



Valor Health Plan

Insurance focused on you.

SUMMARY OF BENEFITS

2027



Valor Health Plan (HMO-SNP)

Summary of Benefits

H1119 Plan 001

January 1, 2027 – December 31, 2027

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 a.m. to 8:00 p.m. 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 these counties in *Ohio*: Adams, Allen, Ashland, Ashtabula, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Erie, Fairfield, Fayette, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, and Wyandot.

Except in emergency situations, if you use 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.

H1119_SB27_M

Premiums and Benefits	Valor Health Plan (HMO-SNP)
Monthly Plan Premium	\$21.10 You must continue to pay your Medicare Part B premium.
Deductible	The cost sharing amount is \$283 <i>This is the 2026 cost-sharing amount and may change for 2027. Valor Health Plan will provide updates as soon as they are released.</i>
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than \$9,850 annually, which includes copays and other costs for medical services for the year.
Inpatient Hospital	You pay a \$1,736 deductible for days 1-60 You pay a \$434 copay per day for days 61-90 You pay a \$868 per lifetime reserve day Cost shares are applied starting on the first day of admission and do not include the date of discharge. 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. <i>These are 2026 cost-sharing amounts and may change for 2027. Valor Health Plan will provide updates as soon as they are released.</i>
Outpatient Hospital	20% of the cost for Medicare covered services Prior authorization required.
Ambulatory Surgical (ASC) Center Services	20% of the cost for Medicare covered services Prior authorization required.
Doctor Visits • Primary Care • Specialists	You pay 20% per visit You pay 20% per visit
Preventative Care (e.g., flu vaccine, diabetic screenings)	You pay nothing. Other preventative services are available. There are some covered services that have a cost.
Emergency Care	20% of the cost of Medicare covered services (Up to \$115). 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.
Urgently Needed Services	20% of the cost for Medicare covered services. (up to \$45) and up to 3 days.

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Diagnostic Services/ Labs/Imaging • 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 doctors 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 • Routine hearing exam	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 • Inpatient services in a psychiatric hospital	You pay a \$1,736 deductible for days 1-60 You pay a \$434 copay per day for days 61-90 You pay a \$868 per lifetime reserve day Cost shares are applied starting on the first day of admission and do not include the date of discharge. 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. <i>These are 2026 cost-sharing amounts and may change for 2027. Valor Health Plan will provide updates as soon as they are released.</i>
Mental Health Services • Outpatient group therapy/individual therapy visit	20% of the cost for Medicare covered services
Skilled Nursing Facility	You pay nothing for the first 100 days of each benefit period. You pay all costs for each day after 100. 3-day inpatient hospital stay prior to SNF admission is not required.
Physical Therapy	20% of the cost for Medicare covered services

Premiums and Benefits	Valor Health Plan (HMO-SNP)
Ambulance	20% of the cost for Medicare covered services
Transportation	20% of the cost for Medicare covered services
Medicare Part B Drugs	20% of the cost for Medicare covered services
Durable Medical Equipment (DME)	20% of the cost for Medicare covered services Authorization required for charges of \$1,000 or more.

Outpatient Prescription Drugs		
Stage 1 <i>Yearly Deductible Stage</i>	Stage 2 <i>Initial Coverage Stage</i>	Stage 3 <i>Catastrophic Coverage Stage</i>
The Deductible Stage is the first payment stage for your drug coverage. This stage begins when you fill your first prescription for the year. During this stage you must pay the full cost of your drugs until you reach the plan's deductible amount, which is \$700.	During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share of the cost of the drug which is 25%. You stay in this stage until the total amount for the prescription drugs you have paid reaches \$2,400.	During the Catastrophic Coverage Stage, you pay nothing for your covered drugs through the remainder of the year.

Optional Supplemental Benefits	
Over-the-Counter Products	\$214 per calendar quarter for OTC items.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You pay for Insulin – You won't pay more than \$35 (you may pay 25% of the total cost of the product, if lower than \$35) for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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FOR MORE INFORMATION



1-800-485-3793 TTY: 711

(8:00 a.m. to 8:00 p.m., 7 days a week)



valorhealthplan.com

Our Mission

Valor Health Plan is committed to integrity, positive outcomes, and compassionate care driven by strong partnerships in order to provide an enhanced quality of life for the members we serve.