



**VITALITY
FOR LIFE.**

**2021
BENEFIT
HIGHLIGHTS**

**Medicare Advantage HMO
with Prescription Drugs**

San Joaquin County • Santa Clara County

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2021 Benefit Highlights
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**Choice (HMO)
San Joaquin County**

**Choice (HMO)
Santa Clara County**

**Plus (HMO)
San Joaquin County
& Santa Clara County**

Service Area

Must reside in San Joaquin County

Must reside in Santa Clara County

Must reside in San Joaquin County or Santa Clara County

Other Eligibility Requirements

Must have Medicare Part A and Part B

Must have Medicare Part A and Part B

Must have Medicare Part A and Part B

Maximum Out of Pocket

\$7,550

\$7,550

\$7,550
For some people this may be paid in part or in full by Medicaid or a third party

Part C Monthly Premium

\$0

\$0

\$0

Part D Monthly Premium

\$0

\$0

\$31.50*
For some people this may be paid in part or in full by Medicaid or a third party

*Part D Monthly Premium may vary based on the level of Extra Help you receive

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**Choice (HMO)
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**Nurse Advice
Hotline**

\$0

\$0

\$0

**Primary Care
Office Visit**

\$0

\$0

\$0

**Specialist
Office Visit**

\$0

\$0

\$0

**Rehabilitation
Services
(Physical, Speech,
Occupational Therapy)**

\$0

\$0

20%
**For people with full
Medicaid, this coinsurance
may be paid in part or in full
by Medicaid or a third party**

Lab Work

\$0

\$0

\$0

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**Diabetes
Supplies**

\$0

\$0

\$0

X-Rays

\$0

\$0

20%
**For people with full
Medicaid, this coinsurance
may be paid in part or in full
by Medicaid or a third party**

**Complex
Diagnostics
(MRI, CT-Scan)**

\$45

\$0

20%
**For people with full
Medicaid, this coinsurance
may be paid in part or in full
by Medicaid or a third party**

Home Health Care

\$0

\$0

\$0

**Urgent Care
Visit**

\$0

\$0

\$0

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	Choice (HMO) San Joaquin County	Choice (HMO) Santa Clara County	Plus (HMO) San Joaquin County & Santa Clara County
Ambulance Services	\$125 (Waived if admitted within 24 hours)	\$100 (Waived if admitted within 24 hours)	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
Emergency Room Visit	\$90 (Waived if admitted within 24 hours)	\$90 (Waived if admitted within 24 hours)	20% , not to exceed \$90 For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
Inpatient Hospitalization (Acute Care)	\$100 per day, days 1-3 \$0 per day, days 4-90 (\$0 for Unlimited additional days)	\$100 per day, days 1-5 \$0 per day, days 6-90 (\$0 for Unlimited additional days)	\$1,408 deductible* days 1-60; \$352 per day, days 61-90*
Skilled Nursing Facility (no prior hospital stay required)	\$0 per day, days 1-20 \$75 per day, days 21-100	\$0 per day, days 1-20 \$100 per day, days 21-100	\$0 per day, days 1-20; \$176 per day, days 21-100*
Inpatient Mental Health	\$200 per day, days 1-8, \$0 for days 9-90	\$200 per day, days 1-8, \$0 for days 9-90	\$1,408 deductible* days 1-60; \$352 per day, days 61-90*

*For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2021.

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	Choice (HMO) San Joaquin County	Choice (HMO) Santa Clara County	Plus (HMO) San Joaquin County & Santa Clara County
Outpatient Mental Health Visits	\$20	\$25	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
Outpatient Surgery at Ambulatory Surgical Center	\$100	\$100	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
Hospital Outpatient Services & Diagnostics	\$125	\$125	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
Durable Medical Equipment	20%	20%	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
Routine Hearing Exam	\$0	\$0	\$0

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Hearing Aid Allowance	\$500 Limit every year per ear	\$500 Limit every year per ear	\$500 Limit every year per ear
Routine Acupuncture or Chiropractor Visits	\$0 Up to 15 annual combined visits	\$0 Up to 15 annual combined visits	\$0 Up to 15 annual combined visits
SilverSneakers® Membership	\$0 Annual membership with multiple locations	\$0 Annual membership with multiple locations	\$0 Annual membership with multiple locations
Transportation to Plan Approved Providers	\$0 24 one-way trips Annually	\$0 32 one-way trips Annually	\$0 44 one-way trips Annually
Annual Maximum On Worldwide Coverage	\$25,000 per year for emergency or urgently needed care while outside the United States	\$50,000 per year for emergency or urgently needed care while outside the United States	\$50,000 per year for emergency or urgently needed care while outside the United States

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	Choice (HMO) San Joaquin County	Choice (HMO) Santa Clara County	Plus (HMO) San Joaquin County & Santa Clara County
Routine Eye Exam and Refraction	\$0 (1 every year)	\$0 (1 every year)	\$0 (1 every year)
Eyewear Frames from VSP Genesis Collection	Free Once every 24 months	Free Once every 24 months	Free Once every 24 months
Tier 1 – Preferred Generic Drugs (30 Day Supply)	\$0	\$0	\$0
Tier 2 – Generic Drugs (30 Day Supply)	\$7	\$7	\$0, \$1.30, \$3.70, or 15% based on low income subsidy. Or 25% if no low income subsidy exists
Tier 3 – Preferred Brand Drugs (30 Day Supply)	\$45	\$45	\$0, \$4.00, \$9.20, or 15% based on low income subsidy. Or 25% if no low income subsidy exists

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<p>Tier 4 – Non-Preferred Drugs (30 Day Supply)</p>	<p>\$100</p>	<p>\$100</p>	<p>\$0, \$4.00, \$9.20, or 15% based on low income subsidy. Or 25% if no low income subsidy exists</p>
<p>Tier 5 – Specialty Drugs (30 Day Supply)</p>	<p>33% coinsurance</p>	<p>33% coinsurance</p>	<p>\$0, \$4.00, \$9.20, or 15% based on low income subsidy. Or 25% if no low income subsidy exists</p>
<p>Prescription Drug Coverage in the Gap</p>	<p>Tier 1 Tier 2</p>	<p>Tier 1 Tier 2</p>	<p>Not Covered by Plan. Some members may be covered by Low Income Subsidy Assistance.</p>
<p>Catastrophic Coverage</p>	<p>After yearly out-of-pocket costs reach \$6,550, you pay the greater of: 5% of the cost, or \$3.70 for generic (including brand drugs treated as generic) and \$9.20 for all other drugs</p>		
<p>Sildenafil Citrate (Erectile Dysfunction) prescription medication (6 tablets per 30 days)</p>	<p>\$7 GAP Coverage</p>	<p>\$7 GAP Coverage</p>	<p>\$0, \$4.00, \$9.20, or 15% based on low income subsidy. Or 25% if no low income subsidy exists No Gap Coverage</p>

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	Choice (HMO) San Joaquin County	Choice (HMO) Santa Clara County	Plus (HMO) San Joaquin County & Santa Clara County
Over-The-Counter (OTC) Items Allowance	\$30 Quarterly	\$30 Quarterly	\$40 Quarterly
Preventive Dental Coverage	Covered	Covered	Covered
Comprehensive Dental Coverage	Not Covered	Not Covered	Not Covered

Proficiency of Language Assistance Services are Available

Hours: 8 a.m. to 8 p.m., seven days a week from October 1 through March 31 and Monday to Friday from April 1 through September 30

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-333-3530 (TTY/TDD: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-333-3530 (TTY/TDD: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-333-3530 (TTY/TDD: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-333-3530 (TTY/TDD: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-333-3530 (TTY/TDD: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-333-3530 (TTY/TDD: 711) 번으로 전화해 주십시오.

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-866-333-3530 (TTY/TDD (հեռատիպ)՝ 711):

دیوریگب سامت 1-866-333-3530 (TTY/TDD: 711) اب. دشاب یم مهارف امش یارب ناگیار تروصب ی نابز تالی هسرت، دیونک یم وگتفگ ی سراف نابز هب رگا: هجوت

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-333-3530 (телетайп: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-866-333-3530 (TTY/TDD: 711) まで、お電話にてご連絡ください。

مكبلاو مصل افتاه مقر) 1-866-333-3530 مقر ب لصرتا. انم لاب كل رفاوتت قيوغللال قدعاسملا تامدخ نإف، دغللال ركنا ثدحتت تنك انإ: دظوحم

ਪਿਆਰ ਦਫਿ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-866-333-3530 (TTY/TDD: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

បុរយ័ត្តន៖ ប៊ីសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយឥតគិតថ្លៃភាសា ជាយមិនគិតលុបល គឺអាចមានសំរាប់ប៊ីអ៊ិនតឺណេត។ ចូរ ទូរស័ព្ទ 1-866-333-3530 (TTY/TDD: 711)។

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-333-3530 (TTY/TDD: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-333-3530 (TTY/TDD: 711) पर कॉल करें।

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-333-3530 (TTY/TDD: 711).

Discrimination is Against the Law

Vitality Health Plan of California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of health care, claims experience, medical history, genetic information, evidence of insurability, or geographic location. Vitality Health Plan of California does not exclude people or treat them differently because of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of health care, claims experience, medical history, genetic information, evidence of insurability, or geographic location.

Vitality Health Plan of California:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Vitality Member Service Department at 1-866-333-3530 (TTY/TDD: 711) to help you. Hours are 8 a.m. to 8 p.m., seven days a week from October 1 through March 31 and Monday to Friday from April 1 through September 30. You can also ask for a Civil Rights Coordinator who works for Vitality Health Plan of California.

If you believe that Vitality Health Plan of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Vitality Health Plan of California
Member Services Department (Complaints)
18000 Studebaker Road, Suite 960
Cerritos, CA 90703 1-866-333-3530 (TTY/TDD: 711) FAX: 1-866-207-6539

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Vitality Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Vitality Health Plan of California cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Vitality Health Plan of California 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Vitality Health Plan of California is an HMO with a Medicare contract. Enrollment in Vitality Health Plan of California depends on contract renewal. This information is not a complete description of benefits. Call 1-866-333-3530 (TTY/TDD 711) for more information 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, and 8 a.m. to 8 p.m. Monday to Friday from April 1 through September 30.

2021

BENEFIT HIGHLIGHTS

Medicare Advantage HMO with Prescription Drugs

San Joaquin County
Santa Clara County



Vitality Health Plan of California
18000 Studebaker Road, Suite 960
Cerritos, CA 90703

*For enrollment inquiries, or to speak
to a Member Services representative, please
call 1-866-333-3530 or TTY/TDD 711
8 a.m. to 8 p.m. seven days a week
from October 1 through March 21, and
8 a.m. to 8 p.m. Monday through Friday from
April 1 through September 30*

www.VitalityHP.net