

2019 Summary of Benefits

Liberty at Home (HMO SNP)

H6351

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

Liberty at Home (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 at Home (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 nursing facilities for greater than 90 days. The plan's *Provider Directory* has a list of participating nursing facilities. You can access this list on our website www.libertyadvantageplan.com or call Member Services and ask us to send you a list.

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 at Home (HMO SNP)
Monthly plan premium	\$28.90 You must continue to pay your Medicare Part B premium.
Deductible	The Part B deductible was \$183. This is the 2018 cost sharing amount and may change in 2019. Liberty at Home (HMO SNP) will provide updated rates as soon as they are released.
Maximum out-of-pocket amount (does not include Part D Prescription drugs)	\$6,600
Inpatient Hospital coverage	You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. Liberty at Home (HMO SNP) will provide updated rates as soon they are released. \$1,340 deductible; \$0 copayment each day for days 1-60; \$335 copayment each day for days 61 to 90; \$670 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior Authorization may be required.</i>
Outpatient Hospital coverage	
Outpatient hospital services	20% coinsurance
Outpatient hospital observation services	\$100 copayment
Doctor Visits	
Primary Care Providers	\$0 copayment
Specialists	20% coinsurance
Preventive Care	You pay nothing. Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.

Premiums and Benefits	Liberty at Home (HMO SNP)
Emergency care	\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.
Urgently needed services	20% coinsurance up to a max of \$65 Coinsurance is waived if you are admitted to a hospital within 3 days.
Diagnostic Services/Labs/Imaging Diagnostic tests and procedures Lab services Diagnostic radiology services (e.g. MRI, CAT Scan) Outpatient X-rays	20% coinsurance <i>Prior Authorization may be required.</i> \$0 copayment <i>Prior Authorization may be required.</i> 20% coinsurance <i>Prior Authorization may be required.</i> \$0 copayment <i>Prior Authorization may be required.</i>
Hearing services Hearing exam	20% of the cost for traditional Medicare-covered hearing services.
Dental services Medicare-covered dental	20% coinsurance for each Medicare-covered service.
Vision care Yearly eye exam for diabetic retinopathy	20% coinsurance for Medicare-covered services.

Premiums and Benefits	Liberty at Home (HMO SNP)
<p>Mental Health Services</p> <p>Inpatient visit</p> <p>Outpatient group therapy visit</p> <p>Outpatient individual therapy visit</p>	<p>You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. Liberty at Home (HMO SNP) will provide updated rates as soon they are released.</p> <p>\$1,340 deductible;</p> <p>\$0 copayment each day for days 1-60;</p> <p>\$335 copayment each day for days 61 to 90;</p> <p>\$670 copayment each day for days 91 to 150 (lifetime reserve days).</p> <p><i>Prior Authorization may be required.</i></p> <p>20% coinsurance</p> <p><i>Prior Authorization is required.</i></p> <p>20% coinsurance</p> <p><i>Prior Authorization is required.</i></p>
<p>Skilled nursing facility (SNF) care</p>	<p>You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. Liberty at Home (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>
<p>Physical Therapy, Occupational Therapy, or Speech Therapy</p>	<p>20% coinsurance</p> <p><i>Prior Authorization is required.</i></p>
<p>Ambulance services</p> <p>Ground Ambulance</p> <p>Air Ambulance</p>	<p>20% coinsurance for each one-way trip</p> <p><i>Prior Authorization is required for non-emergency services.</i></p> <p>20% coinsurance for each one-way trip</p> <p><i>Prior Authorization is required for non-emergency services.</i></p>
<p>Non-Emergency Transportation</p>	<p>Not Covered</p>
<p>Medicare Part B prescription drugs</p> <p>Chemotherapy drugs</p>	<p>20% coinsurance</p> <p><i>Prior Authorization may be required.</i></p>

Premiums and Benefits	Liberty at Home (HMO SNP)
Other Part B drugs	20% coinsurance <i>Prior Authorization may be required.</i>
Foot Care (podiatry services) Foot exams and treatment	20% coinsurance for Medicare-covered services.
Medical Equipment/Supplies Durable Medical Equipment (e.g., wheelchairs, oxygen) Prosthetics (e.g., braces, artificial limbs) Diabetic supplies Diabetic Therapeutic Shoes and Inserts	20% coinsurance <i>Prior Authorization is required.</i> 20% coinsurance <i>Prior Authorization is required.</i> 20% coinsurance for each Medicare-covered service. 20% coinsurance <i>Prior Authorization is required.</i>
Meal benefit Covered up to one time per calendar year immediately following an inpatient admission, outpatient surgery, or exacerbation of a chronic condition when ordered by a physician or non-physician practitioner.	\$0 copayment Up to 14 meals delivered to your home within the first 7 days after discharge. Up to a \$98 credit every year Please contact the plan for more details. <i>Referral is required.</i> <i>Prior Authorization is required.</i>
Telemonitoring services	\$0 copayment <ul style="list-style-type: none"> • Available to beneficiaries with qualifying dx (cardiac related, post MI, post pneumonia) • 12 benefit period weeks post MI or pneumonia dx • Ongoing benefit for qualifying cardiac dx • Vital sign monitoring done 7 days a week <ul style="list-style-type: none"> ○ RN Case Manager <i>Prior Authorization may be required.</i>

Premiums and Benefits	Liberty at Home (HMO SNP)
Personal Care Benefit	All in-home support services provided exclusively by Liberty Home Care. 15 hours in place of or after an inpatient stay (Hospital or SNF)

	Liberty at Home (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	\$415 for all Part D prescription drugs.	
Cost-Sharing for Covered Drugs	25% coinsurance	25% coinsurance
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. 	