



Health Alliance Group Medicare Plans

2023 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 employer group or retirement benefit administrator, please contact them for your 2023 premium.</p>	
	In-Network Only
Yearly Deductible	\$0
Yearly Out-of-Pocket Limit	\$4,000
Services/Benefits	Member Pays In-Network
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 per visit Intensive Cardiac: \$0 copayment per visit Pulmonary: \$0 copayment per visit Supervised Exercise Therapy: \$0 copayment per visit
Emergency Services (You may go to any emergency room if you reasonably believe you need emergency care.)	Emergency Care: \$90 copayment per visit World Wide Emergency Care: \$90 copayment per visit
Urgently Needed Services (This is NOT emergency care, and in most cases, is out of the service area.)	Urgent Care: \$55 copayment per visit World Wide Urgent Care: \$55 copayment per visit
Partial Hospitalization	20% coinsurance per day
Home Health	\$0 copayment per visit
Hospice	\$0 copayment per visit. You must get care from a Medicare certified hospice program
Primary Care Doctor Office Visits	\$10 copayment per visit
Chiropractic Services	Medicare Covered: \$20 copayment per visit Non-Medicare Covered: Not Covered
Occupational Therapy	\$35 copayment per visit
Specialist Office Visits	\$35 copayment per visit
Outpatient Mental Health Care	\$40 copayment per visit
Acupuncture	Medicare Covered: \$10 copayment per visit Non-Medicare Covered: \$10 copayment per visit; up to 15 visits per year

Podiatry Services	Diabetic Footcare: \$35 copayment per visit Podiatry Services: \$35 copayment per visit
Outpatient Rehabilitation Services	Physical Therapy: \$35 copayment per visit Speech Therapy: \$35 copayment per visit
Telehealth	\$10 copayment per visit PCP; \$35 copayment per visit Specialist
Opioid Treatment Services	\$35 copayment per visit
Labs	Labs: 20% coinsurance per test A1c: \$0 copayment per test
Radiological Services	Complex Diagnostic: 20% coinsurance per test General Diagnostic: 20% coinsurance per test Therapeutic: 20% coinsurance per test X-Rays: 20% coinsurance per test
Outpatient Hospital Services	Surgery: \$275 copayment per test Observation Services: \$275 copayment per visit
Ambulatory Surgery Center Services	\$275 copayment per test
Outpatient Substance Abuse Care	\$65 copayment per test
Ambulance	Ground Ambulance: \$275 copayment per trip Air Ambulance: \$275 copayment per trip World Wide Ambulance: \$275 copayment per trip
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% Non-Preferred Test Strips covered with approval at 0% All other diabetic supplies have a member coinsurance of 20%
Renal Dialysis	Dialysis Services: 20% coinsurance Kidney Disease Education Services: \$0 copayment per service
Meals for Chronic Conditions	Plan provides the meal benefit post discharge to members with CHF, Diabetes, members with with 2 or more of the following chronic conditions: Asthma, CHF, COPD, Diabetes and Vascular disease; who has an inpatient stay for any reason or is discharged from SNF, or members discharged from Inpatient Hospital with home care. Plan provides up to 2 home delivered meals per day. Plan provides meals for up to 14 days. Up to 3 instances.
Immunizations (Flu vaccine, pneumonia vaccine—for people with Medicare who are at risk, hepatitis B vaccine)	\$0 copayment per service
Welcome to Medicare and Annual Wellness, Physical Exam/Visit	Annual Wellness: \$0 copayment per service Physical Exam: \$0 copayment per service

Bone mass measurement (for at-risk people with Medicare)	\$0 copayment per service
Preventive and Screening Services Please see preventative Flier for list of services.	Cardiovascular, abdominal aortic aneurysm, colorectal, pap smears/pelvic exams, prostate cancer, annual breast cancer, glaucoma, barium enemas, digital rectal exam, EKG following Welcome Visit: \$0 copayment per service
In-Home Support Services – Companion Benefit	\$0 copayment – 30 annual hours of in home support through Papa
Nursing Hotline (Non-Medicare Covered)	\$0 copayment per service
Fitness Benefit	BeFit: Members will be reimbursed up to \$360 per year towards fitness activities. (Excluded: Fitness equipment)
Smoking & Tobacco Cessation (Non-Medicare Covered)	\$0 copayment per service
Virtual Visits	\$0 copayment per visit
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. Preventive-Annual Cleaning: \$0 copayment Preventive-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: \$0 copayment, 1 exam per year
Eyewear: Glasses/Contacts	Medicare Covered: \$0 copayment Non-Medicare Covered: Not Covered
Routine Hearing	Medicare Covered: \$45 copayment Non-Medicare Covered: Not Covered
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

Pharmacy Benefits	Member Pays In-Network
Deductible	\$0
Does coverage continue through the Gap?	No
Initial Coverage	
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
Coverage Gap	
The Coverage Gap Phase begins when your total drug costs (your payments plus any Part D plan's payments) total \$4,660 until your year-to-date out-of-pocket drug costs reach \$7,400	25% for Generic Drugs and 25% for Brand drugs during the coverage gap.
Catastrophic Coverage (when out-of-pocket drug costs reach \$7,400)	
Generics	\$4.15 OR 5% (whichever is higher)
All other drugs	\$10.35 OR 5% (whichever is higher)

Limitations	<ul style="list-style-type: none"> • Certain prescription drugs have quantity limits • Your doctor must get preauthorization from Health Alliance Medicare for certain prescription medications
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.
Vaccines	Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.
Insulin	You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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