



# Inter Valley Health Plan

Medicare plans for health. Not for profit.

## 2021 Summary of Benefits

### Vitality Plus (HMO) H0545, Plan 015

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

**Inter Valley Health Plan Vitality Plus (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 Vitality Plus (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 counties in California: Los Angeles, Orange, Riverside and San Bernardino.

**Inter Valley Health Plan Vitality Plus (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	Vitality Plus (HMO)
Monthly Plan Premium	You pay \$31.50 You must continue to pay your Medicare Part B premium.
Deductible	You pay \$445 per year for Medicare Part D prescription drugs.
Maximum Out-of-Pocket Responsibility (Does not include prescription drugs)	\$5,900 annually The most you pay for copays, coinsurance and other costs for Medicare-covered medical services for the year. 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.
Inpatient Hospital Services*	In 2020 the amounts for each benefit period** were: \$1,408 deductible Days 1 – 60 – \$0 Days 61 – 90 – \$352 per day \$704 copay per day for each “lifetime reserve day” You are covered up to 90 days per benefit period.** Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. These amounts may change for 2021. Inter Valley Health Plan will notify you of the updated rates as soon as they are released by Medicare.
Outpatient Hospital Services*	<ul style="list-style-type: none"> <li>■ You pay 20% of the cost for Outpatient Hospital</li> <li>■ You pay 20% of the cost for Ambulatory Surgical Center</li> </ul>
Doctor Visits	You pay \$0 for Primary Care Visits You pay \$0 for Specialists Visits*
Preventive Care (example: flu vaccine, annual wellness visit, diabetic screenings, breast cancer screenings (mammograms) and colorectal cancer screenings.)	You pay \$0 Any additional preventive services approved by Medicare during the contract year are covered.

\*Prior Authorization is required

\*\* A benefit period begins the day you go into a hospital. The benefit period ends when you haven't received any inpatient hospital care for 60 days in a row.

Premiums & Benefits	Vitality Plus (HMO)
<p>Emergency Care</p> <ul style="list-style-type: none"> <li>■ Within U.S. and its territories</li> <li>■ Worldwide emergency services</li> </ul>	<p>You pay \$90 per visit</p> <p>You pay \$120 per visit</p> <p>You are covered for up to \$20,000 per year towards worldwide emergency services (outside the U.S. and its Territories).</p>
<p>Urgently Needed Services</p>	<p>You pay \$0 per visit</p>
<p>Diagnostic Services/Labs/Imaging*</p> <ul style="list-style-type: none"> <li>■ Diagnostic radiology service (e.g., MRI)</li> <li>■ Lab services</li> <li>■ Diagnostic tests and procedures</li> <li>■ Outpatient x-rays</li> <li>■ Therapeutic radiology</li> </ul>	<p>You pay 20%</p> <p>You pay 20%</p> <p>You pay 20%</p> <p>You pay 20%</p> <p>You pay 20%</p>
<p>Hearing Services</p> <ul style="list-style-type: none"> <li>■ Non-Medicare covered (routine) hearing exam</li> <li>■ Non-Medicare covered (routine) hearing aids</li> </ul>	<p>You pay \$0 for up to 1 visit per year</p> <p>You pay \$699 copay per aid for Tru Hearing Advanced or \$999 copay per aid for Tru Hearing Premium.</p> <p>You are covered for up to 2 hearing aids every year. You must go to a Tru Hearing contracted provider to obtain a routine hearing exam and hearing aids.</p>
<p>Dental Services Non-Medicare covered (routine)</p> <ul style="list-style-type: none"> <li>■ Oral exam</li> <li>■ Cleaning</li> <li>■ Dental x-rays</li> </ul>	<p>Optional/Enhanced Dental Services \$12 per month</p> <p>You pay \$4</p> <p>You pay \$10</p> <p>You pay \$0 – \$10</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>

\*Prior Authorization is required



## OUTPATIENT PRESCRIPTION DRUGS

Initial Coverage	30-day mail order	90-day supply supply retail (90-day supply available on some drugs)
■ Tier 1: Preferred Generic Drugs	You pay \$0	You pay \$0
■ Tier 2: Generic Drugs	You pay 25%	You pay 25%
■ Tier 3: Preferred Brand Drugs	You pay 25%	You pay 25%
■ Tier 4: Non-Preferred Drugs	You pay 25%	You pay 25%
■ Tier 5: Specialty Drugs	You pay 25%	Not covered

Coverage Gap	<p>Once you and Inter Valley Health Plan have paid \$4,130 for drugs:</p> <ul style="list-style-type: none"> <li>■ You receive a discount on brand name drugs and in general pay no more than 25% of the Plan's cost.</li> <li>■ You pay no more than 25% of the Plan's cost for generic drugs.</li> <li>■ 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).</li> </ul>
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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"> <li>■ 5% of the cost, or</li> <li>■ \$3.70 copay for generic drugs and a \$9.20 copay for other drugs</li> </ul> <p>Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.</p>
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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 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.

If you receive "extra help" your share of the cost for covered Part D prescription drugs may vary based on the level of extra help you receive. For more information about your drug costs, see the LIS Rider.

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

Premiums & Benefits	Vitality Plus (HMO)
Medical Equipment/Supplies* <ul style="list-style-type: none"> <li>■ Durable Medical Equipment (DME) (example, wheelchairs, oxygen)</li> <li>■ Prosthetics (example, braces, artificial limbs)</li> <li>■ Diabetes supplies</li> </ul>	You pay 20%  You pay 20%  You pay 20%
Foot care (podiatry services)* <ul style="list-style-type: none"> <li>■ Medicare-covered foot exams and treatment</li> <li>■ Non-Medicare covered (routine) foot care</li> </ul>	You pay 20%  You pay \$0 for up to 4 visits each year
Over-the-counter Items	Coverage up to \$30 every month towards over-the-counter items.  Contact the Plan for a list of available items and detailed instructions on ordering items.
Wellness Programs (example, fitness)	You pay \$0 for gym/health club membership. Gym/health club benefits provided by Silver & Fit.
Acupuncture & Routine Chiropractic Services	You pay \$0 for up to 20 visits per year combined acupuncture and chiropractic services.  Services provided by American Specialty Health.
Personal Emergency Response System*	You pay \$0
Home-Delivered Meals*	You pay \$0 Criteria and limitations apply.
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.

\*Prior Authorization is required

## 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](http://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](http://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](http://ivhp.com).

You can see the complete Plan formulary (list of Part D prescription drugs) and restrictions on our website at [ivhp.com](http://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](http://ivhp.com)  
[@intervalley](https://twitter.com/intervalley)

