## Medicare Complement Benefits

When Medicare pays a portion of the cost of a medical service, the Blue Retiree plan coordinates with Medicare to pay all or most of what Medicare does not pay, up to the Medicare-approved amount. Providers who participate with Medicare accept assignment, meaning they agree to accept the Medicare-approved amount as full payment for Medicare-covered services. When other providers are used, the Medicare recipient may have additional costs.

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Medicare Pays</th>
<th>Blue Retiree Plan Pays</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Part A</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospital Facility</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First 60 days</td>
<td>Pays all but the deductible</td>
<td>The deductible</td>
<td>$0</td>
</tr>
<tr>
<td>61st to 90th day</td>
<td>Pays all but coinsurance</td>
<td>The daily coinsurance</td>
<td>$0</td>
</tr>
<tr>
<td>60 day lifetime reserve days</td>
<td>Pays all but coinsurance</td>
<td>The daily coinsurance</td>
<td>$0</td>
</tr>
<tr>
<td>Continuous inpatient care after the Medicare lifetime reserve has been exhausted up to an additional 365 days</td>
<td>$0</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First 20 days of skilled care</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>21st to 100th day of continued skilled care</td>
<td>Pays all but coinsurance</td>
<td>The daily coinsurance</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Home Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-custodial medical and nursing care</td>
<td>Pays 100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hospice care (room and board is not covered)</td>
<td>Pays 100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Medicare Part B</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual deductible</td>
<td>Plan pays after the deductible</td>
<td>The deductible</td>
<td>$0</td>
</tr>
<tr>
<td>Doctors’ care including visits in the office or while inpatient</td>
<td>80%</td>
<td>20%</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient services (includes surgeries, diagnostic services, physical therapy, x-rays)</td>
<td>80%</td>
<td>20%</td>
<td>$0</td>
</tr>
<tr>
<td>Clinical laboratory services</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Durable medical equipment such as wheelchairs, walkers, and hospital beds</td>
<td>80%</td>
<td>20%</td>
<td>$0</td>
</tr>
<tr>
<td>Mental health counseling</td>
<td>80%</td>
<td>20%</td>
<td>$0</td>
</tr>
<tr>
<td>Ambulance</td>
<td>80%</td>
<td>20%</td>
<td>$0</td>
</tr>
<tr>
<td>Medicare designated preventive services* received from providers who accept Medicare assignment</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

*Medicare-covered preventive services are based on your age, gender, and risk factors. Examples include bone mass measurements, breast cancer screening (mammograms), cervical and vaginal cancer screening, colorectal cancer screening, PSA prostate cancer screening, preventive shots (flu, pneumococcal, Hepatitis B), tobacco cessation counseling, and yearly well visits. See Medicare’s [Your Guide to Medicare's Preventive Services](https://www.medicare.gov/medicare-benefits/preventive-care-0).
Major Medical Benefits

Medicare does not cover some medical services. The Major Medical Benefit pays some of the costs not covered by Medicare. Also, when services are provided by doctors, facilities, or suppliers that do not accept Medicare assignment (non-participating providers), the provider can bill for excess charges above what Medicare allows. The Major Medical Benefit covers some of those costs.

These benefits have a $100 deductible per person each year and a maximum annual out-of-pocket expense of $600 per person that includes both deductible and coinsurance. There is a $1,000,000 lifetime limit on Major Medical benefits. Since these are not Medicare benefits, Anthem will use its own standards for determining medical necessity and allowed amounts, not Medicare’s.

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</thead>
<tbody>
<tr>
<td>Continuous inpatient days beyond an additional 365</td>
<td>$0</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Skilled nursing facility after the 100th day</td>
<td>$0</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Services outside the U.S.</td>
<td>$0</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Excess charges for providers that don’t accept Medicare assignment¹</td>
<td>$0</td>
<td>Up to the limiting charge² of 115% of the Medicare-allowable Amount</td>
<td>$0 for services with a limiting charge²</td>
</tr>
<tr>
<td>Out-of-hospital skilled private duty nursing, and visiting nurse’s association</td>
<td>$0</td>
<td>80% up to $5,000 maximum per year</td>
<td>20% and all costs above the maximum benefit</td>
</tr>
<tr>
<td>Accidental dental</td>
<td>$0</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Morbid obesity</td>
<td>$0</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Doctors’ care including visits in the office or while inpatient</td>
<td>80%</td>
<td>20%</td>
<td>$0</td>
</tr>
</tbody>
</table>

¹ Providers who haven’t signed a contract with Medicare to accept assignment can charge you for amounts in excess of Medicare’s Allowed Amount. Most doctors, providers, and suppliers accept assignment, but you should always check to make sure.

² There is a limiting charge on what non-participating providers can bill Medicare enrollees—15 percent over what Medicare pays the nonparticipating provider. The limiting charge does not apply to all Medicare-covered services, like some durable medical equipment.

Wellness Benefits

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Medicare Pays</th>
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<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine dental exam</td>
<td>$0</td>
<td>$125</td>
<td>Amounts above $125</td>
</tr>
<tr>
<td>Hearing exam</td>
<td>$0</td>
<td>$50</td>
<td>Amounts above $50</td>
</tr>
</tbody>
</table>

Anthem Blue View Vision

<table>
<thead>
<tr>
<th>Services</th>
<th>In-Network Provider–Member Pays</th>
<th>Out-of-Network Provider–Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual comprehensive eye exam and refraction¹</td>
<td>$5 copayment, no deductible</td>
<td>Costs above a $42 allowance</td>
</tr>
<tr>
<td>Vision Wear (Contacts, frames, and lenses²)</td>
<td>Optional savings available from Blue View Vision In-Network Providers only.</td>
<td></td>
</tr>
</tbody>
</table>

Visit hr.iu.edu/benefits/retireeblue.html for a full summary of vision benefits.

¹ Medicare does not generally cover routine routine eye exams for eyeglasses or contact lenses. However, Medicare Part B will cover an annual eye exam if you have diabetes or are at high risk for glaucoma.

Silver Sneakers

IU Blue Retiree benefits include SilverSneakers for all plan participants. SilverSneakers is a no-cost fitness benefit with access to 15,000+ fitness locations nationwide.¹ The program also includes online resources, guidance from fitness staff, signature classes², social connections, and more. 88% of participants say SilverSneakers has improved their quality of life! To get started visit silversneakers.com/starthere to get your SilverSneakers member ID.

¹ Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

² Participating locations (“PL”) are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.