



Inter Valley Health Plan

Medicare plans for health. Not for profit.

2021 Benefit Highlights

Vitality Plus (HMO) H0545, Plan 015

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.



Vitality Plus (HMO)

BENEFIT HIGHLIGHTS

| | Vitality Plus (HMO) (with Medicare & Full-Medi-Cal Eligibility) | Vitality Plus (HMO) (with Medicare only) |
|---|--|---|
| BENEFITS | | |
| Monthly Plan Premium | \$0 | \$31.50 |
| Primary Care Physician Visit | \$0 | \$0 |
| Specialist Physician Visit | \$0 | \$0 |
| Urgent Care Visit (using a network provider) | \$0 | \$0 |
| Physical / Occupational Therapy | \$0 | 20% |
| Lab Services | \$0 | 20% |
| Outpatient Mental Health Care | \$0 | 20% |
| X-Rays | | |
| • Standard Radiology Services | \$0 | 20% |
| • Diagnostic Radiology Services (specialized equipment x-rays) | \$0 | 20% |
| Radiation Therapy | \$0 | 20% |
| Medicare Part B Drugs | \$0 | 20% |
| Diabetic Supplies (glucose monitors, test strips, lancets) | \$0 | 20% |
| Diabetic Therapeutic Shoes or Inserts | \$0 | 20% |

| VITALITY PLUS (HMO) BENEFIT HIGHLIGHTS | Vitality Plus (HMO) (with Medicare & Full-Medi-Cal Eligibility) | Vitality Plus (HMO) (with Medicare only) |
|--|--|---|
| BENEFITS | | |
| Durable Medical Equipment / Prosthetic Devices | \$0 | 20% |
| Preventive Screenings (Medicare covered screenings) | \$0 | \$0 |
| Flu & Pneumonia Vaccine | \$0 | \$0 |
| Annual Maximum Out-of-Pocket | \$5,900 | \$5,900 |
| HOSPITAL & EMERGENCY CARE | | |
| Inpatient Hospital Care | \$0 | Medicare fee- for-service costs |
| Skilled Nursing Facility | \$0 | Medicare fee- for-service costs |
| Outpatient Surgery / Ambulatory Surgery Center | \$0 | 20% |
| Ambulance Services (each one-way trip) | \$0 | 20% |
| Emergency Room Visit | \$0 | \$90 |
| Worldwide Emergency Care <ul style="list-style-type: none"> • Emergency Room Visit • Limit per year outside U.S. & its Territories | \$120 \$20,000 | \$120 \$20,000 |

VITALITY PLUS (HMO) BENEFIT HIGHLIGHTS

Vitality Plus (HMO)
(with Medicare
& Full-Medi-Cal
Eligibility)

Vitality Plus (HMO)
(with Medicare only)

ADDITIONAL BENEFITS

| | | |
|---|--|--|
| Routine Foot Care | \$0 (4 visits per yr) | \$0 (4 visits per yr) |
| Routine Transportation | \$0 (60 one-way trips per year) | \$0 (60 one-way trips per year) |
| Accupuncture & Routine Chiropractic Services | \$0 (20 visits per year combined) | \$0 (20 visits per year combined) |
| Over-the-Counter Items | Up to \$30 each month towards selected items | Up to \$30 each month towards selected items |
| Personal Emergency Response System | \$0 (criteria & limitations apply) | \$0 (criteria & limitations apply) |
| Home Delivered Meals | \$0 (criteria & limitations apply) | \$0 (criteria & limitations apply) |
| Annual Routine Vision Exam (VSP) • Eyewear (eyewear coverage limit every 2 years) | \$0 \$0 \$175 coverage limit | \$0 \$0 \$175 coverage limit |
| Health Club Membership through Silver & Fit | \$0 | \$0 |
| Routine Hearing Exam • Hearing Aids | \$0 \$699/\$999 per aid up to 2 aids every year | \$0 \$699/\$999 per aid up to 2 aids every year |
| Nursing Hotline | \$0 | \$0 |
| Enhanced Dental Plan | \$12 per month | \$12 per month |

PRESCRIPTION COVERAGE

| PRESCRIPTION DRUG COVERAGE | Vitality Plus (HMO) (with Medicare & Part D extra help) | Vitality Plus (HMO) (with Medicare only) |
|--|--|---|
| Part D Deductible | \$0 | \$435 |
| INITIAL COVERAGE STAGE (1 month/30-day Supply of Drugs) | | |
| TIER 1: Preferred Generic Drugs | \$0 | \$0 |
| TIER 2: Generic Drugs | \$0 or \$1.30 or \$3.70 | You pay 25% |
| TIER 3: Preferred Brand Drugs | \$0 or \$3.90 or \$9.20 | You pay 25% |
| TIER 4: Non-Preferred Drugs | \$0 or \$1.30 or \$3.70 or \$3.90 or \$9.20 | You pay 25% |
| TIER 5: Specialty Drugs | \$0 or \$1.30 or \$3.70 or \$3.90 or \$9.20 | You pay 25% |

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 on the back of this document or access our Evidence of Coverage online.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

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

For more information about the costs for additional days' supplies that are available to you, please visit our Evidence of Coverage online.



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.
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