

## 2018 Washington Group Medicare



<b>Group Medicare – Thurston county</b>	<b>HMO Option 1 (available for groups only)</b>	<b>HMO Option 2 (available for groups only)</b>
Monthly Premium	\$252	\$228
<b>Member Benefits</b>	<b>In-Network Only</b>	<b>In-Network Only</b>
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 <i>Unlimited days each benefit period</i>	\$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	\$80 copayment	\$80 copayment
Urgently Needed Care	\$40 copayment	\$55 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
<b>Prescription Drugs (30-day supply)**</b>	\$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	After member's yearly out-of-pocket drug costs reach \$5,000, member pays the greater of: \$3.35 copay for generic drugs and \$8.35 copay for brand-name drugs, OR 5% coinsurance.	

\*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).

<b>Group Medicare – Thurston county</b>	<b>Pioneer HMO (available for groups and individuals)</b>	<b>Pioneer Basic Rx (available for groups and individuals)</b>	<b>Pioneer Rx (available for groups and individuals)</b>	<b>Pioneer Rx Plus (available for groups and individuals)</b>
Monthly Premium	\$22	\$0	\$52	\$96
<b>Member Benefits</b>	<b>In-Network Only</b>	<b>In-Network Only</b>	<b>In-Network Only</b>	<b>In-Network Only</b>
Plan Year Deductible	\$0	\$0	\$0	\$0
Plan Year Out-of-Pocket Maximum	\$5,900	\$6,700	\$5,900	\$4,700
Be Healthy Annual Physical and Preventive Services*	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Primary Care Office Visit	\$15 copayment	\$20 copayment	\$15 copayment	\$5 copayment
Specialist Office Visit	\$45 copayment	\$50 copayment	\$45 copayment	\$35 copayment
Outpatient Diagnostic Procedures/Tests/Lab	\$10 copayment	\$10 copayment	\$10 copayment	\$10 copayment
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	\$200 copayment	\$300 copayment	\$200 copayment	20% coinsurance
Outpatient Radiological Services- X-rays	\$30 copayment	\$30 copayment	\$30 copayment	\$30 copayment
Outpatient Hospital Services- Surgery	\$350 copayment	\$350 copayment	\$350 copayment	\$300 copayment
Inpatient Hospital Care <i>Unlimited days each benefit period</i>	\$363 each day for days 1–5, \$0 each day for days 6 and beyond	\$450 each day for days 1–4, \$0 each day for days 5 and beyond	\$363 each day for days 1–5, \$0 each day for days 6 and beyond	\$300 each day for days 1–6, \$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, \$165.50 each day for days 21–100	\$0 each day for days 1–20, \$167.50 each day for days 21–100	\$0 each day for days 1–20, \$165.50 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	\$80 copayment	\$80 copayment	\$80 copayment	\$80 copayment
Urgently Needed Care	\$50 copayment	\$60 copayment	\$50 copayment	\$40 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
<b>Prescription Drugs (30-day supply)**</b>	N/A	\$0 deductible	\$0 deductible	\$0 deductible
Tier 1 Preferred Generic at Walgreens and other preferred pharmacies	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 \$5,000, 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 \$5,000, member pays the greater of: \$3.35 copay for generic drugs and \$8.35 copay for brand-name drugs, OR 5% coinsurance.		

\*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.

