

2017



Summary of Benefits

SuperDuper Health Plan HMO

Z0001, Plan 001

This is a summary of drug and health services covered by SuperDuper Health Plan (HMO) January 1, 2017 - December 31, 2017

SuperDuper Health Plan is Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It 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."

To join **SuperDuper (HMO)**, 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 California: Los Angeles and Orange.

SuperDuper (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.



Premiums and Benefits	SuperDuper Health Plan HMO	What you should know
Monthly Plan Premium	You pay \$30	You must continue to pay your Medicare Part B premium.
Deductible	You pay nothing	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (<i>does not include prescription drugs</i>)	\$4,000 annually	The most you pay for copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage	\$295 copay per day for days 1 through 5 You pay nothing per day for days 6 through 90 You pay nothing per day for days 91 and beyond	Our plan covers an unlimited number of days for an inpatient hospital stay.
Doctor Visits <ul style="list-style-type: none"> Primary Specialists 	You pay \$15 copay per visit You pay \$30 copay per visit	Prior authorization is required for specialist visits.
Preventive Care	You pay nothing	Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.
Emergency Care	You pay \$75 copay per visit	If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	You pay \$40 copay per visit	
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> Diagnostic radiology service (<i>e.g., MRI</i>) Lab services Diagnostic tests and procedures Outpatient x-rays 	You pay 10-20% of the cost You pay \$5 copay You pay 10-20% of the cost You pay \$10-20 copay	Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information.
Hearing Services <ul style="list-style-type: none"> Hearing exam Hearing aid 	You pay nothing for hearing exam Hearing aid covered	Annual allowance towards the purchase of hearing aid \$200.

Premiums and Benefits	SuperDuper Health Plan HMO	What you should know
Dental Services <ul style="list-style-type: none"> o Oral exam & Cleaning o Fillings o Complete dentures 	You pay \$10 copay You pay \$10 copay You pay \$200 copay	Dentures once every five years
Vision Services	Covered with additional premium, see below	
Mental Health Services <ul style="list-style-type: none"> o Inpatient visit o Outpatient group therapy visit o Outpatient individual therapy visit 	You pay \$75 per stay You pay nothing per stay for days 91 and beyond You pay \$20 outpatient group/individual therapy visit	
Skilled Nursing Facility	You pay nothing per day for days 1 through 20 \$160 copay per day for days 21 through 57 You pay nothing per day for days 58 through 100	Our plan covers up to 100 days in a SNF
Rehabilitation Services <ul style="list-style-type: none"> o Occupational therapy visit o Physical therapy and speech and language therapy visit 	You pay \$20 copay You pay \$40 copay	
Ambulance	You pay \$200 copay or 20% of the cost	
Transportation	Not covered	
Foot Care (podiatry services) <ul style="list-style-type: none"> o Foot exams and treatment o Routine foot care 	You pay \$20 copay You pay \$20 copay	
Medical Equipment/Supplies <ul style="list-style-type: none"> o Durable Medical Equipment (e.g., wheelchairs, oxygen) o Prosthetics (e.g., braces, artificial limbs) o Diabetes supplies 	You pay 10-20% of the cost You pay 10-20% of the cost You pay nothing	

Premiums and Benefits	SuperDuper Health Plan HMO			What you should know
Wellness Programs (e.g., fitness)	Not covered			
Medicare Part B Drugs	20% of the cost for chemotherapy drugs 20% of the cost for other Part B drugs			
Outpatient Prescription Drugs				
	Preferred Retail Rx 30-day supply	Non-Preferred Retail Rx 30-day supply	Mail Order 90-day supply	
Phase 1: Initial Coverage (After you pay your deductible, if applicable)				Cost-Sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
Tier 1: Preferred Generic	You pay \$0	You pay \$5	You pay \$10	
Tier 2: Non-Preferred Generic	You pay \$5	You pay \$10	You pay \$25	
Tier 3: Preferred Brand	You pay \$20	You pay \$35	You pay \$135	
Tier 4: Non-Preferred Brand	You pay \$25	You pay \$95	You pay \$285	
Tier 5: Speciality Tier	You pay 25%	You pay 35%	You pay 33%	
Optional Supplemental Benefits				
Vision Services				
○ Monthly Premium	You pay additional \$35.00 per month			
○ Routine eye exam	You pay \$10 copay			
○ Eyeglasses (frames and lenses)	\$200 every year towards purchase			

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. 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 the phone number below or visit us at www.sdhealthplan.com.

Toll-free 1-800-012-345-6789, TTY users should call 711.

From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern.

From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern.

You can see our plan's provider directory at our website at www.sdhealthplanprovider.com.

You can see our plan's pharmacy directory at our website at www.sdhealthplanpharmacy.com.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.sdhealthplanformulary.com.