Summary of Benefits 2020

IU Health Plans Medicare Select Plus HMO 003

Health Plans

This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on Jan. 1 of each year.

Indiana University Health Plans is a Medicare Advantage organization with a Medicare contract. Enrollment in Indiana University Health Plans depends on contract renewal. Other pharmacies, physicians, providers are available in our network. Product types include HMO and HMO POS.
Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Solutions Center representative at 1.800.455.9776 (TTY: 1.800.743.3333). From October 1, 2019 through March 31, 2020, a Customer Solutions representative will be available to speak to you 8:00 am - 8:00 pm, seven days a week. Beginning April 1, 2020 through September 30, 2020, a representative will be available 8:00 am - 8:00 pm, Monday through Friday.

Understanding the Benefits

☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit http://www.iuhealthplans.org or call 1.800.455.9776 to view a copy of the EOC.

☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.

☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
IU Health Plans Medicare Select Plus (HMO)

(a Medicare Advantage Health Maintenance Organization (HMO) offered by Indiana University Health Plans, Inc. with a Medicare contract)

Summary of Benefits

January 1, 2020 - December 31, 2020

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as IU Health Plans Medicare Select Plus (HMO)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what IU Health Plans Medicare Select Plus (HMO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at http://www.medicare.gov or get a copy by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

Sections in this booklet

- Things to Know About IU Health Plans Medicare Select Plus (HMO)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.
This document may be available in a non-English language. For additional information, call us at 1.800.455.9776 (TTY:1.800.743.3333).
Things to Know About IU Health Plans Medicare Select Plus (HMO)

Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8:00 am - 8:00 pm
- From April 1 to September 30, you can call us Monday through Friday from 8:00 am - 8:00 pm

IU Health Plans Medicare Select Plus (HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1.800.455.9776 (TTY:1.800.743.3333).
- If you are not a member of this plan, call toll-free 1.866.464.7242 (TTY:1.800.743.3333).
- Visit our website: http://www.iuhealthplans.org

Who can join?

To join IU Health Plans Medicare Select Plus (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Indiana: Allen, Huntington, Whitley.

Which doctors, hospitals, and pharmacies can I use?

IU Health Plans Medicare Select Plus (HMO) has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (http://www.iuhealthplans.org).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, http://www.iuhealthplans.org.
- Or, call us and we will send you a copy of the formulary.
How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap (if applicable), and Catastrophic Coverage.
Summary of Benefits Report
for Contract H7220, Plan 009-003
IU Health Plans Medicare Select Plus (HMO)

Monthly Premium, Deductible, and
Limits on How Much You Pay for
Covered Services

How much is the monthly premium? $0 per month. In addition, you must keep paying your Medicare Part B premium.

How much is the deductible? This plan does not have a deductible for medical services.
This plan has a $200 deductible for Part D prescription drugs that applies to Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Brand), and Tier 5 (Specialty Tier).

Is there any limit on how much I will pay for my covered services? Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.
Your yearly limit(s) in this plan:
• $4,900 for services you receive from in-network providers.

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.
Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Is there a limit on how much the plan will pay? Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Covered Medical and Hospital Benefits

Note:
• Services with a ¹ may require prior authorization.
• Services with a ² may require a referral from your doctor.
• Supplemental benefits are available in addition to Part C and Part D benefits.

Inpatient Hospital Care¹

• $300 copay per day for days 1 through 6
• $0 copay per day for days 7 through 90

You are covered for an unlimited number of days for an inpatient hospital stay.
Per day cost-sharing applies to each new inpatient admission to participating facilities in our plan.
# Outpatient Hospital Coverage

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Surgery</td>
<td>$300 copay</td>
</tr>
<tr>
<td>Ambulatory Surgical Center</td>
<td>$295 copay</td>
</tr>
<tr>
<td>Observation</td>
<td>$295 copay</td>
</tr>
</tbody>
</table>

# Doctor's Office Visits

- **Primary Care Physician visit:**
  - Tier 1 (Indiana University Health Primary Care Physicians): **$0 copay**
  - Tier 2 (all other in-network Primary Care Physicians): **$10 copay**
- **Specialist visit:** **$40 copay**

# Preventive Care and Annual Physical Exam

- **$0 copay**

  Our plan covers many preventive services, including:
  - Abdominal aortic aneurysm screening
  - Alcohol misuse counseling
  - Bone mass measurement
  - Breast cancer screening (mammogram)
  - Cardiovascular disease (behavioral therapy)
  - Cardiovascular screenings
  - Cervical and vaginal cancer screening
  - Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
  - Depression screening
  - Diabetes Prevention Program
  - Diabetes screenings
  - HIV screening
  - Lung cancer screening
  - Medical nutrition therapy services
  - Obesity screening and counseling
  - Prostate cancer screenings (PSA)
  - Sexually transmitted infections screening and counseling
  - Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
  - Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
  - "Welcome to Medicare" preventive visit (one-time)
  - Yearly "Wellness" visit

Any additional preventive services approved by Medicare during the contract year will be covered.

- **Annual Physical Exam:** **$0 copay**
Emergency Care

$90 copay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.

This plan covers worldwide emergency services with a limit of $50,000 per year.

Urgently Needed Services

$45 copay

Diagnostic Tests, Lab and Radiology Services, and X-Rays

Diagnostic radiology services (such as MRIs, CT scans): 20% of the cost
Diagnostic tests and procedures: 20% of the cost
Lab services: $10 copay
Outpatient x-rays: $25 copay
Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost

Hearing Services

Exam to diagnose and treat hearing and balance issues: $45 copay
Routine hearing exam: $45 copay. You are covered for up to 1 every year.
Hearing aid: $699-$999 copay for each hearing aid, depending on the type. $75 additional cost per aid for optional hearing aid rechargeability.

Dental Services

Preventive dental services: You pay a $10 annual deductible.
Cleaning (1 every year): $0 copay after you pay your deductible.
Dental x-ray (1 every year): $0 copay after you pay your deductible.
Oral exam (1 every year): $0 copay after you pay your deductible.

Optional supplemental dental benefits are available. Please see 'Optional Benefits (you must pay an extra premium each month for these benefits)' page for details.

Vision Services

Exam to diagnose and treat diseases and conditions of the eye: $40 copay
Eyeglasses or contact lenses after cataract surgery: $0 copay

Below vision benefits are for in-network providers only. There are limited out-of-network benefits and your cost-sharing will be different.
Routine eye exam: $0 copay
Glucoma screening: $0 copay
Diabetic eye exam: $0 copay

Material Allowance - Every two years

We provide an allowance of $200 every two calendar years.
Eyeglass frames and lenses (Up to $200, 20% off balance over $200)
Conventional contact lenses (Up to $200, 15% off balance over $200)
Disposable contact lenses (Up to $200, plus balance over $200)

*You have the option of frames and lenses or contacts only*

<table>
<thead>
<tr>
<th>Mental Health Care¹</th>
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</thead>
<tbody>
<tr>
<td>Inpatient visit:</td>
</tr>
<tr>
<td>• $325 copay per day for days 1 through 5</td>
</tr>
<tr>
<td>• $0 copay per day for days 6 through 90</td>
</tr>
<tr>
<td>Outpatient group therapy visit: $40 copay</td>
</tr>
<tr>
<td>Outpatient individual therapy visit: $40 copay</td>
</tr>
</tbody>
</table>

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

Per day cost-sharing applies to each new inpatient admission to participating facilities in our plan.

<table>
<thead>
<tr>
<th>Skilled Nursing Facility (SNF)¹</th>
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</thead>
<tbody>
<tr>
<td>Our plan covers up to 100 days in a SNF.</td>
</tr>
<tr>
<td>• $0 copay per day for days 1 through 20</td>
</tr>
<tr>
<td>• $178 copay per day for days 21 through 100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient Rehabilitation¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac (heart) rehab services (for a maximum of 2 sessions per day; up to 36 sessions per year): $30 copay</td>
</tr>
<tr>
<td>Occupational therapy visit: $40 copay</td>
</tr>
<tr>
<td>Physical therapy and speech and language therapy visit: $40 copay</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ambulance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$275 copay</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not covered</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare Part B Drugs¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Part B drugs such as chemotherapy drugs: 20% of the cost</td>
</tr>
<tr>
<td>Other Part B drugs: 20% of the cost</td>
</tr>
</tbody>
</table>
Prescription Drug Benefits

**Yearly Deductible**

$0 per year for Tier 1 (Preferred Generic), Tier 2 (Non-Preferred Generic), and Tier 6 (Select Care) drugs; **$200** per year for Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Brand), and Tier 5 (Specialty Tier) drugs.

**Initial Coverage**

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach **$4,020**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

**Standard Retail Cost-Sharing**

<table>
<thead>
<tr>
<th>Tier</th>
<th>One-month supply</th>
<th>Three-month supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic)</td>
<td>$3 copay</td>
<td>$9 copay</td>
</tr>
<tr>
<td>Tier 2 (Non-Preferred Generic)</td>
<td>$12 copay</td>
<td>$36 copay</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand)</td>
<td>$47 copay</td>
<td>$141 copay</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Brand)</td>
<td><strong>Not Offered</strong></td>
<td>$300 copay</td>
</tr>
<tr>
<td>Tier 5 (Specialty Tier)</td>
<td>29% of the cost</td>
<td>Not Offered</td>
</tr>
<tr>
<td>Tier 6 (Select Care)</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>

**Standard Mail Order Cost-Sharing**

<table>
<thead>
<tr>
<th>Tier</th>
<th>One-month supply</th>
<th>Three-month supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic)</td>
<td>$3 copay</td>
<td>*$0 copay</td>
</tr>
<tr>
<td>Tier 2 (Non-Preferred Generic)</td>
<td>$12 copay</td>
<td>*$0 copay</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand)</td>
<td>$47 copay</td>
<td>$141 copay</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Brand)</td>
<td>$100 copay</td>
<td>$300 copay</td>
</tr>
<tr>
<td>Tier 5 (Specialty Tier)</td>
<td>29% of the cost</td>
<td>Not Offered</td>
</tr>
<tr>
<td>Tier 6 (Select Care)</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>

*For 100-day mail order drugs in Tier 1 (Preferred Generic) and Tier 2 (Non-Preferred Generic) at a $0 copay, you must use a CVS Caremark mail order pharmacy.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

**Coverage Gap**

After your total yearly drug costs reach **$4,020**, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of **$6,350**.
Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,350, you pay the greater of:

- 5% of the cost, or
- $3.60 copay for generic (including brand drugs treated as generic) and an $8.95 copay for all other drugs.
# Additional Benefits

<table>
<thead>
<tr>
<th><strong>Foot Care (podiatry services)</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:</td>
<td><strong>$40</strong> copay</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Durable Medical Equipment (wheelchairs, oxygen, etc.)</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>20%</strong> of the cost</td>
<td></td>
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<table>
<thead>
<tr>
<th><strong>Prosthetic Devices (braces, artificial limbs, etc.)</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Prosthetic devices: <strong>20%</strong> of the cost</td>
<td></td>
</tr>
<tr>
<td>Related medical supplies: <strong>20%</strong> of the cost</td>
<td></td>
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<table>
<thead>
<tr>
<th><strong>Diabetes Supplies and Services</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes monitoring supplies: <strong>$0</strong> copay</td>
<td></td>
</tr>
<tr>
<td>Diabetes self-management training: <strong>$0</strong> copay</td>
<td></td>
</tr>
<tr>
<td>Therapeutic shoes or inserts: <strong>20%</strong> of the cost</td>
<td></td>
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</tbody>
</table>

**IU Health Plans Medicare Select Plus (HMO)** will only cover a select brand of test strips and monitors. Our plan will ONLY cover Lifescan® test strips and monitors. If this brand of test strips does not work with your current monitor **IU Health Plans Medicare Select Plus (HMO)** will supply you with a Lifescan® monitor for no additional cost. Lancets are not restricted to specific manufacturers and/or brands.

<table>
<thead>
<tr>
<th><strong>Wellness Programs</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fitness Benefit:</strong></td>
<td><strong>$0</strong> copay for membership at a participating fitness center or up to 2 fitness kits with the Home Fitness Program through the Silver&amp;Fit® Healthy Aging and Exercise program.</td>
</tr>
<tr>
<td><strong>Diabetes Prevention Program:</strong></td>
<td><strong>$0</strong> copay for an evidence-based program designed to delay or prevent participants' progression to type 2 diabetes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Chiropractic Care</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</td>
<td><strong>$20</strong> copay</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Home Health Care</strong></th>
<th></th>
</tr>
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<tbody>
<tr>
<td><strong>$0</strong> copay</td>
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<table>
<thead>
<tr>
<th><strong>Outpatient Substance Abuse</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Group therapy visit: <strong>$40</strong> copay</td>
<td></td>
</tr>
<tr>
<td>Individual therapy visit: <strong>$40</strong> copay</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Over-the-Counter (OTC) mail-order items</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>$40</strong> quarterly allowance for the purchase of over-the-counter products from the OTC Health Solutions mail-order catalog.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Renal Dialysis</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20%</strong> of the cost</td>
<td></td>
</tr>
<tr>
<td><strong>Hospice</strong></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Visitor Travel</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay the in-network copay or coinsurance when visiting a Medicare-approved provider for non-emergency care while traveling outside of the state for more than 30 days and up to 9 consecutive months. Prior to traveling out-of-state, members must call the Customer Solutions Center at 1.800.455.9776 to activate their benefit.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Telehealth</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 copay for access to providers via video on smartphone, tablet or compatible computer for diagnosis and treatment of certain non-emergency medical issues.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Meals</strong>¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides 14 healthy, refrigerated, home-delivered meals over a seven-day period following an inpatient hospital stay.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Healthy Rewards Member Incentives</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive rewards for completing certain preventive health screenings.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Healthy Results® Health Coaching</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive 5 health coaching sessions per year through our Healthy Results® program.</td>
</tr>
</tbody>
</table>
## Optional Benefits *(you must pay an extra premium each month for these benefits)*

<table>
<thead>
<tr>
<th>Package</th>
<th>Benefits include:</th>
<th>How much is the monthly premium?</th>
<th>How much is the deductible?</th>
<th>Is there a limit on how much the plan will pay?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PACKAGE 1: Dental Basic 750</strong></td>
<td>Preventive &amp; Diagnostic Care</td>
<td>Additional $8 per month. You must keep paying your Medicare Part B premium and your $0 monthly plan premium.</td>
<td>There is an annual $10 deductible.</td>
<td>Up to $750 per plan year for your optional dental benefits.</td>
</tr>
<tr>
<td></td>
<td>Basic Restorative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PACKAGE 2: Dental Enhanced 1000</strong></td>
<td>Preventive &amp; Diagnostic Care</td>
<td>Additional $14 per month. You must keep paying your Medicare Part B premium and your $0 monthly plan premium.</td>
<td>There is an annual $10 deductible.</td>
<td>Up to $1,000 per plan year for your optional dental benefits.</td>
</tr>
<tr>
<td></td>
<td>Basic Restorative</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major Restorative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PACKAGE 3: Dental Enhanced 1500</strong></td>
<td>Preventive &amp; Diagnostic Care</td>
<td>Additional $20 per month. You must keep paying your Medicare Part B premium and your $0 monthly plan premium.</td>
<td>There is an annual $10 deductible.</td>
<td>Up to $1,500 per plan year for your optional dental benefits.</td>
</tr>
<tr>
<td></td>
<td>Basic Restorative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major Restorative</td>
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</tr>
</tbody>
</table>
Indiana University Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Indiana University Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Indiana University Health Plans:

- 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 IU Health Plans Customer Service at 800.455.9776 and ask for the Civil Rights Coordinator.

If you believe that Indiana University Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Indiana University Health Plans, 950 N Meridian St, Suite 400, Indianapolis, IN 46204, 800.455.9776, TTY: 800.743.3333, Fax 317.963.9801, IUHPlansCompliance@iuhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, IU Health Plans’ Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Indiana University Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. IU Health Plans no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

IU Health Plans:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  - Intérpretes de lenguaje de señas capacitados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes capacitados.
  - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con IU Health Plans Customer Service at (800).455.9776, Civil Rights Coordinator.

Si considera que Indiana University Health Plans no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona: Civil Rights Coordinator, Indiana University Health Plans, 950 N. Meridian St, Suite 400, Indianapolis, IN 46204, 800.455.9776, TTY: 800.743.3333, Fax 317.963.9801, IUHPlansCompliance@iuhealth.org. Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, IU Health Plans’ Civil Rights Coordinator está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Indiana University Health Plans 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。[IU Health Plans] 不因種族、膚色、民族血統、年齡、殘障或性別而排斥任何人或以不同的方式對待他們。

Indiana University Health Plans:

• 向殘障人士免費提供各種援助和服務，以幫助他們與我們進行有效溝通，如：
  ◦ 合格的手語翻譯員
  ◦ 以其他格式提供的書面資訊（大號字體、音訊、無障礙電子格式、其他格式）
• 向母語非英語的人員免費提供各種語言服務，如：
  ◦ 合格的翻譯員
  ◦ 以其他語言書寫的資訊

如果您需要此類服務，請聯絡 Civil Rights Coordinator。

如果您認為 Indiana University Health Plans 未能提供此類服務或者因種族、膚色、民族血統、年齡、殘障或性別而透過其他方式歧視您，您可以向 Civil Rights Coordinator 提交投訴，郵寄地址為 950 N. Meridian St, Suite 400, Indianapolis, IN 46204，電話號碼為 800.455.9776（聽障專線）號碼為 800.743.3333，傳真為 317.963.9801，電子信箱IUHPlansCompliance@iuhealth.org。您可以親自提交投訴，或者以郵寄、傳真或電郵的方式提交投訴。如果您在提交投訴方面需要幫助，IU Health Plans’ Civil Rights Coordinator 可以幫助您。

您還可以向 U.S. Department of Health and Human Services（美國衛生及公共服務部）的 Office for Civil Rights（民權辦公室）提交民權投訴，透過 Office for Civil Rights Complaint Portal 以電子方式投訴：https://ocrportal.hhs.gov/ocr/portal/lobby.jsf，或者透過郵寄或電話的方式投訴：

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C.20201
1.800.368.1019，800.537.7697 (TDD)（聾人用電信設備）

登入 http://www.hhs.gov/ocr/office/file/index.html 可獲得投訴表格。
Multi-Language Insert

English: ATTENTION: Our Customer Solutions Center has free language interpreter services available for non-English speakers. Call 1.800.455.9776. (TTY: 1.800.743.3333)


Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.455.9776 ( TTY：1.800.743.3333 )。


Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.455.9776 (TTY: 1.800.743.3333)


Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.455.9776 (телетайп: 1.800.743.3333).

Arabic: 

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1.800.455.9776 (TTY: 1.800.743.3333).

Hindi: ध्यान दि: यदि हैं आप जितने भाषाओं में बोलते हैं तो आपके लिए मुफ्त सेवायें उपलब्ध हैं।

1.800.455.9776 (TTY: 1.800.743.3333) पर कॉल करें।

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.800.455.9776 (TTY: 1.800.743.3333).


Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.800.455.9776 ( TTY:1.800.743.3333 ) まで、お電話にてご連絡ください。

Hindi: ध्यान दि: यदि हैं आप जितने भाषाओं में बोलते हैं तो आपके लिए मुफ्त सेवायें उपलब्ध हैं।

1.800.455.9776 (TTY: 1.800.743.3333) पर कॉल करें।

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.800.455.9776 (TTY: 1.800.743.3333).


Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.800.455.9776 ( TTY:1.800.743.3333 ) まで、お電話にてご連絡ください。
Burmese: သတိျပဳရန္ - အကယ္၍ သင္သည္ ျမန္မာစကား ကို ေျပာပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့္အတြက္ စီစဥ္ေဆာင္ရြက္ေပးပါမည္။ ဖုန္းနံပါတ္ 1.800.455.9776 (TTY: 1.800.743.3333) ေျပာဆိုပါ။


Punjabi: ਵਿਆਹ ਵਿਰੀਤ: ਤੀ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿਚ ਸਹਾਇਤਾ ਸੇਵਾ ਮੁਫਤ ਹੈ। 1.800.455.9776 (TTY: 1.800.743.3333) ਲੇ ਕਾਲ।

Health Plans

950 N. Meridian St., Suite 400
Indianapolis, IN 46204-1202

iuhealthplans.org

If you have questions, we’re here to help.
Please call our Customer Solutions Center toll free at 800.455.9776.
TTY users call Relay Indiana at 800.743.3333.

Customer Solutions Center Hours of Operation
Oct. 1 to March 31 – 8 am to 8 pm, seven days a week.
April 1 to Sept. 30 – 8 am to 8 pm, Monday – Friday.
You may receive assistance through alternate technology after hours, on weekends and holidays; or
visit iuhealthplans.org.