



# 2024 Agent Handbook

**CHOOSE LIBERTY. CHOOSE PEACE OF MIND.**



**YOUR HOMETOWN HEALTH PLAN.**

Caring for North Carolinians since 1875.

# ABOUT LIBERTY

## A NEW MEDICARE ADVANTAGE CHOICE FROM A TRUSTED, LOCAL NAME

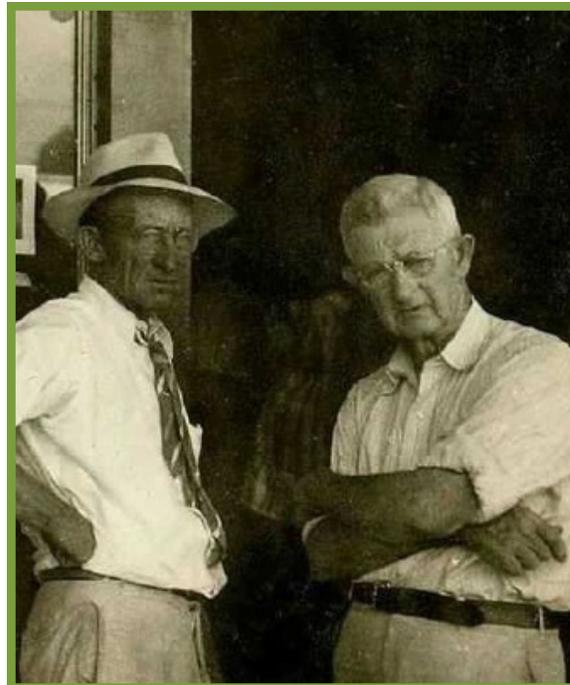
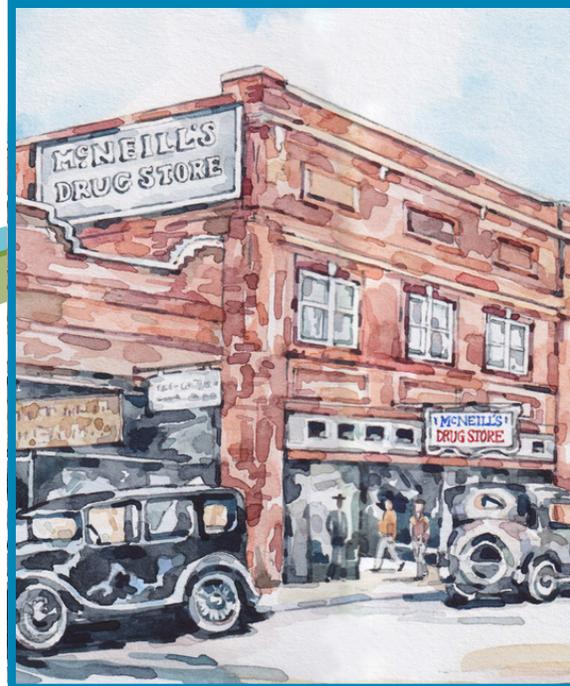
**Liberty Health** is more than a company. It is a North Carolina family who answered a calling to serve others with compassion. The values, traditions and trust established by the McNeills at a small-town pharmacy in the 1870s continue to be passed down from generation to generation.

Principal Owners Ronnie and Sandy McNeill are now the fourth generation of McNeills immersed in the healthcare industry. They grew up working in their family's pharmacy in Whiteville like their father, their grandfather and their great grandfather. They grew up serving families, who for generations, trusted and depended on them for medicine, advice and care. The McNeills and Liberty's family of companies proudly continue that tradition of service and care to this day.

Over the past century, Liberty Health has expanded to now offer a full continuum of care to older adults across the Carolinas and neighboring states.

Those services include skilled nursing care, short-term rehabilitation, home care, hospice care, palliative care, assisted and independent living, pharmacy and medical equipment.

**Liberty Medicare Advantage** was naturally the next step for the company, allowing us to take our experience in caring for patients in the post-acute setting and applying that to the home setting with a focus on preventative care.



# LIBERTY'S FAMILY OF COMPANIES



PROUDLY  
CARING  
FOR OTHERS  
SINCE 1875.



**Liberty Healthcare  
& Rehabilitation Services**  
*Caring with Excellence*



**Liberty HomeCare  
& Hospice Services**



**LIBERTY  
Senior Living**



Dispensing Quality Medication Since 1875



**LIBERTY  
HEALTH**

- Medicare Advantage Plans
- Long-Term Living
- Skilled Nursing Care
- Outpatient Therapy
- Short-Term Rehabilitation
- Physical, Occupational and Speech Therapy
- Durable Medical Equipment
- Home Health, Palliative and Hospice Care
- Independent and Assisted Living Communities
- Pharmacy



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# SUMMARY OF BENEFITS

**LIBERTY MEDICARE ADVANTAGE (HMO C-SNP)**

**H6351, PLAN 004**

## PLAN OVERVIEW

Liberty Medicare Advantage (HMO C-SNP) is a Medicare Advantage HMO Plan with a Medicare contract. Enrollment in the plan depends on contract renewal. This plan, Liberty Medicare Advantage, is offered by Liberty Advantage, LLC dba Liberty Medicare Advantage. To receive a complete list of services we cover, access our Evidence of Coverage at [www.LibertyMedicareAdvantage.com](http://www.LibertyMedicareAdvantage.com), or call Member Services at 1-844-854-6884 (TTY 711).

## ELIGIBILITY

To join Liberty Medicare Advantage (HMO C-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes these North Carolina counties:

- 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

You must also have one of the following conditions:

- Chronic Heart Failure (CHF)
- Diabetes
- Cardiovascular Disorders (CVD)

## DOCTORS, HOSPITALS AND PHARMACIES

Liberty Medicare Advantage (HMO C-SNP) has a network of doctors, hospitals, pharmacies and other providers that can be found on our website at [www.LibertyMedicareAdvantage.com](http://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.

## ADDITIONAL MEDICARE INFORMATION

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 [www.Medicare.gov](http://www.Medicare.gov) or receive 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.



# PLAN HIGHLIGHTS

<b>Plan Name</b>	<b>Liberty Medicare Advantage (HMO C-SNP)</b>
<b>Plan ID</b>	<b>H6351-004</b>
<b>Who is the plan for?</b>	<b>This plan caters to the needs of those with:</b> <ul style="list-style-type: none"><li>• <b>Chronic Heart Failure (CHF)</b></li><li>• <b>Diabetes</b></li><li>• <b>Cardiovascular Disorders (CVD)</b></li></ul>
<b>Premium</b>	<b>\$0</b>
<b>Medical Deductible</b>	<b>\$0</b>
<b>Max OOP</b>	<b>\$3,500</b>
<b>PCP / Specialist</b>	<b>\$0 / \$30</b>
<b>Inpatient Hospital</b>	<b>\$250 for days 1-6</b>
<b>Telehealth</b>	<b>\$0 Virtual Medical and Mental Health Visits</b>
<b>Formulary Insulins</b>	<b>\$0</b>
<b>Rx Deductible / Copays</b>	<b>\$0 / Tier 1 and Tier 2</b>
<b>Dental / Vision / Hearing</b>	<b>\$2,000 per year to be used for either dental, vision or hearing (Freedom Flex Card Benefit)</b>
<b>Fitness / Transportation</b>	<b>\$20 per month (Freedom Flex Card Benefit)</b>
<b>OTC Items / Groceries</b>	<b>\$70 per month (Freedom Flex Card Benefit)</b>
<b>Post-Acute Meal Benefit</b>	<b>28 meals total</b>
<b>Chronic Meal Benefit</b>	<b>360 meals total</b>

	Liberty Medicare Advantage (HMO C-SNP)	Original Medicare
<b>PREMIUMS AND BENEFITS</b>		
Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.	<ul style="list-style-type: none"> <li>Part A: \$0</li> <li>Part B: \$164.90 – \$560.50</li> </ul>
Deductible	\$0	<ul style="list-style-type: none"> <li>Part A: \$1,600 per benefit period</li> <li>Part B: \$226 per year</li> </ul>
Maximum Out-of-Pocket (Does not include Part D prescription drugs.)	\$3,500	None
<b>INPATIENT HOSPITAL COVERAGE</b>		
<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><i>Prior authorization is required.</i></p>	<ul style="list-style-type: none"> <li>\$250 for days 1-6</li> <li>\$0 for days 6-90</li> </ul>	<ul style="list-style-type: none"> <li>After \$1,600 deductible is met: <ul style="list-style-type: none"> <li>\$0 for days 0-60</li> <li>\$400 for days 61-90</li> <li>\$800 for days 91+</li> </ul> </li> </ul>
<b>OUTPATIENT HOSPITAL COVERAGE</b>		
<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.</p> <p>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><i>Prior authorization is required.</i></p>	<ul style="list-style-type: none"> <li>10% coinsurance for rehabilitation services</li> <li>15% coinsurance for outpatient surgery</li> <li>Amounts are paid until the maximum out-of-pocket is achieved.</li> </ul>	20% coinsurance for Medicare-covered services

**DOCTOR VISITS**

<p><b>Primary Care Providers</b></p>	<p><b>\$0 copay</b></p>	<p><b>20% coinsurance for Medicare-covered services</b></p>
<p><b>Specialists</b></p>	<ul style="list-style-type: none"> <li>• \$0 for Cardiologist, Endocrinologist and Podiatrist</li> <li>• \$30 per visit for all other specialists</li> </ul>	<p><b>20% coinsurance for Medicare-covered services</b></p>

**PREVENTIVE CARE**

<p><b>Examples include:</b></p> <ul style="list-style-type: none"> <li>• Annual Mammogram</li> <li>• Colonoscopy per Medicare guidelines</li> <li>• Annual Wellness Exam</li> </ul>	<p><b>\$0 copay</b></p>	<p><b>Typically \$0 copay, review Medicare Guidelines</b></p>
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**EMERGENCY CARE**

<p>Emergency care refers to services that are:</p> <ul style="list-style-type: none"> <li>• Furnished by a provider qualified to furnish emergency services, and</li> <li>• Needed to evaluate or stabilize an emergency medical condition</li> </ul> <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 within the U.S. only.</p> <p><i>Authorization is required if the result is an inpatient stay.</i></p>	<ul style="list-style-type: none"> <li>• \$125 per visit</li> <li>• \$125 is waived if you are admitted to a hospital</li> </ul>	<ul style="list-style-type: none"> <li>• After \$1,600 deductible is met:             <ul style="list-style-type: none"> <li>◦ 20% coinsurance for the Medicare-approved amount of your doctor services</li> </ul> </li> <li>• If you are admitted to the hospital within 3 days of your visit to the ER, your visit is covered as part of inpatient stay.</li> </ul>
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**Liberty Medicare Advantage  
(HMO C-SNP)**

**Original Medicare**

**URGENTLY NEEDED SERVICES**

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.

Examples of urgently needed services the plan must cover out-of-network are:

- 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.

Coverage within the U.S. only.

\$0 copay

20% coinsurance after deductible is met

**DIAGNOSTIC SERVICES/LABS/IMAGES**

- Diagnostic tests and procedures
- Diagnostic Radiology Services (e.g., MRI, CAT Scan)

- 10% coinsurance
- Amounts are paid until the maximum out-of-pocket is achieved.

20% coinsurance

- Surgical supplies such as dressings
- Splints, casts and other devices used to reduce fractures and dislocations
- Laboratory tests

- 10% coinsurance
- Amounts are paid until the maximum out-of-pocket is achieved.

20% coinsurance

- X-Rays and Radiation (radium and isotope) therapy, including technician materials and supplies

*Prior authorization required with the exception of X-rays when services are rendered in a Physician's Office. Genetic testing requires authorization.*

- 10% coinsurance
- Amounts are paid until the maximum out-of-pocket is achieved.

20% coinsurance

	Liberty Medicare Advantage (HMO C-SNP)	Original Medicare
<b>HEARING SERVICES</b>		
Hearing Exam	\$0 copay for annual routine exam	20% coinsurance
Hearing Aids <i>Authorization is required.</i>	<ul style="list-style-type: none"> <li>Part of Liberty Medicare Advantage's Freedom Flex Card that allows a maximum of \$2,000 per year to be used for either vision, dental or hearing</li> </ul>	Not covered
<b>VISION SERVICES</b>		
Yearly Eye Exam	\$0 copay	Not covered
Eyeglasses, Lenses, Frames, Contacts	<ul style="list-style-type: none"> <li>Part of Liberty Medicare Advantage's Freedom Flex Card that allows a maximum of \$2,000 per year to be used for either vision, dental or hearing</li> </ul>	Not covered
<b>DENTAL</b>		
Annual Exam	\$0	Not covered
Comprehensive and Preventative Services	<ul style="list-style-type: none"> <li>Part of Liberty Medicare Advantage's Freedom Flex Card that allows a maximum of \$2,000 per year to be used for either vision, dental or hearing</li> </ul>	Not covered

**Liberty Medicare Advantage  
(HMO C-SNP)**

**Original Medicare**

**MENTAL HEALTH SERVICES**

<p><b>Inpatient Visit</b> <i>Prior authorization is required.</i></p>	<ul style="list-style-type: none"> <li>• Days 1 – 60: \$0 coinsurance</li> <li>• Days 61- 90: \$400 coinsurance per day</li> <li>• Days 91 and beyond: \$800 coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime)</li> <li>• Beyond lifetime reserved days: All costs</li> </ul>	<ul style="list-style-type: none"> <li>• \$1,600 deductible is applied once during the defined benefit period:             <ul style="list-style-type: none"> <li>◦ Days 1 – 60: \$0 coinsurance</li> <li>◦ Days 61- 90: \$400 coinsurance per day</li> <li>◦ Days 91 and beyond: \$800 coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime)</li> <li>◦ Beyond lifetime reserved days: All costs</li> </ul> </li> </ul>
<p><b>Outpatient Psychiatric Group Therapy Visit</b></p>	<ul style="list-style-type: none"> <li>• 20% coinsurance for Medicare-covered services</li> <li>• Amounts are paid until the maximum out-of-pocket is achieved.</li> </ul> <p><i>Prior authorization is required.</i></p>	<p>20% coinsurance</p>
<p><b>Outpatient Psychiatric Individual Therapy Visit</b></p>	<ul style="list-style-type: none"> <li>• 20% coinsurance for Medicare-covered services</li> <li>• Amounts are paid until the maximum out-of-pocket is achieved.</li> </ul> <p><i>Prior authorization is required.</i></p>	<p>20% coinsurance</p>

	Liberty Medicare Advantage (HMO C-SNP)	Original Medicare
<b>THERAPIES</b>		
<b>Includes:</b> <ul style="list-style-type: none"> <li>Occupational Therapy</li> <li>Speech Pathology</li> <li>Physical Therapy</li> </ul> <i>Prior authorization is required.</i>	\$25 per visit	20% coinsurance for Medicare-covered services
<b>AMBULANCE SERVICES</b>		
<b>Ground Ambulance</b> <i>Prior authorization is required.</i>	\$255 per trip	20% coinsurance for Medicare-approved amount
<b>Air or Water Ambulance</b> <i>Prior authorization is required.</i>	20% coinsurance	20% coinsurance for Medicare-approved amount
<b>TRANSPORTATION (NON-EMERGENCY)</b>		
	<ul style="list-style-type: none"> <li>Part of a Liberty Medicare Advantage's Freedom Flex Card that allows a maximum of \$20 per month with rollover to be used for either non-emergency transportation or fitness.</li> </ul>	20% coinsurance for Medicare-approved amount
<b>MEDICARE PART B PRESCRIPTION DRUGS</b>		
<b>Chemotherapy Drugs</b>	<ul style="list-style-type: none"> <li>20% coinsurance for Medicare-covered services</li> <li>Amounts are paid until the maximum out-of-pocket is achieved.</li> </ul> <i>Authorization is required for initial administration of chemotherapy.</i>	<ul style="list-style-type: none"> <li>20% coinsurance for Medicare-covered Part B drugs</li> <li>Member pays 100% of non-covered Part B drugs</li> </ul>
<b>Other Part B drugs</b>	<ul style="list-style-type: none"> <li>20% coinsurance for Medicare-covered services</li> <li>Amounts are paid until the maximum out-of-pocket is achieved.</li> </ul> <i>Prior authorization is required.</i>	<ul style="list-style-type: none"> <li>20% coinsurance for Medicare-covered Part B drugs</li> <li>Member pays 100% of non-covered Part B drugs</li> </ul>
<b>AMBULATORY SURGICAL CENTER</b>		
<i>Authorization is required.</i>	<ul style="list-style-type: none"> <li>20% coinsurance for Medicare-covered services</li> <li>Amounts are paid until the maximum out-of-pocket is achieved.</li> </ul>	20% coinsurance after deductible and any applicable copays are met

	Liberty Medicare Advantage (HMO C-SNP)	Original Medicare
<b>MEDICAL EQUIPMENT/SUPPLIES</b>		
<b>Durable Medical Equipment</b> (e.g., wheelchairs, oxygen)  <i>Authorization is required.</i>	15% coinsurance for Medicare-covered devices	20% coinsurance for Medicare-covered devices
<b>Prosthetics</b> (e.g., braces, artificial limbs)  <i>Authorization is required.</i>	20% coinsurance for Medicare-covered devices	20% coinsurance for Medicare-covered devices
<b>Diabetic Supplies</b>  <ul style="list-style-type: none"> <li>Limit to blood glucose monitors and diabetic test strips from specific manufacturers</li> </ul> <i>Authorization is Required</i>	\$0	20% coinsurance for Medicare-covered devices
<b>PULMONARY REHABILITATION SERVICES</b>		
<ul style="list-style-type: none"> <li>Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)</li> </ul> <i>Prior authorization is required.</i>	<ul style="list-style-type: none"> <li>20% coinsurance for Medicare-covered services</li> <li>Amounts are paid until the maximum out-of-pocket is achieved.</li> </ul>	<ul style="list-style-type: none"> <li>20% coinsurance of services completed in a doctor's office</li> <li>If in an outpatient setting, you also pay the hospital copay.</li> </ul>
<b>CARDIAC REHABILITATION SERVICES</b>		
	\$0	<ul style="list-style-type: none"> <li>20% coinsurance of services completed in a doctor's office</li> <li>If in an outpatient setting, you also pay the hospital copay.</li> </ul>
<b>SKILLED NURSING FACILITY</b>		
          <i>Prior authorization is required.</i>	<ul style="list-style-type: none"> <li>Follows Original Medicare Fee for Service: <ul style="list-style-type: none"> <li>Days 1-20: \$0 coinsurance per day</li> <li>Days 21-100: \$200 coinsurance per day</li> <li>Days 101 and beyond: All costs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Part A covers for a limited time. <ul style="list-style-type: none"> <li>Days 1 - 20: \$0 coinsurance</li> <li>Days 21-100: Up to \$200 coinsurance per day</li> <li>Days 101 and beyond: All costs</li> </ul> </li> </ul>

**Liberty Medicare Advantage (HMO C-SNP) --- Out-Patient Prescription Drugs**

<i>Cost sharing may change depending on the pharmacy you choose.</i>	<b>STANDARD 30-DAY SUPPLY</b>	<b>STANDARD 60-DAY SUPPLY</b>	<b>STANDARD 90-DAY SUPPLY</b>	<b>LONG-TERM CARE (LTC) COST SHARING (UP TO 31-DAY SUPPLY)</b>	<b>OUT-OF-NETWORK COST SHARING</b>
<b>Deductible for Part D Prescription Drugs</b>	\$0	\$0	\$0	\$0	\$0
<b>COST SHARING FOR COVERED DRUGS</b>					
<b>Tier 1 – Preferred Generic and Mail Order</b>	\$0	\$0	\$0	\$0	\$0
<b>Tier 2 – Generic and Mail Order</b>	\$0	\$0	\$0	\$0	\$0
<b>Tier 3 – Preferred Brand</b>	\$35	\$70	\$105	\$35	\$35
<b>Tier 3 – Preferred Brand Mail Order</b>	\$30	\$60	\$90	\$35	\$35
<b>Tier 4 – Non-Preferred Brand</b>	\$95	\$190	\$285	\$95	\$95
<b>Tier 4 – Non-Preferred Brand Mail Order</b>	\$90	\$180	\$270	\$95	\$95
<b>Tier 5 – Specialty Tier and Mail Order</b>	33%	33%	33%	33%	33%
<b>Tier 6 – Diabetic Drugs and Mail Order</b>	\$0	\$0	\$0	\$0	\$0
<b>COVERAGE GAP</b>					
After your total drug costs (including what our plan has paid and what you have paid) reaches \$5,030, you will pay no more than 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap.	\$5,030	\$5,030	\$5,030	\$5,030	\$5,030
<b>CATASTROPHIC COVERAGE</b>					
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, you pay:	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000
\$0					

## Liberty Medicare Advantage (HMO C-SNP) --- Combined Benefits

The following benefits are at no cost to you. Some benefits are previously listed, but here is a complete list:

- Liberty Medicare Advantage offers a “Freedom Flex Card” to use for certain benefits that are important to you. We have three cards with a variety of benefits, and you are in control of where/how you spend the dollars.
  - The **Vision, Hearing and Dental Flex Card** allows you to spend **\$2,000 annually** for the services you need.
  - The **Fitness and Transportation Flex Card** allows you to spend **\$20 per month** with month-to-month rollover. This includes fitness and transportation.
  - The **OTC Drugs and Groceries Flex Card** allows you to spend **\$70 per month** with no rollover. This includes OTC or groceries.
- **Post-Acute Meal Benefit: (28 meals total)**
  - Two meals per day for up to seven days following an inpatient stay, two events per year
- **Chronic Meal Benefit: (360 meals total)**
  - Two meals per day for up to 90 days, two events per year
  - An RN referral is required.

# Freedom Flex Card

**YOU** are in control of **where** and **how** you spend **YOUR** dollars!



**\$70**

**Groceries &  
OTC Items**

PER MONTH



**\$2,000**

**Dental, Vision  
& Hearing**

PER YEAR



**\$20**

**Fitness &  
Transportation**

PER MONTH





# Most Common Drugs

A PARTIAL LIST OF COMMONLY PRESCRIBED DRUGS COVERED BY OUR PLAN

DRUG	TIER	SUBSTITUTIONS
<b>Abilify Maintena</b>	5	
Abiraterone Acetate	1	
<b>Advair</b>	3	
<b>Advair Diskus</b>	*	Wixela Inhub
<b>Aimovig</b>	3	
Albuterol Sulfate HFA	1 & 2	
Allopurinol	1	
<b>Amlodipine Besylate</b>	1	
<b>Anoro Ellipta</b>	3	
<b>Aptiom</b>	4	
<b>Aripiprazole</b>	1 & 2	
<b>Aristada</b>	5	
<b>Atorvastatin Calcium</b>	1	
<b>Atrovent HFA</b>	3	
<b>Aubagio</b>	*	Teriflunomide
<b>Austedo</b>	5	
<b>Avonex</b>	5	
Baclofen	1	
<b>Biktarvy</b>	5	
<b>Basaglar Kwikpen</b>	*	Lantus
<b>Bosulif</b>	5	
<b>Breo Ellipta</b>	3	
<b>Brilinta</b>	3	
Brimonidine tartrate/timolol 0.2-0.5% ophth soln	2	
<b>Buprenorphine Hydrochloride</b>	1 & 2	
Bupropion HCL	1	
<b>Cabometyx</b>	5	
<b>Calquence</b>	5	
<b>Carvedilol</b>	1	
<b>Cimzia</b>	5	
<b>Clopidogrel</b>	1	

DRUG	TIER	SUBSTITUTIONS
Clozapine	2 & 4	
Colchicine	1 & 2	
<b>Combigan</b>	*	Brimonidine Tartrate/Timolol 0.2-0.5% ophth soln
<b>Combivent Respimat</b>	3	
<b>Copaxone</b>	*	Glatiramer Acetate
<b>Cosentyx Sensoready Pen</b>	*	
<b>Creon</b>	3	
<b>Daliresp</b>	*	Roflumilast
<b>Descovy</b>	5	
Diclofenac Sodium	1 & 2	
Dimethyl Fumarate	1	
Donepezil HCL	1 & 2	
<b>Dovato</b>	5	
<b>Dulera</b>	3	
Duloxetine Hydrochloride	1	
<b>Dupixent</b>	5	
<b>Eliquis</b>	3	
<b>Emgality</b>	3	
<b>Enbrel</b>	5	
<b>Entresto</b>	3	
<b>Erleada</b>	5	
Escitalopram Oxalate	1 & 2	
<b>Evrysdi</b>	5	
Famotidine	1 & 2	
<b>Farxiga</b>	3	
<b>Febuxostat</b>	2	
<b>Flovent</b>	*	Fluticasone Propionate inhalation aerosol
Fluticasone Propionate	3	
<b>Forteo</b>	*	Teriparatide
<b>Furosemide</b>	1 & 2	
Gabapentin	1 & 2	

KEY: **BOLD = BRAND** NON-BOLD = GENERIC \*NOT COVERED **BLUE: QUALIFYING C-SNP DRUGS**

DRUG	TIER	SUBSTITUTIONS
<b>Gammagard Liquid</b>	5	
<b>Gammaked</b>	5	
<b>Gamunex - C</b>	5	
<b>Gattex</b>	5	
<b>Genvoya</b>	5	
<b>Gilenya</b>	*	Fingolimod
Glatiramer Acetate	1	Copaxone
<b>Hetlioz</b>	*	Tasimelteon
<b>Hizentra</b>	*	Gammagard Liquid, Gamunex-C
<b>Humalog Kwikpen</b>	6	
<b>Humira</b>	5	
<b>Humulin R - Kwikpen</b>	6	
<b>Ibrance</b>	5	
<b>Imbruvica</b>	5	
<b>Incruse Ellipta</b>	3	
<b>Ingrezza</b>	5	
<b>Invega Sustenna</b>	4	
<b>Invega Trinza</b>	4	
<b>Isentress</b>	3	
<b>Jakafi</b>	5	
<b>Janumet</b>	3	
<b>Janumet XR</b>	3	
<b>Januvia</b>	3	
<b>Jardiance</b>	3	
<b>Juluca</b>	5	
<b>Krystexxa</b>	*	Allopurinol, Colchicine, Febuxostat
Lacosamide	1	Vimpat
Lamotrigine	1 & 2	
<b>Lantus</b>	6	
<b>Latuda</b>	*	Lurasidone
<b>Levemir</b>	6	
<b>Levemir Flextouch</b>	6	
Levetiracetam	1	
Levothyroxine Sodium	1	

DRUG	TIER	SUBSTITUTIONS
<b>Linzess</b>	4	
<b>Lisinopril</b>	1	
<b>Losartan Potassium</b>	1	
<b>Lumigan</b>	3	
<b>Lynparza</b>	5	
<b>Mavyret</b>	5	
Memantine Hydrochloride	1 & 2	
<b>Metformin</b>	1	
<b>Metoprolol Succinate</b>	1	
Mirtazapine	1	
Montelukast Sodium	1 & 2	
<b>Myrbetriq</b>	3	
<b>Ninlaro</b>	5	
<b>Novolog</b>	6	
<b>Nucala</b>	5	
<b>Nuedexta</b>	3	
<b>Nuplazid</b>	4	
<b>Nurtec</b>	*	Ubrelyvy
<b>Octagam</b>	5	
<b>Odefsey</b>	5	
<b>Ofev</b>	5	
Olanzapine	1 & 2	
Omeprazole	1	
Ondansetron HCL	1	
<b>Opsumit</b>	5	
<b>Orencia</b>	5	
<b>Orencia Clickjet</b>	5	
<b>Otezla</b>	5	
<b>Oxycontin</b>	3	
<b>Ozempic</b>	3	
Paliperidone ER	2	
Pantoprazole Sodium	1	
<b>Panzyga</b>	5	
<b>Pomalyst</b>	5	
Potassium Chloride	2 & 3	
<b>Pradaxa</b>	4	

KEY: BOLD = BRAND NON-BOLD = GENERIC \*NOT COVERED BLUE: QUALIFYING C-SNP DRUGS

DRUG	TIER	SUBSTITUTIONS
Pravastatin Sodium	1	
Pregabalin	1 & 2	
Premarin	3	
Prezcobix	5	
Prezista	3	
Privigen	5	
Prolia	4	
Promacta	5	
Pyridostigmine	1 & 2	Soliris
Quetiapine Fumarate	1	
Rebif	5	
Restasis	*	
Revlimid	5	
Rexulti	4	
Rinvoq	5	
Risperdal Consta	4	
Risperidone	1 & 2	
Rosuvastatin Calcium	1	
Rybelsus	3	
Santyl	3	
Sertraline HCl	1	
Shingrix	3	
Simvastatin	1	
Skyrizi	5	
Skyrizi Pen	5	
Sofosbuvir/Velpatavir	5	
Soliris	*	Pyridostigmine
Spiriva Handihaler	*	Spiriva Respimat
Spiriva Respimat	3	Spiriva Handihaler
Sprycel	5	
Stelara	5	
Stiolto Respimat	3	
Sublocade	*	Buprenorphine
Sucralfate	1 & 2	
Symbicort	*	Budesonide/Formoterol
Symtuza	5	

DRUG	TIER	SUBSTITUTIONS
Tagrisso	5	
Taltz	5	
Tamsulosin Hydrochloride	1	
Tetrabenazine	1	
Tivicay	3 & 5	
Toujeo Max Solostar	6	
Toujeo Solostar	6	
Tradjenta	3	
Trazodone Hydrochloride	1	
Trelegy Ellipta	3	Anoro Ellipta
Tremfya	5	
Tresiba Flextouch	6	
Trikafta	5	
Trintellix	3	
Triumeq	5	
Trulance	3	
Trulicity	3	
Ubrelyvy	3	Nurtec
Vascepa	3	
Velphoro	4	
Venclexta	3 & 5	
Ventolin HFA	3	
Verzenio	5	
Victoza	3	
Vimpat	*	Lacosamide
Vivitrol	5	
Vraylar	4	
Vyndamax	5	
Wixela Inhub	1	Advair Diskus
Xarelto	3	
Xeljanz	5	
Xeljanz XR	5	
Xifaxan	4	
Xolair	5	
Xtandi	5	
Xyrem	*	Sodium Oxybate

KEY: BOLD = BRAND NON-BOLD = GENERIC \*NOT COVERED BLUE: QUALIFYING C-SNP DRUGS

## BRUNSWICK COUNTY

- CVS Pharmacy
- Eric's Pharmacy
- Family Pharmacy
- Galloway Sands Pharmacy
- Harris Teeter Pharmacy
- Hickman's Pharmacy
- Justice Pharmacy
- Seashore Drugs
- The Apothecary at St. James
- Thomas Drugs
- Walgreens
- Walmart Pharmacy

## COLUMBUS COUNTY

- Baldwin Woods Pharmacy
- Crossroads Pharmacy
- CVS Pharmacy
- Dameron Discount Drugs Health Mart
- Guiton's Drug Store
- Koonce Drug Company Inc.
- McNeill's Pharmacy
- Riegelwood Mutual Drug
- Tabor City Medicine Mart, Inc.
- Village Prescription Center
- Walgreens
- Walmart Pharmacy

## CUMBERLAND COUNTY

- Cape Fear Discount Drug
- Center Pharmacy
- Clinic Pharmacy
- CVS Pharmacy
- Eastover Drug
- Express Discount Pharmacy
- Fayetteville Drugs

## CUMBERLAND COUNTY

- Food Lion Pharmacy
- Harris Teeter Pharmacy
- Health Matters Pharmacy
- Massey Drug Co.
- Publix Pharmacy
- Qwikmed Pharmacy
- Sam's Pharmacy
- Spaulding Infirmary
- Stedman Drug Center
- The Pavilion Pharmacy
- Two Rivers Pharmacy
- Valley Pharmacy
- Village Pharmacy
- Walgreens
- Walmart Pharmacy

## NEW HANOVER COUNTY

- Atlantic Pharmacy
- Cape Fear Pharmacy
- Coastal Pharmacy and Compounding
- Costco Pharmacy
- CVS Pharmacy
- Harris Teeter Pharmacy
- Market Street Pharmacy
- Mednorth Health Center Pharmacy
- NHRMC ED North Pharmacy
- NHRMC Employee Pharmacy
- NHRMC Outpatient Pharmacy
- NHRMC Specialty Pharmacy
- Port City Pharmacy
- Publix Pharmacy
- Sam's Pharmacy
- Sunset Park Pharmacy
- Walgreens
- Walmart Pharmacy
- Winter Park Discount Drugs

## ROBESON COUNTY

- AHS Pharmacy
- BL Pharmacy
- Brisson Drugs Inc.
- Carter Pharmacy
- CVS Pharmacy
- Drugs America
- Fairmont Drug Company
- Healthkeeperz Pharmacy
- HomeRX Healthcare
- Julian T. Pierce Health Center Pharmacy
- Lumberton Drug West
- Lumberton Health Center Pharmacy
- Old Main Pharmacy
- Pembroke Drug
- Red Springs Health Center Pharmacy
- Red Springs Old Main
- Rowland Old Main Pharmacy
- Scotland Pharmacy - Pembroke
- Southeastern Pharmacy
- South Robeson Medical Center Pharmacy
- The Medicine Shoppe Pharmacy
- Walgreens
- Walmart Pharmacy



Visit

[LibertyMedicareAdvantage.com](http://LibertyMedicareAdvantage.com)

to view our

**Pharmacy Directory and  
Comprehensive Formulary.**





# Major Network Hospitals and Urgent Cares

## BLADEN COUNTY

- Cape Fear Valley Bladen Hospital

## BRUNSWICK COUNTY

- Doshier Memorial Hospital
- NHRMC Express Care
- Novant Health Brunswick Medical Center

## BUNCOMBE COUNTY

- Mission Health

## CATAWBA COUNTY

- Catawba Valley Medical Center

## CRAVEN COUNTY

- CarolinaEast Medical Center

## COLUMBUS COUNTY

- Bladen ExpressCare
- Coastal Family Urgent Care
- Columbus Regional Healthcare

## CUMBERLAND COUNTY

- Cape Fear Valley Emergency
- Cape Fear Valley Express Care
- Cape Fear Valley Health Pavillion North Express Care
- Cape Fear Valley Medical Center
- Highsmith Rainey Specialty Hospital
- Highsmith-Rainey Express

## DAVIDSON COUNTY

- Novant Health Thomasville Medical Center

## DURHAM COUNTY

- Duke Regional Hospital
- Duke University Hospital

## FORSYTH COUNTY

- Atrium Health Wake Forest Baptist Medical Center
- Novant Health Clemmons Medical Center

## GUILFORD COUNTY

- Cone Health The Moses H. Cone Memorial Hospital
- Cone Health Wesley Long Hospital

## HARNETT COUNTY

- Betsy Johnson Hospital

## HOKE COUNTY

- Cape Fear Valley Hoke Hospital
- First Health Moore Regional
- Hoke Hospital

## JOHNSTON COUNTY

- UNC Health Johnston
- Johnston Health

## MECKLENBURG COUNTY

- Novant Health Matthews Medical Center
- Novant Health Presbyterian

## NEW HANOVER COUNTY

- Novant Health New Hanover Orthopedic Hospital
- Novant Health New Hanover Regional Medical Center

## ORANGE COUNTY

- UNC Health Care System
- UNC Hospital Hillsborough Campus

## PITT COUNTY

- ECU Health Medical Center

## ROBESON COUNTY

- Cape Fear Valley
- Rowan Hospital
- Scotland Memorial
- Scotland Urgent Care
- UNC Health Southeastern
- UNC Health Urgent Care
- UNC Health Southeastern

## ROCKINGHAM COUNTY

- UNC Rockingham Health Care

## ROWAN COUNTY

- Novant Health Rowan Medical Center

## WAKE COUNTY

- Duke Raleigh Hospital
- North Carolina Heart and Vascular Hospital Rex
- Rex Holly Springs Hospital
- UNC Rex Hospital
- WakeMed
- WakeMed Cary Hospital
- WakeMed North Hospital



Visit

[LibertyMedicareAdvantage.com](http://LibertyMedicareAdvantage.com)  
to view all our network hospitals  
and urgent cares.

# SUPPLEMENTAL BENEFITS



**Hearing Benefit**  
(877) 371-0848  
[www.AmplifonUSA.com/LP/Liberty](http://www.AmplifonUSA.com/LP/Liberty)



**Vision Benefit**  
(888) 254-4290  
[www.CECVision.com](http://www.CECVision.com)



**Dental Benefit**  
(855) 253-4721  
[www.DeltaDental.com](http://www.DeltaDental.com)



**Meal Benefit**  
(866) 575-2772  
[www.GAfoods.com](http://www.GAfoods.com)



**Medical Alert Benefit**  
(800) 446-3300  
[www.LifeStation.com](http://www.LifeStation.com)



**Remote Monitoring Benefit**  
(877) 425-1776  
[www.Optimize.Health](http://www.Optimize.Health)

# Your Hearing Program



If you have noticed changes in your hearing, rest easy. Liberty Medicare Advantage has teamed up with Amplifon to offer you quality hearing health care.

	Level 1	Level 2	Level 3	Level 4	Level 5
	Free hearing exam at a participating Amplifon provider. Hearing aid options from the top brands with average savings of 66% MSRP.*				
Amplifon Price (per ear)	\$695	\$995	\$1495	\$1995	\$2395
Your Benefit Plan (For add'l savings)	\$2,000 annual flex card benefit - shared with hearing, dental, and vision				

+

**Virtual services**

- Virtual screening** – determine need from the comfort of home
- Personalized coaching** – enhance adjustment and use of hearing aids
- On-demand virtual visits** – convenient care for non-clinical support

**60-day risk-free trial**

Find your right fit by trying your hearing aids risk-free

**Complimentary aftercare**

- 1-year follow-up care** - ensures smooth transition to your new hearing aids
- 2-year battery support** - battery supply or charging station to keep you powered
- 3-year warranty** - coverage for loss, repairs, or damage

## To learn more:

Call 877-371-0848 | TTY: 711 | Hours: Mon-Fri 7am - 8pm CT

Visit [www.amplifonusa.com/lp/liberty](http://www.amplifonusa.com/lp/liberty)

\*Based on 2022 internal MSRP analysis. Your savings may vary. You and your provider will determine the best device to meet your hearing loss, lifestyle, and technology needs. Virtual screening does not take the place of a diagnostic exam by a licensed professional. Not all virtual services are available on all products. **Complimentary aftercare: Risk-free trial** - 100% money-back guarantee if not completely satisfied, no return or restocking fees. **Follow-up care** - for one year following purchase. **Batteries** - two-year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. **Warranty** - exclusions and limitations may apply. Contact Amplifon 877-371-0848 for details.

Amplifon Hearing Health Care, Corp. is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Liberty Medicare Advantage and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any third-party payor program, including government and private third-party payor programs. Liberty Medicare Advantage is a HMO with a Medicare contract. Enrollment in Liberty Medicare Advantage depends on contract renewal. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 877-371-0848 (TTY 711). Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 877-371-0848 (TTY 711).



## A Vision Plan for Everyone

All members enrolled in the CEC vision plan can take advantage of our simple and flexible benefits. As Liberty Medicare Advantage members, you receive an eye exam each plan year!

## Plan Features



### Vision Care is Important

Even if you have perfect vision, your annual eye exam is critical to your overall health and wellness. Common diseases, including glaucoma, diabetes, cardiovascular disease, and cancer, can be identified during an eye exam. Your exam is covered-in-full.



### Expansive Provider Network

CEC's network includes optometrists, ophthalmologists, and national retail optical chains, ensuring you can easily find a provider that meets your needs. Visit [cecvision.com/search](https://cecvision.com/search) to find an in-network provider near you.



### Member Portal

Our Member Portal gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card, and more! Log in at [cecvision.com/members/login](https://cecvision.com/members/login).

# Your CEC Vision Benefits Summary



**Company:** Liberty Medicare Advantage

**CEC Coverage Effective Date:** 01/01/2023

**EXAM ONLY PLAN**

**Frequency:** All benefits renew every 12 months.

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT
EXAM	An annual routine eye exam.	\$0	Up to \$50

ADDITIONAL SAVINGS	
<b>Retinal Screening</b>	A retinal screening is an enhancement to the annual eye exam where high resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes. Covered with copay up to \$39.
<b>Additional Pairs of Glasses</b>	Members receive a 20% savings on additional pairs of prescription and non-prescription glasses from most CEC in-network providers within 12 months of their last eye exam.
<b>LASIK Discounts</b>	Members are eligible for discounts from participating QualSight LASIK and TLC Laser Eye Center providers.
<b>Special Offers</b>	A variety of special offers are available to CEC members. Visit <a href="https://cecvision.com/members/special-offers">cecvision.com/members/special-offers</a> for additional information!

*Benefits may vary by location.*

*CEC Community Eye Care is a registered trademark of VSP Vision.*

*©2023 Community Eye Care. All rights reserved.*

*Rev. 06/2023*

**Questions about your vision benefits?**

Visit us online at [cecvision.com](https://cecvision.com) or call **888-254-4290**.

# More than a health plan. Peace of mind.

Enroll in a **Liberty Medicare Advantage Plan** and receive a **\$2,000** allowance to spend on oral health services. There are \$0 co-pays and no deductibles included in your Liberty Medicare Advantage Plan.

## The dental allowance covers:

- Preventive services (exams and cleanings)\*
- Diagnostic services (radiographs and X-rays)\*
- Comprehensive services (fillings, crowns, bridges)\*

\*When you visit a Delta Dental in-network Medicare Advantage provider.

**With the dental allowance that is offered through your Liberty Medicare Advantage plan, you can:**



Avoid future dental problems with preventive care and early treatment



Have access to your dentist of choice with the largest Medicare Advantage network



Get the best discount with claims filed for you from a network dentist

Learn more and enroll in a Medicare Advantage plan today by visiting [www.deltadentalinc.com/medicareadvantage](http://www.deltadentalinc.com/medicareadvantage).

Visit [www.providers4you.com/NorthCarolinaMedicareAdvantage](http://www.providers4you.com/NorthCarolinaMedicareAdvantage) to find a Medicare Advantage network provider.

Liberty Medicare Advantage is a health plan with a Medicare contract. Enrollment in Liberty Medicare Advantage depends on contract renewal. See your member certificate for details on covered dental services and plan limitations.



## Your road to recovery starts with healthy nutrition

Your Medicare Advantage plan includes a hospital discharge meal benefit to help aid in your recovery.

A GA Foods representative will contact you to start your free meal delivery service



### Food as Medicine

Consistent, nutritious meals immediately after your hospital stay can help with your energy levels, mood, strength and faster healing.



### Home-delivered

Meals will be shipped to your doorstep to help reduce the anxieties of leaving home and grocery shopping.



### Frozen for Effectiveness

GA Foods' SunMeadow® variety meals arrive frozen to lock-in essential nutrients for your recovery. No cooking – simply heat-and-eat!



### Quality meals

Chef inspired and Registered Dietitian designed, each meal is good for you while being delicious.

GA Foods is the most trusted, national meal benefit solution partner, serving the unique needs of Medicare and Medicaid, seniors, children, military and more through nutritious foods.

### Meal benefit questions? Contact us.

Phone: 1.866.575.2772  
Email: [customer care@gafoods.com](mailto:customer care@gafoods.com)



MEDICAL ALERT

# MOBILE SOLUTIONS



LifeStation offers a full suite of mobile-ready medical alert systems designed for active seniors who spend time outdoors and on the go.

All products operate nationwide through AT&T and Verizon networks to provide consistent coverage and emergency assistance.

## OUR PRODUCTS



### SIDEKICK

Basic mobile system for users who want small & lightweight



### SIDEKICK PLUS

Advanced feature set including fall detection & custom voice prompts



### SIDEKICK SMART

Emergency monitoring, pedometer, & heart rate in a modern smartwatch

## WHY LIFESTATION



### Advanced Location Services

Pinpoint the user's real-time location with our Find My Loved One service, or using LifeStation's exclusive Alexa app.

WORKS WITH  
 amazon alexa



### Fast & Reliable Technology

All devices use 4G LTE technology to ensure optimal service during critical emergencies.



### Extended Battery Life

Our mobile systems are designed to be worn all day so user activities aren't impacted.

## CONTACT US TODAY

800.446.3300  
partners@lifestation.com  
www.lifestation.com/partners

# LifeStation

LF 703A 6/21

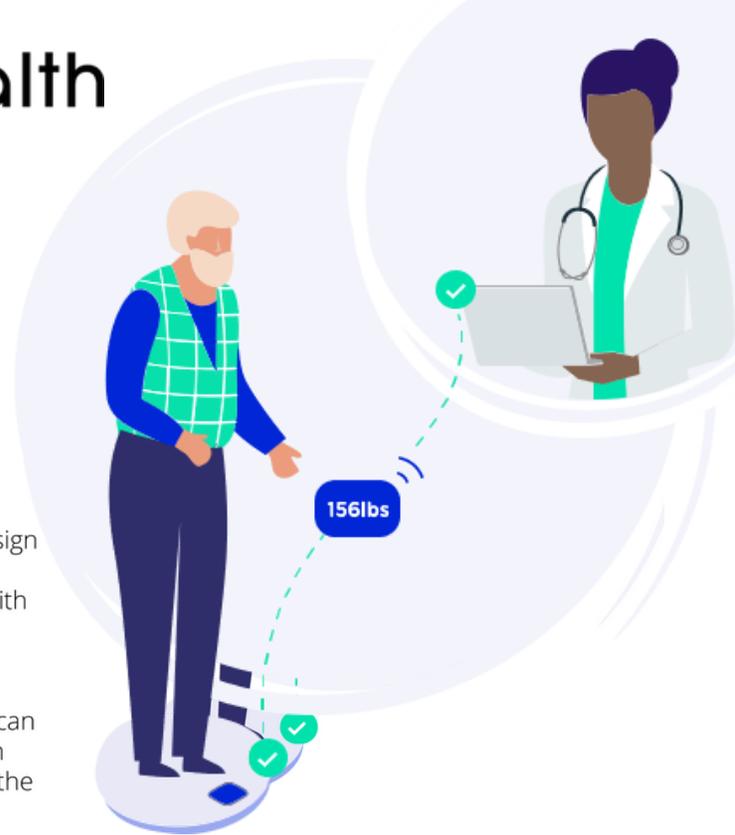
# Improve your Health

## with Remote Patient Monitoring (RPM)

### RPM can help lead to fewer visits to the doctor and the hospital.

Changes in blood pressure, weight, or other vital signs can be a sign of potential health issues. It's not practical for us to check your blood pressure or weight every day at the doctor's office. But, with remote patient monitoring, we can.

Remote patient monitoring allows you to take measurements at home and send it to your doctor with the push of a button. We can watch your health and contact you if we have concerns. This can help prevent bigger health problems. And help keep you out of the emergency room, nursing home, or hospital.



### RPM can monitor a number of conditions, including:



High blood pressure  
(Hypertension)



Heart failure



Obesity



Diabetes



COPD



Asthma

### Is it complicated? I already have enough apps on my phone that I never use.

No, in most cases you don't need a smartphone or an app. You can take a reading at home—or anywhere you want. Then, push a button and the results are sent to your doctor.

Our team can even send you reminders if you forget to take a reading.

### Is RPM secure?

Yes. Your health information is secure. We will never share this information without your permission.

### Is RPM covered by Medicare and commercial insurance?

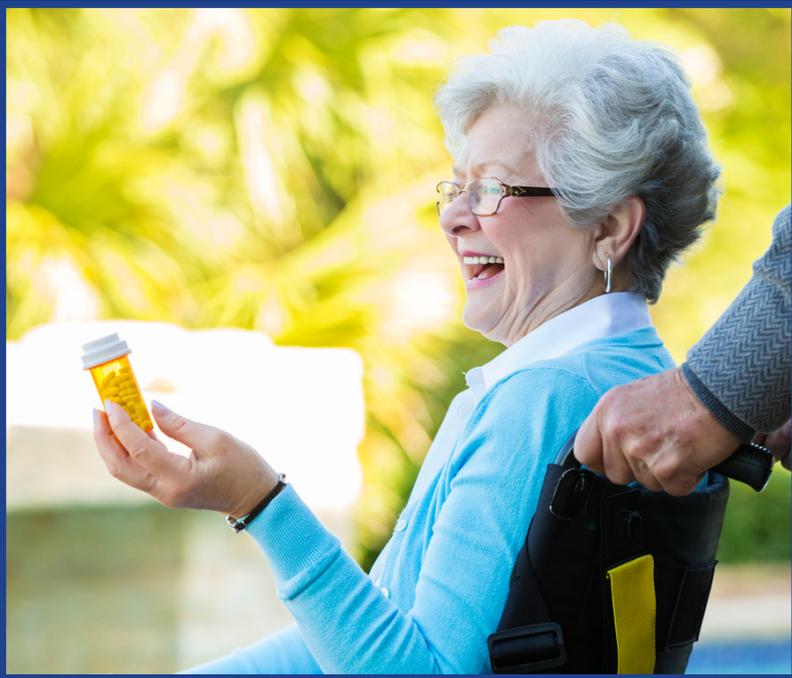
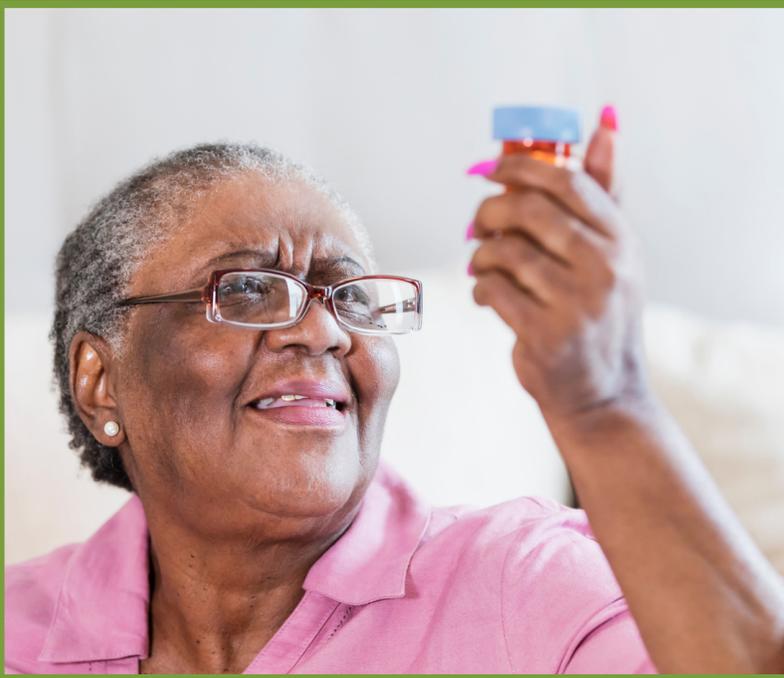
Medicare Part B covers RPM. If you have supplemental Medicare coverage, you likely won't have to pay anything. If you don't have supplemental coverage, you may have a copay.

Coverage varies for commercial insurance. But don't worry—we can help you determine if RPM is covered before you start.

### Do I have to take a reading every day?

You should follow your doctor's instructions. This will likely be daily readings. Daily readings help us understand your health and provide the best possible care.

# Qualifying for Financial Help



If you qualify for **Extra Help, Medicare could pay for a portion** of your drug costs.

For more information about **Extra Help** and to see if you qualify, contact:

### MEDICARE OFFICE



1-800-633-4227)  
TTY: 1-877-486-2048



7 days a week,  
24 hours a day



Medicare.gov

### SOCIAL SECURITY OFFICE



1-800-772-1213  
TTY: 1-800-325-0778



Monday - Friday  
7 a.m. to 7 p.m.



SSA.gov

### NC MEDICAID OFFICE



1-800-662-7030  
TTY: 1-877-452-2514



Monday - Friday  
8 a.m. to 5 p.m.



NCDHHS.gov

Liberty Medicare Advantage (HMO C-SNP) offers Special Needs Plans that coordinate health care benefits for people with chronic or disabling conditions. You may be eligible to join if you can answer YES to any of the questions below. Our Plan will need to verify your chronic condition with your doctor or provider within 30 days of enrollment. We must disenroll you from the special needs plan if we are unable to verify your condition. That means it is very important to let your doctor or provider know that we will need this verification and to provide accurate contact information.

BENEFICIARY INFORMATION		
<b>Last Name:</b>	<b>First Name:</b>	<b>Initial:</b>
<b>Date of Birth:</b> _____ (Month / Day / Year)	<b>Medicare Beneficiary Identifier:</b>	
<b>Phone Number #1:</b>	<b>Phone Number #2:</b>	

CLINICAL QUESTIONS TO QUALIFY CHRONIC CONDITION(S)		
DIABETES MELLITUS		
Have you been diagnosed by your doctor or other licensed healthcare professional with Diabetes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had problems with high blood sugar?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you take medications and/or have been put on a special diet to control your blood sugar?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CHRONIC HEART FAILURE (CHF)		
Have you been diagnosed by your doctor or other licensed healthcare professional with chronic or congestive heart failure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had problems with fluid retention in your lungs or swelling in your legs due to heart problem?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you take medications to prevent legs or hand swelling?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CARDIOVASCULAR DISORDERS (CVD)		
Have you been diagnosed by your doctor or other licensed healthcare professional with cardiac arrhythmia, or coronary artery disease (Angina), blood clots or vascular disease of legs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had palpitations in your chest?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had problems with chest pain or tightness, shortness of breath, heart attack (cardiac infarction) or stroke?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

# PRE-ENROLLMENT QUALIFICATION ASSESSMENT TOOL

HEALTH CARE PROVIDER(S) WHO CAN VERIFY YOUR CONDITION(S)	
<b>Healthcare Provider #1 Name:</b>	<b>Address:</b>
<b>Healthcare Provider Phone Number:</b>	<b>Healthcare Provider Fax Number:</b>
<b>Healthcare Provider #2 Name:</b>	<b>Address:</b>
<b>Healthcare Provider Phone Number:</b>	<b>Healthcare Provider Fax Number:</b>
AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION TO VERIFY CHRONIC CONDITION(S)	
<p>I hereby authorize the providers listed above to disclosure my protected health information to Liberty Medicare Advantage Heart and Diabetes, to verify that I have been diagnosed with a chronic condition which qualifies me for enrollment in Liberty Medicare Advantage Heart and Diabetes’s chronic special needs plan. This authorization applies to all health information maintained by the provider concerning my medical history for the chronic condition(s) indicated above. Note: Information disclosed as a result of this authorization will be protected by Liberty Medicare Advantage Heart and Diabetes in accordance with applicable state and federal laws and requirements. Call us if you have questions or need help with this form. You can reach us at 1-844-854-6884 (TTY 711)</p>	
<b>Beneficiary Signature:</b>	
<b>Date:</b>	
PROVIDER ATTESTATION (to be completed after enrollment)	
<p>I hereby attest that my patient listed above has one or more of the following conditions:</p> <ul style="list-style-type: none"> <li>• Diabetes Mellitus    <input type="checkbox"/> YES    <input type="checkbox"/> NO</li> <li>• Chronic Heart Failure (CHF)    <input type="checkbox"/> YES    <input type="checkbox"/> NO</li> <li>• Cardiovascular Disorders (CVD)    <input type="checkbox"/> YES    <input type="checkbox"/> NO</li> </ul>	
<b>Provider Name:</b>	<b>Provider Signature:</b>
<b>Today's Date:</b>	<b>Provider Address:</b>

**PLEASE SEND COMPLETED ENROLLMENT FORMS TO:  
Enrollment@LibertyMedicareAdvantage.com**

Liberty Medicare Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-854-6884 (TTY 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-854-6884 (TTY 711)

# HEALTH RISK ASSESSMENT

The following questions will help Health Plan give you the best care possible. The answers will not affect your benefits. If you need help answering this survey, please call Member Services.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Member ID: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Date of Last Physicians Visit: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Consent to Receive Text Messages:  Yes  No

Do you have a healthcare power of attorney or guardian?  Yes  No

## GENERAL INFORMATION

What is your preferred language? \_\_\_\_\_

What is your race?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Japanese              | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Korean                | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Native Hawaiian       | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Other Asian           | <input type="checkbox"/> Prefer not to answer   |

What is your ethnicity?

- |  |   |
|--|---|
| <input type="checkbox"/> Not of Hispanic, Latino/a or Spanish origin | <input type="checkbox"/> Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Puerto Rican                                | <input type="checkbox"/> Cuban                                |
| <input type="checkbox"/> Another Hispanic, Latino or Spanish origin  | <input type="checkbox"/> Prefer not to answer                 |

What is your highest level of education you have completed?

- |  |  |
|--|--|
| <input type="checkbox"/> 8th grade or less           | <input type="checkbox"/> College Degree  |
| <input type="checkbox"/> High School Graduate or GED | <input type="checkbox"/> Advanced Degree |
| <input type="checkbox"/> Some College                |  |

## GENERAL HEALTH INFORMATION

Have you been admitted to the Hospital in the past 6 months?  Yes  No

*If yes, why?* \_\_\_\_\_

Have you been to the Emergency Room in the past 6 months?  Yes  No

*If yes, why?* \_\_\_\_\_

Are you receiving any of the following services?

Oxygen?  Yes  No

*If yes, what company provides this service?* \_\_\_\_\_

Medical Equipment?  Yes  No

*If yes, list equipment:* \_\_\_\_\_

*If yes, what company provides this service?* \_\_\_\_\_

## GENERAL HEALTH INFORMATION

Are you receiving any of the following services?

Other Equipment?  Yes  No

*If yes, list equipment:* \_\_\_\_\_

*If yes, what company provides this service?* \_\_\_\_\_

Rehab/Physical Therapy?  Yes  No

*If yes, what company provides this service?* \_\_\_\_\_

Home Health?  Yes  No

*If yes, what company provides this service?* \_\_\_\_\_

IV Medication/Chemotherapy?  Yes  No

*If yes, what company provides this service?* \_\_\_\_\_

Radiation Therapy?  Yes  No

*If yes, what company provides this service?* \_\_\_\_\_

Do you have any hospitalizations, surgeries or procedures scheduled?  Yes  No

*If yes, what type?* \_\_\_\_\_

*If yes, what date?* \_\_\_\_\_

*If yes, what is the location?* \_\_\_\_\_

*If yes, what company provides this service?* \_\_\_\_\_

How would you rate your overall physical health?

Excellent  Good  Fair  Poor

Do you have a hearing aid or use TTY?

Yes  No

Do you have glasses or contacts?

Yes  No

During the past 4 weeks, did a medical problem keep you from being able to work or do any of your normal activities?

Yes  No

## GENERAL HEALTH INFORMATION

**Do you have, or have you been told you have, any of the following health conditions now?**

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Kidney Disease  |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Lung Issues (COPD, Emphysema, Fibrosis)                     |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Mental Health (Anxiety, Bipolar, Depression, Schizophrenia) |
| <input type="checkbox"/> Heart Attack   | <input type="checkbox"/> Neurological (Alzheimer's, Dementia, Parkinson's)           |
| <input type="checkbox"/> Heart Issues (rhythm, clogged arteries, high blood pressure) | <input type="checkbox"/> Stroke  |
| <input type="checkbox"/> Heart Failure  | <input type="checkbox"/> Other _____   |

**What is your main health concern right now?**

---

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**How many days a week do you normally get 20 minutes or more of exercise/activity?**

- 0 to 2 days     3 to 5 days     6 to 7 days

**How many prescription medications do you take?**

- None     1 to 5 medications     6 or more medications

**Do you take your medications regularly?**

- Yes     No

**Do you have problems obtaining medications?**

- Yes     No

**What pharmacy do you use?**

- Walmart     CVS     Walgreens     Harris Teeter     Costco

**In the past 7 days, did you need help with any of these activities?**

- |  |   |
|--|---|
| <input type="checkbox"/> Bathing                     | <input type="checkbox"/> Getting in and out of a bed or chair |
| <input type="checkbox"/> Brushing your teeth or hair | <input type="checkbox"/> Using the bathroom                   |
| <input type="checkbox"/> Dressing                    | <input type="checkbox"/> Walking                              |
| <input type="checkbox"/> Eating                      |   |

**In the past 7 days, did you need help to do any of these activities?**

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Housework | <input type="checkbox"/> Shopping        | <input type="checkbox"/> Making your meals |
| <input type="checkbox"/> Laundry   | <input type="checkbox"/> Using the phone |  |

**In the past 7 days, how much pain have you felt?**

- None     Some     A lot

**Where do you have pain?** \_\_\_\_\_

**Do you fasten your seat belt in the car?**

- Yes     No

## GENERAL HEALTH INFORMATION

**Do you have stable housing?**

- Yes     No

**Do you need help getting food?**

- Yes     No

**Do you have reliable transportation?**

- Yes     No

**If you had a fasting blood glucose test done in the last year, what were the results?**

- 100 mg/dL or lower                       126 mg/dL or higher  
 Between 100-125 mg/dL                   I don't know

**If your blood pressure was checked in the last year, what were the results?**

- 120/80 or lower                               140/90 or higher  
 121/81 to 139/89                             I don't know

**If your cholesterol was checked in the past year, what were the results?**

- 200 mg/dL or lower                           I don't know  
 Higher than 200 mg/dL

**If you had an HbA1C drawn in the last year, was it less than 7.0%? (This test is done for people with diabetes)**

- Yes     I don't know  
 No, it was \_\_\_\_\_                           Not applicable

**Have you had a flu shot in the past 12 months?**

- Yes     No

**Have you had a pneumonia shot in the past 12 months?**

- Yes     No     Not applicable

**Have you had a colonoscopy done in the past 10 years?**

- Yes     No     Not applicable

**Where did you have the colonoscopy done?** \_\_\_\_\_

**Have you had a stool test for blood in the past 12 months?**

- Yes     No     Not applicable

**Have you had a pap smear (cervical cancer screening) in the past 12 months?**

- Yes  
 No  
 Not applicable

**Have you had a total hysterectomy?**

- Yes     No     Not applicable

## GENERAL HEALTH INFORMATION

**Have you had a mammogram in the past 12 months?**

- Yes     No     Not applicable

**Have you had a total mastectomy?**

- Yes     No     Not applicable

**What is your height? \_\_\_\_\_ feet \_\_\_\_\_ inches**

**What is your weight? \_\_\_\_\_ pounds**

## DENTAL HEALTH INFORMATION

**How would you rate your overall dental/oral health?**

- Excellent     Good     Fair     Poor

**Have you seen a dentist in the past year?**

- Yes     No

**Do you brush your teeth every day?**

- Yes     No

## MENTAL HEALTH INFORMATION

**How would you rate your overall mental health?**

- Excellent     Good     Fair     Poor

**In the past 2 weeks, how often have you felt little interest or pleasure in doing things?**

- Not at all                       More than half the days  
 Several days                     Nearly every day

**In the past 2 weeks how often have you felt down, depressed or hopeless?**

- Not at all                       More than half the days  
 Several days                     Nearly every day

**How stressful is your life right now?**

- Not stressful at all     Somewhat stressful     Really stressful

**During the past 4 weeks, did any emotional or psychological problem keep you from being able to work or do any normal daily activities?**

- Yes     No

**Do you use any of the following products?**

- Cigarettes     E-Cigarettes     Smokeless tobacco     Cigars     Pipe

**Are you interested in quitting?     Yes     No**

**How many alcoholic drinks (like wine, beer, mixed drinks) do you have in a normal week?**

- 0 drinks                       7-13 drinks  
 1-6 drinks                     14 or more drinks

## Liberty Medicare Advantage - H6351

**For 2024, Liberty Medicare Advantage - H6351 received the following Star Ratings from Medicare:**

**Overall Star Rating:** Not enough data available\*

**Health Services Rating:** Not enough data available\*

**Drug Services Rating:** ★★☆☆☆

*\*Some plans do not have enough data to rate performance.*

**Every year, Medicare evaluates plans based on a 5-star rating system.**

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan’s service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

**The number of stars show how well a plan performs.**

★★★★★ **EXCELLENT**

★★★★☆ **ABOVE AVERAGE**

★★★☆☆ **AVERAGE**

★★☆☆☆ **BELOW AVERAGE**

★☆☆☆☆ **POOR**

### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact Liberty Medicare Advantage 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 844-854-6884 (toll-free) or 711 (TTY). Current members please call 844-854-6884 (toll-free) or 711 (TTY).

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-854-6884 (TTY: 711). Someone who speaks English or the needed language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-854-6884 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-854-6884 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-854-6884 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-854-6884 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-854-6884 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-854-6884 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-854-6884 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-854-6884 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-854-6884 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:**

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-854-6884 (TTY: 711). سيقوم شخص بمساعدتك. هذه خدمة مجانية ما يتحدث العربية

**Hindi:** हमारे स्वास्थ्य या दवा योजना के बारे में आपके ककसभी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाकियासवाए ह। दुभाकियाप्राप्त करने के लिए बस हमें 1-844-854-6884 (TTY: 711) पर कॉल करें। कोई कहेंदोनि वी आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-854-6884 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-854-6884 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-854-6884 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatnie skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-854-6884 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-854-6884 (TTY: 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

**Gujarati:** અમારી સ્વાસ્થ્ય અથવા દવાની યાજના વૃક્ષતમરે કાઇપણ પ્રશ્નના જવાબ આપવા માટે અમારા પાસે મફત દુભાષિયા સેવાઓ છે. દુભાષિયા મળવવા માટે, અમને 1-844-854-6884 (TTY: 711) પર કોલ કરો. ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

**Thai:** เรามีบริการสามฟรีเพื่อตอบคำถามที่คุณอาจมีเกี่ยวกับสุขภาพหรือแผนยาของเรา หากต้องการสาม ฟรีโทรหาเราที่ 1-844-854-6884 (TTY: 711) คนที่พูดภาษาไทยสามารถช่วยคุณได้ นี่เป็นบริการฟรี



**LIBERTY**  
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**844-854-6884 (TTY 711)**



**7 days a week, 8 a.m. to 8 p.m.**



**[www.LibertyMedicareAdvantage.com](http://www.LibertyMedicareAdvantage.com)**

