

2025 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 2025 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 enter the catastrophic coverage period. During this period, you pay \$0 for your drugs for the rest of the plan year, as long as those drugs are on your plan's formulary and you get them at an in-network pharmacy.

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 office, pharmacy or hospital.

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 and how well they work.

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.

Medicare Prescription Payment Plan (M3P)

Members enrolled in Medicare Part D will have the option of spreading out their out-of-pocket Part D drug costs through monthly payments over the durations of the plan year (January-December) – instead of paying their copay/coinsurance at the pharmacy. To get more information and find out if this program is right for you, call the number on your ID card.

Out-of-Pocket Maximum (OOPM)

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, as long as your copayment or coinsurance applies to the OOPM. In-network services (also referred to as Tier 1 and Tier 2) both apply to the in-network OOPM. Note that if you receive services that are not covered or use out-of-network providers (referred to as Tier 3), you may be required to cover costs above the OOPM. For some plans, there is no cap on the amount that you may have to pay for noncovered services or using out-of-network providers.

Preferred Provider Organization (PPO)

A plan that contracts with medical providers, such as doctors, clinics and hospitals, to create a network or participating providers. You pay less if you use providers that belong to the plan's network.

Premium

The monthly fee you pay for coverage.

Primary Care Provider (PCP)

A personal doctor (or advanced practice provider) you choose to oversee your care.

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 Parts A and B, and it covers about 80% of your healthcare costs.

Medicare Advantage

Medicare Advantage (also called Part C) replaces Original Medicare and is sold by private insurance companies. All Medicare Advantage plans include Parts A and B, and they often include Part D coverage for prescription drugs and additional supplemental benefits that Original Medicare does not cover. This way, you have one easy package and cut back on paperwork because you deal with only one company for all your healthcare 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.

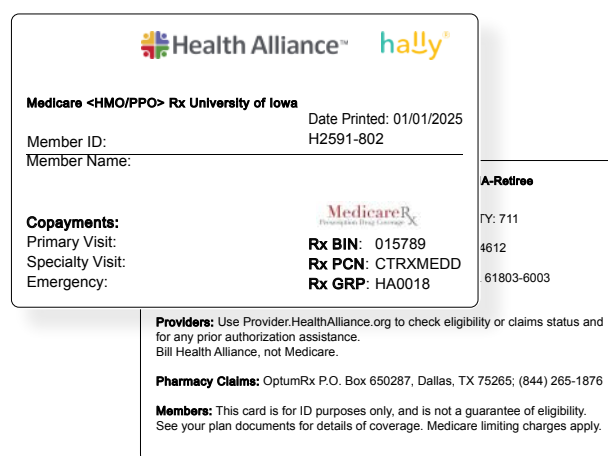
Your plan is a Medicare Advantage plan with Part D.

Your Materials

ID Card

Present your ID card (or access it virtually in the MyChart app) 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.
- Nurse Advice 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 and pharmacies. 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

Medical Benefits	HMO Plus Rx	PPO Rx*
Annual Out-of-Pocket Maximum	\$4,000	\$1,700/\$2,000 Combined In and Out of Network
Premium	\$60	\$320
Deductible	\$0	\$0
Primary Care Provider	\$10	\$5/40%
Specialist	\$35	\$5/40%
Virtual Visits	\$0	\$0
Emergency Department (Worldwide Coverage)	\$90	\$100
Urgent Care (Worldwide Coverage)	\$55	\$65
Inpatient Hospital	\$280/Day (1-7), \$0 (Days 8+)	10%/40%
Outpatient Surgery	\$275	10%/40%
Ambulance	\$275	10%/40%
Diagnostic Tests, X-Rays, Labs and Radiology	20%	10%/40%
Acupuncture	\$10, Up to 15 Visits	\$5, Up to 15 Visits
Preventive Services (Including Wellness Visit, Pap Smear, Cervical Cancer Screening and Colorectal Cancer Screening)	\$0	\$0/40%

*Cost-sharing amounts are listed for both in-network and out-of-network services. When the cost-sharing amounts are different between the two, they're represented as "in-network cost-share/out-of-network cost-share."

Pharmacy Benefits	HMO Plus Rx	PPO Rx
Deductible	\$0	\$0
Out-of-Pocket Maximum	\$2,000	\$1,100
Tier 1: Preferred Generic, 30-Day Supply	\$2	\$0
Tier 2: Generic, 30-Day Supply	\$15	20%
Tier 3: Preferred Brand	\$47	50%
Tier 4: Nonpreferred Brand	50%	50%
Tier 5: Specialty Tier	33%	50%
90-Day Retail and 90-Day Mail Order	3x Copay for 90-Day Retail, 2x Copay for 90-Day Mail Order	3x Copay for 90-Day Retail, 2x Copay for 90-Day Mail Order

Your Perks and Programs

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

Be Fit

Get the most out of your fitness activities with Be Fit. You get to choose how you want to work out, and your \$360-per-year benefit will cover the costs.

Activities include the following and more:

- Fitness class fees.
- Gym memberships.
- Online fitness subscriptions.
- Weight-loss subscriptions.
- Rowing.
- Golf.
- Bowling.
- Tennis.
- Pickleball.
- Pool exercise classes.
- Fitness trackers.

If your fees are more than \$360 a year, you pay the difference. Be Fit doesn't cover league fees, personal equipment, fitness foods like protein bars and shakes, or Medicare-covered services like physical therapy, chiropractic care, etc.

Dental Benefit

We cover up to \$200 a year for use on dental services, like cleanings, X-rays and more. There's no set network, so you can go to any dentist you choose.

You may have a copay or coinsurance for some dental services. Check your Summary of Benefits.

Nurse Advice 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.

OTC4Me

Get a 10% discount code for a wide variety of competitively priced over-the-counter (OTC) products with OTC4Me. You can order online or by phone, and all orders are shipped directly to you. Shipping is free on orders over \$25.

Virta

Hally® health is excited to offer Virta Health: the virtual program which can help you reverse type 2 diabetes without the risks, costs or side effects of medications or surgery. Looking for a better way to conquer your type 2 diabetes and achieve real results within 10 weeks? With Virta Health, you got this!

**All perks aren't available on all plans or to the general public.*

**Participation in the program is not a guarantee that the member's diabetes will be reversed and that it requires active participation/adherence by the member.*

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. Copayment may apply.

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 hally.com at any time of the day, any day of the year.

Virtual PCP

Your time is valuable. And so is your health. Virtual Primary Care lets you prioritize both. With the Virtual Primary Care program from MDLIVE, you can get virtual care from a primary care provider at MDLIVE for routine wellness visits, preventive care and chronic care. Get unlimited visits at no additional cost.

With Virtual Primary Care, your routine preventive wellness screenings include:

- Medication refills for a year.
- Routine lab testing.
- Health risk assessment.
- Preventive care recommendations.
- Referrals to specialists.
- Low-cost prescriptions.

And get routine care for chronic conditions:

- Type 2 diabetes.
- High cholesterol.
- High blood pressure.
- Obesity.
- Thyroid problems.
- Asthma and COPD.

Enroll in this program by calling MDLIVE at (888) 912-0904..

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 prior authorization 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 prior authorizations 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, care 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.



Hally Health

When it comes to your health and wellness, we've got you covered.

Hally health is all about helping you live your healthiest life. It's one of the best parts of your health plan – giving you plenty of ways to stay on top of your health. Here you'll find fitness courses, recipes, wellness rewards, health coaching, care coordination and more. Staying healthy isn't easy, but with the help of your health plan, you've got this!

Exclusive perks for health plan members – when you sign in to your member portal through hally.com, you can:

- Go paperless by updating your communication preferences.
- View past and current claims, authorizations and Explanations of Benefits (EOBs).
- Pay your monthly premium using Premium Bill Pay and set up recurring payments.
- Find doctors, facilities and pharmacies covered by your plan.
- Track spending on healthcare expenses.
- Know where to go for care depending on your symptoms.
- Ask a customer service or care coordination question.
- Sign up for text alerts.





Contact

Member Services

(877) 917-8550 (TTY 711)

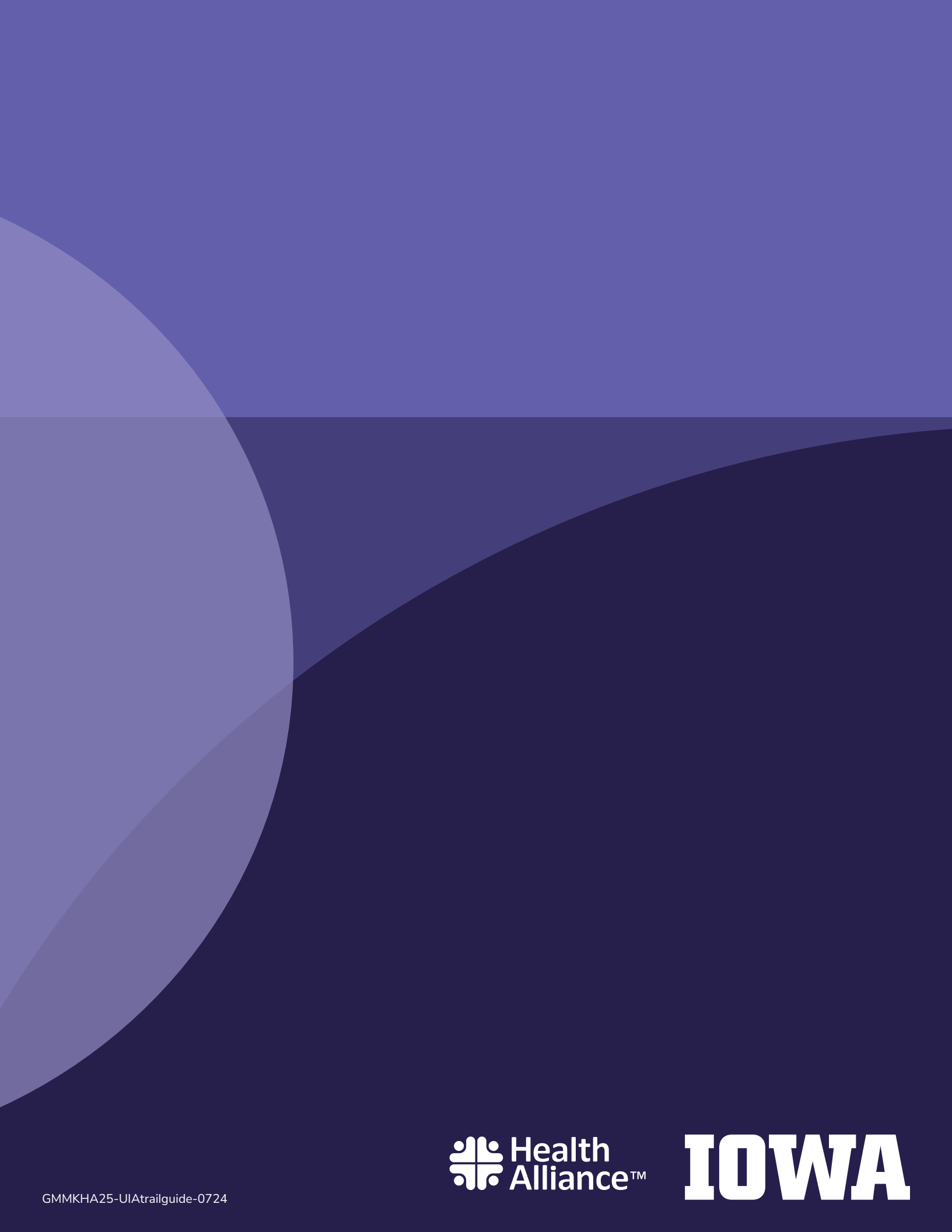
Weekdays, 8 a.m. to 8 p.m.

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.





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