

Indiana University Health Plans

2023 Medicare Advantage






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.

H7220_IUHMA2354_M Accepted 11.9.2022

The ABC's of Medicare

| Part A | Part B | Part C (Medicare Advantage) | Part D | Medicare Supplement Plans (Medigap) |
|--|---|--|---|---|
| Hospital stays and other inpatient care  | Outpatient medical services including doctor visits, preventive care, physical therapy, mental health and more  | Combines Part A and Part B coverage, and may include emergency/urgent care, vision, hearing, dental, health and wellness and prescription drug (Part D) coverage | Prescription drugs  | Covers some of the costs not paid by Medicare Parts A and B, does not cover prescription drugs or other services like vision, hearing or dental |
| Administered by Federal Government | | Administered by Private Insurance | | |

Are You Eligible For Medicare Advantage?

You may enroll in IU Health Plans Medicare Advantage if:

- You have Medicare Part A and Part B
- You permanently live in one of the 51 service area counties*



**Service counties denoted on map in red. Not all plans available in all 51 counties.*

Enrollment Periods

- **Annual Enrollment Period (AEP)**

- October 15 through December 7, 2022
- You may enroll, disenroll or change Medicare Advantage plans.

- **Open Enrollment Period (OEP)**

- January 1 through March 31, 2023
- You have a one-time opportunity to change Medicare Advantage plans or return to Original Medicare.

- **Initial Enrollment Period (IEP)**

- When you turn 65, you have a seven-month window to enroll: your birth month and the three months before and after it.

Enrollment Periods, continued

■ Special Enrollment Period (SEP)

- You may make changes to your Medicare coverage due to special circumstances. Some common examples include:
 - Leaving employer or union coverage
 - Moving to a different service area
 - Change in Medicaid (newly got Medicaid, change in level of Medicaid assistance or lost Medicaid)
 - Moving into, live in or recently moved out of a Long-Term Care Facility (for example, a nursing home)
- Rules on when you can make changes and the type of changes vary for each SEP. Visit [medicare.gov](https://www.medicare.gov) for a complete listing.



Indiana University Health Plans and Indiana University Health



Health Plans

IU Health Plans IU Health

As an IU Health Plans Medicare Advantage member, you get access to all our plan benefits PLUS:

- The only **local Medicare Advantage provider that's part of Indiana University Health** working with trusted physicians to produce the best outcomes for Hoosiers
- One call away from a **local member advocate** that is agile and easy to work with to access the resources you need
- A skilled and tenured team that has insured Hoosiers for **over 30 years.**
- Provider Match, a **personal service to help you find the right IU Health provider** based on your specific needs including where you live, medical specialty and even other preferences such as language

In-network Hospitals

Members of IU Health Plans have access to many Indiana hospitals including, but not limited to, IU Health.

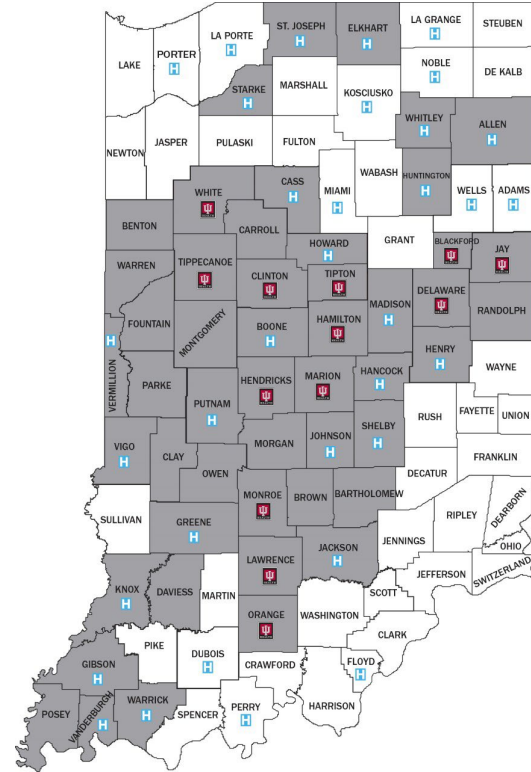
- 16 IU Health hospitals
- More than 50 additional in-network hospitals



IU Health hospital(s)



Participating in-network hospital(s)



Some counties may have more than one in-network hospital. Visit iuhealthplans.org to access the IU Health Plans provider directory for a comprehensive listing of providers in your area.

2023 Plan Options and Benefits



Health Plans

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

Look for IU Health Plans Medicare Advantage commercials with the Colts Head Coach, Frank Reich

A man in a grey polo shirt and dark pants stands next to a large, light-colored graphic of a dollar sign followed by a zero (\$0). The background is a light grey gradient.

PREMIUM*

COPAY
PRESCRIPTION
DRUGS

COPAY
PRIMARY CARE

Plus \$100 per month
Part B Premium Reduction!



Key Medical Plan Changes for 2023

- Flex Network (HMO-POS)
 - \$100 Per Month Part B Premium Reduction
 - Premium changed from \$19 to \$0
 - Primary Care visits are \$0 in- and out-of-network
 - Out-of-network Inpatient Hospital stay is now \$360 copay replacing the 40% coinsurance in 2022
- \$0 Preferred (HMO)
 - \$100 Per Month Part B Premium Reduction
- New \$0 premiums in counties that were \$46 or \$98
 - 17 counties will offer first \$0 premium in 2023
 - 14 counties currently at \$46: Bartholomew, Benton, Brown, Carroll, Fountain, Greene, Howard, Jackson, Owen, Randolph, Vanderburgh, Vigo, Warren, Warrick
 - 3 counties currently at \$98: Henry, Putnam, Shelby

Key Changes for 2023

NEW

■ \$100 Per Month Medicare Part B Premium Reduction

- Level set the correct expectation; this benefit is **not Immediate!**
- It can take up to 90 days to set up just like Social Security deduction

1. If you pay your Part B premium through Social Security, the Part B premium reduction will be credited monthly to your Social Security check.
2. If you don't pay your Part B premium through Social Security, you'll pay a reduced monthly amount directly to Medicare.
3. You are **not** eligible if you receive Medicaid or any government assistance that helps you pay your Part B premium
4. Part B premium reduction is restricted to **certain** counties. Plans may not be available in your area

\$0 Preferred and Flex Network Plans County Lists

\$0 Preferred (HMO)

\$0 plan premium
(with Rx coverage)

- | | |
|-------------|------------|
| ▪ Blackford | ▪ Lawrence |
| ▪ Brown | ▪ Orange |
| ▪ Carroll | ▪ Owen |
| ▪ Delaware | ▪ Tipton |
| ▪ Greene | ▪ Vigo |
| ▪ Jay | ▪ White |

Flex Network (HMO-POS)

\$0 plan premium
(with Rx coverage)

- | | | |
|---------------|--------------|---------------|
| ▪ Allen | ▪ Hendricks | ▪ Randolph |
| ▪ Bartholomew | ▪ Henry | ▪ Shelby |
| ▪ Benton | ▪ Howard | ▪ Tippecanoe |
| ▪ Blackford | ▪ Huntington | ▪ Tipton |
| ▪ Boone | ▪ Jackson | ▪ Vanderburgh |
| ▪ Brown | ▪ Jay | ▪ Vigo |
| ▪ Carroll | ▪ Johnson | ▪ Warren |
| ▪ Delaware | ▪ Lawrence | ▪ Warrick |
| ▪ Fountain | ▪ Marion | ▪ White |
| ▪ Greene | ▪ Orange | ▪ Whitley |
| ▪ Hamilton | ▪ Owen | |
| ▪ Hancock | ▪ Putnam | |

Select Plus Plans County Lists

Select Plus (HMO) 001

\$46 plan premium
(with Rx coverage)

- | | | |
|---------------|--------------|---------------|
| ▪ Bartholomew | ▪ Greene | ▪ Posey |
| ▪ Benton | ▪ Howard | ▪ Randolph |
| ▪ Brown | ▪ Jackson | ▪ St. Joseph |
| ▪ Carroll | ▪ Jay | ▪ Starke |
| ▪ Cass | ▪ Knox | ▪ Tipton |
| ▪ Clay | ▪ Lawrence | ▪ Vanderburgh |
| ▪ Daviess | ▪ Montgomery | ▪ Vermillion |
| ▪ Delaware | ▪ Orange | ▪ Vigo |
| ▪ Elkhart | ▪ Owen | ▪ Warren |
| ▪ Fountain | ▪ Parke | ▪ Warrick |
| ▪ Gibson | ▪ Pike | ▪ White |

Select Plus (HMO) 002

\$0 plan premium
(with Rx coverage)

- Boone
- Clinton
- Hamilton
- Hancock
- Hendricks
- Johnson
- Madison
- Marion
- Monroe
- Morgan
- Tippecanoe

Select Plus (HMO) 003

\$0 plan premium
(with Rx coverage)

- Allen
- Huntington
- Whitley

Select – Medical Only and Choice Plan County Lists

Select – Medical Only (HMO)

\$0 plan premium
(no Rx coverage)

- | | | |
|---------------|-------------|---------------|
| ▪ Allen | ▪ Hamilton | ▪ Owen |
| ▪ Bartholomew | ▪ Hancock | ▪ Randolph |
| ▪ Benton | ▪ Hendricks | ▪ St. Joseph |
| ▪ Boone | ▪ Howard | ▪ Tippecanoe |
| ▪ Brown | ▪ Jackson | ▪ Tipton |
| ▪ Carroll | ▪ Jay | ▪ Vanderburgh |
| ▪ Cass | ▪ Johnson | ▪ Vermillion |
| ▪ Clay | ▪ Madison | ▪ Vigo |
| ▪ Clinton | ▪ Marion | ▪ White |
| ▪ Delaware | ▪ Monroe | |
| ▪ Elkhart | ▪ Morgan | |

Choice (HMO-POS)

\$98 plan premium
(with Rx coverage)

- | | | |
|-------------|---------------|--------------|
| ▪ Benton | ▪ Johnson | ▪ Vermillion |
| ▪ Boone | ▪ Lawrence | ▪ Vigo |
| ▪ Carroll | ▪ Marion | ▪ White |
| ▪ Cass | ▪ Monroe | |
| ▪ Clay | ▪ Morgan | |
| ▪ Clinton | ▪ Putnam | |
| ▪ Delaware | ▪ Shelby | |
| ▪ Hamilton | ▪ St. Joseph | |
| ▪ Hancock | ▪ Tippecanoe | |
| ▪ Hendricks | ▪ Tipton | |
| ▪ Henry | ▪ Vanderburgh | |

Part D Highlights and Changes for 2023

- No Rx Deductible
- \$0 Tier 1 Copays at Preferred Retail Pharmacies *
- Preferred pharmacies are **CVS, Kroger, Walmart, Costco, Target and IU Retail Pharmacies**
- \$37 Tier 3 Copays at Preferred Retail Pharmacies
 - Members can save \$30 each quarter per prescription (\$120 annually) based on 3 prescriptions
- Tier 1 & Tier 2 prescriptions are \$0 for 90-100 day supply through CVS Caremark Mail Order Service*

**For Select Plus (HMO), \$0 Preferred (HMO), Flex Network (HMO-POS), and Kidney Care (HMO) plans*

Part D Prescription Drugs –New Preferred Retail Pharmacy

Select Plus (HMO), \$0 Preferred (HMO), Flex Network (HMO-POS), and Kidney Care (HMO)

| 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 |

Part D Prescription Drugs, cont.

Choice (HMO-POS)

| 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 | \$3 | \$9 | \$6 | \$18 | \$18 |
| 2 | \$15 | \$45 | \$15 | \$45 | \$45 |
| 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 |

Insulin Copay for all Plans with Rx Coverage

- Members of \$0 Preferred (HMO), Flex Network (HMO-POS), Select Plus (HMO), Kidney Care (HMO), and Choice (HMO-POS) are eligible for this benefit
- Only \$35 per prescription; \$95 for a three-month supply (savings of \$10)
- Not subject to the coverage gap (only \$35 in the coverage gap)
- All insulins on the formulary are covered at \$35

Select Insulins SI

Adding in 2023- Soliqua, Xultophy, and Basaglar

| Select Insulins | |
|---|-------------------------------------|
| FIASP FLEX INJ TOUCH | NOVOLIN R SOLN 100unit/ml |
| FIASP INJ 100/ML | NOVOLIN R FLEXPEN SOPN 100unit/ml |
| FIASP PENFIL INJ U-100 | NOVOLOG SOLN 100unit/ml |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml | NOVOLOG FLEXPEN SOPN 100unit/ml |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | NOVOLOG MIX INJ 70/30 |
| LANTUS SOLN 100unit/m | NOVOLOG MIX INJ FLEXPEN |
| LANTUS SOLOSTAR SOPN 100unit/ml | NOVOLOG PENFILL SOCT 100unit/ml |
| LEVEMIR SOLN 100unit/ml | TOUJEO MAX SOLOSTAR SOPN 300unit/ml |
| LEVEMIR FLEXTOUCH SOPN 100unit/ml | TOUJEO SOLOSTAR SOPN 300unit/ml |
| NOVOLIN INJ 70/30 | TRESIBA SOLN 100unit/ml |
| NOVOLIN INJ 70/30 FP | TRESIBA FLEXTOUCH SOPN 100unit/ml |
| NOVOLIN N SUSP 100unit/ml | TRESIBA FLEXTOUCH SOPN 200unit/ml |
| NOVOLIN N FLEXPEN SUPN 100unit/ml | |

Part D Vaccines - \$0 copay

- Medicare now covers most Part D vaccines at no cost
- Member must have the vaccine administered at an in-network pharmacy to receive it for \$0 copay
- More detailed information will follow as we navigate the Inflation Reduction Act (IRA) impact on Part D

Embedded Dental Benefits

Diagnostic and preventive services

Bitewing radiographs – 2 sets of bitewing X-rays

Diagnostic and preventive services –
2 exams and 2 cleanings

Full mouth series X-ray/panoramic film –
Or a panorex, payable once in a 36-month period
(includes bitewing X-ray)

Basic services

Brush biopsy – To detect oral cancer

Emergency palliative treatment – To temporarily
relieve pain

Minor restorative services – Fillings and crown
repair

Simple extractions

- All IU Health Plans Medicare Advantage plans include \$1,000 embedded dental benefits
- New for 2023
 - Members can go out-of-network if their dentist is not included in the Delta Dental Medicare Advantage PPO or Premier Network
 - Applies to the Embedded and Supplemental benefits

Optional Supplemental Dental Benefits

- You can add a supplemental dental benefit plan to any of the IU Health Plans Medicare Advantage plans for an additional fee added to your monthly plan premium (**\$20 for Dental Enhanced 1000, \$25 for Dental Enhanced 1500**)*.
- Dental Enhanced 1000 covers up to \$1,000 per plan year for basic and major restorative care
- Dental Enhanced 1500 covers up to \$1,500 per plan year for basic and major restorative care

| Basic services |
|---|
| Endodontic services – Root canals |
| Oral surgery services – Extractions and dental surgery |
| Periodontic services – To treat gum disease |
| Other basic services – Miscellaneous services |

| Major services |
|--|
| Implants |
| Major restorative services – Crowns |
| Prosthodontic services – Bridges and dentures |
| Relines and repairs – To bridges and dentures |

**If optional supplemental dental benefits are elected, you must pay the supplemental dental plan premium in addition to your Medicare Part B premium and monthly plan premium. Additional \$25 deductible applies to all supplemental dental benefit plans.*

Benefits for Select Plus (HMO) Plans

- \$0 monthly premium*, \$2,950 MOOP**, \$1,000 Dental, \$250 Vision, and Hearing copays

NEW

- \$0 Rx Deductible

NEW

- \$0 copay Tier 1 and \$37 Tier 3 Brand at Preferred Retail Pharmacies

NEW

- \$120 Quarterly OTC Allowance

- \$0 copay for 100-day, Tier 1 and Tier 2 mail-order drugs - \$0 Tier 6 all pharmacies

- \$0 copay for IU Health Primary Care and Virtual Visits

- Transportation

- Low \$35 insulin copay

- **Travel benefit** providing in-network coverage when you visit any Medicare-approved provider within the United States (no network limitations)

**\$0 monthly premium available with Select Plus (HMO) 002 and 003 plans only.*

*** \$2,950 Max-Out-of-Pocket available with Select Plus (HMO) 002 plan only*

Benefits for Flex Network (HMO-POS) Plan

- NEW** ■ \$0 monthly premium, \$3,900/\$7,800 MOOP, \$1,000 Dental, \$250 Vision, and Hearing copays
- NEW** ■ \$100 Part B premium reduction per month*
- NEW** ■ \$0 Rx Deductible
- NEW** ■ \$0 copay Tier 1 and \$37 Tier 3 Brand at Preferred Retail Pharmacies
- NEW** ■ \$0 copay for in-network and out-of-network Primary Care
- NEW** ■ Out-of-network Inpatient Hospital stay is now \$360 copay replacing the 40% coinsurance in 2022
- NEW** ■ \$120 Quarterly OTC Allowance
 - \$0 copay for 100-day, Tier 1 and Tier 2 mail-order drugs - \$0 Tier 6 all pharmacies
 - Low \$35 insulin copay
 - Travel benefit providing in-network coverage when you visit any Medicare-approved provider within the United States (no network limitations)

* Members on Medicaid or getting assistance with Part B are not eligible for the Part B premium reduction

Benefits for \$0 Preferred (HMO) Plan

- \$0 monthly premium, \$3,400 MOOP, \$1,000 Dental, \$250 Vision, and Hearing copays

NEW

- \$100 Part B premium reduction*

NEW

- \$0 Rx Deductible

NEW

- \$0 copay Tier 1 and \$37 Tier 3 Brand at Preferred Retail Pharmacies

NEW

- \$120 Quarterly OTC Allowance

- \$0 copay for Primary Care and Virtual Visits

- \$0 copay for 100-day, Tier 1 and Tier 2 mail-order drugs – \$0 Tier 6 all pharmacies

- Transportation

- Low \$35 insulin copay

- **Travel benefit** providing in-network coverage when you visit any Medicare-approved provider within the United States (no network limitations)

** Members on Medicaid or getting assistance with Part B are not eligible for the Part B premium reduction.*

New SSBCI Plan – Kidney Care (HMO)

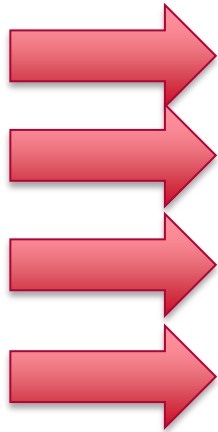
- Copays / benefits **match** our current Select Plus (HMO) Segment 2
- Counties: Boone, Hamilton, Hancock, Hendricks, Johnson, Madison, Marion, Morgan, Shelby
- In order to be eligible for the enhanced benefits, you must be under the care of certain IU Health Physicians Nephrologists and actively participate in their care management program
- SSBCI benefits for members with Chronic Kidney Disease stages 3-5 or ESRD
 - \$0 copay dialysis
 - \$0 copay visits to most IU Health Specialists
 - Transportation to health-related locations
 - Renal-diet meals

New SSBCI Plan – Kidney Care (HMO)

Criteria for Patients to Qualify for Kidney Care Plan Benefits:

- ☐ Diagnosed with CKD Stage 3, 4, 5, or ESRD
- ☐ Enroll in IU Health Plans Medicare Kidney Care (HMO) Plan
- ☐ Under the care of IU Health Physicians Nephrology
- ☐ Participate in Care Management Program

CKD Stages 3, 4 and 5 are eligible and ESRD



| Stage of CKD | eGFR result | What it means |
|--------------|--------------|--|
| Stage 1 | 90 or higher | <ul style="list-style-type: none">- Mild kidney damage- Kidneys work as well as normal |
| Stage 2 | 60-89 | <ul style="list-style-type: none">- Mild kidney damage- Kidneys still work well |
| Stage 3a | 45-59 | <ul style="list-style-type: none">- Mild to moderate kidney damage- Kidneys don't work as well as they should |
| Stage 3b | 30-44 | <ul style="list-style-type: none">- Moderate to severe damage- Kidneys don't work as well as they should |
| Stage 4 | 15-29 | <ul style="list-style-type: none">- Severe kidney damage- Kidneys are close to not working at all |
| Stage 5 | less than 15 | <ul style="list-style-type: none">- Most severe kidney damage- Kidneys are very close to not working or have stopped working (failed) |

Additional Benefits for All Plans

- **Meal program** provides 42 healthy, refrigerated, home-delivered meals following an inpatient hospital discharge
- **Silver&Fit® Healthy Aging and Exercise Program** with fitness memberships at no cost to you
- **Transportation** – 24 one-way rides, Local company includes wheelchair or gurney, schedule two business days in advance
- **Over-the-counter allowance** – \$120 quarterly allowance, except for **Select – Medical Only (HMO)** which has a \$100 quarterly allowance, for the purchase of over-the-counter products from the OTC Health Solutions mail-order catalog
- **Healthy rewards program** - earn a reward for completing an Annual Wellness Visit
- **Healthy coaching** through our Healthy Results program
- **Vision Coverage** including \$250 or \$150 (Choice) allowance for frames and lenses or contacts
- **Hearing aid coverage**

Plan Costs

What IU Health Plans members pay

| Medicare-covered benefit | \$0 Preferred (HMO) | Flex Network (HMO-POS) | | Select Plus (HMO) 001* | Select Plus (HMO) 002* | Select Plus (HMO) 003* | Choice (HMO-POS) | | Select - Medical Only (HMO) | Kidney Care (HMO) |
|-------------------------------------|---------------------|--|----------------|------------------------|------------------------|------------------------|------------------|----------------|-----------------------------|-------------------|
| | | In-network | Out-of-network | | | | In-network | Out-of-network | | |
| Monthly Plan Premium** | \$0 | \$0 | | \$46 | \$0 | \$0 | \$98 | | \$0 | \$0 |
| Out-of-pocket cost protection | \$3,400 | \$3,900 in-network/\$7,800 combined in- and out-of-network | | \$5,150 | \$2,950 | \$3,350 | \$6,850 | | \$5,000 | \$2,950 |
| Plan limit - point of service (POS) | N/A | Unlimited | | N/A | N/A | N/A | N/A | \$10,000 | N/A | N/A |
| Part B premium reduction*** | \$100 | \$100 | | N/A | N/A | N/A | N/A | | \$21 | N/A |

* County lists for each segment of Select Plus (HMO) can be found on slide 14

**You must continue to pay your Part B premium. This is a Medicare requirement. Receiving Medicaid or other government assistance can reduce the Part B premium.

*** Members on Medicaid are not eligible for the Part B premium reduction.

Outpatient Care and Services

What IU Health Plans members pay

| Medicare-covered benefit | \$0 Preferred (HMO) | Flex Network (HMO-POS) | | Select Plus (HMO) 001 | Select Plus (HMO) 002 | Select Plus (HMO) 003 | Choice (HMO-POS) | | Select - Medical Only (HMO) | Kidney Care (HMO) |
|-------------------------------|---------------------|------------------------|----------------|-----------------------|-----------------------|-----------------------|------------------|----------------|-----------------------------|---------------------|
| | | In-network | Out-of-network | | | | In-network | Out-of-network | | |
| IU Health Primary Care visits | \$0 | \$0 | N/A | \$0 | \$0 | \$0 | \$5 | N/A | \$0 | \$0 |
| All other primary care visits | \$0 | \$0 | \$0 | \$10 | \$10 | \$0 | \$5 | 50% | \$0 | \$10 |
| Specialist | \$35 | \$35 | \$55 | \$40 | \$40 | \$40 | \$40 | 50% | \$40 | \$40 |
| Telehealth virtual visits | \$0 | \$0 | N/A | \$0 | \$0 | \$0 | \$0 | N/A | \$0 | \$0 |
| Outpatient surgery | \$325 | \$325 | \$350 | \$310 | \$310 | \$310 | \$325 | 50% | \$300 | \$310 |
| Ambulance | \$285 | \$275* | | \$295 | \$295 | \$285 | \$275* | | \$275 | \$295 |
| Emergency | \$90/\$90 worldwide | \$90/\$90 worldwide | | \$90/\$90 worldwide | \$90/\$90 worldwide | \$90/\$90 worldwide | \$90 | | \$90 | \$90/\$90 worldwide |
| Urgent Care | \$45/\$90 worldwide | \$45/\$90 worldwide | | \$45/\$90 worldwide | \$45/\$90 worldwide | \$45/\$90 worldwide | \$60 | | \$60 | \$45/\$90 worldwide |

*Out-of-network copay if for Emergency transportation only.

Outpatient Supplies and Testing

What IU Health Plans members pay

| Medicare-covered benefit | \$0 Preferred (HMO) | Flex Network (HMO-POS) | | Select Plus (HMO) 001 | Select Plus (HMO) 002 | Select Plus (HMO) 003 | Choice (HMO-POS) | | Select - Medical Only (HMO) | Kidney Care (HMO) |
|--|---------------------|------------------------|----------------|-----------------------|-----------------------|-----------------------|------------------|----------------|-----------------------------|-------------------|
| | | In-network | Out-of-network | | | | In-network | Out-of-network | | |
| Diabetic supplies (test strips, lancets) | \$0 | \$0 | 40% | \$0 | \$0 | \$0 | \$0 | 50% | \$0 | \$0 |
| Diagnostic labs | \$10 | \$10 | 40% | \$10 | \$10 | \$10 | \$10 | 50% | \$10 | \$10 |
| X-rays | \$25 | \$25 | \$50 | \$25 | \$30 | \$25 | \$25 | 50% | \$25 | \$30 |
| Diagnostic radiology | 20% | 20% | 40% | 20% | 20% | 20% | 20% | 50% | 20% | 20% |

Inpatient and Home Healthcare

What IU Health Plans members pay

| Medicare-covered benefit | \$0 Preferred (HMO) | Flex Network (HMO-POS) | | Select Plus (HMO) 001 | Select Plus (HMO) 002 | Select Plus (HMO) 003 | Choice (HMO-POS) | | Select - Medical Only (HMO) | Kidney Care (HMO) |
|---|--|--|--|--|--|--|--|----------------|--|--|
| | | In-network | Out-of-network | | | | In-network | Out-of-network | | |
| Inpatient - Hospital | \$350 per day, days 1-6; \$0 per day for days 7 and beyond | \$335 per day, days 1-6; \$0 per day for days 7 and beyond | \$360 per day, days 1-6; \$0 per day for days 7-90 | \$335 per day, days 1-6; \$0 per day for days 7 and beyond | \$340 per day, days 1-6; \$0 per day for days 7 and beyond | \$340 per day, days 1-6; \$0 per day for days 7 and beyond | \$335 per day, days 1-6; \$0 per day for days 7 and beyond | 50% | \$335 per day, days 1-6; \$0 per day for days 7 and beyond | \$340 per day, days 1-6; \$0 per day for days 7 and beyond |
| Inpatient - Mental health | \$310 per day, days 1-6 | \$310 per day, days 1-6 | 40% | \$310 per day, days 1-6 | \$310 per day, days 1-6 | \$310 per day, days 1-6 | \$310 per day, days 1-6 | 50% | \$310 per day, days 1-6 | \$310 per day, days 1-6 |
| Skilled nursing (No hospital stay required) | \$0 per day, days 1-20; \$196 per day, days 21-100 | \$0 per day, days 1-20; \$196 per day, days 21-100 | 40% | \$0 per day, days 1-20; \$196 per day, days 21-100 | \$0 per day, days 1-20; \$196 per day, days 21-100 | \$0 per day, days 1-20; \$196 per day, days 21-100 | \$0 per day, days 1-20; \$196 per day, days 21-100 | 50% | \$0 per day, days 1-20; \$196 per day, days 21-100 | \$0 per day, days 1-20; \$196 per day, days 21-100 |
| Home health | \$0 | \$0 | 40% | \$0 | \$0 | \$0 | \$0 | 50% | \$0 | \$0 |

Preventive Services

For bone mass measurement, pap/pelvic screening, colorectal cancer screening, mammogram, flu/pneumonia vaccines, prostate cancer screening and more

What IU Health Plans members pay

| Medicare-covered benefit | \$0 Preferred (HMO) | Flex Network (HMO-POS) | | Select Plus (HMO) 001 | Select Plus (HMO) 002 | Select Plus (HMO) 003 | Choice (HMO-POS) | | Select - Medical Only (HMO) | Kidney Care (HMO) |
|---|---------------------|------------------------|----------------|-----------------------|-----------------------|-----------------------|------------------|----------------|-----------------------------|-------------------|
| | | In-network | Out-of-network | | | | In-network | Out-of-network | | |
| Preventive screenings and immunizations | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Annual physical exam | \$0 | \$0 | N/A | \$0 | \$0 | \$0 | \$0 | N/A | \$0 | \$0 |

Additional Benefits and Wellness Programs

What IU Health Plans members pay

| Medicare-covered benefit | \$0 Preferred (HMO) | Flex Network (HMO-POS) | | Select Plus (HMO) 001 | Select Plus (HMO) 002 | Select Plus (HMO) 003 | Choice (HMO-POS) | | Select - Medical Only (HMO) | Kidney Care (HMO) |
|--|---------------------|------------------------|------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|-----------------------------|-------------------|
| | | In-network | Out-of-network | | | | In-network | Out-of-network | | |
| Fitness membership | \$0 | \$0 | N/A | \$0 | \$0 | \$0 | \$0 | N/A | \$0 | \$0 |
| Two preventive dental exams with cleaning and bitewing X-ray | \$0 | \$0 | 50% | \$0 | \$0 | \$0 | \$0 | 50% | \$0 | \$0 |
| Embedded dental coverage | \$1,000 | \$1,000 | | \$1,000 | \$1,000 | \$1,000 | \$1,000 | | \$1,000 | \$1,000 |
| Routine vision exam | \$0 | \$0 | Limited coverage | \$0 | \$0 | \$0 | \$0 | Limited Coverage | \$0 | \$0 |
| Frames/lenses or contacts | \$250 allowance | \$250 allowance | Limited coverage | \$250 allowance | \$250 allowance | \$250 allowance | \$150 allowance | Limited Coverage | \$250 allowance | \$250 allowance |
| Hearing aids | \$699/\$999 | \$699/\$999 | N/A | \$699/\$999 | \$699/\$999 | \$699/\$999 | \$599/\$899 | N/A | \$699/\$999 | \$699/\$999 |

Additional Benefits and Wellness Programs, continued

What IU Health Plans members pay

| Medicare-covered benefit | \$0 Preferred (HMO) | Flex Network (HMO-POS) | | Select Plus (HMO) 001 | Select Plus (HMO) 002 | Select Plus (HMO) 003 | Choice (HMO-POS) | | Select - Medical Only (HMO) | Kidney Care (HMO) |
|------------------------------|---|---|----------------|---|---|---|---------------------------------|----------------|---------------------------------|---|
| | | In-network | Out-of-network | | | | In-network | Out-of-network | | |
| Travel Benefit | For members traveling out of state for more than 30 days and up to 9 consecutive months | For members traveling out of state for more than 30 days and up to 9 consecutive months | N/A | For members traveling out of state for more than 30 days and up to 9 consecutive months | For members traveling out of state for more than 30 days and up to 9 consecutive months | For members traveling out of state for more than 30 days and up to 9 consecutive months | N/A | N/A | N/A | For members traveling out of state for more than 30 days and up to 9 consecutive months |
| Over-the-counter (OTC) items | \$120 per quarter – no rollover | \$120 per quarter – no rollover | N/A | \$120 per quarter – no rollover | \$120 per quarter – no rollover | \$120 per quarter – no rollover | \$120 per quarter – no rollover | N/A | \$100 per quarter – no rollover | \$120 per quarter – no rollover |
| Meals | 42 meals | 42 meals | N/A | 42 meals | 42 meals | 42 meals | 42 meals | N/A | 42 meals | 42 meals |



Enrollment and Next Steps



Health Plans

How to enroll

Beginning October 15, 2022, you may enroll through these easy options:



Online



Call



In-person



Fax/Email



Mail

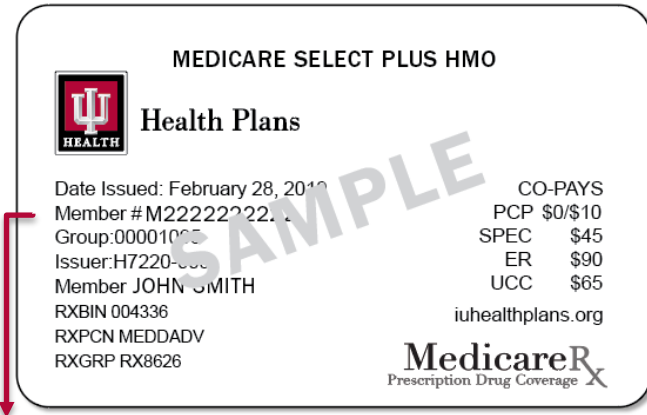
Welcome. Now, what's next?

Now that you have joined, here's what will happen next:

1. **Application submitted.**
2. **Verification letter:** You will receive a letter confirming IU Health Plans has received your application.
3. **Welcome kit and member ID card:** Once your application has been approved, you will receive your IU Health Plans Medicare Advantage welcome kit and member ID card.
4. **Your coverage starts:** Your plan effective date has arrived; you can begin to use your plan. Welcome to IU Health Plans Medicare Advantage.
5. **Welcome call:** You may receive a call from the IU Health Plans Medicare Advantage Customer Solutions Center team welcoming you and answering any questions you may have.

Membership Card

- You will only need to show your IU Health Plans member ID card when you visit the doctor, hospital, pharmacy and **Delta Dental Dentists**
 - Members will no longer receive Delta Dental cards
 - 2022 Delta Dental cards will **NOT** work at the dentist office – use your IU Health Plans member ID card
- Keep your original Medicare card in a safe place.



You may be asked to locate and provide your member number. You can find your member number here.



Contact our Member Advocates. They're ready to help.

Your vision, dental and hearing plan information can be found here.

Thank you for your time!

- For personal customer service at IU Health Plans, please call the Customer Solutions Center at **800.455.9776**. TTY/TDD call **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 through Friday.
- To receive information online, visit **iuhealthplans.org** and select the Medicare Advantage Plans tab.
- Additional personal consultations are available.

Your referral is our best compliment!

Appendix



Health Plans

Prospective & Appointed Brokers

- Please contact Casey Smith, Account Executive for Broker Relations, at csmith123@iuhealth.org or [317.430.9264](tel:317.430.9264) for support.
- <https://www.myiuhealthplans.com/medicare-advantage-brokers>

Additional Resources

- **Medicare Helpline**

- 800.633.4227 (TTY users call 877.486.2048)
- 24 hours a day, seven days a week
- Medicare.gov

- **Social Security Administration**

- 800.772.1213 (TTY users call 800.325.0778)
- 7 am to 7 pm, Monday through Friday
- socialsecurity.gov

- **State Health Insurance Assistance Program (SHIP)**

- 800.452.4800 (TDD users call 866.846.0139)
- in.gov/idoi/

Additional Resources, continued

To access IU Health Plans commonly used tools and resources, visit iuhealthplans.org/medicare-advantage-plans.

2022 Evidence of Coverage

Read More ▼

2022 Annual Notice of Changes

Read More ▼

2022 Summary of Benefits

Read More ▼

Extra Benefit Plan Information

Read More ▼

Learn More & Enroll in a Medicare Advantage Plan

Read More ▼

Premium Payment Forms

Read More ▼

2022 Provider and Pharmacy Directory

Read More ▼

Extra Benefit Plan Information

Read Less ▲

- 2022 Medicare Star Ratings
- Medicare.gov

Visit the official U.S. government website to learn more about the process around Medicare.

- Delta Dental Benefit Summary
 - Delta Dental Certificate of Coverage – Embedded Plan
 - Delta Dental Certificate of Coverage – Dental Enhanced 1000
 - Delta Dental Certificate of Coverage – Dental Enhanced 1500
- Vision Care Benefits
- Hearing Aid Benefits
- Silver&Fit® Healthy Aging and Exercise Program
- Silver&Fit® Home Fitness Program
- Silver&Fit® Connected Program
- Healthy Rewards Program

Additional benefit information can be found here

Disclaimers

- 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. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on Jan. 1 of each year.
- For language assistance call 800.455.9776 (TTY/TDD 711).
- 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.
- 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.