

The information provided in the preceding chart is only a summary of the general benefits for Inter Valley Health Plan. Please refer to the Evidence of Coverage (EOC) regarding what is covered under each benefit (including limitations and exclusions) and additional benefits that are not listed in this summary. Benefits, copayments and services described apply to Inter Valley Health Plan effective January 1, 2009, through December 31, 2009.

Inter Valley Health Plan is a non-profit, Federally Qualified Medicare Advantage Organization with a Medicare contract. Anyone entitled to Medicare Part A and enrolled in Part B may apply, including those under age 65 entitled to Medicare on the basis of Social Security disability benefits. If you do not have Medicare Part A, you may purchase it from Social Security. If you obtain routine care from out-of-plan providers, neither Medicare nor Inter Valley Health Plan will be responsible for the costs. Inter Valley Health Plan's contract with CMS is renewed annually and the availability of coverage beyond the end of the current contract year is not guaranteed. There are specific enrollment periods during the year, please contact Inter Valley for those specific dates. If a beneficiary is already enrolled in a MA-PD Plan, the enrollee must receive their Medicare Prescription Drug Benefit through that Plan. This document is available in alternative formats.



**Inter Valley Health Plan**

**For Health. Not for Profit.**

**[www.ivhp.com](http://www.ivhp.com)**

**800-251-8191 • TTY/TDD 800-505-7150**

**7:30 am to 8 pm, 7 days a week**

**300 S. Park Avenue, PO Box 6002, Pomona, CA 91769-6002**

# Inter Valley Health Plan Focus SNP

## BENEFIT HIGHLIGHTS 2009

Effective January 1, 2009



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INTER VALLEY HEALTH PLAN FOCUS SNP BENEFIT	YOU PAY:	
Physician Office Visit / Specialist Office Visit	\$5 / \$10 per visit	
Inpatient Hospital Care (Days 1 – 6)	\$75 each day	
<ul style="list-style-type: none"> <li>• After Day 6</li> <li>• Maximum Out-of-pocket Copayments</li> </ul>	\$0 each day \$450 per stay /\$1,200 per year	
Skilled Nursing Facility Care (Days 1 – 20)	\$0 each day	
<ul style="list-style-type: none"> <li>• Days 21 – 100</li> </ul>	\$40 each day	
Outpatient Surgery/Ambulatory Surgery Center	\$50 per visit	
Ambulance Services	\$50 per trip	
Emergency Care	\$50 per visit	
<ul style="list-style-type: none"> <li>• Plan Maximum Worldwide benefit</li> </ul>	\$20,000 per year	
Urgent Care		
<ul style="list-style-type: none"> <li>• In-area urgent care</li> <li>• Out-of-area urgent care</li> </ul>	\$5 per visit \$30 per visit	
Routine Eye Exams & Eyewear (self-referral)		
<ul style="list-style-type: none"> <li>• Annual eye exam</li> <li>• Eyewear (\$75 maximum material coverage, once every 24 months)</li> </ul>	\$15 per visit \$25 copay	
Laboratory Services	\$0 copay	
Durable Medical Equipment (DME) & Prosthetic Devices		
DME includes wheelchairs, oxygen, etc. Prosthetic Devices include braces, artificial limbs, eyes, etc.	0% – 20% coinsurance	
Diabetic Supplies (Glucose monitors, test strips, lancets)	\$0 copay	
Home Visit Program		
<ul style="list-style-type: none"> <li>• One-time visit for new enrollees of Focus SNP</li> <li>• Prior Authorization Required</li> </ul>	\$0	
Transportation (10 one way trips)	\$0 copay	
<b>OUTPATIENT PRESCRIPTION DRUGS-PART D</b>		
Initial Coverage Limit	\$3,400	
Retail (In-store) Pharmacy 31-day	Initial Coverage Limit	Coverage Gap
<ul style="list-style-type: none"> <li>• Preferred Generic (Covered in the Coverage Gap)</li> <li>• Non-Preferred Generic</li> <li>• Other Special Needs (Covered in the Coverage Gap)</li> <li>• Preferred Brand</li> <li>• Non-Preferred Brand</li> <li>• Injectables</li> <li>• Specialty Drugs</li> </ul>	\$4 copay	\$4 copay
	\$6 copay	You pay 100%
	\$7 copay	\$7 copay
	\$29 copay	You pay 100%
	\$49 copay	You pay 100%
	10% coinsurance	You pay 100%
	25% coinsurance	You pay 100%

After your yearly out-of-pocket costs reach \$4,350, you pay the greater of a \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 for all other drugs, or a 5% coinsurance.