

Member Benefits		Member Responsibility		
		Tier 1	In-network (Tier 2)	Out-of-Network
<b>Plan Year Deductible</b> <i>Includes Embedded Deductible. Members on this plan who meet their individual deductibles can use their coverage before the family deductible is met.</i>		Single: \$6,000 Family: \$12,000	Single: \$6,000 Family: \$12,000	Single: \$12,000 Family: \$24,000
<b>Plan Year Out-of-Pocket Maximum</b> Combined medical and pharmacy expenses including deductible, coinsurance amounts and copays.		Single: \$8,150 Family: \$16,300	Single: \$8,150 Family: \$16,300	Single: \$24,500 Family: \$49,000
<b>Walk-in Patient Services</b>	<i>Annual Vision Exam</i>	Deductible, 30%	Deductible, 50%	Deductible, 50%
	<i>Primary Care Physician Office Visit</i>	\$35 per visit	Deductible, 50%	Deductible, 50%
	<i>Specialty Care Physician Office Visit</i>	\$65 per visit and Deductible then 30%	\$65 per visit and Deductible then 50%	Deductible, 50%
	<i>Acupuncture</i>	\$35 per visit	Deductible, 50%	Tier 2 Benefit Applies
	<i>Chiropractic Services</i>	\$65 per visit and Deductible then 30%	\$65 per visit and Deductible then 30%	Tier 2 Benefit Applies
	<i>Urgent Care</i>	Deductible, 30%	Deductible, 50%	Tier 2 Benefit Applies
	<i>Virtual Visits</i>	\$0 per visit	\$0 per visit	Not Covered
<b>Emergency Services</b>	<i>Emergency Department Visit</i>	\$600 per visit and deductible then 30%	\$600 per visit and deductible then 30%	Tier 2 Benefit Applies
	<i>Emergency Ambulance Transportation</i>	Deductible, 30%	Deductible, 30%	Tier 2 Benefit Applies
<b>Hospital Services</b>	<i>Outpatient Surgery/Procedures*</i>	Deductible, 30%	Deductible, 50%	Deductible, 50%
	<i>Inpatient Facility*</i>	Deductible, 30%	Deductible, 50%	Deductible, 50%
<b>Mental Health/ Substance Abuse</b>	<i>Outpatient Office Visits</i>	\$35 per visit	Deductible, 50%	Deductible, 50%
	<i>Inpatient Facility*</i>	Deductible, 30%	Deductible, 50%	Deductible, 50%
<b>Rehabilitative And Habilitative Services</b>	<i>Physical Therapy</i>	Deductible, 30%	Deductible, 50%	Deductible, 50%
	<i>Occupational Therapy</i>	Deductible, 30%	Deductible, 50%	Deductible, 50%
	<i>Durable Medical Equipment</i>	Deductible, 30%	Deductible, 50%	Deductible, 50%
<b>Diagnostic Services</b>	<i>MRI and CT Scans</i>	Deductible, 30%	\$250 per test and Deductible then 50%	Deductible, 50%
	<i>Laboratory and X-rays</i>	Deductible, 30%	\$75 per test and Deductible then 50%	Deductible, 50%
<b>Maternity</b> <i>Inpatient newborn covered on mother's policy up to 96 hours</i>	<i>Routine Prenatal Care</i>	Deductible, 30%	Deductible, 50%	Deductible, 50%
	<i>Inpatient Maternity Facility*</i>	Deductible, 30%	Deductible, 50%	Deductible, 50%
	<i>Inpatient Newborn Facility*</i>	Deductible, 30%	Deductible, 50%	Deductible, 50%
<b>Pediatric Services</b> <i>Offered to children up to age 19</i>	<i>Pediatric Dental Exam</i>	Refer to Delta Dental Materials	Refer to Delta Dental Materials	Refer to Delta Dental Materials
	<i>Pediatric Vision Exam</i>	\$0 per exam	\$0 per exam	Deductible, 50%
	<i>Pediatric Vision Materials</i>	\$0 per item	\$0 per item	\$0 per item
<b>Preventive &amp; Wellness Services</b> <i>Immunizations, adult and child annual physical exams, mammograms, PAP smears, cancer screenings and more. Age/frequency schedules apply.</i>		\$0	\$0	Deductible, 50%
<b>Prescription Drugs Retail</b>	<i>Preferred Generic – Tier 1</i>	\$0	\$0	Deductible, 50%
	<i>Non-Preferred Generic – Tier 2</i>	\$25	\$25	Deductible, 50%
	<i>Preferred Brand – Tier 3</i>	\$60	\$60	Deductible, 50%
	<i>Non-Preferred Brand – Tier 4</i>	\$100	\$100	Deductible, 50%
<b>Specialty</b> <i>Pharmacy/Medical</i>	<i>Preferred Specialty – Tier 5</i>	50%	50%	Deductible, 50%
	<i>Non-Preferred Specialty – Tier 6</i>	50%	50%	Deductible, 50%

This is a brief summary of Health Alliance benefits and exclusions, which are subject to change. Please refer to your Health Alliance Policy for detailed information regarding this plan.

The Deductible and Out-of-Pocket Maximum for Tier 1 and In-Network (Tier 2) are combined.

\*Facility coverage only; physicians fees may apply

## **DISCRIMINATION IS AGAINST THE LAW**

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service.

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Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATENCIÓN:** Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. IA, IL, IN, OH: Llame 1-800-851-3379, WA Llame: 1-877-750-3515 (TTY: 711).

**注意:** 如果你講中文, 語言協助服務, 免費的, 都可以給你。IA, IL, IN, OH: 呼叫 1-800-851-3379, WA: 呼叫 1-877-750-3515 (TTY: 711)。

**UWAGA:** Jeśli mówić Polskie, usługi pomocy języka, bezpłatnie, są dostępne dla Ciebie. IA, IL, IN, OH: Zadzwoń 1-800-851-3379, WA: Zadzwoń 1-877-750-3515 (TTY: 711).

**Chú ý:** Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. IA, IL, IN, OH: Gọi 1-800-851-3379, WA: Gọi 1-877-750-3515 (TTY: 711).

**주의:** 당신이 한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 1-800-851-3379 IA, IL, IN, OH: 전화 WA: 1-877-750-3515 전화 (TTY: 711).

**ВНИМАНИЕ:** Если вы говорите русский, вставки услуги языковой помощи, бесплатно, доступны для вас. IA, IL, IN, OH: Вызов 1-800-851-3379, WA: Вызов 1-877-750-3515 (TTY: 711).

**Pansin:** Kung magsalita ka Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. IA, IL, IN, OH: Tumawag 1-800-851-3379, WA: Tumawag 1-877-750-3515 (TTY: 711).

**انتباه:** إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. إيلينوي، إنديانا، أو هاواي: اتصل بالرقم 1-800-851-3379، ولاية واشنطن: اتصل بالرقم: 1-877-750-3515 (إذا كنت تعاني من الصمم أو صعوبة في السمع فاتصل على الرقم 711)

**Aufmerksamkeit:** Wenn Sie Deutsch sprechen, Sprachassistentendienste sind kostenlos, zur Verfügung. IA, IL, IN, OH: Anruf 1-800-851-3379, WA: Anruf 1-877-750-3515 (TTY: 711).

**ATTENTION:** Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. IA, IL, IN, OH: Appelez 1-800-851-3379, WA: Appelez 1-877-750-3515 (TTY: 711).

**ધ્યાન:** તમે વાત તો ગુજરાતી, ભાષા સહાય સેવાઓ, મફત, તમારા માટે ઉપલબ્ધ છે. IA, IL, IN, OH: કોલ 1-800-851-3379, WA: કોલ 1-877-750-3515 (TTY: 711).

**注意:** あなたは、日本語、無料で言語支援サービスを、話す場合は、あなたに利用可能です。1-800-851-3379 IA, IL, IN, OH: コール 1-877-750-3515 WA: コール (TTY: 711)。

**LET OP:** Als je spreekt pennsylvania nederlandse, taalkundige bijstand diensten, gratis voor u beschikbaar zijn. IA, IL, IN, OH: Bel 1-800-851-3379, WA: Bel 1-877-750-3515 (TTY: 711).

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**ATTENZIONE:** Se si parla italiano, servizi di assistenza linguistica, a titolo gratuito, sono a vostra disposizione. IA, IL, IN, OH: Chiamare 1-800-851-3379, WA: Chiamare 1-877-750-3515 (TTY: 711).