



AN AFFILIATE OF VALLEY BAPTIST HEALTH SYSTEM



Valley Advantage Summary of Benefits



Thank you for your interest in Valley Advantage.

Our plan is offered by **Valley Baptist Insurance Company**, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Valley Advantage and ask for the "Evidence of Coverage".

You Have CHOICES in Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Valley Advantage. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Valley Advantage at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How can I compare my Options?

You can compare Valley Advantage and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is Valley Advantage available?

The service area for this plan includes: Cameron, Hidalgo and Willacy Counties, TX. You must live in one of these areas to join the plan.

Who is eligible to join Valley Advantage?

You can join Valley Advantage if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Valley Advantage unless they are members of our organization and have been since their dialysis began.

Can I choose my doctors?

Valley Advantage has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at www.valleybaptisthealthplans.com. Our customer service number is listed at the end of this introduction.

What happens if I go to a doctor who's not in your network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Valley Baptist Health Plans nor the Original Medicare Plan will pay for these services.

Does my plan cover Medicare Part B or Part D drugs?

Valley Advantage does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

Where can I get my prescriptions if I join this plan?

Valley Advantage has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List or visit us at www.valleybaptisthealthplans.com. Our customer service number is listed at the end of this introduction.

What is a Prescription Drug Formulary?

Valley Advantage uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.valleybaptisthealthplans.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How can I get extra help with Prescription Drug Plan costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and

costs at the pharmacy will be lower. When you join Valley Advantage, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of a Valley Advantage Plan, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If

we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

What is a Medication Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for

your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Valley Advantage Plans for more details.

Please call Valley Baptist Health Plans for more information about this plan. Visit us at www.valleybaptisthealthplans.com or, call us: 1-800-829-6440. Customer Service Hours: Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. - 8:00 p.m. Central.

Current and Prospective members should call (800)-829-6440 for questions related to the Medicare Advantage program. (TTY/TDD (800)-562-5259).



Current and Prospective members should call (800)-829-6440 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-562-5259).



For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.



Or, visit www.medicare.gov on the web. If you have special needs, this document may be available in other formats.

If you have any questions about this plan's benefits or costs, please contact Valley Advantage.

Benefit Category

Original Medicare

Important Information

1 - Premium and Other
Important Information

\$96.40 monthly Medicare Part B Premium

\$135 yearly Part B deductible

If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. You may go to any doctor, specialist or hospital that accepts Medicare.

2 - Doctor and Hospital Choice

(For more information, see
Emergency - #15 and Urgently
Needed Care - #16.)

Valley Advantage Gold

Valley Advantage Silver

Valley Advantage Select

Important Information

Because you are eligible for benefits from Medicaid, the State is required to cover Medicare cost-sharing amounts that you would otherwise be required to pay. These amounts may differ based on what kind of Medicaid benefits you have. The cost sharing amounts you will pay are listed below. In addition, you will have to pay the co-payment amounts listed below for Part D drug coverage. Contact your plan for additional information.

You pay \$105.60 each month for your plan benefits including your Medicare Part D prescription benefits. You also continue to pay the Medicare Part B premium of \$96.40 each month.

You pay \$51.80 each month for your plan benefits including your Medicare Part D prescription benefits. You also continue to pay the Medicare Part B premium of \$96.40 each month.

You pay \$0 - \$25.00 each month for your plan benefits including your Medicare Part D prescription benefits. You also continue to pay the Medicare Part B premium of \$96.40 each month.

In-Network

\$3250 out-of-pocket limit.
Contact the plan for services that apply.

In-Network

\$3250 out-of-pocket limit.
Contact the plan for services that apply.

General

*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Out-of-Network

Unless otherwise noted, out-of-network services not covered.

Out-of-Network

Unless otherwise noted, out-of-network services not covered.

Out-of-Network

Unless otherwise noted, out-of-network services not covered.

In-Network

You must go to network doctors, specialists, and hospitals.

Referral required for network hospitals and specialists (for certain benefits).

You may have to pay a separate copay for certain doctor office visits.

In-Network

You must go to network doctors, specialists, and hospitals.

Referral required for network hospitals and specialists (for certain benefits).

You may have to pay a separate copay for certain doctor office visits.

In-Network

You must go to network doctors, specialists, and hospitals.

Referral required for network hospitals and specialists (for certain benefits).

You may have to pay a separate copay for certain doctor office visits.

If you have any questions about this plan's benefits or costs, please contact Valley Advantage.

Benefit Category

Original Medicare

SUMMARY OF BENEFITS

Inpatient Care

3 - Inpatient Hospital Care
(includes Substance Abuse and
Rehabilitation Services)

For each benefit period:
Days 1 – 60: \$1024 initial deductible
Days 61- 90: \$256 each day
Days 91-150: \$512 each lifetime reserve days (4)

Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days (4).

A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day limit in a Psychiatric Hospital.

4 - Inpatient Mental Health Care

Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).

190 day limit in a Psychiatric Hospital.

Valley Advantage Gold

Valley Advantage Silver

Valley Advantage Select

In-Network

\$100 copay for each Medicare-covered hospital stay

\$0 copay for additional hospital days

No limit to the number of days covered by the plan each benefit period.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

In-Network

For Medicare-covered hospital stays:

Days 1 - 6: \$250 copay per day

Days 7 - 90: \$0 copay per day

\$0 copay for additional hospital days

\$1500 out of pocket limit every stay.

No limit to the number of days covered by the plan each benefit period.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

In-Network

\$0 copay

Plan covers 90 days each benefit period.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

In-Network

\$100 copay for each Medicare-covered hospital stay

You get up to 190 days in a Psychiatric Hospital in a lifetime.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

In-Network

For hospital stays:

Days 1 - 6: \$250 copay per day

Days 7 - 90: \$0 copay per day

Plan covers 60 lifetime reserve days.

Cost per lifetime reserve day:

Days 1 - 60: \$250 copay per day

\$1500 out of pocket limit every stay.

You get up to 190 days in a Psychiatric Hospital in a lifetime.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

In-Network

\$0 copay

You get up to 190 days in a Psychiatric Hospital in a lifetime.

Except in an emergency, your doctor must tell the plan that you are going

If you have any questions about this plan's benefits or costs, please contact Valley Advantage.

Benefit Category	Original Medicare
<p>5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>You pay for each benefit period(3), following at least a 3-day covered hospital stay: Days 1 - 20: \$0 for each day Days 21 - 100: \$128 for each day each benefit period after at least a 3-day covered hospital stay:</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day limit in a Psychiatric Hospital.</p>
<p>6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay</p>
<p>7 - Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare- certified hospice.</p>
<p>Outpatient Care</p>	
<p>8 - Doctor Office Visits</p>	<p>20% coinsurance</p>

Valley Advantage Gold

General

Prior authorization is required.

In-Network

For SNF stays:

Days 1 - 24: \$0 copay per day

Days 25 - 100: \$25 copay per day

100 days covered for each benefit period

No prior hospital stay is required.

No prior hospital stay is required.

Valley Advantage Silver

General

Prior authorization is required.

In-Network

For SNF stays:

Days 1 - 24: \$0 copay per day

Days 25 - 100: \$25 copay per day

100 days covered for each benefit period

No prior hospital stay is required.

No prior hospital stay is required.

Valley Advantage Select

General

Prior authorization is required.

In-Network

\$0 copay for SNF services

100 days covered for each benefit period

No prior hospital stay is required.

No prior hospital stay is required.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered home health visits.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered home health visits.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered home health visits.

In-Network

You must get care from a Medicare-certified hospice.

In-Network

You must get care from a Medicare-certified hospice.

In-Network

You must get care from a Medicare-certified hospice..

Except in an emergency, your doctor must tell the plan that you are going

General

See "Routine Physical Exams," for more information.

Authorization rules may apply.

In-Network

\$10 copay for each primary care doctor visit for Medicare-covered benefits.

\$25 copay for each specialist visit for Medicare-covered benefits.

General

See "Routine Physical Exams," for more information.

Authorization rules may apply.

In-Network

\$15 copay for each primary care doctor visit for Medicare-covered benefits.

\$35 copay for each specialist visit for Medicare-covered benefits.

General

See "Routine Physical Exams," for more information.

Authorization rules may apply.

In-Network

\$0 copay for each primary care doctor visit for Medicare-covered benefits

\$0 copay for each specialist doctor visit for Medicare-covered benefits.

If you have any questions about this plan's benefits or costs, please contact Valley Advantage.

Benefit Category	Original Medicare
9 - Chiropractic Services	0% coinsurance Routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation if you get it from a chiropractor or other qualified provider.
10 - Podiatry Services	0% coinsurance Routine care not covered 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.
11 - Outpatient Mental Health	50% coinsurance for most outpatient mental health services.
12 - Outpatient Substance Abuse Care	20% coinsurance
13 - Outpatient Services/Surgery	20% coinsurance for the doctor 20% of outpatient facility

Valley Advantage Gold

General

Authorization rules may apply.

In-Network

\$25 copay for Medicare-covered visits.

Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

Valley Advantage Silver

General

Authorization rules may apply.

In-Network

\$25 copay for Medicare-covered visits.

Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

Valley Advantage Select

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered visits.

Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

General

Authorization rules may apply.

In-Network

\$25 copay for Medicare-covered visit.

Medicare-covered podiatry benefits are for medically-necessary foot care.

General

Authorization rules may apply.

In-Network

\$35 copay for Medicare-covered visit.

Medicare-covered podiatry benefits are for medically-necessary foot care.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered visit.

Medicare-covered podiatry benefits are for medically-necessary foot care.

General

Authorization rules may apply.

In-Network

\$25 copay for each Medicare-covered individual or group therapy visit.

General

Authorization rules may apply.

In-Network

\$35 copay for each Medicare-covered individual or group therapy visit.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered Mental Health visits.

General

Authorization rules may apply.

In-Network

\$25 copay for each Medicare-covered individual or group therapy visit.

General

Authorization rules may apply.

In-Network

\$35 copay for each Medicare-covered individual or group therapy visit.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered visits.

General

Authorization rules may apply.

In-Network

\$75 copay for each Medicare-covered ambulatory surgical center visit.

\$75 copay for each Medicare-covered outpatient hospital facility visit.

General

Authorization rules may apply.

In-Network

\$150 copay for each Medicare-covered ambulatory surgical center visit.

\$150 copay for each Medicare-covered outpatient hospital facility visit.

Additional facility charges may apply.

General

Authorization rules may apply.

In-Network

\$0 copay for each Medicare-covered ambulatory surgical center visit.

\$0 copay for each Medicare-covered outpatient hospital facility visit.

If you have any questions about this plan's benefits or costs, please contact Valley Advantage.

Benefit Category	Original Medicare
14 - Ambulance Services (medically necessary ambulance services)	20% coinsurance
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor 20% of facility charge, or a set copay per emergency room visit.
16 - Urgently Needed Care (This is NOT emergency care, and covered in most cases, is out of the service area.)	20% coinsurance, or a set copay NOT covered outside the U.S. except under limited circumstances.
17 - Outpatient Rehabilitation (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance

Valley Advantage Gold**Valley Advantage Silver****Valley Advantage Select****General**

Authorization rules may apply.

In-Network

\$50 copay for Medicare-covered ambulance benefits.

In-Network

\$50 copay for Medicare-covered emergency room visits.

Out-of-Network

Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.

In and Out-of-Network

If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.

General

\$25 copay for Medicare-covered urgently needed care visits.

If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.

General

Authorization rules may apply.

In-Network

\$25 copay for Medicare-covered Occupational Therapy visits.

\$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

General

Authorization rules may apply.

In-Network

\$100 copay for Medicare-covered ambulance benefits.

In-Network

\$50 copay for Medicare-covered emergency room visits.

Out-of-Network

Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.

In and Out-of-Network

If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.

General

\$30 copay for Medicare-covered urgently needed care visits.

If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.

General

Authorization rules may apply.

In-Network

\$35 copay for Medicare-covered Occupational Therapy visits.

\$35 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered ambulance benefits.

In-Network

\$0 copay for Medicare-covered emergency room visits.

Out-of-Network

Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.

General

\$0 copay for Medicare-covered urgently needed care visits.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered Occupational Therapy visits.

\$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

If you have any questions about this plan's benefits or costs, please contact Valley Advantage.

Benefit Category

Original Medicare

Outpatient Medical Services and Supplies

18 - Durable Medical Equipment
(Includes wheelchairs, oxygen, etc.)

20% coinsurance

19 - Prosthetic Devices
(Includes braces, artificial limbs and eyes, etc.)

20% coinsurance

20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies
(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)

20% coinsurance

21 - Diagnostic Tests, X-Rays, and Lab Services

20% coinsurance for diagnostic tests and x-rays
\$0 copay for Medicare-covered lab services

Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.

Valley Advantage Gold

Valley Advantage Silver

Valley Advantage Select

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered items.

General

Authorization rules may apply.

In-Network

20% of the cost for Medicare-covered items.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered items.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered items.

General

Authorization rules may apply.

In-Network

20% of the cost for Medicare-covered items.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered items.

General

Authorization rules may apply.

In-Network

\$0 copay for Diabetes self-monitoring training.
 \$0 copay for Nutrition Therapy for Diabetes.
 10% of the cost for Diabetes supplies.

General

Authorization rules may apply.

In-Network

\$0 copay for Diabetes self-monitoring training.
 \$0 copay for Nutrition Therapy for Diabetes.
 20% of the cost for Diabetes supplies.

General

Authorization rules may apply.

In-Network

\$0 copay for Diabetes self-monitoring training.
 \$0 copay for Nutrition Therapy for Diabetes.
 0% for the cost of Diabetes supplies.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered:
 - lab services
 - diagnostic procedures and tests
 - X-rays
 - diagnostic radiology services (not including X-rays)
 - therapeutic radiology services

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered:
 - lab services
 - diagnostic procedures and tests
 - X-rays
 - diagnostic radiology services (not including X-rays)
 - therapeutic radiology services

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered:
 - lab services
 - diagnostic procedures and tests
 - X-rays
 - diagnostic radiology services (not including X-rays)
 - therapeutic radiology services

If you have any questions about this plan's benefits or costs, please contact Valley Advantage.

Benefit Category	Original Medicare
Preventive Services	
<p>22 - Bone Mass Measurement</p> <p>(For people with Medicare who are covered at risk)</p>	<p>20% coinsurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>
<p>23 - Colorectal Screening Exams</p> <p>For people with Medicare age 50 and older)</p>	<p>20% coinsurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>
<p>24 - Immunizations</p> <p>(Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine.)</p>	<p>\$0 copay for Flu and Pneumonia vaccines</p> <p>20% coinsurance for Hepatitis B vaccine</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>
<p>25 - Mammograms (Annual Screening)</p> <p>(For women with Medicare age 40 and older)</p>	<p>20% coinsurance.</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>
<p>26 - Pap Smears and Pelvic Exams</p> <p>(For women with Medicare)</p>	<p>\$0 copay for Pap smears</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams</p>

Valley Advantage Gold

Valley Advantage Silver

Valley Advantage Select

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered bone mass measurement.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered bone mass measurement.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered bone mass measurement.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered colorectal screenings.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered colorectal screenings.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered colorectal screenings.

General

Authorization rules may apply.

In-Network

\$0 copay for Flu and Pneumonia vaccines.

\$0 copay for Hepatitis B vaccine.

No referral needed for Flu and pneumonia vaccines. No referral needed for other immunizations.

General

Authorization rules may apply.

In-Network

\$0 copay for Flu and Pneumonia vaccines.

\$0 copay for Hepatitis B vaccine.

No referral needed for Flu and pneumonia vaccines. No referral needed for other immunizations.

General

Authorization rules may apply.

In-Network

\$0 copay for Flu and Pneumonia vaccines.

\$0 copay for Hepatitis B vaccine.

No referral needed for Flu and pneumonia vaccines. No referral needed for other immunizations.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered screening mammograms.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered screening mammograms.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered screening mammograms.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered pap smears and pelvic exams and - up to 1 additional pap smear(s) and pelvic exam(s) every year

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered pap smears and pelvic exams and - up to 1 additional pap smear(s) and pelvic exam(s) every two years.

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered pap smears and pelvic exams and - up to 1 additional pap smear(s) and pelvic exam(s) every year

If you have any questions about this plan's benefits or costs, please contact Valley Advantage.

Benefit Category	Original Medicare
27 - Prostrate Cancer Screening Exams (For men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.
28 - ESRD	20% coinsurance for dialysis \$0 for the PSA test; 20% coinsurance for other related services.
29 - Prescription Drugs	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)

Valley Advantage Gold

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered prostate cancer screening.

Valley Advantage Silver

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered prostate cancer screening.

Valley Advantage Select

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered prostate cancer screening.

General

Authorization rules may apply. Out-of-area Renal Dialysis services do not require Authorization.

In-Network

\$0 copay for in and out-of-area dialysis

\$0 copay for Nutrition Therapy Renal Disease

General

Authorization rules may apply. Out-of-area Renal Dialysis services do not require Authorization.

In-Network

\$0 copay for in and out-of-area dialysis

\$0 copay for Nutrition Therapy Renal Disease

General

Authorization rules may apply. Out-of-area Renal Dialysis services do not require Authorization.

Drugs covered under Medicare Part B

General

5% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).

5% of the cost for Part B-covered chemotherapy drugs.

Drugs Covered under Medicare Part D General

This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.valleybaptisthealthplans.com on the web. Different out-of-pocket costs may apply for people who

- have limited incomes,
- live in long term care facilities, or
- have access to Indian/Tribal/Urban (Indian Health Service).

Your in-network prescription coverage is limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your

Drugs covered under Medicare Part B

General

15% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).

15% of the cost for Part B-covered chemotherapy drugs.

Drugs Covered under Medicare Part D General

This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.valleybaptisthealthplans.com on the web. Different out-of-pocket costs may apply for people who

- have limited incomes,
- live in long term care facilities, or
- have access to Indian/Tribal/Urban (Indian Health Service).

Your in-network prescription coverage is limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will

Drugs covered under Medicare Part B

General

0% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).

0% of the cost for Part B-covered chemotherapy drugs).

Drugs Covered under Medicare Part D General

This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.valleybaptisthealthplans.com on the web.

Your in-network prescription coverage is limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact

If you have any questions about this plan's benefits or costs, please contact Valley Advantage.

Benefit Category

Original Medicare

29 - Prescription Drugs
Continued...

Valley Advantage Gold

prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.

Total yearly drug costs are the total drug costs paid by both you and the plan. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits.

Your provider must get prior authorization from Valley Advantage Gold for certain drugs.

If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.

In-Network

\$0 deductible.

Initial Coverage

You pay the following until total yearly drug costs reach \$2510:

Retail Pharmacy - Tier 1

- \$6 copay for a one-month (31-day) supply of drugs
- \$18 copay for a three-month (90-day) supply of drugs

Tier 2

- \$30 copay for a one-month (31-day) supply of drugs
- \$90 copay for a three-month (90-day) supply of drugs

Tier 3

- \$60 copay for a one-month (31-day) supply of drugs
- \$180 copay for a three-month (90-day) supply of drugs

Valley Advantage Silver

be covered if you get drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.

Total yearly drug costs are the total drug costs paid by both you and the plan. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits.

Your provider must get prior authorization from Valley Advantage Silver for certain drugs.

If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.

In-Network

\$0 deductible.

Initial Coverage

You pay the following until total yearly drug costs reach \$2510:

Retail Pharmacy - Tier 1

- \$6 copay for a one-month (31-day) supply of drugs
- \$18 copay for a three-month (90-day) supply of drugs

Tier 2

- \$30 copay for a one-month (31-day) supply of drugs
- \$90 copay for a three-month (90-day) supply of drugs

Tier 3

- \$60 copay for a one-month (31-day) supply of drugs
- \$180 copay for a three-month (90-day) supply of drugs

Valley Advantage Select

the plan for details. Total yearly drug costs are the total drug costs paid by both you and the plan.

The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits.

Your provider must get prior authorization from Valley Advantage Select for certain drugs.

In-Network

\$0 or \$56 yearly deductible (amount depends on your income and institutional status).*

Initial Coverage

Depending on your income and institutional status, you pay either \$0 to \$2.25 copay, or 15% coinsurance for generic drugs (including brand drugs treated as generic). You pay either \$0 to \$5.60 copay, or 15% coinsurance for all other drugs.*

Retail Pharmacy

You can get drugs the following way(s):

- one-month (31-day) supply
- three-month (90-day) supply

Long Term Care Pharmacy

You can get drugs the following way(s):

- one-month (31-day) supply

Mail Order

You can get drugs the following way(s):

- three-month (90-day) supply

Catastrophic Coverage

After your yearly out-of-pocket costs reach \$ 4050, you pay the following (amount depends on your income and institutional status):

- \$ 0 copay for any drugs; or
- \$ 2.25 copay for generic drugs

If you have any questions about this plan's benefits or costs, please contact Valley Advantage.

Benefit Category

Original Medicare

29 - Prescription Drugs
Continued...

Valley Advantage Gold

Long Term Care Pharmacy

Tier 1

- \$6 copay for a one-month (31-day) supply of drugs

Tier 2

- \$30 copay for a one-month (31-day) supply of drugs

Tier 3

- \$60 copay for a one-month (31-day) supply of drugs

Mail Order - Tier 1

- \$18 copay for a three-month (90-day) supply of drugs

Tier 2

- \$90 copay for a three-month (90-day) supply of drugs

Tier 3

- \$180 copay for a three-month (90-day) supply of drugs

Coverage Gap

You pay the following:

The plan covers All Generics through the gap.

Retail Pharmacy - Tier 1

- \$6 copay for a one-month (31-day) supply of drugs

- \$18 copay for a three-month (90-day) supply of drugs

Long Term Care Pharmacy

Tier 1

- \$6 copay for a one-month (31-day) supply of drugs

Mail Order - Tier 1

- \$18 copay for a three-month (90-day) supply of drugs

For all other covered drugs, after your total yearly drug costs reach \$2510, you pay 100% until your yearly out-of-pocket drug costs reach \$4050.

Valley Advantage Silver

Long Term Care Pharmacy

Tier 1

- \$6 copay for a one-month (31-day) supply of drugs

Tier 2

- \$30 copay for a one-month (31-day) supply of drugs

Tier 3

- \$60 copay for a one-month (31-day) supply of drugs

Mail Order - Tier 1

- \$18 copay for a three-month (90-day) supply of drugs

Tier 2

- \$90 copay for a three-month (90-day) supply of drugs

Tier 3

- \$180 copay for a three-month (90-day) supply of drugs

Coverage Gap

After your total yearly drug costs reach \$2510, you pay 100% until your yearly out-of-pocket drug costs reach \$4050.

Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$ 4050, you pay the greater of:

- \$ 2.25 copay for generic (including brand drugs treated as generic) and \$ 5.60 copay for all other drugs, or
- 5% coinsurance.

Out-of-Network

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.

Valley Advantage Select

(including brand drugs treated as generic) and \$ 5.60 copay for all other drugs*

Out-of-Network

Plan drugs may be covered in special circumstances, for instance, illness while traveling area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.

Out-of-Network Initial

Coverage

Depending on your income and institutional status, you pay either \$0 to \$2.25 copay, or 15% coinsurance for generic drugs (including brand drugs treated as generic). You pay either \$0 to \$5.60 copay, or 15% coinsurance for all other drugs.*

Out-of-Network Catastrophic

Coverage

After your yearly out-of-pocket costs reach \$ 4050, you pay the following (amount depends on your income and institutional status):

- \$ 0 copay for any drugs; or
- \$ 2.25 copay for generic drugs (including brand drugs treated as generic) and \$ 5.60 copay for all other drugs*

If you have any questions about this plan's benefits or costs, please contact Valley Advantage.

Benefit Category

Original Medicare

29 - Prescription Drugs
Continued...

Valley Advantage Gold

Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$ 4050, you pay the greater of:

- \$ 2.25 copay for generic (including brand drugs treated as generic) and \$ 5.60 treated as generic) and \$ 5.60 copay for all other drugs, or
- 5% coinsurance.

Out-of-Network

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.

Out-of-Network Initial Coverage

You pay the following until total yearly drug costs reach \$2510:

Out-of-Network Pharmacy

Tier 1

- \$6 copay for a one-month (31-day) supply of drugs

Tier 2

- \$30 copay for a one-month (31-day) supply of drugs

Tier 3

- \$60 copay for a one-month (31-day) supply of drugs

Out-of-Network Coverage Gap

You pay the following:

Tier 1

- \$6 copay for a one-month (31-day) supply of drugs

Out-of-Network Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$ 4050, you pay the greater of:

- \$ 2.25 copay for generic (including brand drugs treated as generic) and \$ 5.60 copay for all other drugs, or
- 5% coinsurance.

Valley Advantage Silver

Out-of-Network Initial Coverage

You pay the following until total yearly drug costs reach \$2510:

Out-of-Network Pharmacy

Tier 1

- \$6 copay for a one-month (31-day) supply of drugs

Tier 2

- \$30 copay for a one-month (31-day) supply of drugs

Tier 3

- \$60 copay for a one-month (31-day) supply of drugs

Out-of-Network Coverage Gap

After your total yearly drug costs reach \$2510, you pay 100% until your yearly out-of-pocket drug costs reach \$4050.

Out-of-Network Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$ 4050, you pay the greater of:

- \$ 2.25 copay for generic (including brand drugs treated as generic) and \$ 5.60 copay for all other drugs, or
- 5% coinsurance.

Valley Advantage Select

If you have any questions about this plan's benefits or costs, please contact Valley Advantage.

Benefit Category	Original Medicare
30 - Dental Services	Preventive dental services (such as cleaning) not covered.
31 - Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.
32 - Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.
33 - Physical Exams	20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage. When you get Medicare Part B, you can get a one time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests.

Valley Advantage Gold

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered dental benefits.

In general, preventive dental benefits (such as cleaning) not covered.

Valley Advantage Silver

General

Authorization rules may apply.

In-Network

\$0 copay for Medicare-covered dental benefits.

In general, preventive dental benefits (such as cleaning) not covered.

Valley Advantage Select

In-Network

\$0 copay for the following preventive dental benefits:

- up to 1 oral exam(s) every year
- up to 1 cleaning(s) every year \$200 limit for preventive

In-Network

\$0 copay for up to 1 hearing aid(s) every three years.

- \$25 copay for diagnostic hearing exams

- \$25 copay for up to 1 routine hearing test(s) every year

- \$25 copay for up to 1 hearing aid fitting evaluation(s) every year

\$1000 limit for routine hearing aids every three years.

General

Authorization rules may apply.

In-Network

Hearing aids not covered.

- \$35 copay for diagnostic hearing exams

- \$35 copay for up to 1 routine hearing test(s) every year

- \$35 copay for up to 1 hearing aid fitting evaluation(s) every year

In-Network

\$0 copay for diagnostic hearing exams

- up to 1 routine hearing test(s) every year

- up to 1 fitting-evaluation(s) for a hearing aid every year

\$0 copay for up to 1 hearing aid(s) every three years.

\$1000 limit for routine hearing aids every three years.

In-Network

\$0 copay for

- one pair of eyeglasses or contact lenses after each cataract surgery

- \$25 copay for exams to diagnose and treat diseases and conditions of the eye.

- \$25 copay for up to 1 routine eye exam(s) every year

In-Network

\$30 copay for one pair of eyeglasses or contact lenses after each cataract surgery

- \$35 copay for exams to diagnose and treat diseases and conditions of the eye.

- \$35 copay for up to 1 routine eye exam(s) every year

In-Network

\$0 copay for diagnosis and treatment for diseases and conditions of the eye and up to 1 routine eye exam(s) every year.

\$0 copay

- for one pair of eyeglasses or contact lenses after each cataract surgery

- up to 1 pair(s) of glasses every year

- up to 1 pair(s) of contacts every year

\$375 limit for eye wear every year.

In-Network

\$0 copay for routine exams.

Limited to 1 exam(s) every year.

In-Network

\$0 copay for routine exams.

Limited to 1 exam(s) every year.

General

Authorization rules may apply.

In-Network

\$0 copay for routine exams.

Limited to 1 exam(s) every year.

If you have any questions about this plan's benefits or costs, please contact Valley Advantage.

Benefit Category	Original Medicare
34 - Health/Wellness Education	Not covered.
35 - Transportation	Not covered.
36 - Optional Benefits	

Valley Advantage Gold

In-Network

This plan covers health/wellness education benefits.

- Written health education materials, including Newsletters
- Nursing Hotline
- Other Wellness Benefits

Valley Advantage Silver

In-Network

This plan covers health/wellness education benefits.

- Written health education materials, including Newsletters
- Nursing Hotline
- Other Wellness Benefits

Valley Advantage Select

In-Network

This plan covers health/wellness education benefits.

- Written health education materials, including Newsletters
- Nursing Hotline
- Other Wellness Benefits

General

Authorization rules may apply.

In-Network

\$0 copay for up to 6 round trip(s) to plan-approved location every year.



2005 ED CAREY DRIVE, HARLINGEN, TEXAS 78550

(866) 229-4969 • (800) 562-5259 (TDD)

HOURS OF OPERATION: 8 A.M. - 8 P.M. • MONDAY - FRIDAY

H4521_100_03 10_2007