

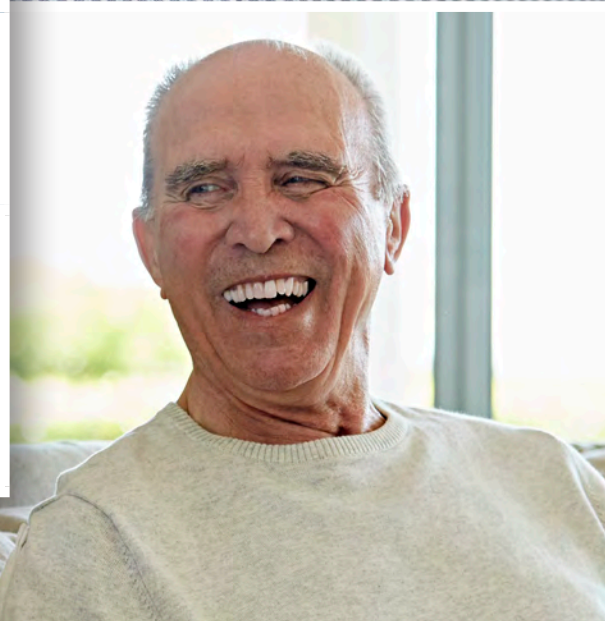


Los Angeles County

VillageHealth (HMO-POS SNP)

2022 Benefit Highlights

Medicare Advantage Plan





Plan Details	Medicare and Full Medi-Cal (In & Out-of-Network)	Medicare ONLY (In-Network)	Medicare ONLY (Out-of-Network)
Monthly Plan Premium	\$0	\$33.20	\$33.20
Annual Plan Deductible	\$0	Medicare fee-for-service deductible	Medicare fee-for-service deductible



Comprehensive Care			
Primary Care Office Visits	\$0	\$0	\$0
Specialist Office Visits	\$0	0%-20%	0%-20%
Outpatient Mental Health (Individual/Group)	\$0	\$0	\$0
Diabetic Supplies (lancets, test strips, monitor)	\$0	\$0	\$0
Diabetic Self-Management Training	\$0	\$0	\$0
Lab Services	\$0	\$0	\$0
X-rays	\$0	20%	20%
Diagnostic Radiology (e.g. MRI, CT, ultrasound)	\$0	20%	20%
Dialysis Treatment	\$0	20%	Not Covered
Durable Medical Equipment	\$0	20%	20%



Hospital and Emergency Care			
Inpatient Hospital Care	\$0	Medicare fee-for-service costs	Medicare fee-for-service costs
Skilled Nursing Facility	\$0	Medicare fee-for-service costs	Not covered
Outpatient Surgery	\$0	20%	20%
Emergency Care	\$0 (U.S. only)	20% (up to \$90 – U.S. only) (\$0 if admitted immediately)	20% (up to \$90 – U.S. only) (\$0 if admitted immediately)
Urgent Care Services	\$0 (U.S. only)	\$0 (U.S. only)	\$0 (U.S. only)
Ambulance Services	\$0	20%	20%



Maximum Out-of-Pocket			
Annual Maximum Out-of-Pocket (MOOP)	\$7,550	\$7,550	\$7,550



Prescription Drug Coverage	Medicare and Full Medi-Cal		Medicare Only	
	PREFERRED	STANDARD	PREFERRED	STANDARD
PHARMACY NETWORK				
Part D Deductible	\$0	\$0	\$480 (Tiers 2-5)	\$480 (Tiers 2-5)
Initial Coverage Stage – SCAN Contracted Retail and Mail-Order Pharmacies (1-month/30-day supply)				
TIER 1: Preferred Generic	\$0	\$0 or \$1.35 or \$3.00	\$0	\$3
TIER 2: Generic	Generic drugs (including drugs that are treated like a generic): \$0 or \$1.35 or \$3.95 copay		25% of the total drug cost	
TIER 3: Preferred Brand				
TIER 4: Non-Preferred Drug				
TIER 5: Specialty Tier	All other drugs: \$0 or \$4.00 or \$9.85 copay			

If you receive “Extra Help” for your prescription drug costs, the “Extra Help” program will pay all or part of your monthly plan premium and your prescription drug deductibles and copay/coinsurance.

VillageHealth is a Medicare Advantage HMO with a Point-of-Service (POS) option, which means you can use providers outside the plan’s network. There are no referrals or prior authorizations needed for most covered services.





Included extras you get with VillageHealth

Core Extras	
Access to a personal VillageHealth Care Team	\$0
Dental Services (routine) Dental exams Cleaning X-rays	\$0 \$0 (2 visits per year) \$0 (1 visits every 6 months) In addition to your preventive dental benefits, your plan covers services such as: crowns, implants, dentures, fillings, etc. See Delta Dental fee schedule.
Vision Services (routine) Eye exam Coverage for eyewear - glasses (frames and lenses) or contact lenses	\$0 (1 every 12 months) \$400 allowance every year
Transportation (routine)*	\$0 (38 one-way/per year)
Podiatry Services (routine)	\$0 (6 visits per year)
Featured Extras	
Over-the-Counter (OTC)	\$75 allowance per quarter with rollover
Health Club Membership	\$0 (SilverSneakers®)
Emergency Response System** A personal safety system	\$0 (includes installation and monthly fees)
Chronic Care Meals**	\$0 home delivered meals, up to 28 days per year
Returning to Home** Extra help at home after a hospital stay	\$0 personal in home care visits, up to 28 hours per year \$0 home delivered meals up to 28 days per year
Respite Care Services** Short-term break from caregiving	\$0 up to 40 hours per year
*75-mile limit will apply to each one-way trip. **Criteria and limitations apply.	
Solutions for Virtual Care Access	
Abridge App	\$0 technology enabled app to help remember important health conversations

VillageHealth is an innovative health plan designed for people with end-stage renal disease.

Please refer to your Summary of Benefits for more details about all the benefits and services you get with your Medicare Advantage Plan. If you have any questions, just call us. An authorized VillageHealth representative will be happy to help you.



1-877-916-1234 (TTY: 711)

October 1 to March 31: 8 a.m. to 8 p.m., 7 days a week

April 1 to September 30: 8 a.m. to 8 p.m., Monday through Friday



VillageHealth (HMO-POS SNP)

A Special Needs Plan for those diagnosed with end-stage renal disease, including pre- and post-transplant patients. VillageHealth is designed to meet the specialized needs of people who have end-stage renal disease or are post-transplant. VillageHealth offers benefits beyond Medicare coverage such as transportation, dental and vision coverage. As a VillageHealth member, you'll be assigned your own VillageHealth Care Team to work with you, your family and your doctors to coordinate and manage your healthcare needs.



Contact an authorized VillageHealth representative today

1-877-916-1234



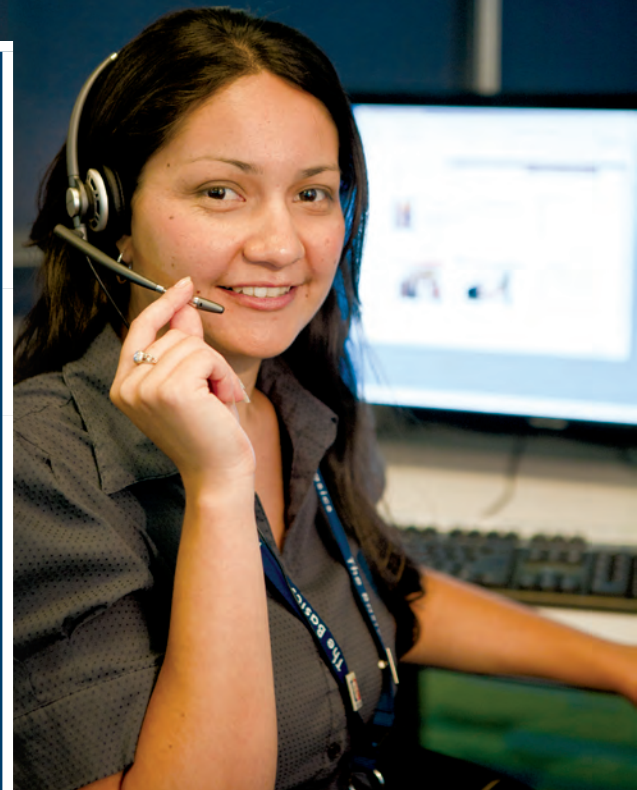
Or visit:

www.villagehealthca.com

TTY users: 711

8 a.m. to 8 p.m., Monday through Friday,
Pacific Time

8 a.m. to 8 p.m., 7 days a week, Pacific Time
(From October 1 through March 31)



VillageHealth (HMO-POS SNP) is an HMO plan and is a Point of Service (POS) plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal. You must continue to pay your Medicare Part B premium.

Copay/coinsurance may vary by plan and county or depending on the pharmacy you choose (e.g., Preferred or Standard, etc.) or whether you receive a one-month or a three-month supply or when you enter another phase of the Part D benefit or if you receive "Extra Help." You can fill your prescriptions at any of our network pharmacies, but you may pay less at a Preferred pharmacy. Check your Evidence of Coverage or call VillageHealth Member Services for details.

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts PharmacySM is our Preferred mail-order pharmacy. While you can fill your prescription medications at any of our network mail-order pharmacies, you may pay less at the Preferred mail-order pharmacy. Typically, you should expect to receive your prescription drugs within 14 days from the time that Express Scripts mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact VillageHealth Plan's Member Services. For your mail-order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users call 711. You may opt out of automatic deliveries at any time.