

2026 Summary of Benefits

Medicare Advantage Plans with Part D Prescription Drug Coverage

Liberty Medicare Advantage (HMO C-SNP)

January 1, 2026 – December 31, 2026

H6351_SB_2026_004

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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

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, call us and ask for the “**Evidence of Coverage**.” You can also see the Evidence of Coverage on our website, <https://www.libertymedicareadvantage.com>.

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 (such as **Liberty Medicare Advantage (HMO C-SNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Liberty Medicare Advantage (HMO C-SNP)** covers 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 <https://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 <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.

Sections in this booklet

- Things to Know About **Liberty Medicare Advantage (HMO C-SNP)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-844-854-6884 (TTY: (711)).

Things to Know About Liberty Medicare Advantage (HMO C-SNP)

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 and Saturday from 8:00 a.m. – noon.
- If you are a member of this plan, call us at 1-844-854-6884, TTY: (711).
- If you are not a member of this plan, call us at 1-800-633-4227, TTY: (711).
- Our website: <https://www.libertymedicareadvantage.com>.

Who can join?

To join **Liberty Medicare Advantage (HMO C-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. Our service area includes these counties in North Carolina: Alamance, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Columbus, Cumberland, Davidson, Davie, Durham, Forsyth, Franklin, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hyde, Johnston, Lee, Lenoir, Martin, Mecklenburg, Moore, New Hanover, Orange, Pender, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Sampson, Scotland, Stokes, Union, Vance, Wake, Warren, Watauga, Wayne, Wilkes, Wilson and Yadkin.

Which doctors, hospitals, and pharmacies can I use?

Liberty Medicare Advantage (HMO C-SNP) 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 **if you do not have out of network coverage**.

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 (<https://www.libertymedicareadvantage.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, <https://www.libertymedicareadvantage.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 six "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 Liberty Medicare Advantage

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SECTION II - SUMMARY OF BENEFITS

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

Premiums and Benefits	Liberty Medicare Advantage (HMO C-SNP)
Monthly Plan Premium	You do not pay a separate monthly plan premium for Liberty Medicare Advantage (HMO C-SNP). You must continue to pay your Medicare Part B premium.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: No Deductible.
Maximum Out-of-Pocket (does not include prescription drugs)	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none">• \$4,000 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS

Benefits/Services	Liberty Medicare Advantage (HMO C-SNP)
Inpatient Hospital Coverage (PA)	<p>You are admitted to the hospital for an inpatient stay after an official doctor's order, which says you need inpatient hospital care to treat your illness or injury.</p> <p><u>In-Network:</u></p> <p>Days 1-6: \$250 copay</p> <p>Days 7-90: \$0 copay</p> <p>Days 91 and beyond: \$838* copay per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your life-time)</p> <p>*These are 2025 cost-sharing amounts and may change for 2026. Liberty Medicare Advantage will provide updated rates as soon as they are released.</p>
Outpatient Hospital Coverage (PA)	<p>Observation services are hospital outpatient services given to determine if you need to be admitted as an inpatient or can be discharged.</p> <p>For outpatient hospital observation services to be covered, they must meet the Medicare criteria and be considered reasonable and necessary. Observation services are covered only when provided by the order of a physician or another individual authorized by state licensure law and hospital staff bylaws to admit patients to the hospital or order outpatient tests.</p> <p><u>In-Network:</u></p> <p>Outpatient hospital observation: 20% coinsurance for Medicare-covered services. Amounts are paid until the maximum out-of-pocket (\$250) is achieved.</p>
Ambulatory Surgical Center (ASC) Services (PA)	<p><u>In-Network:</u></p> <p>Ambulatory surgical center: \$250 copay for Medicare-covered services. Amounts are paid until the maximum out-of-pocket is achieved.</p> <p>\$0 Preventative colonoscopy</p>
Doctor Visits (Primary Care Providers and Specialists)	<p><u>In-Network:</u></p> <p>Primary care physician visit: \$0 copay</p> <p>Specialist visit: \$0 copay for Cardiologist, Podiatrists, and Endocrinologist (Pathology and Labs if part of Service)</p> <p>\$10 copay per visit for all other specialists/facilities (includes consults/office visits/home visits)</p>
Preventive Care	<p>Examples Include:</p> <ul style="list-style-type: none"> • Annual Mammogram

COVERED MEDICAL AND HOSPITAL BENEFITS

Benefits/Services	Liberty Medicare Advantage (HMO C-SNP)
	<ul style="list-style-type: none"> • Colonoscopy per Medicare guidelines • Annual Wellness Exam <p><u>In-Network:</u></p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p>Emergency care refers to services that are:</p> <ul style="list-style-type: none"> • Furnished by a provider qualified to furnish emergency services, and • Needed to evaluate or stabilize an emergency medical condition. <p>A medical emergency is when you, or any other prudent layperson with an average knowledge of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life, loss of a limb, or loss of function of a limb. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.</p> <p>Cost sharing for necessary emergency services furnished out-of-network is the same as for such services furnished in-network.</p> <p>Coverage is only covered within the U.S.</p> <p><u>In-Network:</u></p> <p>Emergency care: \$100 copay per visit.</p> <p>copay waived if hospital admission occurs within one (1) days of a visit</p>
Urgently Needed Services	<p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care but, given your circumstances, it is not possible or it is unreasonable, to obtain services from network providers.</p> <p>Examples of urgently needed services that the plan must cover out of network are:</p> <ul style="list-style-type: none"> • You need immediate care during the weekend, or • You are temporarily outside the service area of the plan. • Services must be immediately needed and medically necessary. • If it is unreasonable given your circumstances to immediately obtain the medical care from a network provider then your plan will cover the urgently needed services from a provider out-of-network.

COVERED MEDICAL AND HOSPITAL BENEFITS

Benefits/Services	Liberty Medicare Advantage (HMO C-SNP)
	<p>Coverage within the U.S. only.</p> <p><u>In-Network:</u></p> <p>Urgently needed services: \$25 copay, coinsurance and deductible</p> <p>Copay waived if hospital admission occurs within three (3) days of a visit</p>
<p>Diagnostic Services/Labs/Imaging (PA)</p>	<ul style="list-style-type: none"> • Diagnostic tests and procedures • Diagnostic radiology services (e.g., MRI, CAT Scan) <p><u>In-Network:</u></p> <ul style="list-style-type: none"> • \$0 in office, • \$0 Lab Services* • \$50 Urgent Care, • \$75 Outpatient Hospital • \$200 Advanced Imaging Services- all Places of Service (excluding IP and Office) • \$275 Nuclear Medicine Services <p>No authorization required when services are rendered in a Nursing Facility or Physician Office</p> <p>*Genetic testing requires authorization.</p> <ul style="list-style-type: none"> • X-Rays and Radiation (radium and isotope) therapy including technician materials and supplies • \$0 in office, • \$50 Urgent Care/Freestanding Radiology Facility, • \$125 Outpatient Hospital <p>Prior authorization will be required with the exception of X-rays when services are rendered in a Physician's Office.</p>
<p>Hearing Services</p>	<p><u>In-Network:</u></p> <ul style="list-style-type: none"> • Hearing Exam: \$0 copay for annual routine exam • Hearing Aids: \$3,000 Allowance to be used for Vision, Dental, or Hearing benefit with Liberty Medicare Advantage Freedom Flex card.
<p>Dental Services</p>	<p><u>In-Network:</u></p> <ul style="list-style-type: none"> • Oral exam: \$0 copay (2 per year)

COVERED MEDICAL AND HOSPITAL BENEFITS

Benefits/Services	Liberty Medicare Advantage (HMO C-SNP)
	<ul style="list-style-type: none"> Comprehensive and Preventative Dental Services: \$3,000 Allowance to be used for Vision, Dental or Hearing benefit with Liberty Medicare Advantage Freedom Flex card.
Vision Services	<p><u>In-Network:</u></p> <ul style="list-style-type: none"> Routine eye exam: \$0 copay/ coinsurance Eyeglasses, lenses, frames, contacts: \$3,000 Allowance to be used for Vision, Dental or Hearing benefit with Liberty Medicare Advantage Freedom Flex card.
Mental Health Services (PA)	<ul style="list-style-type: none"> Inpatient Psychiatric Hospitalization <p><u>In-Network:</u></p> <ul style="list-style-type: none"> Days 1-60: \$0* copay Days 61-90: \$419* copay Days 91 and beyond: \$838* copay per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your life-time) Beyond lifetime reserved days: all costs <p>*These are 2025 cost-sharing amounts and may change for 2026. Liberty Medicare Advantage will provide updated rates as soon as they are released.</p> <p>**Medicare benefit periods apply. A benefit period begins on the 1st day you go to a Medicare covered inpatient hospital or a skilled nursing facility. The benefit period ends when you haven't been an inpatient at any hospital or SNF for 60 days in a row. If you go to the hospital or SNF after 1 benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p> <ul style="list-style-type: none"> Outpatient Psychiatric Group Therapy Visit: \$50 copay for Medicare-covered services. Amounts are paid until the maximum out-of-pocket is achieved. Outpatient Psychiatric Individual Therapy Visit: \$50 copay for Medicare-covered services. Amounts are paid until the maximum out-of-pocket is achieved.
Skilled Nursing Facility (SNF) (PA)	<p><u>In-Network:</u></p> <ul style="list-style-type: none"> Follows Original Medicare Fee for Service: <ul style="list-style-type: none"> Days 1-20: \$0* copay per day Days 21-100: \$209.50* copay per day Days 101 and beyond all costs.

COVERED MEDICAL AND HOSPITAL BENEFITS

Benefits/Services	Liberty Medicare Advantage (HMO C-SNP)
	*These are 2025 cost-sharing amounts and may change for 2026. Liberty Medicare Advantage will provide updated rates as soon as they are released.
Physical Therapy and other Rehabilitation Services (PA)	<p><u>In-Network:</u></p> <p>Occupational therapy visit: \$25 copay per visit</p> <p>Physical therapy, speech therapy and language therapy visit: \$25 copay per visit</p>
Ambulance Services (PA)	<p><u>In-Network:</u></p> <p>Ground ambulance: \$175 copay per trip</p> <p>Air or water ambulance: \$200 copay per trip</p>
Transportation (non-emergency) (PA)	<p><u>In-Network:</u></p> <ul style="list-style-type: none"> • Non-Emergency Transportation (One Way Taxi, Bus, Subway, Van, medical transport) • \$40 allowance per month to be used for non-emergency transportation or fitness using the Liberty Medicare Advantage Freedom flex card
Medicare Part B Prescription Drugs (PA)	<p><u>In-Network:</u></p> <p>Chemotherapy drugs: 0% - 20% coinsurance for Medicare-covered services.</p> <p>Other Part B drugs: 0% - 20% coinsurance for Medicare-covered services.</p> <p>Amounts are paid until the maximum out-of-pocket is achieved.</p>

PRESCRIPTION DRUG BENEFITS

Premiums and Benefits	Liberty Medicare Advantage (HMO C-SNP)
Deductible	Prescription Drug Deductible: No Deductible.
Initial Coverage	You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,100. You then move on to the Catastrophic Coverage Stage.

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 3 (Preferred Brand)	\$35 copay	\$70 copay	\$105 copay
Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay	\$285 copay
Tier 5 (Specialty Tier)	33% coinsurance	33% coinsurance	33% coinsurance
Tier 6 (Formulary Insulin)	\$0 copay	\$0 copay	\$0 copay

Standard Mail Order

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 3 (Preferred Brand)	\$30 copay	\$60 copay	\$90 copay
Tier 4 (Non-Preferred Brand)	\$90 copay	\$180 copay	\$270 copay

PRESCRIPTION DRUG BENEFITS

Premiums and Benefits	Liberty Medicare Advantage (HMO C-SNP)			
	Tier 5 (Specialty Tier)	33% coinsurance	33% coinsurance	33% coinsurance
	Tier 6 (Formulary Insulin)	\$0 copay	\$0 copay	\$0 copay
	<p>Your cost-sharing may be different if you use a long-term care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 90 days) of a drug.</p> <p>Please call us or see the plan's “Evidence of Coverage” on our website (https://www.libertymedicareadvantage.com) for complete information about your costs for covered drugs.</p>			
Catastrophic Amount	After your yearly out-of-pocket drug costs reach \$2,100, you pay nothing.			

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 1-844-854-6884 (TTY: (711)).

ATENCIÓN: Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al 1-800-633-4227 (TTY: (711)).

Liberty Advantage, LLC is an HMO plan with a Medicare contract. Enrollment in **Liberty Advantage, LLC** 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 Liberty Medicare Advantage 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 Customer Service 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 Liberty Advantage, LLC.

Pre-Enrollment Checklist

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 1-844-854-6884 (TTY (711)).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit <https://www.libertymedicareadvantage.com> or call 1-844-854-6884 (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.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ 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, 2026.
- ☐ 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 a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.

THANK YOU

Connect with us

Contact Information: 1-844-854-6884, TTY: (711)

Organization Name: Liberty Medicare Advantage

Organization website: <https://www.libertymedicareadvantage.com>