

2018 Benefit Highlights

VillageHealth (HMO-POS SNP)

Medicare Advantage Plan



VillageHealth is designed to meet the specialized needs of people who have End Stage Renal Disease or are post transplant. 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.

Plan Details	Medicare & Full Medi-Cal (In- & Out-of-Network)	Medicare Only (In-Network)	Medicare Only (Out-of-Network)
Monthly Plan Premium	\$0	\$35.50*	\$35.50*
Annual Plan Deductible	\$0	Medicare fee-for-service deductible	Medicare fee-for-service deductible
Comprehensive Care	Medicare & Full Medi-Cal (In- & Out-of-Network)	Medicare Only (In-Network)	Medicare Only (Out-of-Network)
Primary Care Office Visits	\$0	\$0	20%
Specialist Office Visits	\$0	0%–20%	0%–20%
Outpatient Mental Health (Individual/Group)	\$0	\$0	20%
Diabetic Supplies (Lancets, Test Strips, Monitor)	\$0	\$0	\$0
Diabetic Self-Management Training	\$0	\$0	\$0
Lab Services	\$0	\$0	\$0
X-rays	\$0	\$0	20%
Diagnostic Radiology (e.g., MRI, CT)	\$0	\$0	20%
Dialysis Treatment	\$0	20%	N/A
Kidney Disease Education	\$0	20%	20%
Durable Medical Equipment	\$0	20%	N/A
Hospital and Emergency Care	Medicare & Full Medi-Cal (In- & Out-of-Network)	Medicare Only (In-Network)	Medicare Only (Out-of-Network)
Inpatient Hospital Care	\$0	Medicare fee-for-service costs	Medicare fee-for-service costs
Skilled Nursing Facility	\$0	Medicare fee-for-service costs	N/A
Outpatient Surgery	\$0	20%	20%
Emergency Care	\$0 (U.S. only)	20% (U.S. only) \$0 (if admitted immediately)	20% (U.S. only) \$0 (if admitted immediately)
Urgent Care Services	\$0 (U.S. only)	\$0 (U.S. only)	20% (U.S. only)
Ambulance Services	\$0 (per one-way trip)	20% (per one-way trip)	20% (per one-way trip)
Maximum Out-of-Pocket	Medicare & Full Medi-Cal (In- & Out-of-Network)	Medicare Only (In-Network)	Medicare Only (Out-of-Network)
Annual Maximum Out-of-Pocket	\$6,700	\$6,700	\$6,700

Prescription Drug Coverage	VillageHealth (Medicare & Full Medi-Cal)		VillageHealth (Medicare Only)*	
	Preferred	Standard	Preferred	Standard
Pharmacy Network				
Part D Deductible (Tiers 2-5)	\$0	\$0	\$405	\$405
Initial Coverage Stage — SCAN-Contracted Pharmacy (1-month/30-day Supply of Drugs)				
TIER 1: Preferred Generic Drugs	\$0	\$0 or \$1.25 or \$3.35	\$0	\$2
TIER 2: Generic Drugs	\$0 or \$1.25 or \$3.35			25%
TIER 3: Preferred Brand Drugs	\$0 or \$1.25 or \$3.35 or \$3.70 or \$8.35			25%
TIER 4: Non-Preferred Drugs	\$0 or \$1.25 or \$3.35 or \$3.70 or \$8.35			25%
TIER 5: Specialty Tier Drugs	\$0 or \$1.25 or \$3.35 or \$3.70 or \$8.35			25%

**If you qualify for "Extra Help" with your prescription drug costs, the "Extra Help" program will pay all or part of your monthly plan premium and your prescription drug deductibles and copays/coinsurance.*

Additional Benefits and Services	VillageHealth (With Medicare and Full Medi-Cal or Medicare Only) (In-Network Only)	
	Access to a Personal VillageHealth Nurse	\$0
Dental Services (Routine)		
Dental Exams	\$0	
Dental Cleanings	\$0 (2 per year)	
Dental X-rays	\$0 (1 every 6 months)	
Vision Services (Routine)		
Eye Exam	\$0 (1 per year)	
Glasses or Contact Lenses	\$0 (every 2 years)	
Coverage for Frames or Contacts	\$240 (every 2 years)	
Hearing Services (Routine)		
Hearing Exam	\$0 (1 per year)	
Hearing Aid Copay	\$699 or \$999 (per aid/per year)	
Transportation (Routine)	\$0‡	
Podiatry Services (Routine)	\$0 (6 visits per year)	
Health Club Membership	\$0	

‡ 75-mile limit will apply to each one-way trip



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 February 14)**

VillageHealth (HMO-POS SNP) is an HMO Plan and is a Point of Service (POS) plan with a Medicare contract. Enrollment in VillageHealth depends on contract renewal. You must continue to pay your Medicare Part B premium. VillageHealth is available to ESRD dialysis patients, pre-kidney transplant and post-kidney transplant patients.

This information is not a complete description of benefits. Contact the plan for more information. Benefits, premium, copayments and/or coinsurance may change on January 1 of each year. Limitations, copayments and restrictions may apply. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary. Calling the agent number will direct you to a licensed insurance agent.

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

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-399-7226. (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-399-7226. (TTY: 711). 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-800-399-7226。（聽障專線：711）。