

# 2019 Summary of Benefits

**Valor Health Plan (HMO-SNP)  
January 1, 2019 - December 31, 2019**



## 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](http://www.valorhealthplan.com)

# Valor Health Plan (HMO-SNP)

H1119, Plan 001

January 1, 2019 – December 31, 2019

**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](http://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](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.

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](http://www.valorhealthplan.com)

Premiums and Benefits	Valor Health Plan (HMO-SNP)
Monthly Plan Premium	<p>You pay \$30.90</p> <p>You must continue to pay your Medicare Part B premium.</p>
Deductible	<p>\$185.00</p> <p>These are 2019 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 \$1340 deductible for days 1-60</p> <p>You pay a \$335 copay per day for days 61-90</p> <p>You pay a \$670 per lifetime reserve day</p> <p>These are 2018 cost sharing amounts and may change for 2019. Valor will provide updated rates as soon as they are released.</p> <p>Cost shares are applied starting on the first day of admission and do not include the date of discharge.</p> <p>Prior authorization required</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>
<p>Doctor Visits</p> <ul style="list-style-type: none"> <li>• Primary</li> <li>• Specialists</li> </ul>	<p>You pay 20% per visit</p> <p>You pay 20% per visit</p>
<p>Preventative Care</p> <p>(e.g., flu vaccine, diabetic screenings)</p>	<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"> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• MRI, CAT Scan</li> <li>• X-Rays</li> </ul>	0% of the cost for Medicare covered lab services  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"> <li>• Routine hearing exam</li> <li>• Hearing aid</li> </ul>	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"> <li>• Outpatient group therapy/ individual therapy visit</li> </ul>	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 \$170.50 per day for days 21-100  You pay all costs for each day after day 100  3 day inpatient hospital stay prior to SNF admission is not required  Prior authorization required  These are 2019 cost sharing amounts.

Physical Therapy	20% of the cost for Medicare covered services		
	Prior authorization required		
Ambulance	20% of the cost for Medicare covered services		
Transportation	Not covered		
Medicare Part B Drugs	20% of the cost of Medicare covered services		
<b>Outpatient Prescription Drugs</b>			
<b>Stage 1</b> <i>Yearly Deductible Stage</i>	<b>Stage 2</b> <i>Initial Coverage Stage</i>	<b>Stage 3</b> <i>Coverage Gap Stage</i>	<b>Stage 4</b> <i>Catastrophic Coverage Stage</i>
<p>You begin in this payment stage when you fill your first prescription of the year. During this stage, <b>you pay the full cost</b> of your brand name drugs.</p> <p>You stay in this stage until you have paid \$415 for your brand name drugs (\$415 is the amount of your brand name deductible).</p>	<p>You stay in this stage until your year-to-date <b>“total drug costs”</b> (your payments plus any Part D plan’s payments) total \$3,820.</p>	<p>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.</p> <p>You stay in this stage until your year-to-date <b>“out-of-pocket costs”</b> (your payments) reach a total of \$5,100. This amount and rules for counting costs toward this amount have been set by Medicare.</p>	<p>During this stage, <b>the plan will pay most of the cost</b> of your drugs for the rest of the calendar year (through December 31, 2019).</p>
<b>Optional Supplemental Benefits</b>			
Durable Medical Equipment	<p>20% of the cost for Medicare covered services</p> <p>Authorization required for charges greater of \$1,000 or more. Authorizations required for billed charges in excess of \$250. Additionally, DME items are provided when medically necessary and not covered by Original Medicare when determined to be medically appropriate by a physician or non-physician practitioner.</p>		
Over-the-Counter Products	\$25 per month for OTC items		

For more information, please call us toll-free at 1-800-485-3793. TTY users should call 711 or visit us at [valorhealthplan.com](http://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](http://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](http://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, 339 East Maple Street | Suite 100 | North Canton, OH 44720, 1-844-223-2371, (TTY- 711), [compliance@valorhealthplan.com](mailto: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](http://hhs.gov/ocr/office/file/index.html)



## MULTI-LANGUAGE INTERPRETIVE SERVICE

### 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).

### 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)。

### 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.

### العربية (Arabic)

ف لديك الحق في الحصول على المساعدة والمعلومات ، Valor Health Plan إن كان لديك أو لدى شخص تساعد أسئلة بخصوص 3793-485-800-1 ب 1 (TTY: 711) للتحديث مع مترجم اتصل ب

### (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.

### 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).

### 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).

### 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.

#### **한국어 (Korean)**

Valor Health Plan 연방 시민권 법을 준수 하며 인종에 근거 하 여 차별 하지 않습니다. 색상, 국적, 나이, 장애, 성별 또는 성별. 전화 걸기 1-800-485-3793 (TTY: 711).

#### **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).

#### **(Japanese)**

ご本人様、またはお客様の身の回りの方でも、Valor Health Plan についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます。料金はかかりません。通訳とお話される場合、1-800-485-3793 (TTY: 711) までお電話ください。

#### **(Dutch)**

Als u, of iemand die u helpt, vragen heeft over Valor Health Plan, heeft u het recht om hulp en informatie te krijgen in uw taal zonder kosten. Om te praten met een tolk, bel 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).

#### **(Romanian)**

Dacă dumneavoastră sau persoana pe care o asistați aveți întrebări privind Valor Health Plan, aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a vorbi cu un interpret, sunați la 1-800-485-3793 (TTY: 711).



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