

2022

Summary of Benefits

VillageHealth (HMO-POS SNP)

Los Angeles County

January 1, 2022 – December 31, 2022

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.

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” by calling our Member Services Department at the phone number listed in this document or online at www.villagehealthca.com.

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SUMMARY OF BENEFITS JANUARY 1, 2022 – DECEMBER 31, 2022

PREMIUM AND BENEFITS	VILLAGEHEALTH		WHAT YOU SHOULD KNOW
	In-Network Services	Out-of-Network Services	
Monthly Health Plan Premium	You pay \$33.20 per month	You pay \$33.20 per month	You must continue to pay your Medicare Part B premium.
Deductible	<p>You pay \$203 deductible per year for in-network services in 2021. This amount may change for 2022.</p> <p>You pay \$480 deductible per year for Part D prescription drugs for Tiers 2-5.</p>	<p>You pay \$203 deductible per year for in-network services in 2021. This amount may change for 2022.</p> <p>You pay \$480 deductible per year for Part D prescription drugs for Tiers 2-5.</p>	This plan has deductibles for some hospital and medical services, and Part D prescription drugs.
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	\$7,550 annually	\$7,550 annually	The most you pay for copays and coinsurance for Medicare-covered medical services for the year.
Inpatient Hospital Coverage	<p>In 2021, the amounts for each benefit period* were:</p> <ul style="list-style-type: none"> • \$1,484 deductible per benefit period • \$0 per day for days 1-60 • \$371 copay per day for days 61-90 • \$742 copay per day for each “lifetime reserve day” 1-60 <p>These amounts may change for 2022.</p>	<p>In 2021, the amounts for each benefit period* were:</p> <ul style="list-style-type: none"> • \$1,484 deductible per benefit period • \$0 per day for days 1-60 • \$371 copay per day for days 61-90 • \$742 copay per day for each “lifetime reserve day” 1-60 <p>These amounts may change for 2022.</p>	<p>Prior authorization rules apply for inpatient hospital services. You are covered for up to 90 days per benefit period.*</p> <p>You are also covered up to 60 additional days for days 91 and beyond per lifetime.</p>

*A benefit period begins the day you go into a hospital or SNF. The benefit period ends when you haven't received any inpatient hospital or SNF care for 60 days in a row.

PREMIUM AND BENEFITS	VILLAGEHEALTH		WHAT YOU SHOULD KNOW
	In-Network Services	Out-of-Network Services	
Outpatient Hospital Services <ul style="list-style-type: none"> • Ambulatory Surgical Center • Outpatient Hospital 	<p>You pay 20% of the total cost</p> <p>You pay 20% of the total cost</p>	<p>You pay 20% of the total cost</p> <p>You pay 20% of the total cost</p>	
Doctor Visits <ul style="list-style-type: none"> • Primary Care • Specialists 	<p>You pay \$0</p> <p>\$0 Nephrologist</p> <p>20% all other specialists</p>	<p>You pay 20%</p> <p>\$0 Nephrologist</p> <p>20% all other specialists</p>	
Preventive Care	<p>You pay \$0</p>	<p>You pay \$0</p>	<p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p>You pay 20% of the total cost for up to \$90 per visit</p>	<p>You pay 20% of the total cost for up to \$90 per visit</p>	<p>The emergency room copay will be waived if you are immediately admitted to the hospital.</p> <p>Not covered outside of the U.S. except under limited circumstances as defined by Medicare</p>
Urgently Needed Services	<p>You pay \$0</p>	<p>You pay \$0</p>	<p>Not covered outside of the U.S. except under limited circumstances as defined by Medicare.</p>

PREMIUM AND BENEFITS	VILLAGEHEALTH		WHAT YOU SHOULD KNOW
	In-Network Services	Out-of-Network Services	
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Lab services • Diagnostic tests and procedures • Outpatient X-rays • Therapeutic radiology • Diagnostic radiology (e.g., MRI, CT) 	<p>You pay \$0</p> <p>You pay 20% of the total cost</p> <p>You pay 20% of the total cost</p> <p>You pay 20% of the total cost</p> <p>You pay 20% of the total cost</p>	<p>You pay \$0</p> <p>You pay 20% of the total cost</p> <p>You pay 20% of the total cost</p> <p>You pay 20% of the total cost</p> <p>You pay 20% of the total cost</p>	
Hearing Services <ul style="list-style-type: none"> • Medicare-covered diagnostic hearing and balance exam • Non-Medicare-covered (routine) hearing exam • Non-Medicare-covered (routine) hearing aids 	<p>You pay 20% of the total cost per visit</p> <p>Not covered</p> <p>Not covered</p>	<p>You pay 20% of the total cost per visit</p> <p>Not covered</p> <p>Not covered</p>	
Dental Services <ul style="list-style-type: none"> • Medicare-covered dental services • Non-Medicare-covered (routine) oral exam • Non-Medicare-covered (routine) dental cleaning • Non-Medicare-covered (routine) dental X-rays 	<p>You pay 20% of the total cost per visit</p> <p>You pay \$0 for up to 2 visits every 12 months</p> <p>You pay \$0 for up to 1 visit every 6 months</p> <p>You pay \$0 for up to 1 series every 6 months</p>	<p>You pay 20% of the total cost per visit</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p>	<p>Routine dental services do not require a prior authorization.</p> <p>You must go to a VillageHealth-contracted dentist to obtain routine dental services.</p>

PREMIUM AND BENEFITS	VILLAGEHEALTH		WHAT YOU SHOULD KNOW
	In-Network Services	Out-of-Network Services	
<p>Vision Services</p> <ul style="list-style-type: none"> • Medicare-covered vision exam to diagnose/treat diseases of the eye • Medicare-covered glasses after cataract surgery • Non-Medicare-covered (routine) vision exam • Non-Medicare-covered (routine) glasses or contact lenses • Non-Medicare-covered (routine) vision coverage limit 	<p>You pay 20% of the total cost</p> <p>You pay 20% of the total cost</p> <p>You pay \$0 for up to 1 visit every 12 months</p> <p>Included in the vision coverage limit</p> <p>You are covered for up to \$400 for frames, lenses, and lens options or contact lenses every 12 months</p>	<p>You pay 20% of the total cost</p> <p>You pay 20% of the total cost</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p>	<p>Routine vision services do not require prior authorization.</p> <p>You must go to a VillageHealth-contracted vision provider to obtain routine vision services.</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient visit • Outpatient individual/group therapy visit • Outpatient individual/group therapy visit with a psychiatrist 	<p>In 2021, the amounts for each benefit period* were:</p> <ul style="list-style-type: none"> • \$1,484 deductible per benefit period • \$0 per day for days 1-60 • \$371 copay per day for days 61-90 • \$742 copay per day for each "lifetime reserve day" 1-60 <p>These amounts may change for 2022.</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p>In 2021, the amounts for each benefit period* were:</p> <ul style="list-style-type: none"> • \$1,484 deductible per benefit period • \$0 per day for days 1-60 • \$371 copay per day for days 61-90 • \$742 copay per day for each "lifetime reserve day" 1-60 <p>These amounts may change for 2022.</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p>Prior authorization rules apply for inpatient mental health services. You are covered for up to 90 days per benefit period.* You are also covered up to 60 additional days for days 91 and beyond per lifetime.</p>

PREMIUM AND BENEFITS	VILLAGEHEALTH		WHAT YOU SHOULD KNOW
	In-Network Services	Out-of-Network Services	
Skilled Nursing Facility	<p>In 2021, the amounts for each benefit period* were:</p> <ul style="list-style-type: none"> • \$0 for days 1-20 • \$185.50 copay per day for days 21-100 <p>These amounts may change for 2022.</p>	Not covered	<p>Prior authorization rules apply for skilled nursing facility services. You are covered for up to 100 days per benefit period.*</p> <p>No prior hospitalization is required.</p>
Physical Therapy	You pay 20% of the total cost	You pay 20% of the total cost	
Ambulance	You pay 20%	You pay 20%	
Transportation (Non-Medicare-covered — routine)	<p>You pay \$0 for up to 38 one-way trips per year</p> <p>75-mile limit applies to each one-way trip</p>	Not covered	<p>Prior authorization rules apply for routine transportation services.</p> <p>You must use a VillageHealth-contracted provider to obtain routine transportation services.</p>
Medicare Part B Drugs	<p>You pay \$0 for chemotherapy and other Part B drugs received at a pharmacy</p> <p>You pay 20% of the total cost for chemotherapy and other Part B drugs received at any other setting</p>	<p>You pay \$0 for chemotherapy and other Part B drugs received at a pharmacy</p> <p>You pay 20% of the total cost for chemotherapy and other Part B drugs received at any other setting</p>	Prior authorization rules apply to select drugs.

*A benefit period begins the day you go into a hospital or SNF. The benefit period ends when you haven't received any inpatient hospital or SNF care for 60 days in a row.

OUTPATIENT PRESCRIPTION DRUGS (PART D DRUGS):

You pay the following:

VILLAGEHEALTH

Drug Tier	Retail				Mail-Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	100-day supply	30-day supply	100-day supply	100-day supply	100-day supply

Part D Deductible

You pay the full cost of your Tier 2 through Tier 5 drugs until you have paid \$480.

Initial Coverage Stage

Tier 1 (Preferred Generic)	You pay \$0	You pay \$0	You pay \$3	You pay \$9	You pay \$0	You pay \$9
Tier 2 (Generic)	You pay 25%	You pay 25%	You pay 25%	You pay 25%	You pay 25%	You pay 25%
Tier 3 (Preferred Brand)	You pay 25%	You pay 25%	You pay 25%	You pay 25%	You pay 25%	You pay 25%
Tier 4 (Non-Preferred Drug)	You pay 25%	You pay 25%	You pay 25%	You pay 25%	You pay 25%	You pay 25%
Tier 5 (Specialty Tier)	You pay 25%	Not available	You pay 25%	Not available	Not available	Not available

Coverage Gap Stage

Begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430.

You pay 25% of the negotiated price (and a portion of the dispensing fee) for your brand name drugs and 25% of the cost for your generic drugs.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of:

- 5% of the cost, or
- \$3.95 copay for generic (including drugs that are treated like a generic) and \$9.85 copay for all other drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less for certain drugs if you use these pharmacies. Your cost-sharing may vary depending on the pharmacy you choose (e.g., Preferred Retail, Standard Retail, Preferred Mail-Order, Standard Mail-Order, Long Term Care (LTC), Home infusion, 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.” For more information, please call our Member Services Department at the number provided in this document or access your Evidence of Coverage online. If you reside in a long-term care facility, your cost-sharing for a 31-day supply is the same as at a standard retail pharmacy for a 30-day supply. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

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. Other pharmacies are available in our network.

ADDITIONAL BENEFITS

BENEFITS	VILLAGEHEALTH		WHAT YOU SHOULD KNOW
	In-Network Services	Out-of-Network Services	
Home Health Care (Medicare-covered)	You pay \$0	Not covered	
Medical Equipment/Supplies <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetic supplies 	<p>You pay 20% of the total cost</p> <p>You pay 20% of the total cost</p> <p>You pay \$0</p>	<p>You pay 20% of the total cost</p> <p>You pay 20% of the total cost</p> <p>You pay \$0</p>	<p>Prior authorization is only required for certain items including, but not limited to, power chairs, air mattresses, continuous glucose monitors, home ventilators, and bone stimulators. Contact Member Services for more information. VillageHealth covers diabetic supplies such as glucose monitors, test strips, and control solution from a select manufacturer. Lancets are also covered and are available from all manufacturers.</p>
Over-the-Counter (OTC) Products	You are covered for up to \$75 per quarter	Not covered	<p>You can use this benefit to order non-prescription items through the VillageHealth OTC mail-order catalog. Items will be shipped directly to your home.</p> <p>You are covered up to 2 shipments per quarter and any remaining balance is carried over to the next quarter. The benefit does not carry over to the next calendar year.</p>

ABOUT VILLAGEHEALTH

Who can join?	You must: <ul style="list-style-type: none"> – have both Medicare Part A and Part B – live in the plan service area (Los Angeles County, California) – be a United States citizen or be lawfully present in the United States – be diagnosed with end-stage renal disease (ESRD) or be a post-transplant patient
Phone Number (Members) Phone Number (Non-Members) TTY	1-800-399-7226 1-877-916-1234 Calling this number will direct you to a licensed insurance agent. 711
Hours of Operation	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 Messages received on holidays and outside of our business hours will be returned within one business day.
Website	www.villagehealthca.com

To get more information about the 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), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.

This information is not a complete description of benefits. Call 1-800-399-7226 (TTY: 711) for more information.

You can get prescription drugs shipped to your home through our network mail-order delivery program, which is called Express Scripts Pharmacy.SM Typically, you should expect to receive your prescription drugs within 14 days from the time that the mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact VillageHealth Member Services at 1-800-399-7226, 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m. Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day). TTY: 711

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-916-1234 (TTY users call 711) Hours are 8 a.m. to 8 p.m., seven days a week from October 1 to March 31. From April 1 to September 30 hours are 8 a.m. to 8 p.m., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.villagehealthca.com or call 1-877-916-1234 to view a copy of the EOC.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.