



# Health Alliance Group Medicare Plans

## 2023 Benefit Highlights for University of Iowa PPO 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 \$320.          If you receive a bill from your employer group or retirement benefit administrator, please contact them for your 2023 premium.</p>		
	<b>In-Network</b>	<b>Out-of-Network</b>
Yearly Deductible	\$0	\$0
Yearly Out-of-Pocket Limit	\$1,700	\$2,000 Total In and OON combined
<b>Services/Benefits</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Inpatient Hospital Care	10% coinsurance	40% coinsurance
Inpatient Mental Health Care (in a psychiatric hospital)	10% coinsurance	40% coinsurance
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	10% coinsurance	40% coinsurance
Cardiac and Pulmonary Rehabilitation Services	Cardiac: \$0 copayment Intensive Cardiac: \$0 copayment Pulmonary: \$0 copayment Supervised Exercise Therapy: \$0 copayment	Cardiac: 40% coinsurance Intensive Cardiac: 40% coinsurance Pulmonary: 40% coinsurance Supervised Exercise Therapy: 40% coinsurance
Emergency Services (You may go to any emergency room if you reasonably believe you need emergency care.)	Emergency Care: \$50 copayment then 10% coinsurance World Wide Emergency Care: \$50 copayment then 10% coinsurance	Emergency Care: \$50 copayment then 10% coinsurance World Wide Emergency Care: \$50 copayment then 10% coinsurance
Urgently Needed Services (This is NOT emergency care, and in most cases, is out of the service area.)	Urgent Care: \$5 copayment; 10% coinsurance for other services World Wide Urgent Care: \$5 copayment; 10% coinsurance for other services	40% coinsurance
Partial Hospitalization	10% coinsurance	40% coinsurance
Home Health	10% coinsurance	40% coinsurance
Hospice	You must get care from a Medicare-certified hospice program.	
Primary Care Doctor Office Visits	\$5 copayment	40% coinsurance
Chiropractic Services	Medicare Covered: \$5 copayment Non-Medicare Covered:	40% coinsurance
Occupational Therapy	10% coinsurance	40% coinsurance
Specialist Office Visits	\$5 copayment	40% coinsurance

Outpatient Mental Health Care	0% coinsurance per visit; 10% coinsurance facility	40% coinsurance
Acupuncture	Medicare Covered: \$5 copayment Non-Medicare Covered: \$5 copayment; up to 15 visits per year	Medicare covered \$5 copayment Non-Medicare Covered: \$5 copayment; up to 15 visits per year
Podiatry Services	Diabetic Foot care: \$5 copayment Podiatry Services: \$5 copayment	Diabetic Foot Care: 40% coinsurance Podiatry Services: 40% coinsurance
Outpatient Rehabilitation Services	Physical Therapy: 10% coinsurance Speech Therapy: 10% coinsurance	Physical Therapy: 40% coinsurance Speech Therapy: 40% coinsurance
Telehealth	\$5 copayment PCP; \$5 copayment Specialist	40% coinsurance PCP; 40% coinsurance Specialist
Opioid Treatment Services	\$5 copayment	40% coinsurance
Labs	Labs: 10% coinsurance A1c: \$0 copayment	Labs: 40% coinsurance A1c: 40% coinsurance
Radiological Services	Complex Diagnostic: 10% coinsurance General Diagnostic: 10% coinsurance Therapeutic: 10% coinsurance X-Rays: 10% coinsurance	Complex Diagnostic: 40% coinsurance General Diagnostic: 40% coinsurance Therapeutic: 40% coinsurance X-Rays: 40% coinsurance
Outpatient Hospital Services	Surgery: 10% coinsurance Observation Services: 10% coinsurance	Surgery: 40% coinsurance Observation Services: 40% coinsurance
Ambulatory Surgery Center Services	10% coinsurance	40% coinsurance
Outpatient Substance Abuse Care	0% coinsurance per visit 10% coinsurance facility	40% coinsurance
Ambulance	Ground Ambulance: 10% coinsurance Air Ambulance: 10% coinsurance World Wide Ambulance: 10% coinsurance	Ground Ambulance: 40% coinsurance Air Ambulance: 40% coinsurance World Wide Ambulance: 40% coinsurance
Transportation (Non-medically necessary)	Not Covered	Not covered
Durable Medical Equipment (wheelchairs, oxygen, etc.)	Bed Rails: 0% coinsurance Other: 20% coinsurance	Bed Rails: 20% coinsurance Other: 20% coinsurance
Medical Supplies	Prosthetic Devices (braces, artificial limbs and eyes, etc.) 20% coinsurance Other: 20% coinsurance	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 10%	Preferred Test Strips covered at 20% Non-Preferred Test Strips covered with approval at 20% All other diabetic supplies have a member coinsurance of 20%
Renal Dialysis	Dialysis Services: \$0 copayment Kidney Disease Education Services: \$0 copayment	Dialysis Services: 40% coinsurance Kidney Disease Education Services: 40% coinsurance
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	40% coinsurance
Welcome to Medicare and Annual Wellness, Physical Exam/Visit	\$0 copayment	40% coinsurance
Bone mass measurement (for at-risk people with Medicare)	\$0 copayment	40% coinsurance
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: \$0 copayment Glaucoma, barium enemas, digital rectal exam, EKG following Welcome Visit: \$0 copayment	40% coinsurance
In-Home Support Services – Companion Benefit	\$0 – 30 annual hours of in home support through Papa	
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)	
Smoking & Tobacco Cessation (Non-Medicare Covered)	\$0 copayment	40% coinsurance
Virtual Visits	\$0 copayment	
Medicare Part B Drugs	10% coinsurance for Part B Drugs-Chemotherapy 10% coinsurance for Part B Drugs-Other (non-Chemotherapy)	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	Health Alliance will pay a maximum of \$200 per plan year for non- 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.	

treatment, fillings, dentures, denture adjustments and repairs, crowns, bridge work, root canals and extractions	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: \$5 copayment	Medicare Covered: 40% coinsurance Non-Medicare Covered: 40% coinsurance
Eyewear: Glasses/Contacts	Medicare Covered: \$0 copayment Non-Medicare Covered: Not covered	
Routine Hearing	Medicare Covered: 20% coinsurance Non-Medicare Covered: \$45 copayment	Medicare Covered: 20% coinsurance Non-Medicare Covered: Not covered
Hearing Aids	Plan covers up to two TruHearing-branded hearing aids every year (one per ear). TruHearing Advanced digital hearing aid is \$699 and TruHearing Premium digital hearing aid is \$999. Must use a TruHearing network provider. See EOC for complete details.	

# Pharmacy Highlights

<b>Pharmacy Benefits</b>	<b>Member Pays In-Network</b>
Deductible	\$0
Does coverage continue through the Gap?	Yes
<b>Initial Coverage</b>	
Tier 1: Preferred Generic, 30-day supply	\$0 copayment per prescription
Tier 2: Generic, 30-day supply	20% coinsurance
Tier 3: Preferred Brand, 30-day supply	50% coinsurance
Tier 4: Non-Preferred Drug, 30-day supply	50% coinsurance
Tier 5: Specialty Tier, 30-day supply	50% coinsurance
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 \$4,660 until your year-to-date out-of-pocket drug costs reach \$7,400	Same copayments as Initial Coverage
<b>Catastrophic Coverage</b> (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)
Out-of-Network Coverage	<ul style="list-style-type: none"> <li>Coverage for medications out-of-network may be available in special circumstances</li> </ul>
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.
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 PPO plan with a Medicare contract. Enrollment in Health Alliance Medicare depends on contract renewal.