Valor Health Plan (HMO-SNP)

Summary of Benefits

H1119 Plan 001

January 1, 2025 – December 31, 2025

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 CST. 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, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, and Wyandot.

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.

H1119_SB25_M

Premiums and Benefits	Valor Health Plan (HMO-SNP)
Monthly Plan Premium	***$39.30*** You must continue to pay your Medicare Part B premium
Deductible	The 2024 cost sharing amount is ***$257***
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than ***$9,350*** annually, which includes copays and other costs for medical services for the year
Inpatient Hospital	You pay a $1,676 deductible for days 1-60 You pay a $419 copay per day for days 61-90 You pay a $838 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
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 ***$110***) 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.
Premiums and Benefits	**Valor Health Plan (HMO-SNP)**
Diagnostic Services/ Labs/Imaging • Diagnostic tests and procedures • 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.

• MRI, CAT Scan • X-Rays	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 • 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 $1,676 deductible for days 1-60 You pay a $419 copay per day for days 61-90 You pay a $838 per lifetime reserve day Cost shares are applied starting on the first day of admission and do not include the date of discharge.
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 greater of $1,000 or more

Outpatient Prescription Drugs		
Stage 1 *Yearly Deductible Stage*	**Stage 2** *Initial Coverage Stage*	**Stage 4** *Catastrophic Coverage Stage*
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 brand name drug** until you reach the plan's deductible amount, which is ***$590*.**	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 this stage until the total amount for the prescription drugs you have filled reaches ***$2,000.***	During the Catastrophic Coverage Stage, **the plan will pay most of the cost of your drugs** for the rest of the calendar year (through **December 31, 2025**).

Optional Supplemental Benefits	
Over-the-Counter Products	***$146*** per calendar quarter for OTC items

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

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.