

Medicare Advantage Plan Summary

for

Rancho Santiago Community College District

Effective 07/01/2022

The benefits and description of covered services within this summary are pending CMS approval and subject to change.

Covered Medical Benefits	PPO OPH	
	In-Network	Out-of-Network
Annual Deductible	\$0	
Maximum Out-of-Pocket responsibility Does not include prescription drugs	\$0	
HIGHLEVEL BENEFITS		
Inpatient Hospital Care	\$0 copay	\$0 copay
Outpatient Hospital Care Facility or ambulatory surgical center visit for surgery	\$0 copay	\$0 copay
Primary care office visit	\$0 copay	\$0 copay
Specialty care office visit	\$0 copay	\$0 copay
Video Doctor Visits LiveHealth Online Speak to network telehealth providers using your computer or mobile device	\$0 copay	\$0 copay
Preventive Care Medicare-covered	\$0 copay	\$0 copay
INPATIENT		
Inpatient Mental Health Care	\$0 copay	\$0 copay
Inpatient Mental Health Care - Out of Pocket Maximum - Combined with IP Hospital Care and combined in-network and out-of-network.	N/A	N/A
Skilled Nursing Facility (SNF) Care	\$0 copay for days 1-100 per benefit period	\$0 copay for days 1-100 per benefit period
Home Health Care	\$0 copay	\$0 copay
Hospice Care	\$0 copay	\$0 copay
OUTPATIENT		
Emergency Care Copay waived if admitted within 72 hours	\$0 copay	
Urgently Needed Services Copay waived if admitted within 72 hours	\$0 copay	
Ambulance Medicare-covered, Per One-Way Trip	\$0 copay	
Diagnostic Services, labs and imaging - simple Diagnostic Lab Services and x-rays	\$0 copay	\$0 copay
Diagnostic Services, labs and imaging - complex Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	\$0 copay
Hearing Services - Specialist Medicare-covered diagnostic hearing and balance evaluations	\$0 copay	\$0 copay
Hearing Services Non-Medicare covered Routine Hearing Exams (Hearing Care Solutions)	\$0 copay, \$70 maximum benefit every 12 months; limited to 1 exam every 12 months	\$0 copay, \$70 maximum benefit every 12 months; limited to 1 exam every 12 months
Hearing Services Non-Medicare covered Hearing Aids (Hearing Care Solutions)	\$0 copay, \$1500 maximum benefit every 12 months	

Vision Care - Specialist Medicare-covered exams to diagnose and treat eye diseases and conditions	\$0 copay	\$0 copay
Vision Care Medicare-covered eyewear following Cataract Surgery	\$0 copay	\$0 copay
Vision Care - Non-Medicare covered Routine vision Exam (Blue View Vision)	\$0 copay for exam 12 months, \$100 combined materials allowance 24 months	
Mental Health/Substance Abuse Services Outpatient individual therapy professional visit	\$0 copay	\$0 copay
Outpatient Rehabilitation Services Physical, Occupational & Speech Therapy Visits	\$0 copay	\$0 copay
Part B Drugs Medicare-covered	\$0 copay	\$0 copay
Chiropractic Services Medicare-covered	\$0 copay	\$0 copay
Acupuncture Medicare-covered	\$0 copay	\$0 copay
Diabetes Management Supplies: Blood Glucose Test Strips, Lancet Devices, Lancets & Glucose Control Solutions Through pharmacy preferred brand	\$0 copay	\$0 copay
Through pharmacy non-preferred brand	\$0 copay	\$0 copay
Through DME provider	\$0 copay	\$0 copay
Diabetes Management Blood Glucose Monitor Through pharmacy preferred brand	\$0 copay	\$0 copay
Through pharmacy non-preferred brand	\$0 copay	\$0 copay
Through DME provider	\$0 copay	\$0 copay
Therapeutic Shoes	\$0 copay	\$0 copay
Self-Management Training	\$0 copay	\$0 copay
Continuous Glucose Monitors (CGMs)	\$0 copay	\$0 copay
Durable medical equipment (DME)	\$0 copay	\$0 copay
Foot Care (podiatry services) - Specialist Medicare-covered	\$0 copay	\$0 copay
Routine foot care (12-visits) Non-Medicare covered	\$0 copay	\$0 copay
Foreign Travel - Emergency Outpatient Care Waived if admitted within 72 hours	\$0 copay	\$0 copay
Foreign Travel - Urgently Needed Services Waived if admitted within 72 hours	\$0 copay	
Foreign Travel - Inpatient Care Limited to 60 days per lifetime	\$0 copay	\$0 copay
ADDITIONAL BENEFITS AND SERVICES		
NurseLine	\$0 copay	
Fitness with SilverSneakers	\$0 copay	
Healthy Meals Post Inpatient Discharge or Chronic Condition: 14 meals per qualifying event, allows up to four (4) events each year with 56 meals in total.	\$0 copay 56 Meals	
Adult Day Center Program tailored to adults with at least 2 ADLs who need supervision and assistance during the day 1 day per week (up to 8 hours per day). \$80 day reimbursement	\$0 copay	

Healthy Pantry Special Supplemental Benefits for the Chronically Ill 12 telephone nutrition counseling and delivery of food	\$0 copay	
Assisted Devices	Up to \$200 every year	
Personal Emergency Response System	Y	
Routine Transportation (Non-Emergency) Non-Medicare covered	12 Trips	
Health & Fitness Tracker	\$0 copay	
Additional Acupuncture Services	\$0 copay 30 visits per year combined in-network and out-of-network Visits combined with Chiropractic Services	
Additional Chiropractic Services	\$0 copay 30 visits per year combined in-network and out-of-network Visits combined with Acupuncture Services	
Special Offers Discount Programs - Vision and Hearing - Vitamins, Alternative Therapy and Personal Care - Diet, Nutrition and Fitness	Covered	
Covered Pharmacy Benefits		
Gap (Full or Generic)	Full Gap	
Formulary	Enhanced (E) - Broad	
Network	Standard	
Initial Coverage Limit	\$4,430	
Deductible	0	
Retail 30		
Tier 1 (Generic)	\$5 copay	
Tier 2 (Preferred Brand)	\$15 copay	
Tier 3 (Non Preferred Brand)	\$30 copay	
Retail 90		
Tier 1 (Generic)	\$15 copay	
Tier 2 (Preferred Brand)	\$45 copay	
Tier 3 (Non Preferred Brand)	\$90 copay	
Mail Order		
Tier 1 (Generic)	\$10 copay	
Tier 2 (Preferred Brand)	\$30 copay	
Tier 3 (Non Preferred Brand)	\$75 copay	
Other		
True Out of Pocket Threshold (TrOOP)	\$7,050	
Select Generics	Yes	
Extra Covered Drugs (ECD) Option	ECDHLP - High w/ Lifestyle Premier	
Catastrophic Coverage	Generic: \$5 copay Brand: \$15 copay	
Retail Days Supply Limits	30 day	
Mail Days Supply Limits	90 day	
Specialty Days Supply Limits	30 day	

For Use by Benefits Administrators Only

This document reflects cost shares only.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, coinsurance and restrictions may apply.

Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year.

All copays, coinsurance, and deductibles listed in the benefits chart are accrued toward the medical plan out-of-pocket maximum with the exception of

the routine hearing services and the foreign travel emergency and urgently needed care copay or coinsurance amounts. Part D Prescription drug deductibles and copays do not apply to the medical plan out-of-pocket maximum.

If plan includes an annual deductible, the annual deductible applies to all services except Hospice One-Time Consultation, Ambulance Services, Emergency Care, Urgently Needed Services, Diabetic Supplies if purchased from pharmacy, Blood Glucose Monitors if purchased from pharmacy, Diabetes Self-Management Training, COPD Testing, Blood, Glaucoma Screening, Diabetic Retinopathy Screening, Abdominal Aortic Aneurysm Screening, Bone Mass Measurement, Colorectal Cancer Screening and Colorectal Services, HIV Screening, Screening for Sexually Transmitted Infections (STIs) and Counseling to Prevent STIs, Medicare Part B Immunizations, Breast Cancer Screening (Mammograms), Cervical and Vaginal Cancer Screening, Prostate Cancer Screening Exams, Cardiovascular Disease Risk Reduction Visit, Cardiovascular Disease Testing, Welcome to Medicare Preventive Exam, Annual Wellness Visit, Depression Screening, Diabetes Screening, Medicare Diabetes Prevention Program (MDPP), Obesity Screening and Therapy to Promote Sustained Weight Loss, Screening and Counseling to Reduce Alcohol Misuse, Screening for Lung Cancer with Low Dose Computed Tomography, Medical Nutrition Therapy, Smoking and Tobacco Use Cessation, Kidney Disease Education Services, Outpatient Dialysis Treatments, Home Dialysis, Self-Dialysis Training, Part B Drugs and Administration, Chemotherapy Part B Drugs and Administration, Routine Hearing Services, Routine Vision Services, Annual Routine Physical Exam, LiveHealth Online, Fitness, Nurse Line, Foreign Travel, Healthy Food Deliveries and Healthy Nutrition. Please note all of these benefit categories may not be listed in this benefit summary.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

*** PPO Preventive Services: A complete list of the preventive services is available.