

# 2020 Washington Group Medicare



In partnership with



■ Companion Group HMO plans

Wenatchee Retail Location  
411 N. Chelan Ave., Suite A  
Wenatchee, WA 98801

<b>Chelan, Douglas, Grant and Okanogan counties</b>	<b>HMO Option 1 (available for groups only)</b>	<b>HMO Option 2 (available for groups only)</b>
Monthly Premium	\$266	\$255
<b>Member Benefits</b>	<b>In-Network Only</b>	<b>In-Network Only</b>
Plan Year Deductible	\$0	\$0
Plan Year Out-of-Pocket Maximum	\$4,000	\$6,700
Be Healthy Annual Physical and Preventive Services*	\$0 copayment	\$0 copayment
Primary Care Office Visit	\$10 copayment	\$15 copayment
Specialist Office Visit	\$45 copayment	\$50 copayment
Virtual Visit	\$0 copayment	\$0 copayment
Outpatient Diagnostic Procedures/Tests/Lab	\$10 copayment	\$15 copayment
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	\$300 copayment	\$300 copayment
Outpatient Radiological Services- X-rays	\$30 copayment	\$30 copayment
Outpatient Hospital Services - Surgery	\$300 copayment	\$350 copayment
Inpatient Hospital Care <i>Unlimited days each benefit period</i>	\$450 each day for days 1–4, \$0 each day for days 5 and beyond	\$450 each day for days 1–4, \$0 each day for days 5 and beyond
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	\$0 each day for days 1–20, \$160 each day for days 21–100	\$0 each day for days 1–20, \$164 each day for days 21–100
Emergency Care/Post Stabilization Care	\$90 copayment	\$90 copayment
Urgently Needed Care	\$40 copayment	\$55 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
Diabetic Supplies - Test Strips	0% coinsurance	0% coinsurance
Diabetic Supplies - Other	20% coinsurance	20% coinsurance
<b>Prescription Drugs (30-day supply)**</b>	\$0 deductible	\$0 deductible
Tier 1 Preferred Generic at Walgreens and other preferred pharmacies	\$0 copayment	\$0 copayment
Tier 1 Preferred Generic Elsewhere	\$10 copayment	\$10 copayment
Tier 2 Generic	\$20 copayment	\$20 copayment
Tier 3 Preferred Brand	\$20 copayment	\$20 copayment
Tier 4 Non-Preferred Drug	\$100 copayment	\$100 copayment
Tier 5 Specialty Tier	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	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).

<b>Chelan, Douglas, Grant and Okanogan counties</b>	<b>Companion HMO (available for groups and individuals)</b>	<b>Companion Basic Rx (available for groups and individuals)</b>	<b>Companion Basic Rx 2 (available for groups and individuals)</b>	<b>Companion Rx (available for groups and individuals)</b>	<b>Companion Rx Plus (available for groups and individuals)</b>
Monthly Premium	\$29	\$31	\$0	\$64	\$104
<b>Member Benefits</b>	<b>In-Network Only</b>	<b>In-Network Only</b>	<b>In-Network Only</b>	<b>In-Network Only</b>	<b>In-Network Only</b>
Plan Year Deductible	\$0	\$0	\$0	\$0	\$0
Plan Year Out-of-Pocket Maximum	\$5,700	\$6,700	\$6,000	\$4,500	\$3,900
Be Healthy Annual Physical and Preventive Services*	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Primary Care Office Visit	\$10 copayment	\$10 copayment	\$5 copayment	\$10 copayment	\$10 copayment
Specialist Office Visit	\$45 copayment	\$50 copayment	\$50 copayment	\$45 copayment	\$40 copayment
Virtual Visit	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Outpatient Diagnostic Procedures/Tests/Lab	\$10 copayment	\$15 copayment	\$10 copayment	\$10 copayment	\$5 copayment
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	\$300 copayment	\$300 copayment	\$300 copayment	\$300 copayment	20% coinsurance
Outpatient Radiological Services- X-rays	\$30 copayment	\$30 copayment	\$30 copayment	\$30 copayment	\$15 copayment
Outpatient Hospital Services- Surgery	\$400 copayment	\$425 copayment	\$425 copayment	\$400 copayment	\$290 copayment
Inpatient Hospital Care <i>Unlimited days each benefit period</i>	\$495 each day for days 1–3, \$0 each day for days 4 and beyond	\$495 each day for days 1–3, \$0 each day for days 4 and beyond	\$360 each day for days 1-5, \$0 each day for days 6 and beyond	\$495 each day for days 1–3, \$0 each day for days 4 and beyond	\$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	\$0 each day for days 1–20, \$178 each day for days	\$0/Days (1-20), \$178 (Days 21-100)	\$0 each day for days 1–20, \$178 each day for days	\$0 each day for days 1–20, \$178 each day for days
Emergency Care/Post Stabilization Care	\$90 copayment	\$90 copayment	\$90	\$90 copayment	\$90 copayment
Urgently Needed Care	\$20 copayment	\$20 copayment	\$40	\$20 copayment	\$20 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	20%	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	0% coinsurance	0% coinsurance
Diabetic Supplies - Other	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
<b>Prescription Drugs (30-day supply)**</b>	N/A	\$0 deductible	\$0 deductible	\$0 deductible	\$0 deductible
Tier 1 Preferred Generic at Walgreens and other preferred pharmacies	N/A	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Tier 1 Preferred Generic Elsewhere	N/A	\$12 copayment	\$12 copayment	\$12 copayment	\$12 copayment
Tier 2 Generic	N/A	\$20 copayment	\$20 copayment	\$20 copayment	\$20 copayment
Tier 3 Preferred Brand	N/A	\$47 copayment	\$47 copayment	\$47 copayment	\$47 copayment
Tier 4 Non-Preferred Drug	N/A	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Tier 5 Specialty Tier	N/A	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Coverage Gap Stage 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 One-month (30-day) supply	N/A	(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 Northwest is a Medicare Advantage Organization with a Medicare contract. Enrollment in Health Alliance Northwest 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 Northwest 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.