



## **2019 SUMMARY OF BENEFITS**

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

H1426 – 001/002/003

# H1426 – 001/002/003

## Vitality Health Plan of California

### January 1, 2019 – December 31, 2019

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](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

#### **MEMBER SERVICE INFORMATION**

For more information, please call us at 1-866-333-3530 (TTY 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](http://www.VitalityHP.net).

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

<b>PREMIUMS &amp; BENEFITS</b>	<b>Vitality Choice (HMO) San Joaquin</b>	<b>Vitality Choice (HMO) Santa Clara</b>	<b>Vitality Plus (HMO) San Joaquin and Santa Clara</b>
<b>Monthly Plan Premium</b>	<b>\$0</b> You must keep paying your Medicare Part B premium.	<b>\$0</b> You must keep paying your Medicare Part B premium.	<b>\$34.80</b> You must keep paying your Medicare Part B premium.
<b>Deductible</b>	No deductible	No deductible	No deductible
<b>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</b>	<b>\$3,200</b> Annual in-network	<b>\$3,200</b> Annual in-network	<b>\$6,700</b> Annual in-network
<b>Inpatient Hospital</b>	No Deductible You pay \$0 for days 1–90 Services may require authorization.	No Deductible You pay \$0 for days 1–90 Services may require authorization.	\$1,364 Deductible \$0 copay for days 1–60; \$341 copay for days 61–90  Services may require authorization.
<b>Outpatient Hospital</b>	<b>\$75 copay</b> Services may require authorization and a referral.	<b>\$75 copay</b> Services may require authorization and a referral.	<b>20% of the cost</b> Services may require authorization and a referral.

<b>PREMIUMS &amp; BENEFITS</b>	<b>Vitality Choice (HMO) San Joaquin</b>	<b>Vitality Choice (HMO) Santa Clara</b>	<b>Vitality Plus (HMO) San Joaquin and Santa Clara</b>
<b>Doctor Visits</b> · Primary Care · Specialists	<b>\$0 copay</b> Specialist services may require authorization and a referral.	<b>\$0 copay</b> Specialist services may require authorization and a referral.	<b>\$0 copay</b> Specialist services may require authorization and a referral.
<b>Preventive Care</b> (e.g., flu vaccine, diabetic screenings)	<b>\$0 copay</b>	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Emergency Care</b>	<b>\$75 copay</b> If you are admitted to the hospital within 24 hours, you do not have to pay the emergency copay.	<b>\$90 copay</b> If you are admitted to the hospital within 24 hours, you do not have to pay the emergency copay.	<b>20% of the cost not to exceed \$90 per visit</b> If you are admitted to the hospital within 24 hours, you do not have to pay the emergency copay.
<b>Urgently Needed Services</b>	<b>\$15 copay</b>	<b>\$0 copay</b>	<b>20% of the cost not to exceed \$65 per visit</b>
<b>Diagnostic Services/ Labs/Imaging</b> ·Diagnostic tests and procedures ·MRI, CT-Scan	<b>\$0 copay</b> <b>\$0 copay</b> <b>\$50 copay</b>	<b>\$0 copay</b> <b>\$0 copay</b> <b>\$0 copay</b>	<b>20% of the cost</b> <b>\$0 copay</b> <b>20% of the cost</b>
·Lab services ·X-Rays	<b>\$0 copay</b> Services may require authorization and a referral.	<b>\$0 copay</b> Services may require authorization and a referral.	<b>20% of the cost</b> Services may require authorization and a referral.
<b>Hearing Services</b> · Routine hearing exam  · Hearing aid	<b>\$0 copay</b> for one routine hearing exam per year <b>\$1,000 allowance</b> for one hearing aid per year  Services may require authorization.	<b>\$0 copay</b> for one routine hearing exam per year <b>\$1,000 allowance</b> for one hearing aid per year  Services may require authorization.	<b>\$0 copay</b> for one routine hearing exam per year <b>\$1,000 allowance</b> for one hearing aid per year  Services may require authorization.

<b>PREMIUMS &amp; BENEFITS</b>	<b>Vitality Choice (HMO) San Joaquin</b>	<b>Vitality Choice (HMO) Santa Clara</b>	<b>Vitality Plus (HMO) San Joaquin and Santa Clara</b>
<b>Dental Services</b> ·Oral Exam and Cleaning	Oral exam: <b>\$0 copay</b> Cleaning: <b>\$0 copay</b> for one cleaning every 6 months	Oral exam: <b>\$0 copay</b> Cleaning: <b>\$0 copay</b> for one cleaning every 6 months	Oral exam: <b>\$0 copay</b> Cleaning: <b>\$0 copay</b> for one cleaning every 6 months
<b>Vision Services</b> ·Routine eye exam  ·Eyewear (contact lenses and frames and lenses)	<b>\$0 copay</b> for one routine eye exam per year  Services may require authorization <b>\$200 allowance</b> every 2 years for contact lenses  <b>\$0 copay</b> for lenses and frames once every 24 months  Services may require authorization.	<b>\$0 copay</b> for one routine eye exam per year  Services may require authorization <b>\$200 allowance</b> every 2 years for contact lenses  <b>\$0 copay</b> for lenses and frames once every 24 months  Services may require authorization.	<b>\$0 copay</b> for one routine eye exam per year  Services may require authorization <b>\$200 allowance</b> every 2 years for contact lenses  <b>\$0 copay</b> for lenses and frames once every 24 months  Services may require authorization.
<b>Mental Health Services</b> ·Outpatient group therapy visit ·Outpatient individual therapy visit	<b>\$15 copay</b> Services may require authorization and a referral.	<b>\$25 copay</b> Services may require authorization and a referral.	<b>20% of the cost</b> Services may require authorization and a referral.

<b>PREMIUMS &amp; BENEFITS</b>	<b>Vitality Choice (HMO) San Joaquin</b>	<b>Vitality Choice (HMO) Santa Clara</b>	<b>Vitality Plus (HMO) San Joaquin and Santa Clara</b>
Skilled Nursing Facility (SNF)	<p><b>\$0 copay days 1–20; \$50 copay per day for days 21–75; \$75 copay per day, for days 76–100</b></p> <p>Services may require authorization and a referral.</p>	<p><b>\$0 copay days 1–20; \$50 copay per day for days 21–75; \$75 copay per day for days 76–100</b></p> <p>Services may require authorization and a referral.</p>	<p><b>\$0 copay days 1–20; \$170.50 per day for days 21–100</b></p>
Physical therapy	<p><b>\$0 copay</b> Services may require authorization and a referral.</p>	<p><b>\$0 copay</b> Services may require authorization and a referral.</p>	<p><b>20% of the cost</b> Services may require authorization and a referral.</p>

<b>PREMIUMS &amp; BENEFITS</b>	<b>Vitality Choice (HMO) San Joaquin</b>	<b>Vitality Choice (HMO) Santa Clara</b>	<b>Vitality Plus (HMO) San Joaquin and Santa Clara</b>
<b>Ambulance</b>	<p><b>\$100 copay</b> 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><b>\$100 copay</b> 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><b>20% of the cost</b> 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>
<b>Transportation</b>	<p><b>\$0 copay</b> for up to 22 one-way trips to plan-approved locations each year</p> <p>Services may require authorization.</p>	<p><b>\$0 copay</b> for up to 28 one-way trips to plan-approved locations each year</p> <p>Services may require authorization.</p>	<p><b>\$0 copay</b> for Unlimited one-way trips to plan-approved locations each year</p> <p>Services may require authorization.</p>
<b>Medicare Part B Drugs</b>	<p><b>20% of the cost</b> Services may require authorization.</p>	<p><b>20% of the cost</b> Services may require authorization.</p>	<p><b>20% of the cost</b> Services may require authorization.</p>

## Outpatient Prescription Drugs

	Vitality Choice (HMO) San Joaquin	Vitality Choice (HMO) Santa Clara	Vitality Plus (HMO) San Joaquin and Santa Clara
Part D Deductible	No Deductible	No deductible	\$415 deductible Deductible does not apply to Tier 1 drugs
<b>Preferred and Non-Preferred Retail Rx 30-day supply</b>			
	Vitality Choice (HMO) San Joaquin	Vitality Choice (HMO) Santa Clara	Vitality Plus (HMO) San Joaquin and Santa Clara
Initial Coverage You are in the initial coverage stage until you reach \$3,820 in drug costs (year to date).			
<b>Tier 1 - Preferred Generic</b>	<b>\$0 copay</b>	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Tier 2 - Generic</b>	<b>\$5 copay</b>	<b>\$5 copay</b>	<b>25% of the cost</b>
<b>Tier 3 - Preferred Brand</b>	<b>\$35 copay</b>	<b>\$35 copay</b>	<b>25% of the cost</b>
<b>Tier 4 - Non-Preferred Brand</b>	<b>\$90 copay</b>	<b>\$90 copay</b>	<b>25% of the cost</b>
<b>Tier 5 - Specialty Tier</b>	<b>33% of the cost</b>	<b>33% of the cost</b>	<b>25% of the cost</b>



	Vitality Choice (HMO) San Joaquin	Vitality Choice (HMO) Santa Clara	Vitality Plus (HMO) San Joaquin and Santa Clara
	<b>Mail Order 90-day supply</b>		
<b>Initial Coverage</b> You are in the initial coverage stage until you reach \$3,820 in drug costs (year to date).			
<b>Tier 1 - Preferred Generic</b>	<b>\$0 copay</b>	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Tier 2 - Generic</b>	<b>\$10 copay</b>	<b>\$10 copay</b>	<b>37% of the cost</b>
<b>Tier 3 - Preferred Brand</b>	<b>\$70 copay</b>	<b>\$70 copay</b>	<b>25% of the cost</b>
<b>Tier 4 - Non-Preferred Brand</b>	<b>\$180 copay</b>	<b>\$180 copay</b>	<b>25% of the cost</b>
<b>Tier 5 - Specialty Tier</b>	<b>Tier 5 not available</b>	<b>Tier 5 not available</b>	<b>Tier 5 not available</b>
<b>Coverage Gap</b> You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$5,100.	You pay \$0 for Tier 1 and \$5 or 37%, whichever is lower, for 1 month supply for Tier 2 during this stage.  During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 37% of the price for generic drugs for drugs in Tier 3, Tier 4 and Tier 5.	You pay \$0 for Tier 1 and \$5 or 37%, whichever is lower, for 1 month supply for Tier 2 during this stage.  During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 37% of the price for generic drugs for drugs in Tier 3, Tier 4 and Tier 5.	You pay \$0 for Tier 1 drugs during this stage.  During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 37% of the price for generic drugs for drugs in Tier 2, Tier 3, Tier 4 and Tier 5.
<b>Catastrophic Coverage</b>	During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2019).		
Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit.			

## Supplemental Benefits

	Vitality Choice (HMO) San Joaquin	Vitality Choice (HMO) Santa Clara	Vitality Plus (HMO) San Joaquin and Santa Clara
<b>Supplemental Benefits Premium</b>	You pay \$0 additional per month	You pay \$0 additional per month	You pay \$0 additional per month
<b>Over-The-Counter (OTC) Items</b>	You get up to \$40 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.	You get up to \$60 allowance every three (3) months for OTC items on Vitality Health Plan of California's OTC Benefit Catalogue.
<b>Acupuncture and/or Chiropractor Visits</b>	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.
<b>Wellness Programs</b> •Gym Membership	Silver&Fit fitness program annual membership at <b>no cost</b> . This includes access to participating fitness facilities, or membership in the Silver&Fit Home Fitness Program for members who are unable to participate in a fitness facility or prefer to work out at home.	Silver&Fit fitness program annual membership at <b>no cost</b> . This includes access to participating fitness facilities, or membership in the Silver&Fit Home Fitness Program for members who are unable to participate in a fitness facility or prefer to work out at home.	Silver&Fit fitness program annual membership at <b>no cost</b> . This includes access to participating fitness facilities, or membership in the Silver&Fit 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

## 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: 711 FAX: 1-866-207-6539

Or by filling out the “File a Grievance” form on our website at: [www.VitalityHP.net](http://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 (TDD)

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

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

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