2018 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, 2018 - December 31, 2018.

SuperDuper Health Plan 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."

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.

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 1-800-345-6789 (TTY users should call 711), or visit us at www.sdhealthplan.com.

Premiums and Benefits	SuperDuper Health Plan HMO
Monthly Plan Premium	You pay $30 You must continue to pay your Medicare Part B premium.
Deductible	No deductible
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	You pay no more than $4,000 annually Includes copays and other costs for medical services for the year.
Inpatient Hospital	You pay $295 per day for days 1 through 5 You pay nothing per day for days 6 and beyond
Outpatient Hospital	You pay $150
Doctor Visits ○ Primary ○ Specialists	 You pay $15 You pay $30 Prior authorization is required for specialist visits.
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing Other preventive services are available. There are some covered services that have a cost.
Emergency Care	You pay $75 per visit If you are admitted to the hospital within 24 hours, then you do not have to pay $75.
Urgently Needed Services	You pay $40 per visit

Premiums and Benefits	SuperDuper Health Plan HMO		
Diagnostic Services/Labs/Imaging ○ Diagnostic and procedures ○ Lab services	You pay 20% of the cost You pay $5 Prior authorization is required for some services.		
Hearing Services ○ Routine hearing exam ○ Hearing aid	You pay $15, one routine hearing exam allowed annually $390 annual total allowance		
Dental Services ○ Oral exam & Cleaning	You pay $10		
Mental Health Services ○ Outpatient group therapy/ individual therapy visit	You pay $20		
Vision Services	Covered with additional premium, see below		
Skilled Nursing Facility	You pay nothing for days 1 through 20 You pay $160 per day for days 21 through 100		
Physical Therapy	You pay $20		
Transportation	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			
Deductible	You pay $0		
	Preferred Retail Rx 30-day supply	Non-Preferred Retail Rx 30-day supply	Mail Order 90-day supply
Initial Coverage Tier 1: Preferred Generic Tier 2: Non-Preferred Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Brand Tier 5: Speciality Tier	 You pay $0 You pay $5 You pay $20 You pay $25 You pay 25%	 You pay $5 You pay $10 You pay $35 You pay $95 You pay 35%	 You pay $10 You pay $25 You pay $135 You pay $285 You pay 33%
Cost-Sharing may change depending on the pharmacy you choose and when you enter another of the four phases of the Part D benefit.			
Optional Supplemental Benefits			
Vision Services ○ Monthly Premium ○ Routine eye exam ○ Eyeglasses (frames and lenses)	You pay additional $35.00 per month You pay $10 $200 every year towards purchase		