



# 2025 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

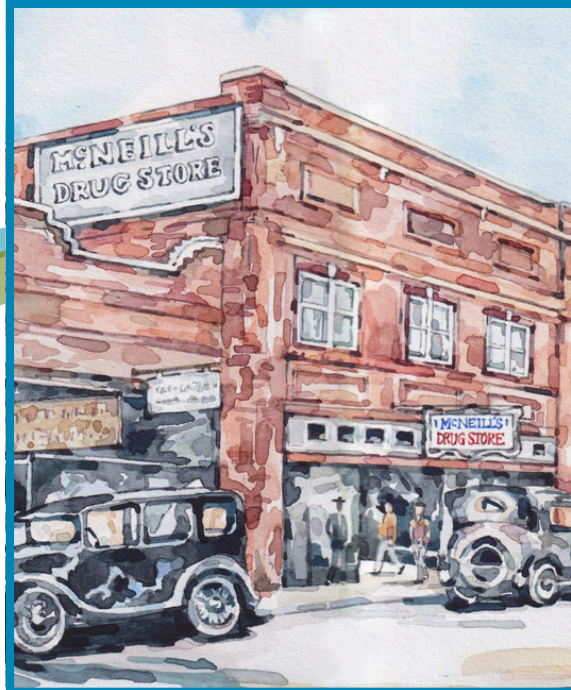
**Liberty Health** is more than a company. It is a North Carolina family who answered a calling to serve others with compassion. The values, traditions and trust established by the McNeills at a small-town pharmacy in the 1870s continue to be passed down from generation to generation.

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  
MEDICARE  
ADVANTAGE**  
Planning your advantage



**LIBERTY  
Senior Living**

**McNeill's  
Pharmacy**  
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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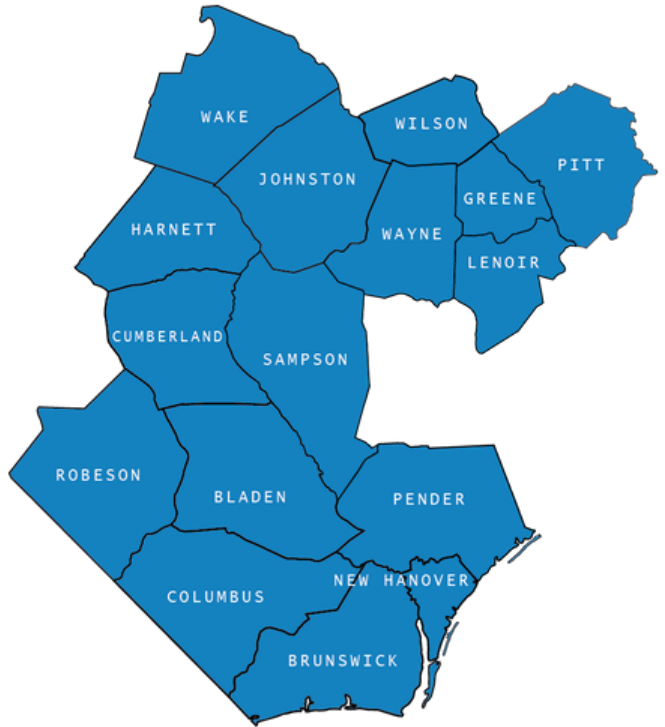
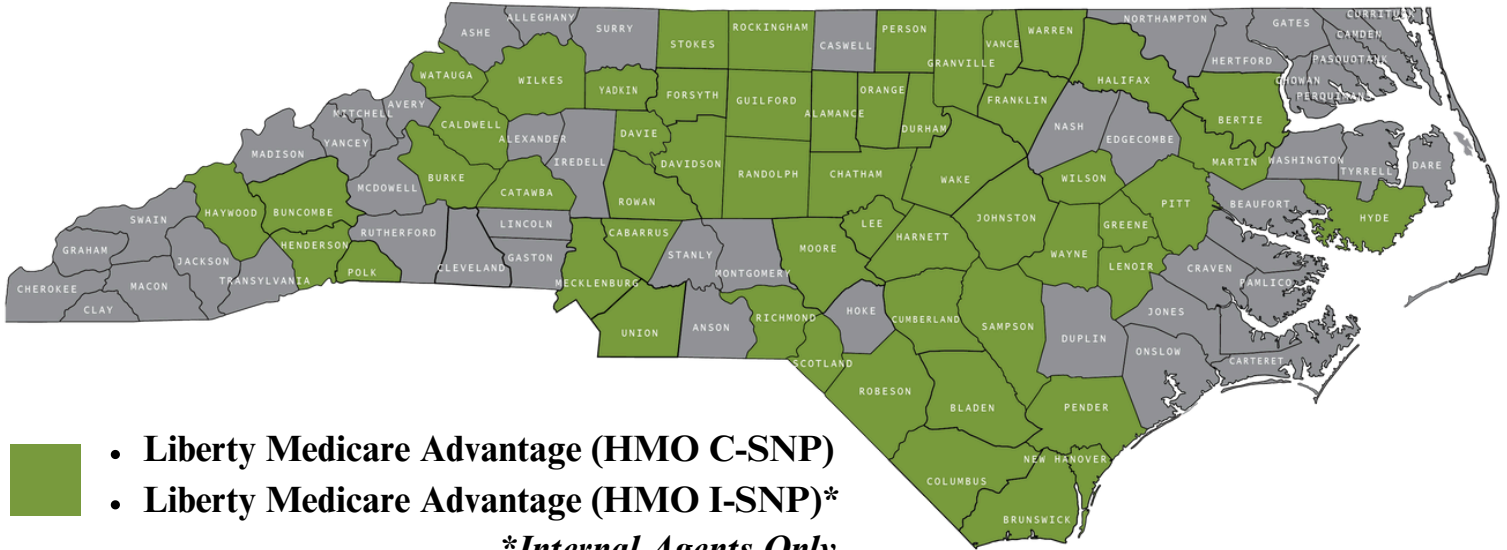
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# SUMMARY OF BENEFITS

## COVERAGE AREA



- Commission paid in:**
- Bladen, Brunswick, Columbus, Cumberland, Greene, Harnett, Johnston, Lenoir, New Hanover, Pender, Pitt, Robeson, Sampson, Wake, Wayne and Wilson Counties





# 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 / \$10</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>\$40 per month (Freedom Flex Card Benefit)</b>
<b>OTC Items / Groceries</b>	<b>\$75 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>

	2025 Liberty Medicare Advantage (HMO C-SNP)	2024 Liberty Medicare Advantage (HMO C-SNP)
<b>PREMIUMS AND BENEFITS</b>		
<b>Monthly Plan Premium</b>	\$0 You must continue to pay your Medicare Part B premium.	\$0 You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	\$0	\$0
<b>Maximum Out-of-Pocket</b> (Does not include Part D prescription drugs.)	\$3,500	\$3,500
<b>INPATIENT HOSPITAL COVERAGE</b>		
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.  <i>Prior authorization is required.</i>	<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>• \$250 for days 1-6</li> <li>• \$0 for days 6-90</li> </ul>
<b>OUTPATIENT REHABILITATION SERVICES</b>		
Covered services include physical therapy, occupational therapy, and speech language therapy.  Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs).  <i>Prior authorization is required.</i>	\$25 copay per visit	<ul style="list-style-type: none"> <li>• 10% coinsurance for rehabilitation services</li> <li>• 15% coinsurance for outpatient surgeries</li> <li>• Amounts are paid until maximum out of pocket is achieved.</li> </ul>
<b>DOCTOR VISITS</b>		
<b>Primary Care Providers</b>	\$0 copay	\$0 copay
<b>Specialists</b>	<ul style="list-style-type: none"> <li>• \$0 for Cardiologist, Endocrinologist and Podiatrist</li> <li>• \$10 per visit for all other specialists</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 for Cardiologist, Endocrinologist and Podiatrist</li> <li>• \$30 per visit for all other specialists</li> </ul>



**PREVENTIVE CARE**

Examples include:

- Annual Mammogram
- Colonoscopy per Medicare guidelines
- Annual Wellness Exam

\$0 copay

\$0 copay

**EMERGENCY CARE**

Emergency care refers to services that are:

- Furnished by a provider qualified to furnish emergency services, and
- Needed to evaluate or stabilize an emergency medical condition

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.

Cost sharing for necessary emergency services furnished out-of-network is the same as for such services furnished in-network.

Coverage within the U.S. only.

*Authorization is required if the result is an inpatient stay.*

- \$100 per visit
- \$100 is waived if you are admitted to a hospital

- \$125 per visit
- \$125 is waived if you are admitted to a hospital

**2025 Liberty Medicare Advantage  
(HMO C-SNP)**

**2024 Liberty Medicare Advantage  
(HMO C-SNP)**

**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.

- \$25 copay
- Waived if you are admitted to a hospital within 3 days

\$0 copay

**DIAGNOSTIC SERVICES/LABS/IMAGES**

**Outpatient Diagnostic Tests and Therapeutic Services**

*No authorization required when services are rendered in a Nursing Facility or Physician's Office.*

- In office: \$0
- Urgent Care: \$50
- Outpatient Hospital: \$75
- Advanced Imaging Services: \$200 copay (All POS, excluding IP and Office)

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

**Outpatient Diagnostic Radiological Services**

A member pays multiple copays, even if receiving multiple services on the same day at the same location.

Min: \$0 / Max: \$125

- In office: \$0
- Urgent Care/Freestanding Radiology Facility: \$50
- Outpatient Hospital: \$125

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

**Outpatient X-Ray Services**

\$10

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

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<b>HEARING SERVICES</b>		
Hearing Exam	\$0 copay for annual routine exam	\$0 copay for annual routine exam
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>	<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>
<b>VISION SERVICES</b>		
Yearly Eye Exam	\$0 copay	\$0 copay
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>	<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>
<b>DENTAL</b>		
Bi-Annual Exam	\$0	\$0
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>	<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>

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<b>MENTAL HEALTH SERVICES</b>		
<b>Inpatient Visit</b>  <i>Prior authorization is required.</i>	<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>• 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>
<b>Outpatient Psychiatric Group Therapy Visit</b>	\$50 copay	<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>
<b>Outpatient Psychiatric Individual Therapy Visit</b>	<ul style="list-style-type: none"> <li>• \$50 copay</li> <li>• Telehealth: \$50 copay</li> </ul>	<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>
<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	\$25 per visit

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<b>AMBULANCE SERVICES</b>		
<b>Ground Ambulance</b> <i>Prior authorization is required.</i>	\$275 per trip	\$255 per trip
<b>Air or Water Ambulance</b> <i>Prior authorization is required.</i>	\$300 per trip	20% coinsurance
<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 \$40 per month with month-to-month rollover to be used for either non-emergency transportation or fitness.</li> </ul>	<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>
<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 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>
<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 services</li> <li>Amounts are paid until the maximum out-of-pocket is achieved.</li> </ul> <i>Prior authorization is required.</i>
<b>AMBULATORY SURGICAL CENTER</b>		
<i>Authorization is required.</i>	<ul style="list-style-type: none"> <li>\$0 - \$250 max copay</li> <li>\$0 copay for colonoscopy</li> </ul>	<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>

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<b>MEDICAL EQUIPMENT/SUPPLIES</b>		
<b>Durable Medical Equipment</b> (e.g., wheelchairs, oxygen)  <i>Authorization is required.</i>	20% coinsurance for Medicare-covered devices	15% 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 copay	\$0 copay
<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>	\$0 copay	<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>
<b>CARDIAC REHABILITATION SERVICES</b>		
	\$0 copay	\$0 copay
<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>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>

**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

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. *Card payments may not be offered in the form of cash or monetary rebates, including reduced cost-sharing or premiums.*
  - 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 **\$40 per month** with month-to-month rollover. This includes fitness and transportation.
  - The **OTC Drugs and Groceries Flex Card** allows you to spend **\$75 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!



**\$75**

**Groceries &  
OTC Items**

PER MONTH



**\$2,000**

**Dental, Vision  
& Hearing**

PER YEAR



**\$40**

**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	
Abrysvo	3	
Actemra	5	
<b>Advair</b>	3	
<b>Advair Diskus</b>	*	Wixela
Albuterol	1	
Allopurinol	1	
<b>Amlodipine</b>	1	
<b>Anoro Ellipta</b>	3	
<b>Aptiom</b>	4	
Arexvy	3	
<b>Aripiprazole</b>	1 & 2	
<b>Aristada</b>	5	
Atorvastatin	1	
<b>Atrovent HFA</b>	3	
<b>Austedo</b>	5	
Baclofen	1	
<b>Biktarvy</b>	5	
<b>Basaglar Kwikpen</b>	*	Lantus
<b>Bosulif</b>	5	
<b>Breo Ellipta</b>	3	
Breyna	3	
Breztri	3	
<b>Brilinta</b>	3	
Brimonidine tartrate/timolol	1 & 2	
Brukinsa	5	
Budesonide/Formoterol Fumarate	2	
<b>Buprenorphine</b>	1 & 2	
Bupropion	1	
<b>Cabometyx</b>	5	
Caplyta	4	
<b>Carvedilol</b>	1	

DRUG	TIER	SUBSTITUTIONS
Cimzia	5	
<b>Clopidogrel</b>	1	
Clozapine	2	
Colchicine	1 & 2	
<b>Combigan</b>	*	Brimonidine Tartrate/Timolol
<b>Combivent</b>	3	
<b>Copaxone</b>	*	Glatiramer Acetate
<b>Cosentyx</b>	5	
<b>Creon</b>	3	
Cyclosporine	1	
<b>Descovy</b>	5	
Diclofenac Sodium	1 & 2	
Dimethyl Fumarate	1	
Donepezil	1 & 2	
<b>Dovato</b>	5	
Duloxetine Hydrochloride	1	
<b>Dupixent</b>	5	
<b>Eliquis</b>	3	
<b>Emgality</b>	3	
<b>Enbrel</b>	5	
<b>Entresto</b>	3	
Escitalopram Oxalate	1 & 2	
<b>Evryssi</b>	5	
Famotidine	1	
<b>Farxiga</b>	3	
<b>Febuxostat</b>	2	
<b>Flovent</b>	*	Fluticasone Propionate
Fluticasone Propionate	1	
<b>Forteo</b>	*	Teriparatide
<b>Furosemide</b>	1 & 2	
Gabapentin	1	
<b>Gattex</b>	5	
Glatiramer Acetate	1	Copaxone

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

DRUG	TIER	SUBSTITUTIONS
Glatopa	1	
Humulin	6	
Ibrance	5	
Imbruvica	5	
Incruse Ellipta	3	
Ingrezza	5	
Insulin Glargine	6	
Invega Sustenna	4	
Invega Trinza	4	
Janumet	3	
Janumet XR	3	
Januvia	3	
Jardiance	3	
Januluca	5	
Kesimpta	5	
Krystexxa	*	Allopurinol, Colchicine, Febuxostat
Lacosamide	1	Vimpat
Lamotrigine	1	
Lantus	6	
Latuda	*	Lurasidone
Levetiracetam	1	
Levothyroxine Sodium	1	
Linzess	4	
Lisinopril	1	
Losartan Potassium	1	
Lumigan	3	
Lynparza	5	
Mavyret	5	
Memantine Hydrochloride	1 & 2	
Metformin	1	
Metoprolol Succinate	1	
Mirtazapine	1	
Mirabegron	2	
Montelukast Sodium	1	

DRUG	TIER	SUBSTITUTIONS
Mounjaro	3	
Novolog	*	Humalog Kwikpen
Nubeqa	5	
Nucala	5	
Nuedexta	3	
Nuplazid	4	
Nurtec	*	Ubrelvy
Octogam	5	
Odefsey	5	
Ofev	5	
Olanzapine	1 & 2	
Omeprazole	1	
Ondansetron	1	
Opsumit	5	
Orencia	5	
Otezla	5	
Oxycontin	3	
Ozempic	3	
Paliperidone ER	2	
Pantoprazole	1	
Potassium Chloride 1 & 2	1 & 2	
Pradaxa	*	Dabigatran Etexilate
Pravastatin Sodium	1	
Pregabalin	1	
Premarin	3	
Prezcobix	5	
Privigen	5	
Prolia	4	
Promacta	5	
Pyridostigmine	1	
Quetiapine Fumarate	1	
Radicava	5	
Repatha	3	
Revlimid	5	
Rexulti	4	
Rinvoq	5	

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

DRUG	TIER	SUBSTITUTIONS
Risperidone	1 & 2	
Rosuvastatin Calcium	1	
Rybelsus	3	
Santyl	3	
Scemblix	5	
Sertaline HCL	1	
Shingrix	3	
Simvastatin	1	
Skyrizi	5	
Sofosbuvir/Velpatasvir	5	
Soliris	*	Pyridostigmine
Sprycel	5	
Stelara	5	
Stiolto Respimat	3	
Sublocade	*	Buprenorphine
Sucrafate	1 & 2	
Symbicort	*	Budesonide/Formoterol
Symtuza	5	
Tagrisso	5	
Tamsulosin	1	
Tetrabenazine	1	
Tivicay	5	
Toujeo	6	
Tradjenta	3	
Trelegy Ellipta	3	
Tremfya	5	
Tresiba	6	
Trikafta	5	
Trintellix	3	
Triumeq	3 & 5	
Trulance	3	
Trulicity	3	
Ubrelvy	3	Nurtec
Varenicline	2	
Venclexta	3 & 5	
Ventolin	3	

DRUG	TIER	SUBSTITUTIONS
Vimpat	*	Lacosamide
Vivitrol	5	
Vraylar	4	
Vyndamax	5	
Wixela	1	Advair Diskus
Xarelto	3	
Xeljanz	5	
Xeljanz XR	5	
Xifaxan	3	
Xolair	5	
Xtandi	5	
Xyrem	*	Sodium Oxybate

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

## BLADEN COUNTY

- Anderson's Drug Store
- Clarkton Drug
- Dickerson's Pharmacy Inc.
- The Medicine Shoppe Pharmacy

## BRUNSWICK COUNTY

- Brunswick Family Medical
- Eric's Pharmacy
- Family Pharmacy
- Galloway Sands Pharmacy
- Hickman's Pharmacy
- Justice Pharmacy
- Seashore Drugs
- The Apothecary at St. James
- Thomas Drugs

## COLUMBUS COUNTY

- Baldwin Woods Pharmacy
- Crossroads 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

## CUMBERLAND COUNTY

- Bioscrip Infusion Services
- Cape Fear Discount Drug
- Cape Fear Orthopedic Clinic, PA
- Center Pharmacy
- Clinic Pharmacy
- Cumberland Medical Associates
- Eastover Drug
- Express Discount Pharmacy
- Fayetteville Drugs
- Fayetteville NC 3 VA Clinic Pharmacy
- Health Matters Pharmacy
- Massey Drug Co.
- Qwikmed Pharmacy
- Spaulding Infirmary
- Stedman Drug Center
- The Pavilion Pharmacy
- Two Rivers Pharmacy
- Valley Pharmacy
- Vital Care of Fayetteville

## HARNETT COUNTY

- Angier Family Pharmacy LTC
- Angier Family Pharmacy
- Cape Fear Long Term Care Pharmacy, LLC
- Coats Pharmacy Inc.
- GMC Pharmacy at Dunn
- Hogan's Pharmacy
- LTC Coats Pharmacy Inc.
- The Medicine Center
- Thomas Drug Store

## LENOIR COUNTY

- Dempsey's Drugs Jackson Heights
- Dempsey's Drugs La Grange
- Kinston Clinic Pharmacy North
- Medsource Pharmacy
- Neil Medical Group - Kinston
- Realo Discount Drug Store
- Southern Pharmacy Services

## NEW HANOVER COUNTY

- Atlantic Pharmacy
- Cape Fear Pharmacy
- Coastal MDS
- Coastal Pharmacy and Compounding
- Market Street Pharmacy
- Medical Center Pharmacy
- Mednorth Health Center Pharmacy
- Pharmacy Innovations
- Port City Pharmacy
- Sunset Park Pharmacy
- Winter Park Discount Drugs

## PENDER COUNTY

- Atkinson Drug
- Johnson Drug Hampstead
- Maple Hill Pharmacy
- Rocky Point Pavilion Pharmacy

## PITT COUNTY

- Bethel Pharmacy
- ECU Health Specialty Pharmacy
- ECU Pharmacy
- Edward Discount Pharmacy
- Family Practice Center Pharmacy
- Healthwise Pharmacy

## ROBESON COUNTY

- AHS Pharmacy
- BL Pharmacy
- Brisson Drugs
- Brisson Drugs Inc.
- Carter Pharmacy
- Drugs America
- Healthkeeperz Pharmacy
- HomeRX Healthcare
- Julian T. Pierce Health Center Pharmacy
- Lumberton Drug West
- Lumberton Health Center Pharmacy
- Old Main Pharmacy
- Pembroke Drug
- Red Springs Old Main
- Rowland Old Main Pharmacy
- Scotland Pharmacy - Pembroke
- The Medicine Shoppe

## SAMPSON COUNTY

- Clinton Drug Company
- Matthews Drug Store
- Newtown Grove Drug Co. Inc.

## WAYNE COUNTY

- Cherry Hospital Pharmacy
- Coor's Pharmacy, Inc.
- Downtown Pharmacy
- Marmac Pharmacy
- Mt. Olive Pharmacy
- Parker Drug Company
- Rosewood Pharmacy
- Southeast Family Pharmacy
- Wayne Pharmacy Inc

## WILSON COUNTY

- Longlead Neuro Medical Treatment Center
- Thomas Drug Store
- Wilsonvalue Drug Store



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

	<p><b>Hearing Benefit</b>            (877) 371-0848  <a href="http://www.AmplifonUSA.com/LP/Liberty">www.AmplifonUSA.com/LP/Liberty</a></p>
	<p><b>Vision Benefit</b>            (888) 254-4290  <a href="http://www.CECVision.com">www.CECVision.com</a></p>
	<p><b>Dental Benefit</b>            (855) 253-4721  <a href="http://www.DeltaDental.com">www.DeltaDental.com</a></p>
	<p><b>Meal Benefit</b>            (866) 575-2772  <a href="http://www.GAfoods.com">www.GAfoods.com</a></p>
<p><b>LifeStation</b></p>	<p><b>Medical Alert Benefit</b>            (800) 446-3300  <a href="http://www.LifeStation.com">www.LifeStation.com</a></p>
	<p><b>Remote Monitoring Benefit</b>            (877) 425-1776  <a href="http://www.Optimize.Health">www.Optimize.Health</a></p>
	<p><b>Nations Benefits</b>            (888) 433-1057  <a href="http://www.NationsBenefits.com">www.NationsBenefits.com</a></p>

# 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



# PRE-ENROLLMENT QUALIFICATION ASSESSMENT TOOL

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		
<b>Have you been diagnosed by your doctor or other licensed healthcare professional with Diabetes?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Have you had problems with high blood sugar?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Do you take medications and/or have been put on a special diet to control your blood sugar?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CHRONIC HEART FAILURE (CHF)		
<b>Have you been diagnosed by your doctor or other licensed healthcare professional with chronic or congestive heart failure?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Have you had problems with fluid retention in your lungs or swelling in your legs due to heart problem?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Do you take medications to prevent legs or hand swelling?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CARDIOVASCULAR DISORDERS (CVD)		
<b>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?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Have you had palpitations in your chest?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Have you had problems with chest pain or tightness, shortness of breath, heart attack (cardiac infarction) or stroke?</b>	<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 disclose my protected health information to Liberty Medicare Advantage, to verify that I have been diagnosed with a chronic condition which qualifies me for enrollment in Liberty Medicare Advantage'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. <b>Note: Information disclosed as a result of this authorization will be protected by Liberty Medicare Advantage 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)</b></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



# MEET THE SALES TEAM



**Adriane Liggins**

*Market Growth Specialist*

**(910) 818-2986**

**ALiggins@LibertyHCare.com**

With over a decade of experience in marketing and business development, I've had the privilege of partnering with a diverse range of businesses, helping them not just grow but thrive in competitive markets. My career has equipped me with a deep understanding of brand building, impactful campaign creation, and driving business growth.

At Liberty Medicare Advantage, I'm excited to leverage this experience to support our agents. My goal is to provide you with the tools, strategies, and guidance needed to effectively market yourself, connect with your target audience, and expand your business. Whether you're aiming to enhance your online presence, develop new marketing initiatives, or explore innovative client outreach strategies, I'm here to assist you every step of the way.

Let's collaborate and achieve great results together!



**Haley Fuller**

*Market Growth Specialist*

**(910) 338-6693**

**HFuller@LibertyHCare.com**

I am thrilled to serve as your dedicated Market Growth Specialist for Liberty Health's C-SNP Medicare Advantage Plan. With 18 years of experience in the healthcare industry, including hands-on roles as an agent, I bring a wealth of knowledge and a deep understanding of the tools and strategies essential for business growth.

My approach is centered on building a partnership rather than just a relationship. I collaborate closely with agents to develop effective marketing initiatives and community outreach efforts, focusing on raising awareness of Medicare benefits and driving enrollment in key markets. I also work with healthcare providers and community organizations to forge partnerships that foster sustainable growth and improve member outcomes.

Outside of my professional life, I am a wife and proud mother of four. I cherish traveling with my family and value the time we spend together. Balancing a career with family life has deepened my appreciation for dedication, resilience, and a genuine passion for helping others.











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**833-354-1498 (TTY 711)**



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



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