

2022 Summary of Benefits

Liberty Medicare Healthy at Home

Plan (HMO I-SNP)

H6351, Plan 003

This is a summary of drug and health services covered by Liberty Medicare Healthy at Home Plan (HMO I-SNP) January 1, 2022 - December 31, 2022.

Liberty Medicare Healthy at Home Plan (HMO I-SNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. This plan, Liberty Medicare Healthy at Home, is offered by Liberty Advantage, LLC dba Liberty Medicare Advantage.

Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Call 1-844-854-6884, 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.libertymedicareadvantage.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.

To join Liberty Medicare Healthy at Home 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 one of our nursing facilities for greater than 90 days or reside in one of our participating assisted living communities and meet the nursing facility level of care. For a list of participating communities/facilities, contact the plan's *Provider Directory* has a list of participating assisted living communities or nursing facilities, you can access this list on our website www.libertymedicareadvantage.com or call Member Services and ask us to send you a list.

Our service area includes these counties in North Carolina: Alamance, Bertie, Bladen, Brunswick, Buncombe, Catawba, Chatham, Columbus, Cumberland, Davie, Forsyth, Franklin, Guilford, Halifax, Hyde, Johnston, Lee, New Hanover, Orange, Person, Robeson, Rowan, Sampson, Scotland, Wake, Warren, Watauga, and Yadkin.

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

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

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.

	Liberty Medicare Healthy at Home Plan (HMO I-SNP)
Monthly plan premium	\$0 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	<p>You pay the 2021 Original Medicare cost-sharing amounts. \$1,484 deductible; \$0 copayment each day for days 1-60; \$371 copayment each day for days 61 to 90; \$742 copayment each day for days 91 to 150 (lifetime reserve days).</p> <p>These are 2021 cost-sharing amounts and may change for 2022. Liberty Advantage Nursing Home Plan will provide updated rates as soon as they are released.</p> <p><i>*Prior Authorization is required.</i></p>
Outpatient Hospital coverage	
Outpatient hospital services	20% coinsurance
Outpatient hospital observation services	20% coinsurance
	<i>*Prior Authorization may be required.</i>
Doctor Visits	
Primary Care Providers	0% coinsurance
Specialists	20% coinsurance

	Liberty Medicare Healthy at Home Plan (HMO I-SNP)
Preventive Care	<p>You pay nothing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency care	<p>\$90 copayment. Copayment is waived if you are admitted to a hospital within 3 days.</p> <p>Cost-sharing does not apply towards plan-level deductible.</p>
Urgently needed services	<p>\$35 copayment Copayment is waived if you are admitted to a hospital within 3 days.</p> <p>Cost-sharing does not apply towards plan-level deductible.</p>
Diagnostic Services/Labs/Imaging	
Diagnostic tests and procedures	20% coinsurance
Lab services	20% copayment
Diagnostic radiology services (e.g. MRI, CAT Scan)	20% coinsurance
Outpatient X-rays	20% coinsurance
	<i>*Prior Authorization may be required.</i>

	Liberty Medicare Healthy at Home Plan (HMO I-SNP)
<p>Hearing services</p> <p>Hearing exam</p> <p><i>Supplemental Benefit</i></p> <p>Routine hearing exam, fitting and evaluation for hearing aids</p> <p>Hearing aids</p>	<p>0% coinsurance of the cost for Medicare-covered hearing services.</p> <p>Up to a \$2,400 credit for both ears combined every three years for hearing aids. <i>*Prior Authorization may be required.</i></p>
<p>Vision services</p> <p>Yearly eye exam</p> <p><i>Supplemental Benefit</i></p> <p>Eyeglasses, lenses, frames, contacts</p>	<p>20% coinsurance for Medicare-covered services</p> <p>Allowance of up to \$300 every two years.</p>
<p>Mental Health Services</p> <p>Inpatient visit</p>	<p>You pay the 2021 Original Medicare cost-sharing amounts. \$1,484 deductible; \$0 copayment each day for days 1-60; \$371 copayment each day for days 61 to 90; \$742 copayment each day for days 91 to 150 (lifetime reserve days)</p> <p>These are 2021 cost-sharing amounts and may change for 2022. Liberty Advantage Nursing Home Plan will provide updated rates as soon as they are released.</p> <p><i>*Prior Authorization may be required.</i></p>

	Liberty Medicare Healthy at Home Plan (HMO I-SNP)
Mental Health Services	
Outpatient group therapy visit	20% coinsurance
Outpatient individual therapy visit	20% coinsurance <i>*Prior Authorization is required.</i>
Physical Therapy	
	20% coinsurance <i>*Prior Authorization is required.</i>
Ambulance services	
Ground Ambulance	20% coinsurance
Air Ambulance	20% coinsurance <i>*Prior Authorization is required.</i>
Transportation (non-emergency)	\$0 copayment Routine transportation for up to 18 trips every year. A trip is considered one-way transportation, not to exceed 50 miles, by taxi, bus/subway, van, or medical transport to a plan approved health-related location.
Medicare Part B prescription drugs	
Chemotherapy drugs	20% coinsurance
Other Part B drugs	20% coinsurance <i>*Prior Authorization may be required.</i>

	Liberty Medicare Healthy at Home (HMO I-SNP)
Ambulatory Surgical Center	20% coinsurance <i>*Prior Authorization is required.</i>
Medical Equipment/Supplies	
Durable Medical Equipment (e.g. wheelchairs, oxygen)	20% coinsurance <i>*Prior Authorization is required.</i>
Prosthetics (e.g., braces, artificial limbs)	20% coinsurance
Diabetic supplies	20% coinsurance
Diabetic Therapeutic Shoes and Inserts	20% coinsurance
Pulmonary rehabilitation services	20% coinsurance <i>*Prior Authorization is required.</i>

	Liberty Medicare Healthy at Home (HMO I-SNP)		
Outpatient Prescription Drugs			
	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Preferred retail cost-sharing (in-network) (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 31-day supply)
Deductible	This plan has no deductible for Part D drugs, this payment stage doesn't apply.		
Tier 1 (Preferred Generic)	\$5	\$0	\$5
Tier 2 (Generic)	\$15	\$5	\$15

Tier 3 (Preferred Brand)	\$45	\$35	\$45
Tier 4 (Non-Preferred Brand)	\$100	\$95	\$100
Tier 5 (Specialty Tier)	33%	33%	33%
Coverage Gap	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, 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	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 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).

	Liberty at Home (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	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 \$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	<p>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:</p> <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).