



# Health Alliance Group Medicare Plans

## 2022 Benefit Highlights for **University of Iowa HMO Plus Rx**

Please use this Benefit Highlight in conjunction with your Evidence of Coverage (EOC) to understand all of your benefits.

<p>If you receive a bill directly from Health Alliance, your premium is \$60.          If you receive a bill from your State Benefits Administrator, please contact them for your 2022 premium.</p>	
	<b>In-Network Only</b>
Yearly Deductible	\$0
Yearly Out-of-Pocket Limit	\$4,000
<b>Services/Benefits</b>	<b>Member Pays In-Network</b>
Inpatient Hospital Care	Days 1 - 7: \$280 copayment per day Days 8 +: \$0 copayment per day
Inpatient Mental Health Care (in a psychiatric hospital)	Days 1 - 7: \$225 copayment per day Days 8 - 90: \$0 copayment per day
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	Days 1 – 20: \$0 copayment per day Days 21 – 100: \$160 copayment per day
Cardiac and Pulmonary Rehabilitation Services	Cardiac: \$0 copayment Intensive Cardiac: \$0 copayment Pulmonary: \$0 copayment Supervised Exercise Therapy: \$0 copayment
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	Emergency Care: \$90 copayment World Wide Emergency Care: \$90 copayment
Urgent Care (This is NOT emergency care, and in most cases, is out of the service area.)	Urgent Care: \$55 copayment World Wide Urgent Care: \$55 copayment
Partial Hospitalization	20% coinsurance
Home Health	\$0 copayment
Hospice	\$0 copayment You must get care from a Medicare-certified hospice.
Primary Care Doctor Office Visits	\$10 copayment
Chiropractic Services	Medicare Covered: \$20 copayment Non-Medicare Covered: Not Covered
Occupational Therapy	\$35 copayment
Specialist Office Visits	\$35 copayment
Outpatient Mental Health Care	\$40 copayment
Acupuncture	Medicare Covered: \$10 copayment Non-Medicare Covered: \$10 copayment per visit up to 15 visits per year
Podiatry Services	Diabetic Footcare: \$35 copayment Podiatry Services: \$35 copayment

Outpatient Rehabilitation Services	Physical Therapy: \$35 copayment Speech Therapy: \$35 copayment
Telehealth	\$10 copayment PCP; \$35 copayment Specialist
Opioid Treatment Services	\$35 copayment
Labs	Labs: 20% coinsurance A1c: \$0
Radiological Services	Complex Diagnostic: 20% coinsurance General Diagnostic: 20% coinsurance Therapeutic: 20% coinsurance X-Rays: 20% coinsurance
Outpatient Hospital Services	Surgery: \$275 copayment Observation Services: \$275 copayment
Ambulatory Surgery Center Services	\$275 copayment
Outpatient Substance Abuse Care	\$65 copayment
Ambulance	Ground Ambulance:\$275 copayment Air Ambulance: \$275 copayment World Wide Ambulance: \$275 copayment
Transportation (Non-medically necessary)	Not Covered
Durable Medical Equipment (wheelchairs, oxygen, etc.)	Bed Rails: 0% coinsurance Other: 20% coinsurance
Medical Supplies	Prosthetic Devices (braces, artificial limbs and eyes, etc.): 20% coinsurance Other: 20% coinsurance
Diabetic Supplies	Preferred Test Strips covered at 0% coinsurance Non-Preferred Test Strips covered with approval at 0% coinsurance All other diabetic supplies: 20% coinsurance
Renal Dialysis	Dialysis Services: 20% coinsurance Kidney Disease Education Services: \$0 copayment
Meals for Chronic Conditions	Plan provides the meal benefit post discharge to any member with Congestive Heart Failure and Diabetes who has an inpatient stay for any reason. Plan provides up to 2 home delivered meals per day. Plan provides meals for up to 14 days for a maximum of 3 instances per year.
Immunizations (Flu vaccine, pneumonia vaccine—for people with Medicare who are at risk, hepatitis B vaccine)	\$0 copayment
Welcome to Medicare and Annual Wellness Physical Exam/Visit	\$0 copayment
Bone mass measurement (for at-risk people with Medicare)	\$0 copayment
Preventive and Screening Services Please see preventative Flier for list of services.	Cardiovascular, abdominal aortic aneurysm, colorectal, paps smears/pelvic exams, prostate cancer, annual breast cancer, glaucoma, barium enemas, digital rectal exam, EKG following Welcome Visit: \$0 copayment
In-Home Safety Assessment (Non-Medicare Covered)	\$0 copayment

Nursing Hotline (Non-Medicare Covered)	\$0 copayment
Fitness Benefit	BeFit: Members will be reimbursed up to \$360 per year towards fitness activities. (Excluded: Fitness equipment and personal training sessions)
Smoking & Tobacco Cessation (Non-Medicare Covered)	\$0 copayment
Virtual Visits	\$0 copayment
Medicare Part B Drugs	20% coinsurance for Part B Drugs-Chemotherapy 20% coinsurance for Part B Drugs-Other (non-Chemotherapy)
Dental Services (Non-Medicare Covered): Including but not limited to oral exam, cleaning, x-rays, fluoride treatment, fillings, dentures, denture adjustments and repairs, crowns, bridge work, root canals and extractions	Health Alliance will pay a maximum of \$200 per plan year for non-Medicare-covered dental services. You will be responsible for any cost above the \$200 maximum. Preventative-Annual Cleaning: \$0 copayment Preventative-Supplemental Oral Exam: \$0 copayment Comprehensive Dental: \$0 copayment
Dental Service (Medicare Covered)	Comprehensive Dental: \$35 copayment
Vision Exams	Medicare Covered: \$0 copayment Non-Medicare Covered: Not Covered
Eyewear: Glasses/Contacts	Medicare Covered: \$0 copayment Non-Medicare Covered: Not Covered
Routine Hearing	Medicare Covered: \$45 copayment Non-Medicare Covered: \$45 copayment with a TruHearing provider
Hearing Aids	TruHearing Select Plan (adjudicated by TruHearing): \$699 for 700 level digital hearing aid or \$999 for 900 level digital hearing aid from TruHearing network audiologist

# Pharmacy Highlights

<b>Pharmacy Benefits</b>	<b>Member Pays In-Network</b>
Deductible	\$0
Does coverage continue through the Gap?	No
<b>Initial Coverage</b>	
Tier 1: Preferred Generic, 30-day supply	\$2 copayment per prescription
Tier 2: Generic, 30-day supply	\$15 copayment per prescription
Tier 3: Preferred Brand, 30-day supply	\$47 copayment per prescription
Tier 4: Non-Preferred Drug, 30-day supply	50% coinsurance per prescription
Tier 5: Specialty Tier, 30-day supply	33% coinsurance per prescription
Mail-Order	30-day supply same as 30-day copayment at Retail Pharmacies  90-day supply is 2 x 30-day copayment at Retail Pharmacies
Retail (90-day)	3 x 30-day copayment
<b>Coverage Gap</b>	
The Coverage Gap Phase begins when your total drug costs (your payments plus any Part D plan's payments) total \$4,430 until your year-to-date out-of-pocket drug costs reach \$7,050)	25% for Generic Drugs and 25% for Brand drugs during the coverage gap.
<b>Catastrophic Coverage</b> (when out-of-pocket drug costs reach \$7,050)	
Generics	\$3.95 OR 5% (whichever is higher)
All other drugs	\$9.85 OR 5% (whichever is higher)

Limitations	<ul style="list-style-type: none"> <li>• Certain prescription drugs have quantity limits</li> <li>• Your doctor must get preauthorization from Health Alliance Medicare for certain prescription medications</li> </ul>
Formulary	The Health Alliance Medicare Part D Formulary is a list of drugs covered by Health Alliance. Generally, we only cover drugs listed in the formulary.

This is a summary of benefits. Please refer to your Evidence of Coverage for additional information. Health Alliance Medicare is a HMO with a Medicare contract. Enrollment in Health Alliance Medicare depends on contract renewal

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