

# 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.

<b>2021 Plan Year HMO Medical Benefit</b> <b>Members must use network providers, except for emergency services</b>	
<b>Annual medical deductible</b>	None
<b>Doctor office visit</b>	Plan pays 100% after you pay \$20 copay per visit
<b>Specialist office visit</b>	Plan pays 100% after you pay \$30 copay per visit
<b>Preventive services</b>	Plan pays 100%; you pay 0%
<b>Emergency</b>	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
<b>Inpatient hospital</b>	Plan pays 100% after you pay \$350 copay per admission
<b>Outpatient surgery</b>	Plan pays 100% after you pay \$250 copay
<b>Diagnostic tests (lab, x-ray, radiology)</b>	Plan pays 100%; you pay 0%
<b>Annual out-of-pocket maximum</b>	\$3,000
<b>Hearing Instruments and related services</b>	\$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.
<b>Acupuncture for chronic lower back pain</b>	\$30 copayment. For further information regarding coverage, contact the plan administrator.

<b>2021 Plan Year HMO Prescription Drug Benefit</b>			
<b>Rx Plan Year Deductible</b>	<b>\$100</b>		
<b>Retail And Mail Order Pharmacy</b> (Initial and Coverage Gap Stages)	You may obtain a 90-day supply of drugs at a retail pharmacy or through mail order. The copayment for a 61-90 day supply is 2.5 times the 30-day copayment amount.		
	<b>30-Day Supply</b>	<b>60-Day Supply</b>	<b>90-Day Supply</b>
<b>Tier 1*</b>	<b>\$8</b>	<b>\$16</b>	<b>\$20</b>
<b>Tier 2</b>	<b>\$26</b>	<b>\$52</b>	<b>\$65</b>
<b>Tier 3 and Tier 4 (specialty drugs)**</b>	<b>\$50</b>	<b>\$100</b>	<b>\$125</b>
<b>Catastrophic Coverage Stage</b>	Copayments are capped as indicated below once a member reaches \$6,550 in true out-of-pocket prescription drug costs.		
<b>Aetna Medicare Plan (HMO), Health Alliance MAPD HMO and Humana Employer Medicare HMO</b>	<b>Greater of 5% of the retail cost of the drug OR \$3.70/Generic or \$9.20/Non-generic; the 5% cannot exceed the caps below:</b>		
	30-Day Supply <b>\$50</b>	60-Day Supply <b>\$100</b>	90-Day Supply <b>\$125</b>

\* 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.