



# Health Alliance Group Medicare Plans

## 2019 Benefit Highlights for PDP Plan 2

Please use this Benefit Highlight in conjunction with your Evidence of Coverage (EOC) to understand all of your benefits.

If you receive a bill directly from Health Alliance, your premium is \$156. If you receive a bill from your employer group or retirement benefit administrator, please contact them for your 2019 premium.	
<b>Pharmacy Benefits</b>	<b>Member Pays In-Network</b>
Deductible	\$150 (Brand, excludes Tier 1 & 2)
Does coverage continue through the Gap?	Yes
<b>Initial Coverage</b>	
Tier 1: Preferred Generic, 30-day supply	*\$0 copay per prescription at Walgreens \$20 copay per prescription at other network pharmacies
Tier 2: Generic, 30-day supply	\$47 copay per prescription
Tier 3: Preferred Brand, 30-day supply	\$47 copay per prescription
Tier 4: Non-Preferred Drug, 30-day supply	\$100 copay per prescription
Tier 5: Specialty Tier, 30-day supply	25% coinsurance per prescription
Mail-Order	Same copayments apply for mail-order as retail. (see above for more details)
<b>Coverage Gap</b>	
One-month (30-day) supply during the Coverage Gap (from \$3,820 until member's annual drug costs reach \$5,100)	Same copayments as Initial Coverage
<b>Catastrophic Coverage</b> (when out-of-pocket drug costs reach \$5,100)	
Generics	\$3.40 OR 5% (whichever is higher)
All other drugs	\$8.50 OR 5% (whichever is higher)
Out-of-Network Coverage	<ul style="list-style-type: none"> <li>Coverage for medications purchased out-of-network may be available in special circumstances</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>Certain prescription drugs have quantity limits</li> <li>Your doctor must get preauthorization from Health Alliance Medicare for certain prescription medications</li> </ul>
Formulary	The Health Alliance Medicare Part D Formulary is a list of drugs covered by Health Alliance. Generally, we only cover drugs listed in the formulary.

This is a summary of benefits. Please refer to your Evidence of Coverage for additional information. Health Alliance Medicare is a PDP with a Medicare contract. Enrollment in Health Alliance Medicare depends on contract renewal.

\*Other preferred pharmacies may be available in your area. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call Customer Service at 1-800-965-4022 TTY 711 or consult the online pharmacy directory at [HealthAlliance.org](http://HealthAlliance.org).