



Summary of Benefits 2024

IU Health Plans Medicare Select Plus (HMO) 002



Health Plans

Indiana University Health Plans is an HMO/HMO POS with a Medicare contract. Enrollment in IU Health Plans Medicare depends on the plan's contract renewal with Medicare.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Solutions Center representative at 800.455.9776 (TTY/TDD 711). From October 1 through March 31, a Customer Solutions Center representative will be available to speak to you 8:00 am to 8:00 pm, seven days a week. Beginning April 1 through September 30, a representative will be available 8:00 am to 8:00 pm, Monday through Friday.

Understanding the Benefits

The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit iuhealthplans.org or call 800.455.9776 (TTY/TDD 711) to view a copy of the EOC.

Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Review the formulary to make sure your drugs are covered.

Understanding Important Rules

You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.

Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Effect on Current Coverage. Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in TriCare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.

IU Health Plans Medicare Select Plus (HMO)

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Summary of Benefits

January 1, 2024 - December 31, 2024

The benefits information provided is a brief summary, not a complete description of benefits. For a complete list of benefits, view the Evidence of Coverage online at iuhealthplans.org or contact the plan at 800.455.9776 (TTY/TDD 711) for a print copy, large print materials or more information.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **IU Health Plans Medicare Select Plus (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **IU Health Plans Medicare Select Plus (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder at www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **IU Health Plans Medicare Select Plus (HMO)**
- Monthly Plan Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Additional Benefits
- Optional Benefits

This information is available in alternate formats, including large print and audio. Please call our Customer Solutions Center (phone numbers are listed above) if you need plan information in another format.

Things to Know About IU Health Plans Medicare Select Plus (HMO)

Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8:00 am - 8:00 pm
- From April 1 to September 30, you can call us Monday through Friday from 8:00 am - 8:00 pm

Outside of normal business hours, you may leave a voicemail or send an inquiry to IUHPMedicare@IUHealth.org which will be responded to within one business day.

IU Health Plans Medicare Select Plus (HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free 800.455.9776 (TTY/TDD 711).
 - If you are not a member of this plan, call toll-free 866.284.3294 (TTY/TDD 711).
 - Visit our website: iuhealthplans.org
-

Who can join?

To join **IU Health Plans Medicare Select Plus (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Indiana: Boone, Clinton, Hamilton, Hancock, Hendricks, Johnson, Madison, Marion, Martin, Monroe, Morgan, Tippecanoe.

Which doctors, hospitals, and pharmacies can I use?

IU Health Plans Medicare Select Plus (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's *Provider/Pharmacy Directory* at our website, iuhealthplans.org.

Or, call us and we will send you a copy of the *Provider/Pharmacy Directory*.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare.** For some of these benefits, you may pay *more* in our plan than you would in Original Medicare. For others, you may pay *less*.
- **Our plan members also get *more* than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of covered drugs) and any restrictions on our website, iuhealthplans.org.
- Or, contact us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier, what stage of the benefit you have reached, and whether you use a pharmacy with standard or preferred cost sharing.

Some of our network pharmacies provide preferred cost sharing (including Costco, CVS, Kroger, Target, Walmart, IU Health retail pharmacies and more), which may be lower than the cost sharing at a pharmacy that offers standard cost sharing. The *Provider/Pharmacy Directory* will tell you which of the network pharmacies offer preferred cost sharing.

Later in this document we discuss the benefit stages that occur: Deductible, Initial Coverage, Coverage Gap, and Catastrophic Coverage.

2024 Summary of Benefits

for Contract H7220, Plan 009-002

IU Health Plans Medicare Select Plus (HMO)

Monthly Plan Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly plan premium?	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible for medical services. This plan does not have a Pharmacy (Part D) deductible.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care, referred to as your Maximum Out-of-Pocket Responsibility. Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$3,100 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered medical and hospital services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Covered Medical and Hospital Benefits

Note: Services with a ¹ may require prior authorization

Inpatient Hospital Coverage¹

- **\$340** copay per day for days 1 through 6
- Day 7 and beyond has no copayment. You have unlimited days of coverage.

Per day cost-sharing applies to each new inpatient admission to participating facilities in our plan.

Outpatient Hospital Coverage¹

Outpatient Hospital Services: **\$350** copay

Observation: **\$350** copay per stay

Ambulatory Surgical Center (ASC) Services¹

\$295 copay

Doctor Visits (Primary Care Providers and Specialists)

Primary Care Provider visit:

- Tier 1 (Indiana University Health Primary Care Providers): **\$0** copay
- Tier 2 (all other in-network Primary Care Providers): **\$10** copay

Specialist visit: **\$40** copay

Preventive Care and Annual Physical Exam

Preventive services: **\$0** copay

Annual Physical Exam: **\$0** copay

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual Wellness Visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings and monitoring
- Hepatitis C screening
- HIV screening
- Lung cancer screening with low dose computed tomography (LDCT)
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu, Hepatitis B, pneumococcal, and COVID-19 shots
- "Welcome to Medicare" preventive visit (one-time)

Any additional preventive services approved by Medicare during the contract year will be covered.

Emergency Care

\$90 copay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.

\$90 copay for worldwide emergency coverage

This plan covers worldwide urgent care and emergency services with a limit of \$50,000 per year. This copay will not be waived if admitted to the hospital.

Urgently Needed Services

\$45 copay

\$90 copay for worldwide urgent coverage

This plan covers worldwide urgent care and emergency services with a limit of \$50,000 per year. This copay will not be waived if admitted to the hospital.

Diagnostic Services/Labs/Imaging¹

Diagnostic tests and procedures: **20%** of the cost

Labs: **\$0 - \$10** copay

- **\$0** copay for Hemoglobin A1c (no member cost share up to 4x / year), lipid panel (no member cost share up to 1x / year), and urine albumin test (as medically necessary).
- **\$10** copay for all other Lab Services

Diagnostic radiology services (such as MRIs, CT scans): **20%** of the cost

Outpatient X-rays: **\$30** copay

Hearing Services

Exam to diagnose and treat hearing and balance issues: **\$40** copay

Routine hearing exam: **\$0** copay. You are covered for up to 1 every year.

Hearing aid: Up to two TruHearing-branded hearing aids every year (one per ear per year). Advanced and Premium hearing aids are available in rechargeable style options for an additional **\$50** per aid.

- **\$499** copay per aid for Standard Aids
- **\$699** copay per aid for Advanced Aids
- **\$999** copay per aid for Premium Aids

Dental Services

Our plan pays up to **\$1,000** per year for covered in-network preventive and basic dental services. You are responsible for any costs over the maximum benefit coverage amount of **\$1,000**.

Preventive dental services:

- Cleaning / Exam / Bitewing X-ray (2 every calendar year): **\$0** copay
- Panoramic or full mouth X-rays (which include bitewing X-rays) (payable once in any three-year period): **\$0** copay

Basic dental services:

- Brush Biopsy (to detect oral cancer): **50%** of the cost
- Emergency Palliative Treatment (to temporarily relieve pain): **\$0** copay
- Minor Restorative Services (fillings and crown repair): **50%** of the cost
- Simple Extractions: **50%** of the cost

Optional supplemental dental benefits are available. Please see 'Optional Benefits (*you must pay an extra premium each month for these benefits*)' page for details.

Vision Services

Exam to diagnose and treat diseases and conditions of the eye: **\$40** copay

Eyeglasses or contact lenses after cataract surgery: **\$0** copay

Glaucoma screening: **\$0** copay

Diabetic eye exam: **\$0** copay

Routine eye exam: **\$0** copay

\$250 material allowance towards the cost for eyeglass lenses, eyeglass frames or contact lenses every two calendar years.

Mental Health Services¹

Inpatient visit:

- **\$340** copay per day for days 1 through 6
- **\$0** copay per day for days 7 through 90

Outpatient group therapy visit: **\$40** copay

Outpatient individual therapy visit: **\$40** copay

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.

Per day cost-sharing applies to each new inpatient admission to participating facilities in our plan.

Skilled Nursing Facility (SNF)¹

Our plan covers up to 100 days in a SNF.

- **\$0** copay per day for days 1 through 20
- **\$203** copay per day for days 21 through 100

Physical Therapy¹

\$20 copay

Ambulance

\$295 copay

Prior authorization may be required for non-emergency ambulance services.

Transportation

24 one-way trips to plan approved health-related locations. Mileage limits of 75 miles per one-way trip.

Medicare Part B Drugs¹

Medicare Part B Insulin Drugs: **\$35** copay

Medicare Part B Chemotherapy/Radiation Drugs: **0% - 20%** of the cost

Other Medicare Part B Drugs: **0% -20%** of the cost

Medicare Part B Drugs may be subject to Step Therapy.

Prescription Drug Benefits

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call our Customer Solutions Center for more information.

Important Message About What You Pay for 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.

Getting Help from Medicare - If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2024 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY/TDD users should call 1-877-486-2048.

Additional Resources to Help – Please contact our Customer Solutions Center number at 317.963.9700, toll free 800.455.9776, for additional information. (TTY/TDD users should call 711). Hours are from October 1 through March 31, 8:00 am - 8:00 pm, seven days a week. Beginning April 1 through September 30, hours are 8:00 am - 8:00 pm, Monday through Friday.

Yearly Deductible

There is no deductible for **IU Health Plans Medicare Select Plus (HMO)**.

Initial Coverage

You pay the following until your total yearly drug costs reach **\$5,030**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies. To find the preferred pharmacies near you, please review the *Provider/Pharmacy Directory* that is located on our website, iuhealthplans.org.

Retail Cost-Sharing	Standard Pharmacy		Preferred Pharmacy	
	Tier	30-day supply	90-100-day supply	30-day supply
Tier 1 (Preferred Generic)	\$3 copay	\$9 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$12 copay	\$36 copay	\$12 copay	\$36 copay
Tier 3 (Preferred Brand)	\$47 copay \$35 Insulins	\$141 copay \$105 Insulins	\$37 copay \$35 Insulins	\$111 copay \$105 Insulins
Tier 4 (Non-Preferred Brand)	\$100 copay	\$300 copay	\$100 copay	\$300 copay
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	33% of the cost	Not Offered
Tier 6 (Select Care)	\$0 copay	\$0 copay	\$0 copay	\$0 copay

Mail Order Cost-Sharing	Standard Mail Order	
	Tier	30-day supply
Tier 1 (Preferred Generic)	\$3 copay	*\$0 copay
Tier 2 (Generic)	\$12 copay	*\$0 copay
Tier 3 (Preferred Brand)	\$47 copay \$35 Insulins	\$141 copay \$105 Insulins
Tier 4 (Non-Preferred Brand)	\$100 copay	\$300 copay
Tier 5 (Specialty Tier)	33% of the cost	Not Offered
Tier 6 (Select Care)	\$0 copay	\$0 copay

*For 90- to 100-day mail order drugs in Tier 1 (Preferred Generic) and Tier 2 (Non-Preferred Generic) at a \$0 copay, you must use a CVS Caremark mail order pharmacy.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

Coverage Gap

After your total yearly drug costs reach **\$5,030**, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and no more than 25% of the price for generic drugs. You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of **\$8,000**.

Coverage Gap Stage coinsurance requirements do not apply to Part D covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Catastrophic Coverage

You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the **\$8,000** limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Additional Benefits

Foot Care (*podiatry services*)¹

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: **\$40** copay

Durable Medical Equipment (*wheelchairs, oxygen, etc.*)¹

20% of the cost

Prosthetic Devices (*braces, artificial limbs, etc.*)¹

Prosthetic devices: **20%** of the cost

Related medical supplies: **20%** of the cost

Diabetes Supplies and Services¹

Diabetes monitoring supplies: **\$0** copay

Diabetes self-management training: **\$0** copay

Therapeutic shoes or inserts: **20%** of the cost

IU Health Plans Medicare Select Plus (HMO) will only cover a select brand of test strips and monitors.

Wellness Programs

Fitness Benefit: **\$0** copay for fitness center membership(s) at any participating fitness center and more through the Silver&Fit[®] Healthy Aging and Exercise program.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein.

Chiropractic Care¹

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): **\$20** copay

Acupuncture for chronic low back pain¹

\$40 copay

Home Health Care¹

\$0 copay

Outpatient Substance Abuse¹

Group therapy visit: **\$40** copay

Individual therapy visit: **\$40** copay

Over-the-Counter (OTC) mail-order items

\$80 quarterly allowance for the purchase of over-the-counter products from the OTC Health Solutions mail-order catalog. The quarterly allowance must be used in one purchase per quarter and unused amounts do not rollover to the next quarter.

Renal Dialysis

20% of the cost

Hospice

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.

Visitor Travel

You pay the in-network copay or coinsurance when visiting a Medicare-approved provider for non-emergency care while traveling outside of the state for more than 30 days and up to 9 consecutive months (in-network prior authorization requirements apply). Prior to traveling out-of-state, you must call the Customer Solutions Center at 800.455.9776 (TTY/TDD 711) to activate the benefit. You can also provide a temporary mailing address if you would like any information mailed from IU Health Plans forwarded to you.

Telehealth Virtual Visits

\$0 copay for access to providers via video on smartphone, tablet or compatible computer (while you are located within Indiana) for diagnosis and treatment of certain non-emergency medical issues.

This benefit covers the following services: Cardiac Rehabilitation Services, Intensive Cardiac Rehabilitation Services, Urgently Needed Services, Home Health Services, Primary Care Physician Services, Occupational Therapy Services, Physician Specialist Services, Individual Sessions for Mental Health Specialty Services, Group Sessions for Mental Health Specialty Services, Individual Sessions for Psychiatric Services, Group Sessions for Psychiatric Services, Physical Therapy and Speech-Language Pathology Services, Opioid Treatment Program Services, Individual Sessions for Outpatient Substance Abuse, Group Sessions for Outpatient Substance Abuse, Dialysis Services, Kidney Disease Education Services, and Diabetes Self-Management Training.

Meals¹

Provides 42 healthy, refrigerated, home-delivered meals following an inpatient hospital stay. Limited to 1 event per calendar year: **\$0** copay

Healthy Rewards Program

Earn a \$50 Walmart Healthy Living Gift Card reward for receiving an Annual Wellness Visit.

Healthy Results[®] Health Coaching

Receive 5 health coaching sessions per year through our Healthy Results[®] program: **\$0** copay

myStrength[®]

Receive access to myStrength: a confidential, digital self-care tool designed to help you feel better and stay mentally strong: **\$0** copay

Optional Benefits (*you must pay an extra premium each month for these benefits*)

PACKAGE 1: Dental Enhanced 1000	Benefits include basic services & major services
How much is the monthly premium?	Additional \$23 per month. You must keep paying your Medicare Part B premium and your \$0 monthly plan premium.
How much is the deductible?	There is an annual \$25 deductible.
How much will I pay?	After the annual deductible, you will pay 50% for basic services & major services.
Is there a limit on how much the plan will pay?	Up to \$1,000 per plan year for your optional dental benefits.
PACKAGE 2: Dental Enhanced 1500	Benefits include basic services & major services
How much is the monthly premium?	Additional \$28 per month. You must keep paying your Medicare Part B premium and your \$0 monthly plan premium.
How much is the deductible?	There is an annual \$25 deductible.
How much will I pay?	After the annual deductible, you will pay 50% for basic services & major services.
Is there a limit on how much the plan will pay?	Up to \$1,500 per plan year for your optional dental benefits.
You must receive services from a dentist who participates in either Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier network.	

Notice of nondiscrimination and accessibility requirements

Discrimination is against the law

IU Health does not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, genetic information, veteran status, national origin, gender identity and/or expression, marital status, or any other characteristic protected by federal, state or local law.

Indiana University Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact IU Health Plans Member Advocates at **800.455.9776 (TTY/TDD 711)**. Language assistance available.

IU Health Plans Member Advocates hours: Oct. 1 to March 31, 8 am to 8 pm, seven days a week. April 1 to Sept. 30, 8 am to 8 pm, Monday – Friday.

If you believe that IU Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Coordinator, IU Health Plans, 950 N. Meridian St., Suite 400, Indianapolis, IN 46204; **800.455.9776 (TTY/TDD 711)**; Fax 317.963.9801; **IUHPlansCompliance@iuhealth.org**. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the IU Health Plans Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone:

U.S. Department of Health and Human Services

200 Independence Ave., SW

Room 509F, HHH Building

Washington, DC 20201

T 800.368.1019

T 800.537.7697 (TDD)

Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.



Health Plans

Multi-language interpreter services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 800.455.9776. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 800.455.9776. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 800.455.9776。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 800.455.9776。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 800.455.9776. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 800.455.9776. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 800.455.9776 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 800.455.9776. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



Health Plans

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 800.455.9776 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 800.455.9776. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 800.455.9776. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे सवास य या दवा की योजना वेबोसमें आपकेकसी भी पर न केजवाब देने केकेएहमारे पास मुफत दुभाकिया सैाएँ उपब्ध हैं. एक दुभाकिया परापत करने के किए, बस हमें 800.455.9776 पर फोन करें कोई वयकति जो कहनदी बोिता है आपकी मदद कर सकता है. यह एक मुफत सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 800.455.9776. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 800.455.9776. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 800.455.9776. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 800.455.9776. Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、800.455.9776 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



Health Plans



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If you have questions, we're here to help.

Please call our IU Health Plans Member Advocates toll free at **800.455.9776 (TTY/TDD 711)**.

Language assistance available.

IU Health Plans Member Advocates hours

Oct. 1 to March 31 – 8 am to 8 pm, seven days a week

April 1 to Sept. 30 – 8 am to 8 pm, Monday – Friday

You may receive assistance through alternate technology after hours, on weekends and holidays;
or visit **iuhealthplans.org**.