



Inter Valley Health Plan

Medicare plans for health. Not for profit.

2021 Summary of Benefits

Desert Preferred Choice (HMO) H0545, Plan 012

This is a summary of drug and health services covered by **Inter Valley Health Plan, Desert Preferred Choice (HMO)** January 1, 2021 – December 31, 2021.

Inter Valley Health Plan, Desert Preferred Choice (HMO) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Call our Sales Department at 800-500-7018 or TTY 711 for more information.

To join **Inter Valley Health Plan, Desert Preferred Choice (HMO)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes portions of the following county in California: Riverside.

Inter Valley Health Plan, Desert Preferred Choice (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the Plan may not pay for these services.

Premiums & Benefits	Desert Preferred Choice (HMO)
Monthly Plan Premium	<p>You pay \$0</p> <p>You must continue to pay your Medicare Part B Premium.</p>
Deductible	<p>You pay \$0</p> <p>This Plan does not have a deductible.</p>
<p>Maximum Out-of Pocket Responsibility (Does not include prescription drugs)</p>	<p>\$1,500 annually</p> <p>The most you pay for copays and coinsurance for Medicare-covered medical services for the year.</p> <p>Amounts you pay for some services do not count toward your maximum out-of-pocket amount. These services include hearing aids, routine/Non-Medicare covered dental services and routine/Non-Medicare covered vision services.</p>
Inpatient Hospital* Services	<p>You pay \$0</p> <p>Our Plan covers an unlimited number of days for an inpatient hospital stay.</p>
Outpatient Hospital Services*	<ul style="list-style-type: none"> ■ You pay \$0 for Outpatient Hospital ■ You pay \$0 for Ambulatory Surgical Center
Doctor Visits	<p>You pay \$0 for primary care visits</p> <p>You pay \$0 for specialists visits*</p>
<p>Preventive Care (example: flu vaccine, annual wellness visit, diabetic screenings, breast cancer screenings (mammograms) and colorectal cancer screenings.)</p>	<p>You pay \$0</p> <p>Any additional preventive services approved by Medicare during the contract year are covered.</p>

*Prior Authorization is required

Premiums & Benefits	Desert Preferred Choice (HMO)
Emergency Care	<p>You pay \$120 copay per visit</p> <p>The emergency room copay will be waived if you are admitted as an inpatient within 24 hours of the ER visit for the same condition (within the US & its territories).</p> <p>You are covered for worldwide emergency services.</p>
Urgently Needed Services	You pay \$0
Diagnostic Services/Labs/Imaging* <ul style="list-style-type: none"> ■ Lab services ■ Diagnostic tests & procedures ■ Outpatient x-rays ■ Therapeutic radiology ■ Diagnostic radiology service (example, MRI) 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay 10% of the Medicare-covered amount</p> <p>You pay \$40</p>
Hearing Services* <ul style="list-style-type: none"> ■ Non-Medicare covered (routine) hearing exam ■ Non-Medicare covered (routine) hearing aids 	<p>You pay \$0 for hearing exam</p> <p>Our plan covers up to \$500 towards the purchase of hearing aids every 2 years.</p>
Dental Services Non-Medicare covered (routine) <ul style="list-style-type: none"> ■ Oral exam ■ Cleaning ■ Dental x-rays 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>Additional dental services available including diagnostic, preventive and restorative procedures. Copayments for dental services vary based upon the procedure performed by a general dentist. Dental services provided through Dental Health Services (DHS).</p>

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Premiums & Benefits	Desert Preferred Choice (HMO)
<p>Vision Services</p> <ul style="list-style-type: none"> ■ Non-Medicare covered (routine) eye exam ■ Non-Medicare covered (routine) Eyeglasses (frames and lenses) 	<p>You pay \$0</p> <p>You pay \$0</p> <p>Limit one exam every 2 years from a Vision Service Plan (VSP) provider.</p> <p>We cover up to \$100 every 2 years for eyeglasses (frames and lenses).</p>
<p>Mental Health Services*</p> <ul style="list-style-type: none"> ■ Inpatient visit ■ Outpatient group/individual therapy visit 	<p>You pay \$912 per stay</p> <p>Our Plan covers up to 190-lifetime limit in a psychiatric hospital.</p> <p>You pay \$0</p>
<p>Skilled Nursing Facility*</p>	<p>You pay \$0 for days 1-20</p> <p>\$100 copay per day for days 21-35</p> <p>\$0 copay for days 36-100</p> <p>Our Plan covers up to 100 days in a skilled nursing facility.</p> <p>No prior hospitalization required</p>
<p>Physical Therapy*</p>	<ul style="list-style-type: none"> ■ You pay \$10 per visit for Physical Therapy ■ You pay \$10 per visit for outpatient rehabilitation (example, occupational and speech therapy)
<p>Ambulance</p>	<p>You pay \$200 copay per one-way trip.</p> <p>Copay is waived if admitted to hospital</p>
<p>Transportation</p>	<p>You pay \$0 for up to 24 one-way trips per year</p> <p>You must use Plan contracted providers for transportation service.</p>
<p>Medicare Part B Drugs*</p>	<p>You pay 20% of the cost for chemotherapy and other Part B drugs</p>

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OUTPATIENT PRESCRIPTION DRUGS

Initial Coverage	30-day supply retail	90-day supply mail order (90-day supply available on some drugs)
■ Tier 1: Preferred Generic Drugs	You pay \$0	You pay \$0
■ Tier 2: Generic Drugs	You pay \$12	You pay \$36
■ Tier 3: Preferred Brand Drugs	You pay \$47	You pay \$141
■ Tier 4: Non-Preferred Drugs	You pay 30%	You pay 30%
■ Tier 5: Specialty Drugs	You pay 33%	Not covered
■ Tier 6: Select Diabetic Drugs	You pay \$11	You pay \$33
Coverage for Select Insulins <div style="text-align: center; background-color: #FFD700; border-radius: 50%; padding: 5px; width: fit-content; margin: 10px auto;">NEW</div>	<p>You pay \$20 per prescription for a 30-day supply of select insulins in Tier 3: Preferred Band Drugs filled at a network pharmacy.</p> <p>You pay \$35 per prescription for a 30-day supply of select insulins in Tier 4: Non-Preferred Drugs filled at a network pharmacy.</p> <p>Inter Valley Health Plan Desert Preferred Choice (HMO) offers additional gap coverage for Select insulins.</p>	
Coverage Gap (Coverage Gap applies only to Tiers 1, 2 and 6)	<p>Once you and Inter Valley Health Plan have paid \$4,130 for drugs:</p> <ul style="list-style-type: none"> ■ You pay the same copay as in the Initial Coverage Stage for Tier 1 and Tier 2, or 25% of the cost for generic drugs whichever is lower. ■ For drugs in Tier 6, you pay the same copay as the Initial Coverage Stage or pay 25% of the negotiated price (and a portion of the dispensing fee) for brand name drugs and 25% of the cost of generic drugs. ■ For drugs in other tiers, you pay 25% of the negotiated price (and a portion of the dispensing fee) for brand name drugs and 25% of the cost for generic drugs. ■ You stay in this phase until you have spent \$6,550 total (including copays paid in phase 1 and brand name discounts received in phase 2). 	
Catastrophic Coverage	<p>After your yearly out-of-pocket drug cost reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> ■ 5% of the cost, or ■ \$3.70 copay for generic drugs and a \$9.20 copay for other drugs. <p>Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.</p>	

OUTPATIENT PRESCRIPTION DRUGS

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Cost sharing may change depending on the pharmacy you choose (example, retail, mail order, long-term care, etc).whether you receive a 30 or 90-day supply, and when you enter another phase of the Part D benefit.

For more information, please call the Sales Department at the number provided or access our Evidence of Coverage online.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits

Premiums & Benefits	Desert Preferred Choice (HMO)
Routine Chiropractic Services*	You pay \$0 for up to 20 visits per year.
Medical Equipment/Supplies* <ul style="list-style-type: none"> ■ Durable Medical Equipment (DME) (example, wheelchairs, oxygen) ■ Prosthetics (example, braces, artificial limbs) ■ Diabetes supplies 	You pay \$0 for DME items with a cost up to \$250. For items with a cost over \$250, you pay 10% of the cost. You pay \$0 for prosthetic items with a cost up to \$250. For items with a cost over \$250, you pay 20% of the cost. You pay \$0
Wellness Programs (example, fitness)	You pay \$0 for gym/health club membership Gym/health club benefits provided by Silver & Fit.
Nurse Hotline	You pay \$0 to speak with a registered nurse 24 hours a day, 7 days a week, 888-463-9220.

If you want to know more about the coverage and costs of Original Medicare, look in your current **Medicare & You** handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. This document is available in other formats such as large print.

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PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Sales Representative at 800-500-7018.

UNDERSTANDING THE BENEFITS

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.ivhp.com or call 800-500-7018 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

UNDERSTANDING IMPORTANT RULES

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).



For more information please call the number below or visit us at ivhp.com.

Current Members call toll free: 1-800-251-8191, TTY users should call 711.

Prospective Members call toll free: 1-800-500-7018, TTY users should call 711.

Contact our Member Care Team or Pharmacy Care Team
October 1 to March 31: 8 am to 8 pm, 7 days a week.
We are closed on Thanksgiving Day and Christmas Day.

Contact us April 1 to September 30: 8 am to 8 pm, Monday through Friday.
We are closed on federal holidays.

NOTE: When we are closed you have the option to leave a message. Messages received will be returned within one (1) business day.

You can see our plan's provider/pharmacy directory on our website at ivhp.com.

You can see the complete Plan formulary (list of Part D prescription drugs) and restrictions on our website at ivhp.com

800-500-7018 or TTY 711
8 am to 8 pm, 7 days a week.
300 S. Park Avenue
PO Box 6002, Pomona, CA 91769-6002
ivhp.com
[@intervalley](https://twitter.com/intervalley)

