

Medicare Advantage Plan  
**2024 Benefit Highlights**

**Better  
Medicare for**



**VillageHealth**  
(HMO-POS C-SNP)

**Los Angeles County**



Plan Details	Medicare and Full Medi-Cal (In & Out-of-Network)	Medicare ONLY (In-Network)	Medicare ONLY (Out-of-Network)
Monthly Plan Premium	\$0	\$24	\$24
Annual Plan Deductible	\$0	Medicare fee-for-service deductible	Medicare fee-for-service deductible

Comprehensive Care			
Primary Care Office Visits	\$0	\$0	20%
Specialist Office Visits	\$0	0%–20%	0%–20%
Outpatient Mental Health (Individual/Group)	\$0	\$0	\$0
Diabetic Supplies (lancets, test strips, monitor)	\$0	\$0	\$0
Diabetic Self-Management Training	\$0	\$0	\$0
Lab Services	\$0	\$0	\$0
X-rays	\$0	20%	20%
Diagnostic Radiology (e.g. MRI, CT, ultrasound)	\$0	20%	20%
Dialysis Treatment	\$0	20%	Not covered
Durable Medical Equipment	\$0	\$0 for items up to \$99; 20% for items \$100 and more	\$0 for items up to \$99; 20% for items \$100 and more

Hospital and Emergency Care			
Inpatient Hospital Care	\$0 per day	Medicare fee-for-service costs	Medicare fee-for-service costs
Skilled Nursing Facility	\$0 per day	Medicare fee-for-service costs	Not covered
Outpatient Surgery	\$0	20%	20%
Emergency Care	\$0 (U.S. only)	20% (up to \$100 – U.S. only) \$0 (if admitted immediately)	20% (up to \$100 – U.S. only) \$0 (if admitted immediately)
Urgent Care Services	\$0 (U.S. only)	\$0 (U.S. only)	\$0 (U.S. only)
Ambulance Services	\$0	20%	20%

Maximum Out-of-Pocket			
Annual Maximum Out-of-Pocket (MOOP)	\$8,850	\$8,850	\$8,850

Prescription Drug Coverage	Medicare and Full Medi-Cal		Medicare Only			
	PREFERRED	STANDARD	PREFERRED	STANDARD		
PHARMACY NETWORK						
Part D Deductible	\$0	\$0	\$545 (Tiers 2-6)	\$545 (Tiers 2-6)		
<b>Initial Coverage Stage – SCAN Contracted Retail Pharmacies (1-month/30-day supply)</b>						
TIER 1: Preferred Generic	\$0	\$0 or \$1.55 or \$3	\$0	\$3		
TIER 2: Generic	Generic drugs (including drugs that are treated like a generic): \$0 or \$1.55 or \$4.50 copay		25% of the total drug cost			
TIER 3: Preferred Brand			All other drugs: \$0 or \$4.60 or \$11.20 copay		\$35	\$35
Insulin						
Other Drugs						
TIER 4: Non-Preferred Drug			25% of the total drug cost			
TIER 5: Specialty Tier						
TIER 6: Select Care Drugs	\$0 or \$4.60 or \$11		\$11	\$11		

## Dental Services

Dental benefit with unlimited covered services. Coverage lasts all year long.

### PREVENTIVE

Oral Exam (2 per year)	\$0
Cleaning & X-Ray (2 per year)	\$0
Deep Cleaning (4 quadrants per year)	\$0

### COMPREHENSIVE

Diagnostic (screenings, x-rays)	\$0
Restorative (fillings, crowns)	\$0-\$350
Endodontics (root canals)	\$0-\$395
Prosthodontics (tooth replacement/dentures)	\$0-\$350
Implants (medically necessary) (tooth/teeth replacement)	\$0

# Included extras you get with VillageHealth

Core Extras	
<b>Access to a personal VillageHealth Care Team</b>	\$0
<b>Vision Services</b> (routine)	
Eye exam	\$0 (1 every 12 months)
Coverage for eyewear — glasses (frames and lenses) or contact lenses	\$400 allowance every year
<b>Transportation</b> (routine)*	\$0 (38 one-way trips per year)
Featured Extras	
<b>Over-the-Counter</b> (OTC)	\$200 allowance per quarter no rollover
<b>Health Club Membership</b>	\$0 (One Pass)
<b>Emergency Response System**</b> A personal safety system	\$0 (includes installation and monthly fees)
<b>Chronic Care Meals**</b>	\$0 home delivered meals, up to 28 days per year
<b>Returning to Home**</b> Extra help at home after a hospital stay or skilled nursing facility	\$0 personal in home care visits, up to 28 hours per year \$0 home delivered meals up to 28 days per year
<b>Respite Care Services**</b> Short-term break from caregiving	\$0 up to 40 hours per year
*75-mile limit will apply to each one-way trip. **Criteria and limitations apply.	
Solutions for Virtual Care Access	
<b>Abridge Mobile App</b>	\$0 to capture care visits

VillageHealth is an innovative health plan designed for people with end-stage renal disease.

Please refer to your Summary of Benefits for more details about all the benefits and services you get with your Medicare Advantage Plan. If you have any questions, just call us. An authorized VillageHealth representative will be happy to help you.

**1-877-916-1234**  
**(TTY: 888-SCAN-TTY)**

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



## **VillageHealth** (HMO-POS C-SNP)

A Special Needs Plan for those diagnosed with end-stage renal disease, including pre- and post-transplant patients. VillageHealth is designed to meet the specialized needs of people who have end-stage renal disease or are post-transplant. VillageHealth offers benefits beyond Medicare coverage such as transportation, dental and vision coverage. As a VillageHealth member, you'll be assigned your own VillageHealth Care Team to work with you, your family and your doctors to coordinate and manage your healthcare needs.

# Contact a VillageHealth representative today



Call  
**1-877-916-1234**

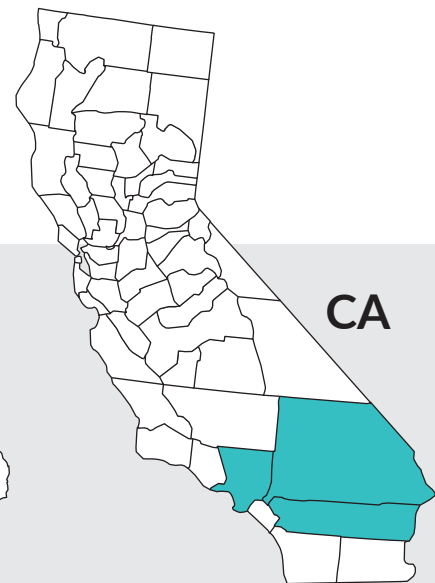
Or visit:  
**[www.villagehealthca.com](http://www.villagehealthca.com)**

## TTY users: 888-SCAN-TTY

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7 days a week

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## You can find us in:



VillageHealth (HMO-POS C-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.

You won't pay more than \$35 for a one-month supply and no more than \$105 for a three-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. Most adult Part D vaccines are covered by our plan at no cost to you. For more information, please refer to your "Drug List" (Formulary). If you have questions about the Drug List, you can also call Member Services. Prescription copay/coinsurance may vary by plan, county, pharmacy type (e.g., Preferred or Standard, etc.), day supply, Part D benefit phase, or in members who receive "Extra Help." You can fill your prescriptions at any of our network pharmacies, but you may pay less at a Preferred pharmacy. Check your Evidence of Coverage or call Member Services for details (phone numbers for Member Services are printed on the back cover of your Evidence of Coverage).

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts Pharmacy<sup>SM</sup> 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'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.