$0 Inpatient Hospital Care

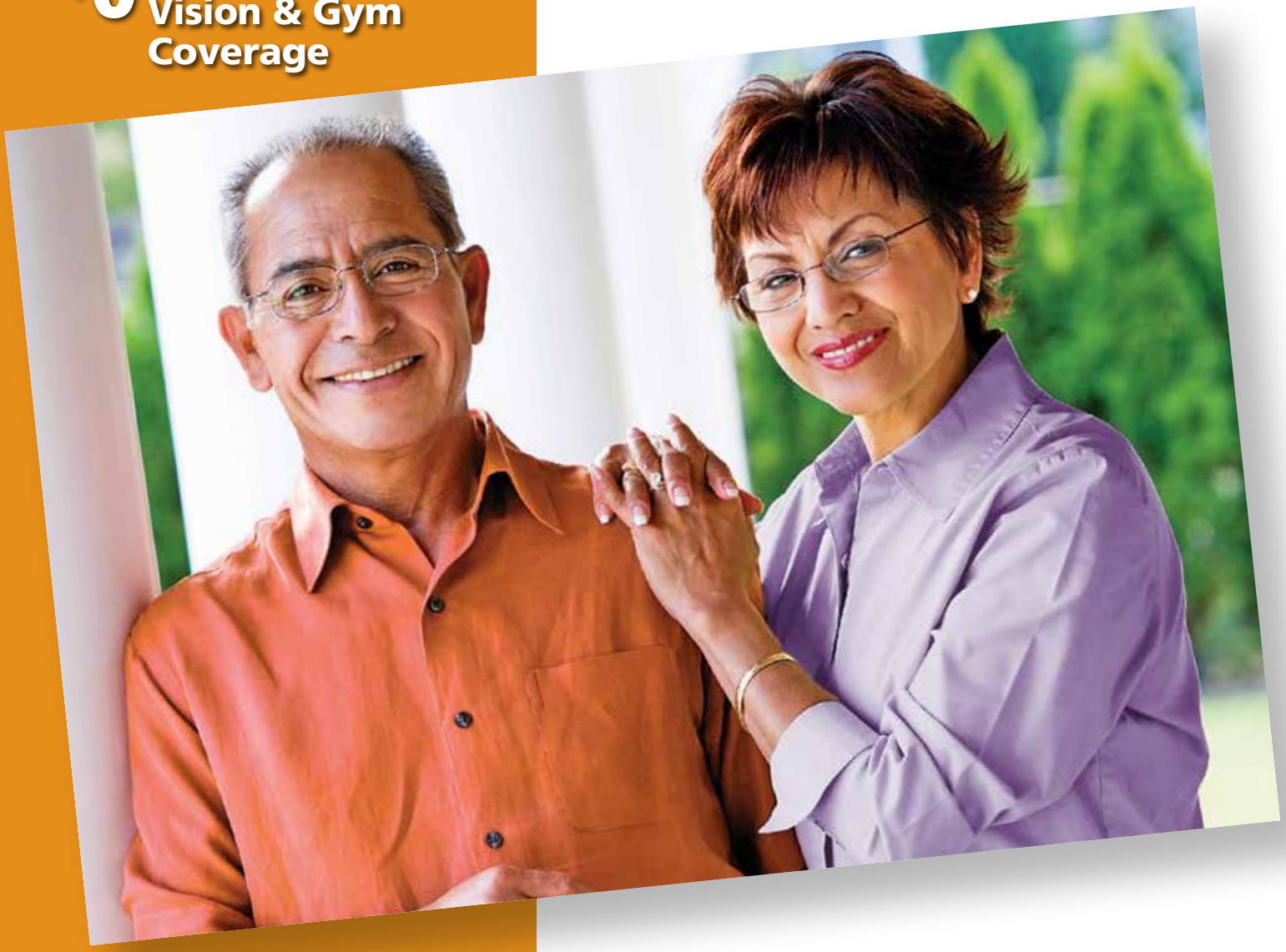
$0 Primary Care Physician

$0 Specialist Office Visit

$0 Premium Dental, Vision & Gym Coverage

2015 Benefit Highlights

OC Preferred (HMO)



OCPreferred (HMO)

Inter Valley Health Plan

For health. Not for profit.

It's Personal.

H0545_FUY2015_16 Accepted

2015 INTER VALLEY HEALTH PLAN OC PREFERRED (HMO)

OC PREFERRED BENEFITS	
Monthly Plan Premium	$0
Primary Care Physician Visit	$0
Specialist Physician Visit	$0
Urgent Care Visit • In-area Urgent Care • Out-of-area Urgent Care	$0 $30
Physical / Occupational Therapy	$10 per visit
Lab Services	$0
Outpatient Mental Health Care	$10 per visit
X-Rays • Standard Radiology Services • Complex Radiology Services (specialized equipment x-rays)	$0 $60
Radiation Therapy • Annual Maximum Out-of-Pocket	$15 per visit $1,000
Medicare Part B Drugs • Annual Maximum Out-of-Pocket	20% coinsurance $1,500
Diabetic Supplies (glucose monitors, test strips, lancets)	$0
Diabetic Therapeutic Shoes or Inserts	10% coinsurance
Durable Medical Equipment / Prosthetic Devices	10% coinsurance
Preventive Screenings (Medicare covered screenings)	$0
Flu & Pneumonia Vaccine	$0
Annual Maximum Out-of-Pocket	$3,400
HOSPITAL & EMERGENCY CARE	
Inpatient Hospital Care	$0
Skilled Nursing Facility	$0 copay per day (Days 1 – 13) $40 copay per day (Days 14 – 100)
Outpatient Surgery/Ambulatory Surgery Center	$0
Ambulance Services	$200 per trip
Emergency Room Visit	$65 copay (waived if admitted to hospital within US & its territories)
Worldwide Emergency Care	$20,000 limit per year outside the US & its territories.
ADDITIONAL BENEFITS	
Basic Dental Plan • Routine Cleanings • Oral Exams • Fluoride Treatment • Dental x-rays *Additional dental services available including diagnostic, preventive and restorative procedures.* *Copayments for Basic Dental Plan vary based upon the procedure performed by a general dentist.*	$0 monthly premium $10 once every 6 months $4 to $10 once every 6 months $10 to $20 once every 6 months $0 to $10 once every 3 years
Optional Enhanced Dental Plan	$11.50 per month

INTER VALLEY HEALTH PLAN OC PREFERRED (HMO)

ADDITIONAL BENEFITS...CONTINUED	
Annual Routine Vision Exam (VSP) • Eyewear	$15 per visit $25 / $100 coverage limit for eyewear every 2 years
Routine Chiropractic	$25 per visit/12 visits per year
Health Club Membership	$0
Routine Hearing Exam • Hearing Aids	$0 $250 coverage limit for hearing aids every 3 years

PRESCRIPTION COVERAGE

Stage 1: Initial Coverage Limit

Initial Coverage Limit	$2,960
Tier 1: Preferred Generic Drugs	$5
Tier 2: Non-Preferred Generic Drugs	$15
Tier 3: Preferred Brand Drugs	$39
Tier 4: Non-Preferred Brand Drugs	$89
Tier 5: Specialty Drugs	33%

90-day supply available on some drugs.
If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher-cost sharing amount

Stage 2: Coverage Gap

Once you and Inter Valley Health Plan have paid $2,960 for drugs:

- Tier 1 Preferred Generic Drugs are covered in the Coverage Gap.
- You receive a discount on brand name drugs and generally pay no more than 45% of the Plan's cost.
- You pay no more than 65% of the Plan's cost for generic drugs.
- You stay in this stage until you have spent $4,700 total (including the copays you paid in Stage 1 and Stage 2 and brand name discounts received in Stage 2).

Stage 3: Catastrophic Coverage

Once you have spent $4,700 out of pocket for the year, you only pay a small copayment for each drug until the end of the year.

- $2.65 or 5% (whichever is greater) for generic drugs
- $6.60 or 5% (whichever is greater) for brand-name drugs

Important Phone Numbers

Dental Health Services	1-888-645-1261, TTY/TDD 1-888-645-1257
Vision Service Plan (VSP)	1-800-877-7195, TTY/TDD 1-800-428-4833
American Specialty Health Plan (Chiropractic)	1-800-678-9133, TTY/TDD 1-877-710-2746
Silver & Fit (Health Club Membership)	1-877-427-4788, TTY/TDD 1-877-710-2746

Inter Valley Health Plan is an HMO with a Medicare contract. Enrollment in Inter Valley Health Plan depends on contract renewal. Individuals must have both Medicare Part A, and Medicare Part B to enroll. You must continue to pay your Medicare Part B premium. Members may enroll in the plan only during specific times of the year.

The benefit information provided herein is a brief summary, not a complete description of benefits. For more information contact the plan. Inter Valley Health Plan's benefits, formulary, pharmacy network, provider network, premium, co-payments and/or co-insurance may change on January 1 of each year.

Inter Valley Health Plan offers a network of Primary Care Physicians, Specialists and Hospitals. You must use plan providers, except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor Inter Valley Health Plan will be responsible for the costs.

Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances. Limitations, copayments, and restrictions may apply.

For beneficiaries who qualify for "Extra Help:" Premiums, Co-pays, Co-insurance and Deductibles may vary based on the level of Extra Help that you receive. Please contact the Plan for further details.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day / 7 days a week; The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778; or Your State Medicaid Office.

This information is available for free in other formats or languages. Please contact our Customer Service number at 1-800-500-7018 for additional information. 7:30 am – 8:00 pm, 7 days a week. TTY/TDD 1-800-505-7150 for the hearing impaired.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de servicio al cliente al 800-251-8191 y 800-505-7150, de 7:30 am a 8 pm, los 7 días de la semana.

OCPreferred (HMO)
Inter Valley Health Plan
For health. Not for profit.
It's Personal.

www.ivhp.com
800-500-7018 • 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

Like us on: facebook