

Member Guide

Indiana University Health Plans Medicare Kidney Care (HMO)

Quick reference

My member number:

My primary care provider:

T

My preferred pharmacy:

T



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. 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 us with questions or visit our office in person.

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

Our 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.

Member resources



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



Health Plans

iuhealthplans.org

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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:

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(See additional pages in this section for important forms.)

Make the most of your member benefits

START

Don't let the plan year go by without taking advantage of all of your member benefits. Complete some of these items right away, and save this list for reference all year long.

1

- ☐ Expect a call from your Member Advocate before your membership effective date.
- ☐ Set up your Member Portal at iuhealthplans.org.
- ☐ Complete your Health Assessment Survey.

2

- ☐ Schedule an appointment with your primary care provider (PCP).
- ☐ Download the IU Health Virtual Visits app. Visit with a provider on your time, with the convenience of staying at home. iuhealth.org/find-medical-services/virtual-visits

3

- ☐ Give authorization to share personal information (related to your health plan) with someone you trust.

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 preferred pharmacy or by mail order.

6

- ☐ Benefits checkup: Have you used all the extra benefits included with your coverage?
- ☐ Do you need to add Enhanced Dental coverage to your plan? (optional)
- ☐ Place one order each quarter for up to \$120 of over-the-counter products from our catalog.

FINISH

7

- ☐ Watch your mail at the end of 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

One of our Member Advocates will call you before your effective date with important plan information.

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 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

To set up your personal IU Health Plans Member Portal account, go to iuhealthplans.org, then click on “Member Portal Login” at the top of the webpage. Create your account and log in to view important documents about your health insurance. And if you’re an IU Health patient, you can even find a link to connect to the IU Health patient portal. For help, contact a Member Advocate.

If you didn’t take the Health Assessment Survey when you enrolled, complete the form included in this Member Guide or complete it online through your Member Portal. This information will be kept confidential and is used to personalize a health management program for you.



Get familiar with your plan resources

Read this Member Guide to 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 and hearing needs.
- **Formulary** (list of covered drugs)
- **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 (up to \$120) each quarter. Ordering instructions are included in the catalog.



Your care team begins with your primary care provider (PCP) who is the doctor or other provider you see first for most health problems. Your provider makes sure you get the right care for you, when and where you need it, to keep you healthy. You must receive your care from network providers. A provider who is not part of our plan's network will not be covered except when you need emergency or urgently needed services, or if you are out of state using your travel benefit. (Learn more about the travel benefit 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 (in person or “Wellness at Home,” virtually) and any checkups with your primary care provider or specialist. It's easy. Just give your Member Advocates a call.

Telehealth virtual visits – Many provider visits are now available virtually for \$0 copay, including annual “Wellness at Home” preventive care, primary or specialist care, physical, occupational and speech therapy, cardiac rehabilitation, group or individual mental health sessions, and more. IU Health Virtual Visits (telehealth) are easy and convenient. To get started, scan the QR code (left) or download the IU Health Virtual Visits app to register for 24/7 virtual access. For more information, visit iuhealthvideovisit.org. If you need assistance, call **855.269.3553**.



Need transportation to your appointment?* – Your IU Health Plans benefits include access to 24 one-way rides (limit of 50 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 **888.491.5481 (TTY/TDD 711)**. The phone number is also on the back of your membership card.

**Additional rides available if you received notification from IU Health Plans that you qualify for enhanced benefits. Learn more on page 10 (More benefits for kidney care).*

The right care for you

Knowing where to go for care can save you time and money.



IU Health Virtual Visits (telehealth) –

A faster, easier way to see a doctor when your medical condition is not life threatening and does not need in-person treatment. Download the IU Health Virtual Visits app to register for 24/7 virtual access. For more information, visit iuhealthvideovisit.org.



Primary care provider (PCP) – Your medical condition is not life threatening. Need a ride? Call LCP Transportation at **888.491.5481 (TTY/TDD 711)** to access up to 24 one-way rides for \$0 copay to health-related locations.



Urgent care – Your medical condition is not life threatening but needs urgent attention. Care may be furnished by network providers or by 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.

3 Authorizations and your personal health information

There are several types of documents and records that can help you handle your health matters, including:

Authorization to Share Personal Information –

This is a form that gives permission to IU Health Plans to share your personal health information with a trusted person you select. Complete the form included in this guide.

Advance Directive – This is a written statement of your wishes for medical treatment (often including a living will). An Advance Directive is made to ensure those wishes are carried out if you are unable to communicate them to a doctor.

Download the forms you need by searching online: **Health: Advance Directives Resource Center – Indiana** 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.

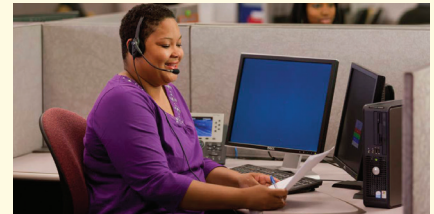
To get started, go to **iuhealthplans.org** > **Member Portal**, then log in and choose **Manage My Health Records** from the menu. For more information, visit **iuhealthplans.org/health-records** or contact a Member Advocate.

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 Dental Enhanced 1000 or Dental Enhanced 1500 plan (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 your bank, Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums. 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.



Need help? Contact a Member Advocate

T 800.455.9776 or
TTY/TDD 711

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8 pm, seven days a week

Email: IUHPMedicare@iuhealth.org



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,* plus 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 which can detect a potential medical issue before it becomes a problem. You can now choose to complete this visit at your provider's office or virtually without leaving the comfort of your home.

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 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.*



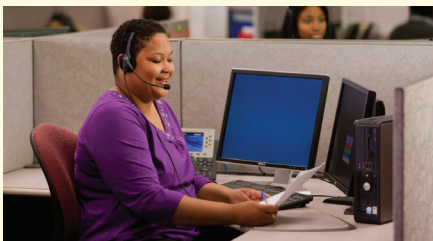
Helpful tips

- 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.



Searching for a provider?

Find a doctor online or download the Provider Directory. Visit 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.



Need help? Contact a Member Advocate

T 800.455.9776 or **TTY/TDD** 711

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Email: IUHPMedicare@iuhealth.org

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 are therapeutically similar but cheaper.

Another way to save money is by using any of the IU Health Plans preferred pharmacies, (including **Costco, CVS, Kroger, Target, Walmart and IU Health retail pharmacies**) or getting your medications through the CVS Caremark mail-order service.

Check your medication refills. Contact your provider to make sure that you have enough refills for the year or as recommended. If you have medications you take regularly, compare your pharmacy options at preferred retail pharmacies and CVS Caremark mail order.

Preferred pharmacies: Pay \$0 for Tier 1 medications; save \$10 on Tier 3 prescriptions.

CVS Caremark mail-order service: Get a 90- to 100-day supply of Tier 1 and 2 medications for \$0 copay. Use the form included in this mailing to get set up.

Getting your medications through the mail

Ordering your prescriptions through mail order can be done in just four simple steps:

- 1 Ask your provider for a prescription order with a 90- to 100-day supply. While receiving your medications in the mail is convenient and can save you money, getting set up can take up to two weeks. If you are running out of a medication or need your prescription filled sooner than two weeks, ask your provider to 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 and arrange for larger medication supplies that can save you money.



Remember, your provider will need to send a separate prescription for 90- to 100-day supplies of medications that you want filled by the CVS Mail-Order Pharmacy.

- 2 Complete a mail-order form available online at **Caremark.com/mailservice** by clicking on **New to CVS Caremark**. Fill out the form completely to ensure your order is processed promptly. Allow two weeks for CVS Caremark to set up and process your new order.
- 3 Send the mail-order form with your prescription(s) to the CVS Caremark Mail-Order Pharmacy. You will need to provide information about your method of payment. Failure to provide payment information, such as a credit card, will delay dispensing of your medications from the CVS Mail-Order Pharmacy. You can set up your prescription drug payment information using an electronic check, Bill Me Later®, or a credit card (Visa®, MasterCard®, Discover® or American Express®). You can also pay by check or money order. Do not send cash.
- 4 After your mail-order account has been set up, allow up to 10 days to process future prescription orders. You can download the CVS Caremark mobile app to track orders, check drug costs and coverage.

6 Snapshot of your benefits

Prescription enhancements



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. Save money by purchasing a 90-day supply for \$95.

Your plan covers most Part D vaccines at no cost to you when administered at a participating pharmacy. Call a Member Advocate for more information.



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



You have \$120 available to place one order from the Over-the-Counter Item Catalog each quarter. Quarters begin in January, April, July and October. If your order is less than \$120, you will lose the unused balance. This benefit cannot be used in a store or combined with other benefits.

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

Dental



You will receive a \$1,000 allowance annually to use toward your costs for preventive and basic dental services. Examples include preventive dental exams, cleanings and bitewing X-rays, plus basic services like fillings, crown repair and simple extractions. You pay nothing for the first \$1,000 of services, and there is no deductible. If you go out of network, you pay 50% of the cost of the covered service, and your plan will pay 50%, up to the \$1,000 allowance.

You may use in-network or out-of-network dentists for your dental benefits. When using out-of-network dentists, costs may be higher. Your out-of-network dentist will file a claim on your behalf.

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 \$20 – \$25 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, dentures and implants; \$25 deductible.



The Silver&Fit® Healthy Aging and Exercise Program

Choose how you want to get healthy with these no-cost options:

- **Fitness center membership:** No-cost access to participating fitness centers or YMCAs. You also have access to Premium locations, including fitness centers, studios and unique fitness experiences for a buy-up price.*
- **On-demand workout videos:** Available on the Silver&Fit website and through the Silver&Fit mobile app.
- **Home Fitness Kits:** Work out at home by selecting one Home Fitness Kit per benefit year. Choose from Wearable Fitness Tracker, Pilates, Strength, Swim and Yoga Kit options.**
- **Customized Workout Plans:** By answering a few online questions, you will receive a customized Workout Plan, including instructions to help you start an exercise routine and suggested workout videos.
- **The Well-Being Club:** Connect with others, join live-streaming classes and events, and view exclusive articles and videos.
- **Newsletter:** Receive this publication four times a year (online or by email).



- **Silver&Fit Connected!™:** This tool is a fun and easy way to track exercise at a fitness center or through a wearable fitness device or app to earn rewards.***

The Silver&Fit program has Something for Everyone®.

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

**Non-standard services that call for an added fee are not part of the Silver&Fit program. Fees vary by Premium fitness center location.*

Once selected, **Home Fitness Kits cannot be exchanged.

****Rewards subject to change: Purchase of a wearable fitness device or application may be required and is not reimbursed by the Silver&Fit program. Your use of the Silver&Fit Connected! tool serves as your consent for American Specialty Health Fitness, Inc., (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.*



6 Snapshot of your benefits



Vision

When using an EyeMed (Insight network) provider, get a routine eye exam annually for \$0 copay. 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. 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](https://eyemedvisioncare.com/iuhealth)** or call **844.408.6295**. Refer to your Evidence of Coverage for additional details.



BrainHQ (You pay \$0.)

BrainHQ is a fun, easy-to-use online memory fitness program that includes dozens of exercises that help you think faster, remember more, and stay focused and independent. Use BrainHQ on your own schedule through any computer, tablet or smartphone.

Register for your BrainHQ account at **iuhealthplans.brainhq.com** or call **800.514.3961** and discover more about the benefits of BrainHQ. After you've registered, sign up to join live classes from BrainHQ experts to learn more about your brain health and how brain exercises work.



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 certain IU Health specialists; \$40 for other participating specialists
- Nutritional support (referral required by care manager)
- \$0 copay for transportation to your appointments and health-related locations (Learn more on page 4.)



Travel

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.)

To use the benefit, you must contact a Member Advocate prior to departure and provide the travel dates that you intend to be outside of Indiana. It's important to let us know about a temporary address change and return date—no need to contact Social Security.

The provider you see must be eligible to participate in Medicare. If you go to a provider who is not eligible to participate in Medicare, you will be responsible for the full cost of the services you receive.



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**.



Health coaching (You pay \$0.)

A certified Healthy Results coach can provide you with personalized resources to help you develop an action plan that can support new habits and address your health goals. Health coaches have experience with nutrition, physical activity, weight management, stress, better sleep, tobacco cessation, living with a chronic condition and more.

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**.



Hospital at Home (You pay \$0.)

Eliminate some days from a hospital stay with this program that allows hospitalized patients who are nearing discharge to receive a continuation of their hospital care in their home (when appropriate). Receive clinical care through virtual visits, remote home monitoring or visits from a Hospital at Home care team. This program only applies to specific medical conditions such as congestive heart failure, pneumonia, urinary tract infections and cellulitis.



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.



Hearing

Experience state-of-the-art technology in hearing aids from TruHearing, priced for copayments of \$699 – \$999 each (limit two hearing aids each year—one per ear). Your benefit includes one \$0 copay routine hearing exam per year. Call TruHearing to find a provider and schedule an appointment at **855.541.6172 (TTY/TDD 711)** from 8 am – 8 pm, Monday – Friday.

Member Advocates

For help with benefits, services or scheduling appointments, call an IU Health Plans Member Advocate. They are your go-to resource. Free language interpreter services are available.

T 800.455.9776 or **TTY/TDD** 711

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Email: IUHPMedicare@iuhealth.org



Communications you may receive

Keeping you informed is important. You will receive communications throughout the year by mail, phone or email. You may also receive a text message or email about important screenings or immunizations that you need. You may opt in or out of email or text messaging by contacting a Member Advocate.

Every year

- **Late September** – Watch your mail for the Annual Notice of Changes. See what's new or changing in your benefit package for the next year.
- **Early January, April, July and October** – You will receive a member newsletter by mail. If you have provided your email, we will also email the newsletter to you.
- **Seasonally** – You will receive reminders about preventive care and vaccines.

Cost terms and definitions

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

- **Copayment (or copay)** – Set amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital or outpatient visit or a prescription drug.
- **Coinsurance** – Percentage amount you may be required to pay for your share of the cost for healthcare services or prescription drugs.
- **Low-income subsidy (also known as Extra Help)** – A Medicare program to help people with limited income and resources pay Medicare prescription drug copayments and deductibles. If you qualify, Medicare could pay for 75% or more of your drug costs, including annual deductibles. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. For more information, contact your local Social Security office.
- **Out-of-pocket maximum** – Protects the most you pay out of pocket (copays and coinsurance) during the calendar year for in-network covered Part A and Part B healthcare services.

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: If you enrolled with a broker and completed this survey online at the time of enrollment, you do not need to complete it again.

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.

Documents to discuss with your provider – Take these forms to your provider appointments to help you discuss and track your care plan:

- Preventive Health Screenings and Services Checklist
- Preparing for Your Appointment

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.

100

- 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.

- 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.

[illegible]

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



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 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).



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



Health Plans

(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

Health Plans

IU Health Plans Preventive Health Screenings and Services Checklist

	Service	Date completed	How often is this service recommended?
	A1C lab		Up to four times per year if diagnosed with pre-diabetes or diabetes
	Abdominal aortic aneurysm		One screening per lifetime for people at risk, if referred by your doctor
	Alcohol misuse (everyone)		Four face-to-face counseling sessions per year in the primary care setting
	Annual routine physical exam*		A comprehensive physical examination and evaluation of your health status and chronic diseases (\$0 copay in network)
	Annual flu shot		Once each year with additional shots if medically necessary
	Blood pressure check		At least once each year
	Bone density screening		Once every two years for qualified individuals
	Breast cancer screening		Medicare will cover a baseline mammogram for women age 35 – 39 and a screening mammogram every 12 months for women age 40 and older.
	Cervical and vaginal cancer screening		Once every 24 months (if at high risk, then every 12 months)
	Cholesterol check		Once annually
	Colorectal cancer screening (everyone age 45 – 75)		Medicare will cover the appropriate screening method as determined by your doctor.
	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.

(continued on back)
















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

H7220_IUHM23667_C

	Service	Date completed	How often is this service recommended?
	COVID-19 vaccination (One shot or two-shot series) and booster shots as recommended by your provider (everyone)**		For future vaccinations, follow CDC guidelines.
	Depression screening		Once a year in primary care doctor's office
	Diabetes self-management training		Training, services and supplies for all members diagnosed with diabetes, as ordered by your provider
	Fasting blood glucose		Up to two diabetes screenings every 12 months for those at risk
	Glaucoma test (those at risk for glaucoma)		Once every 12 months if your doctor says you are at high risk
	HIV screening		One screening every 12 months for those at increased risk
	Lung cancer screening		With an order from your doctor, Medicare will cover Low Dose Computed Tomography once each year for anyone age 50 – 77 who does not have symptoms of lung cancer, has a 20 pack year smoking history or has quit within the last 15 years.
	Medical nutrition therapy		Covered for people with diabetes and kidney disease (not on dialysis), or after a kidney transplant when ordered by your doctor.
	Medicare Diabetes Prevention Program		Medicare covers once per lifetime this health behavior change program to help prevent Type 2 diabetes.
	Pneumonia vaccine series (everyone age 65+)		Medicare will cover both vaccines a year apart. Talk with your doctor about which vaccine(s) you need.
	Prostate cancer screening		Medicare will cover a PSA lab test and digital rectal exam for men age 50 and older once every 12 months.
	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 doctor.

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

**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.

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?

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 generic medication you take regularly:* Can I get a 100-day supply prescribed for mail order?

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.

IU Health Plans 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.



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
Special instructions:					

2023 Drug costs for your plan					
Tier level	Preferred retail pharmacy		Standard retail pharmacy		CVS Caremark Mail-Order service
	30-day	90-day	30-day	90-day	90- to 100-day supply
1	\$0*	\$0*	\$3	\$9	\$0*
2	\$12	\$36	\$12	\$36	\$0*
3 Brand	\$37*	\$111*	\$47	\$141	\$141
3 Select insulins	\$35	\$95*	\$35	\$95*	\$95*
4	\$100	\$300	\$100	\$300	\$300
5	33%	N/A	33%	N/A	N/A
6	\$0	\$0	\$0	\$0	\$0

*Optimize savings opportunities. View the Formulary (list of covered drugs), drug tiers, pricing and preferred pharmacies at iuhealthplans.org. Printed copies are available upon request. IU Health Plans preferred pharmacies include **Costco, CVS, Kroger, Target, Walmart, IU Health retail pharmacies and more.**



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

Email: IUHPMedicare@iuhealth.org

Want to save more on prescription drug costs?

Introducing Rx Savings Solutions

How does it work?

Rx Savings Solutions is a free service that helps you find the lowest cost options for your prescriptions. It doesn't change anything about your insurance coverage, pharmacy preferences, mail-order service options or any other benefits. This is simply a way to help you control your out-of-pocket prescription drug costs. We find all the medication 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.

Here's what you can expect

- The medications that you have purchased with your IU Health Plans insurance coverage will already be in your pharmacy claims history records.
- We will review your pharmacy claims and may have recommendations for how you can save money.
- You will receive a notification if more affordable, clinically effective options for your prescriptions have been identified.
- You can discuss this information with your provider to decide what's best for your health and budget.
- If switching to a lower-cost prescription option works for you, great. Your provider will work with Rx Savings Solutions to get your prescription switched.*
- Rx Savings Solutions will contact you when the prescription can be picked up or has shipped to your home. It's that easy.

**Lower-cost options could include: Switch to preferred pharmacy or mail-order service, therapeutic alternatives, dosage form changes, generic substitutions and clones, and more.*



Questions?

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



Health Plans

Save money on your prescription drugs

Rx Savings Solutions can find you more affordable options based on your medications and health benefits.



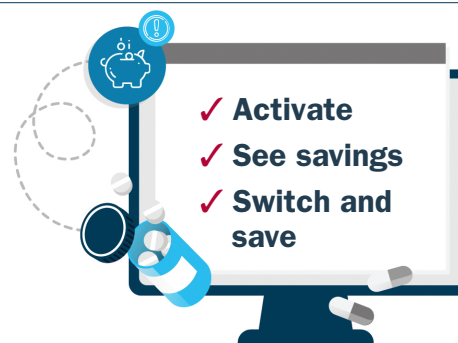
**Personalized
savings
opportunities**



**Notifications
when you
can save**



**Consultations
with pharmacy
experts**



Activate your free 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 to get started.

Activate your free account today so you can find the lowest cost options for your prescriptions.



Health Plans

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

We invite you to share our special referral line **(844.377.1485)** with Medicare-eligible friends and family to learn more about the IU Health Plans experience. Personal consultations are available upon request.

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 American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. The people in this piece are not Silver&Fit members. Silver&Fit, Silver&Fit Connected! and Something for Everyone are trademarks of ASH and used with permission herein. This information is not a complete description of benefits. Kits and rewards are subject to change. Participating facilities and fitness chains may vary by location and are subject to change.

The benefits information provided is a brief summary, not a complete description of benefits. The benefits are part of a special supplemental program for the chronically ill. Not all members qualify. 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.