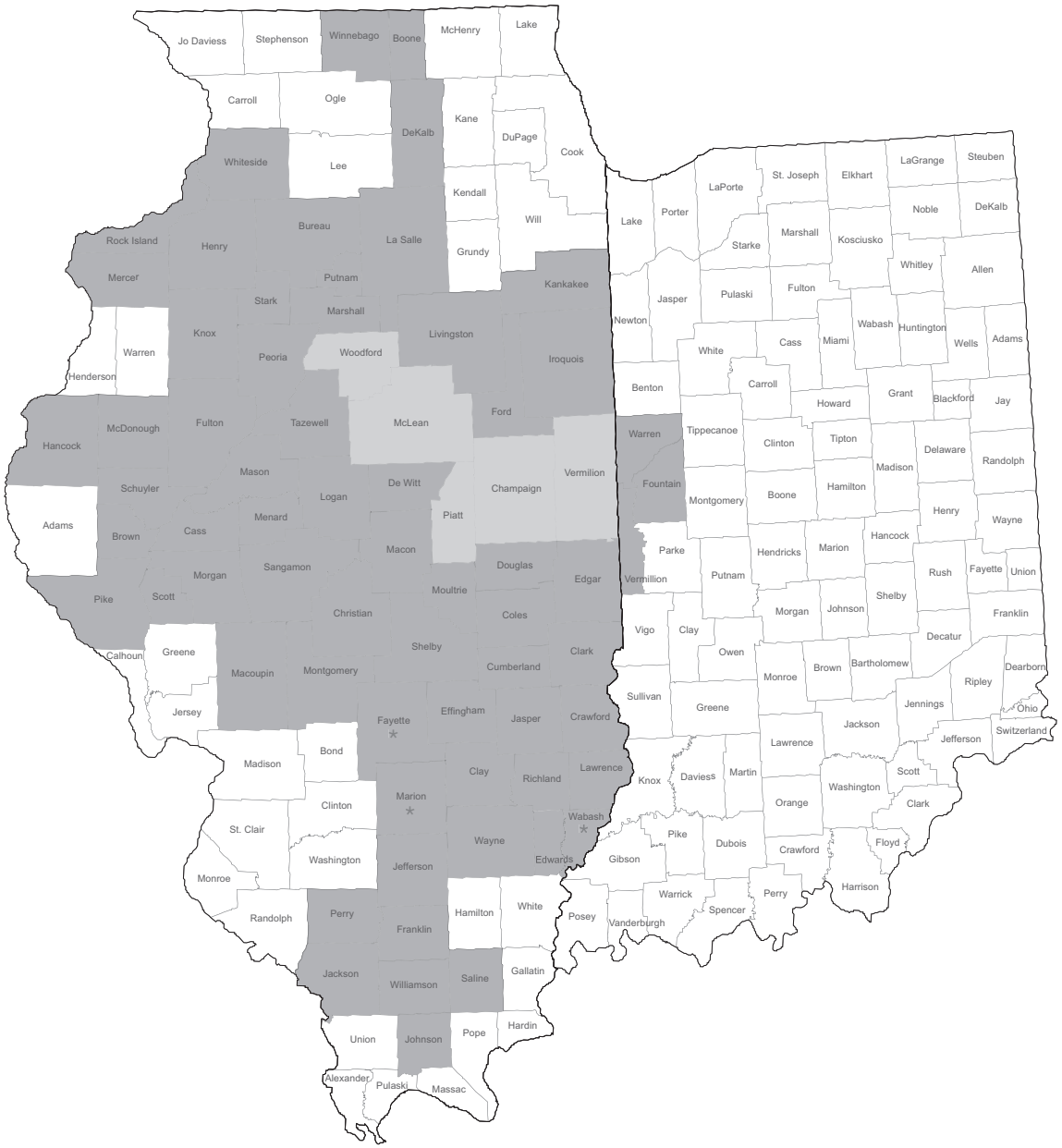
2019 Illinois and Western Indiana Health Alliance Group Medicare



Health Alliance Group Medicare Advantage HMO and POS service area

Simplete Plans

Health Alliance Group Medicare Advantage HMO and POS Plans are available to groups domiciled in all shaded counties in Illinois and the three shaded counties in Indiana.

Health Alliance Group Medicare Supplement Plans and Group Stand-Alone Prescription Drug Plans are available in all counties in Illinois. These plans are not available in Indiana.

* New counties for 2019

Health Alliance
GROUP MEDICARE PLANS℠

Group Medicare–IL/IN	HMO Option 1 (available for groups only)	HMO Option 2 (available for groups only)
Monthly Premium	$241	$220
Member Benefits	**In-Network Only**	**In-Network Only**
Plan Year Deductible	$0	$0
Plan Year Out-of-Pocket Maximum	$3,500	$6,700
Be Healthy Annual Physical and Preventive Services*	$0 copayment	$0 copayment
Primary Care Office Visit	$20 copayment	$10 copayment
Specialist Office Visit	$40 copayment	$50 copayment
Virtual Visit	$20 copayment	$10 copayment
Outpatient Diagnostic Procedures/Tests/ Lab	$0 copayment	20% coinsurance
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	$5 copayment	$150 copayment
Outpatient Radiological Services- X-rays	$0 copayment	20% coinsurance
Outpatient Hospital Services- Surgery	$150 copayment	20% coinsurance
Inpatient Hospital Care *Unlimited days each benefit period*	$150 each day for days 1–7, $0 each day for days 8–60, $50 each day for days 61–90, $0 each day for days 91 and beyond	$247 each day for days 1–8, $0 each day for days 9–60, $100 each day for days 61–90, $0 each day for days 91 and beyond
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	$0 each day for days 1–20, $125 each day for days 21–100	$0 each day for days 1–20, $160 each day for days 21–100
Emergency Care/Post Stabilization Care	$90 copayment	$90 copayment
Urgently Needed Care	$25 copayment	$65 copayment
Durable Medical Equipment and Prosthetic Devices	20% coinsurance	20% coinsurance
Preferred-Brand (Abbott) Diabetic Test Strips and Blood Glucose Monitors	0% coinsurance	0% coinsurance
Non-Preferred Diabetic Test Strips and Blood Glucose Monitors	20% coinsurance	20% coinsurance
Prescription Drugs (30-day supply)**	$0 deductible	$0 deductible
Tier 1 Preferred Generic at Walgreens	$0 copayment	$0 copayment
Tier 1 Preferred Generic Elsewhere	$9 copayment	$15 copayment
Tier 2 Generic	$20 copayment	$30 copayment
Tier 3 Preferred Brand	$47 copayment	$30 copayment
Tier 4 Non-Preferred Drug	25% coinsurance	$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	After member's yearly out-of-pocket drug costs reach $5,100, member pays the greater of: $3.40 or 5% for generics (whichever is higher) $8.50 or 5% for all other drugs (whichever is higher)	

*Immunizations, annual physical exam, mammograms, pap smears, cancer screenings, and more. Age/frequency schedules apply.
**All plans include 2 x 30-day copay for 90-day scripts filled at Walgreens & preferred pharmacies (2.5 x 30-day copays for 90-day scripts at all other contracted pharmacies).

Group Medicare–IL/IN	HMO Basic (available for groups and individuals)	HMO Basic Rx (available for groups and individuals)	HMO 40 Rx (available for groups and individuals)	HMO 20 Rx (available for groups and individuals)
Monthly Premium	$0	$32	$71	$115
Member Benefits	**In-Network Only**	**In-Network Only**	**In-Network Only**	**In-Network Only**
Plan Year Deductible	$0	$0	$0	$0
Plan Year Out-of-Pocket Maximum	$6,700	$6,700	$4,700	$4,000
Be Healthy Annual Physical and Preventive Services*	$0 copayment	$0 copayment	$0 copayment	$0 copayment
Primary Care Office Visit	$25 copayment	$25 copayment	$10 copayment	$20 copayment
Specialist Office Visit	$50 copayment	$50 copayment	$45 copayment	$40 copayment
Virtual Visit	$25 copayment	$25 copayment	$10 copayment	$20 copayment
Outpatient Diagnostic Procedures/Tests/Lab	20% coinsurance	20% coinsurance	$10 copayment	$10 copayment
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	$150 copayment	$150 copayment	$150 copayment	$5 copayment
Outpatient Radiological Services- X-rays	20% coinsurance	20% coinsurance	$10 copayment	$0 copayment
Outpatient Hospital Services- Surgery	20% coinsurance	20% coinsurance	$200 copayment	$200 copayment
Inpatient Hospital Care *Unlimited days each benefit period*	$300 each day for days1-6, $0 each day for days 7 and beyond	$300 each day for days1-6, $0 each day for days 7 and beyond	$275 each day for days1-6, $0 each day for days 7 and beyond	$250 each day for days1-6, $0 each day for days 7 and beyond
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	$0 each day for days 1–20, $168 each day for days 21–100	$0 each day for days 1–20, $168 each day for days 21–100	$0 each day for days 1–20, $168 each day for days 21–100	$0 each day for days 1–20, $168 each day for days 21–100
Emergency Care/Post Stabilization Care	$90 copayment	$90 copayment	$90 copayment	$90 copayment
Urgently Needed Care	$65 copayment	$65 copayment	$40 copayment	$25 copayment
Durable Medical Equipment and Prosthetic Devices	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Preferred-Brand (Abbott) Diabetic Test Strips and Blood Glucose Monitors	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance
Non-Preferred Diabetic Test Strips and Blood Glucose Monitors	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Prescription Drugs (30-day supply)**	N/A	$0 deductible	$0 deductible	$0 deductible
Tier 1 Preferred Generic at Walgreens	N/A	$0 copayment	$0 copayment	$0 copayment
Tier 1 Preferred Generic Elsewhere	N/A	$9 copayment	$9 copayment	$9 copayment
Tier 2 Generic	N/A	$20 copayment	$20 copayment	$20 copayment
Tier 3 Preferred Brand	N/A	$47 copayment	$47 copayment	$47 copayment
Tier 4 Non-Preferred Drug	N/A	50% coinsurance	50% coinsurance	50% coinsurance
Tier 5 Specialty Tier	N/A	33% coinsurance	33% coinsurance	33% coinsurance
Coverage Gap Stage One-month (30-day) supply	N/A	From $3,750 until member's yearly out-of-pocket drug costs reach $5,100, member pays 44% of generic drugs and 35% for brand-name drugs after the 50% manufacturer discount and 10% brand name coverage.		
Catastrophic Coverage One-month (30-day) supply	N/A	After member's yearly out-of-pocket drug costs reach $5,100, member pays the greater of: $3.40 or 5% for generics (whichever is higher) $8.50 or 5% for all other drugs (whichever is higher)		

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

**All Rx plans include 2 x 30-day copay for 90-day scripts filled at Walgreens & preferred pharmacies (2.5 x 30-day copays for 90-day scripts at all other contracted pharmacies), and 44%/35% generic/brand coverage for non-low income members in the coverage gap.

Group Medicare–IL/IN	POS Option 1 (available for groups only)		POS Option 2 (available for groups only)		POS Option 3 (available for groups only)	
Monthly Premium	$261		$335		$394	
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	$4,000	$5,100 (in- and out-of-network combined)	$4,000	$5,100 (in- and out-of-network combined)	$4,000	$5,100 (in- and out-of-network combined)
Be Healthy Annual Physical and Preventive Services*	$0 copayment	$30 copayment	$0 copayment	$30 copayment	$0 copayment	$30 copayment
Primary Care Office Visit	$20 copayment	$40 copayment	$20 copayment	$40 copayment	$20 copayment	$40 copayment
Specialist Office Visit	$30 copayment	$40 copayment	$30 copayment	$40 copayment	$30 copayment	$40 copayment
Virtual Visit	$20 copayment	$40 copayment	$20 copayment	$40 copayment	$20 copayment	$40 copayment
Outpatient Diagnostic Procedures/Tests/ Lab	$0 copayment	$30 copayment	$0 copayment	$30 copayment	$0 copayment	$30 copayment
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	$0 copayment	$30 copayment	$0 copayment	$30 copayment	$0 copayment	$30 copayment
Outpatient Radiological Services- X-rays	$0 copayment	$30 copayment	$0 copayment	$30 copayment	$0 copayment	$30 copayment
Outpatient Hospital Services- Surgery	$175 copayment	$250 copayment	$175 copayment	$250 copayment	$175 copayment	$250 copayment
Inpatient Hospital Care *Unlimited days each benefit period*	$195 each day for days 1–10, $0 each day for days 11 and beyond	25% coinsurance	$195 each day for days 1–10, $0 each day for days 11 and beyond	25% coinsurance	$195 each day for days 1–10, $0 each day for days 11 and beyond	25% coinsurance
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	$20 each day for days 1–20, $75 each day for days 21–100	$25 each day for days 1–20, $125 each day for days 21–100	$20 each day for days 1–20, $75 each day for days 21–100	$25 each day for days 1–20, $125 each day for days 21–100	$20 each day for days 1–20, $75 each day for days 21–100	$25 each day for days 1–20, $125 each day for days 21–100
Emergency Care/Post Stabilization Care	$90 copayment	$90 copayment	$90 copayment	$90 copayment	$90 copayment	$90 copayment
Urgently Needed Care	$30 copayment	$30 copayment	$30 copayment	$30 copayment	$30 copayment	$30 copayment
Durable Medical Equipment and Prosthetic Devices	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Preferred-Brand (Abbott) Diabetic Test Strips and Blood Glucose Monitors	0% coinsurance	20% coinsurance	0% coinsurance	20% coinsurance	0% coinsurance	20% coinsurance
Non-Preferred Diabetic Test Strips and Blood Glucose Monitors	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Prescription Drugs (30-day supply)**	$0 deductible		$0 deductible		$0 deductible	
Tier 1 Preferred Generic at Walgreens	$0 copayment		$0 copayment		$0 copayment	
Tier 1 Preferred Generic Elsewhere	$20 copayment		$15 copayment		$10 copayment	
Tier 2 Generic	$40 copayment		$30 copayment		$20 copayment	
Tier 3 Preferred Brand	$40 copayment		$30 copayment		$20 copayment	
Tier 4 Non-Preferred Drug	$100 copayment		$100 copayment		$100 copayment	
Tier 5 Specialty Tier	25% coinsurance		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	After member's yearly out-of-pocket drug costs reach $5,100, member pays the greater of: $3.40 or 5% for generics (whichever is higher) $8.50 or 5% for all other drugs (whichever is higher)					

*Immunizations, annual physical exam, mammograms, pap smears, cancer screenings, and more. Age/frequency schedules apply.
**All plans include 2 x 30-day copay for 90-day scripts filled at Walgreens & preferred pharmacies (2.5 x 30-day copays for 90-day scripts at all other contracted pharmacies).

Group Medicare–IL/IN	POS Basic Rx (available for groups and individuals)		POS 30 Rx (available for groups and individuals)		POS 10 Rx (available for groups and individuals)	
Monthly Premium	$51		$95		$155	
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	$6,700	$10,000 (in- and out-of-network combined)	$5,500	$10,000 (in- and out-of-network combined)	$4,500	$5,750 (in- and out-of-network combined)
Be Healthy Annual Physical and Preventive Services*	$0 copayment	$50 copayment	$0 copayment	$50 copayment	$0 copayment	$30 copayment
Primary Care Office Visit	$35 copayment	$50 copayment	$15 copayment	$50 copayment	$20 copayment	$40 copayment
Specialist Office Visit	$50 copayment	$50 copayment	$45 copayment	$50 copayment	$30 copayment	$40 copayment
Virtual Visit	$35 copayment	$50 copayment	$15 copayment	$50 copayment	$20 copayment	$40 copayment
Outpatient Diagnostic Procedures/Tests/ Lab	$40 copayment	$50 copayment	$40 copayment	$50 copayment	$0 copayment	$30 copayment
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	$40 copayment	$50 copayment	$40 copayment	$50 copayment	$0 copayment	$30 copayment
Outpatient Radiological Services- X-rays	$40 copayment	$50 copayment	$40 copayment	$50 copayment	$0 copayment	$30 copayment
Outpatient Hospital Services- Surgery	25% coinsurance	25% coinsurance	$325 copayment	$375 copayment	$250 copayment	$325 copayment
Inpatient Hospital Care *Unlimited days each benefit period*	$450 each day for days 1–4, $0 each day for days 5 and beyond	$600 each day for days 1–4, $0 each day for days 5–90	$350 each day for days 1–6, $0 each day for days 7 and beyond	$375 each day for days 1–8, $0 each day for days 9–60, $200 each day for days 61–90	$195 each day for days 1–10, $0 each day for days 11 and beyond	25% coinsurance
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	$0 each day for days 1–20, $168 each day for days 21–100	$100 each day for days 1–20, $200 each day for days 21–100	$0 each day for days 1–20, $168 each day for days 21–100	$200 each day for days 1–20, $400 each day for days 21–100	$0 each day for days 1–20, $168 each day for days 21–100	$85 each day for days 1–20, $225 each day for days 21–100
Emergency Care/Post Stabilization Care	$90 copayment	$90 copayment	$90 copayment	$90 copayment	$90 copayment	$90 copayment
Urgently Needed Care	$65 copayment	$65 copayment	$40 copayment	$40 copayment	$30 copayment	$30 copayment
Durable Medical Equipment and Prosthetic Devices	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Preferred-Brand (Abbott) Diabetic Test Strips and Blood Glucose Monitors	0% coinsurance	20% coinsurance	0% coinsurance	20% coinsurance	0% coinsurance	20% coinsurance
Non-Preferred Diabetic Test Strips and Blood Glucose Monitors	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Prescription Drugs (30-day supply)**	$0 deductible	$0 deductible	$0 deductible	$0 deductible	$0 deductible	$0 deductible
Tier 1 Preferred Generic at Walgreens	$0 copayment	$0 copayment	$0 copayment	$0 copayment	$0 copayment	$0 copayment
Tier 1 Preferred Generic Elsewhere	$9 copayment	$9 copayment	$9 copayment	$9 copayment	$9 copayment	$9 copayment
Tier 2 Generic	$20 copayment	$20 copayment	$20 copayment	$20 copayment	$20 copayment	$20 copayment
Tier 3 Preferred Brand	$47 copayment	$47 copayment	$47 copayment	$47 copayment	$47 copayment	$47 copayment
Tier 4 Non-Preferred Drug	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Tier 5 Specialty Tier	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Coverage Gap Stage One-month (30-day) supply	From $3,750 until member's yearly out-of-pocket drug costs reach $5,100, member pays 44% of generic drugs and 35% for brand-name drugs after the 50% manufacturer discount and 10% brand name coverage.					
Catastrophic Coverage One-month (30-day) supply	After member's yearly out-of-pocket drug costs reach $5,100, member pays the greater of: $3.40 or 5% for generics (whichever is higher) $8.50 or 5% for all other drugs (whichever is higher)					

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

**All plans include 2 x 30-day copay for 90-day scripts filled at Walgreens & preferred pharmacies (2.5 x 30-day copays for 90-day scripts at all other contracted pharmacies), and 44%/35% generic/brand coverage for non-low income members in the coverage gap.

Group Medicare–IL/IN	POS Basic (available for groups and individuals)		POS 10 (available for groups and individuals)	
Monthly Premium	$23		$124	
Member Benefits	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Plan Year Deductible	$0		$0	
Plan Year Out-of-Pocket Maximum	$6,700	$10,000 (in- and out-of-network combined)	$4,500	$5,750 (in- and out-of-network combined)
Be Healthy Annual Physical and Preventive Services*	$0 copayment	$50 copayment	$0 copayment	$30 copayment
Primary Care Office Visit	$35 copayment	$50 copayment	$20 copayment	$40 copayment
Specialist Office Visit	$50 copayment	$50 copayment	$30 copayment	$40 copayment
Outpatient Diagnostic Procedures/Tests/ Lab	$40 copayment	$50 copayment	$0 copayment	$30 copayment
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	$40 copayment	$50 copayment	$0 copayment	$30 copayment
Outpatient Radiological Services- X-rays	$40 copayment	$50 copayment	$0 copayment	$30 copayment
Outpatient Hospital Services- Surgery	25% coinsurance	25% coinsurance	$200 copayment	$275 copayment
Inpatient Hospital Care *Unlimited days each benefit period*	$450 each day for days 1–4, $0 each day for days 5 and beyond	$600 each day for days 1–4, $0 each day for days 5–90	$195 each day for days 1–10, $0 each day for days 11 and beyond	25% coinsurance
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	$0 each day for days 1–20, $168 each day for days 21–100	$100 each day for days 1–20, $200 each day for days 21–100	$0 each day for days 1–20, $167.50 each day for days 21–100	$85 each day for days 1–20, $225 each day for days 21–100
Emergency Care/Post Stabilization Care	$90 copayment	$90 copayment	$80 copayment	$80 copayment
Urgently Needed Care	$65 copayment	$65 copayment	$30 copayment	$30 copayment
Durable Medical Equipment and Prosthetic Devices	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Preferred-Brand (Abbott) Diabetic Test Strips and Blood Glucose Monitors	0% coinsurance	20% coinsurance	0% coinsurance	20% coinsurance
Non-Preferred Diabetic Test Strips and Blood Glucose Monitors	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Prescription Drugs (30-day supply)	N/A	N/A	N/A	N/A
Tier 1 Preferred Generic at Walgreens	N/A	N/A	N/A	N/A
Tier 1 Preferred Generic Elsewhere	N/A	N/A	N/A	N/A
Tier 2 Generic	N/A	N/A	N/A	N/A
Tier 3 Preferred Brand	N/A	N/A	N/A	N/A
Tier 4 Non-Preferred Drug	N/A	N/A	N/A	N/A
Tier 5 Specialty Tier	N/A	N/A	N/A	N/A
Coverage Gap Stage One-month (30-day) supply	N/A	N/A	N/A	N/A
Catastrophic Coverage One-month (30-day) supply	N/A	N/A	N/A	N/A

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

Group Medicare – PDP	PDP Option 1 (available for groups only)	PDP Option 2 (available for groups only)
Monthly Premium	$65	$156
Member Benefits		
Plan Year Deductible	N/A	N/A
Plan Year Out-of-Pocket Maximum	N/A	N/A
Be Healthy Annual Physical and Preventive Services	N/A	N/A
Primary Care Office Visit	N/A	N/A
Specialist Office Visit	N/A	N/A
Outpatient Diagnostic Procedures/Tests/ Lab	N/A	N/A
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	N/A	N/A
Outpatient Radiological Services- X-rays	N/A	N/A
Outpatient Hospital Services- Surgery	N/A	N/A
Inpatient Hospital Care *Unlimited days each benefit period*	N/A	N/A
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	N/A	N/A
Emergency Care/Post Stabilization Care	N/A	N/A
Urgently Needed Care	N/A	N/A
Durable Medical Equipment and Prosthetic Devices	N/A	N/A
Preferred-Brand (Abbott) Diabetic Test Strips and Blood Glucose Monitors	N/A	N/A
Non-Preferred Diabetic Test Strips and Blood Glucose Monitors	N/A	N/A
Prescription Drugs (30-day supply)* (deductibles exclude Tiers 1 and 2)	$0 deductible	$150 deductible
Tier 1 Preferred Generic at Walgreens	$0 copayment	$0 copayment
Tier 1 Preferred Generic Elsewhere	$20 copayment	$20 copayment
Tier 2 Generic	$47 copayment	$47 copayment
Tier 3 Preferred Brand	$47 copayment	$47 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	From $3,750 until member's yearly out-of-pocket drug costs reach $5,100, member pays 44% of generic drugs and 35% for brand-name drugs after the 50% manufacturer discount and 10% brand name coverage.	Prescription Drug Coverage continues through Medicare's Coverage Gap Stage.
Catastrophic Coverage One-month (30-day) supply	After member's yearly out-of-pocket drug costs reach $5,100, member pays the greater of: $3.40 or 5% for generics (whichever is higher) $8.50 or 5% for all other drugs (whichever is higher)	

* All plans include 2 x 30-day copay for 90-day scripts filled at Walgreens & preferred pharmacies (2.5 x 30-day copays for 90-day scripts at all other contracted pharmacies). PDP Option 1 only: 44%/35% generic/brand coverage for non-low income members in the coverage gap.

Group Medicare–IL/IN	Simplete 1 (available for individuals and groups)	Simplete 2 (available for individuals and groups)	
Monthly Premium	$0	$28	
	In-Network Only	In-Network	
		Tier 1	Tier 2
Member Benefits			
Plan Year Deductible	$0	$0	$0
Plan Year OOPM	$4,000	$4,500	
Be Healthy Annual Physical and Preventative Services*	$0 copayment	$0 copayment	$0 copayment
Primary Care Office Visist	$5 copayment	$5 copayment	$25 copayment
Virtual Visit	$5 copayment	$5 copayment	$25 copayment
Specialist Office Visit	$10 copayment	$10 copayment	$10 copayment
Outpatient Diagnostic Proceures/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, Days 9-60: $0 per day, Days 61-60: $100 per day, Days 91+: $0 per day	Days 1-8: $200 per day, Days 9-60: $0 per day, Days 6 –90: $100 per day, Days 91+: $0 per day	Days 1-8: $250 per day, Days 9-60: $0 per day Days 6 –90: $100 per day, Days 91+: $0 per day
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	Days 1-20: $0 per day, Days 21-100: $170 per day	Days 1–20: $0 per day, Days 21-100: $170 per day	Days 1–20: $0 per day, Days 21-100: $170 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	Bed rails: 0%, Other: 20% coninsurance	Bed Rails: 0% coinsurance, Other: 20% coinsurance	Bed Rails: 0% coinsurance, Other: 20% coinsurance
Preferred brand (Abbott) Diabetic Test Strips and Blood Glucose Monitors	0% coinsurance	0% coinsurance	0% coinsurance
Non-Preferred Diabetic Test Strips and Blood Glucose Monitors	20% coinsurance	20% coinsurance	20% coinsurance
Prescription Drugs (30-day supply)			
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	37% for all generic drugs and 25% for all brand-name drugs	37% 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 $5,100, member pays the greater of: $3.40 or 5% for generics (whichever is higher) $8.50 or 5% for all other drugs (whichever is higher)	After member's yearly out-of-pocket drug costs reach $5,100, member pays the greater of: $3.40 or 5% for generics (whichever is higher) $8.50 or 5% for all other drugs (whichever is higher)	

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

Group Medicare–IL/IN	Simplete 3 (available for individuals and groups)		
Monthly Premium	$48		
	In-Network		Out-of-Network
	Tier 1	Tier 2	
Member Benefits			
Plan Year Deductible	$0	$0	$0
Plan Year OOPM	$4,500 combined Tier 1 and Tier 2		$6,700
Be Healthy Annual Physical and Preventative Services*	$0 copayment	$0 copayment	$0 copayment
Primary Care Office Visist	$5 copayment	$20 copayment	$50 copayment
Virtual Visit	$5 copayment	$20 copayment	$50 copayment
Specialist Office Visit	$10 copayment	$40 copayment	$50 copayment
Outpatient Diagnostic Proceures/Tests/ Lab	$10 copayment	$10 copayment	$50 copayment
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	$50 copayment	$30 copayment	$50 copayment
Outpatient Radiological Services- X-rays	$10 copayment	$30 copayment	$50 copayment
Outpatient Hospital Services- Surgery	$100 copayment	25% coinsurance	25% coinsurance
Inpatient Hospital Care	Days 1-8: $200 per day, Days 9-60: $0 per day, Days 61 –90: $100 per day, Days 91+: $0 per day	Days 1-4: $450 per day, Days 5+: $0 per day	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: $170 per day	Days 1–20: $0 per day, Days 21-100: $170 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	Bed Rails: 0% coinsurance, Other: 20% coinsurance	Bed Rails: 0% coinsurance, Other: 20% coinsurance	Bed Rails: 0% coinsurance, Other: 20% coinsurance
Preferred brand (Abbott) Diabetic Test Strips and Blood Glucose Monitors	0% coinsurance	0% coinsurance	20% coinsurance
Non-Preferred Diabetic Test Strips and Blood Glucose Monitors	20% coinsurance	20% coinsurance	20% coinsurance
Prescription Drugs (30-day supply)			
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	37% 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 $5,100, member pays the greater of: $3.40 or 5% for generics (whichever is higher) $8.50 or 5% for all other drugs (whichever is higher)		

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