2021 Guide to Medicare Made for You
Welcome to Medicare made for you.

We’re proud to offer two Health Alliance™ Medicare Advantage plans to University of Iowa retirees for the 2021 plan year:

• Low-cost HMO Rx Plus plan.
• Custom PPO Rx plan to closely match the benefits most familiar to you.

When you’re a member, you get a health plan made with you in mind - access to doctors you trust, perks you deserve and customer service reps always ready to help - from a company with over 40 years of industry experience.

Use this guide to learn about the plan that’s made for you. We look forward to serving you in the coming year.

Helpful Terms

Catastrophic Coverage
When you reach the annual prescription spending amount, you leave the coverage gap and enter the catastrophic coverage period. During this period, we pay for most of your drug costs.

Coinsurance
The percentage you pay for services at a doctor’s office, pharmacy or hospital.

Copayment
The fixed dollar amount you pay for services at a doctor’s visit, pharmacy or hospital.

Coverage Gap
You enter the coverage gap when your total yearly drug costs, both what you and your plan pay, reach a certain amount.

Deductible
A set amount you pay before your plan starts helping pay for your medical care or pharmacy benefits. Some plans have separate medical and pharmacy deductibles.

Formulary
A list of drugs covered by your plan that includes generic and brand-name drugs. Our pharmacy department and doctors decide what drugs to include based on quality and safety.

Health Maintenance Organization (HMO)
A plan with personal care from a set network. You’ll need to choose a personal doctor, called a primary care provider or PCP, to manage your care and refer you to specialists. You must go to certain doctors and hospitals, unless it’s an emergency or for urgent care.

Out-of-pocket Maximum
Once you’ve paid this amount, we pay 100% of covered expenses for the rest of the benefit period. You’ll no longer pay copayments or coinsurance, just your monthly premium.

Preferred Provider Organization (PPO)
A plan with the freedom to go out of network, but you pay less if you go to in-network doctors and hospitals.

Premium
The monthly amount you pay for coverage.

Primary Care Provider (PCP)
A personal doctor you choose to manage your care and refer you to specialists.

You’ll find other helpful terms explained throughout this guide.
Medicare Basics

What is Medicare?
Medicare is the government-run insurance program for those 65 and older or people with certain disabilities or end-stage renal disease (permanent kidney failure).

It has four parts:
- **Part A: Hospital Coverage**
  - Inpatient hospital stays.
  - Skilled nursing facility stays.
  - Hospice care.
  - Some home healthcare.

- **Part B: Medical Coverage**
  - Doctor visits.
  - Outpatient care.
  - Some home healthcare.

- **Part C: Medicare Advantage**

- **Part D: Prescription Drug Coverage**

Types of Medicare Plans

- **Original Medicare**
  Original Medicare is the traditional Medicare program managed by the federal government. It includes Part A and Part B and covers about 80% of your healthcare costs.

- **Medicare Advantage** (also called Part C)
  Medicare Advantage replaces Original Medicare and is sold by private insurance companies. All Medicare Advantage plans include Part A and Part B, and they often include Part D and extra perks, like fitness benefits and wellness programs. This way, you have one easy package and cut back on paperwork because you deal with only one company for all your healthcare coverage needs.

- **Medicare Supplement**
  A type of Medicare plan that helps pay for medical costs Original Medicare doesn’t pay for, but it generally only covers services Original Medicare already covers. It works in addition to Original Medicare.

Your plan is a Medicare Advantage plan with Part D.

Your Materials

ID Card
Present your ID card whenever you see a doctor or pick up prescriptions from the pharmacy. Your ID card has key information that helps you and your providers access your coverage more easily:

- Copayment information for commonly used services.
- Member Services contact information.
- Anytime Nurse Line phone number.
- Member number.
- Where to send medical and pharmacy claims.

Member Materials
When you become a member, you have access to materials that outline the rules of your plan and help explain your coverage.

Evidence of Coverage (EOC)
The EOC is the primary document (like a policy) for how your plan covers your healthcare.

Benefit Highlights
The Benefit Highlights document has deductible, copayment and coinsurance information for various services.

Provider Directory and Pharmacy Directory
The provider directory and pharmacy directory list contracted providers. Always check online or contact us before seeing a provider for the first time. Contracts can change, and you’ll want to be sure the provider is still in our network.
# Your Benefits

<table>
<thead>
<tr>
<th>Medical Benefits</th>
<th>HMO Rx Plus</th>
<th>PPO Rx*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Out-of-pocket Maximum</strong></td>
<td>$4,000</td>
<td>$1,700/$2,000 combined in- and out-of-network</td>
</tr>
<tr>
<td><strong>Premium</strong></td>
<td>$60</td>
<td>$320</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Primary Care Provider</strong></td>
<td>$10</td>
<td>$5/40%</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>$35</td>
<td>$5/40%</td>
</tr>
<tr>
<td><strong>Virtual Visits</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Emergency Department (worldwide coverage)</strong></td>
<td>$90</td>
<td>$50 then 10%</td>
</tr>
<tr>
<td><strong>Urgent Care (worldwide coverage)</strong></td>
<td>$55</td>
<td>$5 or 10%/40%</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>$280/day (1-7), $0 (Days 8+)</td>
<td>10%/40%</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>$275</td>
<td>10%/40%</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>$275</td>
<td>10%/40%</td>
</tr>
<tr>
<td><strong>Diagnostic Tests, X-rays, Labs and Radiologyogy</strong></td>
<td>20%</td>
<td>$5/40%</td>
</tr>
<tr>
<td><strong>Acupuncture</strong></td>
<td>$10, up to 15 visits</td>
<td>$5, up to 15 visits</td>
</tr>
<tr>
<td><strong>Preventive Services</strong> (including Wellness Visit, Pap Test, Cervical Cancer Screening and Colorectal Cancer Screening)</td>
<td>$0</td>
<td>$0/40%</td>
</tr>
</tbody>
</table>

*Cost sharing amounts are listed for both in-network and out-of-network. When the cost sharing is different between the two, they are represented as “in-network cost share/out-of-network cost share.”*
### Pharmacy Benefits

<table>
<thead>
<tr>
<th></th>
<th>HMO Plus Rx</th>
<th>PPO Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$0</td>
<td>$0 ($1,100 out-of-pocket limit)</td>
</tr>
<tr>
<td><strong>Part D Gap Coverage</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Tier 1: Preferred Generic, 30-day supply</strong></td>
<td>$2</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Tier 2: Generic, 30-day supply</strong></td>
<td>$15</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Tier 3: Preferred Brand</strong></td>
<td>$47</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Tier 4: Non-Preferred Brand</strong></td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Tier 5: Specialty Tier</strong></td>
<td>33%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>90-Day Retail and 90-Day Mail Order</strong></td>
<td>3x copay for 90-day retail, 2x copay for 90-day mail order.</td>
<td>3x copay for 90-day retail, 2x copay for 90-day mail order.</td>
</tr>
</tbody>
</table>

### Your Perks and Programs

Your plan is made with plenty of perks and programs to help you with your health goals.

**Anytime Nurse Line**  
(855) 802-4612  
Get 24/7 answers to your health questions, like whether you need to set up an appointment or see a doctor right away.

**Be Fit**  
Get fit at the fitness center of your choice. You choose where you want to work out, and we pay you back up to $360 per year for gym membership or fitness class fees.

If your fees are more than $360 per year, you pay the difference. If they’re less, we pay you back the amount you paid. Be Fit doesn’t cover services that require additional fees, like personal trainers or personal equipment. It applies to only standard fitness class and gym membership fees at non-residential commercial or community facilities.

**Assist America®**  
Assist America’s services help you get quality emergency care when you’re 100 miles or more from home, including:

- Medical referrals.
- Prescription assistance.
- Interpreter referrals.

**Quit For Life®**  
Get help ending your tobacco use with:

- One-on-one coaching from a quit coach.
- Quit plan made just for you.
- Helpful tools, like Text2Quit.
- Web Coach®, an online learning and support community.
Wellness Rewards
Take steps toward better health while working your way toward a $50 gift card through our claims-based Wellness Rewards program. Become eligible for your reward by completing certain wellness activities. There’s no need to submit any paperwork.

All you have to do is have an annual wellness visit or physical with your primary doctor, plus complete at least two of the following:

- Breast cancer screening.
- Colorectal cancer screening.
- Eye exam.
- Nephropathy urine test.
- Be Fit benefit use.

Virtual Health Coverage
Get care when and where you need it with virtual health coverage. If you need to interact with your primary care provider (PCP) or specialist over the phone or online, you’re covered through the telehealth benefit. You don’t even need to leave the comfort of your home.

You can also get care for common conditions like allergies, cold, flu and pink eye from anywhere you have phone or internet connection in the U.S. Whether at home or traveling, you can talk to a board certified doctor or counselor by phone or secure video through the Hally™ app or hally.com at any time of the day, any day of the year.

LifeBalance
Access thousands of discounts to start saving on healthy and fun activities through our LifeBalance program. Go to HealthAlliance.org/Members/LifeBalance and log in to start saving in areas like fitness, travel, movie tickets and more.

Your Health Team
Your plan is made with medical management services to help you through every step of care. We surround you with a team of healthcare providers focused on your needs.

You have access to these programs and more at no extra cost:

- Health coaching for help making healthier lifestyle choices.
- Care coordination when you’re receiving acute medical care or have a complex condition.
- Care transition intervention for a smooth adjustment from hospital to home.
- Medication management to help you take your meds safely.

Here are just a few of the ways we help you get the most from your coverage:

- If you need preauthorization for a service, a doctor who specializes in that area will review the request. This helps make sure you get the safest and most appropriate care.
- 98% of outpatient preauthorizations are completed within two days, which can help you get the care you need more quickly.
- We see the full picture of your health and connect you with the people or services you need, like specialists, dietitians, case managers and community resources.

To learn more or take advantage of these helpful services, call (800) 851-3379, ext. 28947.

- Monday - Thursday, 8 a.m. - 7 p.m.
- Friday, 8 a.m. - 5 p.m.

These benefits don’t replace care from your doctors, nurses or other healthcare providers and are included in your coverage at no extra cost to you. Using them doesn’t affect your premium or coverage.
When it comes to your health and wellness, we've got you covered.

We know with everything going on in life, staying healthy is easier said than done. That’s why Hally™ health is all about helping you live your healthiest life. If you visit hally.com, you'll find plenty of resources and support – with no login or extra steps needed! You’ll get:

• Exercise classes, health courses and cooking demos.
• The Hally blog.
• The Hally Healthcast, a monthly podcast focused on health.
• Health tips, coaching and information on care coordination.
• Too much more to even mention.

You can also download the Hally app or sign in to hally.com to stay in the know. Once you log in, you’ll get instant, secure access to your coverage anytime, anywhere. You can:

• See all your account activities in one place.
• Access your virtual ID card.
• Search for doctors and other resources.
• Quickly connect with a doctor over virtual visits.
• Get doctor match and cost estimates.

Staying healthy isn’t easy, but you’ve got this!

Visit hally.com for more information, and find the Hally app on the App Store or Google Play.

App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are trademarks of Google LLC.
Contact

Member Services
(877) 917-8550 (TTY 711)
Weekdays, 8 a.m. to 8 p.m.
If you call after hours, leave a message, and we’ll return your call the next business day.

Go to HealthAlliance.org/IA-Retiree for quick access to plan and provider information.

For your personal account information and to check your claims, authorizations, spending and more, visit hally.com.
Health Alliance MAPD HMO is an HMO plan with a Medicare contract. Enrollment in Health Alliance Medicare depends on contract renewal. This information is not a complete description of benefits. Call (877) 795-6131 (TTY: 711) for more information. Other physicians, pharmacies and providers are available in our network.