



Summary of Benefits 2022



**January 1, 2022 –
December 31, 2022**

This booklet gives you a summary of the January 1 to December 31, 2022 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.





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

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Summary of Benefits 2022

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 also 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: 711). From October 1, 2021 through March 31, 2022, 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/Members.

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/Members or call (844) 425-4280 (TTY: 711) 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/Members (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/Members 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/Members.

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, 2023.

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).

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.

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.

Coinsurance

Your portion (a percentage) of the cost for medical services or prescriptions included in your plan after you pay any deductibles.

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	<p>Medical services This plan does not have a deductible (\$0).</p> <p>Prescription drugs (Part D) This plan does not have a deductible (\$0).</p>	<p>Medical services This plan does not have a deductible (\$0).</p> <p>Prescription drugs (Part D) This plan does not have a deductible for prescription drugs in Tier 1 (Preferred Generic) and Tier 2 (Generic) (\$0).</p> <p>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)</p>
Maximum out-of-pocket responsibility Does not include prescription drugs or premiums.	In-network: \$4,200	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 stay	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 stay Out-of-network: \$375 for each stay

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	<p>Primary care physician (PCP) In-network: \$0 for each office visit</p> <p>Specialist visit In-network: \$35 for each office visit</p>	<p>Primary care physician (PCP) In-network: \$5 for each office visit</p> <p>Out-of-network: \$40 for each visit</p> <p>Specialist visit In-network: \$35 for each office visit</p> <p>Out-of-network: \$55 for each visit</p>
<p>Preventive care Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p>In-network: \$0 for each service</p>	<p>In-network and out-of-network: \$0 for each service</p>
<p>Emergency care This amount is waived if you are admitted to the hospital within 24 hours from your emergency care visit.</p>	<p>In-network and out-of-network: \$90 for each visit</p>	<p>In-network and out-of-network: \$90 for each visit</p>
Urgently needed services	<p>In-network and out-of-network: \$50 for each visit</p>	<p>In-network and out-of-network: \$50 for each visit</p>

	MyTruAdvantage Select (HMO)	MyTruAdvantage Choice (PPO)
<p>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.</p>	<p>Complex radiology/imaging (such as MRI and CT scan) In-network: \$235 for each service</p> <p>General radiology/imaging In-network: \$40 for each service</p> <p>Tests/procedures In-network: \$10 for each service</p> <p>Lab services In-network: \$10 for each service</p> <p>Outpatient x-rays In-network: \$30 for each service</p> <p>Radiation therapy In-network: \$40 for each service</p>	<p>Complex radiology/imaging (such as MRI and CT scan) In-network: \$260 for each service Out-of-network: 40% for each service</p> <p>General radiology/imaging In-network: \$60 for each service Out-of-network: 40% for each service</p> <p>Tests/procedures In-network and out-of-network: \$15 for each service</p> <p>Lab services In-network & out-of-network: \$15 for each service</p> <p>Outpatient x-rays In-network: \$30 for each service Out-of-network: \$40 for each service</p> <p>Radiation therapy In-network: \$60 for each service Out-of-network: 40% for each service</p>

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)
<p>Hearing services Medicare-covered exam performed by a primary care physician or specialist to diagnose and treat hearing and balance issues.</p> <p>Routine hearing services must be provided by a TruHearing™ provider.</p>	<p>Medicare-covered hearing exam In-network: \$0 - \$35 for each visit</p> <p>Routine hearing services Routine hearing exam In-network: \$0, up to one per year</p> <p>Hearing aid In-network: \$699, \$999 depending on the type</p>	<p>Medicare-covered hearing exam In-network: \$0 - \$35 for each visit Out-of-network: \$55 for each visit</p> <p>Routine hearing services Routine hearing exam In-network and out-of-network: \$0, up to one per year</p> <p>Hearing aid In-network and out-of-network: \$699, \$999 depending on the type</p>
<p>Dental services Preventive (routine) dental services provided by Delta Dental®. See the Delta Dental® Certificate of Coverage for details.</p>	<p>Medicare-covered dental In-network: 20% of all Medicare-covered dental services</p> <p>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</p> <p>\$1,000 maximum benefit coverage per year</p>	<p>Medicare-covered dental In-network: 20% of all Medicare-covered dental services</p> <p>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</p> <p>There is a buy-up option with additional coverage for an additional premium. Please see Optional Benefits section for more information.</p>

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

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: \$188 each day	In-network: Days 1–20: \$0 each day Days 21–100: \$188 each day Out-of-network: Days 1–58: \$175 each day
Physical therapy	In-network: \$35 for each visit	In-network: \$40 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: \$260 per trip Air: \$325 per trip	Ground: \$260 per trip Air: \$325 per trip
Transportation	Not Covered	Not Covered
Medicare part B drugs 1 Step Therapy may be required for certain Part B drugs (see Chapter 4 section 2.1 “Medicare Part B Drugs” of the EOC at www.MyTruAdvantage.com/Members for more details).	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%

MyTruAdvantage Select (HMO)

Prescription Drug Benefits — Part D

Yearly Deductible

\$0 per year for all Tiers: Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), Tier 5 (Specialty Tier), and Select Insulin. There is no deductible for MyTruAdvantage Select (HMO) for Select Insulins.

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/Members for more information.

Initial Coverage

You pay the following until your total yearly drug costs reach \$4,430. 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/Members.

Tier	30-day Supply	60-day Supply	90-day Supply
Tier 1 (Preferred Generic)	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 (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) <i>The Specialty Tier is limited to a 30-day supply.</i>	33% of the cost	Not covered	Not covered
Select Insulin	\$35 Copay	\$70 Copay	\$105 Copay

Standard Retail Cost-Sharing

All other network retail pharmacies. Find a list in the Pharmacy Directory on www.MyTruAdvantage.com/Members.

Tier	30-day Supply	60-day Supply	90-day Supply
Tier 1 (Preferred Generic)	\$5 Copay	\$10 Copay	\$15 Copay
Tier 2 (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) <i>The Specialty Tier is limited to a 30-day supply.</i>	33% of the cost	Not Covered	Not Covered
Select Insulin	\$35 Copay	\$70 Copay	\$105 Copay

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 (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) <i>Mail-order is not available for drugs in Tier 5.</i>	Not Available	Not Available	Not Available
Select Insulin	\$35 Copay	\$70 Copay	\$105 Copay

Coverage Gap

After your total yearly drug costs reach \$4,430, 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 \$7,050. MyTruAdvantage Select (HMO) offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$35 for a one-month supply.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: 5% of the cost, or \$3.95 copay for generic (including brand drugs treated as generic), and a \$9.85 copay for all other drugs.

MyTruAdvantage Choice (PPO)

Prescription Drug Benefits - Part D

Yearly Deductible

\$0 per year for Tier 1 (Preferred Generic) and Tier 2 (Generic). \$100 per year for Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), Tier 5 (Specialty Tier), and Select Insulin. There is no deductible for MyTruAdvantage Choice (PPO) for Select Insulins.

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/Members for more information.

Initial Coverage

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$4,430. 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/Members.

Tier	30-day Supply	60-day Supply	90-day Supply
Tier 1 (Preferred Generic)	\$2 Copay	\$4 Copay	\$6 Copay
Tier 2 (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) <i>The Specialty Tier is limited to a 30-day supply.</i>	31% of the cost	Not Covered	Not Covered
Select Insulin	\$35 Copay	\$70 Copay	\$105 Copay

Standard Retail Cost-Sharing

All other network retail pharmacies. Find a list in the Pharmacy Directory on www.MyTruAdvantage.com/Members.

Tier	30-day Supply	60-day Supply	90-day Supply
Tier 1 (Preferred Generic)	\$7 Copay	\$14 Copay	\$21 Copay
Tier 2 (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) <i>The Specialty Tier is limited to a 30-day supply.</i>	31% of the cost	Not Covered	Not Covered
Select Insulin	\$35 Copay	\$70 Copay	\$105 Copay

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 (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) <i>Mail-order is not available for drugs in Tier 5.</i>	Not Available	Not Available	Not Available
Select Insulin	\$35 Copay	\$70 Copay	\$105 Copay

Coverage Gap

After your total yearly drug costs reach \$4,430, 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 \$7,050. MyTruAdvantage Choice (PPO) offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$35 for a one-month supply.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: 5% of the cost, or \$3.95 copay for generic (including brand drugs treated as generic), and a \$9.85 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
\$32.70 monthly premium	<p>\$0 for each service: Emergency palliative treatment, fluoride treatment, brush biopsy, and other basic services such as films, tests, and anesthesia.</p> <p>50% of the cost: All other radiographs, simple extractions, fillings, denture coverage (full, partial, relines and repair), and crown repair.</p> <p>Full/partial dentures and denture repairs and relines covered at 50% coinsurance. Dentures covered at 1 per 5 years, and relines and tissue conditioning covered at 1 per year.</p>

MyTruAdvantage Choice (PPO) Optional supplemental benefits (OSB) are only available to members of MyTruAdvantage Choice (PPO). 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, diabetic testing supplies, 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, diabetic testing supplies, 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 services	Diabetes self-management training In-network: \$0 for the service Diabetic footcare In-network: \$30 for each visit	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
Senior Savings program Participate in Senior Savings in CY 2022. Copay for Select Insulin from participating manufacturers will be capped.	30-day supply \$35 copay 60-day supply \$70 copay 90-day supply \$105 copay	30-day supply \$35 copay 60-day supply \$70 copay 90-day supply \$105 copay

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)
Virtual care (also known as telehealth, virtual visits, or e-visits) Virtual care gives you the option to receive health care services from PCPs, specialists and mental health providers from places like your home, rather than requiring you to go to a healthcare facility.	Primary care physician (PCP) \$0 copay for each visit Specialist & Psychiatric \$35 copay for each visit Individual outpatient mental health & substance abuse \$30 copay for each visit	Primary care physician (PCP) In-network: \$5 copay for each visit Out-of-network: \$40 copay for each visit Specialist & Psychiatric In-network: \$35 copay for each visit Out-of-network: \$55 copay for each visit Individual outpatient mental health & substance abuse In-network: \$30 copay for each visit Out-of-network: \$40 copay for each visit

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/Members.

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

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: 711)

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.







MyTru
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www.MyTruAdvantage.com

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal. ©2021 MyTruAdvantage. Y0150_10001099 SM0003_M_CMS-approved 09122021