

# 2022 Summary of Benefits

## Liberty Medicare Dual Plan (HMO D-SNP)

### H6351, Plan 005

**This is a summary of drug and health services covered by Liberty Medicare Dual Plan (HMO D-SNP) January 1, 2022 - December 31, 2022.**

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

Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Call 1-844-854-6884, TTY should call 711, for more information.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at [www.Libertymedicareadvantage.com](http://www.Libertymedicareadvantage.com), or call Member Services and request the *Evidence of Coverage*.

#### **To Reach Our Member Services Representatives:**

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

#### **To join Liberty Medicare Dual Plan (HMO D-SNP), you must: be entitled to Medicare Part A,**

- -- *and* -- be enrolled in Medicare Part B,
- -- *and* -- live in our service area,
- -- *and* -- you are a United States citizen or are lawfully present in the United States
- -- *and* -- you are eligible for both Medicare and Medicaid.

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

Liberty Medicare Dual Plan (HMO D-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.

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.

Premiums and Benefits	Liberty Medicare Dual Plan (HMO D-SNP)
<b>Monthly Plan Premium</b>	Part C - You pay nothing. Part D – You pay \$35.80.  You must continue to pay your Medicare Part B premium or ensure that your coverage continues.
<b>Deductible</b>	You pay nothing.
<b>Maximum out-of-pocket amount</b> (does not include Part D Prescription drugs)	\$7,550
<b>Inpatient Hospital coverage</b>	You pay nothing.  <i>*Prior Authorization is required.</i>
<b>Outpatient Hospital coverage</b> <ul style="list-style-type: none"> <li>• Outpatient Hospital Services</li> <li>• Outpatient Hospital Observation Services</li> </ul>	You pay nothing. <i>*Prior Authorization may be required.</i>
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>• Primary Care Providers</li> <li>• Specialists</li> </ul>	You pay nothing.
<b>Preventive Care</b>	You pay nothing.  Any additional preventive services approved by Medicare during the contract year will be covered.
<b>Emergency care</b>	You pay nothing.
<b>Urgently needed services</b>	You pay nothing.

<b>Premiums and Benefits</b>	<b>Liberty Medicare Dual Plan (HMO D-SNP)</b>
<b>Diagnostic Services/Labs/Imaging</b> <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• Diagnostic radiology services (e.g., MRI, CAT Scan)</li> <li>• Outpatient X-rays</li> </ul>	You pay nothing. <i>*Prior Authorization may be required.</i>
<b>Hearing services</b> <ul style="list-style-type: none"> <li>• Hearing exam</li> <li>• <i>Supplemental Benefit</i></li> </ul> Routine hearing exam, fitting and evaluation for hearing aids  Hearing aids	You pay nothing for Medicare covered services   Up to a \$2,400 credit for both ears combined every three years for hearing aids. <i>*Prior Authorization may be required.</i>

<b>Dental services</b>  Medicare-covered dental	You pay nothing for Medicare covered services  <i>*Prior Authorization is required.</i>
<b>Vision care</b> Yearly eye exam for diabetic retinopathy  <i>Supplemental Benefit</i> Routine eye exam  Eyeglasses, lenses, frames, contacts	You pay nothing for Medicare covered services     Allowance of up to \$300 per year.
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>• Inpatient visit</li> <li>• Outpatient group therapy visit</li> <li>• Outpatient Individual therapy visit</li> </ul>	You pay nothing. <i>*Prior Authorization may be required.</i>

Premiums and Benefits	Liberty Medicare Dual Plan (HMO D-SNP)
<b>Skilled Nursing Facility Care (SNF)</b>	You pay nothing Zero hospital days required prior to SNF admission <i>*Prior Authorization is required.</i>
<b>Physical Therapy</b>	20% coinsurance <i>*Prior Authorization is required.</i>
<b>Ambulance services</b> <ul style="list-style-type: none"> <li>• Ground Ambulance</li> <li>• Air Ambulance</li> </ul>	You pay nothing <i>*Prior Authorization may be required.</i>  You pay nothing <i>*Prior Authorization may be required.</i>
<b>Transportation (non-emergency)</b>	You pay nothing  Routine transportation for up to 28 trips every year. A trip is considered one-way transportation by taxi, bus/subway, van, or medical transport to a plan approved health-related location.
<b>Medicare Part B prescription drugs</b> <ul style="list-style-type: none"> <li>Chemotherapy drugs</li> <li>Other Part B drugs</li> </ul>	20% coinsurance <i>*Prior Authorization may be required.</i>  20% coinsurance <i>*Prior Authorization may be required.</i>
<b>Ambulatory Surgical Center</b>	You pay nothing <i>*Prior Authorization is required.</i>
<b>Medical Equipment/Supplies</b> <ul style="list-style-type: none"> <li>Durable Medical Equipment (e.g. wheelchairs, oxygen)</li> <li>Prosthetics (e.g., braces, artificial limbs)</li> <li>Diabetic supplies</li> </ul>	You pay nothing  DME services may be provided prior to qualification under Medicare coverage rules if determined to be in members best interest for the prevention of medical condition decline.  <i>*Prior Authorization may be required.</i>

Diabetic Therapeutic Shoes and Inserts	
<b>Premiums and Benefits</b>	<b>Liberty Medicare Dual Plan (HMO D-SNP)</b>
<b>Pulmonary rehabilitation services</b>	You pay nothing <i>*Prior Authorization may be required.</i>
<b>Telemedicine</b>	You pay nothing <i>*Prior Authorization may be required.</i>

<b>Outpatient Prescription Drugs</b>				
<b>Stage 1 Yearly Deductible Stage</b>	<b>Stage 2 Initial Coverage Stage</b>	<b>Stage 3 Coverage Gap Stage</b>	<b>Stage 4 Catastrophic Coverage Stage</b>	<b>What You Should Know</b>
Because you do not pay a deductible for the plan, this payment stage does not apply to you. If you receive “Extra Help” to pay your prescription drugs, this payment stage does not apply to you.	You begin in this stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. You stay in this stage until your year to date “out-of-pocket costs” (your payments) reach \$7,050.	Because there is no coverage gap for the plan, this payment stage does not apply to you.	During this stage, the plan will pay all the costs of your drugs for the rest of the calendar year (through December 31, 2022).	Cost-Sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

<b>Cost-Sharing for One-Month Supply of Part D Prescription Drugs*</b>			
<b>Standard retail cost sharing (in-network)</b>	<b>Preferred retail cost sharing (in-network)</b>	<b>Long-term care (LTC) cost sharing</b>	<b>Out-of-network cost sharing</b>
(up to a 30-day supply)	(up to a 30-day supply)	(up to a 31-day supply)	(Coverage is limited to certain situations) (up to a 30-day supply)

\*Depending on your “Extra Help”, income and institutional status, you pay the following:

For generic drugs (including brand drugs treated as generic), either:

- \$0 copay; or
- \$1.35 copay; or
- \$3.95 copay; or
- 15%

For all other drugs, either:

- \$0 copay; or
- \$4.00 copay; or
- \$9.85 copay; or

## Summary of Medicaid-Covered Benefits for Liberty Medicare Dual Plan (HMO D-SNP)

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what North Carolina Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility

<b>Medicare Covered Services</b>		
<b>Benefit Category</b>	<b>Medicaid</b>	<b>DSNP</b>
Ambulance Services	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay
Bone Mass Measurement	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay
Chiropractic Services	Medicaid covers Medicare deductibles, copays, and coinsurances \$2 copay for Medicaid chiropractic services	In-Network \$0 copay
Colorectal Screening Exams	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay
Dental Services	Medicaid covers Medicare deductibles, copays, and coinsurances \$3 copay Medicaid dental services	In-Network \$0 copay
Diabetes Programs and Supplies	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay
Diagnostic Tests, x-rays, lab services and radiology services	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay
Doctor Office Visits	Medicaid covers Medicare deductibles, copays, and coinsurances \$3 copay for Medicaid doctor office visits	In-Network \$0 copay
Durable Medical Equipment (DME)	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay
Emergency Care	Medicaid covers Medicare deductibles, copays, and coinsurances	\$0 copay
End-Stage Renal Disease	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay
Hearing Services	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay
Home Health Care	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay
Hospice	Medicaid covers Medicare deductibles, copays, and coinsurances	You must get care from Medicare-certified hospice
Immunizations	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay



<b>Benefit Category</b>	<b>Medicaid</b>	<b>DSNP</b>
Inpatient Hospital Care	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay
Inpatient Mental Health Care	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay Up to 90 days per admission; up to 190 days in a lifetime
Mammograms	Medicaid covers Medicare deductibles, copays, and coinsurances \$3 copay for Medicaid mammograms	In-Network \$0 copay
Outpatient Mental Health Care	Medicaid covers Medicare deductibles, copays, and coinsurances \$3 copay for Medicaid Outpatient Mental Health Care	In-Network \$0 copay
Outpatient Rehabilitation Services	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay
Outpatient Services/Surgery	Medicaid covers Medicare deductibles, copays, and coinsurances \$3 copay for Medicaid Outpatient Services/Surgery	In-Network \$0 copay
Outpatient Substance Abuse Care	Medicaid covers Medicare deductibles, copays, and coinsurances \$3 copay for Medicaid Outpatient Substance Abuse Care	In-Network \$0 copay
Pap Smears and Pelvic Exams	Medicaid covers Medicare deductibles, copays, and coinsurances \$0 copay for Medicaid pap smears and pelvic exams	In-Network \$0 copay
Podiatry Services	Medicaid covers Medicare deductibles, copays, and coinsurances \$3 copay for Medicaid podiatry services	In-Network \$0 copay

Benefit Category	Medicaid	DSNP
Prescription Drugs	Medicaid does not cover Part D covered drugs \$3 for Medicaid prescription drugs	Depending on your income and institutional status, you pay the following: For Part D generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>• A \$0 copay or</li> <li>• A \$1.30 copay or</li> <li>• A \$3.70 copay</li> </ul> For all other Part D drugs, either: <ul style="list-style-type: none"> <li>• A \$0 copay or</li> <li>• A \$4 copay or</li> <li>• A \$9 copay</li> </ul>
Prostate Cancer Screening Exams	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay
Prosthetic Devices	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay
Skilled Nursing Facility (SNF)	Medicaid covers Medicare deductibles, copays, and coinsurances Medicaid covers additional days beyond Medicare 100-day limit	In-Network \$0 copay Plan covers up to 100 days each benefit period
Urgently Needed Care	Medicaid covers Medicare deductibles, copays, and coinsurances	\$0 copay
Vision Services	Medicaid covers Medicare deductibles, copays, and coinsurances \$3 copay for Medicaid vision services	In-Network \$0 copay
Welcome to Medicare and Annual Wellness Visit	Medicaid covers Medicare deductibles, copays, and coinsurances	In-Network \$0 copay

<b>Non-Medicare covered additional services</b>		
<b>Benefit Category</b>	<b>Medicaid</b>	<b>DSNP</b>
Additional Dental Services	\$3 copay for Medicaid dental services	In-Network \$2,000 combined preventative/comprehensive allowance each year
Additional Hearing Services		In-Network \$2,400 allowance every three years
Additional Podiatry Services	\$3 copay for Medicaid podiatrist services	In-Network \$0 copay Includes 4 routine visits per year
Additional Vision Services	\$3 copay for Medicaid vision services \$2 copay for optical repair over \$5 \$2 copay for optical supplies	In-Network Includes routine eye exam and credit for eyeglasses or contacts
Health/Wellness Education	No coverage	24/7 Nurse Line
Meals		Includes 2 meals per day for 7 days following qualifying inpatient stay. Limited to 2 events per year.
Remote Patient Monitoring		Qualifying members will receive a remote monitoring device so that a nurse can monitor vitals remotely in an effort to prevent acute episodes
Transportation (Routine)	\$0 copay for Medicaid dental transportation services	In-Network \$0 copay Includes 20 one-way trips to plan approved locations not to exceed 50 miles per trip

<b>Medicaid only services</b>		
<b>The services listed below are available under Medicaid for people who qualify for full Medicaid coverage!</b>		
<b>Benefit Category</b>	<b>Medicaid</b>	<b>DSNP</b>
Inpatient copay Psychiatric Services (under 21)	\$0 copay	No coverage beyond Original Medicare
Intermediate Care Facilities for the Mentally Retarded	\$0 copay	No coverage beyond Original Medicare
Inpatient/SNFnCF for Mental Diseases	\$0 copay	No coverage beyond Original Medicare
Personal Care Services	\$0 copay	Up to 20 hours per quarter for qualifying members
Private Duty Nursing	\$0 copay	No coverage beyond Original Medicare
Targeted Case Management	\$0 copay	No coverage beyond Original Medicare