

2021 Summary of Benefits

Liberty at Home (HMO I-SNP)

H6351, Plan 003

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

Liberty at Home (HMO I-SNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Call 1-844-854-6884, 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.libertyadvantageplan.com, or call Member Services and request the *Evidence of Coverage*.

To Reach Our Member Services Representatives:

- Toll Free 1-844-854-6884, TTY/TDD should call 711.
- Hours of operation: 8 a.m. to 8 p.m., seven days a week.

To join Liberty at Home (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 or in the community within the service area 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.libertyadvantageplan.com or call Member Services and ask us to send you a list.

Our service area includes these counties in North Carolina: Alamance, Bertie, 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 at Home (HMO I-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at www.libertyadvantageplan.com. If you use providers that are not in our network, the plan may not pay for these services.

This document is also available in Braille and in large print.

Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1 of each year.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

	Liberty at Home (HMO I-SNP)
Monthly plan premium	\$46 You must continue to pay your Medicare Part B premium.
Deductible	The Part B deductible is \$203.
Maximum out-of-pocket amount (does not include Part D Prescription drugs)	\$6,600
Inpatient Hospital coverage	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). <i>*Prior Authorization is required.</i>
Outpatient Hospital coverage Outpatient hospital services Outpatient hospital observation services	20% coinsurance <i>*Prior Authorization may be required.</i> \$100 copayment <i>*Prior Authorization may be required.</i>
Doctor Visits Primary Care Providers Specialists	\$0 copayment 20% coinsurance
Preventive Care	You pay nothing. Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.

	Liberty at Home (HMO I-SNP)
Emergency care	\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.
Urgently needed services	\$55 copayment Copayment is waived if you are admitted to a hospital within 3 days.
Diagnostic Services/Labs/Imaging	
Diagnostic tests and procedures	20% coinsurance <i>*Prior Authorization may be required.</i>
Lab services	\$0 copayment <i>*Prior Authorization may be required.</i>
Diagnostic radiology services (e.g. MRI, CAT Scan)	20% coinsurance <i>*Prior Authorization may be required.</i>
Outpatient X-rays	\$0 copayment <i>*Prior Authorization may be required.</i>
Hearing services	
Hearing exam	20% coinsurance of the cost for Medicare-covered hearing services.
Dental services	
Medicare-covered dental	20% coinsurance for each Medicare-covered service. <i>*Prior Authorization is required.</i>
Vision care	
Yearly eye exam for diabetic retinopathy	20% coinsurance for Medicare-covered services.

	Liberty at Home (HMO I-SNP)
Mental Health Services Inpatient visit Outpatient group therapy visit Outpatient individual therapy visit	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). <i>*Prior Authorization may be required.</i> 20% coinsurance <i>*Prior Authorization is required.</i> 20% coinsurance <i>*Prior Authorization is required.</i>
Skilled nursing facility (SNF) care	You pay the 2021 Original Medicare cost-sharing amounts. \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay. \$186.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay. Traditional Medicare benefit period <i>*Prior Authorization is required.</i>
Physical Therapy	20% coinsurance <i>*Prior Authorization is required.</i>
Ambulance services Ground Ambulance Air Ambulance	20% coinsurance <i>*Prior Authorization may be required.</i> 20% coinsurance <i>*Prior Authorization may be required.</i>
Non-Emergency Transportation	Not Covered
Medicare Part B prescription drugs Chemotherapy drugs Other Part B drugs	20% coinsurance <i>*Prior Authorization may be required.</i> 20% coinsurance <i>*Prior Authorization may be required.</i>

	Liberty 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) Prosthetics (e.g., braces, artificial limbs) Diabetic supplies Diabetic Therapeutic Shoes and Inserts	20% coinsurance <i>*Prior Authorization is required.</i> 20% coinsurance <i>*Prior Authorization is required.</i> 20% coinsurance 20% coinsurance
Foot Care (podiatry services) Foot exams and treatment	20% coinsurance for Medicare-covered services.
Meal benefit Covered up to one time per calendar year immediately following an inpatient admission, outpatient surgery, or exacerbation of a chronic condition when ordered by a physician or non-physician practitioner.	\$0 copayment Up to 14 meals delivered to your home within the first 7 days after discharge. <i>Referral is required.</i> <i>*Prior Authorization is required.</i>
Occupational or Speech Therapy	20% coinsurance <i>*Prior Authorization is required.</i>
Pulmonary rehabilitation services	20% coinsurance <i>*Prior Authorization may be required.</i>
Personal Care Benefit	All in-home support services provided exclusively by Liberty Home Care. 15 hours in place of or after an inpatient stay (Hospital or SNF)

	Liberty at Home (HMO 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	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.70 copayment for generic (including brand drugs treated as generic) and a \$9.20 copayment for all other drugs. 	

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