



IU Blue Retiree Plan Summary

2025 PLAN YEAR

2025 Monthly Premium

One participant (retiree or spouse)	\$201.39
Participant and spouse	\$401.49

This is a summary description of Medicare and Anthem IU Blue Retiree Plan coverage. For additional details and the most up-to-date information regarding Medicare coverage, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227).

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, you may have additional costs.

Covered Services	Medicare Benefits – Member Pays	Blue Retiree Plan Pays
Medicare Part A		
Inpatient Benefits		
First 60 days	Pays all but Part A deductible.	Pays the Part A deductible.
Days 61 – 90	Pays all but daily copays.	Pays daily copay.
Days 91 – 150	Pays all but daily copays.	Pays daily copay.
Day 151 and over	Part A benefits exhausted.	Pays deductible & coinsurance.
Inpatient psychiatric hospital	Subject to inpatient deductible & coinsurance.	Pays deductible & coinsurance.
Inpatient copay maximum	Not applicable	Not applicable
Skilled nursing facility (100-day limit per benefit period)	Pays all but covered charges for days 1 – 20. Pays all but daily copay for days 21 – 100.	No benefit. Paid in full by Medicare. Pays daily copay.
Additional days of continued care.	Pays nothing.	Covered under Major Medical.
Home health care	0% of Medicare-approved amount for covered services.	No benefit. Paid in full by Medicare. Pays daily copay.
Hospice care/respite care	0% of Medicare-approved amount for covered hospice services. 5% of Medicare-approved amount for covered respite services.	No benefit. Paid in full by Medicare. Pays daily copay.
Medicare Part B		
Outpatient Benefits		
Medicare Part B annual deductible	Part B deductible per year.	Pays Part B deductible and remaining 20% of Medicare-allowed charges.
Primary care physician visits	20% of Medicare-approved amount of covered services.	Pays Part B deductible and the remaining 20% of Medicare-allowed charges.
Specialist visits		
Chiropractic services (manual manipulation of the spine to correct subluxation)		
Mental health – Outpatient professional		
Substance use disorder – Outpatient professional		
Non-emergency hospital or surgical center		
Ambulance service (per one-way trip)		
Emergency room		
Urgent care		
Physical, occupational, or speech therapy		
Durable medical equipment (DME)		
Prosthetics		
X-rays		
Chemotherapy		
Radiation therapy		
Podiatrist for non-routine foot care	Not covered.	Not covered.
Podiatrist for routine foot care (up to 4 visits per year)		

Covered Services	Medicare Benefits – Member Pays	Blue Retiree Plan Pays
Labs	0% of Medicare-approved amount of covered services.	No benefit. Paid in full by Medicare.
Blood	Members pays for first 3 pints. Over 3 pints 20% coinsurance.	Pays for first 3 pints.
Preventive Care and Screening Tests		
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, immunizations (flu, pneumococcal, Hepatitis B), tobacco cessation counseling, and annual physicals. Check out Medicare's Guide to Preventive Services to learn more.		
Preventive exams, screening tests, immunizations	0% of Medicare-approved amount of covered services.	No benefit. Paid in full by Medicare.
Additional Benefits		
Part B medications	20% of Medicare-approved amount of covered services.	Pays Part B deductible and remaining 20% of Medicare-allowed charges.
Glucose monitors and supplies (lancets, test strips)	20% of Medicare-approved amount of covered services.	Pays Part B deductible and remaining 20% of Medicare-allowed charges.

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. 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.

Covered Services	Medicare Benefits – Member Pays	Blue Retiree Plan Pays
Foreign Travel Outside the USA		
Outpatient emergency care	Not covered.	Pays in full up to max allowable amount.
Inpatient emergency care (60-day lifetime limit)	Not covered.	Pays in full up to max allowable amount.
Outpatient urgent care	Not covered.	Pays in full up to max allowable amount.
Wellness Benefits		
Physical exam (one per year)	0% of Medicare-approved amount of covered services.	Not subject to deductible; pays remaining balance at 100% up to \$150 per calendar year.
Hearing services	Not covered.	Not subject to deductible; pays remaining balance at 100% up to \$50 per calendar year.
Dental services	Not covered.	Not subject to deductible; pays remaining balance at 100% up to \$125 per calendar year.

Vision Benefits (Anthem Blue View Vision) [Visit hr.iu.edu/benefits/retireeblue.html](http://hr.iu.edu/benefits/retireeblue.html) for a full summary of vision benefits.

Covered Services	In-network	Out-of-network
Annual comprehensive eye exam ¹	\$5 copay.	Up to \$42 reimbursement.
Vision wear (glasses frames, glasses lenses, contact lenses)	Specific allowances and discounts when you visit in-network providers. See plan summary for details.	

¹ Medicare does not generally cover 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.

**This is only a plan summary. The entire provisions are contained in the plan booklet, which can be obtained at hr.iu.edu/benefits/retireeblue.html.
In the event of a discrepancy with this document, the terms of the plan booklet will govern.**