About Our Group Medicare Plans
Group Medicare plans can help you support your retirees once they become Medicare-primary. It will help you retain talent and show appreciation for those who have given you their best years.

The Next Step in Benefit Offerings
With the baby boomer population comprising about 25% of the workforce, chances are you have a group of retirees who are nearing retirement. Navigating Medicare and retirement healthcare options can be very confusing.

Group Medicare plans can help you support your retirees during this very important time in their lives. It will help you retain talent and show appreciation for those who have given you their best years.

These plans can be offered at no cost to the employer and can even help the employer save money.

How It Works

Employer Contribution toward Premium
You can contribute anything from $0 to the full amount toward enrollee premiums. If retirees within the organization qualify for different levels of employer contribution, you can establish those levels.

Billing Options
We can do a group bill or bill members individually.

Dedicated Employer Group Client Consultant
You have a single point of contact for any questions about group Medicare benefits. This representative can help with every aspect of your plan.

Low-Income Subsidy
Members may qualify for extra help from the federal government with paying their monthly premium and prescription drug copayments. If retirees qualify for assistance, the premium billed for those members will be reduced by the amount of assistance they receive. This can vary from member to member, and you must pass the subsidy to the member’s portion of the premium. State help may also be available for certain members who qualify.

Eligibility
Retirees with Medicare Parts A and B are eligible for group coverage. If your group has fewer than 20 total employees, active employees ages 65 and over may also be eligible. Underwriting isn’t required. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicare or by another third party.

We Make It Easy

Plans That Fit
We work with you to find the plan that fits the needs of your organization. There are several stock plans to choose from, and we can custom-build a plan for groups of 25 or more. We also have plan options for employers with retirees who live outside the state where your business is located. And all our plans help reduce FASB/GASB liabilities and expenditures.

Less Paperwork
We administer the plan, which means less paperwork for you.

Member Materials
We send plan materials, including an ID card and policy (called an Evidence of Coverage) to all new members and upon renewal. Members on a Medicare plan receive a monthly Explanation of Benefits detailing monthly and year-to-date medical expenses. Members on a Medicare plan with pharmacy coverage receive a monthly Explanation of Benefits detailing monthly and year-to-date drug expenses.

No Enrollment Lock-In
Retirees can enroll at any time during the year. They are not limited to the Annual Enrollment Period required for those on individual Medicare plans.
Coverage You Know and Trust

If you’ve worked with Health Alliance before, you know that member satisfaction is our top priority. We are constantly seeking to partner with providers that offer high-quality, high-value care and enhance our plan offerings.

Helpful, Personal Customer Service

When members call us, they’ll speak with a friendly and knowledgeable Health Alliance Medicare representative in Central Illinois. Our customer service representatives are available Monday through Friday, 8 a.m.–8 p.m. local time.

Large Provider Network

When you choose Health Alliance Medicare for your retirees, you’re giving them access to our network of doctors, hospitals and other healthcare professionals who can provide top-notch care and services. Members can call us to request a provider directory or visit HealthAlliance.org/Group-Medicare for a full provider list.

Formulary

The Medicare Part D Formulary is a list of drugs covered by Health Alliance Medicare. Generally, we only cover drugs listed in the formulary. Visit HealthAlliance.org/Group-Medicare to view our formulary.

Perks

We offer a host of perks at no extra cost to help members save money and get healthy. See the “Perks” section for more information.
Your retirees will enjoy so much more than great healthcare coverage. Our perks go the extra mile to make sure they have whole-life care, too.

Rally®
Stay motivated with this health-building platform that rewards you as you accomplish goals.

LifeBalance
Members get valuable discounts in these areas and more.

- **Travel**: Car rentals, cruises, vacation packages and tours
- **Attractions**: Admission to theme parks, water parks, zoos and museums
- **Outdoor Adventures**: Outdoor gear, equipment rentals and excursions
- **Eating Well**: Weight management, meal delivery, supplements and more

Anytime Nurse Line
Get answers to health questions, 24 hours a day.

Assist America®
Global Emergency Services—Roam about the world knowing you can get help arranging care if needed.

Preventive Services
Keep on top of your health with 100% coverage for preventive immunizations, annual wellness exams, mammograms, cancer screenings and more.

Care Coordination
A Team Focused on Your Retirees
We connect your employees to a team that works with their doctors and takes their personalized plan a step further, giving them extra help and resources along the way.

Care Coordinators and Health Coaches
The team at Health Alliance helps your retirees meet their health goals.

We’re not only here to help when they get sick or hurt. We team up to help retirees stay healthy in the first place.

Whether they want to speak to a dietitian, quit smoking or need help understanding a recent diagnosis, our collaborative provider and health plan teams have them covered.

Hearing Benefit
Coverage includes one routine hearing exam ($45 copay) and lowered rates on up to two TruHearing® hearing aids per year.

Drug Programs
For all members with drug coverage

$0 Copay at Preferred Cost-Sharing Pharmacies
Members with prescription coverage can get Tier 1 prescription drugs at Walgreens and other preferred cost-sharing network pharmacies for $0. Members can continue to receive drugs from other network pharmacies.

Retail 90
With our Retail 90 program, members can get a 90-day supply of their medications at preferred pharmacies (like Walgreens) and through mail order with OptumRx at a discounted copayment. Discount may vary by plan. See plan details for complete discount information.

Medication Therapy Management
This program helps members who take multiple medications use them safely and effectively.

Help Members Bridge the Coverage Gap
Retirees can’t purchase prescription coverage through the coverage gap on their own. They can only get it through an employer plan. Some of our plans give your retirees this key coverage.

Plan offerings differ depending on your service area; please refer to the plan inserts included with this brochure for specific plan information.

*For members without internet access, health surveys, self-management tools and rewards are also available by mail or phone. To participate, call the Member Services number on the back of your ID card.
Health Alliance Group Medicare Plans

HMO
- Can be chosen by employers based in Iowa, Illinois, Indiana and Ohio with at least 51% of eligible employees residing in Medicare Advantage-licensed counties.

HMO-POS
- Can be selected by employers based in Illinois and Indiana with at least 51% of eligible retirees residing in Medicare Advantage-licensed counties.
- Combines the best aspects of HMO and PPO plans.

PPO
- Can be offered by employers based in Iowa with at least 51% of eligible retirees residing in Medicare Advantage-licensed counties.

All Plans Have
- $0 Tier 1 Preferred Generic Drugs at Walgreens and other preferred cost-sharing pharmacies (Rx plan members only).
- Access to emergency and urgent care providers worldwide.
- Health and savings perks included.
- A primary care provider to guide their care.

Other Coverage Solutions—Only Available in Illinois

Stand-Alone Prescription Drug Plans (PDP)
- Only includes drug coverage, but can be paired with a Medicare Supplement plan.
- Two PDP options.
- $0 Tier 1 preferred generic drugs at Walgreens and other preferred cost-sharing pharmacies (Rx plan members only).
- Nationwide prescription coverage.
- Available to employers domiciled in Illinois; retirees may reside anywhere in the U.S.
- Prescription drug coverage through the coverage gap with PDP Option 2.

Medicare Supplement Plans
- Ability to see any provider who accepts Medicare, without a referral.
- Most plans have no copayments.
- Employer group must have a domiciled location in Illinois; retirees may reside anywhere in the U.S.
- Doesn’t include drug coverage but can be paired with PDP coverage.

Note: Health Alliance Medicare Supplement members without prescription drug coverage can get a discount at the pharmacy when they present their ID card.

Plan offerings differ depending on the service area; please refer to the plan inserts in the back of this brochure for the specific plan information and service areas.
Simplete Group Medicare

It’s simple. It’s complete. It’s a whole new approach to healthcare.

Medicare can be complex. That’s why we set out to create something simpler. Our close partnerships with leading local providers mean members get more perks and less hassle.

Provider Partners
Champaign, Piatt, McLean, Vermilion and Woodford counties in Illinois and Fountain, Vermilion and Warren counties in Indiana.
Grundy, Iroquois, Kankakee and Livingston counties in Illinois and Benton and Newton counties in Indiana.

Keeping Costs Low
Simplete offers Medicare Advantage plans that deliver an easier, more affordable healthcare experience. We do this through offering a tiered provider network.

Tier 1 vs. Tier 2 vs. Out-of-Network
Contracted Simplete providers are divided into two groups: Tier 1 and Tier 2. The main difference between the two is the out-of-pocket cost.

Please note that not all plans offer all tier levels of coverage.

Tier 1 Providers: Preferred Simplete providers, who will always be the lowest cost option
Tier 2 Providers: Participating Simplete providers, who may cost more than Tier 1 providers
Out-of-Network Providers: Out-of-network providers, who will cost the most to see
OSF MedAdvantage Group- New for 2020
New Plans From an Old Friend

With the expertise of OSF HealthCare and the experience of Health Alliance as a health insurer, these brand-new plans help keep members healthy, not just treat them when they’re sick. They give members front-row access to the OSF providers they know and trust.

OSF MedAdvantage Group Caters to Its Local Communities

OSF MedAdvantage Group Plans That Fit All Needs

Plans with no deductible, but pay a cost share at time of service: OSF MedAdvantage Core • OSF MedAdvantage Open

Plans with deductibles, but no cost share, for most services, after deductibles are met: OSF MedAdvantage Select • OSF MedAdvantage Plus

Tiered Network Lets Members See OSF Providers at The Lowest Cost

• For all plans, members may choose to receive care from either a Tier 1 or Tier 2 provider
  o Typically have lower out-of-pocket costs for services from Tier 1 providers
• OSF MedAdvantage Open and OSF MedAdvantage Plus plans also include out-of-network coverage
  o Out-of-pocket costs will be higher when seeking care out-of-network
Health Alliance Medicare is a Medicare Advantage Organization with a Medicare contract. Enrollment in Health Alliance Medicare depends on contract renewal. Other pharmacies/providers are available in our network. Out-of-network/noncontracted 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.