



2024 SUMMARY OF BENEFITS LIBERTY

MEDICARE ADVANTAGE NURSING HOME PLAN (HMO I-SNP)

H6351, PLAN 001

Liberty Advantage Nursing Home Plan (HMO I-SNP) is a Medicare Advantage HMO Plan with a Medicare contract. Enrollment in the plan depends on contract renewal. This plan, Liberty Medicare Advantage Nursing Home Plan, is offered by Liberty Advantage, LLC dba Liberty Medicare Advantage. To get a complete list of services we cover, access our Evidence of Coverage at www.libertymedicareadvantage.com, or call Member Services at 1-844-854-6884 (TTY 711)

To join Liberty Advantage Nursing Home Plan (HMO I-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 counties in North Carolina: Alamance, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarus, 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 for 90 days or longer, have had or are expected to need the level of services provided in our contracted long-term care (LTC) skilled nursing facility (SNF) or LTC nursing facility (NF), a SNF/NF.

Liberty Advantage Nursing Home Plan (HMO I-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at 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.

Premiums and Benefits	Liberty Advantage Nursing Home Plan (HMO I-SNP)
Monthly plan premium	\$46.20
Deductible	Medicare Fee-For-Service
Maximum out-of-pocket (does not include Part D prescription drugs)	\$6,600
Inpatient Hospital Coverage	
<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>Prior Authorization Required</p>	<p>\$1,600.00* per admission deductible is applied once during the defined benefit period.</p> <ul style="list-style-type: none"> • Days 1 – 60: \$0* coinsurance • Days 61 – 90: \$400.00* coinsurance per day • Days > 90: \$800.00* coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime). <p>Beyond lifetime reserved days: all costs</p> <p><small>*These are 2023 cost-sharing amounts and may change for 2024. Liberty Medicare Advantage will provide updated rates as soon as they are released.</small></p>

<p>Outpatient Observation Hospital Coverage</p>	
<p>Observation services are hospital outpatient services given to determine if you need to be admitted as an inpatient or can be discharged. For outpatient hospital observation services to be covered, they must meet the Medicare criteria and be considered reasonable and necessary. Observation services are covered only when provided by the order of a physician or another individual authorized by state licensure law and hospital staff bylaws to admit patients to the hospital or order outpatient tests.</p> <p>Prior Authorization is required</p>	<ul style="list-style-type: none"> • 20% coinsurance for Medicare-covered services
<p>Doctor Visits</p>	
<p>Primary Care Providers</p>	<ul style="list-style-type: none"> • 0% coinsurance
<p>Specialists</p>	<ul style="list-style-type: none"> • 20% coinsurance
<p>Preventative Care</p>	
<p>Examples Include:</p> <ul style="list-style-type: none"> • Annual Mammogram • Colonoscopy per Medicare guidelines • Annual Wellness Exam 	<ul style="list-style-type: none"> • 0% coinsurance

Emergency Care	
<p>Emergency care refers to services that are:</p> <ul style="list-style-type: none"> • Furnished by a provider qualified to furnish emergency services, and • Needed to evaluate or stabilize an emergency medical condition. <p>A medical emergency is when you, or any other prudent layperson with an average knowledge of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life, loss of a limb, or loss of function of a limb. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.</p> <p>Cost sharing for necessary emergency services furnished out-of-network is the same as for such services furnished in-network.</p> <p>Coverage is only covered within the U.S.</p> <p>Authorization is required if the result is an inpatient stay</p>	<ul style="list-style-type: none"> • \$ 95 per visit <p>Coinsurance waived if hospital admission occurs within three (3) days of a visit</p>
Urgently Needed Services	
<p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that</p>	<ul style="list-style-type: none"> • 20% coinsurance for each Medicare-covered service, up to a maximum \$55 per visit

<p>requires immediate medical care but, given your circumstances, it is not possible, or it is unreasonable, to obtain services from network providers.</p>	<p>Coinsurance waived if hospital admission occurs within three (3) days of a visit</p>
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<p>Examples of urgently needed services that the plan must cover out of network are:</p> <ul style="list-style-type: none"> • you need immediate care during the weekend, or • You are temporarily outside the service area of the plan. • Services must be immediately needed and medically necessary. • If it is unreasonable given your circumstances to immediately obtain the medical care from a network provider then your plan will cover the urgently needed services from a provider out-of-network • Coverage within the U.S. only. 	
<p>Diagnostic Services/Labs/Imaging</p>	
<ul style="list-style-type: none"> • Diagnostic tests and procedures • Diagnostic radiology services (e.g. MRI, CAT Scan) 	<ul style="list-style-type: none"> • 0 – 20% coinsurance for Medicare-covered services
<ul style="list-style-type: none"> • X-Rays and Radiation (radium and isotope) therapy including technician materials and supplies <p>Prior authorization will be required with the exceptions of X-rays, Ultra Sounds, Labs, and CT when services are rendered in a nursing Facility or</p>	<ul style="list-style-type: none"> • 20% coinsurance for Medicare covered services

physician's office.	
Hearing Services	
Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.	
<ul style="list-style-type: none"> Hearing Exam 	<ul style="list-style-type: none"> \$0 coinsurance for annual routine exam
<ul style="list-style-type: none"> Hearing Aids 	<ul style="list-style-type: none"> Up to \$2,800 for both ears combined every two years
Authorization is Required	
Vision Services	
<ul style="list-style-type: none"> Eye Exam 	<ul style="list-style-type: none"> 20% in office, \$0 if performed in nursing facility
<ul style="list-style-type: none"> Eyeglasses, lenses, frames, contacts 	<ul style="list-style-type: none"> \$350 annually
Mental Health Services	
<ul style="list-style-type: none"> Inpatient Visit 	<p>\$1,600.00* per admission deductible is applied once during the defined benefit period.</p> <ul style="list-style-type: none"> Days 1 – 60: \$0* coinsurance Days 61 – 90: \$400.00* coinsurance per day Days > 90: \$800.00* coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your life-time). Beyond lifetime reserved days: all costs <p>*These are 2023 cost-sharing amounts and may change for 2024. Liberty Medicare Advantage will provide updated rates as soon as they are released.</p>

<ul style="list-style-type: none"> • Outpatient Group Therapy Visit 	<ul style="list-style-type: none"> • 20% coinsurance for Medicare-covered services.
<ul style="list-style-type: none"> • Outpatient Individual Therapy visit 	<ul style="list-style-type: none"> • 20% coinsurance for Medicare-covered services.
Therapies	
Includes: <ul style="list-style-type: none"> • Occupational Therapy • Speech Pathology, and • Physical Therapy 	<ul style="list-style-type: none"> • 20% coinsurance
Ambulance Services	
<ul style="list-style-type: none"> • Ground Ambulance 	<ul style="list-style-type: none"> • 20% coinsurance
Prior Authorization Required	
<ul style="list-style-type: none"> • Air Ambulance 	<ul style="list-style-type: none"> • 20% coinsurance
Transportation (Non-Emergency)	
Benefit allows 55 one-way trips for approved health-related locations	<ul style="list-style-type: none"> • \$0
Authorization is required	
Medicare Part B Prescription Drugs	
<ul style="list-style-type: none"> • Chemotherapy drugs 	<ul style="list-style-type: none"> • 20% coinsurance
Prior Authorization Required	
<ul style="list-style-type: none"> • Other Part B Drugs 	<ul style="list-style-type: none"> • 20% coinsurance –
Ambulatory Surgical Center	
<ul style="list-style-type: none"> • Ambulatory Surgical Center Services 	<ul style="list-style-type: none"> • 20% coinsurance
Prior Authorization Required	

Medical Equipment/Supplies	
<ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) <p>Authorization is Required</p>	<ul style="list-style-type: none"> • 20% coinsurance
<ul style="list-style-type: none"> • Prosthetics (e.g., braces, artificial limbs) <p>Authorization is Required</p>	<ul style="list-style-type: none"> • 20% coinsurance
<ul style="list-style-type: none"> • Diabetic Supplies <p>Authorization is Required</p>	<ul style="list-style-type: none"> • 20% coinsurance
<ul style="list-style-type: none"> • Diabetic Therapeutic Shoes and Inserts <p>Authorization is Required</p>	<ul style="list-style-type: none"> • 20% coinsurance
<ul style="list-style-type: none"> • Surgical supplies such as dressings • Splints, casts and other devices used to reduce fractures and dislocations • Laboratory tests 	<ul style="list-style-type: none"> • 20% coinsurance for Medicare-covered services
<ul style="list-style-type: none"> • Medicare covered Cardiac Rehabilitation Services • Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) <p>Authorization is Required</p>	<ul style="list-style-type: none"> • 20% coinsurance

Out-Patient Prescription Drugs

	Standard Retail Cost Sharing – In-Network up to 30-day supply	Long term care (LTC) Cost Sharing – up to 31 day supply
Deductible for Part D Prescription Drugs	\$545	\$545
Cost Sharing for Covered Drugs		
	25% coinsurance	25% coinsurance
<p>Initial Coverage Stage</p> <p>You stay in the Initial Coverage Stage until the total amount for the prescription drugs you have filled reaches the \$5,030 limit for the Initial Coverage Stage.</p>	\$5,030	\$5,030
<p>Coverage Gap Stage</p> <p>When you are in the Coverage Gap Stage, the Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs.</p> <p>You continue paying these costs until your yearly out-of-pocket payments reach a maximum amount that Medicare has set. Once you reach this amount \$8,000, you leave the Coverage Gap Stage and move to the Catastrophic Coverage Stage.</p>	25% coinsurance	25% coinsurance
<p>Catastrophic Coverage Stage</p> <p>You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$8,000 limit for the calendar year.</p>	Plan pays in full for covered Part D drugs. You pay nothing	Plan pays in full for covered Part D drugs. You pay nothing

<p>Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.</p>		
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Part D Vaccines – Important Message for What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin – You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible

Liberty Medicare Advantage does not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1- 800-MEDICARE to get information of all of your options.