

# 2022 Summary of Benefits

## SuperDuper Health Plan HMO

January 1, 2022 - December 31, 2022.

### Z0001, Plan 001

**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 call 1-800-345-6789 (TTY 711) and request the "Evidence of Coverage" or access it online at [www.sdhealthplan.com](http://www.sdhealthplan.com).

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.

Except in emergency situations, 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](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. 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), 7 days a week, 8 a.m. to 8 p.m. or visit us at [www.sdhealthplan.com](http://www.sdhealthplan.com).

Premiums and Benefits	SuperDuper Health Plan HMO
Monthly Plan Premium ( <i>includes both medical and drugs</i> )	You pay \$30 You must continue to pay your Medicare Part B premium.
Deductible	No deductible for medical. See outpatient prescription drugs section for Part D deductible.
Maximum Out-of-Pocket Responsibility ( <i>does not include Part D prescription drugs</i> )	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
Ambulatory Surgical Center (ASC)	You pay \$50
Doctor Visits <ul style="list-style-type: none"><li>Primary care provider</li><li>Specialists</li></ul>	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 <ul style="list-style-type: none"> <li>○ Diagnostic tests and procedures</li> <li>○ Lab services</li> <li>○ MRI, CAT Scan</li> <li>○ X-Rays</li> </ul>	You pay 20% of the cost You pay \$5 You pay \$40 - \$200 You pay \$40 Prior authorization is required for some services.		
Hearing Services <ul style="list-style-type: none"> <li>○ Routine hearing exam</li> <li>○ Hearing aid</li> </ul>	You pay \$15, one routine hearing exam allowed annually \$390 annual total allowance		
Dental Services <ul style="list-style-type: none"> <li>○ Oral exam &amp; Cleaning</li> </ul>	You pay \$10		
Vision Services	Covered with additional premium, see below		
Mental Health Services <ul style="list-style-type: none"> <li>○ Outpatient group therapy/ individual therapy visit</li> </ul>	You pay \$20		
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		
Ambulance	You pay \$100		
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	Standard Retail Rx 30-day supply	Mail Order 90-day supply
Initial Coverage <ul style="list-style-type: none"> <li>Tier 1: Preferred Generic</li> <li>Tier 2: Generic</li> <li>Tier 3: Preferred Brand</li> <li>Tier 4: Non-Preferred Brand</li> <li>Tier 5: Specialty Tier</li> </ul>	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 33%	You pay \$10 You pay \$25 You pay \$135 You pay \$285 You pay 33%
Vaccine Tier	You pay \$0		
Coverage Gap	During this phase you will pay 25% for generic or brand-name drugs.		
Catastrophic Coverage <i>(after you or others on your behalf pay \$7,050)</i> <ul style="list-style-type: none"> <li>○ Generic Drugs</li> <li>○ Brand-Name Drugs</li> </ul>	You pay \$3.95 or 5% (whichever costs more) You pay \$9.85 or 5% (whichever costs more)		
Cost-Sharing may change depending on the pharmacy you choose.			

## Optional Supplemental Benefits

### Vision Services

- Monthly Premium
- Routine eye exam
- Eyeglasses  
(frames and lenses)

You pay additional \$15.00 per month

You pay \$10

\$200 every year towards purchase

SAMPLE

