

2019 Summary of Benefits

Liberty Advantage Gold (HMO SNP)

H6351

This is a summary of drug and health services covered by Liberty Advantage Gold (HMO SNP) January 1, 2019 - December 31, 2019.

Liberty Advantage Gold (HMO SNP) is Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information.

The benefit information provided 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, visit our website at www.libertyadvantageplan.com or call Member Services and request the *Evidence of Coverage*.

To Reach Our Member Services Representatives:

- Toll Free 1-844-854-6884, TTY/TDD should call 711.
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30

To join Liberty Advantage Gold (HMO SNP), you must:

- be entitled to Medicare Part A,
- -- *and* -- be enrolled in Medicare Part B,
- -- *and* -- live in our service area,
- -- *and* -- reside in one of our participating assisted living communities and meet a nursing facility level of care or reside in one of our participating nursing facilities for greater than 90 days. For a list of participating communities/facilities, contact Member Services or see our website www.libertyadvantageplan.com.

Our service area includes these counties in North Carolina: Alamance, Bertie, Brunswick, Chatham, Columbus, Cumberland, Davie, Forsyth, Halifax, Hyde, Johnston, Lee, New Hanover, Orange, Rowan, Sampson, and Warren.

This document is also available in Braille and in large print.

Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1 of each year.

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 <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.

Premiums and Benefits	Liberty Advantage Gold (HMO SNP)
Monthly plan premium	\$175 You must continue to pay your Medicare Part B premium.
Deductible	\$0
Maximum out-of-pocket amount (does not include Part D Prescription drugs)	\$5,000
Inpatient Hospital coverage	\$330 copayment each day for days 1 to 5 and \$0 copayment each day for days 6 to 90 and Lifetime Reserve Days <i>Prior Authorization may be required.</i>
Outpatient Hospital coverage Outpatient hospital services Outpatient hospital observation services	\$0 copayment: Outpatient Hospital Services - Preventive \$0 copayment: Outpatient Hospital Services - Other \$50 copayment: Outpatient Hospital Services - Surgery \$30 copayment: Rehab Services (CORF) \$100 copayment
Doctor Visits Primary Care Providers Specialists	\$0 copayment \$30 copayment: Physician Specialist Services - Consults/Office Visits/Home Visits \$30 copayment: Physician Specialist Services - Facility Visits \$50 copayment: Physician Services - General Diagnostic Radiology \$50 copayment: Physician Services - Complex Diagnostic Radiology \$0 copayment: Physician Services - X-Rays \$30 copayment: Physician Services - Therapeutic Radiology \$30 copayment: Physician Services - Office Surgery \$0 copayment: Physician Services - Inpatient and Outpatient Surgery \$0 copayment: Physician Services - Pathology/Lab \$30 copayment: Physician Services - Other

Premiums and Benefits	Liberty Advantage Gold (HMO SNP)
Preventive Care	<p>You pay nothing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.</p>
Emergency care	<p>\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.</p>
Urgently needed services	<p>\$30 copayment Copayment is waived if you are admitted to a hospital within 3 days.</p>
<p>Diagnostic Services/Labs/Imaging</p> <p>Diagnostic tests and procedures</p> <p>Lab services</p> <p>Diagnostic radiology services (e.g. MRI, CAT Scan)</p> <p>Outpatient X-rays</p>	<p>\$0 copayment <i>Prior Authorization may be required.</i></p> <p>\$0 copayment <i>Prior Authorization may be required.</i></p> <p>\$50 copayment <i>Prior Authorization may be required.</i></p> <p>\$10 copayment <i>Prior Authorization may be required.</i></p>
<p>Hearing services</p> <p>Hearing exam</p> <p><i>Supplemental Benefit</i></p> <p>Hearing Aids</p>	<p>\$30 copayment for traditional Medicare-covered hearing services.</p> <p>Up to a \$2,000 allowance for both ears combined every two years for hearing aids.</p>

Premiums and Benefits	Liberty Advantage Gold (HMO SNP)
<p>Dental services</p> <p>Medicare-covered dental</p> <p><i>Supplemental Benefit</i></p> <ul style="list-style-type: none"> • Cleaning • X-ray • Comprehensive 	<p>20% coinsurance for each Medicare-covered service.</p> <p>Plan pays up to \$2,000 every year toward:</p> <ul style="list-style-type: none"> • One prophylaxis (cleaning) every six months. • One dental x-ray every year. • Restorative Services; Endodontics; Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services <p><i>Prior Authorization may be required.</i></p>
<p>Vision care</p> <p>Yearly eye exam for diabetic retinopathy</p> <p><i>Supplemental Benefit</i></p> <p>Routine eye exam Glaucoma screening</p> <p>Eyeglasses, lenses, frames, contacts</p>	<p>\$30 copayment for Medicare-covered services.</p> <p>You pay \$0 copayment for one routine eye exam visit and one glaucoma screening per year.</p> <p>Up to a \$275 combined credit every year for all additional eyewear.</p>
<p>Mental Health Services</p> <p>Inpatient visit</p> <p>Outpatient group therapy visit</p> <p>Outpatient individual therapy visit</p>	<p>\$330 copayment each day for days 1 to 5 and \$0 copayment each day for days 6 to 90 <i>Prior Authorization may be required.</i></p> <p>\$30 copayment <i>Referral is required.</i></p> <p>\$30 copayment <i>Referral is required.</i></p>

Premiums and Benefits	Liberty Advantage Gold (HMO SNP)
Skilled nursing facility (SNF) care	<p>You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. Liberty Advantage Gold (HMO SNP) will provide updated rates as soon they are released.</p> <p>\$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay.</p> <p>\$167.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay.</p> <p>No prior hospital stay required.</p> <p><i>Prior Authorization is required.</i></p>
Physical Therapy, Occupational Therapy, or Speech Therapy	<p>\$0 copayment</p> <p><i>Prior Authorization is required.</i></p>
<p>Ambulance services</p> <p>Ground Ambulance</p> <p>Air Ambulance</p>	<p>\$150 copayment for each one-way trip</p> <p><i>Prior Authorization is required for non-emergency services.</i></p> <p>\$150 copayment for each one-way trip</p> <p><i>Prior Authorization is required for non-emergency services.</i></p>
Non-Emergency Transportation	<p>\$0 copayment</p> <p>Up to 24 one-way trips each year to plan-approved locations</p>
<p>Medicare Part B prescription drugs</p> <p>Chemotherapy drugs</p> <p>Other Part B drugs</p>	<p>20% coinsurance</p> <p><i>Prior Authorization may be required.</i></p> <p>20% coinsurance</p> <p><i>Prior Authorization may be required.</i></p>

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<p>Foot Care (podiatry services) Foot exams and treatment</p> <p><i>Supplemental Benefit</i> Routine foot care</p>	<p>20% coinsurance for Medicare-covered services.</p> <p>\$0 copayment for 4 routine foot care visits per year.</p>
<p>Medical Equipment/Supplies</p> <p>Durable Medical Equipment (e.g., wheelchairs, oxygen)</p> <p>Prosthetics (e.g., braces, artificial limbs)</p> <p>Diabetic supplies</p> <p>Diabetic Therapeutic Shoes and Inserts</p>	<p>20% coinsurance <i>Prior Authorization is required.</i></p> <p>20% coinsurance <i>Prior Authorization is required.</i></p> <p>20% coinsurance for each Medicare-covered service.</p> <p>20% coinsurance <i>Prior Authorization is required.</i></p>
<p>Optional Personal Care Benefit</p>	<p>In-home support services to assist individuals with disabilities and/or medical conditions in performing ADLs and IADLs within the home. The in-home support services benefit is limited to ten (10) hours per year to those members who have had an inpatient hospital or skilled nursing facility stay. The additional monthly premium is \$11.</p>

Liberty Advantage Gold (HMO SNP)		
Outpatient Prescription Drugs		
	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 30-day supply)
Deductible	This plan has no deductible for Part D drugs, this payment stage doesn't apply.	
Tier 1 (Preferred Generic)	\$4	\$4
Tier 2 (Generic)	\$15	\$15
Tier 3 (Preferred Brand)	\$45	\$45
Tier 4 (Non-Preferred Brand)	\$95	\$95
Tier 5 (Specialty Tier)	33%	33%
Coverage Gap	After your total drug costs (including what our plan has paid and what you have paid) reach \$3,820, you will pay no more than 37% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.40 copayment for generic (including brand drugs treated as generic) and a \$8.50 copayment for all other drugs. 	