Care	\$250 copay per admission
Inpatient Mental Health Care (in a psychiatric hospital)	\$250 copay 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 copay per visit
Hospice	\$0 You must get care from a Medicare-certified hospice.
Primary Care Doctor Office Visits	\$20 copay per visit
Specialist Office Visits	\$20 copay per visit
Chiropractic Services (Medicare-covered)	\$20 copay per visit
Podiatry Services (Medicare-covered)	\$20 copay per visit
Partial Hospitalization	\$20 copay per day
Outpatient Mental Health Care	\$20 copay per visit
Outpatient Substance Abuse Care	\$20 copay per visit
Outpatient Surgery	\$150 copay
Outpatient Hospital Services	\$0 copay
Ambulance Services	\$0 copay
Worldwide Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	\$100 copay per visit
Worldwide Urgent Care (This is NOT emergency care, and in most cases, is out of the service area.)	\$20 copay per visit

<b>Services/Benefits</b>	<b>Member Pays In-Network</b>
Outpatient Rehabilitation Services (occupational, physical, speech, respiratory therapy and more)	\$20 copay per visit
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 Nutrition Therapy: \$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 copay
Cardiac and Pulmonary Rehabilitation Services	Cardiac: \$20 copay per visit Pulmonary: \$20 copay per visit
Welcome to Medicare and Annual Wellness Physical Exam/Visit	\$0
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
In-Home Safety Assessment (Non-Medicare Covered)	\$0
Smoking & Tobacco Cessation (Non-Medicare Covered)	\$0
Preventive and Screening Services (cardiovascular, abdominal aortic aneurysm, colorectal, paps smears/pelvic exams, prostate cancer, annual breast cancer, glaucoma)	\$0
Bone mass measurement (for at-risk people with Medicare)	\$0
Immunizations (flu vaccine, hepatitis B vaccine—for people with Medicare who are at risk, pneumonia vaccine)	\$0
Kidney Disease and Conditions	Dialysis Services: \$0 copay per service
Medicare Part B Drugs	\$0
Dental Service (Medicare Covered)	\$20
Hearing Exams (Medicare Covered)	\$20
Vision Exams (Medicare Covered)	\$20
Routine Eye Exams (Non-Medicare Covered)	Not Covered

# Pharmacy Highlights

<b>Pharmacy Benefits</b>	<b>Member Pays In-Network</b>
Deductible	\$0
Does coverage continue through the Gap?	Yes
<b>Initial Coverage</b>	
<b>Part D Retail Copay (30-day supply copay listed)</b>	
Tier 1 and Tier 2: Preferred Generic	\$0 copay per prescription at Walgreens* \$10 copay per prescription at other network pharmacies
Tier 3: Preferred Brand	\$20 copay
Tier 4: Non-Preferred Drug	\$40 copay
Tier 5: Specialty Tier	\$40 copay
<b>Retail 60 and 90-day supply</b>	
All Tiers	60 or 90-day supply for 2 copays at Walgreens and other preferred pharmacies 60-day supply for 2 copays at all other contracted pharmacies 90-day supply for 3 copays at all other contracted pharmacies
<b>Part D Preferred Mail Order Copay</b>	
All Tiers	90-day supply for 2 copays
<b>Coverage Gap</b>	
One-month (30-day) supply during the Coverage Gap (from \$3,750 until member's yearly out-of-pocket drug costs reach \$5,000)	Same copayments as Initial Coverage
<b>Catastrophic Coverage (when out-of-pocket drug costs reach \$5,000)</b>	
Generics	\$3.35 OR 5% (whichever is higher); amount will be capped at \$40 for a 30-day supply and \$120 for a 90-day supply.
All other drugs	\$8.35 OR 5% (whichever is higher); amount will be capped at \$40 for a 30-day supply and \$120 for a 90-day supply.

Limitations	<ul style="list-style-type: none"> <li>• Certain prescription drugs have quantity limits.</li> <li>• Your doctor must get preauthorization from Health Alliance Medicare for certain prescription medications.</li> </ul>
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 is an 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](https://www.healthalliance.org/SOI).

ste-tripcipBH-0917