

# 2020 Reid Health Group Medicare



 Group Medicare plans

- Richmond Retail Location  
600 E. Main St.  
P.O. Box 1604  
Richmond, IN 47357

| <b>Group Medicare – Reid</b>  | <b>Reid Health Alliance<br/>HMO<br/>(available for groups and individuals)</b> | <b>Reid Health Alliance<br/>HMO Rx<br/>(available for groups and individuals)</b>   | <b>Reid Health Alliance HMO Rx Plus<br/>(available for groups and individuals)</b> |
|---|--|---|--|
| Monthly Premium   | \$0  | \$51  | \$91   |
| <b>Member Benefits</b>  | <b>In-Network Only</b>   | <b>In-Network Only</b>  | <b>In-Network Only</b>   |
| Plan Year Deductible  | \$0  | \$0   | \$0  |
| Plan Year Out-of-Pocket Maximum   | \$6,700  | \$6,700   | \$6,000  |
| Be Healthy Annual Physical and Preventive Services*                               | \$0 copayment  | \$0 copayment   | \$0 copayment  |
| Primary Care Office Visit   | \$20 copayment   | \$20 copayment  | \$10 copayment   |
| Specialist Office Visit   | \$50 copayment   | \$50 copayment  | \$45 copayment   |
| Virtual Visit   | \$0 copayment  | \$0 copayment   | \$0 copayment  |
| Outpatient Diagnostic Procedures/Tests/Lab  | \$10 copayment   | \$10 copayment  | \$10 copayment   |
| Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)          | \$250 copayment  | \$250 copayment   | \$150 copayment  |
| Outpatient Radiological Services- X-rays  | 20% coinsurance  | 20% coinsurance   | \$90 copayment   |
| Outpatient Hospital Services- Surgery   | \$345 copayment  | \$345 copayment   | 20% coinsurance  |
| Inpatient Hospital Care<br><i>Unlimited days each benefit period</i>              | \$300 each day for days 1–6, \$0 each day for days 7 and beyond                | \$300 each day for days 1–6, \$0 each day for days 7 and beyond   | \$300 1-6 \$0 copay per day for days 7 and beyond                                  |
| Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility) | \$0 each day for days 1–20, \$178 each day for days 21–100                     | \$0 each day for days 1–20, \$178 each day for days 21–100  | \$0 per day for days 1-20. \$178 each day for days 21-100                          |
| Emergency Care/Post Stabilization Care  | \$90 copayment   | \$90 copayment  | \$90 copayment   |
| Urgently Needed Care  | \$45 copayment   | \$45 copayment  | \$45 copayment   |
| Durable Medical Equipment and Prosthetic Devices                                  | 0% - 20% of the cost, depending on the supply                                  | 0% - 20% of the cost, depending on the supply   | 0% - 20% of the cost, depending on the supply                                      |
| Diabetic Supplies - Test Strips   | 0% coinsurance   | 0% coinsurance  | 0% coinsurance   |
| Diabetic Supplies - Other   | 20% coinsurance  | 20% coinsurance   | 20% coinsurance  |
| <b>Prescription Drugs (30-day supply)**</b>                                       |  |   |  |
| Tier 1 Preferred Generic at Walgreens and other preferred pharmacies              | N/A  | \$0 copayment   | \$0 copayment  |
| Tier 1 Preferred Generic Elsewhere  | N/A  | \$12 copayment  | \$12 copayment   |
| Tier 2 Generic  | N/A  | \$20 copayment  | \$20 copayment   |
| Tier 3 Preferred Brand  | N/A  | \$47 copayment  | \$47 copayment   |
| Tier 4 Non-Preferred Drug   | N/A  | 50% coinsurance   | 50% coinsurance  |
| Tier 5 Specialty Tier   | N/A  | 33% coinsurance   | 33% coinsurance  |
| Coverage Gap Stage<br>One-month (30-day) supply                                   | N/A  | One-month (30-day) supply during the Coverage Gap (from \$4,020 until member's annual drug costs reach \$6,350) 25% for all generic drugs and 25% for all brand-name drugs                      |  |
| Catastrophic Coverage<br>One-month (30-day) supply                                | N/A  | After member's yearly out-of-pocket drug costs reach \$6,350, member pays the greater of \$3.60 or 5% for generics (whichever is higher) \$8.95 or 5% for all other drugs (whichever is higher) |  |

\*Immunizations, annual physical exam, mammograms, pap smears, cancer screenings, and more. Age/frequency schedules apply.

\*\*Plans include 2.5x copay for 90-day scripts filled at Preferred pharmacies including Walgreens and other select pharmacies and mail order pharmacies (3x30 day copays for 90 day scripts at all other contracted pharmacies).

| <b>Group Medicare – Reid</b>  | <b>HMO Option 1<br/>(available for groups only)</b>  | <b>HMO Option 2<br/>(available for groups only)</b>   | <b>Reid Health Alliance POS Rx^<br/>(available for individuals and groups)</b>   | <b>Reid Health Alliance POS Rx^<br/>(available for individuals and groups)</b> |
|---|--|---|--|--|
| Monthly Premium   | \$278  | \$191   | \$35   |  |
| <b>Member Benefits</b>  | <b>In-Network Only</b>   | <b>In-Network Only</b>  | <b>In-Network Only</b>   | <b>Out-of-Network Only</b>   |
| Plan Year Deductible  | \$0  | \$0   | \$0  |  |
| Plan Year Out-of-Pocket Maximum   | \$3,500  | \$6,700   | \$6,400  | \$10,000 combined IN & OON   |
| Be Healthy Annual Physical and Preventive Services*                               | \$0 copayment  | \$0 copayment   | \$0 copayment  | 30% coinsurance  |
| Primary Care Office Visit   | \$20 copayment   | \$10 copayment  | \$10 copayment   | 30% coinsurance  |
| Specialist Office Visit   | \$40 copayment   | \$50 copayment  | \$50 copayment   | 30% coinsurance  |
| Virtual Visit   | \$0 copayment  | \$0 copayment   | \$0 copayment  | \$0 copayment  |
| Outpatient Diagnostic Procedures/Tests/Lab  | \$0 copayment  | 20% coinsurance   | \$20 copayment   | 30% coinsurance  |
| Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)          | \$5 copayment  | \$150 copayment   | \$275 copayment  | 30% coinsurance  |
| Outpatient Radiological Services- X-rays  | \$0 copayment  | 20% coinsurance   | \$30 copayment   | 30% coinsurance  |
| Outpatient Hospital Services- Surgery   | \$150 copayment  | 20% coinsurance   | \$425 copayment  | 30% coinsurance  |
| Inpatient Hospital Care<br><i>Unlimited days each benefit period</i>              | \$150 each day for days 1–7, \$0 each day for days 8–60, \$50 each day for days 61–90, \$0 each day for days 91 and beyond   | \$247 each day for days 1–8, \$0 each day for days 9–60, \$100 each day for days 61–90, \$0 each day for days 91 and beyond | \$325/Day (1-6) \$0 (Days 7+)  | 30% coinsurance  |
| Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility) | \$0 each day for days 1–20, \$125 each day for days 21–100   | \$0 each day for days 1–20, \$160 each day for days 21–100  | \$0/Day (1-20), \$178 (Days 21-100)  | 30% coinsurance  |
| Emergency Care/Post Stabilization Care  | \$90 copayment   | \$90 copayment  | \$90 copayment   | \$90 copayment   |
| Urgently Needed Care  | \$25 copayment   | \$65 copayment  | \$40 copayment   | \$40 copayment   |
| Durable Medical Equipment and Prosthetic Devices                                  | 0% - 20% of the cost, depending on the supply  | 0% - 20% of the cost, depending on the supply   | 0% - 20% of the cost, depending on the supply  | 0% - 20% of the cost, depending on the supply                                  |
| Diabetic Supplies - Test Strips   | 0% coinsurance   | 0% coinsurance  | \$0 copayment  | 20% coinsurance  |
| Diabetic Supplies - Other   | 20% coinsurance  | 20% coinsurance   | 20% coinsurance  | 20% coinsurance  |
| <b>Prescription Drugs (30-day supply)**</b>                                       |  |   |  |  |
| Tier 1 Preferred Generic at Walgreens and other preferred pharmacies              | \$0 copayment  | \$0 copayment   | \$0 copayment  | \$0 copayment  |
| Tier 1 Preferred Generic Elsewhere  | \$12 copayment   | \$15 copayment  | \$12 copayment   | \$12 copayment   |
| Tier 2 Generic  | \$20 copayment   | \$20 copayment  | \$20 copayment   | \$20 copayment   |
| Tier 3 Preferred Brand  | \$47 copayment   | \$47 copayment  | \$47 copayment   | \$47 copayment   |
| Tier 4 Non-Preferred Drug   | 50% coinsurance  | \$100 copayment   | 50% coinsurance  | 50% coinsurance  |
| Tier 5 Specialty Tier   | 33% coinsurance  | 25% coinsurance   | 33% coinsurance  | 33% coinsurance  |
| Coverage Gap Stage<br>One-month (30-day) supply                                   | Prescription Drug Coverage continues through Medicare's Coverage Gap Stage.  |   | One-month (30-day) supply during the Coverage Gap (from \$4,020 until member's annual drug costs reach \$6,350) 25% for all generic drugs and 25% for all brand-name drugs |  |
| Catastrophic Coverage<br>One-month (30-day) supply                                | After member's yearly out-of-pocket drug costs reach \$6,350, member pays the greater of \$3.60 or 5% for generics (whichever is higher) \$8.95 or 5% for all other drugs (whichever is higher). |   |  |  |

^POS plans are only available in the IN counties.

\*Immunizations, annual physical exam, mammograms, pap smears, cancer screenings, and more. Age/frequency schedules apply.

\*\*Plans include 2.5x copay for 90-day scripts filled at Preferred pharmacies including Walgreens and other select pharmacies and mail order pharmacies (3x30 day copays for 90 day scripts at all other contracted pharmacies).

Health Alliance Medicare is a Medicare Advantage Organization with a Medicare contract. Enrollment in Health Alliance Medicare depends on contract renewal. Other pharmacies/physicians/providers are available in our network. Out-of-network/non-contracted providers are under no obligation to treat Health Alliance Medicare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.