

2020 Summary of Benefits

**Valor Health Plan (HMO-SNP)
January 1, 2020 - December 31, 2020**



Valor Health Plan

Insurance focused on you.

For more information:

Contact Valor Health Plan (HMO-SNP) from
8:00 a.m. to 8:00 p.m., 7 days a week
1-800-485-3793 TTY: 711

www.valorhealthplan.com

Valor Health Plan (HMO-SNP)

H1119, Plan 001

January 1, 2020 – December 31, 2020

Valor Health Plan (HMO-SNP) 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” by calling member services at 1-800-485-3793. Hours are seven (7) days a week from 8:00 am to 8:00 pm. TTY users call 711 or visit our website at www.valorhealthplan.com.

To join **Valor Health Plan (HMO-SNP)**, 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 Ohio: Coshocton, Crawford, Cuyahoga, Fairfield, Guernsey, Holmes, Lake, Medina, Noble, Perry, Stark and Summit.

Except in emergency situations, if you use the providers that are not in our network, we 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 users should call 1-877-486-2048.

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

For more information, please call us at 1-800-485-3793 (TTY users should call 711), or visit us at www.valorhealthplan.com

Premiums and Benefits	Valor Health Plan (HMO-SNP)
Monthly Plan Premium	<p>You pay \$28.50</p> <p>You must continue to pay your Medicare Part B premium.</p>
Deductible	<p>\$198.00</p> <p>These are 2020 cost sharing amounts.</p>
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>You pay no more than \$6,700 annually</p> <p>Includes copays and other costs for medical services for the year.</p>
Inpatient Hospital	<p>You pay a \$1408 deductible for days 1-60</p> <p>You pay a \$352 copay per day for days 61-90</p> <p>You pay a \$704 per lifetime reserve day</p> <p>These are 2020 cost sharing amounts.</p> <p>Cost shares are applied starting on the first day of admission and do not include the date of discharge.</p> <p>If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at a network hospital.</p>
Outpatient Hospital	<p>A 20% of the cost for Medicare covered services</p> <p>Prior authorization required</p>
Doctor Visits <ul style="list-style-type: none"> • Primary • Specialists 	<p>You pay 20% per visit</p> <p>You pay 20% per visit</p>
Preventative Care (e.g., flu vaccine, diabetic screenings)	<p>You pay nothing</p> <p>Other preventative services are available. There are some covered services that have a cost.</p>
Emergency Care	<p>20% of the cost of Medicare covered services (Up to \$90)</p> <p>If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must return to a network hospital in order for your care to continue to be covered.</p>

Premiums and Benefits	Valor Health Plan (HMO-SNP)
Urgently Needed Services	20% of the cost for Medicare covered services (up to \$65) and up to 3 days
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • MRI, CAT Scan • X-Rays 	20% of the cost for Medicare covered services A separate facility charge could apply for the facility in which the services are received. Prior Authorization is required for some services In addition, DME, Part B drugs, physicians' services and doctor's office visit cost share may also apply Authorization required for high tech radiological services such as CT, CAA, MRI, MRA, and PET scans No authorization is required for X-Ray services
Hearing Services <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid 	20% of the cost of Medicare covered services
Dental Services	20% of the cost for Medicare covered services In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) are not covered by Original Medicare.
Vision Services	20% of the cost for Medicare covered services
Mental Health Services <ul style="list-style-type: none"> • Outpatient group therapy/ individual therapy visit 	20% of the cost for Medicare covered services
Skilled Nursing Facility	You pay nothing for the first 20 days of each benefit period. You pay \$176.00 per day for days 21-100 You pay all costs for each day after day 100 These are 2020 cost sharing amounts. 3 day inpatient hospital stay prior to SNF admission is not required
Physical Therapy	20% of the cost for Medicare covered services Prior authorization required

Premiums and Benefits	Valor Health Plan (HMO-SNP)		
Ambulance	20% of the cost for Medicare covered services		
Transportation	Not covered		
Medicare Part B Drugs	20% of the cost of Medicare covered services		
Durable Medical Equipment	20% of the cost for Medicare covered services Authorization required for charges greater of \$1,000 or more.		
Ambulatory Surgery Center	20% of the cost for Medicare covered services Prior authorization required		
Outpatient Prescription Drugs			
Stage 1 <i>Yearly Deductible Stage</i>	Stage 2 <i>Initial Coverage Stage</i>	Stage 3 <i>Coverage Gap Stage</i>	Stage 4 <i>Catastrophic Coverage Stage</i>
<p>You begin in this payment stage when you fill your first prescription of the year. During this stage, you pay the full cost of your brand name drugs.</p> <p>You stay in this stage until you have paid \$435 for your brand name drugs (\$435 is the amount of your brand name deductible).</p>	<p>During this stage, the plan pays its share of the cost of your generic drugs and you pay your share of the cost.</p> <p>After you (or others on your behalf) have met your brand name deductible, the plan pays its share of the costs of your brand name drugs and you pay your share.</p> <p>You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$4,020.</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.</p> <p>You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$6,350. This amount and rules for counting costs toward this amount have been set by Medicare.</p>	<p>During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2020).</p>
Optional Supplemental Benefits			
Over-the-Counter Products	\$20 per month for OTC items		

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

For more information, please call us toll-free at 1-800-485-3793. TTY users should call 711 or visit us at valorhealthplan.com. You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern.

Valor Health Plan has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, Valor may not pay for these services.

You can see our plan's provider directory, pharmacy directory, and the complete plan formulary (list of Part D prescription drugs) at our website at valorhealthplan.com. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Discrimination is Against the Law

Valor 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. Valor Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Valor Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact us toll-free at 1-800-485-3793. TTY users should call 711 or visit us at valorhealthplan.com. You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern.

If you believe that Valor Health Plan 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 with: Compliance Officer, Valor Health Plan, 7171 Keck Park Circle NW North Canton, OH 44720, 1-844-223-2371, (TTY- 711), compliance@valorhealthplan.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Compliance Officer 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 hhs.gov/ocr/office/file/index.html



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English Non-Discrimination Statement

Valor Health Plan complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender or sex. Call 1-800-485-3793 (TTY: 711).

Español (Spanish)

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Valor Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-485-3793 (TTY: 711).

(Pennsylvanian Dutch)

“Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Valor Health Plan, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-800-485-3793 (TTY: 711) uffrufe.

Deutsch (German)

Falls Sie oder jemand, dem Sie helfen, Fragen zum Valor Health Plan haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-485-3793 (TTY: 711) an.

繁體中文 (Chinese)

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱] Valor Health Plan 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 1-800-485-3793 (TTY: 711)。

العربية (Arabic)

على الحصول في الحق فلديك ، Valor Health Plan بخصوص أسئلة تساعد شخص لدى أو لديك كان إن والمعلومات المساعدة 1-800-485-3793 (TTY: 711) ب اتصل مترجم مع للتحدث. تكلفة اية دون من بلغتك الضرورية

Français (French)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Valor Health Plan, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-485-3793 (TTY: 711).

Nepali

यदि तपाईं आफ्ना लागि आफैँ आफ्नो काम िि, वा कसैलाई मद्दत िि हुन्छ, Valor Health Plan बारे प्रश्नहरू छान्ने आफ्नो मातृ भाषामा दना सँ कुरा िनुपरे इन्टरप्रेटर(शलुक सहायता वा जानकारी पाउने अधिकार छ । िोभाषः 1-800-485-3793 (TTY: 711)मा फोन िनुहोस्।

(Hindi)

यदि आपको, या आप जिस व्यजति की सहायिा कर रहे हैं, उन्हें इस विषय Valor Health Plan के बारे में सिल हैं, िो आपको मुफ्ि में अपनी भाषा में सहायिा िथा िानकारी लेने का अधिकार है। 1-800-485-3793 (TTY: 711) पर फ़ोन करें।

(Yoruba)

Bí iwọ, tàbí ẹnikẹni tí o n ranlowọ, bá ní ibeere nípa Valor Health Plan, o ní ẹto lati rí iranwo àti ìfitónilétí gbà ní èdè rẹ láisanwó. Láti bá ongbufọ kan sọrọ, pè sórí 1-800-485-3793 (TTY: 711)

Русский (Russian)

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Valor Health Plan, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-485-3793 (TTY: 711).

Tiếng Việt (Vietnamese)

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Valor Health Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-485-3793 (TTY: 711).

Cushite-Oromo (Cushite)

Isin yookan namni biraa isin deeggartan Valor Health Plan irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-800-485-3793 (TTY: 711) tiin bilbilaa.

Italiano (Italian)

Se tu o qualcuno che stai aiutando avete domande su Valor Health Plan, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-485-3793 (TTY: 711).

(Serbo-Croatian)

Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Valor Health Plan, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-800-485-3793 (TTY: 711).

(Ukrainian)

Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про Valor Health Plan, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на 1-800-485-3793 (TTY: 711).



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