



2024 IU Health Plans Medicare Advantage Plan Guide



Health Plans

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

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IU Health Plans Medicare Advantage – 2024 county list

Plans by county listed below. See pages 2 – 3 to compare benefits by plan.

\$0 Preferred (HMO)

Blackford	Lawrence
Brown	Orange
Carroll	Owen
Delaware	Tipton
Greene	White
Jay	

Flex Network (HMO-POS)

Allen	Jay
Benton	Johnson
Blackford	Lawrence
Boone	Marion
Brown	Orange
Carroll	Owen
Delaware	Putnam
Fountain	Randolph
Greene	Shelby
Hamilton	Tippecanoe
Hancock	Tipton
Hendricks	Warren
Henry	White
Howard	Whitley
Huntington	

Select – Medical Only (HMO)

Allen	Jay
Benton	Johnson
Boone	Madison
Brown	Marion
Carroll	Martin*
Cass	Monroe
Clinton	Morgan
Delaware	Owen
Hamilton	Randolph
Hancock	Tippecanoe
Hendricks	Tipton
Howard	White

***New in 2024**

Select Plus (HMO) 001

Benton	Lawrence
Brown	Montgomery
Carroll	Orange
Cass	Owen
Delaware	Randolph
Fountain	Tipton
Greene	Warren
Howard	White
Jay	

Select Plus (HMO) 002

Boone	Madison
Clinton	Marion
Hamilton	Martin*
Hancock	Monroe
Hendricks	Morgan
Johnson	Tippecanoe

***New in 2024**

Select Plus (HMO) 003

Allen
Huntington
Whitley



Which Medicare Advantage plan is right for me?

What IU Health Plans members pay

Plan benefit	\$0 Preferred (HMO)	Flex Network (HMO-POS)		Select Plus (HMO) 001	Select Plus (HMO) 002	Select Plus (HMO) 003	Select – Medical Only (HMO)
In-networkOut-of-network							
Plan costs							
Monthly plan premium*	\$0	\$0		\$46	\$0	\$0	\$0
Out-of-pocket cost protection	\$3,400	\$3,900 in-network/\$8,500 combined in- and out-of-network		\$5,150	\$3,100	\$3,100	\$5,000
Plan limit – point of service (POS)	N/A	Unlimited		N/A	N/A	N/A	N/A
Part B premium reduction	\$100	\$100		N/A	N/A	N/A	\$21
Outpatient care/services/supplies							
IU Health Primary Care visits	\$0	\$0	N/A	\$0	\$0	\$0	\$0
All other primary care visits	\$0	\$0	\$15	\$10	\$10	\$0	\$0
Specialist	\$35	\$35	\$55	\$40	\$40	\$40	\$40
Telehealth virtual visits	\$0	\$0	N/A	\$0	\$0	\$0	\$0
Outpatient surgery	\$350	\$350	\$375	\$350	\$350	\$350	\$350
Ambulance	\$295	\$295**		\$295	\$295	\$295	\$295
Emergency	\$90/\$90 worldwide	\$90/\$90 worldwide		\$90/\$90 worldwide	\$90/\$90 worldwide	\$90/\$90 worldwide	\$90
Urgent care	\$45/\$90 worldwide	\$45/\$90 worldwide		\$45/\$90 worldwide	\$45/\$90 worldwide	\$45/\$90 worldwide	\$60
Diabetic supplies (test strips, lancets)	\$0	\$0	40%	\$0	\$0	\$0	\$0
Diagnostic tests	20%	20%	40%	20%	20%	20%	20%
Diagnostic labs	\$0 – \$10	\$0 – \$10	40%	\$0 – \$10	\$0 – \$10	\$0 – \$10	\$0 – \$10
X-rays	\$25	\$25	\$50	\$25	\$30	\$25	\$25
Therapeutic radiology	20%	20%	40%	20%	20%	20%	20%
Diagnostic radiology	20%	20%	40%	20%	20%	20%	20%
Inpatient/Home healthcare							
Inpatient – Hospital	\$345 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	\$300 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	\$300 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
Inpatient – Mental health	\$345 per day, days 1-6	\$335 per day, days 1-6	40%	\$300 per day, days 1-6	\$340 per day, days 1-6	\$300 per day, days 1-6	\$335 per day, days 1-6
Skilled nursing (No hospital stay required)	\$0 per day, days 1-20; \$203 per day, days 21-100	\$0 per day, days 1-20; \$203 per day, days 21-100	40%	\$0 per day, days 1-20; \$203 per day, days 21-100	\$0 per day, days 1-20; \$203 per day, days 21-100	\$0 per day, days 1-20; \$203 per day, days 21-100	\$0 per day, days 1-20; \$203 per day, days 21-100
Home health	\$0	\$0	40%	\$0	\$0	\$0	\$0
Preventive services							
Preventive screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual physical exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0

*You must continue to pay your Medicare Part B premium.
**Out-of-network copay is for Emergency transportation only.

Which Medicare Advantage plan is right for me?

What IU Health Plans members pay

Plan benefit	\$0 Preferred (HMO)	Flex Network (HMO-POS) <i>In-network</i> <i>Out-of-network</i>		Select Plus (HMO) 001	Select Plus (HMO) 002	Select Plus (HMO) 003	Select – Medical Only (HMO)
Additional benefits and wellness programs							
Fitness membership	\$0	\$0	N/A	\$0	\$0	\$0	\$0
Preventive and basic dental services	\$0 preventive; 50% basic; up to \$1,000 coverage/year	\$0 preventive; 50% basic; up to \$1,000 coverage/year	N/A	\$0 preventive; 50% basic; up to \$1,000 coverage/year	\$0 preventive; 50% basic; up to \$1,000 coverage/year	\$0 preventive; 50% basic; up to \$1,000 coverage/year	\$0 preventive; 50% basic; up to \$1,000 coverage/year
Routine vision exam	\$0	\$0	Limited coverage	\$0	\$0	\$0	\$0
Frames/lenses or contacts	\$250 allowance	\$250 allowance	Limited coverage	\$250 allowance	\$250 allowance	\$250 allowance	\$250 allowance
Hearing aids	\$499/\$699/\$999	\$499/\$699/\$999	N/A	\$499/\$699/\$999	\$499/\$699/\$999	\$499/\$699/\$999	\$499/\$699/\$999
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
Over-the-counter (OTC) items	\$80 per quarter – no rollover	\$80 per quarter – no rollover	N/A	\$80 per quarter – no rollover	\$80 per quarter – no rollover	\$80 per quarter – no rollover	\$80 per quarter – no rollover
Meals	42 meals	42 meals	N/A	42 meals	42 meals	42 meals	42 meals
Transportation	24 one-way rides	24 one-way rides	N/A	24 one-way rides	24 one-way rides	24 one-way rides	24 one-way rides

Prescription drug information

Drug costs – \$0 Preferred (HMO), Flex Network (HMO-POS) and Select Plus (HMO) plans			
Tier	Preferred retail pharmacy* (30-day supply)	Standard retail pharmacy (30-day supply)	CVS Caremark mail-order service (90- to 100-day supply)
\$0 Rx deductible			
Tier 1 – Preferred Generic	\$0	\$3	\$0
Tier 2 – Generic	\$12	\$12	\$0
Tier 3 – Preferred Brand	\$37 (insulins \$35**)	\$47 (insulins \$35**)	\$141 (insulins \$105**)
Tier 4 – Non-Preferred Brand	\$100	\$100	\$300
Tier 5 – Specialty	33%	33%	Not available
Tier 6 – Select Care	\$0	\$0	\$0

*IU Health Plans preferred pharmacies include Costco, CVS, Kroger, Target, Walmart, IU Health retail pharmacies and more.

**Insulin copay not subject to coverage gap.

Additional dental benefits

Optional supplemental dental benefits available for all plans***		
Plan	Additional monthly premium	Benefits
Dental Enhanced 1000	\$23	Up to \$1,000 per plan year for basic restorative care and major restorative care
Dental Enhanced 1500	\$28	Up to \$1,500 per plan year for basic restorative care and major restorative care

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

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.



Dental, vision, hearing and fitness membership benefits

Learn more about your dental, vision, hearing and fitness benefits at iuhealthplans.org > Medicare Advantage Plans > Tools & Resources > Extra Benefit Plan Information.



Healthy rewards program

Earn a \$50 Walmart Healthy Living Gift Card for completing an Annual Wellness Visit.



Pharmacy benefits

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

- \$0 Rx deductible
- Preferred retail pharmacy network and mail-order options



Telehealth virtual visits

Access to on-demand virtual visits conveniently from your smartphone, tablet or computer for diagnosis and treatment of certain non-emergency medical issues. You pay \$0 copay.



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

\$80 quarterly allowance for the purchase of over-the-counter products from the OTC Health Solutions mail-order catalog. One order per quarter. You will lose the unused balance.



Meals

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



Health coaches

Health coaching through our Healthy Results® program provides personalized resources to help you support new habits and address your health goals.



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) and other plan information at iuhealthplans.org > Medicare Advantage Plans > Tools & Resources.

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If you have questions, we're here to help. Please call IU Health Plans Member Advocates toll free at **800.455.9776 (TTY/TDD 711)**. Language assistance available.

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iuhealthplans.org

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IU Health Plans Member Advocates 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**.

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