

# Summary of Benefits and Coverage

Coverage period 01/01/2025 - 12/31/2025

Principal Plan (HMO)

H4647-001

**This Summary of Benefits and Coverage is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call Member Services or visit us at [UCLAHealthMedicareAdvantage.org/resources](https://UCLAHealthMedicareAdvantage.org/resources) to view the Evidence of Coverage.**

## About this plan

The plan service area is Los Angeles County, California.

For more information about the plan, call Member Services toll-free at 1-833-627-8252 (TTY 711) or go online to [UCLAHealthMedicareAdvantage.org](https://UCLAHealthMedicareAdvantage.org). Hours are 8am - 8pm PST, Monday - Friday, April 1 through September 30, except on all federal holidays. Hours are 8am - 8pm PST, 7 days a week, October 1 through March 31, except Thanksgiving Day and Christmas Day.

You can go to [UCLAHealthMedicareAdvantage.org/providers](https://UCLAHealthMedicareAdvantage.org/providers) to search for an in-network provider or [UCLAHealthMedicareAdvantage.org/pharmacy](https://UCLAHealthMedicareAdvantage.org/pharmacy) to search for an in-network pharmacy using the online directories. You can also view the plan Drug Formulary at [UCLAHealthMedicareAdvantage.org/formulary](https://UCLAHealthMedicareAdvantage.org/formulary) to see what drugs are covered and if there are any restrictions.

UCLA Health Medicare Advantage Plan has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use providers that are not in our network, the plan will not cover those services.

You can find additional information about Medicare benefits, rights and protections as well as a list of available health and drug plans in the "Medicare & You" handbook. The "Medicare & You" handbook is sent to Medicare-eligible households every September, and you can download the latest copy of the handbook at [medicare.gov/medicare-and-you](https://medicare.gov/medicare-and-you). View it online at [www.medicare.gov](https://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.

## UCLA Health Medicare Advantage Principal Plan (HMO)

### Premium, Deductible and Limits

This plan does not cover services from out-of-network providers, except in emergency or urgent situations. Refer to the Provider Directory for a list of in-network providers.

<b>Monthly plan premium</b> (including Part C and Part D premium, combined)	<b>\$0</b> You need to continue to pay your Medicare Part B premium.
<b>Annual medical deductible</b>	This plan does not have a medical deductible.
<b>Maximum out-of-pocket amount</b> (does not include prescription drugs)	<b>\$2,499</b> This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers. Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.

### Medical Benefits

This plan does not cover services from out-of-network providers, except in emergency or urgent situations. Refer to the Provider Directory for a list of in-network providers.

<b>Inpatient hospital coverage<sup>1</sup></b>	<b>\$200 copay per stay: days 1 to 90</b> <b>\$200 copay per day: days 91 and beyond</b> Our plan covers an unlimited number of days for an inpatient hospital stay.	
<b>Outpatient hospital coverage<sup>1</sup></b>	<b>Outpatient hospital, including surgery</b>	\$100 copay
	<b>Outpatient hospital observation services</b>	\$0 copay
<b>Ambulatory surgical center (ASC) coverage<sup>1</sup></b>	\$0 copay	
<b>Doctor visits</b>	<b>Primary care provider</b>	\$0 copay
	<b>Specialists<sup>1</sup></b>	\$0 copay
	<b>Virtual medical visits</b>	\$0 copay to speak with a network telehealth provider online through live audio and video.

<sup>1</sup> May require referral and/or prior authorization from the plan

## Medical Benefits

This plan does not cover services from out-of-network providers, except in emergency or urgent situations. Refer to the Provider Directory for a list of in-network providers.

Preventive care	<b>Routine physical</b>	\$0 copay; 1 per year
	<b>Medicare-covered</b>	\$0 copay
	<p><b>Our plan covers many preventative services including:</b></p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screening</li> <li>• Cervical and vaginal cancer prevention screening</li> <li>• Colorectal cancer screenings and colonoscopy, FOBT and FIT kit</li> <li>• Depression screening</li> <li>• Diabetes screenings and monitoring</li> <li>• Hepatitis C screening</li> <li>• HIV screening</li> <li>• Immunizations</li> <li>• Lung cancer screening with low dose computed tomography (LDCT)</li> <li>• Medical nutrition therapy services</li> <li>• Medicare diabetes prevention program (MDPP)</li> <li>• Obesity screenings and counseling</li> <li>• Prostate screening exams</li> <li>• Sexually transmitted infections screenings and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>	

## Medical Benefits

This plan does not cover services from out-of-network providers, except in emergency or urgent situations. Refer to the Provider Directory for a list of in-network providers.

<b>Emergency care</b>	<p>\$140 copay</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the emergency care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>\$140 copay for emergency care outside the United States per visit. The emergency care copay is not waived even if you are admitted to the hospital if you receive emergency care outside of the United States.</p>	
	<p>\$15 copay</p> <p>\$50 copay for urgently needed services outside the United States per visit.</p>	
<b>Diagnostic tests, lab and radiology services, and X-rays<sup>1</sup></b>	<b>Diagnostic radiology services (e.g., MRI, CT scan)</b>	<p>\$0 copay for each diagnostic mammogram</p> <p>\$10 copay for MRI or CT</p> <p>\$50 copay for PET</p>
	<b>Lab services</b>	\$0 copay
	<b>Diagnostic tests and procedures</b>	\$0 copay
	<b>Therapeutic radiology</b>	20% coinsurance
	<b>Outpatient X-rays</b>	\$0 copay
<b>Hearing services</b>	<b>Exam to diagnose and treat hearing and balances issues<sup>1</sup></b>	\$0 copay
	<b>Routine hearing exam<sup>2</sup></b>	\$0 copay; 1 per year
	<p><b>Routine hearing aids<sup>2</sup></b></p> <p>Access to a network of hearing professionals and a full selection of hearing aid models.</p> <p>Three-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period.</p>	Copays from \$295 to \$1,495 for a broad selection of hearing aids.

<sup>1</sup> May require referral and/or prior authorization from the plan

<sup>2</sup> Benefits are available exclusively through the plan's designated vendors

## Medical Benefits

This plan does not cover services from out-of-network providers, except in emergency or urgent situations. Refer to the Provider Directory for a list of in-network providers.

<b>Routine dental benefits<sup>2</sup></b>	<b>Preventive and comprehensive</b> No annual deductible.	\$0 copay for covered preventive services like cleanings.  \$7 to \$410 for covered comprehensive services like fillings and crowns.  \$16 to \$656 copay for services like replacing missing or broken dentures.
<b>Vision services</b>	<b>Exam to diagnose and treat diseases and conditions of the eye<sup>1</sup></b>	\$0 copay
	<b>Routine eye exam<sup>2</sup></b>	\$0 copay; 1 per year
	<b>Routine eyewear<sup>2</sup></b>	\$150 allowance for eyeglasses or contacts
	<b>Eyewear after cataract surgery</b>	\$0 copay; \$150 allowance per year for one pair of eyeglasses or contacts
<b>Mental health services<sup>1</sup></b>	<b>Inpatient visit</b>	\$200 copay per admission
	<b>Outpatient individual therapy visit (in person or virtual)</b>	\$15 copay
	<b>Outpatient group therapy visit</b>	\$15 copay
	<b>Virtual mental health visit with a physician</b>	\$0 copay for live video or audio telehealth visit
<b>Skilled nursing facility (SNF)<sup>1</sup></b>	\$0 copay per day: days 1 to 20 \$100 copay per day: days 21 to 100  Our plan covers up to 100 days in a SNF.	
<b>Outpatient rehabilitation services<sup>1</sup></b>	<b>Physical therapy and speech and language therapy visit</b>	\$15 copay
	<b>Occupational Therapy Visit</b>	\$15 copay

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<sup>2</sup> Benefits are available exclusively through the plan's designated vendors

## Medical Benefits

This plan does not cover services from out-of-network providers, except in emergency or urgent situations. Refer to the Provider Directory for a list of in-network providers.

<b>Ambulance</b> Your provider must obtain prior authorization for non-emergency transportation.	\$200 copay for ground 20% coinsurance for air <sup>1</sup>	
<b>Routine transportation</b> <sup>1,2</sup>	12 rides to or from approved health-related location. Each ride counts as a one-way trip.	
<b>Renal Dialysis</b> <sup>1</sup>	20% coinsurance	
<b>Medicare Part B prescription drugs</b> Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs. Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	<b>Chemotherapy drugs</b> <sup>1</sup>	0% to 20% coinsurance
	<b>Part B covered insulin</b> <sup>1</sup>	\$0
	<b>Other Part B drugs</b> <sup>1</sup>	0% to 20% coinsurance for all others

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<sup>2</sup> Benefits are available exclusively through the plan's designated vendors

## Prescription Drug Coverage

This plan does not cover prescription drugs from out-of-network pharmacies, except in emergency or urgent situations. Refer to the Pharmacy Directory for a list of in-network pharmacies at [UCLAHealthMedicareAdvantage.org/pharmacy](https://UCLAHealthMedicareAdvantage.org/pharmacy) and the Evidence of Coverage at [UCLAHealthMedicareAdvantage.org/eocprincipal](https://UCLAHealthMedicareAdvantage.org/eocprincipal) for more information.

<b>Annual Prescription Deductible</b>	This plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage stage.			
<b>Initial Coverage</b>	In this stage, the plan pays its share of the cost, and you pay your copay or coinsurance. You stay in this stage until your year-to-date total drug cost reaches \$2,000. Then you move to the Catastrophic phase.			
<b>Tier Drug Coverage</b>	<b>Retail</b>		<b>Mail Order</b>	
	<b>30-day supply<sup>3</sup></b>	<b>100-day supply</b>	<b>30-day supply</b>	<b>100-day supply</b>
<b>Tier 1: Preferred Generic</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 2: Generic</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 3: Preferred Brand</b>	\$47 copay	\$141 copay	\$47 copay	\$117.50 copay
<b>Tier 3: Covered Insulin Drugs</b>	\$35 copay	\$105 copay	\$35 copay	\$87.50 copay
<b>Tier 4: Non-preferred Drug</b>	45% coinsurance	45% coinsurance (90 day supply limit)	45% coinsurance	45% coinsurance (90 day supply limit)
<b>Tier 5: Specialty Tier</b>	33% coinsurance	Not covered	33% coinsurance	Not covered
<b>Catastrophic Coverage</b>	After your total out-of-pocket drug reaches \$2,000, you won't pay anything for Medicare Part D covered drugs for the rest of the plan year.			
<b>Additional covered drugs</b> These drugs are not covered by Medicare Part D and not on the plan's Drug List.	This plan covers this additional drug as a Tier 3 medication. <ul style="list-style-type: none"> <li>Sildenafil (generic Viagra)</li> </ul>			

<sup>3</sup> Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy



## Additional Benefits

Some benefits are available exclusively through the plan's designated vendor, refer to the footnote and the plan's Evidence of Coverage at [UCLAHealthMedicareAdvantage.org/eocprincipal](http://UCLAHealthMedicareAdvantage.org/eocprincipal) for more information.

<b>Routine acupuncture benefit<sup>2</sup></b>	Up to 12 visits per year	\$0 copay
<b>Chiropractic care<sup>1</sup></b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)	\$0 copay
<b>Routine chiropractic benefit<sup>2</sup></b>	Up to 12 visits per year	\$0 copay
<b>Diabetes management</b>	Diabetes monitoring supplies <sup>1</sup>	\$0 copay
	Diabetes self-management training <sup>1</sup>	\$0 copay
	Therapeutic shoes or inserts <sup>1</sup>	\$0 copay
<b>Durable medical equipment (DME) and related supplies</b>	DME (e.g., wheelchairs, oxygen) <sup>1</sup>	50% coinsurance for power scooters 20% coinsurance for all other DME
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	0% coinsurance for Ostomy supplies 20% coinsurance for all other devices
<b>Fitness program<sup>2</sup></b>	\$0 copay for an Online Fitness benefit which includes <ul style="list-style-type: none"> <li>live virtual and pre-recorded fitness classes</li> <li>educational resources</li> <li>personalized programming, and more</li> </ul>	
<b>Foot care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	\$0 copay
	Routine foot care <sup>1</sup>	\$0 copay
<b>Personalized meal planning<sup>2</sup></b>	\$0 copay for online medically tailored meal planning services	
<b>Post-discharge meals<sup>1,2</sup></b>	\$0 copay for home-delivered meals immediately after inpatient hospitalizations or skilled nursing (SNF) stays with qualifying referrals.	
<b>Home health care<sup>1</sup></b>	\$0 copay	
<b>Hospice</b>	You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
<b>Home safety assessment<sup>1,2</sup></b>	\$0 copay for an in-home safety assessment with an occupational therapist	

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<b>In-Home care Services<sup>1,2</sup></b>	\$0 copay for 8 hours per month of in-home personal care services such as companionship, meal prep, medication reminders and more with a professional caregiver. Some restrictions and limitations apply.	
<b>Opioid treatment program services<sup>1</sup></b>	\$15 copay	
<b>Outpatient substance abuse<sup>1</sup></b>	Outpatient individual therapy visit	\$15 copay
	Outpatient group therapy visit	\$15 copay
<b>Flex allowance - Smart Benefits Card (&amp;more)<sup>2</sup></b>	\$400 allowance per year to be used for covered dental, vision and hearing services.	
<b>Over-the-Counter (OTC) allowance - Smart Benefits Card (&amp;more)<sup>2</sup></b>	<p>\$50 allowance every 3 months for OTC products like pain relievers, cold remedies, and vitamins in-store or online. Unused funds do not roll over and will be forfeited.</p> <ul style="list-style-type: none"> <li>• Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, toothpaste and more.</li> <li>• Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you.</li> </ul>	
<b>Support for caregivers of enrollees<sup>1,2</sup></b>	\$0 copay for caregiver navigation and training	
<b>Personal emergency response system<sup>1,2</sup></b>	\$0 copay for a personal emergency response system (PERS). Help is only a button-press away. A PERS device can quickly connect you to the help you need, 24 hours a day, in any situation.	
<b>24/7 nursing hotline<sup>2</sup></b>	\$0 copay to speak with a registered nurse (RN) 24 hours a day, 7 days a week	

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## Required Information

UCLA Health Medicare Advantage Health Plan (HMO) has a contract with Medicare and enrollment in the plan depends on contract renewal. UCLA Health Medicare Advantage Plan includes Part D drug coverage. To enroll in UCLA Health Medicare Advantage Plan, you must have both Medicare Parts A and B and reside in the plan service area, Los Angeles County. In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium.

Limitations, exclusions and/or network restrictions may apply. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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

Every year, Medicare evaluates plans based on a 5-star rating system. Star ratings may vary by contract or market. For plan year 2025, UCLA Health Medicare Advantage Plan's H4647 (HMO) contract is too new to be measured for a Star rating.

UCLA Health Medicare Advantage Plan does not discriminate based on race, ethnicity, national origin, color, religion, sex, gender identity, pregnancy, sexual orientation, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location within the service area. All organizations that provide Medicare Advantage plans, like our plan, must obey Federal laws against discrimination, including Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act, Section 1557 of the Affordable Care Act, all other laws that apply to organizations that get Federal funding, and any other laws and rules that apply for any other reason.

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