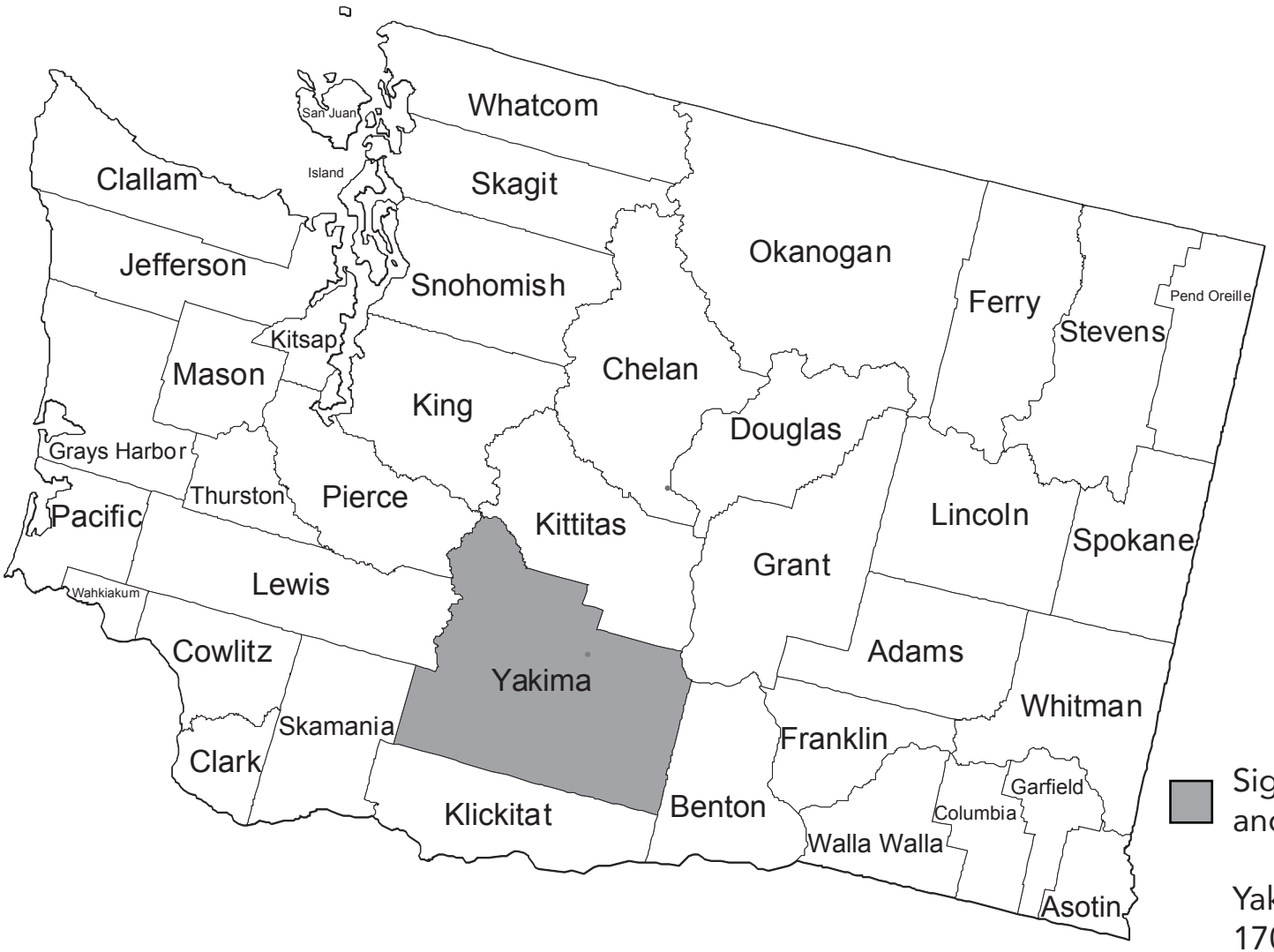
2020 Washington Group Medicare

Health Alliance NORTHWEST™



SignalAdvantage Group HMO and POS plans

Yakima Retail Location
1701 Creekside Loop #100, BLD 11
Yakima, WA 98903

Group Medicare–Yakima	SignalAdvantage HMO Option 1 (available for groups only)	SignalAdvantage HMO Option 2 (available for groups only)
Monthly Premium	$278	$266
Member Benefits	**In-Network Only**	**In-Network Only**
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
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 *Unlimited days each benefit period*	$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 supplies	0% - 20% of the cost, depending on the supplies
Diabetic Supplies - Test Strips	0% coinsurance	0% coinsurance
Diabetic Supplies - Other	20% coinsurance	20% coinsurance
Prescription Drugs (30-day supply)**	$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).

Group Medicare–Yakima	SignalAdvantage HMO (available for groups and individuals)	SignalAdvantage HMO Rx (available for groups and individuals)	SignalAdvantage HMO Rx Plus (available for groups and individuals)
Monthly Premium	$45	$39	$105
Member Benefits	**In-Network Only**	**In-Network Only**	**In-Network Only**
Plan Year Deductible	$0	$0	$0
Plan Year Out-of-Pocket Maximum	$5,900	$6,200	$3,900
Be Healthy Annual Physical and Preventive Services*	$0 copayment	$0 copayment	$0 copayment
Primary Care Office Visit	$10 copayment	$10 copayment	$5 copayment
Specialist Office Visit	$50 copayment	$50 copayment	$35 copayment
Virtual Visit	$0 copayment	$0 copayment	$0 copayment
Outpatient Diagnostic Procedures/Tests/ Lab	$20 copayment	$20 copayment	$0 copayment
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	$275 copayment	$275 copayment	$150 copayment
Outpatient Radiological Services- X-rays	$30 copayment	$30 copayment	$15 copayment
Outpatient Hospital Services- Surgery	$425 copayment	$425 copayment	$200 copayment
Inpatient Hospital Care *Unlimited days each benefit period*	$325 each day for days 1–6, $0 each day for days 7 and beyond	$325/Day (1-6) $0 (Days 7+)	$395 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, $178 each day for days 21–100	$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
Emergency Care/Post Stabilization Care	$90 copayment	$90 copayment	$90 copayment
Urgently Needed Care	$40 copayment	$40 copayment	$30 copayment
Durable Medical Equipment and Prosthetic Devices	0% - 20% of the cost, depending on the supplies	0% - 20% of the cost, depending on the supplies	0% - 20% of the cost, depending on the supplies
Diabetic Supplies - Test Strips	0% coinsurance	0% coinsurance	0% coinsurance
Diabetic Supplies - Other	20% coinsurance	20% coinsurance	20% coinsurance
Prescription Drugs (30-day supply)**	N/A	$0 deductible	$0 deductible
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 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).

Group Medicare–Yakima	POS Option 1 (available for groups only)		POS Option 2 (available for groups only)	
Monthly Premium	$271		$315	
Member Benefits	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Plan Year Deductible	$0		$0	
Plan Year Out-of-Pocket Maximum	$5,900	$10,000 (in- and out-of-network combined)	$3,900	$6,000 (in- and out-of-network combined)
Be Healthy Annual Physical and Preventive Services*	$0 copayment	$0 copayment	$0 copayment	$0 copayment
Primary Care Office Visit	$10 copayment	30% coinsurance	$5 copayment	30% coinsurance
Specialist Office Visit	$50 copayment	30% coinsurance	$35 copayment	30% coinsurance
Virtual Visit	$0 copayment	$0 copayment	$0 copayment	$0 copayment
Outpatient Diagnostic Procedures/Tests/Lab	$5 copayment	30% coinsurance	$0 copayment	30% coinsurance
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	$275 copayment	30% coinsurance	$150 copayment	30% coinsurance
Outpatient Radiological Services- X-rays	$30 copayment	30% coinsurance	$15 copayment	30% copayment
Outpatient Hospital Services- Surgery	$350 copayment	30% coinsurance	$150 copayment	30% coinsurance
Inpatient Hospital Care *Unlimited days each benefit period*	$360 each day for days 1–5, $0 each day for days 6 and beyond	30% coinsurance	$302 each day for days 1–6, $0 each day for days 7 and beyond	30% coinsurance
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	$0 each day for days 1–20, $167.50 each day for days 21–100	30% coinsurance	$0 each day for days 1–20, $160 each day for days 21–100	30% coinsurance
Emergency Care/Post Stabilization Care	$90 copayment	$90 copayment	$90 copayment	$90 copayment
Urgently Needed Care	$40 copayment	$40 copayment	$30 copayment	$30 copayment
Durable Medical Equipment and Prosthetic Devices	0% - 20% of the cost, depending on the supplies	30% coinsurance	0% - 20% of the cost, depending on the supplies	30% coinsurance
Diabetic Supplies - Test Strips	0% coinsurance	30% coinsurance	0% coinsurance	30% coinsurance
Diabetic Supplies - Other	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance
Prescription Drugs (30-day supply)**	$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).

Group Medicare–Yakima	SignalAdvantage POS (available for groups and individuals)		SignalAdvantage POS Rx (available for groups and individuals)		SignalAdvantage POS Rx Plus (available for groups and individuals)	
Monthly Premium	$70		$97		$130	
Member Benefits	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Plan Year Deductible	$0		$0		$0	
Plan Year Out-of-Pocket Maximum	$5,900	$10,000 (in- and out-of-network combined)	$5,900	$10,000 (in- and out-of-network combined)	$3,900	$6,000 (in- and out-of-network combined)
Be Healthy Annual Physical and Preventive Services*	$0 copayment	$0 copayment	$0 copayment	$0 copayment	$0 copayment	$0 copayment
Primary Care Office Visit	$10 copayment	30% coinsurance	$10 copayment	30% coinsurance	$5 copayment	30% coinsurance
Specialist Office Visit	$50 copayment	30% coinsurance	$50 copayment	30% coinsurance	$35 copayment	30% coinsurance
Outpatient Diagnostic Procedures/Tests/ Lab	$5 copayment	30% coinsurance	$5 copayment	30% coinsurance	$0 copayment	30% coinsurance
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	$275 copayment	30% coinsurance	$275 copayment	30% coinsurance	$150 copayment	30% coinsurance
Outpatient Radiological Services- X-rays	$30 copayment	30% coinsurance	$30 copayment	30% coinsurance	$15 copayment	30% coinsurance
Outpatient Hospital Services- Surgery	$395 copayment	30% coinsurance	$395 copayment	30% coinsurance	$200 copayment	30% coinsurance
Inpatient Hospital Care *Unlimited days each benefit period*	$395 each day for days 1–4, $0 each day for days 5 and beyond	30% coinsurance	$395 each day for days 1–4, $0 each day for days 5 and beyond	30% coinsurance	$350 each day for days 1–5, $0 each day for days 6 and beyond	30% coinsurance
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	30% coinsurance	$0 each day for days 1–20, $178 each day for days 21–100	30% coinsurance	$0 each day for days 1–20, $178 each day for days 21–100	30% coinsurance
Emergency Care/Post Stabilization Care	$90 copayment	$90 copayment	$90 copayment	$90 copayment	$90 copayment	$90 copayment
Urgently Needed Care	$40 copayment	$40 copayment	$40 copayment	$40 copayment	$30 copayment	$30 copayment
Durable Medical Equipment and Prosthetic Devices	0% - 20% of the cost, depending on the supplies	30% coinsurance	0% - 20% of the cost, depending on the supplies	30% coinsurance	0% - 20% of the cost, depending on the supplies	30% coinsurance
Diabetic Supplies - Test Strips	0% coinsurance	30% coinsurance	0% coinsurance	30% coinsurance	0% coinsurance	30% coinsurance
Diabetic Supplies - Other	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance
Prescription Drugs (30-day supply)**	N/A	N/A	$0 deductible		$0 deductible	
Tier 1 Preferred Generic at Walgreens and other preferred pharmacies	N/A	N/A	$0 copayment		$0 copayment	
Tier 1 Preferred Generic Elsewhere	N/A	N/A	$12 copayment		$12 copayment	
Tier 2 Generic	N/A	N/A	$20 copayment		$20 copayment	
Tier 3 Preferred Brand	N/A	N/A	$47 copayment		$47 copayment	
Tier 4 Non-Preferred Drug	N/A	N/A	50% coinsurance		50% coinsurance	
Tier 5 Specialty Tier	N/A	N/A	33% coinsurance		33% coinsurance	
Coverage Gap Stage One-month (30-day) supply	N/A	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	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.

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