

2021 SUMMARY OF BENEFITS

Vitality Health Plan of California (HMO) San Joaquin County and Santa Clara County

H1426 – 001/002/003
H1426_684ENG_M 09132020



INTRODUCTION TO SUMMARY OF BENEFITS

H1426 – 001/002/003

Vitality Health Plan of California

January 1, 2021 – December 31, 2021

Vitality Health Plan of California is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage (EOC).”

WHO CAN JOIN?

To join **Vitality Health Plan of California**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in California: San Joaquin and Santa Clara.

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

This Plan has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use the providers that are not in our network, Vitality Health Plan of California may not pay for these services.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

MEMBER SERVICE INFORMATION

For more information, please call us at 1-866-333-3530 (TTY/TDD users should call 711). Hours are 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, except holidays, and 8 a.m. to 8 p.m., Monday through Friday, from April 1 through September 30, except holidays. Messages received on holidays and outside of our business hours will be returned within one business day. Or visit us at www.VitalityHP.net.

This document is available in other formats such as Braille, large print or audio.

PREMIUMS & BENEFITS	Choice (HMO) San Joaquin	Choice (HMO) Santa Clara	Plus (HMO) San Joaquin and Santa Clara
Monthly Plan Premium	\$0 You must keep paying your Medicare Part B premium.	\$0 You must keep paying your Medicare Part B premium.	\$31.50 You must keep paying your Medicare Part B premium.
Deductible	No deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$7,550 Annual in-network	\$7,550 Annual in-network	\$7,550 Annual in-network
Inpatient Hospital	No deductible. You pay \$100 per day for days 1–3. You pay \$0 for days 4–90. You pay \$0 for unlimited additional days beyond 90. Services may require authorization.	No deductible. You pay \$100 per day for days 1–5. You pay \$0 for days 6–90. You pay \$0 for unlimited additional days beyond 90. Services may require authorization.	For 2020 the cost-shares per benefit period were: \$1,408 Deductible \$0 copay for days 1–60; \$352 copay for days 61–90 Services may require authorization. Cost-share may change in 2021. Vitality Health Plan will provide updated rates as soon as Medicare releases them. Visit Medicare.gov/your-Medicare-costs for more information.

PREMIUMS & BENEFITS	Choice (HMO) San Joaquin	Choice (HMO) Santa Clara	Plus (HMO) San Joaquin and Santa Clara
Outpatient Hospital	\$125 copay Services may require authorization and a referral.	\$125 copay Services may require authorization and a referral.	20% of the cost Services may require authorization and a referral.
Ambulatory Surgery Center	\$100 copay Services may require authorization & referral	\$100 copay Services may require authorization & referral	20% of the cost Services may require authorization and a referral.
Doctor Visits • Primary Care • Specialists	\$0 copay Specialist services may require authorization and a referral.	\$0 copay Specialist services may require authorization and a referral.	\$0 copay Specialist services may require authorization and a referral.
Preventive Care (e.g., flu vaccine, diabetic screenings)	\$0 copay	\$0 copay	\$0 copay
Emergency Care	\$90 copay If you are admitted to the hospital within 24 hours, you do not have to pay the emergency copay.	\$90 copay If you are admitted to the hospital within 24 hours, you do not have to pay the emergency copay.	20% of the cost not to exceed \$90 per visit If you are admitted to the hospital within 24 hours, you do not have to pay the emergency copay.
Urgently Needed Services	\$0 copay	\$0 copay	\$0 copay
• Diagnostic Services/ • Labs/Imaging • Diagnostic tests and procedures	\$0 – \$45 copay	\$0 copay	20% of the cost \$0 copay 20% of the cost

PREMIUMS & BENEFITS	Choice (HMO) San Joaquin	Choice (HMO) Santa Clara	Plus (HMO) San Joaquin and Santa Clara
<ul style="list-style-type: none"> • Lab services • MRI, CT-Scan • X-Rays 	<p>\$0 copay \$45 copay \$0 copay</p> <p>Services may require authorization and a referral.</p>	<p>\$0 copay \$0 copay \$0 copay</p> <p>Services may require authorization and a referral.</p>	<p>20% of the cost</p> <p>Services may require authorization and a referral.</p>
<p>Hearing Services</p> <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid annual allowance 	<ul style="list-style-type: none"> • \$0 copay for one routine hearing exam per year • \$500 allowance per ear for one per year <p>Services may require authorization.</p>	<ul style="list-style-type: none"> • \$0 copay for one routine hearing exam per year • \$500 allowance per ear for one per year <p>Services may require authorization.</p>	<ul style="list-style-type: none"> • \$0 copay for one routine hearing exam per year • \$500 allowance per ear for one per year <p>Services may require authorization.</p>
<p>Dental Services (Preventive Only)</p> <ul style="list-style-type: none"> • Oral exam and cleaning 	<p>Oral exam: \$0 copay Cleaning: \$0 copay for one cleaning every 6 months at a participating Delta Dental Office</p>	<p>Oral exam: \$0 copay Cleaning: \$0 copay for one cleaning every 6 months at a participating Delta Dental Office</p>	<p>Oral exam: \$0 copay Cleaning: \$0 copay for one cleaning every 6 months at a participating Delta Dental Office</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • Routine eye exam 	<p>\$0 copay for one routine eye exam per year</p> <p>Services may require authorization</p>	<p>\$0 copay for one routine eye exam per year</p> <p>Services may require authorization</p>	<p>\$0 copay for one routine eye exam per year</p> <p>Services may require authorization</p>

PREMIUMS & BENEFITS	Choice (HMO) San Joaquin	Choice (HMO) Santa Clara	Plus (HMO) San Joaquin and Santa Clara
<ul style="list-style-type: none"> • Eyewear (contact lenses and frames and lenses) 	<p>\$0 frames and standard lens (single vision, lined bifocal, lined trifocal, lenticular lenses) covered in full once every 24 months from the Genesis eyewear collection of frames (available only from a VSP network provider)</p> <p>\$50 frame and lens (single vision, lined bifocal, lined trifocal, lenticular lenses) covered up to a \$50 retail allowance when selected from outside the Genesis eyewear collection</p> <p>Up to \$200 annual allowance toward contact lenses in place of frame and lens at VSP network providers.</p> <p>Refractions covered every 24 months.</p> <p>Services may require authorization.</p>	<p>\$0 frames and standard lens (single vision, lined bifocal, lined trifocal, lenticular lenses) covered in full once every 24 months from the Genesis eyewear collection of frames (available only from a VSP network provider)</p> <p>\$50 frame and lens (single vision, lined bifocal, lined trifocal, lenticular lenses) covered up to a \$50 retail allowance when selected from outside the Genesis eyewear collection</p> <p>Up to \$200 annual allowance toward contact lenses in place of frame and lens at VSP network providers.</p> <p>Refractions covered every 24 months.</p> <p>Services may require authorization.</p>	<p>\$0 frames and standard lens (single vision, lined bifocal, lined trifocal, lenticular lenses) covered in full once every 24 months from the Genesis eyewear collection of frames (available only from a VSP network provider)</p> <p>\$50 frame and lens (single vision, lined bifocal, lined trifocal, lenticular lenses) covered up to a \$50 retail allowance when selected from outside the Genesis eyewear collection</p> <p>Up to \$200 annual allowance toward contact lenses in place of frame and lens at VSP network providers.</p> <p>Refractions covered every 24 months.</p> <p>Services may require authorization.</p>

PREMIUMS & BENEFITS	Choice (HMO) San Joaquin	Choice (HMO) Santa Clara	Plus (HMO) San Joaquin and Santa Clara
Mental Health Services <ul style="list-style-type: none"> • Outpatient group therapy visit • Outpatient individual therapy visit 	<p align="center">\$20 copay Services may require authorization and a referral.</p>	<p align="center">\$25 copay Services may require authorization and a referral.</p>	<p align="center">20% of the cost Services may require authorization and a referral.</p>
Skilled Nursing Facility (SNF)	<p align="center">\$0 copay days 1–20; \$75 copay per day, for days 21–100</p> <p align="center">Services may require authorization and a referral.</p>	<p align="center">\$0 copay days 1–20; \$100 copay per day for days 21–100</p> <p align="center">Services may require authorization and a referral.</p>	<p>For 2020 the cost-shares per benefit period were:</p> <p align="center">\$0 copay days 1–20; \$176 per day for days 21–100</p> <p>Cost-share may change in 2021. Vitality Health Plan will provide updated rates as soon as Medicare releases them. Visit Medicare.gov/your-Medicare-costs for more information.</p>
Physical Therapy	<p align="center">\$0 copay Services may require authorization and a referral.</p>	<p align="center">\$0 copay Services may require authorization and a referral.</p>	<p align="center">20% of the cost Services may require authorization and a referral.</p>

PREMIUMS & BENEFITS	Choice (HMO) San Joaquin	Choice (HMO) Santa Clara	Plus (HMO) San Joaquin and Santa Clara
Ambulance	<p>\$125 copay If you are admitted to the hospital, you do not pay the ambulance copay.</p> <p>Authorization may be required for non-emergency ambulance transport.</p>	<p>\$100 copay If you are admitted to the hospital, you do not pay the ambulance copay.</p> <p>Authorization may be required for non-emergency ambulance transport.</p>	<p>20% of the cost If you are admitted to the hospital, you do not pay the ambulance coinsurance.</p> <p>Authorization may be required for non-emergency ambulance transport.</p>
Transportation	<p>\$0 copay for up to 24 one-way trips to plan-approved locations each year. Services may require authorization.</p>	<p>\$0 copay for up to 32 one-way trips to plan-approved locations each year. Services may require authorization.</p>	<p>\$0 copay for 44 one-way trips to plan-approved locations each year. Services may require authorization.</p>
Medicare Part B Drugs	<p>20% of the cost Services may require authorization.</p>	<p>20% of the cost Services may require authorization.</p>	<p>20% of the cost Services may require authorization.</p>

Outpatient Prescription Drugs

	Choice (HMO) San Joaquin	Choice (HMO) Santa Clara	Plus (HMO) San Joaquin and Santa Clara
Part D Deductible	No deductible	No deductible	\$445 deductible Deductible does not apply to Tier 1 drugs
Preferred and Non-Preferred Retail Rx 30-day supply			
	Choice (HMO) San Joaquin	Choice (HMO) Santa Clara	Plus (HMO) San Joaquin and Santa Clara
Initial Coverage You are in the initial coverage stage until you reach \$4,130 in drug costs (year to date).			
Tier 1 – Preferred Generic	\$0 copay	\$0 copay	\$0 copay
Tier 2 – Generic	\$7 copay	\$7 copay	25% of the cost
Tier 3 – Preferred Brand	\$45 copay	\$45 copay	25% of the cost
Tier 4 – Non-Preferred Drug	\$100 copay	\$100 copay	25% of the cost
Tier 5 – Specialty Tier	33% of the cost	33% of the cost	25% of the cost

	Choice (HMO) San Joaquin	Choice (HMO) Santa Clara	Plus (HMO) San Joaquin and Santa Clara
	Mail Order 90-day supply		
Initial Coverage You are in the initial coverage stage until you reach \$4,130 in drug costs (year to date).			
Tier 1 – Preferred Generic	\$0 copay	\$0 copay	\$0 copay
Tier 2 – Generic	\$14 copay	\$14 copay	25% of the cost
Tier 3 – Preferred Brand	\$90 copay	\$90 copay	25% of the cost
Tier 4 – Non-Preferred Drug	\$200 copay	\$200 copay	25% of the cost
Tier 5 – Specialty Tier	Tier 5 not available	Tier 5 not available	Tier 5 not available

	Choice (HMO) San Joaquin	Choice (HMO) Santa Clara	Plus (HMO) San Joaquin and Santa Clara
Coverage Gap You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$6,550.	<p>You pay \$0 for Tier 1 and \$7 or 25%, whichever is lower, for 1 month supply for Tier 2 during this stage.</p> <p>During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs for drugs in Tier 3, Tier 4, and Tier 5.</p>	<p>You pay \$0 for Tier 1 and \$7 or 25%, whichever is lower, for 1 month supply for Tier 2 during this stage.</p> <p>During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs for drugs in Tier 3, Tier 4, and Tier 5.</p>	<p>During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs for drugs in Tier 1, Tier 2, Tier 3, Tier 4, and Tier 5.</p>
Catastrophic Coverage	During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2021).		
Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit.			

Supplemental Benefits

	Choice (HMO) San Joaquin	Choice (HMO) Santa Clara	Plus (HMO) San Joaquin and Santa Clara
Supplemental Benefits Premium	You pay \$0 additional per month	You pay \$0 additional per month	You pay \$0 additional per month
Over-The-Counter (OTC) Items	You get up to \$30 allowance every three (3) months for OTC items on Vitality Health Plan of California's OTC Benefit Catalogue.	You get up to \$30 allowance every three (3) months for OTC items on Vitality Health Plan of California's OTC Benefit Catalogue.	You get up to \$40 allowance every three (3) months for OTC items on Vitality Health Plan of California's OTC Benefit Catalogue.
Acupuncture and/or Chiropractor Visits	You pay \$0 for 15 combined treatments per year. Services may require authorization.	You pay \$0 for 15 combined treatments per year. Services may require authorization.	You pay \$0 for 15 combined treatments per year. Services may require authorization.
Wellness Programs • Gym Membership	SilverSneakers® fitness program annual membership at no cost . This includes access to participating fitness facilities, or membership in the SilverSneakers® Home Fitness Program for members who are unable to participate in a fitness facility or prefer to work out at home.	SilverSneakers® fitness program annual membership at no cost . This includes access to participating fitness facilities, or membership in the SilverSneakers® Home Fitness Program for members who are unable to participate in a fitness facility or prefer to work out at home.	SilverSneakers® fitness program annual membership at no cost . This includes access to participating fitness facilities, or membership in the SilverSneakers® Home Fitness Program for members who are unable to participate in a fitness facility or prefer to work out at home.
• Nurse Advice Line	You pay \$0 copay	You pay \$0 copay	You pay \$0 copay

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

Discrimination is Against the Law

Vitality Health Plan of California complies with applicable Federal civil rights laws and does not discriminate, exclude on the basis of race, color, national origin, age, disability, or sex.

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 and written information in other formats (large print, audio, accessible electronic formats, other formats).

Vitality Health Plan of California provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Vitality Health Plan of California member services. 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 in person or by mail, fax at:

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

Or by filling out the “File a Grievance” form on our website at: www.VitalityHP.net. If you need help filing a grievance, Vitality Health Plan of California Member Services 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 (TTY/TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.