Indiana University Health Plans Medicare Select Plus (HMO) offered by Indiana University Health Plans

Annual Notice of Changes for 2020

You are currently enrolled as a member of Indiana University Health Plans Medicare Select Plus. Next year, there will be some changes to the plan’s costs and benefits. This booklet tells about the changes.

- You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

What to do now

1. **ASK:** Which changes apply to you
   - Check the changes to our benefits and costs to see if they affect you.
     - It’s important to review your coverage now to make sure it will meet your needs next year.
     - Do the changes affect the services you use?
     - Look in Sections 1.1 and 1.5 for information about benefit and cost changes for our plan.
   - Check the changes in the booklet to our prescription drug coverage to see if they affect you.
     - Will your drugs be covered?
     - Are your drugs in a different tier, with different cost-sharing?
     - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
     - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
     - Review the 2020 Drug List and look in Section 1.6 for information about changes to our drug coverage.
     - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit https://go.medicare.gov/drugprices. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
   - Check to see if your doctors and other providers will be in our network next year.
     - Are your doctors, including specialists you see regularly, in our network?
What about the hospitals or other providers you use?

Look in Sections 1.3 and 1.4 for information about our Provider/Pharmacy Directory.

Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area.
  - Review the list in the back of your Medicare & You handbook.
  - Look in Section 2.2 to learn more about your choices.

Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you want to **keep** Indiana University Health Plans Medicare Select Plus, you don’t need to do anything. You will stay in Indiana University Health Plans Medicare Select Plus.

- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2019**

- If you don’t join another plan by **December 7, 2019**, you will stay in Indiana University Health Plans Medicare Select Plus.

- If you join another plan by **December 7, 2019**, your new coverage will start on **January 1, 2020**.

**Additional Resources**

- Please contact our Customer Solutions Center at 800.455.9776 for additional information. (TTY users should call Relay Indiana at 800.743.3333.) Hours are October 1, 2019 to March 31, 2020, 8:00 am - 8:00 pm, seven days a week. April 1, 2020 to September 30, 2020, 8:00 am - 8:00 pm, Monday through Friday. You may receive assistance through alternate technology after 8:00 pm, on weekends and holidays.

- This information is available in alternate formats. Please call our Customer Solutions Center at the number listed above and at the back of this booklet if you need plan information in another format.
• **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

**About Indiana University Health Plans Medicare Select Plus**

• 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.

• When this booklet says “we,” “us,” or “our,” it means Indiana University Health Plans. When it says “plan” or “our plan,” it means Indiana University Health Plans Medicare Select Plus.
Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for Indiana University Health Plans Medicare Select Plus in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at www.iuhealthplans.org. You may also call our Customer Solutions Center to ask us to mail you an *Evidence of Coverage*.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly plan premium</strong>*</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maximum out-of-pocket amount</strong></td>
<td>$4,950</td>
<td>$4,900</td>
</tr>
<tr>
<td>This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Doctor office visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care visits:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10 per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist visits: $45 per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient hospital stays</strong></td>
<td>$300 copay per day, Days 1-6</td>
<td>$300 copay per day, Days 1-6</td>
</tr>
<tr>
<td>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</td>
<td>$0 copay per day, Days 7-90</td>
<td>$0 copay per day, Days 7-90</td>
</tr>
<tr>
<td></td>
<td>$0 copay per day, Days 7-90</td>
<td>$0 copay per day, Days 7-90</td>
</tr>
<tr>
<td></td>
<td>You are covered for an unlimited number of days for an inpatient hospital stay.</td>
<td>You are covered for an unlimited number of days for an inpatient hospital stay.</td>
</tr>
<tr>
<td>Cost</td>
<td>2019 (this year)</td>
<td>2020 (next year)</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Part D prescription drug coverage</strong></td>
<td>Deductible: $200 applies to Tiers 3, 4, and 5</td>
<td>Deductible: $200 applies to Tiers 3, 4, and 5</td>
</tr>
<tr>
<td>(See Section 1.6 for details.)</td>
<td>Copayment/Coinsurance during the Initial Coverage Stage:</td>
<td>Copayment/Coinsurance during the Initial Coverage Stage:</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 1: $6</td>
<td>• Drug Tier 1: $3</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 2: $15</td>
<td>• Drug Tier 2: $12</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 3: $47</td>
<td>• Drug Tier 3: $47</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 4: $100</td>
<td>• Drug Tier 4: $100</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 5: 29%</td>
<td>• Drug Tier 5: 29%</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 6: $0</td>
<td>• Drug Tier 6: $0</td>
</tr>
</tbody>
</table>
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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly premium</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>(You must also continue to pay your Medicare Part B premium.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Optional supplemental benefits monthly plan premium</strong></td>
<td>Dental Basic 750 - $6</td>
<td>Dental Basic 750 - $8</td>
</tr>
<tr>
<td></td>
<td>Dental Enhanced 1000 - $12</td>
<td>Dental Enhanced 1000 - $14</td>
</tr>
<tr>
<td></td>
<td>Dental Enhanced 1500 - $18</td>
<td>Dental Enhanced 1500 - $20</td>
</tr>
<tr>
<td></td>
<td>Benefits available through Delta Dental</td>
<td>Benefits available through Delta Dental</td>
</tr>
</tbody>
</table>

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving "Extra Help" with your prescription drug costs.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum out-of-pocket amount</strong></td>
<td>$4,950</td>
<td>$4,900</td>
</tr>
<tr>
<td>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once you have paid $4,900 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider/Pharmacy Directory is located on our website at www.iuhealthplans.org. You may also call our Customer Solutions Center for updated provider information or to ask us to mail you a Provider/Pharmacy Directory. Please review the 2020 Provider/Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Provider/Pharmacy Directory is located on our website at www.iuhealthplans.org. You may also call our Customer Solutions Center for updated provider information or to ask us to mail you a Provider/Pharmacy Directory.
Please review the 2020 Provider/Pharmacy Directory to see which pharmacies are in our network.

Section 1.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, Medical Benefits Chart (what is covered and what you pay), in your 2020 Evidence of Coverage.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Hospital - Acute Care</strong></td>
<td>You pay a $300 copay per day, Days 1-6.</td>
<td>You pay a $300 copay per day, Days 1-6.</td>
</tr>
<tr>
<td><strong>Additional Days Coverage</strong></td>
<td>You pay a $0 copay per day, Days 7-90.</td>
<td>You pay a $0 copay per day, Days 7-90.</td>
</tr>
<tr>
<td></td>
<td>Additional Days Coverage is not covered.</td>
<td>You are covered for an unlimited number of days for an inpatient hospital stay.</td>
</tr>
<tr>
<td><strong>Primary Care Visits</strong></td>
<td>You pay a $10 copay.</td>
<td>Tier 1 (Indiana University Health Primary Care Physicians): You pay a $0 copay.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tier 2 (all other in-network Primary Care Physicians): You pay a $10 copay.</td>
</tr>
<tr>
<td><strong>Specialist Visits</strong></td>
<td>You pay a $45 copay.</td>
<td>You pay a $40 copay.</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>You pay a $65 copay.</td>
<td>You pay a $45 copay.</td>
</tr>
<tr>
<td><strong>Worldwide Emergency Coverage</strong></td>
<td>Worldwide Emergency Coverage is not covered.</td>
<td>You pay a $90 copay.</td>
</tr>
<tr>
<td><strong>Telehealth</strong></td>
<td>Telehealth is not covered.</td>
<td>You pay a $0 copay.</td>
</tr>
<tr>
<td><strong>Over-the-Counter (OTC) mail-order items</strong></td>
<td>Over-the-Counter (OTC) mail-order items is not covered.</td>
<td>Members receive a quarterly allowance of $40.</td>
</tr>
<tr>
<td>Cost</td>
<td>2019 (this year)</td>
<td>2020 (next year)</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Meals</td>
<td>Meals are <strong>not</strong> covered.</td>
<td>Members are eligible for 14 meals following an inpatient hospital stay.</td>
</tr>
<tr>
<td>Healthy Results’ Health Coaching</td>
<td>Health Coaching is <strong>not</strong> covered.</td>
<td>Members are eligible for 5 Health Coaching sessions through Healthy Results.</td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF) Care</td>
<td>Days 21-100: $172 copay per day</td>
<td>Days 21-100: $178 copay per day</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>You pay a $295 copay.</td>
<td>You pay a $300 copay.</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervised Exercise Therapy (SET)</td>
<td>You pay a $0 copay.</td>
<td>You pay a $30 copay.</td>
</tr>
<tr>
<td>Podiatry Services</td>
<td>You pay a $45 copay.</td>
<td>You pay a $40 copay.</td>
</tr>
<tr>
<td>Opioid Treatment Program Services</td>
<td>N/A</td>
<td>You pay a $40 copay.</td>
</tr>
<tr>
<td>Outpatient Substance Abuse Treatment</td>
<td>You pay a $45 copay.</td>
<td>You pay a $40 copay.</td>
</tr>
<tr>
<td>Wigs (for hair loss related to chemotherapy)</td>
<td>Wigs (for hair loss related to chemotherapy) are <strong>not</strong> covered.</td>
<td>You pay a $0 copay, for up to one wig per calendar year.</td>
</tr>
<tr>
<td>Medicare covered Vision Exam</td>
<td>You pay a $0 copay.</td>
<td>You pay a $40 copay.</td>
</tr>
<tr>
<td>Supplemental Vision Coverage</td>
<td>You receive a $120 credit for frames or contacts, $20 copay for lenses, every two calendar years.</td>
<td>You receive a $200 material allowance, every two calendar years.</td>
</tr>
<tr>
<td>Value Based Insurance Design (VBID)</td>
<td>You pay a $0 copay for virtual monitoring for members diagnosed with Congestive Heart Failure.</td>
<td>Value Based Insurance Design (VBID) is <strong>not</strong> covered.</td>
</tr>
</tbody>
</table>
Section 1.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 9 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)) or call our Customer Solutions Center.

- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call our Customer Solutions Center to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the Evidence of Coverage.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs (“Extra Help”), the information about costs for Part D prescription drugs may not apply to you. We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please
call our Customer Solutions Center and ask for the “LIS Rider.” Phone numbers for our Customer Solutions Center are in Section 6.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at www.iuhealthplans.org. You may also call our Customer Solutions Center to ask us to mail you an *Evidence of Coverage.*)

**Changes to the Deductible Stage**

| Stage  
| --- |
| **Stage 1: Yearly Deductible Stage**  
During this stage, **you pay the full cost** of your Tier 3: Preferred Brand, Tier 4: Non-Preferred Brand, and Tier 5: Specialty drugs until you have reached the yearly deductible.  
**2019 (this year)**  
The deductible is $200.  
**2020 (next year)**  
The deductible is $200.  
**During this stage, you pay the copays listed under Stage 2: Initial Coverage Stage of your Tier 1: Preferred Generic, Tier 2: Generic, and Tier 6: Select Care Drugs and the full cost of drugs on Tier 3: Preferred Brand, Tier 4: Non-Preferred Brand, and Tier 5: Specialty Drugs until you have reached the yearly deductible.**  
**During this stage, you pay the copays listed under Stage 2: Initial Coverage Stage of your Tier 1: Preferred Generic, Tier 2: Generic, and Tier 6: Select Care Drugs and the full cost of drugs on Tier 3: Preferred Brand, Tier 4: Non-Preferred Brand, and Tier 5: Specialty Drugs until you have reached the yearly deductible.** |

**Changes to Your Cost-sharing in the Initial Coverage Stage**

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage.*
Stage 2: Initial Coverage Stage

Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.

The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply, or for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

<table>
<thead>
<tr>
<th>Stage</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic Drugs):</td>
<td>You pay $6 per prescription</td>
<td>You pay $3 per prescription</td>
</tr>
<tr>
<td>Tier 2 (Generic Drugs):</td>
<td>You pay $15 per prescription</td>
<td>You pay $12 per prescription</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand Name &amp; Generic Drugs):</td>
<td>You pay $47 per prescription</td>
<td>You pay $47 per prescription</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Brand Name &amp; Generic Drugs):</td>
<td>You pay $100 per prescription</td>
<td>You pay $100 per prescription</td>
</tr>
<tr>
<td>Tier 5 (Specialty Drugs):</td>
<td>You pay 29% of the total cost</td>
<td>You pay 29% of the total cost</td>
</tr>
<tr>
<td>Tier 6 (Select Care Drugs):</td>
<td>You pay $0 per prescription</td>
<td>You pay $0 per prescription</td>
</tr>
</tbody>
</table>

Once your total drug costs have reached $3,820, you will move to the next stage (the Coverage Gap Stage).

OR you have paid $5,100 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Once your total drug costs have reached $4,020, you will move to the next stage (the Coverage Gap Stage).

OR you have paid $6,350 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).
Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your Evidence of Coverage.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Indiana University Health Plans Medicare Select Plus

To stay in our plan you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2020.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2020 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read Medicare & You 2020, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to https://www.medicare.gov and click “Find health & drug plans.” Here, you can find information about costs, coverage, and quality ratings for Medicare plans.

As a reminder, Indiana University Health Plans offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change to a different Medicare health plan, enroll in the new plan. You will automatically be disenrolled from Indiana University Health Plans Medicare Select Plus.
• To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from Indiana University Health Plans Medicare Select Plus.

• To change to Original Medicare without a prescription drug plan, you must either:
  ◦ Send us a written request to disenroll. Contact our Customer Solutions Center if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
  ◦ – or – Contact Medicare, at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1.877.486.2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from October 15 until December 7. The change will take effect on January 1, 2020.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the Evidence of Coverage.

If you enrolled in a Medicare Advantage plan for January 1, 2020, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2020. For more information, see Chapter 10, Section 2.2 of the Evidence of Coverage.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Indiana, the SHIP is called the State Health Insurance Assistance Program.

The State Health Insurance Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. The State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call the State Health Insurance Assistance Program at 1.800.452.4800. You can learn more about the State Health Insurance Assistance Program by visiting their website www.medicare.in.gov.
SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
  - 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1.800.772.1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1.800.325.0778 (applications); or
  - Your State Medicaid Office (applications).

- **Help from your state’s pharmaceutical assistance program.** Indiana has a program called HoosierRx that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 4 of this booklet).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Indiana State Department of Health. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Indiana State Department of Health, ADAP Coordinator, 2 N. Meridian St., Suite 6-C, Indianapolis, IN 46204, Phone: 1.866.588.4948.
SECTION 6 Questions?

Section 6.1 – Getting Help from Indiana University Health Plans Medicare Select Plus

Questions? We’re here to help. Please call our Customer Solutions Center at 317.963.9700, toll free 1.800.455.9776. (TTY only, call Relay Indiana toll free at 1.800.743.3333). We are available for phone calls from October 1, 2019 through March 31, 2020, 8:00 am - 8:00 pm, seven days a week. Beginning April 1, 2020, 8:00 am - 8:00 pm, Monday through Friday. Calls to these numbers are free.

Read your 2020 Evidence of Coverage (it has details about next year’s benefits and costs)

This Annual Notice of Changes gives you a summary of changes in your benefits and costs for 2020. For details, look in the 2020 Evidence of Coverage for Indiana University Health Plans Medicare Select Plus. The Evidence of Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at www.iuhealthplans.org. You may also call our Customer Solutions Center to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at www.iuhealthplans.org. As a reminder, our website has the most up-to-date information about our provider network (Provider/Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1.800.MEDICARE (1.800.633.4227)

You can call 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

Visit the Medicare Website

You can visit the Medicare website (https://www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to https://www.medicare.gov and click on “Find health & drug plans”).
**Read Medicare & You 2020**

You can read the *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don’t have a copy of this booklet, you can get it at the Medicare website ([https://www.medicare.gov](https://www.medicare.gov)) or 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.
Notice about non-discrimination

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、民族血统、年齡、殘障或性別而歧視任何人。[IU Health Plans] 不因種族、膚色、民族血统、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)

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 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)。

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.455.9776 (TTY: 1.800.743.3333).

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.455.9776 (ATS: 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).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfswerkzeuge zur Verfügung. Rufnummer: 1.800.455.9776 (TTY: 1.800.743.3333).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어지원서비스를 무료로 이용하실수있습니다. 1.800.455.9776 (TTY: 1.800.743.3333)번으로 전화해 주십시오.

**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:** ملاحظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوفر لك للحاج. اتصل برقم 1.800.455.9776 (هاتف الصم والبكم 1.800.743.3333).

**Hindi:** ध्यान दें: यदि आप अन्य भाषा में संचालित सेवाएं प्राप्त करना चाहते हैं, तो आपके लिए मुफ्त माहौल में सहायता मिलेगी। आप 1.800.455.9776 (TTY: 1.800.743.3333) पर कॉल कर सकते हैं।

**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).

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.800.455.9776 (TTY: 1.800.743.3333).

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 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) ကို တင္လိုက္။


Punjabi: ਇਹ ਸੰਖੇਪ ਹੈ: ਤੂੰ ਹਿੰਦੀ ਵੇਲੇ ਬੋਲਦੇ ਹੋ, ਤੋਂ ਹਿੰਦੀ ਭਾਸ਼ਾ ਦੀ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1.800.455.9776 (TTY: 1.800.743.3333) ਤੇ ਕਾਲ ਕਰੋ।
