

# 2022 Medicare Advantage Plans

## Vibra Health Plan PPO Plans



Enclosed are the costs for some of our Medicare benefits for our Vibra Health Plan PPO plans. It is not a complete list. For more information about these plans, refer to the Summary of Benefits, visit [VibraHealthPlan.com](http://VibraHealthPlan.com), or call us at 1-844-325-0691 (TTY: 711).

Plan Benefits (Benefit cost-sharing is per visit or per stay)	Vibra Health Plan Essential Advocate PPO H9408-006 (001 & 002)	Vibra Health Plan Enhanced Complete PPO H9408-005
Service Area	Pennsylvania Counties: Adams, Bedford, Berks, Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Sullivan, Susquehanna, Union, Wayne, Wyoming, and York	
Premium and Out-of-Pocket Limit		
Monthly Premium	\$0.00	\$27.00
Plan Deductible	\$0 deductible	\$0 deductible
Annual Maximum Out-of-Pocket Amounts (Includes Medicare Part A & B services)	\$7,500 In-network \$11,300 Combined (In/Out-of-network)	\$6,500 In-network \$11,000 Combined (In/Out-of-network)
Doctor Services		
Primary Care Physician (PCP) Services (Includes Telehealth visits)	\$5 copay (in- or out-of-network)	\$5 copay (in- or out-of-network)
Physician Specialist Services (Includes Telehealth visits)	\$40 copay (in- or out-of-network)	\$25 copay (in- or out-of-network)
Outpatient Mental Health Visits (Includes Telehealth visits)	\$40 copay (in- or out-of-network)	\$25 copay (in- or out-of-network)
Physical, Occupational, and Speech Therapy	\$40 copay (in- or out-of-network)	\$35 copay (in- or out-of-network)
Medicare-covered Preventive Services and Annual Routine Physical Exam	\$0 copay (in-network) 20% coinsurance (out-of-network)	\$0 copay (in-network) 20% coinsurance (out-of-network)
Emergency and Urgent Care		
Emergency Room Visits (Includes worldwide visits)	\$90 copay	\$90 copay
Urgent Care Visits (Includes worldwide visits)	\$65 copay	\$50 copay
Worldwide Coverage Annual Maximum (Outside the United States)	\$20,000 plan maximum per year	\$20,000 plan maximum per year
Hospital and Outpatient Services		

<b>Plan Benefits</b> (Benefit cost-sharing is per visit or per stay)	<b>Vibra Health Plan Essential Advocate PPO H9408-006 (001 &amp; 002)</b>	<b>Vibra Health Plan Enhanced Complete PPO H9408-005</b>
<b>Inpatient Hospital Care</b>	\$250 copay per day (days 1-7) per stay (in- or out-of-network)	\$315 copay per stay (in- or out-of-network)
<b>Hospital and Outpatient Services</b>		
<b>Skilled Nursing Facility</b>	\$0 copay (days 1-20) \$188 copay (days 21-100) (in- or out-of-network)	\$0 copay (days 1-20) \$188 copay (days 21-100) (in- or out-of-network)
<b>Outpatient Hospital Services (Surgery)</b>	\$350 copay (in- or out-of-network)	\$325 copay (in- or out-of-network)
<b>Ambulatory Surgical Center Services</b>	\$250 copay (in- or out-of-network)	\$225 copay (in- or out-of-network)
<b>Lab Services</b>	\$0 - \$30 copay (in-network) 20% coinsurance (out-of-network)	\$0 - \$20 copay (in-network) 20% coinsurance (out-of-network)
<b>X-Ray Services</b>	\$50 copay (in-network) 20% coinsurance (out-of-network)	\$25 copay (in-network) 20% coinsurance (out-of-network)
<b>Diagnostic Radiology Services</b> (Includes CT, MRI, MRAs, etc.)	\$275 copay (in-network) 20% coinsurance (out-of-network)	\$245 copay (in-network) 20% coinsurance (out-of-network)
<b>Durable Medical Equipment/Prosthetics</b>	20% coinsurance (in- or out-of-network)	20% coinsurance (in- or out-of-network)
<b>Routine Dental, Hearing, Vision Services</b>		
<b>Preventive Dental Exam &amp; Cleaning</b> (Up to 2 exams and 2 bite-wing x-rays per year)	\$10 copay (in-network) 50% coinsurance (out-of-network)	\$10 copay (in-network) 50% coinsurance (out-of-network)
<b>Comprehensive Dental Services</b> (Includes fillings, extractions, crowns, dentures)	50% coinsurance \$2,000 maximum allowance per year (combined in- and out-of-network)	50% coinsurance \$2,000 maximum allowance per year (combined in- and out-of-network)
<b>Routine Eye Exams</b> (Includes 1 exam per year)	\$20 copay (in-network) 50% coinsurance (out-of-network)	\$20 copay (in-network) 50% coinsurance (out-of-network)
<b>Routine Eyewear</b> (Includes Eyeglass Frames or Contact Lenses)  Eyeglass Lenses (single, bifocal, trifocal lenses)	\$125 maximum allowance per year (combined in- and out-of-network)  1 pair standard eyeglass lenses per year covered in full (in-network)	\$125 maximum allowance per year (combined in- and out-of-network)  1 pair standard eyeglass lenses per year covered in full (in-network)
<b>Routine Hearing Exams</b> (Includes 1 exam per year & 1 fitting every 3 years)	\$0 copay (in-network) 50% coinsurance (out-of-network)	\$0 copay (in-network) 50% coinsurance (out-of-network)

Plan Benefits (Benefit cost-sharing is per visit or per stay)	Vibra Health Plan Essential Advocate PPO H9408-006 (001 & 002)		Vibra Health Plan Enhanced Complete PPO H9408-005	
Hearing Aids	\$400 maximum allowance every 3 years (combined in- and out-of-network)		\$800 maximum allowance every 3 years (combined in- and out-of-network)	
Supplemental Benefits				
Fitness Benefit	\$0 copay for Silver Sneakers		\$0 copay for Silver Sneakers	
Virtual Care Visits through Amwell	\$0 copay		\$0 copay	
Transportation Services (Plan Approved Trips)	Not covered		\$0 copay Limit 24 round trips	
In Home Support Services (Papa Pals)	Not covered		\$0 copay for 5 hours per month	
Over The Counter (OTC) Items	\$25 OTC allowance per month through participating retailers or mail-order		\$25 OTC allowance per month through participating retailers or mail-order	
Healthy Food & Produce (Available to members with qualifying chronic conditions <sup>1</sup> )	\$20 allowance per month through participating retailers		\$20 allowance per month through participating retailers	
Prescription Drugs - Retail Pharmacy				
Part D Drug Deductible	\$0 deductible		\$0 deductible	
Type of Pharmacy	Preferred	Standard	Preferred	Standard
Tier 1 - Preferred Generic Drugs	30 day 90 day	\$0 copay \$0 copay	\$15 copay \$45 copay	\$0 copay \$0 copay
Tier 2 - Generic Drugs	30 day 90 day	\$0 copay \$0 copay	\$20 copay \$60 copay	\$0 copay \$0 copay
Tier 3 - Preferred Brand Drugs	30 day 90 day	\$40 copay \$120 copay	\$47 copay \$141 copay	\$40 copay \$120 copay
Tier 4 - Non-Preferred Drugs	30 day 90 day	\$93 copay \$279 copay	\$100 copay \$300 copay	\$93 copay \$279 copay
Tier 5 - Specialty Drugs	30 day ONLY	33% coinsurance	33% coinsurance	33% coinsurance
Tier 6 - Select Care Drugs	30 day 90 day	\$0 copay \$0 copay	\$7 copay \$21 copay	\$0 copay \$0 copay
Part D Insulin Saver	30 day 90 day	\$5 copay \$15 copay	\$5 copay \$15 copay	\$5 copay \$15 copay
Initial Coverage Limit Maximum	\$4,430		\$4,430	

Plan Benefits (Benefit cost-sharing is per visit or per stay)	Vibra Health Plan Essential Advocate PPO H9408-006 (001 & 002)	Vibra Health Plan Enhanced Complete PPO H9408-005
Coverage Gap		
Generic & Brand Drugs (Tiers 1 through 6)	25% coinsurance	25% coinsurance
True Out-of-Pocket (TrOOP) Maximum	\$7,050	\$7,050

**Additional Information/Disclaimers:**

<sup>1</sup> Healthy Food and Produce is a Special Supplemental Benefit for the Chronically Ill (SSBCI). Qualifying members must have one of the following chronic conditions that is identified through medical claims data to be eligible to enroll in this benefit. Qualified chronic conditions include diabetes, cardiovascular disease, chronic lung disorder, and congestive heart failure. Vibra Health Plan is a PPO with a Medicare contract. Enrollment in Vibra Health Plan depends on contract renewal.

See the Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Existing members:

please call Member Services at 1-844-388-8268 (TTY: 711) for more information. Prospective members: please call our Medicare Sales Representatives at 1-844-324-0691 (TTY: 711).

**PPO Plans:** Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services for our PPO plans.

Vibra Health Plan PPO Plan's pharmacy network includes limited lower-cost, preferred pharmacies. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call or consult the online pharmacy directory at [VibraHealthPlan.com](https://VibraHealthPlan.com).

SilverSneakers® is a program of Tivity Health. On behalf of Vibra Health Plan, Tivity Health assists in the administration of this fitness program. Tivity Health is an independent company.

Vibra Health Plan Virtual Care Visit Tools are provided by American Well Corp (Amwell). American Well is an independent company.

Papa Pals is a program of Papa Inc. On behalf of Vibra Health Plan, Papa Inc. assists in the administration of the Papa Pals program. Papa Inc. is an independent company.