

# 2020 Simplete Group Medicare



- Simplete Riverside Plans
- Simplete Plans

\*Simplete Riverside 1 Plan (Tier 1 only) not offered in these counties.





<b>Simplete-IL/IN</b>	<b>Simplete 1 (available for individuals and groups)</b>	<b>Simplete 2 (available for individuals and groups)</b>	
Monthly Premium	\$0	\$28	
	<b>In-Network Only</b>	<b>In-Network</b>	
	<b>Tier 1</b>	<b>Tier 1</b>	<b>Tier 2</b>
<b>Member Benefits</b>			
Plan Year Deductible	\$0	\$0	\$0
Plan Year OOPM	\$4,000	\$4,500	
Be Healthy Annual Physical and Preventive Services*	\$0 copayment	\$0 copayment	\$0 copayment
Primary Care Office Visit	\$0 copayment	\$5 copayment	\$20 copayment
Virtual Visit	\$0 copayment	\$0 copayment	\$0 copayment
Specialist Office Visit	\$25 copayment	\$25 copayment	\$40 copayment
Outpatient Diagnostic Procedures/Tests/Lab	\$10 copayment	\$10 copayment	20% coinsurance
Outpatient Radiological Services-Complex Diagnostic (e.g. MRI/CT Scans)	\$50 copayment	\$50 copayment	\$150 copayment
Outpatient Radiological Services- X-rays	\$10 copayment	\$10 copayment	20% coinsurance
Outpatient Hospital Services- Surgery	\$100 copayment	\$100 copayment	20% coinsurance
Inpatient Hospital Care	Days 1-8: \$200 per day, \$0 days 9+	Days 1-8: \$200 per day, \$0 days 9+	Days 1-8: \$250 per day, \$0 days 9+
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	Days 1-20: \$0 per day, Days 21-100: \$178 per day	Days 1-20: \$0 per day, Days 21-100: \$178 per day	Days 1-20: \$0 per day, Days 21-100: \$178 per day
Emergency Care/Post Stabilization Care	\$90 copayment	\$90 copayment	\$90 copayment
Urgently Needed Care	\$40 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
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	\$0 copayment	\$0 copayment	
Tier 1 Preferred Generic Elsewhere	\$5 copayment	\$5 copayment	
Tier 2 Generic	\$15 copayment	\$15 copayment	
Tier 3 Preferred Brand	\$47 copayment	\$47 copayment	
Tier 4 Non-Preferred Drug	50% coinsurance	50% coinsurance	
Tier 5 Specialty Tier	33% coinsurance	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	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	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)	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)	

These plans are available in the following counties in Illinois and Indiana: Champaign, Fountain, McLean, Piatt, Warren, Woodford, Vermillion and Vermillion.

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

\*\*Plans include 2 copays for 90-day scripts filled at Preferred pharmacies including Walgreens and other select pharmacies and 2.5 copays for mail order pharmacies and all other contracted pharmacies.

<b>Simplete-IL/IN</b>	<b>Simplete 3 (available for individuals and groups)</b>		
Monthly Premium	\$48		
	<b>In-Network</b>		<b>Out-of-Network</b>
	<b>Tier 1</b>	<b>Tier 2</b>	
<b>Member Benefits</b>			
Plan Year Deductible	\$0	\$0	\$0
Plan Year OOPM	\$4,500 combined Tier 1 and Tier 2		\$6,700 Total IN and OON combined
Be Healthy Annual Physical and Preventive Services*	\$0 copayment	\$0 copayment	\$50 copayment
Primary Care Office Visit	\$5 copayment	\$25 copayment	\$50 copayment
Virtual Visit	\$0 copayment	\$0 copayment	\$0 copayment
Specialist Office Visit	\$25 copayment	\$40 copayment	\$50 copayment
Outpatient Diagnostic Procedures/Tests/ Lab	\$10 copayment	\$25 copayment	\$50 copayment
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	\$50 copayment	\$150 copayment	30% coinsurance
Outpatient Radiological Services- X-rays	\$10 copayment	20% coinsurance	30% coinsurance
Outpatient Hospital Services- Surgery	\$100 copayment	25% coinsurance	50% coinsurance
Inpatient Hospital Care	Days 1-8: \$200 per day, \$0 days 9+	\$250/Day 1-8, \$0 Days 9+	Days 1-4: \$600 per day, Days 5-90: \$0 per day
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	Days 1-20: \$0 per day, Days 21-100: \$178 per day	Days 1-20: \$0 per day, Days 21-100: \$178 per day	Days 1-20: \$100 per day, Days 21-100: \$200 per day
Emergency Care/Post Stabilization Care	\$90 copayment	\$90 copayment	\$90 copayment
Urgently Needed Care	\$40 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	20% - 50% of the cost, depending on the supply
Diabetic Supplies - Test Strips	0% coinsurance	0% coinsurance	50% coinsurance
Diabetic Supplies - Other	20% coinsurance	20% coinsurance	50% coinsurance
<b>Prescription Drugs (30-day supply)**</b>			
Tier 1 Preferred Generic at Walgreens and other preferred pharmacies	\$0 copayment		
Tier 1 Preferred Generic Elsewhere	\$5 copayment		
Tier 2 Generic	\$15 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	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)		

These plans are available in the following counties in Illinois and Indiana: Champaign, Fountain, McLean, Piatt, Warren, Woodford, Vermillion and Vermillion.

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

\*\*Plans include 2 copays for 90-day scripts filled at Preferred pharmacies including Walgreens and other select pharmacies and 2.5 copays for mail order pharmacies and all other contracted pharmacies.

<b>Riverside-IL/IN</b>	<b>Simplete Riverside 1^</b>	<b>Simplete Riverside 2</b>	
Monthly Premium	\$0	\$48	
	<b>HPNC Partner Only</b>	<b>HPNC Partner - T1</b>	<b>Full Network - T2</b>
	<b>Tier 1</b>	<b>Tier 1</b>	<b>Tier 2</b>
<b>Member Benefits</b>			
Plan Year Deductible	\$0	\$0	\$0
Plan Year OOPM	\$4,750	\$4,950	
Be Healthy Annual Physical and Preventive Services*	\$0 copayment	\$0 copayment	\$0 copayment
Primary Care Office Visit	\$5 copayment	\$5 copayment	\$25 copayment
Virtual Visit	\$0 copayment	\$0 copayment	\$0 copayment
Specialist Office Visit	\$10 copayment	\$10 copayment	\$40 copayment
Outpatient Diagnostic Procedures/Tests/ Lab	\$10 copayment	\$10 copayment	20% coinsurance
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	\$50 copayment	\$60 copayment	20% coinsurance
Outpatient Radiological Services- X-rays	\$10 copayment	\$10 copayment	20% coinsurance
Outpatient Hospital Services- Surgery	\$100 copayment	\$100 copayment	20% coinsurance
Inpatient Hospital Care	\$225/Day 1-8, \$0 Days 9+	\$225/Day 1-8, \$0 Days 9+	\$465/Day 1-4, \$0 Days 5+
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	\$0/Day 1-20, \$178/Day 21-100	\$0/Days 1-20, \$178/Day 21-100	\$0/Day 1-20, \$178/Day 21-100
Emergency Care/Post Stabilization Care	\$90 copayment	\$90 copayment	\$90 copayment
Urgently Needed Care	\$40 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
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	\$0 copayment	\$0 copayment	
Tier 1 Preferred Generic Elsewhere	\$5 copayment	\$5 copayment	
Tier 2 Generic	\$15 copayment	\$15 copayment	
Tier 3 Preferred Brand	\$47 copayment	\$47 copayment	
Tier 4 Non-Preferred Drug	50% coinsurance	50% coinsurance	
Tier 5 Specialty Tier	33% coinsurance	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	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	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)	(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)	(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)

^Riverside 1 plan is only available in Kankakee and Iroquois counties.

These plans are available in the following counties in Illinois and Indiana: Livingston, Grundy, Kankakee, Iroquois, Newton and Benton

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

\*\*Plans include 2 copays for 90-day scripts filled at Preferred pharmacies including Walgreens and other select pharmacies and 2.5 copays for mail order pharmacies and all other contracted pharmacies.

<b>Riverside-IL/IN</b>	<b>Simplete Riverside 3</b>		
Monthly Premium	\$68		
	<b>HPNC Partner - T1</b>	<b>Full Network - T2</b>	<b>OON</b>
	<b>Tier 1</b>	<b>Tier 2</b>	
<b>Member Benefits</b>			
Plan Year Deductible	\$0	\$0	\$0
Plan Year OOPM	\$4,950	\$4,950	\$6700 Total IN and OON combined
Be Healthy Annual Physical and Preventative Services	\$0 copayment	\$0 copayment	\$50 copayment
Primary Care Office Visit	\$5 copayment	\$25 copayment	\$50 copayment
Virtual Visit	\$0 copayment	\$0 copayment	\$0 copayment
Specialist Office Visit	\$10 copayment	\$40 copayment	\$60 copayment
Outpatient Diagnostic Procedures/Tests/ Lab	\$10 copayment	20% coinsurance	25% coinsurance
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	\$60 copayment	20% coinsurance	25% coinsurance
Outpatient Radiological Services- X-rays	\$10 copayment	20% coinsurance	25% coinsurance
Outpatient Hospital Services- Surgery	\$100 copayment	25% coinsurance	50% coinsurance
Inpatient Hospital Care	\$225/Day (1-8), \$0 (Days 9+)	\$465/Day (1-4), \$0 (Days 5+)	\$600/Day (1-4), \$0 (Days 5-90)
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	\$0/Day (1-20), \$178/Day (21-100)	\$0/Day (1-20), \$178/Day (21-100)	\$100/Day (1-20), \$200 (Days 21-100)
Emergency Care/Post Stabilization Care	\$90 copayment	\$90 copayment	\$90 copayment
Urgently Needed Care	\$40 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	20% - 50% of the cost, depending on the supply
Diabetic Supplies - Test Strips	0% coinsurance	0% coinsurance	50% coinsurance
Diabetic Supplies - Other	20% coinsurance	20% coinsurance	50% coinsurance
<b>Prescription Drugs (30-day supply)**</b>			
Tier 1 Preferred Generic at Walgreens and other preferred pharmacies	\$0 copayment		
Tier 1 Preferred Generic Elsewhere	\$5 copayment		
Tier 2 Generic	\$15 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	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	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
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Simplete is powered by Health Alliance Medicare - a Medicare Advantage Organization with a Medicare contract. Enrollment in Simplete 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 Simplete 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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