

2021 Summary of Benefits

Longevity Health Plan (HMO I-SNP)

H5374, Plan 001

This is a summary of drug and health services covered by Longevity Health Plan (HMO I-SNP) January 1, 2021 - December 31, 2021.

Longevity Health Plan (HMO I-SNP) is a 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. Call 1-888-312-5196, TTY should call 711, 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.longevityhealthplan.com, or call Member Services and request the *Evidence of Coverage*.

To Reach Our Member Services Representatives:

- Toll Free 1-888-312-5196, 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 Longevity Health Plan (HMO I-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 or expect to 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.longevityhealthplan.com or call Member Services and ask us to send you a list.

Our service area includes these counties in North Carolina: Alamance, Buncombe, Cabarrus, Catawba, Cumberland, Davidson, Duplin, Durham, Edgecombe, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mecklenburg, Moore, New Hanover, Pitt, Randolph, Robeson, Rockingham, Rowan, Rutherford, Surry, Union, Wake, Wayne, and Wilson.

Longevity Health Plan (HMO I-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at www.longevityhealthplan.com. If you use providers that are not in our network, the plan may not pay for these services.

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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

	Longevity Health Plan (HMO I-SNP)
Monthly plan premium	\$30.30 You must continue to pay your Medicare Part B premium.
Deductible	\$0 Part B Deductible For the Part A deductible, you pay the 2021 Original Medicare cost-sharing amounts. These are the 2020 cost-sharing amounts and may change for 2021. \$1,408 deductible
Maximum out-of-pocket amount (does not include Part D Prescription drugs)	\$6,700
Inpatient Hospital coverage	You pay the 2021 Original Medicare cost-sharing amounts. These are the 2020 cost-sharing amounts and may change for 2021. \$1,408 deductible; \$0 copayment each day for days 1-60; \$352 copayment each day for days 61 to 90; \$704 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior Authorization is required.</i>
Outpatient Hospital coverage Outpatient hospital services Outpatient hospital observation services	20% coinsurance <i>Prior Authorization is required.</i> 20% coinsurance <i>Prior Authorization is required.</i>
Doctor Visits Primary Care Providers Specialists	\$0 copayment \$0 copayment when services rendered in a Nursing Facility. 20% coinsurance when services rendered outside of Nursing Facility. <i>Prior Authorization is only required for certain surgeries and radiology procedures.</i>
Preventive Care	You pay nothing.
Emergency care	\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.

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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	20% coinsurance <i>Prior authorization is required if a diagnostic procedure is performed in physician office and the member requires sedation, anesthesia, IV fluids/medications to perform the procedure.</i>
Lab services	\$0 copayment <i>No authorization required for lab services rendered in any place of service.</i>
Diagnostic radiology services (e.g. MRI, CAT Scan)	20% coinsurance <i>Prior Authorization is required.</i>
Outpatient X-rays	20% coinsurance <i>X-rays do not require authorization when service is rendered in Nursing Facility, physician office, or hospital.</i>
Hearing services	
Hearing exam	20% coinsurance of the cost for Medicare-covered hearing services.
<i>Supplemental Benefit</i>	
Routine hearing exam, fitting and evaluation for hearing aids	\$0 copayment for 1 routine hearing exam, fitting and evaluation for hearing aids every year.
Hearing aids	Up to a \$3,200 credit for both ears combined every two years for hearing aids. <i>Prior authorization is required for hearing aids only.</i>
Dental services	
Medicare-covered dental	20% coinsurance for each Medicare-covered service. <i>Prior Authorization is required.</i>
<i>Supplemental benefits</i>	
Preventive and comprehensive	Annual maximum of \$4,000 towards preventive or comprehensive dental services

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<p>Vision care</p> <p>Yearly eye exam for diabetic retinopathy</p> <p><i>Supplemental Benefit</i></p> <p>Routine eye exam</p> <p>Eyeglasses, lenses, frames, contacts</p>	<p>20% coinsurance for Medicare-covered services.</p> <p>You pay a \$0 copayment for 1 routine eye exam visit every year.</p> <p>Up to a \$360 combined credit every two years 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>You pay the 2021 Original Medicare cost-sharing amounts. These are the 2020 cost-sharing amounts and may change for 2021. \$1,408 deductible; \$0 copayment each day for days 1-60; \$352 copayment each day for days 61 to 90; \$704 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior Authorization is required.</i></p> <p>20% coinsurance <i>Prior Authorization is required.</i></p> <p>20% coinsurance <i>Prior Authorization is required.</i></p>
<p>Skilled nursing facility (SNF) care</p>	<p>\$0 copayment for each Medicare-covered skilled nursing facility stay. Traditional Medicare benefit period</p>
<p>Physical Therapy</p>	<p>\$0 copayment</p>
<p>Ambulance services</p> <p>Ground Ambulance</p> <p>Air Ambulance</p>	<p>20% coinsurance <i>Prior authorization is required for non-emergency Medicare covered services.</i></p> <p>20% coinsurance <i>Prior authorization is required for non-emergency Medicare covered services.</i></p>
<p>Transportation (additional routine)</p>	<p>\$0 copayment Routine transportation for up to 18 trips every year. A trip is considered one-way transportation by taxi, bus/subway, van, or medical transport to a plan approved health-related location.</p>

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Medicare Part B prescription drugs Chemotherapy drugs Other Part B drugs	20% coinsurance <i>For chemo therapy the initial drug approval only is required.</i> 20% coinsurance <i>Prior authorization is required for some medications.</i>
Ambulatory Surgical Center	20% coinsurance <i>Prior Authorization is required.</i>
Alternative therapies	\$0 copayment Individual music listening sessions offered on-site with a certified music therapist. 50 minute group sessions 2-3 times a week for 6 weeks and repeated two times a year per member. Music Therapy is also available via telehealth. <i>Referral is required.</i>
Foot Care (podiatry services) Foot exams and treatment <i>Supplemental Benefit</i> Routine Foot Care	20% coinsurance for Medicare-covered services. \$0 copayment for 4 routine foot care visits per year.
Occupational or Speech Therapy	\$0 copayment
Over-the-Counter Drugs (OTC) <i>Supplemental Benefit</i> Over-the-counter benefit	Up to \$160 per quarter. Amounts do not accumulate from month to month. OTC benefit may be used to purchase products from the Longevity OTC catalog.
Social Needs Companion Benefit <ul style="list-style-type: none"> • Behavioral health diagnosis • Dementia 	You pay a \$0 copayment Social Needs Companion Benefit is focused on providing companion support to behavioral health and dementia to help provide support to members until their therapeutic treatment plans begin. This benefit is available via telehealth. Limit of 144 hours per year. <i>Referral is required.</i>

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<p>Tai Chi</p> <ul style="list-style-type: none"> • Behavioral health diagnosis • Documented chronic pain • Dementia 	<p>\$0 copayment</p> <p>Weekly Tai Chi / Chair Yoga small group sessions offered in the nursing home. Tai Chi is an ancient Chinese martial art that incorporates a series of weight shifting, body rotations, and semi-squat exercises with deep breathing techniques. This benefit is available via telehealth.</p> <p>Limited to 72 visit(s) every year.</p> <p><i>Referral is required.</i></p>

Longevity Health Plan (HMO I-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 31-day supply)
Deductible	\$445 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 \$4,130, you will pay no more than 25% 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 \$6,550, you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.70 copayment for generic (including brand drugs treated as generic) and a \$9.20 copayment for all other drugs. 	

Cost-sharing may differ based on point-of-service (retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term (30-day supply) or long-term (90-day supply).

Pre-Enrollment Checklist

Longevity Health Plan (HMO I-SNP)

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-888-312-5196 (TTY 711).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit LongevityHealthPlan.com or call 1-888-312-5196 (TTY 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.
- This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that your condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days.

Longevity Health Plan of North Carolina, Inc. is an HMO I-SNP with a Medicare contract. Enrollment in Longevity Health Plan of North Carolina, Inc. depends on contract renewal. Longevity Health Plan of North Carolina, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.