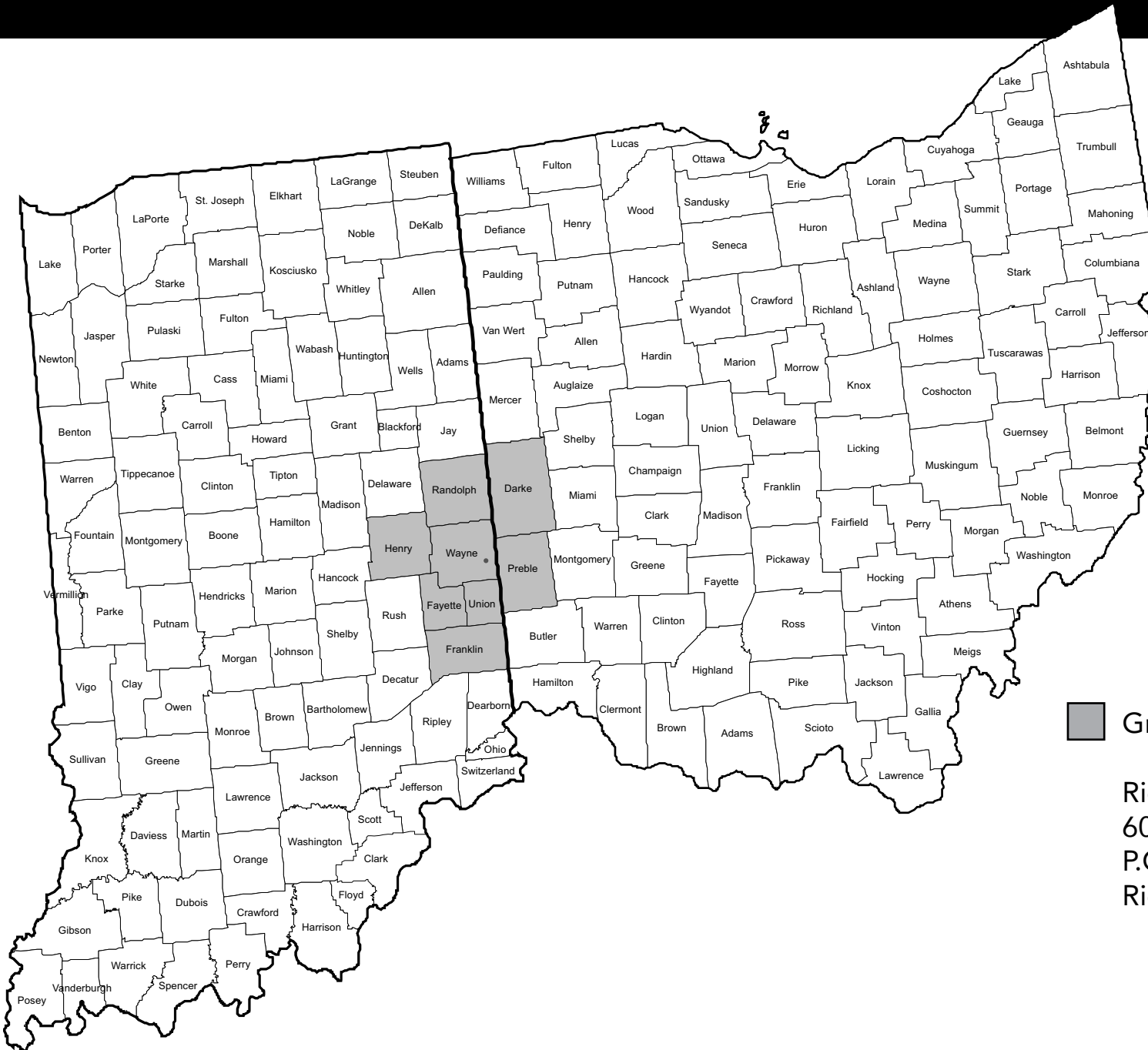


2018 Reid Health Group Medicare



 Group Medicare HMO plans

Richmond Retail Location
600 E. Main St.
P.O. Box 1604
Richmond, IN 47357

Group Medicare – Reid	Reid Health Alliance HMO (available for groups and individuals)	Reid Health Alliance HMO Rx (available for groups and individuals)	Reid Health Alliance HMO Rx Plus (available for groups and individuals)	HMO Option 1 (available for groups only)	HMO Option 2 (available for groups only)
Monthly Premium	\$0	\$52	\$92	\$249	\$171
Member Benefits	In-Network Only	In-Network Only	In-Network Only	In-Network Only	In-Network Only
Plan Year Deductible	\$0	\$0	\$0	\$0	\$0
Plan Year Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,000	\$3,500	\$6,700
Be Healthy Annual Physical and Preventive Services*	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Primary Care Office Visit	\$20 copayment	\$20 copayment	\$10 copayment	\$20 copayment	\$10 copayment
Specialist Office Visit	\$50 copayment	\$50 copayment	\$45 copayment	\$40 copayment	\$50 copayment
Outpatient Diagnostic Procedures/Tests/Lab	\$70 copayment	\$70 copayment	20% coinsurance	\$0 copayment	20% coinsurance
Outpatient Radiological Services- Complex Diagnostic (e.g. MRI/CT Scans)	\$250 copayment	\$250 copayment	\$150 copayment	\$5 copayment	\$150 copayment
Outpatient Radiological Services- X-rays	20% coinsurance	20% coinsurance	\$90 copayment	\$0 copayment	20% coinsurance
Outpatient Hospital Services- Surgery	\$345 copayment	\$345 copayment	20% coinsurance	\$150 copayment	20% coinsurance
Inpatient Hospital Care <i>Unlimited days each benefit period</i>	\$300 each day for days 1–6, \$0 each day for days 7 and beyond	\$300 each day for days 1–6, \$0 each day for days 7 and beyond	\$300 each day for days 1–6, \$0 each day for days 7 and beyond	\$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, \$167.50 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, \$155 each day for days 21–100	\$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	\$80 copayment	\$80 copayment	\$80 copayment	\$80 copayment	\$80 copayment
Urgently Needed Care	\$45 copayment	\$45 copayment	\$45 copayment	\$25 copayment	\$65 copayment
Durable Medical Equipment and Prosthetic Devices	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Preferred brand (Abbott) Diabetic Test Strips and Blood Glucose Monitors	\$0 copayment	\$0 copayment	\$0 copayment	0% coinsurance	0% coinsurance
Non-Preferred Diabetic Test Strips and Blood Glucose Monitors	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Prescription Drugs (30-day supply)**	N/A	\$0 deductible	\$0 deductible	\$0 deductible	\$0 deductible
Tier 1 Preferred Generic at Walgreens and other preferred pharmacies	N/A	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Tier 1 Preferred Generic Elsewhere	N/A	\$9 copayment	\$9 copayment	\$9 copayment	\$15 copayment
Tier 2 Generic	N/A	\$20 copayment	\$20 copayment	\$20 copayment	\$30 copayment
Tier 3 Preferred Brand	N/A	\$47 copayment	\$47 copayment	\$47 copayment	\$30 copayment
Tier 4 Non-Preferred Drug	N/A	50% coinsurance	50% coinsurance	25% coinsurance	\$100 copayment
Tier 5 Specialty Tier	N/A	33% coinsurance	33% coinsurance	25% coinsurance	25% 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.		Prescription Drug Coverage continues through Medicare's Coverage Gap Stage.	
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.

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