

It's Personal.

2016 Benefit Highlights

Desert Preferred Choice (HMO)

- \$0** Inpatient Hospital Care
- \$0** Primary Care Physician
- \$0** Specialist Office Visit
- \$0** Premium Dental, Vision & Gym Coverage



Desert Preferred Choice (HMO) Benefit Highlights

DESERT PREFERRED CHOICE BENEFITS	
Monthly Plan Premium	\$0
Primary Care Physician Visit	\$0
Specialist Physician Visit	\$0
Urgent Care Visit	\$0
Physical / Occupational Therapy	\$0
Lab Services and X-Rays	\$0
Radiation Therapy	10% coinsurance
Medicare Part B Drugs	20% coinsurance
Diabetic Supplies (glucose monitors, test strips, lancets)	\$0
Diabetic Therapeutic Shoes or Inserts	\$0
Durable Medical Equipment <ul style="list-style-type: none"> • Items with a cost up to \$500 • Items with a cost over \$500 	\$0 10% coinsurance
Prosthetic Devices <ul style="list-style-type: none"> • Items with a cost up to \$500 • Items with a cost over \$500 	\$0 20% 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 – 20) \$25 copay per day (Days 21 – 100)
Outpatient Surgery/Ambulatory Surgery Center	\$0
Ambulance Services	\$100 per trip
Emergency Room Visit	\$50 copay (waived if admitted to the hospital)
Worldwide Emergency Care	\$20,000 limit per year outside US & its territories.
ADDITIONAL BENEFITS	
Dental Services <ul style="list-style-type: none"> • Routine Cleanings • Oral Exams • Fluoride Treatment • Dental x-rays <p>Additional dental services available including diagnostic, preventive and restorative procedures. Copayments vary based upon the procedure performed by a general dentist.</p>	\$0 once every 6 months \$0 once every 6 months \$0 once every 6 months \$0 once every 6 months
Routine Vision Exam (VSP) Eyewear	\$0 per visit / 1 exam every 2 years \$100 coverage limit for eyewear every 2 years
Routine Chiropractic	\$0 per visit / 6 visits per year

Desert Preferred Choice (HMO) Benefit Highlights

ADDITIONAL BENEFITS...CONTINUED	
Acupuncture	\$0 per visit / 4 visits per year
Health Club Membership	\$0
Transportation	\$0 (34 one-way trips each year)
Routine Hearing Exam	\$0
Hearing Aids	\$1,000 coverage limit every 2 years
Routine Podiatry Services	\$0 (2 visits every 3 months)

PRESCRIPTION COVERAGE

You will have three stages of prescription Drug Coverage each year

Stage 1: Initial Coverage Limit	
Initial Coverage Limit	\$3,310
Tier 1: Preferred Generic Drugs	\$0
Tier 2: Generic Drugs	\$12
Tier 3: Preferred Brand Drugs	\$47
Tier 4: Non-Preferred Brand Drugs	\$95
Tier 5: Specialty Drugs	33%
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 \$3,310 for drugs:	
<ul style="list-style-type: none"> • Tier 1-Preferred Generic Drugs and Tier 2-Generics 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 58% of the Plan's cost for generic drugs. • You stay in this stage until you have spent \$4,850 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 \$4,850 out of pocket for the year, you only pay a small copayment for each drug until the end of the year.	
<ul style="list-style-type: none"> • \$2.95 or 5% (whichever is greater) for generic drugs • \$7.40 or 5% (whichever is greater) for brand-name drugs 	

Important Phone Numbers	
Dental Health Services	1-844-237-2228, TTY/TDD 1-800-505-7150
Vision Service Plan (VSP)	1-800-877-7195, TTY/TDD 1-800-428-4833
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. Para obtener información adicional, llámenos al 800-500-7018, TTY/TDD 800-505-7150.



Inter Valley Health Plan

For health. Not for profit.

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

