

HMO Plans

Aetna Medicare Plan (HMO), Health Alliance MAPD HMO and Humana Employer Medicare HMO

The chart below highlights Medicare Advantage Prescription Drug (MAPD) benefits for the HMO plans under the *Total Retiree Advantage Illinois* program.

2021 Plan Year HMO Medical Benefit Members must use network providers, except for emergency services	
Annual medical deductible	None
Annual out-of-pocket maximum	\$3,000
Doctor office visit	Plan pays 100% after you pay \$20 copay per visit
Specialist office visit	Plan pays 100% after you pay \$20 copay per visit
Preventive services	Plan pays 100%; you pay 0%
Emergency	Plan pays 100% after you pay \$120 copay per visit (can use non-network provider if nearer to you than network provider); copay is waived if you are admitted within 24 hours
Inpatient hospital	Plan pays 100% after you pay \$250 copay per admission
Outpatient surgery	Plan pays 100% after you pay \$150 copay
Diagnostic tests (lab, x-ray, radiology)	Plan pays 100%; you pay 0%
Hearing Instruments and related services	\$2,500 per hearing instrument and related services every 24 months for all individuals when a hearing care professional prescribes a hearing instrument. Contact plan for additional details.
Acupuncture for Chronic lower back pain	\$20 copayment. For further information regarding coverage, contact the plan administrator.

2021 Plan Year HMO Prescription Drug Benefit			
Retail And Mail Order Pharmacy (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2.5 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1*	\$10	\$20	\$30
Tier 2	\$20	\$40	\$60
Tier 3 and Tier 4 (specialty drugs)**	\$40	\$80	\$120
Catastrophic Coverage Stage	Copayments are capped as indicated below once a member reaches \$6,550 in true out-of-pocket prescription drug costs.		
Aetna Medicare Plan (HMO), Health Alliance MAPD HMO and Humana Employer Medicare HMO	Greater of 5% of the retail cost of the drug <u>OR</u> \$3.70/Generic or \$9.20/Non-generic; the 5% cannot exceed the caps below:		
	30-Day Supply \$40	60-Day Supply \$80	90-Day Supply \$120

* HMOs may also have a pharmacy saver program, contact the plan provider for more information.

** Specialty drugs may only be available in a 30-day supply; varies by plan.