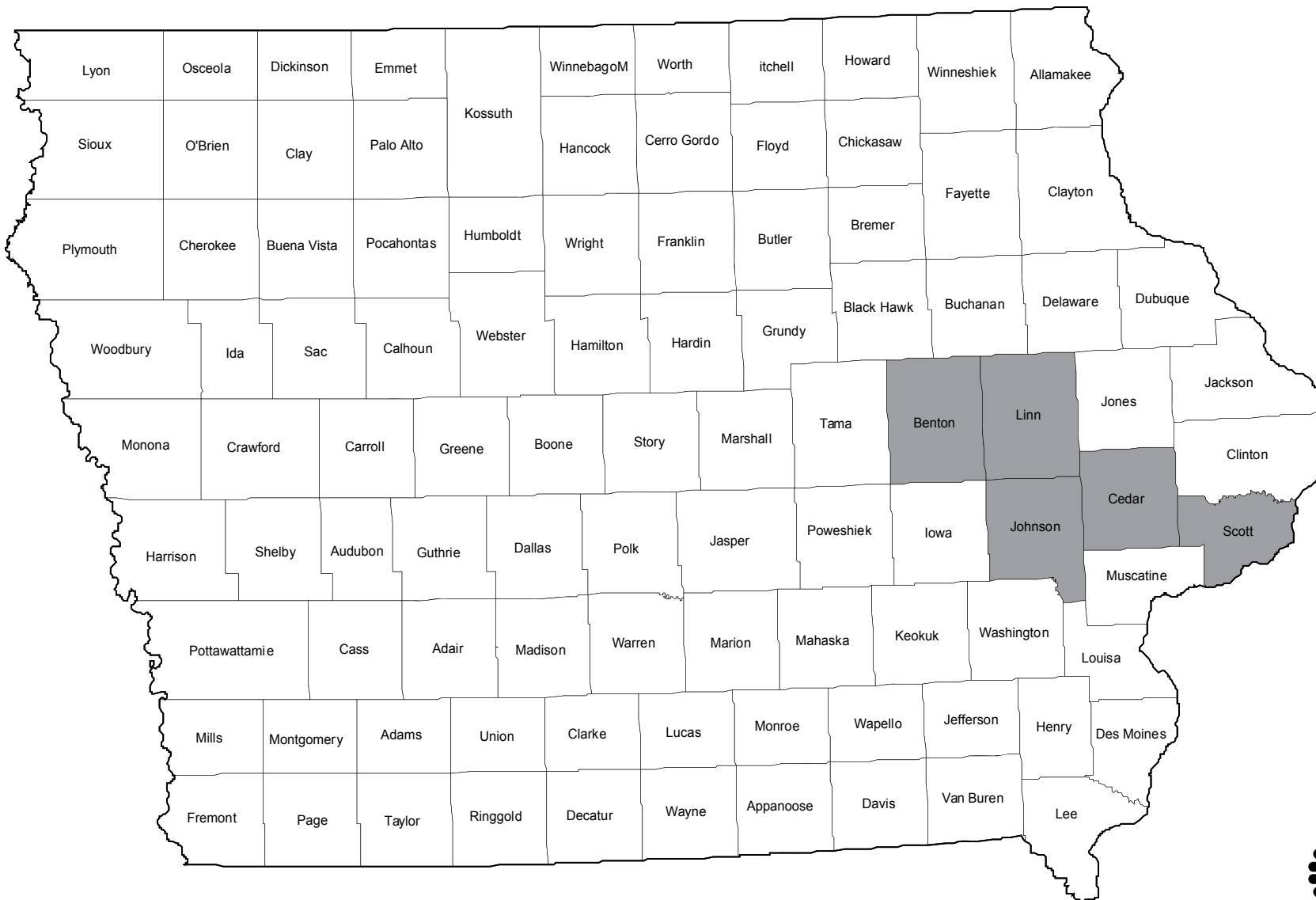


2020 Iowa Group Medicare

 Medicare HMO and PPO plans



Group Medicare – Iowa	HMO Option 1 (available for groups only)	HMO Option 2 (available for groups only)	PPO Option 1 (available for groups only)	
Monthly Premium	\$282	\$191	\$137	
Member Benefits	In-Network Only	In-Network Only	In-Network	Out-of-Network
Plan Year Deductible	\$0	\$0	\$0	
Plan Year Out-of-Pocket Maximum	\$3,500	\$6,700	\$4,000	\$5,100 (in- and out-of-network combined)
Be Healthy Annual Physical and Preventive Services*	\$0 copayment	\$0 copayment	\$0 copayment	\$30 copayment
Primary Care Office Visit	\$20 copayment	\$10 copayment	\$20 copayment	\$40 copayment
Specialist Office Visit	\$40 copayment	\$50 copayment	\$30 copayment	\$40 copayment
Virtual Visit	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Outpatient Diagnostic Procedures/Tests/Lab	\$0 copayment	20% coinsurance	\$0 copayment	\$30 copayment
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	\$5 copayment	\$150 copayment	\$0 copayment	\$30 copayment
Outpatient Radiological Services- X-rays	\$0 copayment	20% coinsurance	\$0 copayment	\$30 copayment
Outpatient Hospital Services- Surgery	\$150 copayment	20% coinsurance	\$175 copayment	\$250 copayment
Inpatient Hospital Care <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	\$195 each day for days 1–10, \$0 each day for days 11 and beyond	25% 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	\$20 each day for days 1–20, \$75 each day for days 21–100	\$25 each day for days 1–20, \$125 each day for days 21–100
Emergency Care/Post Stabilization Care	\$90 copayment	\$90 copayment	\$90 copayment	\$90 copayment
Urgently Needed Care	\$25 copayment	\$65 copayment	\$30 copayment	\$30 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% coinsurance	20% coinsurance
Diabetic Supplies - Other	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Prescription Drugs (30-day supply)**	\$0 deductible	\$0 deductible	\$0 deductible	\$0 deductible
Tier 1 Preferred Generic at Walgreens	\$0 copayment	\$0 copayment	\$0 copayment	
Tier 1 Preferred Generic Elsewhere	\$12 copayment	\$15 copayment	\$20 copayment	
Tier 2 Generic	\$20 copayment	\$20 copayment	\$20 copayment	
Tier 3 Preferred Brand	\$47 copayment	\$30 copayment	\$40 copayment	
Tier 4 Non-Preferred Drug	50% coinsurance	\$100 copayment	\$100 copayment	
Tier 5 Specialty Tier	33% coinsurance	25% coinsurance	25% coinsurance	
Coverage Gap Stage One-month (30-day) supply	Prescription Drug Coverage continues through Medicare's Coverage Gap Stage.			
Catastrophic Coverage 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)			

*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).

Group Medicare – Iowa	Guide HMO Rx (available for groups and individuals)
Monthly Premium	\$0
Member Benefits	In-Network Only
Plan Year Deductible	\$0
Plan Year Out-of-Pocket Maximum	\$5,900
Be Healthy Annual Physical and Preventive Services*	\$0 copayment
Primary Care Office Visit	\$0 copayment
Specialist Office Visit	\$50 copayment
Outpatient Diagnostic Procedures/Tests/Lab	20% coinsurance
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	20% coinsurance
Outpatient Radiological Services- X-rays	20% coinsurance
Outpatient Hospital Services- Surgery	\$425 copayment
Inpatient Hospital Care <i>Unlimited days each benefit period</i>	\$350 each day for days 1–5, \$0 each day for days 6 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
Emergency Care/Post Stabilization Care	\$90 copayment
Urgently Needed Care	\$65 copayment
Durable Medical Equipment and Prosthetic Devices	0% - 20% of the cost, depending on the supply
Diabetic Supplies - Test Strips	0% coinsurance
Diabetic Supplies - Other	20% coinsurance
OTC Drug Card (Non-Covered)	Up to \$40/quarter; 1 order per quarter; rollover of unused dollars
Prescription Drugs (30-day supply)**	\$0 deductible
Tier 1 Preferred Generic at Walgreens	\$0 copayment
Tier 1 Preferred Generic Elsewhere	\$12 copayment
Tier 2 Generic	\$20 copayment
Tier 3 Preferred Brand	\$47 copayment
Tier 4 Non-Preferred Drug	50% coinsurance
Tier 5 Specialty Tier	33% coinsurance
Coverage Gap Stage One-month (30-day) supply	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 One-month (30-day) supply	When out-of-pocket drug costs reach \$6,350) Generics \$3.60 OR 5% (whichever is higher) All other drugs \$8.95 OR 5% (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).

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.