Member Guide

Indiana University Health Plans Medicare Kidney Care (HMO)

Quick reference

My member number

My primary care provider

T

My preferred pharmacy

T

Member resources

View important plan information at **iuhealthplans.org > Medicare Advantage Plans > Tools & Resources** or **Member Portal Login.**

Thanks for choosing IU Health Plans

Welcome to the IU Health Plans Medicare Kidney Care (HMO) plan. Please carefully review this Member Guide; it includes important information and forms that need your attention. If you are a new member, a Member Advocate will contact you soon to highlight important benefits and resources to help you get the most out of your plan membership.

Contact a Member Advocate

If you have questions, our Member Advocates are ready to assist with both insurance and provider questions—often in a single call. Be sure to have your member number ready. You may also email, message us through your Member Portal or visit our office in person (appointment preferred).

T 800.455.9776 or **TTY/TDD** 711

April 1 – Sept. 30: 8 am – 8 pm, Monday – Friday

Oct. 1 – March 31: 8 am – 8 pm, seven days a week

Email: IUHPMedicare@iuhealth.org

Address: 950 N. Meridian St., Indianapolis, IN, 46204-1202
Member Advocates are available 8 am – 5 pm, Monday – Friday.
If visiting in person, please sign in at the main floor security booth.

IU HEALTH Health Plans

iuhealthplans.org

H7220_IUHMA2510_M Accepted 9.16.2024

Hello from your IU Health Plans team

On behalf of everyone at IU Health Plans, thank you for giving us the opportunity to be your health insurance provider. Our top priority is keeping you healthy and making your insurance easy to use. Our IU Health Plans Member Advocates are ready to guide you through some important steps that will help you get the most out of your coverage.

See what's inside

Make the most of your member benefits

START

Don't let the plan year go by without taking advantage of your member benefits. Get started now and refer to this list all year long.

1

- ☐ Expect a call from your Member Advocate to help you maximize your membership.
- ☐ Set up and log in to your Member Portal at **iuhealthplans.org**.
- ☐ Complete your Health Assessment Survey included in this Member Guide.

2

- ☐ Give authorization to share your personal health plan and claims information with someone you trust. Forms are included in this Member Guide.

3

- ☐ Schedule an appointment or follow up with your primary care provider (PCP). Notify IU Health Plans if you change your PCP.
- ☐ Download the IU Health On-Demand Virtual Visits app at **iuhealth.org/virtualvisits**. Visit with a provider on your time, with the convenience of staying at home.

4

- ☐ Schedule and complete an Annual Wellness Visit; earn a $50 reward.
- ☐ Use your birth month as a reminder to schedule preventive care and vaccines.

5

- ☐ Schedule a medication checkup with your PCP or pharmacist.
- ☐ Save money. Get medications at a retail pharmacy or by mail order.

6

- ☐ Benefits checkup: Are you accessing your benefits essential to good health?
- ☐ Do you want to add Dental Enhanced coverage to your plan? (limited enrollment times)

FINISH

7

- ☐ Watch your mail in late September for the Annual Notice of Changes (for the next year). Contact your Member Advocate if you have questions.

Get ready to use your benefits

Meet your Member Advocate

If you haven't connected with a Member Advocate yet, give us a call. We're here to guide and assist.

Put your membership card in your wallet

Your IU Health Plans membership card is your key to accessing care. You will need to show this card when you receive services from any IU Health Plans in-network provider. Your member number will be referenced when you call IU Health Plans, visit a provider or fill a prescription. Important phone numbers are located on the back of the card.

Set up your Member Portal:

1. Go to **iuhealthplans.org** and click **Member Portal Login**.
2. Click **Register**.
3. Provide your first and last name, membership number and date of birth.
4. Add the new portal page link to your favorites in the address bar for quick and easy access.

For help setting up your Member Portal, contact a Member Advocate.

Your login will allow you to:

- Access your membership card information
- Find network providers and hospitals
- Get a summary of your benefits and coverage
- View your processed claims
- View more health and wellness information
- Send a secure message to our Member Advocates when you have a question or request

If you're an IU Health patient, you can even find a link to connect to the IU Health patient portal.

If you didn't take the Health Assessment Survey this year (annually thereafter), complete it online through the Member Portal or use the form included in this Member Guide.

Your information will be kept confidential and is used to personalize a health management program for you.

Get familiar with your plan resources

Learn more about your benefits and how the plan works. View important documents and plan information at **iuhealthplans.org > Medicare Advantage Plans > Tools & Resources**. Contact a Member Advocate to request printed, audio or large-print materials.

- **Evidence of Coverage** – Provides a detailed description of your benefits and costs; explains how to get coverage for the healthcare services and prescription drugs you need.
- **Provider/Pharmacy Directory** – Lists in-network providers and facilities for your medical, dental, vision, hearing and pharmacy needs.
- **Formulary** (list of covered drugs and drug costs)
- **CVS Caremark® Mail Service Order Form** – Use this form to request a 90- to 100-day supply of prescriptions you take regularly.
- **Over-the-counter (OTC) mail-order catalog** – Use this catalog to place one OTC order per quarter. Ordering instructions are included in the catalog.

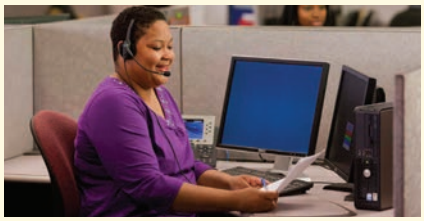
There are several resources and documents that can help you take care of health matters:

Authorization to Share Personal Information – To allow someone to speak on your behalf or access your health plan claims and other personal health information, you will need an Authorization to Share Personal Information form. If you are filing a grievance or appeal, you will also need an Appointment of Representative form. Both forms are inside this Member Guide.

Let your wishes be known – The Advance Directives Resource Center offers information about directing your future medical care and treatment. Find the resources you need at **in.gov/health** or contact the Indiana Department of Health at **317.233.1325**.

Access to your IU Health Plans Medicare Advantage health records – There is a secure way for members to easily access their health records through third-party apps of their choice downloaded on a smartphone or tablet. These health records include health insurance claims and other information submitted to IU Health Plans by healthcare providers and may include cost and other clinical information.

For more information, visit **iuhealthplans.org/health-records** or contact a Member Advocate.



Need help? Contact a Member Advocate

T 800.455.9776 or
TTY/TDD 711

April 1 – Sept. 30:
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Email: IUHPMedicare@iuhealth.org

Message: iuhealthplans.org > Member Portal

Monthly premium payment authorizations (if applicable)

When you completed your enrollment application, you selected the method for paying your plan premium for your health plan or the optional Dental Enhanced coverage (if applicable). Contact a Member Advocate if you have changes.

If you authorized to have your premium payments electronically transferred from your bank or deducted from your Social Security or Railroad Retirement Board (RRB) check, it may take up to three months to begin. Until your bank, Social Security or RRB approves the deduction, IU Health Plans will mail you a paper bill around the 20th of the month for premiums due, starting from your enrollment effective date, up to the point that your first deduction for premiums begins from your bank, Social Security or RRB.

If we are notified by Medicare that you owe a late enrollment penalty (for months you were not covered for Part D prescription coverage), you will be responsible for paying this extra amount in addition to your plan premium. If you receive a paper bill for your premium and would like to make a one-time premium payment by credit card, contact a Member Advocate.

Your care team begins with your PCP who is the doctor or other provider you see first for most health problems. You must receive your care from a network provider for covered services. If you need emergency or urgently needed services, you pay the same price in network or out of network. This plan also includes a travel benefit. Learn more about those costs on page 10.

Provider appointments

Scheduling a visit – If you need help with your provider appointments, IU Health Plans Member Advocates are available to schedule your Annual Wellness Visit and any checkups with an IU Health primary care provider or specialist. It's easy. Just give your Member Advocates a call.

Telehealth virtual visits – Many in-network provider visits are now available virtually within Indiana for $0 copay, including annual preventive care, primary or specialist care, medication review, follow-up, group or individual mental health sessions, and more.

IU Health On-Demand Virtual Visits (telehealth) are easy and convenient with availability from 6 am to 11 pm, seven days a week. For more information about eligible telehealth visits, refer to your Evidence of Coverage, Chapter 4, and visit **iuhealth.org/virtualvisits**.

Need transportation to your appointment? – Your IU Health Plans benefits include access to 24 one-way rides (limit of 75 miles each ride) for $0 copay to plan-approved, health-related locations. Round-trip transportation counts as two rides. Schedule a ride two business days in advance by calling the number on the back of your membership card.

The right care for you

Save time and money. For help determining where to go for care, visit iuhealth.org/get-care-now.

On-Demand Virtual Visits (telehealth) – A faster, easier way to see a doctor when your medical condition is not life threatening and may not need in-person treatment. For more information, visit **iuhealth.org/virtualvisits**.

Primary care provider (PCP) – Your source for most healthcare needs when your medical condition is not life threatening.

Urgent care – Your medical condition is not life threatening but needs urgent attention. Care may be furnished by in-network providers or out-of-network providers when your providers are temporarily unavailable or inaccessible.

Emergency room – Your medical condition is life threatening or could result in loss of life or permanent disability (examples: difficulty breathing, heart attack, heavy bleeding, loss of consciousness, poisoning, seizures, severe chest pain, severe head trauma, stroke, sudden paralysis or slurred speech, visibly broken bones). Call 911 immediately or go to the nearest emergency room. You do not need to get prior approval or a referral from your PCP.

For a complete list of benefits and copays, see your Evidence of Coverage.

Protect your health and earn a reward

One of the most important steps you can take is to talk to your PCP about scheduling preventive exams to help you maintain your health and check for health risks. Preventive exams are covered for $0 copay.* Completing an **Annual Wellness Visit** can earn you a $50 reward. Refer to the enclosed flyer for additional details.

It's important to schedule an Annual Wellness Visit at your provider's office or virtually from your home to detect a potential medical issue before it becomes a problem. Additionally, scheduling regular follow-ups can support good health.

If you need lab work for your Annual Wellness Visit or to help you manage your health, there is $0 copay for certain in-network lab work, including Hemoglobin A1C (up to four times per year), lipid panel (once per year) and urine albumin test (as medically necessary).

If you need help finding a PCP or scheduling your appointment, IU Health Plans Member Advocates are available to assist.

**If you receive additional labs, tests or services during the same visit, you may have to pay a copay.*

Helpful tips

- Use your birth month as a reminder to schedule preventive care and vaccines.
- Use the **Preparing for Your Appointment** form in the last section of this booklet to help you review your medications, costs and questions for your provider.

Other $0 copay wellness visits that you may want to schedule with your provider include:

- **Annual routine physical exam*** – This is a comprehensive physical examination and evaluation of your health status and chronic diseases. This exam is in addition to the "Annual Wellness Visit" or "Welcome to Medicare" exam.
- **"Welcome to Medicare" preventive visit*** – The visit includes a review of your health, as well as education and counseling about the preventive services you need (including certain screenings and shots) and referrals for other care, if needed. This visit is only covered within the first 12 months you have Medicare Part B.

Important: These visits do not qualify for a reward. When scheduling an appointment, it is important to specify the name of the exam you are scheduling.

Searching for a provider?

Find a provider or facility online or download the Provider/Pharmacy Directory at **iuhealthplans.org**. You may also contact a Member Advocate to ask for a copy to be mailed to you. You may change your PCP for any reason, at any time, by calling a Member Advocate. This change will take effect immediately upon receipt of the request.

Schedule a medication checkup

Ask your provider for a review of your medications to make sure they are still necessary, effective and affordable for you. This checkup is important for your safety in case you are becoming more sensitive to side effects or find that you are taking medications that are no longer needed. You may also save money by finding medications that deliver a similar treatment but are cheaper.

Check your medication refills. Contact your provider to make sure that you have enough refills for the year or as recommended. Let them know which pharmacy you would like the prescriptions sent to.

For medications you take regularly, a convenient way to get them is through the CVS Caremark mail-order service. Consider setting up automatic refills for prescriptions so that you don't run out.

Learn more about how much you will pay for prescription drugs by referencing the chart of drug costs on the **Preparing for Your Appointment form** included in the last section of this booklet.

Getting your medications through the mail

It's easy. Just follow these simple steps:

1. Review medications you take routinely.
2. Set up an account at **Caremark.com/mailservice**, then click on New to CVS Caremark to register for an online account or use the enclosed CVS Caremark mail-order form.

   Important: Be sure to select your method of payment to avoid any order delay. You can pay by electronic check or a credit card (Visa®, MasterCard®, Discover® or American Express®). You can also pay by check or money order. Do not send cash.
3. Sign into your account and select **Start Rx Delivery by Mail** from the Prescriptions tab, and you'll be taken directly to the Check Drug Cost tool. Search for your medication name and dose. Select the option with **90- to 100-day supply mail service** and click **Request a New Prescription**.
4. Review your order and click **Submit** to request a new supply of your prescription. CVS Caremark's mail-order pharmacy will reach out to your provider to obtain a new prescription.

Or, ask your provider to send a 90- to 100-day prescription directly to CVS Caremark Mail Service Pharmacy. You can also ask CVS Caremark to contact your doctor to start the process for you. The CVS Caremark phone number is on the back of your membership card.

Tip: It could take up to two weeks for your medications to be set up. If you need a medication filled sooner, ask your provider to also write a transition prescription that can be filled at a local retail pharmacy. This will allow time to set up your mail-order pharmacy account. Need help? Contact the CVS Caremark® Help Center at **844.432.0695**.

Now that you're set up: Allow up to 10 days to process future prescription orders. Download the CVS Caremark mobile app to track orders and check drug costs and coverage.

Enhancements for diabetes

To help you manage your diabetes, you pay $0 for up to two diabetes screening tests every 12 months (must meet certain criteria).

You won't pay more than $35 for a one-month supply of each insulin product covered by our plan.

To learn more about covered diabetic testing supplies and glucose monitors, visit **iuhealthplans.org > Medicare Advantage Plans > Tools & Resources > Extra Benefit Plan Information**.

Vision

When using an Insight network provider, get an annual routine (preventive) eye exam for $0 copay that includes a refraction to measure your prescription for eyeglasses or contact lenses. You pay nothing out of pocket for the first $250 of your costs for one pair of eyeglass frames and lenses or conventional/disposable contact lenses every two calendar years. You receive a discount for any amount due over $250. (Disposable contacts are not eligible for additional discounts.) Once the benefit has been used, receive an extra 15% – 40% discount for additional frames, lenses or conventional contacts.

To see a list of in-network providers, visit **eyemedvisioncare.com/iuhealth** or call **844.408.6295**. Refer to your Evidence of Coverage for additional details.

Dental

Our plans pay up to $1,500 annually for covered preventive and basic services. There is no deductible. You are responsible for any costs over the maximum benefit coverage amount of $1,500. Please refer to your Evidence of Coverage and the Delta Dental Member Handbook* to review the in-network costs for specific services:

Preventive – You pay $0 for covered services such as preventive dental exams, cleanings and bitewing X-rays.

Basic services – You pay 50% of the cost for covered services such as fillings, crown repair and simple extractions.

You must use in-network dentists for your dental benefits.

To see a list of in-network dentists, visit **deltadentalin.com/findadentist**. Use the dentist search tool (in the blue box) for Medicare Advantage PPO and Medicare Advantage Premier providers. For help, call Delta Dental at **800.330.2732 (TTY/TDD 711)**, Monday – Friday, 8 am – 8 pm.

For a complete list of dental benefits and details, see the Delta Dental Member Handbook at* **iuhealthplans.org > Medicare Advantage Plans > Tools & Resources > Extra Benefit Plan Information.

Optional: You may add Dental Enhanced coverage within the first 90 days after your plan's effective date for an additional $29.90 – $33.80 added to your monthly plan premium. Policies are available that cover major dental services for 50% coinsurance up to the supplemental package maximum limit of $1,000 or $1,500; includes basic and major services such as crowns, bridges and dentures; $50 deductible.

The Silver&Fit® Healthy Aging and Exercise Program

As a Silver&Fit member, you have the following options available at no or low cost to you:

- **Fitness center membership:** No-cost access to one participating fitness center or YMCA.* You also have access to the Premium Fitness Network, which includes additional fitness center and studio choices and unique experiences like swimming centers, each with a buy-up price. Many participating fitness centers may also offer low-impact classes focused on improving and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility, and coordination.
- **Home Fitness Kit:** Choose one Home Fitness Kit per benefit year from three options, including a Wearable Fitness Tracker Kit, Strength Kit and Yoga Kit.
- **The Well-Being Club**:** Set your preferences for well-being topics on **silverandfit.com** to see a full calendar of activities and resources that meet your interests.
- **Workout plans:** Answer a few online questions and receive a customized workout plan that fits your goals and fitness level.

- **Digital workouts:** View on-demand videos through the **silverandfit.com** digital workout library specifically designed for aging adults.
- **Well-being coaching:** Participate in sessions (by phone, video or chat) with a trained coach to discuss topics like exercise, nutrition and social isolation.
- **Silver&Fit Connected!™:** This tool can assist with tracking your activity.*** Earn a hat and pins as rewards for reaching new activity milestones.

The Silver&Fit program has Something for Everyone®.

Visit **silverandfit.com** or call **877.427.4788 (TTY/TDD 711)** for additional details.

**Non-standard membership services that call for an added fee are not part of the Silver&Fit program and will not be reimbursed.*

***American Specialty Health Fitness, Inc., (ASH Fitness) has no affiliations, interest, endorsements or sponsorships with any of the organizations or clubs. Some social groups may require a fee to join. Such fees are not part of the Silver&Fit programs and will not be reimbursed by ASH Fitness.*

****Purchase of a wearable fitness tracker or app may be required to use the Connected! tool and is not reimbursable by the Silver&Fit program. (See **Home Fitness Kit** for no-cost options.)*

Your use of the Silver&Fit Connected! tool serves as your consent for ASH Fitness to receive information about your tracked activity and to use that data to process and administer available rewards to you under the program.

Over-the-counter (OTC) mail-order catalog

You get a $40 quarterly allowance to order over-the-counter products from the OTC Health Solutions mail-order catalog. One order per quarter. Unused quarterly amounts will roll over to the next quarter. If the benefit is still unused in the next quarter, it will **not** roll over to the next. Quarterly allowances and rollovers from 2025 must be used in 2025. Quarters begin in January, April, July and October. This benefit cannot be used in a store or combined with other benefits.

To view the catalog or place an order, visit **cvs.com/benefits** or call **888.628.2770 (TTY/TDD 711)**. To request a printed catalog, contact IU Health Plans.

Hearing

Experience state-of-the-art technology in hearing aids from TruHearing, priced for copayments of $499, $699 or $999 per aid, with various styles to choose from (limit two hearing aids each year—one per ear). Nonprescription hearing aids are offered on a discount program if that option is determined to be a solution for you. Your benefit includes one $0 copay routine hearing exam per year. Call TruHearing to find a participating provider and schedule an appointment at **855.541.6172 (TTY/TDD 711)** from 8 am – 8 pm, Monday – Friday.

Travel (more than 30 days)

You can receive all covered medical services and pay the in-network copay or coinsurance cost when you let us know that you will be continuously outside of Indiana for more than 30 days but no more than nine consecutive months. (In-network prior authorization requirements apply.)

Prior to departure, you must contact a Member Advocate and provide the travel dates that you intend to be outside of Indiana. Please let us know about a temporary address change and return date—no need to contact Social Security.

The provider you see must agree to accept you as a patient. Information the provider needs to file claims is on the back of your membership card. If you go to a provider that does not participate in Medicare, you will be responsible for the full cost of the services you receive.

More benefits for kidney care

If you received notification from IU Health Plans that you qualify for enhanced benefits, you are eligible for:

- $0 copay for dialysis
- $0 copay for visits to IU Health Physicians Kidney Health nephrologists
- Nutritional support (referral required by care manager)
- $0 copay for unlimited transportation to your appointments at health-related locations (Learn more on page 5.)

Meal program (You pay $0.)

You can receive up to 42 meals from Mom's Meals following an inpatient hospital discharge (limited to one request per calendar year). You can even make special dietary requests such as lower sodium, heart-, diabetes- or renal-friendly, gluten-free, vegetarian, pureed, or cancer-supported meals. You will get a call from Mom's Meals prior to delivery to let you know that your meals are on the way. Contact a Member Advocate to learn more about placing an order.

Health coaching (You pay $0.)

If you find something preventing you from feeling your best self, a Healthy Results health coach can help. Your certified health and wellness coach will partner with you to determine your best course of action and provide personalized resources. Get the support and accountability you need if you struggle with extra weight, lack of exercise, a not-quite-right diet, unmanaged stress, tobacco use, or need to lower your blood sugar or blood pressure.

You can get up to five health coaching sessions per year. To schedule a phone appointment, contact Healthy Results at **866.895.5976** or email **healthyresults@iuhealth.org**.

myStrength® (You pay $0.)

Explore resources available through myStrength, a confidential self-care tool that provides personalized support. The myStrength resources and interactive tools promote emotional wellness and can help with anxiety, depression, sleep, substance use disorders and chronic pain. To get started, go to **myStrength.com**, then click on **sign up** and use code **IUHPlansMA**.

Communications you may receive

Keeping you informed is important. You will receive communications throughout the year by mail, phone, email or text. You may opt in or out of email or text messaging, or update how we can reach you by contacting a Member Advocate.

- **Annual Notice of Changes** – See what's new or changing in your benefit package for the next year. (mailed in late September)
- **Member newsletter** – Receive issues in January, April, July and October; also emailed if you gave us your email.
- **Reminders about preventive care and vaccines** – Receive an email or a text message seasonally.
- **Documents explaining your costs** – Help you understand how much your health plan covers and your out-of-pocket costs. The documents will show you when you have reached your maximum out-of-pocket cost protection. These are not bills; they are for reference only.
- **Part D EOB (prescriptions)** – Shows the prescriptions you have filled and your total out-of-pocket drug costs this year. (mailed monthly)
- **EOB (medical)** – Shows the total charges for your visit, how much your plan will pay to your provider and what you may owe out of pocket. (You may have already paid your provider this amount.) (mailed after a visit with your provider)
- **Summary of Your Out-Of-Pocket Spending for Medical and Hospital Claims** – Summarizes a total of the "plan's share" that IU Health Plans paid for your medical and hospital claims. We also total "your share" of what you paid out of pocket when using your plan's medical, hospital, dental (not including the optional supplemental Dental Enhanced 1000/1500 plans), vision and prescription benefits (includes totals from both EOBs). See the "Yearly Limit" page for the most you will pay out of pocket for medical and hospital services. (mailed quarterly)

Cost terms and definitions

These commonly used terms and definitions will help you better understand what you may pay.

Maximum out-of-pocket cost protection

- **Medical** – Caps the most you risk paying out of pocket for covered medical costs. If you hit the cap for your plan, then IU Health Plans pays 100% of covered medical costs for the remainder of the year. (Refer to the Evidence of Coverage for your plan's cap.)
- **Part D prescriptions** – Caps the most you may pay out of pocket for Part D-covered prescriptions. In 2025, the Part D maximum out-of-pocket limit is $2,000.

Deductible – Amount you must pay before our plan begins to pay its share.

Copay – Fixed amount you pay each time you receive certain medical services or prescriptions.

Coinsurance – Percentage you pay of the total cost of certain medical services or prescriptions.

Low-income subsidy (also known as Extra Help) – A Medicare program to help people with limited income and resources pay Medicare prescription drug copays and coinsurance. If you qualify, Medicare could pay for 75% or more of your drug costs. Additionally, those who qualify won't have a late enrollment penalty. For more information, contact your local Social Security office.

Additional resources

Centers for Medicare & Medicaid Services (CMS)

Visit **Medicare.gov** to find publications or replace a lost or damaged Medicare card.

T 800.MEDICARE (800.633.4227) or **TTY** 877.486.2048, 24 hours a day, seven days a week

Social Security Administration (SSA)

Visit **ssa.gov** to find Extra Help forms, publications and more.

T 800.772.1213 or **TTY** 800.325.0778 from 8 am – 7 pm, Monday – Friday

IU Health Plans quality improvement

IU Health Plans is always looking for ways to improve our operations and services for members. Members may contact an IU Health Plans Member Advocate to request information about IU Health Plans quality improvement activities, or go to **iuhealthplans.org**.

IU Health Plans notice of privacy practices

At IU Health Plans, we're committed to responsibly protecting the oral, written and electronic information we hold about you. View the IU Health Plans Notice of Privacy Practices at **iuhealthplans.org > Medicare Advantage Plans > Tools & Resources > Language, Diversity and Legal Notices** or contact a Member Advocate for a printed copy.

IU Health Plans multi-language assistance

For more information about our free language interpreter services, visit **iuhealthplans.org > Medicare Advantage Plans > Tools & Resources > Language, Diversity and Legal Notices**.

Important forms and documents

These forms and documents are perforated for easy removal from this booklet:

Health Assessment Survey – Please complete and return this survey in the enclosed postage-paid envelope. You may also complete it online at **iuhealthplans.org > Member Portal**.

Note: You will need to complete this survey annually. If you enrolled with a broker and completed this survey online at the time of enrollment, you do not need to complete it again until the next calendar year.

Authorization to Share Personal Information – You can authorize a trusted person or organization to have access to your personal health information available from IU Health Plans. This is an optional form that can be submitted to IU Health Plans at any time.

If you are filing a grievance or appeal, you will also need an Appointment of Representative form, which is available on our website at **iuhealthplans.org > Medicare Advantage Plans > Tools & Resources**.

Support to help manage your health – Take these documents to your provider appointments to help you discuss and track your care plan:

- Medicare Advantage Preventive Health Screenings and Services Checklist
- Preparing for Your Appointment
- My Care Team

Prescriptions by mail order

To set up prescriptions by mail order, use the CVS Caremark mail-order form enclosed in this mailing. (For convenience, you can also set up prescriptions by mail order on **Caremark.com/mailservice**, then click **New to CVS Caremark**.) Additional instructions can be found on page 7.

If you need live help, call the CVS Caremark phone number on the back of your membership card. Be sure to have a prescription bottle in hand. All the information needed to get started is on the label.

(Optional program) Medicare Prescription Payment Plan (M3P)

If you find your medications expensive and difficult to pay for a monthly supply, the new M3P program may help you manage drug costs by spreading payments out across the year (January – December). If your drug costs average more than $200 per month, M3P may be right for you. More information about Medicare Part D and M3P is included in this section.

Health Assessment Survey

Your health is important to us. **Please complete this Health Assessment Survey and return it to Indiana University Health Plans using the enclosed prepaid envelope.** You may also complete it online at **iuhealthplans.org > Member Portal**. Based on your answers, you consent that we can:

- Connect you with a registered nurse care manager, if needed.
- Help you find neighborhood resources to assist with daily living.
- Discuss your health goals and develop a care plan to help you achieve them.
- Help you get the medical tests and services you may need.
- Request medical records from your previous providers to coordinate necessary care.
- Assist caregivers or family members who may be looking after you.

Instructions

- Use blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- When selecting answers that have squares beside them, completely fill the square.
- Do not make stray marks on this form, and please use uppercase letters.

First name:

Last name:

Date of birth (MM/DD/YYYY):

IU Health Plans member ID number:

Health Plans

1. **How would you describe your health?** *(Select one.)*

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

2. **Who do you live with?** *(Select all that apply.)*

- ☐ Alone
- ☐ With spouse
- ☐ With child(ren)
- ☐ With other family
- ☐ With partner
- ☐ Other

3. **In the past 6 months, how many times did you visit a provider's office or urgent care?** *(Select one.)*

- ☐ Not at all
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 to 6 times
- ☐ More than 6 times

4. **In the past 6 months, how many times have you been to the emergency room?** *(Select one.)*

- ☐ Not at all
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ More than 3 times

5. **In the past year, have you stayed in a hospital or nursing home?** *(Select one.)*

- ☐ Yes
- ☐ No

6. **Do you take prescription drugs? (Count the number of different medicines, not the number of pills you take. Do not count over-the-counter medications.)** *(Select one.)*

- ☐ 0
- ☐ 1 to 4
- ☐ 5 to 8
- ☐ 9 or more

7. **Do you have to go to your provider's office or clinic to have medicines or treatment given to you?** *(Select one.)*

- ☐ Yes
- ☐ No

8. **In the past year, how often were you worried or stressed about paying for your medications?** *(Select one.)*

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

9. **Do you have problems getting to your provider appointments?** *(Select one.)*

- ☐ Yes
- ☐ No

10. **Is there a friend, relative or neighbor who could take care of you for a few days if necessary?** *(Select one.)*

- ☐ Yes
- ☐ No

11. Do you have any problem doing the following? *(Select all that apply.)*

Preparing meals
☐ Yes ☐ No

Paying bills
☐ Yes ☐ No

Walking within the home
☐ Yes ☐ No

Bathing or dressing
☐ Yes ☐ No

Laundry
☐ Yes ☐ No

Cleaning the house
☐ Yes ☐ No

Grocery shopping
☐ Yes ☐ No

Using the phone
☐ Yes ☐ No

Using the toilet
☐ Yes ☐ No

Feeding yourself
☐ Yes ☐ No

Taking medications
☐ Yes ☐ No

12. How many alcoholic drinks do you have a week? *(Select one.)*

☐ None
☐ 1 to 3
☐ 4 to 7
☐ 8 or more

13. Have you used tobacco, smoking or vaping products in the last 3 months? *(Select one.)*

☐ Yes ☐ No

Are you interested in quitting tobacco in the next 3 months? *(Select one.)*

☐ Yes ☐ No

14. In the past 2 weeks, how often have you been bothered by the following?

Little interest or pleasure in doing things *(Select one.)*

☐ Every day
☐ Most days
☐ A couple of days
☐ None

Feeling down, depressed or hopeless *(Select one.)*

☐ Every day
☐ Most days
☐ A couple of days
☐ None

15. How many times have you fallen in the past 3 months? *(Select one.)*

☐ None
☐ 1 to 2 times
☐ 3 or more times

16. Have you ever been told by your provider that you have any of the following? *(Select all that apply.)*

Kidney disease	☐ Yes	☐ No
Depression	☐ Yes	☐ No
Circulation issues	☐ Yes	☐ No
Atrial fibrillation or irregular heart rhythm	☐ Yes	☐ No
Heart failure	☐ Yes	☐ No
COPD	☐ Yes	☐ No
Rheumatoid arthritis	☐ Yes	☐ No
Obesity	☐ Yes	☐ No
Liver disease	☐ Yes	☐ No
Parkinson's disease	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Heart attack	☐ Yes	☐ No
Stroke(s)	☐ Yes	☐ No
Cancer	☐ Yes	☐ No

17. Do you have an Advance Directive (living will)? *(Select one.)*

- ☐ Yes
- ☐ No

18. Are you interested in learning about an Advance Directive (living will)?
(Select one.)

- ☐ Yes
- ☐ No

19. What is your preferred language?
(Select one.)

- ☐ American Sign Language (ASL)
- ☐ Arabic
- ☐ Cantonese
- ☐ Chin
- ☐ English
- ☐ French
- ☐ Korean
- ☐ Mandarin
- ☐ Spanish
- ☐ Tagalog
- ☐ Other: _____
- ☐ Prefer not to answer

20. Which category best describes your race?
(Select all that apply.)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other: _____
- ☐ Prefer not to answer

21. Do you identify as Hispanic or Latino?
(Select one.)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Other: _____
- ☐ Prefer not to answer

22. I can use applications/programs (like Zoom) on my cell phone, computer or another electronic device on my own (without asking for help from someone else).
(Select one.)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

23. I can set up a video chat using my cell phone, computer or another electronic device on my own (without asking for help from someone else).
(Select one.)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

24. I can solve or figure out how to solve basic technical issues on my own (without asking for help from someone else).
(Select one.)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

Thank you for completing this Health Assessment Survey. Please use the enclosed prepaid envelope to return this survey to the IU Health Plans Health Assessment Survey team.

IU HEALTH Health Plans

Authorization to Share Personal Information

You can use this form to give permission to Indiana University Health Plans to share your personal health information with a trusted person or organization you select. Please complete and sign this form.

How long does this permission last? Permission to share your records ends on your last day as a member of the plan or when you write to us and tell us to end it.

Can I change my mind and "take back" this permission? You can tell us to stop sharing your information in the future.

How do I end permission to share my personal health information? You will need to write to us to request an end to your permission. Be sure to sign and date it. You can mail or fax your request. Please keep a copy for your records.

Member information (required)		
Member ID number:	Member date of birth (MM/DD/YYYY):	
Member first name:	Member last name:	Middle initial:
Member permanent address:		
City:	State:	ZIP code:
If your permanent address is outside of the plan's service area, you will lose your plan.		
Date at permanent address (MM/DD/YYYY):		
Daytime telephone number:	Evening telephone number:	
Email address (optional):		

Please note: This form does not give permission to the person or organization named to:

- Change the plan you are enrolled in, or
- Represent you in a claims appeal, or
- Decide what kind of care you get

(continued on back)

Who do you want to share your information with? (required)		
Name:		
Address (optional):		
City:	State:	ZIP code:

Your permission (required)	
Personal health information is protected by the Health Insurance Portability and Accountability Act (HIPAA). When you sign this form, you agree to the following: Indiana University Health Plans and its related companies have permission to give my personal health information to the person or organization listed in the section above. Records may contain information on specific medical care or services I received. They may also contain information created by others. The information may include medical, claim or benefit records.	
Signature:	Date (MM/DD/YYYY):
❑ Check here, and complete the Legal Representative Information section if you are signing as a legal representative. If the member can only sign with an "X," a witness will also need to sign the form. This witness can't be any person or organization receiving the member's personal health information.	
Witness signature:	Date (MM/DD/YYYY):

Legal representative information		
If the member can't sign this form, a legal representative may sign, complete and return this form for the member. A legal representative is someone who has the legal right to sign for the member. Please attach proof that you are the member's legal representative (for example, Power of Attorney). We can't accept this form without it.		
First name:	Last name:	Middle initial:
Address:		
City:	State:	ZIP code:
Telephone number:		

If you have any further questions, please call IU Health Plans at 800.455.9776 or 317.963.9700 (TTY/TDD 711).

Send the completed form to:
IU Health Plans, Attn: Enrollment Department
950 N. Meridian St., Suite 400, Indianapolis, IN 46204-1202

Or fax to:
F 317.968.1331

IU HEALTH Health Plans

Medicare Advantage Preventive Health Screenings and Services Checklist

☑	Service	Date completed	How often is this service covered?
Immunizations – Note: The member should contact their provider for specific recommendations.			
☐	**Annual flu shot**		Once each year
☐	**COVID-19 vaccination (One shot or two-shot series) and booster shots as recommended by your provider (everyone)***		For future vaccinations, follow CDC guidelines.
☐	**Pneumonia vaccine (everyone age 65+; people under age 65 with certain chronic conditions)**		Medicare will cover. Talk with your provider about which vaccine(s) you need.
Cancer screenings			
☐	**Breast cancer screening (ages 50 – 74)**		Medicare will cover a baseline mammogram for women ages 35 – 39 and a screening mammogram every 12 months for women age 40 and older.
☐	**Cervical and vaginal cancer screening (ages 21 – 64)**		Once every 24 months (if at high risk, then every 12 months)
☐	**Colorectal cancer screening (ages 45 – 75)**		Medicare will cover the appropriate screening method as determined by your provider.
☐	**Lung cancer screening**		With an order from your provider, Medicare will cover low-dose computed tomography once each year for people ages 50 – 77 who are at risk for lung cancer.
☐	**Prostate cancer screening (ages 55 – 69)**		Discuss with your provider. Medicare will cover a PSA lab test and digital rectal exam for men age 50 and older once every 12 months.
Diabetic services			
☐	**A1C lab**		Up to four times per year if diagnosed with prediabetes or diabetes
☐	**Diabetic retinopathy (eye exam)**		Medicare will cover once per year for people with diabetes.
☐	**Diabetes self-management training**		Training, services and supplies for all members diagnosed with diabetes, as ordered by your provider
☐	**Dietitian**		Covered for people with diabetes, kidney disease (not on dialysis), or after kidney transplant when ordered by your provider.

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IU HEALTH Health Plans

Customer Solutions Center
800.455.9776 (TTY/TDD 711)
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
iuhealthplans.org

☑	Service	Date completed	How often is this service recommended?
Other screenings and services			
☐	**Abdominal aortic aneurysm**		One screening per lifetime for people at risk, as determined by your provider
☐	**Annual routine physical exam****		A comprehensive physical examination and evaluation of your health status and chronic diseases
☐	**Blood pressure check**		At least once each year
☐	**Bone density screening (ages 67 – 85)**		Once every two years for qualified individuals
☐	**Cholesterol check**		Once annually
☐	**Counseling for tobacco use**		Medicare will cover two counseling quit attempts (up to eight face-to-face visits) within 12 months if no tobacco-related disease is present. If a tobacco-related disease is present or you are taking medication affected by tobacco, Medicare will cover two counseling quit attempts (up to eight face-to-face visits) within 12 months with cost share.
☐	**Depression screening**		Once a year in primary care provider's office
☐	**Glaucoma test (those at risk for glaucoma)**		Once every 12 months if your provider says you are at high risk
☐	**HIV screening**		One screening every 12 months for those at increased risk
☐	**Screening for sexually transmitted infections**		Medicare will cover one screening every 12 months for chlamydia, gonorrhea, syphilis and Hepatitis B (for people who are at increased risk) if ordered by your provider.

**The administration of the vaccine is covered by Medicare; however, the vaccine itself is paid for by the U.S. government. There is no copay and no office fee.*

***This is in addition to one initial Welcome to Medicare preventive visit or an Annual Wellness Visit ($0 copay).*

Indiana University Health Plans is a Medicare Advantage organization with a Medicare contract. Enrollment in an HMO or HMO-POS plan from Indiana University Health Plans depends on the plan's contract renewal with Medicare. IU Health does not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, genetic information, veteran status, national origin, gender identity and/or expression, marital status, or any other characteristic protected by federal, state or local law. For language assistance, call 800.455.9776 (TTY/TDD 711).

Preparing for Your Appointment

Bring these to your provider appointments:

- IU Health Plans membership card
- List of questions you would like to ask your doctor
- List of medications you are taking, including inhalers and over-the-counter medicines, vitamins, and supplements

Preparing for your appointment will help you make the most of your time with the provider.
Depending on the purpose of your appointment, here are some questions to consider asking your provider.

Prevention

- What can I do to prevent common health issues?
- How will changing my habits help?
- Am I due for any preventive screenings?
- Am I up to date on my vaccinations?

Medical tests

- What does it involve?
- What do I need to do before the test?
- What are the risks?
- When will I get results?

Your diagnosis

- What may have caused this condition?
- How long will it last?
- How is it treated or managed?
- How can I learn more about this condition?
- What follow-up testing may I need?

Treatment options

- What are my treatment choices?
- What are the risks and benefits?
- *Ask yourself:* Which treatment is best for me, given my values and circumstances?

Medications

- When will it start working?
- What if I miss a dose?
- How long will I need to take this?
- What time of day should I take it? With food?
- How should I store my medication?
- If this is a medication you take regularly, ask if you can get a three-month supply.

On the back of this form, make a list of all the medications you are taking.

For a complete list of benefits, costs and details about your plan, view the Evidence of Coverage online at **iuhealthplans.org** or contact IU Health Plans for a printed copy or more information. Contact information is on the back of your membership card.

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Health Plans

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Make a list of all medications you are currently taking. Use a pencil so that this form can be easily updated if there are changes.

Medications you are taking (include inhalers and over-the-counter medicines, vitamins, and supplements)	Dosage	Frequency	Prescribing provider	Pharmacy where filled	Drug tier

Need to transfer a prescription? Transferring prescriptions is as easy as contacting your new pharmacy and giving them the name of the prescription, dosage, prescription number and the name of your original pharmacy. They will then contact your original pharmacy and have the prescription transferred.

2025 Drug costs for your plan		
Tier	Retail pharmacy (30-day supply)	CVS Caremark mail-order service (90- to 100-day supply)
	$0 Rx deductible	$0 Rx deductible
Tier 1 Preferred generic	$0	$0
Tier 2 Generic	$3	$0
Tier 3 Preferred brand	$47 (insulins $35)	$141 (insulins $105)
Tier 4 Non-preferred drug	50%	50%
Tier 5 Specialty	33%	Not available
Tier 6 Select care	$0	$0

Optimize savings opportunities. View the Formulary (list of covered drugs), drug tiers, pricing and participating pharmacies at **iuhealthplans.org**. *Printed copies are available upon request.*

Want to save more on prescription drug costs?

To get started, activate your free Rx Savings Solutions account.
Use your smartphone's camera to scan the QR code. You can also visit **iuhealthplans.org/rxssmedicare** or call us today at **800.268.4476**.

How does it work?

Rx Savings Solutions is a free service that helps you find savings on your prescriptions. It doesn't change anything about your insurance coverage, but it does show you how you can save money using your IU Health Plans pharmacy benefit. This is simply a way to make prescriptions affordable and help you control your out-of-pocket costs by finding all the medication and pharmacy cost options for your conditions. You and your provider decide what's best for your health and budget.

Six ways you might be able to save money on your prescriptions

1 → **Different drug, same treatment**
There is usually more than one medication available to treat a medical condition. We show you all of them, along with their costs.

2 → **Same drug, different pharmacy**
Sometimes it's as simple as using a different pharmacy that may sell your current medication for much less.

3 → **Same active ingredient, lower price**
If a generic is available, we'll find it. If there is more than one option, you'll know exactly what each one costs.

4 → **Same drug, split the pill**
Many medications are priced the same regardless of strength. Split a larger tablet in half to get two doses at half the price.

5 → **Same drug, different form**
Believe it or not, a capsule might cost more than a tablet or liquid form – or vice versa. You never know. But now you will.

6 → **Same ingredients, different pills**
If a drug has two active ingredients, the price can skyrocket. Take the active ingredients separately at the same time for the same treatment at a lower cost.

Questions? Call 800.268.4476 (TTY 800.877.8973) or email **support@rxss.com**. A team of certified pharmacy technicians is ready to help.

Medicare Part D benefit redesigned

Beginning Jan. 1, 2025 – Part D maximum out of pocket capped at $2,000

What does this mean? It caps the most you will pay out of pocket for covered prescriptions at $2,000, and the coverage gap ("donut hole") will be eliminated.

How does it work? The newly defined standard Part D benefit consists of three parts. See what you pay with IU Health Plans coverage:

Annual deductible	Initial coverage (out-of-pocket costs)		Coverage gap ("donut hole")	Catastrophic coverage
What you pay	What you pay per 30-day prescription▲**		Eliminated	Your out-of-pocket cap
$0	Tier 1 Preferred generic	$0 copay ($3 Choice plan)		▲You pay $0 after you have paid $2,000 out of pocket for covered prescriptions.
	Tier 2 Generic	$3 copay ($15 Choice plan)		
	Tier 3 Preferred brand	$47 copay (Insulins $35)		
	Tier 4 Non-preferred drug	50% coinsurance		
	Tier 5 Specialty	33% coinsurance		
	Tier 6 Select care	$0 copay		

**If you receive Medicaid or Extra Help, your initial coverage costs will be reduced.*

Optional participation

NEW – Medicare Prescription Payment Plan (M3P) program

If you find your medications expensive and difficult to pay for a monthly supply, the new M3P program may help you manage drug costs by spreading payments out across the year (January – December). The M3P does not change the plan you are enrolled in, prescription drug costs or the cap on what you will pay in a year. You won't pay any copays or coinsurance directly to your pharmacy; instead, you'll get a bill each month from IU Health Plans.

This program is not a good fit for everyone, including people who have drug costs that average less than $200 per month, those receiving Medicaid or Extra Help from Medicare, or individuals who may qualify for a Medicare Savings Program.

How will M3P work?

1. Elect to participate in the M3P program by completing the necessary form.**
2. Fill a prescription for a Part D-covered drug.
3. **Don't** pay the copays or coinsurance directly to the pharmacy.
4. Receive a monthly bill from IU Health Plans based on the amount you owe for any prescriptions you receive, plus what you still owe from the previous month (incurred and accumulated balance), divided by the number of months left in the year.

***Ready to participate in the M3P program?** Please read more about M3P before signing up for the program at* **Caremark.com/mppp** *and fill out the participation request form.*

IU HEALTH Health Plans

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Important: Payments may change each month, so you may not know what the exact bill will be until it arrives. Future payments might increase when a new prescription is filled or you refill an existing prescription because as new out-of-pocket drug costs are added into the monthly payment, there will be fewer months left in the year to spread out your payments.

Once you choose to participate in the M3P program, you are committing to make monthly payments to IU Health Plans for the rest of the calendar year. Make your decision carefully.

Example: You are a member with high out-of-pocket drug costs; take multiple drugs for chronic condition.

You start participating in January with high drug costs early in the year			
Month	**Drug costs (without this payment option)**	**Monthly payment (with this payment option)**	**Notes**
January	$500	$166.67	This is when you started participating in this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
February	$500	$75.76	
March	$500	$125.76	
April	$500	$181.31	This month you reached the annual out-of-pocket maximum ($2,000 in 2025). You'll have no new out-of-pocket drug costs for the rest of the year.
May	$0	$181.31***	***You will still get your $500 drugs each month, but because you've reached the annual out-of-pocket maximum, you won't add any new out-of-pocket costs for the rest of the year. You'll continue to pay what you already owe.
June	$0	$181.31***	
July	$0	$181.31***	
August	$0	$181.31***	
September	$0	$181.31***	
October	$0	$181.31***	
November	$0	$181.31***	
December	$0	$181.31***	
Total	**$2,000**	**$2,000**	**You will pay the same total amount for the year, even if you don't use this payment option.**
If you're concerned about paying $500 each month from January to April, this payment option will help you manage your costs. If you prefer to pay $500 each month for 4 months and then pay $0 for the rest of the year, this payment option might not be right for you. Contact IU Health Plans for personalized help.			

(continued on next page)

Example: You are a member with generally low out-of-pocket drug costs most months but have an expensive one-time drug to be filled in April.

You start participating in April with varying costs throughout the year			
Month	**Drug costs (without this payment option)**	**Your monthly payment (with this payment option)**	**Notes**
January	$4	$4****	****You made these payments directly to the pharmacy before you started participating in the M3P program.
February	$4	$4****	
March	$4	$4****	
April	$617	$220.89	This is when you started using this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
May	$4	$50.01	
June	$4	$50.59	
July	$124	$71.25	This month, you need a drug that's $120, in addition to your $4 drug. Following the same formula we used in May, your payments increase because you're adding drug costs during the year, but you have fewer months left in the year to spread your payments across.
August	$4	$72.05	
September	$4	$73.05	
October	$124	$114.39	This month, you need a drug that's $120, in addition to your $4 drug. Following the same formula we used in May, your payments increase because you're adding drug costs during the year, but you have fewer months left in the year to spread your payments across.
November	$4	$116.39	
December	$4	$120.38	
Total	**$901**	**$901**	**You will pay the same total amount for the year, even if you don't use this payment option.**

If you're concerned about paying $617 in April, this payment option will help you spread your costs across monthly payments that vary throughout the year. If you're concerned about higher payments later in the year, this payment option might not be right for you. Contact IU Health Plans for personalized help.

For questions about the Medicare Prescription Payment Plan, call 844.432.0695 (TTY/TDD 711); 24 hours a day, seven days a week.

Indiana University Health Plans is an HMO/HMO-POS with a Medicare contract. Enrollment in IU Health Plans Medicare depends on the plan's contract renewal with Medicare.

For general IU Health Plans information, call 800.455.9776 (TTY/TDD 711); 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. Language assistance is available.

IU Health does not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, genetic information, veteran status, national origin, gender identity and/or expression, marital status, or any other characteristic protected by federal, state or local law.

IU HEALTH Health Plans

My Care Team

"One of the questions IU Health providers ask our patients is, 'what matters most to you today?,'" said Dr. Leah Gunning Francis, senior vice president and chief missions and values officer, IU Health. **"We want our patients to be seen and heard. In asking that question, it helps our providers get to the heart of their concerns beyond what is visible to the eye."**

To find links to IU Health Primary Care providers, specialists and other medical services, visit **iuhealth.org/find-medical-services**, then schedule an appointment or get to know the providers.

My providers

Name	Specialty	Address	Phone

My upcoming appointments *(Include Annual Wellness Visit, follow-up appointments and scheduled preventive care. Don't forget your preventive dental and vision visits.)*

Date	Time	Provider	Notes

For IU Health patients

Log in to the patient portal at **myiuhealth.org** to:

- Send a secure message to your provider
- Schedule appointments
- Request prescription refills
- Pay a medical bill
- View lab results
- Get an estimate for medical services

If you have trouble accessing the patient portal, call **317.963.1661** or go to **iuhealth.org/my-iu-health-help-guide**.

IU HEALTH Health Plans

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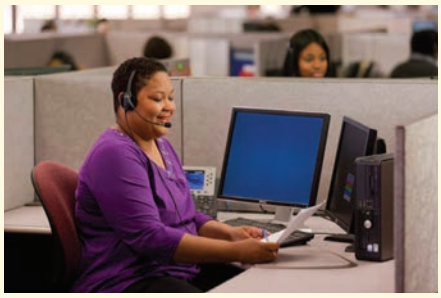
Notes



Need help? Contact a Member Advocate

T 800.455.9776 or **TTY/TDD** 711
April 1 – Sept. 30: 8 am – 8 pm, Monday – Friday
Oct. 1 – March 31: 8 am – 8 pm, seven days a week
Email: IUHPMedicare@iuhealth.org
Message: iuhealthplans.org > Member Portal

Health Plans

Thank you for trusting IU Health Plans to be your healthcare partner.

Now is a good time to share how IU Health Plans benefits and services have played an important role in your health. We invite you to share our special referral line (**844.377.1485**) with Medicare-eligible friends and family. We offer personal consultations.

The benefits mentioned are a part of a special supplemental program for persons with End-Stage Renal Disease (ESRD), Chronic Kidney Disease Stage 3 (CKD3), Chronic Kidney Disease Stage 4 (CKD4) or Chronic Kidney Disease Stage 5 (CKD5). Even if you are a patient with ESRD, CKD3, CKD4 or CKD5, you may not qualify, because other eligibility and coverage criteria apply.

IU Health does not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, genetic information, veteran status, national origin, gender identity and/or expression, marital status, or any other characteristic protected by federal, state or local law. For language assistance, call **800.455.9776 (TTY/TDD 711)**. For more information on our language, diversity and legal notices, please visit **iuhealthplans.org > Medicare Advantage Plans > Tools & Resources**.

The Silver&Fit program is provided by ASH Fitness, a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit, Silver&Fit Connected! and Something for Everyone are trademarks of ASH. Limitations, member fees and restrictions may apply. Fitness center participation may vary by location and is subject to change. Persons shown are not Silver&Fit members. Kits and rewards are subject to change.

The benefits information provided is a brief summary, not a complete description of benefits. When using the Travel Benefit, out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Member Advocate number or see your Evidence of Coverage for more information. For a complete list of benefits, view the Evidence of Coverage and Summary of Benefits online at **iuhealthplans.org** or contact the plan for a print copy, large print materials or more information.

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