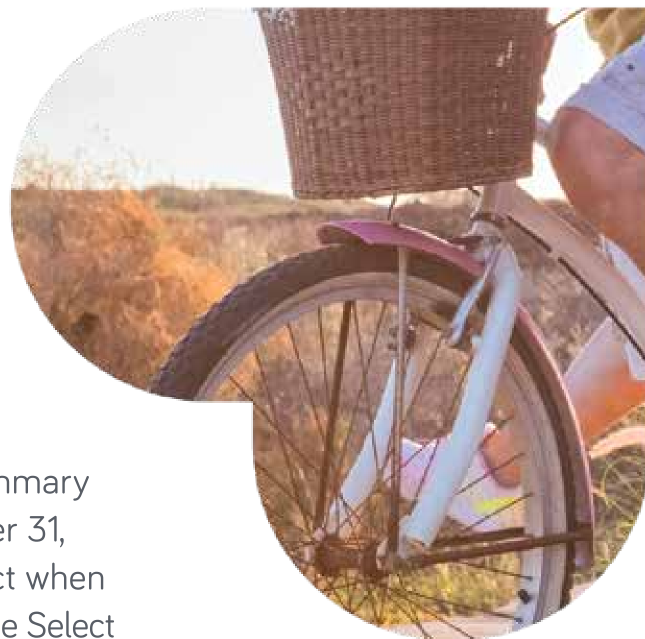
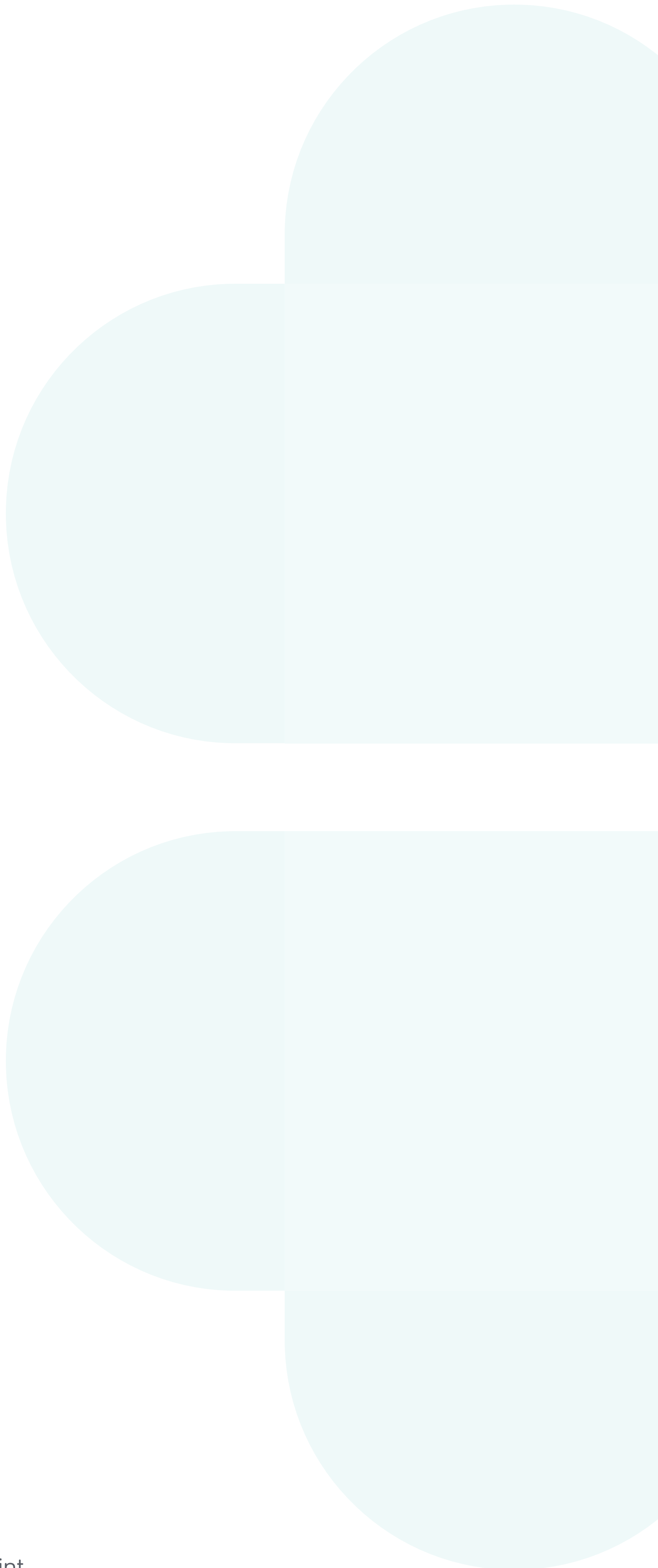
Summary of Benefits 2021



January 1, 2021 – December 31, 2021

This booklet gives you a summary of the January 1 to December 31, 2021 benefits you can expect when you choose a MyTruAdvantage Select (HMO) or MyTruAdvantage Choice (PPO) plan. Inside you'll find information you can use to make an informed Medicare decision that best meets your specific needs.

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal. ©2020 MyTruAdvantage 9/20. H6529_10001099 SM0003_C 09232020 H9042_10001099 SM0003_C 09232020



This document is available in other formats such as large print.

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Summary of Benefits 2021

MyTruAdvantage Offers Two Different Plans: Select (HMO) and Choice (PPO)

What's the Difference?

HMO stands for Health Maintenance Organization. HMO is a type of Medicare managed care plan where a group of doctors, hospitals, and other health care providers agree to provide health care to Medicare beneficiaries for a set amount of money from Medicare every month. You usually must get your care from the providers in the plan.

With the **MyTruAdvantage Select (HMO)** plan, your primary care physician (PCP) will coordinate all of your health care services. Your PCP is your partner in helping you stay healthy and learn how to proactively manage your health. By knowing your health history, your PCP can make sure you get the right care, when you need it. Your PCP is also able to help arrange or coordinate your services, including checking or consulting with other providers about your care.

PPO stands for Preferred Provider Organization. PPO is a type of Medicare Advantage Plan in which you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network…you just might pay more.

With the **MyTruAdvantage Choice (PPO)** plan, you'll have a network of providers to choose from, but you aren't restricted to seeing just those physicians.

Contact Us

If you have any questions, please go to www.MyTruAdvantage.com or call and speak to a Member Services representative at (844) 425-4280 (TTY: (800) 743-3333 x711). From October 1, 2020 through March 31, 2021, a Member Services representative will be available to speak to you from 8:00 a.m. - 8:00 p.m., local time, seven (7) days a week. On Thanksgiving and Christmas days, as well as weekends and holidays from April 1 through September 30, alternate technologies (for example, voicemail) will be used and a Member Services representative will return your call within one (1) business day.

Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. For a complete list of services covered, including any limitations or exclusions, review the Evidence of Coverage (EOC) document available online at www.MyTruAdvantage.com.

MyTruAdvantage Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand the MyTruAdvantage benefits and rules.

Understanding the Benefits

Evidence of Coverage

This information is not a complete description of benefits. You can review a complete list of services we cover, including any limitations or exclusions, in the Evidence of Coverage (EOC). For a copy of the EOC, please visit www.MyTruAdvantage.com or call (844) 425-4280 TTY: (800) 743-3333 x711) from 8:00 a.m. - 8:00 p.m., local time, seven (7) days a week. On Thanksgiving and Christmas days, as well as weekends and holidays from April 1 through September 30, alternate technologies (for example, voicemail) will be used and a Member Services representative will return your call within one (1) business day.

Provider (Doctor) Directory

Review the provider directory at www.MyTruAdvantage.com (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.

Pharmacy Directory

Review the pharmacy directory at www.MyTruadvantage.com. 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.

Drug Coverage

You will also want to review our formulary, or the list of drugs our plans cover, at www.MyTruAdvantage.com.

Understanding Important Rules

In addition to your monthly plan premium, 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, 2022.

The MyTruAdvantage Select (HMO) plan, except in emergency or urgent situations, does not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Our MyTruAdvantage Choice (PPO) plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.

Determine Eligibility

In order to join either of our Medicare Advantage plans, you need to be enrolled in Medicare Part A and Part B, and live in one of the following 18 counties in Indiana (our service area):

Bartholomew	Jackson	Posey
Brown	Jennings	Sullivan
Clay	Johnson	Vanderburgh
Hamilton	Madison	Vermillion
Hancock	Marion	Vigo
Howard	Parke	Warrick

Medicare: You Have Choices

Medicare Benefits

You have choices about how you can get your Medicare benefits:

- Through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

-OR-

- By joining a Medicare health plan, such as MyTruAdvantage Select (HMO) or MyTruAdvantage Choice (PPO).

Medicare Plan Comparisons

This Summary of Benefits booklet outlines what MyTruAdvantage Select (HMO) and MyTruAdvantage Choice (PPO) covers and what you pay.

- If you want to compare MyTruAdvantage plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on 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 ((800) 633-4227), 24 hours a day, seven (7) days a week. TTY users should call (877) 486-2048.

Important Health Insurance Terms and Definitions

To help you better understand our plans, the following are important health insurance terms and definitions to help you make a smart decision about your Medicare plan.

Deductible

The amount you pay for covered health care services before your health insurance plan starts to pay. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest. Many plans pay for certain services, like a checkup or disease management programs, before you've met your deductible.

Coinsurance

The percentage of your health insurance plan's charge for services that you may have to pay after you pay any plan deductibles. The coinsurance payment is a percentage of the cost of a medical service or prescription and is listed as a benefit in your health insurance plan.

Copay

A set, out-of-pocket dollar amount that you pay for a covered health care service after you've paid your deductible. Copays are generally paid at the time you receive a health care service or when you get a prescription filled.

Maximum Out-of-Pocket

The highest yearly amount you will have to pay out-of-pocket for covered healthcare services. Your coinsurance or copays count towards the maximum out-of-pocket; premiums and prescription costs do not.

Premiums and Benefits

	MyTruAdvantage Select (HMO)	MyTruAdvantage Choice (PPO)
Monthly plan premium	$0 Per Month In addition, you must keep paying your Medicare Part B premium.	$12 Per Month In addition, you must keep paying your Medicare Part B premium.
Deductible	**Medical services** This plan does not have a deductible ($0). **Prescription drugs (Part D)** This plan does not have a deductible ($0).	**Medical services** This plan does not have a deductible ($0). **Prescription drugs (Part D)** This plan does not have a deductible for prescription drugs in Tier 1 (Preferred Generic) and Tier 2 (Generic) ($0). This plan has a deductible for Part D prescription drugs that applies to Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier). $100
Maximum out-of-pocket responsibility Does not include prescription drugs.	**In-network:** $4,500	**In-network:** $5,000 **In-network and out-of-network services (combined):** $10,000

Premiums and Benefits

	MyTruAdvantage Select (HMO)	MyTruAdvantage Choice (PPO)
Inpatient hospital coverage [1]	**In-network:** Days 1-6: $325 each day $0 each additional day	**In-network:** Days 1-5: $350 each day $0 each additional day **Out-of-network:** 40% for each stay
Outpatient hospital coverage [1]	**Ambulatory surgical center** In-network: $175 for each visit **Outpatient hospital** In-network: $175 for each visit **Observation** In-network: $175 for each visit	**Ambulatory surgical center** In-network: $225 for each visit Out-of-network: $375 for each visit **Outpatient hospital** In-network: $225 for each visit Out-of-network: $375 for each visit **Observation** In-network: $225 for each visit Out-of-network: $375 for each visit

[1] Prior Authorizations: For both HMO and PPO plans, certain procedures, services and drugs may need advance approval from your plan. This is called a “prior authorization” or “preauthorization.” Please refer to the Evidence of Coverage (EOC) for services that require prior authorization from the plan.

	MyTruAdvantage Select (HMO)	MyTruAdvantage Choice (PPO)
Doctor Visits [1]	**Primary care physician (PCP)** In-network: $0 for each office visit **Specialist visit** In-network: $35 for each office visit	**Primary care physician (PCP)** In-network: $5 for each office visit Out-of-network: $40 for each visit **Specialist visit** In-network: $35 for each office visit Out-of-network: $55 for each visit
Preventitive Care Any additional preventive services approved by Medicare during the contract year will be covered.	**In-network:** $0 for each service	**In-network and out-of-network:** $0 for each service
Emergency Care This amount is waived if you are admitted to the hospital within 24 hours from your emergency care visit.	**In-network and out-of-network:** $90 for each visit	**In-network and out-of-network:** $90 for each visit
Urgently Needed Services	**In-network and out-of-network:** $50 for each visit	**In-network and out-of-network:** $50 for each visit

	MyTruAdvantage Select (HMO)	MyTruAdvantage Choice (PPO)
Outpatient diagnostic services (labs, radiology/ imaging and x-rays) [1] This includes what you pay for radiology/imaging services such as a CT scan or MRI, tests/procedures, lab services, outpatient x-rays and radiation therapy.	**Complex radiology/imaging (such as MRI and CT scan)** In-network: $225 for each service **General radiology/imaging** In-network: $40 for each service **Tests/procedures** In-network: $10 for each service **Lab services** In-network: $10 for each service **Outpatient x-rays** In-network: $30 for each service **Radiation therapy** In-network: $40 for each service	**Complex radiology/imaging (such as MRI and CT scan)** In-network: $250 for each service Out-of-network: 40% for each service **General radiology/imaging** In-network: $60 for each service Out-of-network: 40% for each service **Tests/procedures** In-network and out-of-network: $15 for each service **Lab services** In-network & out-of-network: $15 for each service **Outpatient x-rays** In-network: $25 for each service Out-of-network: $40 for each service **Radiation therapy** In-network: $60 for each service Out-of-network: 40% for each service

[1] Prior Authorizations: For both HMO and PPO plans, certain procedures, services and drugs may need advance approval from your plan. This is called a “prior authorization” or “preauthorization.” Please refer to the Evidence of Coverage (EOC) for services that require prior authorization from the plan.

	MyTruAdvantage Select (HMO)	MyTruAdvantage Choice (PPO)
Hearing services Medicare-covered exam performed by a primary care physician or specialist to diagnose and treat hearing and balance issues. Routine hearing services must be provided by a TruHearing™ provider.	**Medicare-covered hearing exam** In-network: $0 - $35 for each visit **Routine hearing services** **Routine hearing exam** In-network: $0, up to one per year **Hearing aid** In-network: $699, $999 depending on the type	**Medicare-covered hearing exam** In-network: $0 - $35 for each visit Out-of-network: $55 for each visit **Routine hearing services** **Routine hearing exam** In-network and out-of-network: $0, up to one per year **Hearing aid** In-network and out-of-network: $699, $999 depending on the type
Dental Services Preventive (routine) dental services provided by Delta Dental®. See the Delta Dental® Certificate of Coverage for details.	**Medicare-covered dental** In-network: 20% of all Medicare-covered dental services **Preventive (routine) dental** $0 for two cleanings per year $0 for two exams per year $0 for one set of bitewing x-rays per year 50% of the cost for fillings, crown repairs, brush biopsy, relines and repairs to bridges and dentures 100% of the cost for other basic services such as films, tests, and anesthesia $1000 maximum benefit coverage per year	**Medicare-covered dental** In-network: 20% of all Medicare-covered dental services **Preventive (routine) dental** $0 for two cleanings per year $0 for two exams per year $0 for one set of bitewing x-rays per year There is a buy-up option with additional coverage for an additional premium. Please see Optional Benefits section for more information.

	MyTruAdvantage Select (HMO)	MyTruAdvantage Choice (PPO)
Vision Services Medicare-covered exam performed by a specialist to diagnose and treat diseases and conditions of the eye, and additional Medicare-covered services. Routine vision services include tests for corrective eye-wear. Routine vision services must be provided by an EyeMed® "Select" provider.	**Medicare-covered vision exam** In-network: $0 for each exam **Routine vision exam** In-network: $0 for each exam **Glasses/contacts** In-network: $150 annual benefit amount	**Medicare-covered vision exam** In-network: $0 for each exam Out-of-network: $40 for each exam **Routine vision exam** In-network: $0 for each exam Out-of-network: $40 for each exam **Glasses/contacts** In-network: $150 annual benefit amount Out-of-network: 50%, up to $150 annual benefit amount
Mental health care [1] We cover up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	**Inpatient visit** In-network: Days 1–5: $325 each day Days 6–90: $0 each day **Outpatient group therapy** In-network: $30 for each visit **Outpatient individual therapy** In-network: $30 for each visit	**Inpatient visit** In-network: Days 1–5: $350 each day Days 6–90: $0 each day Out-of-network: 40% for each stay **Outpatient group therapy** In-network: $30 for each visit Out-of-network: $40 for each visit **Outpatient individual therapy** In-network: $30 for each visit Out-of-network: $40 for each visit

[1] Prior Authorizations: For both HMO and PPO plans, certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please refer to the Evidence of Coverage (EOC) for services that require prior authorization from the plan.

	MyTruAdvantage Select (HMO)	MyTruAdvantage Choice (PPO)
Skilled Nursing Facility (SNF) [1] Our plan covers up to 100 days each benefit period when provided in-network. A benefit period starts the day you go into a SNF and ends when you go for 60 days in a row without SNF care.	**In-network:** Days 1–20: $0 each day Days 21–100: $184 each day	**In-network:** Days 1–20: $0 each day Days 21–100: $184 each day **Out-of-network:** Days 1-58: $175 each day
Physical Therapy	**In-network:** $30 for each visit	**In-network:** $35 for each visit **Out-of-network:** $55 for each visit
Ambulance [1] Air ambulance transportation to a hospital may be provided if you need immediate and rapid ambulance transportation that ground transportation can't provide.	**Ground:** $270 per trip **Air:** $325 per trip	**Ground:** $260 per trip **Air:** $260 per trip
Transportation	Not Covered	Not Covered
Medicare Part B Drugs [1]	**Chemotherapy drugs** In-network: 20% **Other Part B drugs** In-network: 20%	**Chemotherapy drugs** In-network: 20% Out-of-network: 40% **Other Part B drugs** In-network: 20% Out-of-network: 40%

HMO Prescription Drug Benefits — Part D

Yearly Deductible
$0 per year for all Tiers: Tier 1 (Preferred Generic), Tier 2 (Non-Preferred Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), Tier 5 (Specialty Tier)

Please note, costs may differ based on pharmacy type or status (e.g., preferred/non-preferred, mail order, and 30, 60 or 90-day supply). Please see the Pharmacy Directory on www.MyTruAdvantage.com for more information.

Initial Coverage
After you pay your yearly deductible, you pay the following until your total yearly drug costs reach $4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. Once you reach that amount, you will enter the Coverage Gap. You may get your drugs at network retail pharmacies and mail order pharmacies.

Preferred Retail Cost-Sharing
For a list of preferred pharmacies, go to the Pharmacy Directory on www.MyTruAdvantage.com

Tier	30-day Supply	60-day Supply	90-day Supply
Tier 1 (Preferred Generic)	$0 Copay	$0 Copay	$0 Copay
Tier 2 (Non-Preferred Generic)	$7 Copay	$14 Copay	$21 Copay
Tier 3 (Preferred Brand)	$42 Copay	$84 Copay	$126 Copay
Tier 4 (Non-Preferred Drug)	$95 Copay	$190 Copay	$285 Copay
Tier 5 (Specialty Tier) *The Specialty Tier is limited to a 30-day supply.*	33% of the cost	Not covered	Not covered

Standard Retail Cost-Sharing
All other network retail pharmacies. Find a list in the Pharmacy Directory on www.MyTruAdvantage.com.

Tier	30-day Supply	60-day Supply	90-day Supply
Tier 1 (Preferred Generic)	$5 Copay	$10 Copay	$15 Copay
Tier 2 (Non-Preferred Generic)	$12 Copay	$24 Copay	$36 Copay
Tier 3 (Preferred Brand)	$47 Copay	$94 Copay	$141 Copay
Tier 4 (Non-Preferred Drug)	$100 Copay	$200 Copay	$300 Copay
Tier 5 (Specialty Tier) *The Specialty Tier is limited to a 30-day supply.*	33% of the cost	Not Covered	Not Covered

Mail Order Cost-Sharing

Tier	30-day Supply	60-day Supply	90-day Supply
Tier 1 (Preferred Generic)	$2 Copay	$4 Copay	$0 Copay
Tier 2 (Non-Preferred Generic)	$8 Copay	$16 Copay	$0 Copay
Tier 3 (Preferred Brand)	$47 Copay	$94 Copay	$141 Copay
Tier 4 (Non-Preferred Drug)	$100 Copay	$200 Copay	$300 Copay
Tier 5 (Specialty Tier) *The Specialty Tier is limited to a 30-day supply.*	33% of the cost	Not Covered	Not Covered

Coverage Gap
After your total yearly drug costs reach $4,130, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 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 $6,550.

Catastrophic Coverage
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,550, you pay the greater of: 5% of the cost, or $3.70 copay for generic (including brand drugs treated as generic) and a $9.20 copay for all other drugs.

PPO Prescription Drug Benefits — Part D

Yearly Deductible
$0 per year for Tier 1 (Preferred Generic) and Tier 2 (Non-Preferred Generic). $100 per year for Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier).

Please note, costs may differ based on pharmacy type or status (e.g., preferred/non-preferred, mail order, and 30, 60 or 90-day supply). Please see the Pharmacy Directory on www.MyTruAdvantage.com for more information.

Initial Coverage
After you pay your yearly deductible, you pay the following until your total yearly drug costs reach $4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. Once you reach that amount, you will enter the Coverage Gap. You may get your drugs at network retail pharmacies and mail order pharmacies.

Preferred Retail Cost-Sharing
For a list of preferred pharmacies, go to the Pharmacy Directory on www.MyTruAdvantage.com

Tier	30-day Supply	60-day Supply	90-day Supply
Tier 1 (Preferred Generic)	$2 Copay	$4 Copay	$6 Copay
Tier 2 (Non-Preferred Generic)	$8 Copay	$16 Copay	$25 Copay
Tier 3 (Preferred Brand)	$42 Copay	$84 Copay	$126 Copay
Tier 4 (Non-Preferred Drug)	$95 Copay	$190 Copay	$285 Copay
Tier 5 (Specialty Tier) *The Specialty Tier is limited to a 30-day supply.*	31% of the cost	Not Covered	Not Covered

Standard Retail Cost-Sharing
All other network retail pharmacies. Find a list in the Pharmacy Directory on www.MyTruAdvantage.com.

Tier	30-day Supply	60-day Supply	90-day Supply
Tier 1 (Preferred Generic)	$7 Copay	$14 Copay	$21 Copay
Tier 2 (Non-Preferred Generic)	$14 Copay	$28 Copay	$42 Copay
Tier 3 (Preferred Brand)	$47 Copay	$94 Copay	$141 Copay
Tier 4 (Non-Preferred Drug)	$100 Copay	$200 Copay	$300 Copay
Tier 5 (Specialty Tier) *The Specialty Tier is limited to a 30-day supply.*	31% of the cost	Not Covered	Not Covered

Mail Order Cost-Sharing

Tier	30-day Supply	60-day Supply	90-day Supply
Tier 1 (Preferred Generic)	$2 Copay	$4 Copay	$0 Copay
Tier 2 (Non-Preferred Generic)	$8 Copay	$16 Copay	$0 Copay
Tier 3 (Preferred Drug)	$47 Copay	$94 Copay	$141 Copay
Tier 4 (Non-Preferred Brand)	$100 Copay	$200 Copay	$300 Copay
Tier 5 (Specialty Tier) *The Specialty Tier is limited to a 30-day supply.*	31% of the cost	Not Covered	Not Covered

Coverage Gap
After your total yearly drug costs reach $4,130, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 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 $6,550.

Catastrophic Coverage
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,550, you pay the greater of: 5% of the cost, or $3.70 copay for generic (including brand drugs treated as generic) and a $9.20 copay for all other drugs.

Optional Enhanced Dental Package for MyTruAdvantage Choice (PPO)

Customize your PPO coverage for an extra monthly premium when you enroll. You can choose from the following to help create your Medicare plan.

Optional Dental	Benefit
$24.90 monthly premium	$0 for each service: Emergency palliative treatment, fluoride treatment, brush biopsy, and other basic services such as films, tests and anesthesia. 50% of the cost: All other radiographs, simple extractions, fillings, and crown repair.

MyTruAdvantage Choice (PPO) Optional supplemental benefits (OSB) are only available to members of MyTruAdvantage Choice (PPO) plan. Members of MyTruAdvantage plans that offer OSBs may enroll in OSBs at the time of MAPD enrollment or within two months of the MAPD plan's effective date. Benefits may change on January 1 each year. Enrollees must use network providers for specific OSBs when stated in the Evidence of Coverage (EOC); otherwise, covered services may be received from non-network providers at a higher cost. Enrollees must continue to pay the Medicare Part B premium, their MyTruAdvantage plan premium and the OSB premium.

[1] Prior Authorizations: For both HMO and PPO plans, certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please refer to the Evidence of Coverage (EOC) for services that require prior authorization from the plan.

Additional Medical Benefits Covered Under Your Plan

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

	MyTruAdvantage Select (HMO)	MyTruAdvantage Choice (PPO)
Annual Preventive Physical Exam	**In-network:** $0 for each service	**In-network:** $0 for each service **Out-of-network:** $0-$40 for each service
Over-the-counter (OTC) card The OTC benefit offers you an easy way to get over-the-counter health and wellness products by phone at (888) 628-2770 (TTY: 711) or online at www.cvs.com/otchs/MyTruAdvantage. You order from a list of approved OTC items, and OTC Health Solutions will mail them directly to your home address.	**In-network:** Up to $45 every 3 months.	**In-network:** Up to $45 every 3 months.
Worldwide Emergency and Urgently Needed Care Coverage Emergency and Urgent care coverage when traveling outside of the United States.	$90 for each visit	$90 for each visit
Fitness Benefit Includes a no-cost gym membership at a participating fitness center or YMCA, one Stay Fit Kit (options include a Fitbit, Garmin, yoga, or strength kit), and 2 home fitness kits, where you can choose from 34 options like Aqua, Tai Chi, Chair-based exercise, and more.	**In-network:** $0	**In-network:** $0

	MyTruAdvantage Select (HMO)	MyTruAdvantage Choice (PPO)
Medicare-Covered Chiropractic Services	**In-network:** $20 for each visit	**In-network:** $20 for each visit **Out-of-network:** $55 for each visit
Medical Equipment & Supplies [1]	**Durable Medical Equipment** (wheelchairs, oxygen, etc.) In-network: 20% of cost **Medical Supplies** In-network: 20% of cost **Prosthetics** (braces, artificial limbs, etc.) In-network: 20% of cost	**Durable Medical Equipment** (wheelchairs, oxygen, etc.) In-network: 20% of cost Out-of-network: 50% of cost **Medical Supplies** In-network: 20% of cost Out-of-network: 40% of cost **Prosthetics** (braces, artificial limbs, etc.) In-network: 20% of cost Out-of-network: 40% of cost
Diabetes Supplies & Services	**Diabetes Supplies** In-network: 15% of cost **Diabetes Self-Management Training** In-network: $0 for the service **Diabetic Footcare** In-network: $30 for each visit	**Diabetes Supplies** In-network: $0 per unit Out-of-network: 40% of cost **Diabetes Self-Management Training** In-network: $0 for the service Out-of-network: 0% of cost **Diabetic Footcare** In-network: $30 for each visit Out-of-network: $40 for each visit

[1] Prior Authorizations: For both HMO and PPO plans, certain procedures, services and drugs may need advance approval from your plan. This is called a “prior authorization” or “preauthorization.” Please refer to the Evidence of Coverage (EOC) for services that require prior authorization from the plan.

This information is not a complete description of benefits. Call Member Services for more information.

The MyTruAdvantage pharmacy network includes limited lower-cost, preferred pharmacies in Indiana. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Member Services or consult the online pharmacy directory at www.MyTruAdvantage.com.

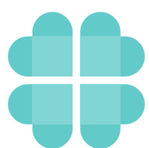
Out-of-network/non-contracted providers are under no obligation to treat MyTruAdvantage members, except in emergency situations. Please call Member Services or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

PO Box 428
Columbus, IN 47202-0482

www.MyTruAdvantage.com

If you have questions, we are here to help.
Please call our Member Services team toll free at (844) 425-4280. (TTY: (800) 743-3333x711)

Member Services Hours of Operation
8 a.m. to 8 p.m., local time, seven (7) days a week. On Thanksgiving and Christmas days, as well as weekends and holidays from April 1 through September 30, alternate technologies (for example, voicemail) will be used and a Member Services representative will return your call within one (1) business day.



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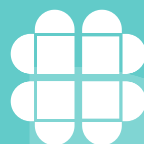

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