



Summary of Benefits 2023

IU Health Plans Medicare Flex Network (HMO-POS)



Health Plans

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.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Solutions Center representative at 800.455.9776 (TTY/TDD 711). From October 1 through March 31, a Customer Solutions Center representative will be available to speak to you 8:00 am to 8:00 pm, seven days a week. Beginning April 1 through September 30, a representative will be available 8:00 am to 8:00 pm, Monday through Friday.

Understanding the Benefits

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The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit iuhealthplans.org or call 800.455.9776 (TTY/TDD 711) to view a copy of the EOC.

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

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

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Review the formulary to make sure your drugs are covered.

Understanding Important Rules

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You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. As a member of IU Health Plans Medicare Flex Network (HMO-POS) you receive a \$100 buy down or reduction of your Part B premium.

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Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.

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Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

IU Health Plans Medicare Flex Network (HMO-POS)

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.

Summary of Benefits

January 1, 2023 - December 31, 2023

The benefits information provided is a brief summary, not a complete description of benefits. For a complete list of benefits, view the Evidence of Coverage online at iuhealthplans.org or contact the plan at 800.455.9776 (TTY/TDD 711) for a print copy, large print material or more information.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
 - Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **IU Health Plans Medicare Flex Network (HMO-POS)**).
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Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **IU Health Plans Medicare Flex Network (HMO-POS)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder at www.medicare.gov.
 - If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.
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Sections in this booklet

- Things to Know About **IU Health Plans Medicare Flex Network (HMO-POS)**
- Monthly Plan Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Additional Benefits
- Optional Benefits

This information is available in alternate formats, including large print and audio. Please call our Customer Solutions Center (phone numbers are listed above) if you need plan information in another format.

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Things to Know About IU Health Plans Medicare Flex Network (HMO-POS)

Hours of Operation

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

Outside of normal business hours, you may leave a voicemail or send an inquiry to IUHPMedicare@IUHealth.org which will be responded to within one business day.

IU Health Plans Medicare Flex Network (HMO-POS) Phone Numbers and Website

- If you are a member of this plan, call toll-free 800.455.9776 (TTY/TDD 711).
 - If you are not a member of this plan, call toll-free 866.464.7242 (TTY/TDD 711).
 - Visit our website: iuhealthplans.org
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Who can join?

To join **IU Health Plans Medicare Flex Network (HMO-POS)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Indiana: Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Delaware, Fountain, Greene, Hamilton, Hancock, Hendricks, Henry, Howard, Huntington, Jackson, Jay, Johnson, Lawrence, Marion, Orange, Owen, Putnam, Randolph, Shelby, Tippecanoe, Tipton, Vanderburgh, Vigo, Warren, Warrick, White, Whitley.

Which doctors, hospitals, and pharmacies can I use?

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

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

You can see our plan's *Provider/Pharmacy Directory* at our website, iuhealthplans.org.

Or, call us and we will send you a copy of the *Provider/Pharmacy Directory*.

What do we cover?

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

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

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

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, iuhealthplans.org.
- Or, contact us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier, what stage of the benefit you have reached, and whether you use a pharmacy with standard or preferred cost sharing.

Some of our network pharmacies provide preferred cost sharing, which may be lower than the cost sharing at a pharmacy that offers standard cost sharing. The *Provider/Pharmacy Directory* will tell you which of the network pharmacies offer preferred cost sharing.

Later in this document we discuss the benefit stages that occur: Deductible, Initial Coverage, Coverage Gap, and Catastrophic Coverage.

2023 Summary of Benefits

for Contract H7220, Plan 011

IU Health Plans Medicare Flex Network (HMO-POS)

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

How much is the monthly plan premium?	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the Part B premium buy-down?	Your plan will reduce your monthly Part B premium by up to \$100 .
How much is the deductible?	This plan does not have a deductible for medical services. This plan does not have a Pharmacy (Part D) deductible.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care, referred to as your Maximum Out-of-Pocket Responsibility. Your yearly limit(s) in this plan: • \$3,900 for services you receive from in-network providers. • \$7,800 for services you receive from in-network and out-of-network providers. No limit of point-of-service (POS) benefits. If you reach the limit on out-of-pocket costs, you keep getting covered medical and hospital services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain benefits. Contact us for the services that apply.

Covered Medical and Hospital Benefits

Note: Services with a ¹ may require prior authorization

Inpatient Hospital Coverage¹

- In-network:
 - **\$335** copay per day for days 1 through 6
 - Day 7 and beyond has no copayment. You have unlimited days of coverage.
- Out-of-network:
 - **\$360** copay per day for days 1 through 6

- Days 7 - 90 has no copayment.

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

Outpatient Hospital Coverage¹

Outpatient Hospital Services:

- In-network: **\$325** copay
- Out-of-network: **\$350** copay

Observation:

- In-network: **\$325** copay
- Out-of-network: **\$350** copay

Ambulatory Surgical Center (ASC) Services¹

In-network: **\$295** copay

Out-of-network: **\$375** copay

Doctor Visits (Primary Care Providers and Specialists)

Primary Care Provider visit:

- In-network: **\$0** copay
- Out-of-network: **\$0** copay

Specialist visit:

- In-network: **\$35** copay
- Out-of-network: **\$55** copay

Preventive Care and Annual Physical Exam

Preventive services:

- In-network: **\$0** copay
- Out-of-network: **\$0** copay

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual "Wellness" visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- Hepatitis C screening

- HIV screening
- Lung cancer screening
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu, Hepatitis B, pneumococcal, and COVID-19 shots
- "Welcome to Medicare" preventive visit (one-time)

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

In-Network Annual Physical Exam: **\$0** copay

Emergency Care

\$90 copay

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

\$90 copay for worldwide emergency coverage

This plan covers worldwide urgent care and emergency services with a limit of \$50,000 per year. This copay will not be waived if admitted to the hospital.

Urgently Needed Services

\$45 copay

\$90 copay for worldwide urgent coverage

This plan covers worldwide urgent care and emergency services with a limit of \$50,000 per year. This copay will not be waived if admitted to the hospital.

Diagnostic Services/Labs/Imaging¹

Diagnostic tests and procedures:

- In-network: **20%** of the cost
- Out-of-network: **40%** of the cost

Labs:

- In-network: **\$0 - \$10** copay.
 - **\$0** copay for Hemoglobin A1c (no member cost share up to 4x / year), lipid panel (no member cost share up to 1x / year), and urine albumin test (as medically necessary).
 - **\$10** copay for all other Lab Services
- Out-of-network: **40%** of the cost

Diagnostic radiology services (such as MRIs, CT scans):

- In-network: **20%** of the cost
- Out-of-network: **40%** of the cost

Outpatient X-rays:

- In-network: **\$25** copay
- Out-of-network: **\$50** copay

Hearing Services

Exam to diagnose and treat hearing and balance issues:

- In-network: **\$35** copay
- Out-of-network: **\$55** copay

Routine hearing exam:

- In-network: **\$0** copay. You are covered for up to 1 every year.

Hearing aid:

- In-network: **\$699-\$999** copay for each hearing aid, depending on the type. Up to two TruHearing-branded hearing aids every year (one per ear per year). **\$50** additional cost per aid for optional hearing aid rechargeability

Dental Services

In-Network Preventive dental services:

Cleaning / Exam / Bitewing X-ray (2 every calendar year): **\$0** copay

Panoramic or full mouth X-rays (which include bitewing X-rays) (payable once in any three-year period): **\$0** copay

Out-of-network Preventive dental services: **50%** of the cost

In-Network Comprehensive dental services:

Brush Biopsy (to detect oral cancer): **50%** of the cost

Emergency Palliative Treatment (to temporarily relieve pain): **\$0** copay

Minor Restorative Services (fillings and crown repair): **50%** of the cost

Simple Extractions: **50%** of the cost

Out-of-network Comprehensive dental services: **50%** of the cost

\$1,000 maximum benefit coverage amount per year for select preventive and comprehensive dental services.

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

Vision Services

Exam to diagnose and treat diseases and conditions of the eye:

- In-network: **\$35** copay
- Out-of-network: **\$55** copay

Eyeglasses or contact lenses after cataract surgery:

- In-network: **\$0** copay
- Out-of-network: **40%** of the cost

Glaucoma screening:

- In-network: **\$0** copay
- Out-of-network: **\$0** copay

Diabetic eye exam:

- In-network: **\$0** copay
- Out-of-network: **\$0** copay

Routine eye exam:

- In-network: **\$0** copay

\$250 material allowance towards the cost for eyeglass lenses, eyeglass frames or contact lenses every two calendar years.

Mental Health Services¹

Inpatient visit:

- In-network:
 - **\$310** copay per day for days 1 through 6
 - **\$0** copay per day for days 7 through 90
- Out-of-network:
 - **40%** of the cost per stay

Outpatient group therapy visit:

- In-network: **\$35** copay
- Out-of-network: **\$55** copay

Outpatient individual therapy visit:

- In-network: **\$35** copay
- Out-of-network: **\$55** copay

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.

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

Skilled Nursing Facility (SNF)¹

Our plan covers up to 100 days in a SNF.

- In-network:
 - **\$0** copay per day for days 1 through 20
 - **\$196** copay per day for days 21 through 100
- Out-of-network:
 - **40%** of the cost per stay

Physical Therapy¹

- In-network: **\$35** copay
- Out-of-network: **\$55** copay

Ambulance

- In-network: **\$275** copay
- Out-of-network: **\$275** copay for emergency transportation. Non-emergency ambulance transportation is not covered.

Prior authorization may be required for non-emergency ambulance services.

Transportation

24 one-way trips to plan approved health-related locations. Mileage limits of 50 miles per one-way trip.

Medicare Part B Drugs¹

For Part B drugs such as chemotherapy/radiation drugs:

- In-network: **20%** of the cost
- Out-of-network: **40%** of the cost

Other Part B drugs:

- In-network: **20%** of the cost
- Out-of-network: **40%** of the cost

Medicare Part B Drugs may be subject to Step Therapy.

Prescription Drug Benefits

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call our Customer Solutions Center for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Getting Help from Medicare - If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY/TDD users should call 1-877-486-2048.

Additional Resources to Help – Please contact our Customer Solutions Center number at 317.963.9700, toll free 800.455.9776, for additional information. (TTY/TDD users should call 711). Hours are from October 1 through March 31, 8:00 am - 8:00 pm, seven days a week. Beginning April 1 through September 30, hours are 8:00 am - 8:00 pm, Monday through Friday.

Yearly Deductible

There is no deductible for **IU Health Plans Medicare Flex Network (HMO-POS)**.

Initial Coverage

You pay the following until your total yearly drug costs reach **\$4,660**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

During this stage, your out-of-pocket costs for Select Insulins will be \$35. Note: This cost-sharing only applies to beneficiaries who do not qualify for a program that helps pay for your drugs ("Extra Help"). To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call our Customer Solutions Center.

You may get your drugs at network retail pharmacies and mail order pharmacies. To find the preferred pharmacies near you, please review the *Provider/Pharmacy Directory* that is located on our website, iuhealthplans.org.

Retail Cost-Sharing	Standard Pharmacy		Preferred Pharmacy	
Tier	30-day supply	90-100-day supply	30-day supply	90-100-day supply
Tier 1 (Preferred Generic)	\$3 copay	\$9 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$12 copay	\$36 copay	\$12 copay	\$36 copay
Tier 3 (Preferred Brand)	\$47 copay \$35 Select Insulins	\$141 copay \$95 Select Insulins	\$37 copay \$35 Select Insulins	\$111 copay \$95 Select Insulins
Tier 4 (Non-Preferred Brand)	\$100 copay	\$300 copay	\$100 copay	\$300 copay
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	33% of the cost	Not Offered
Tier 6 (Select Care)	\$0 copay	\$0 copay	\$0 copay	\$0 copay

Mail Order Cost-Sharing	Standard Mail Order	
Tier	30-day supply	90-100-day supply
Tier 1 (Preferred Generic)	\$3 copay	*\$0 copay
Tier 2 (Generic)	\$12 copay	*\$0 copay
Tier 3 (Preferred Brand)	\$47 copay \$35 Select Insulins	\$141 copay \$95 Select Insulins
Tier 4 (Non-Preferred Brand)	\$100 copay	\$300 copay
Tier 5 (Specialty Tier)	33% of the cost	Not Offered
Tier 6 (Select Care)	\$0 copay	\$0 copay

*For 90- to 100-day mail order drugs in Tier 1 (Preferred Generic) and Tier 2 (Non-Preferred Generic) at a \$0 copay, you must use a CVS Caremark mail order pharmacy.

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

Coverage Gap

After your total yearly drug costs reach **\$4,660**, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of **\$7,400**.

IU Health Plans Medicare Flex Network (HMO-POS) offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$35. To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call our Customer Solutions Center.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,400**, you pay the greater of:

- **5%** of the cost, or
- **\$4.15** copay for generic (including brand drugs treated as generic) and an **\$10.35** copay for all other drugs.

Additional Benefits

Foot Care (*podiatry services*)¹

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:

- In-network: **\$35** copay
- Out-of-network: **\$55** copay

Durable Medical Equipment (*wheelchairs, oxygen, etc.*)¹

- In-network: **20%** of the cost
- Out-of-network: **50%** of the cost

Prosthetic Devices (*braces, artificial limbs, etc.*)¹

Prosthetic devices:

- In-network: **20%** of the cost
- Out-of-network: **50%** of the cost

Related medical supplies:

- In-network: **20%** of the cost
- Out-of-network: **50%** of the cost

Diabetes Supplies and Services¹

Diabetes monitoring supplies:

- In-network: **\$0** copay
- Out-of-network: **40%** of the cost

Diabetes self-management training:

- In-network: **\$0** copay
- Out-of-network: **\$0** copay

Therapeutic shoes or inserts:

- In-network: **20%** of the cost
- Out-of-network: **40%** of the cost

IU Health Plans Medicare Flex Network (HMO-POS) will only cover a select brand of test strips and monitors.

Wellness Programs

Fitness Benefit: **\$0** copay for fitness center membership(s) at any participating fitness center and more through the Silver&Fit[®] Healthy Aging and Exercise program.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein.

Chiropractic Care¹

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):

- In-network: **\$20** copay
- Out-of-network: **\$55** copay

Acupuncture for chronic low back pain¹

- In-network: **\$35** copay
- Out-of-network: **\$55** copay

Home Health Care¹

- In-network: **\$0** copay
- Out-of-network: **40%** of the cost

Outpatient Substance Abuse¹

Group therapy visit:

- In-network: **\$35** copay
- Out-of-network: **\$55** copay

Individual therapy visit:

- In-network: **\$35** copay
- Out-of-network: **\$55** copay

Over-the-Counter (OTC) mail-order items

\$120 quarterly allowance for the purchase of over-the-counter products from the OTC Health Solutions mail-order catalog. The quarterly allowance must be used in one purchase per quarter and unused amounts do not rollover to the next quarter.

Renal Dialysis

- In-network: **20%** of the cost
- Out-of-network: **50%** of the cost

Hospice

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.

Visitor Travel

You pay the in-network copay or coinsurance when visiting a Medicare-approved provider for non-emergency care while traveling outside of the state for more than 30 days and up to 9 consecutive months (in-network prior authorization requirements apply). Prior to traveling out-of-state, you must call the Customer Solutions Center at 800.455.9776 (TTY/TDD 711) to activate the benefit. You can also provide a temporary mailing address if you would like any information mailed from IU Health Plans forwarded to you.

Telehealth Virtual Visits

\$0 copay for access to providers via video on smartphone, tablet or compatible computer for diagnosis and treatment of certain non-emergency medical issues.

This benefit covers the following services: Cardiac Rehabilitation Services, Intensive Cardiac Rehabilitation Services, Urgently Needed Services, Home Health Services, Primary Care Physician Services, Occupational Therapy Services, Physician Specialist Services, Individual Sessions for Mental Health Specialty Services, Group Sessions for Mental Health Specialty Services, Individual Sessions for Psychiatric Services, Group Sessions for Psychiatric Services, Physical Therapy and Speech-Language Pathology Services, Opioid Treatment Program Services, Individual Sessions for Outpatient Substance Abuse, Group Sessions for Outpatient Substance Abuse, Dialysis Services, Kidney Disease Education Services, and Diabetes Self-Management Training.

Meals¹

Provides 42 healthy, refrigerated, home-delivered meals following an inpatient hospital stay. Limited to 1 event per calendar year.

Healthy Rewards Program

Earn a reward for receiving an Annual Wellness Visit.

Healthy Results[®] Health Coaching

Receive 5 health coaching sessions per year through our Healthy Results[®] program.

myStrength[®]

Receive access to myStrength: a confidential, digital self-care tool designed to help you feel better and stay mentally strong.

BrainHQ

Gain access to BrainHQ: an online, evidence-based memory fitness program with dozens of brain exercises.

Optional Benefits *(you must pay an extra premium each month for these benefits)*

PACKAGE 1: Dental Enhanced 1000	Benefits include basic services & major services
How much is the monthly premium?	Additional \$20 per month. You must keep paying your Medicare Part B premium and your \$0 monthly plan premium.
How much is the deductible?	There is an annual \$25 deductible.
How much will I pay?	After the annual deductible, you will pay 50% for basic services & major services.
Is there a limit on how much the plan will pay?	Up to \$1,000 per plan year for your optional dental benefits.
PACKAGE 2: Dental Enhanced 1500	Benefits include basic services & major services
How much is the monthly premium?	Additional \$25 per month. You must keep paying your Medicare Part B premium and your \$0 monthly plan premium.
How much is the deductible?	There is an annual \$25 deductible.
How much will I pay?	After the annual deductible, you will pay 50% for basic services & major services.
Is there a limit on how much the plan will pay?	Up to \$1,500 per plan year for your optional dental benefits.
You may receive in-network services from a dentist who participates in Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier network. Services received from Dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier network will be processed as services received from a Nonparticipating Dentist and your out of pocket costs may be higher.	

Non-Discrimination Notice

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.

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.

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/TDD: 711); 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 ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services

200 Independence Ave., SW

Room 509F, HHH Building

Washington, D.C. 20201

T 800.368.1019

T 800.537.7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Multi-language interpreter services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at [1-800-455-9776]. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al [1-800-455-9776]. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-455-9776。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-455-9776。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa [1-800-455-9776]. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au [1-800-455-9776]. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi [1-800-455-9776] sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter [1-800-455-9776]. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



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Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 [1-800-455-9776]번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону [1-800-455-9776]. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على [1-800-455-9776]. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें [1-800-455-9776] पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero [1-800-455-9776]. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número [1-800-455-9776]. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan [1-800-455-9776]. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer [1-800-455-9776]. Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、[1-800-455-9776]にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



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If you have questions, we're here to help.

Please call our Customer Solutions Center toll free at 800.455.9776 (TTY/TDD 711).

Customer Solutions Center hours

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

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

You may receive assistance through alternate technology after hours, on weekends and holidays;
or visit **iuhealthplans.org**.