



# 2022 IU Health Plans Medicare Advantage Plan Guide

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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.



# IU Health Plans Medicare Advantage – 2022 county list

Plans by county listed below. See pages 2 – 8 to compare benefits by plan.

## **\$0 Preferred HMO**

Delaware  
Jay  
Lawrence  
Orange  
Tipton  
White

## **Flex Network HMO POS**

Allen  
Delaware  
Hamilton  
Hendricks  
Jay  
Johnson  
Lawrence  
Marion  
Orange  
Tippecanoe  
Tipton  
White

## **Select – Medical Only HMO**

Allen  
Bartholomew  
Benton  
Boone  
Brown  
Carroll  
Cass  
Clay  
Clinton  
Delaware  
Elkhart  
Hamilton  
Hancock  
Hendricks  
Howard  
Jackson  
Jay  
Johnson  
Madison  
Marion  
Monroe  
Morgan  
Owen  
Randolph

## **Select – Medical Only HMO, continued**

St. Joseph  
Tippecanoe  
Tipton  
Vanderburgh  
Vermillion  
Vigo  
White

## **Select Plus HMO 001**

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

## **Select Plus HMO 002**

Boone  
Clinton  
Hamilton  
Hancock  
Hendricks  
Johnson  
Madison  
Marion  
Monroe  
Morgan  
Tippecanoe

## **Select Plus HMO 003**

Allen  
Huntington  
Whitley

## **Choice HMO POS**

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

# Which Medicare Advantage plan is right for me?

**What IU Health Plans members pay** (See page 4 for additional plan option.)

Medicare-covered benefit	\$0 Preferred HMO	Flex Network HMO POS	
		In-network	Out-of-network
	Plan costs		
Monthly plan premium*	\$0	\$19	
Out-of-pocket cost protection	\$3,400	\$3,900 in-network/\$7,800 combined in- and out-of-network	
Plan limit – point of service (POS)	N/A	Unlimited	
Part B premium reduction	N/A	N/A	
	Outpatient care/services/supplies		
IU Health Primary Care visits	\$0	\$0	\$20
Other in-network primary care visits	\$0	\$0	\$20
Specialist	\$35	\$35	\$55
Telehealth virtual visits	\$0	\$0	N/A
Outpatient surgery	\$325	\$325	\$350
Ambulance	\$285	\$275**	
Emergency	\$90/\$90 worldwide	\$90/\$90 worldwide	
Urgent care	\$45/\$90 worldwide	\$45/\$90 worldwide	
Diabetic supplies (test strips, lancets)	\$0	\$0	40%
Diagnostic tests	20%	20%	40%
Diagnostic labs	\$10	\$10	40%
X-rays	\$25	\$25	\$50
Therapeutic radiology	20%	20%	40%
Diagnostic radiology	20%	20%	40%
	Inpatient/Home healthcare		
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	40%
Inpatient – Mental health	\$310 per day, days 1-6	\$310 per day, days 1-6	40%
Skilled nursing (No hospital stay required)	\$0 per day, days 1-20; \$188 per day, days 21-100	\$0 per day, days 1-20; \$188 per day, days 21-100	40%
Home health	\$0	\$0	40%
	Preventive services		
Preventive screenings	\$0	\$0	\$0
Annual physical exam	\$0	\$0	N/A
	Additional benefits and wellness programs		
Fitness membership	\$0	\$0	N/A
Two preventive dental exams with cleaning and bitewing X-ray	\$0	\$0	N/A
Embedded dental coverage	\$1,000	\$1,000	N/A
Routine vision exam	\$0	\$0	Limited coverage
Frames/lenses or contacts	\$250 allowance	\$250 allowance	Limited coverage

\*You must continue to pay your Medicare Part B premium.



Select Plus HMO 001	Select Plus HMO 002	Select Plus HMO 003	Select – Medical Only HMO
<b>Plan costs</b>			
\$46	\$0	\$0	\$0
\$5,150	\$2,950	\$3,350	\$5,000
N/A	N/A	N/A	N/A
N/A	N/A	N/A	\$21
<b>Outpatient care/services/supplies</b>			
\$0	\$0	\$0	\$0
\$10	\$10	\$0	\$0
\$40	\$40	\$40	\$40
\$0	\$0	\$0	\$0
\$310	\$310	\$310	\$300
\$295	\$295	\$285	\$275
\$90/\$90 worldwide	\$90/\$90 worldwide	\$90/\$90 worldwide	\$90
\$45/\$90 worldwide	\$45/\$90 worldwide	\$45/\$90 worldwide	\$65
\$0	\$0	\$0	\$0
20%	20%	20%	20%
\$10	\$10	\$10	\$10
\$25	\$30	\$25	\$25
20%	20%	20%	20%
20%	20%	20%	20%
<b>Inpatient/Home healthcare</b>			
\$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
\$310 per day, days 1-6	\$310 per day, days 1-6	\$310 per day, days 1-6	\$310 per day, days 1-6
\$0 per day, days 1-20; \$188 per day, days 21-100	\$0 per day, days 1-20; \$188 per day, days 21-100	\$0 per day, days 1-20; \$188 per day, days 21-100	\$0 per day, days 1-20; \$188 per day, days 21-100
\$0	\$0	\$0	\$0
<b>Preventive services</b>			
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
<b>Additional benefits and wellness programs</b>			
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$1,000	\$1,000	\$1,000	\$1,000
\$0	\$0	\$0	\$0
\$250 allowance	\$250 allowance	\$250 allowance	\$250 allowance

\*\*Out-of-network copay is for Emergency transportation only.

(continued on next page)

# Which Medicare Advantage plan is right for me?

## What IU Health Plans members pay

Medicare-covered benefit	Choice HMO POS	
	In-network	Out-of-network
	Plan costs	
Monthly plan premium*	\$98	
Out-of-pocket cost protection	\$6,850	
Plan limit – point of service (POS)	N/A	\$10,000
Part B premium reduction	N/A	
	Outpatient care/services/supplies	
IU Health Primary Care visits	\$5	50%
All other in-network primary care visits	\$5	50%
Specialist	\$40	50%
Telehealth virtual visits	\$0	N/A
Outpatient surgery	\$325	50%
Ambulance	\$275**	
Emergency	\$90	
Urgent care	\$65	
Diabetic supplies (test strips, lancets)	\$0	50%
Diagnostic tests	20%	50%
Diagnostic labs	\$10	50%
X-rays	\$25	50%
Therapeutic radiology	20%	50%
Diagnostic radiology	20%	50%
	Inpatient/Home healthcare	
Inpatient – Hospital	\$335 per day, days 1-6; \$0 per day for days 7 and beyond	50%
Inpatient – Mental health	\$310 per day, days 1-6	50%
Skilled nursing (No hospital stay required)	\$0 per day, days 1-20; \$188 per day, days 21-100	50%
Home health	\$0	50%
	Preventive services	
Preventive screenings	\$0	\$0
Annual physical exam	\$0	N/A
	Additional benefits and wellness programs	
Fitness membership	\$0	N/A
Two preventive dental exams with cleaning and bitewing X-ray	\$0	N/A
Embedded dental coverage	\$1,000	N/A
Routine vision exam	\$0	Limited coverage
Frames/lenses or contacts	\$150 allowance	Limited coverage

\*You must continue to pay your Medicare Part B premium.

\*\*Out-of-network copay is for Emergency transportation only.



See pages 6 – 9 for additional benefits and prescription drug information for all seven plans.





# Which Medicare Advantage plan is right for me?

## What IU Health Plans members pay

Medicare-covered benefit	\$0 Preferred HMO	Flex Network HMO POS	
		In-network	Out-of-network
	Additional benefits and wellness programs, continued		
Hearing aids	\$699/\$999	\$699/\$999	N/A
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
Over-the-counter (OTC) items	\$100 per quarter – no rollover	\$100 per quarter – no rollover	N/A
Meals	42 meals	42 meals	N/A
	Part D prescription drugs		
Rx deductible	\$200 Tiers 3, 4 and 5	\$200 Tiers 3, 4 and 5	
Tier 1 (Preferred generic)	\$3	\$3	
Tier 2 (Generic)	\$12	\$12	
Tier 1/Tier 2 100-day mail-order	\$0/\$0	\$0/\$0	N/A
Tier 3 (Preferred brand)	\$47	\$47	
Tier 4 (Non-preferred brand)	\$100	\$100	
Tier 5 (Specialty tier)	29%	29%	
Tier 6 (Select care drugs)	\$0	\$0	
Select insulins* (No deductible)	\$35	\$35	





Select Plus HMO 001	Select Plus HMO 002	Select Plus HMO 003	Select – Medical Only HMO
<b>Additional benefits and wellness programs, continued</b>			
\$699/\$999	\$699/\$999	\$699/\$999	\$699/\$999
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
\$100 per quarter – no rollover	\$100 per quarter – no rollover	\$100 per quarter – no rollover	\$100 per quarter – no rollover
42 meals	42 meals	42 meals	42 meals
<b>Part D prescription drugs</b>			
\$200 Tiers 3, 4 and 5	\$200 Tiers 3, 4 and 5	\$200 Tiers 3, 4 and 5	N/A
\$3	\$3	\$3	N/A
\$12	\$12	\$12	N/A
\$0/\$0	\$0/\$0	\$0/\$0	N/A
\$47	\$47	\$47	N/A
\$100	\$100	\$100	N/A
29%	29%	29%	N/A
\$0	\$0	\$0	N/A
\$35	\$35	\$35	N/A

<b>Optional supplemental dental benefits available for all plans**</b>		
Plan	Additional monthly premium	Benefits
Dental Enhanced 1000	\$17	Up to \$1,000 per plan year for basic restorative care and major restorative care
Dental Enhanced 1500	\$23	Up to \$1,500 per plan year for basic restorative care and major restorative care

\*\$35 insulin copay not subject to deductible and coverage gap.

\*\*You must still continue to pay your dental premium in addition to your Medicare Part B premium and monthly plan premium.

# Which Medicare Advantage plan is right for me?

## What IU Health Plans members pay

Medicare-covered benefit	Choice HMO POS	
	In-network	Out-of-network
	Additional benefits and wellness programs, continued	
Hearing aids	\$599/\$899	N/A
Travel benefit	N/A	N/A
Over-the-counter (OTC) items	\$100 per quarter – no rollover	N/A
Meals	42 meals	N/A
	Part D prescription drugs	
Rx deductible	\$200 Tiers 3, 4 and 5	
Tier 1 (Preferred generic)	\$6	
Tier 2 (Generic)	\$15	
Tier 1/Tier 2 100-day mail-order	\$18/\$45	N/A
Tier 3 (Preferred brand)	\$47	
Tier 4 (Non-preferred brand)	\$100	
Tier 5 (Specialty tier)	29%	
Tier 6 (Select care drugs)	\$0	
Select insulins* (No deductible)	\$35	

\*\$35 insulin copay not subject to deductible and coverage gap.



The benefits information provided is a brief summary, 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.

## Additional benefits

**We are pleased to offer you these extra benefits with your IU Health Plans Medicare Advantage plan.**



### **Over-the-counter (OTC) mail-order items**

\$100 quarterly allowance for the purchase of over-the-counter products from the OTC Health Solutions mail-order catalog. Choose from more than 250 items, including but not limited to, blood pressure monitors, vitamins and first aid supplies. One order per quarter. Unused benefits are forfeited.



### **Dental, vision, hearing and fitness membership benefits**

See corresponding flyers for additional information.



### **Rx enhancements**

*(Select Plus HMO, Flex Network HMO POS, \$0 Preferred HMO, Choice HMO POS)*

- Select insulins at \$35 copay.
- Shingles vaccine offered at Tier 1 copay. You pay \$3 per injection for Select Plus HMO, \$0 Preferred HMO and Flex Network HMO POS plans and \$6 per injection for Choice HMO POS plan.



### **Telehealth virtual visits**

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



### **Meals**

Provides 42 healthy, refrigerated, home-delivered meals following an inpatient hospital discharge.



### **Healthy rewards program**

Earn rewards for receiving eligible health services.



### **Health coaching**

Health coaching through our Healthy Results® program.



### **Transportation**

Access to 24 one-way rides to plan-approved, health-related locations.

*For a complete list of benefits, see the Evidence of Coverage (EOC).*





## Health Plans

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**[iuhealthplans.org](https://iuhealthplans.org)**

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](https://iuhealthplans.org)**.

For language assistance, call 800.455.9776 (TTY/TDD 711).

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