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**2025**

# Summary of Benefits

## Sonder Medicare Valorous (HMO)

January 1, 2025 – December 31, 2025



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# SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information for the plan listed below is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please refer to the *Evidence of Coverage* at [www.sonderhealthplans.com](http://www.sonderhealthplans.com), or call us at 1-888-428-4440, TTY: 711. Coverage is applicable January 1, 2025 to December 31, 2025.

Sonder Medicare Valorous (HMO)					
Counties Covered:					
Appling	Clayton	Glascok	Lincoln	Oglethorpe	Talbot
Baker	Clinch	Greene	Long	Paulding	Taliaferro
Banks	Cobb	Gwinnett	Macon	Peach	Taylor
Barrow	Columbia	Hancock	Madison	Pike	Treutlen
Bibb	Cowetta	Haralson	Marion	Polk	Twiggs
Bleckley	Crawford	Harris	McDuffie	Putnam	Upson
Bryan	Dekalb	Heard	McIntosh	Quitman	Walton
Burke	Dodge	Henry	Meriwether	Randolph	Warren
Butts	Dooly	Jasper	Monroe	Richmond	Washington
Candler	Douglas	Jefferson	Montgomery	Rockdale	Wayne
Chatham	Emanuel	Jenkins	Morgan	Schley	Webster
Chattahoochee	Fayette	Johnson	Muscogee	Screven	Wilcox
Cherokee	Forsyth	Jones	Newton	Spalding	Wilkes
Clarke	Fulton	Lamar	Oconee	Stewart	Wilkinson

## You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (like **Sonder Medicare Valorous (HMO)**).

## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what the Sonder Health Plans cover and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on [www.medicare.gov](http://www.medicare.gov).
- If you want to know more about the 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), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.

## Hours of Operation & Contact Information

- From October 1 to March 31, we're open 8 a.m. – 8 p.m., 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m., Monday through Friday.
- Members and non-members can call us at 1-888-428-4440, TTY: 711.
- Our website: [www.sonderhealthplans.com](http://www.sonderhealthplans.com).

## Who can join?

To join **Sonder Medicare Valorous (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area.

## Which doctors, hospitals, and pharmacies can I use?

**Sonder Medicare Valorous (HMO)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website ([www.sonderhealthplans.com](http://www.sonderhealthplans.com)).

Or, call us and we will send you a copy of the provider and pharmacy directories.

## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.sonderhealthplans.com>.
- Or, call us and we will send you a copy of the formulary.

## How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage and Catastrophic Coverage.

**If you have any questions about this plan's benefits or costs, please contact Sonder Health Plans, Inc.**

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## SECTION II - SUMMARY OF BENEFITS

### PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Out of Pocket Amounts	Sonder Medicare Valorous (HMO)
<b>Monthly Plan Premium</b> You must continue to pay your Medicare Part B premium.	\$0
<b>Deductible</b> These plans do not have deductibles	\$0
<b>Maximum Out-of-Pocket Responsibility</b> This includes copays and other costs for medical services for the year. This does not include prescription drugs.	\$4,950

Medical Benefits	Sonder Medicare Valorous (HMO)
<b>Inpatient Hospital</b> Per day for each admission Our plan covers an unlimited number of days for an inpatient hospital stay May require prior authorization.	Days 1-5: \$350 copay  Days 6-90: \$0 copay
<b>Outpatient Hospital</b> Outpatient hospital or Surgery May require prior authorization.	\$350 copay
<b>Ambulatory Surgical Center</b> May require prior authorization May require a referral from your doctor	\$180 copay
<b>Doctor's Office Visits</b> Primary care physician visit Specialist visit	\$0 copay \$0 copay
<b>Preventive Care</b> <i>(e.g., flu vaccine, diabetic screenings)</i> See <i>Evidence of Coverage</i> for full list of Preventive Services.	\$0 copay
<b>Emergency Care</b> Emergency Visit	\$125 copay

Medical Benefits	Sonder Medicare Valorous (HMO)
Worldwide Coverage - All worldwide urgent / emergency services	\$0 copay, \$10,000 maximum allowable
<b>Urgently Needed Services</b> Urgent Visit  Worldwide Coverage All worldwide urgent / emergency services	\$30 copay per visit  \$0 copay, \$10,000 maximum allowable
<b>Mental Health Care</b> Outpatient group therapy visit (individual / group)  Inpatient Mental Health Care per day for each admission	\$0 / \$0 copay per session  Days 1-5: \$350 copay Days 6-90: \$0 copay
<b>Diagnostic Services / Labs/ Imaging</b> Diagnostic tests (office/facility)  Lab Services  Advanced Services (such as MRI, CT, PET Scan)  X-Rays and Diagnostic Radiology (office / facility)  Therapeutic Radiology	\$0/\$150 copay  \$0 copay  \$300 copay  \$0/\$100 copay  20% coinsurance
<b>Skilled Nursing Facility</b> Days 1-20 per day / per admission Days 21-100 per day / per admission	\$0 copay per day \$203 copay per day
<b>Outpatient Rehabilitation (Physical, Occupational, Speech Language)</b> Per visit	\$25 copay
<b>Medicare Part B Drugs</b> For Part B drugs such as chemotherapy drugs	20% coinsurance
<b>Ambulance</b> Ground, one way Air, one way	\$225 copay \$750 copay
<b>Home Health</b> Per visit	\$0 copay

Medical Benefits	Sonder Medicare Valorous (HMO)
<b>DME (Durable Medical Equipment)</b> Covered equipment and supplies  Oxygen	20% coinsurance  20% coinsurance

Prescription Drug Benefits	Sonder Medicare Valorous (HMO)
<b>Deductible</b> This plan has no prescription drug deductible	\$0
<b>Initial Coverage</b> You pay until your out of pocket reaches this amount  <b>1 month/3 month/mail order</b>  Tier 1 (Preferred Generic)  Tier 2 (Generic) <ul style="list-style-type: none"> <li>• Insulin</li> </ul> Tier 3 (Preferred Brand) <ul style="list-style-type: none"> <li>• Insulin</li> </ul> Tier 4 (Non-Preferred Drug) <ul style="list-style-type: none"> <li>• Insulin</li> </ul> Tier 5 (Specialty)  Please call us or see the plan’s <i>Evidence of Coverage</i> on our website for complete information about costs for covered drugs.	\$2,000  \$0/\$0/\$0  \$10/\$30/\$0 \$10/\$30/\$0  \$44/\$132/\$88 \$35/\$70/\$0  \$95/\$285/\$285 \$35/\$70/\$70  33%/33%/33%
<b>Coverage Gap</b> Starting in 2025, there is no longer a coverage gap	N/A
<b>Catastrophic Amount</b> After your yearly out of pocket drug costs reach \$2,000, you pay nothing	\$0 copay / \$0 coinsurance

Additional Supplemental Benefits	Sonder Medicare Valorous (HMO)
<p><b>Hearing Services*</b></p> <p>Exam to diagnose and treat hearing and balance issues 1/year</p> <p>Routine hearing exam 1/year</p> <p>Hearing aids: You have the option to purchase hearing aids from two categories. This is for 1 hearing aid per year.</p>	<p>*Additional Hearing Aid Coverage can be selected \$40 copay</p> <p>Not covered</p> <p>Not covered</p>
<p><b>Dental – Comprehensive and Preventive Services*</b></p> <p>Comprehensive dental services, including:</p> <ul style="list-style-type: none"> <li>• Exams</li> <li>• Prophylaxis</li> <li>• Fluoride</li> <li>• X-rays</li> <li>• Non-routine services</li> <li>• Diagnostic services</li> <li>• Restorative services</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Extractions</li> <li>• Prosthodontics</li> </ul> <p>Preventive dental services:</p> <ul style="list-style-type: none"> <li>• Oral exam (1 visit/6 months)</li> <li>• Cleaning (1 visit/ 6 months)</li> <li>• Fluoride treatment (1 visit/ 6 months)</li> <li>• Dental X-rays (1 visit/ 2 years)</li> </ul>	<p>*Additional Dental can be selected</p> <p>\$40 copay for Medicare covered services</p> <p>\$0 copay per service</p>
<p><b>Vision Services*</b></p> <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</p> <p>Routine eye exam (up to 1 visit(s) every year)</p> <p>Contact lenses, Eyeglasses (frames and lenses)</p>	<p>*Additional Vision can be selected \$40 copay</p> <p>\$0 copay</p> <p>\$40 per year</p>

Additional Supplemental Benefits	Sonder Medicare Valorous (HMO)
<p><b>Transportation</b> One-way trips per year for non-emergency transportation to plan approved health related locations.</p>	Unlimited one-way trips
<p><b>Fitness Benefit</b> You receive access to the Silver&amp;Fit Healthy Aging and Exercise program. As part of this program, you have the following options available to you:</p> <ul style="list-style-type: none"> <li>• Fitness center membership at a participating fitness center</li> <li>• Home kit, if unable to visit a fitness center or prefer to exercise at home</li> <li>• Daily virtual workout classes</li> <li>• Digital workout classes</li> </ul>	\$0 copay
<p><b>Personal Emergency Response System</b> You receive one personal emergency response system which includes a base unit and optional wearable device</p>	\$0 copay
<p><b>Over The Counter Items</b> Allowance towards the purchase of OTC items from the approved list</p>	\$125 per quarter
<p><b>In-Home Support Services</b> Services are provided in 4 hour per day increments and include:</p> <ul style="list-style-type: none"> <li>• Respite Care</li> <li>• Caregiver Training</li> <li>• In-Home Safety Assessment</li> <li>• Medication Reconciliation</li> </ul> <p>Support for activities of daily living such as bathing, dressing, grooming, meal preparation and light housekeeping.</p>	<p>\$0 copay</p> <p>4 hour per day increments up to 208 hours per year</p>
<p><b>Platelet Rich Plasma</b> Up to 6 visits per year</p>	\$0 copay
<p><b>Member Selects one from List 1:</b></p> <ul style="list-style-type: none"> <li>• Comprehensive Comp Dental</li> <li>• Comprehensive Vision</li> <li>• Hearing Aid Allowance</li> </ul> <p><b>Member Selects one from List 2:</b></p> <ul style="list-style-type: none"> <li>• Routine Acupuncture / 12 visits</li> <li>• Routine Chiropractic / 12 visits</li> </ul>	<p>\$3,500 per year \$2,500 per year \$2,000 per year</p> <p>\$0 copay \$0 copay</p>



**Additional Supplemental Benefits –  
Must Have Qualifying Condition**

**Sonder Medicare Valorous (HMO)**

**SSBCI Benefits (Special Supplemental Benefits for the Chronically Ill) Only for Members Who Have Qualifying Chronic Medical Conditions**

*Eligible Chronic Conditions Include:* Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke

Benefits do not roll over.

**Flex Card**

Monthly allowance does not roll over.

**Member Selects one item from the list:**

- Grocery + Gas Card
- Wellness Centers and Alternative Therapies
- Housing / Utilities

**Member Selects one item from the list:**

- \$285 per month
- \$300 per month
- \$300 per month

**Social and Active Club Membership**

Social and Active Clubs, Veteran Affiliation Fees, Hunting and Fishing Licenses

\$300 per year

**Non-Emergency Transportation**

One way trips

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## DISCLAIMERS

This document is available in other alternate formats.

**ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-888-428-4440 (TTY: 711).

**ATENCIÓN:** Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al 1-888-428-4440 (TTY: 711).

**Sonder Health Plans, Inc.** is an HMO plan with a Medicare contract. Enrollment in the plan described in this Summary of Benefits depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Sonder Health Plans, Inc. members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

Health coverage is offered by Sonder Health Plans, Inc.