University of Iowa Retiree 2019 Medicare Advantage Options

Lora Felger
Client Consultant – Univ. of Iowa Retiree Plans
Health Alliance Medical Plans
Health Alliance Medicare

• A Midwest company founded more than 30 years ago
• Launched our Medicare plan in 1997
• Large provider network—you can probably keep your doctor
• Top-notch customer service

2019 is our 5th year offering plan options for University of Iowa Retirees
Medicare Advantage plans, also called Part C, combine coverage into one complete package:

- Part A hospital coverage and Part B medical coverage
- University of Iowa plans also include Part D prescription coverage
- Medicare Advantage plans pay claims in place of Original Medicare
- Extras like dental and fitness benefits

Please note: With Medicare Advantage plans, you must continue to pay your Part B premium.
Must have Medicare Parts A and B
Must continue to pay Part B premium
Consult with the University of Iowa’s Human Resources Dept. to determine eligibility of both you and your spouse.

***Plans sold on the open market require residency in eligible counties in order to enroll in MA. Group Medicare Advantage Plans (like the Univ. of Iowa Retiree Plans) do not require residency in eligible counties.***
Your Options

PPO Rx
- Developed to closely match benefits of the UI Choice POS plan
- In and Out of Network benefits

HMO Plus Rx
- Standard Medicare Advantage plan
- In network benefits only
PPO
• Can go to any doctor who accepts Medicare, but pay less in our network
• Don’t need a referral for a specialist

HMO
• PCP coordinates care
• Must stay in-network, except for emergencies or urgent care
• With our large network of doctors and hospitals, you probably can keep your doctor. Go to HealthAlliance.org/IA-Retirees to find your doctor.
• Provider network for both plans includes University of Iowa Hospitals, Clinics and Physicians; and Mercy Iowa City.
Ensures members receive medically necessary care by working with local doctors to determine evidence-based treatments or services according to national guidelines.

98% of outpatient pre-authorizations are completed within two days.

Care Coordination helps guide members with specific medical conditions along the necessary path to help improve overall health.

Care Transition Intervention facilitates a smooth adjustment from hospital to a lower level of care with the goal of reducing readmission.

Disease Management provides population-based advice focusing on health coaching to encourage self-management.
Let’s map out your benefits

You can find great info about your options in the Guide.
## Plan Costs

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>Premium</th>
<th>Medical Deductible</th>
<th>Yearly Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO Plus Rx</td>
<td>$56</td>
<td>$0</td>
<td>$4,000</td>
</tr>
<tr>
<td>PPO Rx</td>
<td>$300</td>
<td>$0</td>
<td>$1,700 IN $2,000 OON (combined IN and OON)</td>
</tr>
</tbody>
</table>

IN means In-Network; OON means Out-of-Network
<table>
<thead>
<tr>
<th>Medical Benefits</th>
<th>HMO Rx Plus</th>
<th>PPO Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium</td>
<td>$56</td>
<td>$300</td>
</tr>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Max. Out of Pocket</td>
<td>$4,000</td>
<td>$1,700</td>
</tr>
<tr>
<td>Co-Insurance</td>
<td>N/A</td>
<td>10%</td>
</tr>
<tr>
<td>Primary Office Visit</td>
<td>$10</td>
<td>$5/40%</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$35</td>
<td>$5/40%</td>
</tr>
<tr>
<td>Virtual Visit</td>
<td>$10</td>
<td>$5/40%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$280 days 1-7</td>
<td>10%/40%</td>
</tr>
<tr>
<td>ER Visit</td>
<td>$90</td>
<td>$50 copay/10% coinsurance</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$275 Copay</td>
<td>10%/40%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$55</td>
<td>$5/40%</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$275</td>
<td>10%/40%</td>
</tr>
<tr>
<td>Diagnostic Tests, X-rays, Labs and Radiology</td>
<td>20%</td>
<td>10%/40%</td>
</tr>
</tbody>
</table>
A formulary is a list of drugs that are covered and how they are covered.

**Tier**—determines what you will pay for a drug; the higher the tier, the more you pay

**Step Therapy**—some drugs require you to try another drug first
# Pharmacy Benefits

<table>
<thead>
<tr>
<th>Pharmacy Benefits</th>
<th>HMO Rx Plus</th>
<th>PPO Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Part D Gap Coverage</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>N/A</td>
<td>$1,100</td>
</tr>
<tr>
<td>Tier 1: Preferred Generic at preferred pharmacies, 30-day Supply</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Tier 1: Preferred Generic at all other in-network pharmacies, 30-day supply</td>
<td>$9</td>
<td>$0</td>
</tr>
<tr>
<td>Tier 2: Generic, 30-day supply</td>
<td>$20</td>
<td>30%</td>
</tr>
<tr>
<td>Tier 3: Preferred Brand</td>
<td>$47</td>
<td>50%</td>
</tr>
<tr>
<td>Tier 4: Non-Preferred Brand</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Tier 5: Specialty Tier</td>
<td>33%</td>
<td>50%</td>
</tr>
</tbody>
</table>
### COVERAGE PERIODS

**HMO plan coverage periods**

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Coverage</strong></td>
<td>You pay deductible and copayments amounts listed on previous slide, until the total cost you and Health Alliance pays reaches $3,820</td>
</tr>
<tr>
<td><strong>Coverage Gap</strong></td>
<td>You pay 37% for generic drugs and 25% for brand-name drugs from $3,820 until your drug costs reach $5,100</td>
</tr>
<tr>
<td><strong>Catastrophic Coverage</strong></td>
<td>You pay $3.40 for Tier 1 and Tier 2 and $8.50 for all other drugs, OR 5% whichever is greater</td>
</tr>
</tbody>
</table>

**PPO plan has $1,100 OOPM for drugs** (this is a different amount than medical)

- Once you pay $1,100 for your drugs, you pay 0% for the remainder of the plan year
HMO Plan
- **$0 Tier 1 Generic Drugs** at Walgreens and Univ. of Iowa Pharmacies
- 90-day supply for two – 30 day copays at Walgreens and Univ. of Iowa Healthcare Pharmacies
- 2.5x30-day copayment at other network pharmacies

PPO Plan
- **$0 Tier 1 Generic Drugs** at any in network pharmacy
EXTRA BENEFITS

• **Be Fit** – up to $360 per year toward a gym membership of your choice.

• **Assist America** – Travel assistance to help you get quality emergency care when you are 100 miles or more from home. Includes: medical referrals, prescription assistance, interpreter referrals and medical evacuation.

• **Wellness Rewards** – earn a $50 gift card after earning points completing certain wellness-related activities like a yearly visit to the doctor and getting a flu shot.

• $200 per plan year reimbursed to you for non-Medicare-covered dental services.
Appeal—you file an appeal if you disagree with the plan’s decision to deny a request to cover healthcare services or pay for services you received.

File an appeal in writing within 60 days after the decision, or as soon as you can.

Grievance—a complaint about your plan; examples include poor quality of care or if you feel you are being pushed to leave the plan.

To file a grievance, call Health Alliance Member Services. Our reps will help you through the process.

Report grievances within 60 days, or as soon as you can.
ENROLLMENT AND BILLING OPTIONS

Complete application scan/email or mail to:
MedicareEnrollment@healthalliance.org
Health Alliance
3310 Fields South Drive
Champaign, IL 61822
Attn. Medicare Enrollment

Enroll over the phone
- 1-855-291-9335

Billing
- Payment by phone
- Online bill pay
- Credit card
- Automatic deductions from checking or savings
- Social Security withhold
- Monthly statement
Health Alliance
1-877-917-8550  TTY: 711
8 a.m. to 8 p.m. daily October 1–March 31st
8 a.m. to 8 p.m. weekdays the rest of the year
HealthAlliance.org/IA-Retirees

Medicare
1-800-MEDICARE (1-800-633-4227)
TTY: 1-877-486-2048
Seven days a week, 24 hours a day
Medicare.gov