

# 2015 benefits at a glance

Includes comparison chart



Group Health Medicare Advantage Basic (HMO)  
Group Health Medicare Advantage Vital (HMO)  
Group Health Medicare Advantage Essential (HMO)  
Group Health Medicare Advantage Optimal (HMO)

**Available in King, Kitsap, Lewis, Pierce, Snohomish, and Thurston counties,  
and parts of Grays Harbor and Mason counties**



Group Health Cooperative Medicare Advantage HMO plans have earned a **5-star rating** from CMS **four** years in a row—2012, 2013, 2014, and 2015.\*

\*Source: 2015 MA Landscape Source Files found at [www.cms.gov](http://www.cms.gov)

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## 9 reasons to choose a Group Health Medicare Advantage plan

**1 Care and coverage working together.** Because we operate our own care system—Group Health Medical Centers—our doctors and health plan administrators work together to build smarter health plans that provide smarter care. For more than 65 years, our goal has been to keep members healthier, and keep costs affordable.

**2 Guaranteed access to doctors who accept Medicare patients.** Group Health Medical Centers has one of the largest multispecialty group practices in Washington state, with high-quality primary care and specialty physicians who are committed to serving Medicare enrollees, and invested in long-term relationships with their patients.

**3 Personalized support for optimal health.** At Group Health Medical Centers clinics, an entire health care team—doctors, nurses, pharmacists, physical therapists—work together to make sure you get the care you need, when you need it. With programs to proactively manage health conditions, a 24/7 Consulting Nurse Service, support for healthy aging, and more, we partner with you to help you get and stay healthy.

**4 Plans to match your individual needs.** Whether you need frequent medical services and medications or just want health coverage in case of a major accident or illness, our plans are designed to give you choices that fit your health care needs and budget.

**5 A focus on preventing illness—not just curing it.** We're there for you when you're sick or injured, but our primary goal is to keep you well. Our services and benefits include preventive screenings and immunizations, smoking cessation programs, discounts at fitness facilities, and more.

**6 Convenient one-stop and online services.** When you receive care at a Group Health Medical Centers clinic, you can visit your doctor, pick up a prescription, and get lab tests—all at the same location. And convenience doesn't stop there. You can also go online to e-mail your doctor, refill prescriptions, schedule appointments, check test results, and more.

**7 Hospital care for serious issues.** We work with renowned hospitals such as Virginia Mason, Overlake, Franciscan, and Providence, so you're sure to get high-quality hospital care when you need it.

**8 Top-ranked plans.** Our Medicare Advantage HMO was ranked number 14 in the nation in the 2014–2015 National Committee for Quality Assurance (NCQA) Medicare Health Insurance Plan Rankings.

**9 A Customer Service team that's local and expert.** Extensive Medicare-specific training gives our representatives in-depth understanding to answer your coverage questions and help you get the care you need.

## See how we stack up

Our comparison chart shows details about the four Medicare Advantage HMO plans we're offering in your area in 2015. It also lists benefits for Original Medicare, and provides space for you to fill in information about your current health plan. Then you can compare the pros and cons of each, side by side.

After you've had a chance to consider your options, we hope you'll choose Group Health as your health care partner for 2015 and beyond.

### **Additional benefits available with Optimal plan**

As you're comparing our plans, keep in mind that the Optimal plan offers this additional coverage:

- Vision hardware: up to \$150 per year
- Hearing hardware: up to \$500 per year
- Nonemergency transportation benefit: \$0 copayment for 12 one-way trips for plan-approved care to plan-approved locations
- Alternative medicine: \$10 copay for 12 visits combined for acupuncture, naturopathic, and chiropractic (for manipulations other than the spine)

## Ready to enroll?

The Annual Enrollment Period for Medicare Advantage plans is Oct. 15–Dec. 7.

To enroll, just complete the enclosed Election Form and return it in the prepaid envelope OR enroll online at [medicare.ghc.org](http://medicare.ghc.org).

You can also fax the Election Form to 206-988-7543. Be sure to keep the fax confirmation sheet. And please **do not mail the original Election Form** to us. Save both documents for your records.



93%  
OF OUR  
MEDICARE ADVANTAGE  
MEMBERS RE-ENROLL  
IN OUR PLANS.\*

\*Year-end 2013 Group Health Cooperative membership report.






# Plan comparison chart



	ORIGINAL MEDICARE	MEDICARE ADVANTAGE BASIC HMO
<b>Monthly Premium</b>	Part B premium is \$104.90 and the yearly Part B deductible amount is \$147*	\$50
<b>Out-of-Pocket Maximum</b>	Does not apply	\$3,000
<b>Office Visit</b> Primary/Specialty Care	20% coinsurance	\$10/\$35
<b>Prescription Drugs</b>	<b>Not covered</b>	<b>Not covered</b>
<b>Annual Wellness Visit</b>	\$0	\$0
<b>Annual Routine Vision Exam</b>	Not covered	\$10–\$35
<b>Diagnostic Tests, Lab, and X-rays</b>	20% coinsurance for diagnostic tests and X-rays; \$0 copay for Medicare-covered lab services	\$0
<b>Therapeutic Radiology</b>	Inpatient: Part A deductible and coinsurance Outpatient: Part B deductible and copay Freestanding facility: Part B deductible and 20% of the Medicare-approved amount	20%
<b>Outpatient Diagnostic Radiology</b> (other than X-ray)	20% coinsurance	20%
<b>Outpatient Rehabilitation</b>	20% coinsurance	\$35
<b>Outpatient Surgery</b>	20% coinsurance for the doctor. Specified copayment for outpatient hospital facility charges. Copay cannot exceed Part A inpatient hospital deductible. 20% coinsurance for ambulatory surgical center facility charges.	\$200
<b>Inpatient Hospital Care</b>	Days 1–60 \$1,260 deductible; 61–90 \$315/day; 91–150 \$630/lifetime reserve day; Lifetime reserve day can only be used once*	Days 1–4 \$250/day; 5–90 \$0/day
<b>Skilled Nursing Facility</b>	Days 1–20 \$0/day; 21–100 \$157.50/day; 100 days for each benefit period*	Days 1–20 \$25/day; 21–100 \$50/day
<b>Durable Medical Equipment</b>	20% coinsurance	20%
<b>Ambulance</b>	20% coinsurance	\$150
<b>Emergency Care</b>	Specified coinsurance and copay for doctor and ER facilities charge. Not covered outside the U.S.	\$65
<b>Fitness Program</b>	Not covered	SilverSneakers®
<b>Optional Delta Dental Plan</b>	Not covered	See page 7 for details




\*These are 2015 cost shares. The amounts may change for 2016.

**NOTE:** This is a “benefits-at-a-glance” document. The contents are not to be accepted or construed as a substitute for the provisions of the Evidence of Coverage document.

 <b>MEDICARE ADVANTAGE VITAL HMO</b>	 <b>MEDICARE ADVANTAGE ESSENTIAL HMO</b>	 <b>MEDICARE ADVANTAGE OPTIMAL HMO</b>	<b>CURRENT HEALTH PLAN</b> Fill in and compare your coverage
\$27	\$113	\$253	
\$6,700	\$4,500	\$2,000	
\$10/\$50	\$10/\$35	\$10/\$20	
See page 6 for details	See page 6 for details	See page 6 for details	
\$0	\$0	\$0	
\$10–\$50	\$10–\$35	\$10–\$20	
20%	\$0	\$0	
20%	20%	20%	
20%	20%	\$25	
\$40	\$35	\$10	
20%	\$200	\$100	
Days 1–4 \$350/day; 5–90 \$0/day	Days 1–4 \$250/day; 5–90 \$0/day	Days 1–2 \$100/day; 3–90 \$0/day	
Days 1–20 \$0/day; 21–100 \$150/day	Days 1–20 \$0/day; 21–100 \$100/day	Days 1–20 \$0/day; 21–100 \$25/day	
20%	20%	20%	
\$250	\$150	\$100	
\$65	\$65	\$65	
SilverSneakers®	SilverSneakers®	SilverSneakers®	
See page 7 for details	See page 7 for details	See page 7 for details	



# 2015 Part D prescription drug coverage

	 <b>MEDICARE ADVANTAGE VITAL HMO</b>	 <b>MEDICARE ADVANTAGE ESSENTIAL HMO</b>	 <b>MEDICARE ADVANTAGE OPTIMAL HMO</b>	<b>COMPARE CURRENT PLAN</b>
	\$0 deductible	\$0 deductible	\$0 deductible	
<b>Benefit begins</b>	Tier 1 \$4 copay preferred generic	\$4 copay preferred generic	\$30 copay preferred generic	
	Tier 2 \$21 copay nonpreferred generic	\$21 copay nonpreferred generic	\$21 copay nonpreferred generic	
	Tier 3 \$45 copay preferred brand name	\$45 copay preferred brand name	\$45 copay preferred brand name	
	Tier 4 \$95 copay nonpreferred brand name	\$95 copay nonpreferred brand name	\$95 copay nonpreferred brand name	
	Tier 5 33% coinsurance specialty	33% coinsurance specialty	33% coinsurance specialty	
<b>Coverage gap</b>	After \$2,960 has been paid in drug costs, the coverage gap starts until \$4,700 of total out-of-pocket expenses has been reached.	After \$2,960 has been paid in drug costs, the coverage gap starts until \$4,700 of total out-of-pocket expenses has been reached.	After \$2,960 has been paid in drug costs, the coverage gap starts until \$4,700 of total out-of-pocket expenses has been reached.	
	65% coinsurance preferred generics 45% coinsurance for some brand-name drugs	65% coinsurance preferred generics 45% coinsurance for some brand-name drugs	65% coinsurance preferred generics 45% coinsurance for some brand-name drugs	
<b>Benefit returns</b>	After \$4,700 has been reached in total out-of-pocket expenses, you pay the greater of: \$2.65 preferred generic or 5% coinsurance	After \$4,700 has been reached in total out-of-pocket expenses, you pay the greater of: \$2.65 preferred generic or 5% coinsurance	After \$4,700 has been reached in total out-of-pocket expenses, you pay the greater of: \$2.65 preferred generic or 5% coinsurance	
	<b>OR</b> \$6.60 all other drugs or 5% coinsurance	<b>OR</b> \$6.60 all other drugs or 5% coinsurance	<b>OR</b> \$6.60 all other drugs or 5% coinsurance	

Cost shares listed are for a 1-month supply.



# 2015 optional dental benefits

## Group Health Medicare Advantage HMO

### Delta Dental of Washington

Oral health is an important part of your overall health. Group Health Cooperative has partnered with Delta Dental of Washington to offer you the Delta Dental Premier Plan as part of your complete Group Health Medicare Advantage HMO plan when you choose optional dental benefits.

This plan doesn't have an out-of-network benefit but lets you choose from a large network of dentists. It's designed to provide you with full coverage for your semiannual dental checkups so that dental health problems can be detected early.

COST SHARES	PLAN #01000/01001
<b>Monthly Premium</b>	\$51 per member
<b>Deductible</b>	\$100 per person (waived on Class I)
<b>Annual Benefit Maximum</b>	\$1,500 per member
BENEFIT	
<p><b>Class I: Preventive and diagnostic care</b></p> <ul style="list-style-type: none"> <li>• Routine exams and cleanings (two per calendar year)</li> <li>• Fluoride treatment (two per calendar year)</li> <li>• Periodontal cleanings</li> <li>• Dental X-rays</li> </ul>	<p>Covered at 100% You pay \$0</p>
<p><b>Class II: Basic dental expenses</b></p> <ul style="list-style-type: none"> <li>• Fillings/stainless steel crowns</li> <li>• Oral surgery</li> <li>• Endodontics (i.e., root canal treatment)</li> <li>• Periodontics</li> </ul>	<p>Covered at 80% You pay 20%</p>
<p><b>Class III: Major expenses</b></p> <ul style="list-style-type: none"> <li>• Crowns, implants, and onlays</li> <li>• Dentures, bridges, and partials</li> <li>• Denture adjustments and relines</li> </ul>	<p>Covered at 50% You pay 50%</p>

If you have any questions, please call Delta Dental Customer Service toll-free at **1-800-554-1907** (TTY WA Relay **1-800-833-6388**) Monday–Friday, 8 a.m.–5 p.m., or visit [DeltaDentalWA.com](http://DeltaDentalWA.com).



## QUESTIONS?

If you have any questions, please call our Medicare sales staff at **1-800-446-8882**.

(For TTY WA Relay, call **1-800-833-6388** or **711**.)

Monday–Friday, 8 a.m.–8 p.m.  
Extended hours Oct. 1–Feb. 14,  
8 a.m.–8 p.m., 7 days a week.

Or visit **[medicare.ghc.org](https://www.medicare.ghc.org)**.

Group Health Cooperative is an HMO plan with a Medicare contract. Enrollment in Group Health HMO depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. Other providers are available in our network. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year, and may change from one year to the next.

If you enroll in a MA or MAPD plan you may not enroll in a stand-alone Part D prescription drug plan unless you disenroll from your MA plan. Contact Group Health for more information.