

Liberty Health Advantage HMO

Summary of Benefits H3337

Preferred Choice (HMO)
Dual Power (HMO SNP)

Bronx, Kings, Queens, Richmond, New York
&
Nassau County

Effective January 1, 2012 through December 31, 2012

Certain benefits, premiums and copayments may change on January 1, 2013. Please contact Liberty Health Advantage HMO for details.

Medicare Advantage Plans
Including Prescription Drug Coverage

H3337_LHA_MARK_1200 CMS Approved 09/19/2011

SECTION I

INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in the Liberty Health Advantage HMO Plans.

Our Liberty Health Advantage Preferred Choice (HMO) is offered by LIBERTY HEALTH ADVANTAGE, INC./Liberty Health Advantage, a Medicare Advantage Health Maintenance Organization (HMO).

Our Liberty Health Advantage HMO Dual Power (HMO SNP) plan is offered by LIBERTY HEALTH ADVANTAGE, INC./Liberty Health Advantage, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria. You may be eligible to join this plan if you receive assistance from the state and Medicare. All cost sharing in this summary of benefits is based on your level of Medicaid eligibility. Please call Liberty Health Advantage Dual Power (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Liberty Health Advantage HMO and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Liberty Health Advantage Preferred Choice (HMO) or Liberty Health Advantage Dual Power (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid, (dual eligible) you may join or leave the plan at any time.

If you are not dual eligible, you may join or leave a plan only at certain times. Please call Liberty Health Advantage (HMO) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Liberty Health Advantage Preferred Choice (HMO), Liberty Health Advantage Dual Power (HMO SNP) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS LIBERTY HEALTH ADVANTAGE PREFERRED CHOICE (HMO) AND DUAL POWER (HMO SNP) AVAILABLE?

The service area for this plan includes the following counties: Bronx, Kings, Nassau, New York, Queens, Richmond Counties, NY. You must live in one of these areas to join the plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Services for more information.

WHO IS ELIGIBLE TO JOIN LIBERTY HEALTH ADVANTAGE PREFERRED CHOICE (HMO) OR DUAL POWER (HMO SNP)?

You can join Liberty Health Advantage Preferred Choice (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

You can join Liberty Health Advantage Dual Power (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. You must also receive assistance from the state to join this plan.

However, individuals with End Stage Renal Disease are generally not eligible to enroll in Liberty Health Advantage (HMO) unless they are members of our organization and have been since their dialysis began.

Please call the Plan to see if you are eligible to join this plan.

CAN I CHOOSE MY DOCTORS?

Liberty Health Advantage (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list visit us at www.lhany.com. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Liberty Health Advantage HMO does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Liberty Health Advantage HMO has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at <http://www.lhany.com>. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Liberty Health Advantage HMO uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <http://www.lhany.com>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

* Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Plan Benefits and cost sharing may change from calendar year to calendar year. Each year, the plans decide whether to continue to participate with Medicare Advantage. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Liberty Health Advantage Preferred Choice (HMO) or Dual Power (HMO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Liberty Health Advantage Preferred Choice (HMO) or Dual Power (HMO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Liberty Health Advantage Preferred Choice (HMO) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Liberty Health Advantage (HMO) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select

"Health & Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Liberty Health Advantage (HMO) for more information about these plans.

Visit us at <http://lhany.com>, or call us:

Customer Service Hours:

Sunday through Saturday, 8:00 a.m. - 8:00 p.m. Eastern

(Note: After February 14, 2012, Call Center hours for Saturdays, Sundays and holidays will be operated by alternative technology).

Current and Prospective members should call toll-free (866)-542-4269 for questions related to the Medicare Advantage Program. (TTY/TDD (800)-662-1220).

Current members should call toll-free (800)-546-5677 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (866)-706-4757)

Prospective members should call toll-free (866)-542-4269 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-662-1220)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in non English language. For additional Information, call Customer Service at the phone number listed above.

Este documento puede estar disponible en el idioma Ingles no. Para obtener mas informacion, llame a Servicio al Cliente al numero de telefono que aparece arriba.

If you have any questions about this plan's benefits or costs, please contact Liberty Health Advantage, Inc. for details.

Summary of Benefits for
Liberty Health Advantage HMO Plans

Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>To join this plan:</p> <p>You must have Medicare Parts A and B and live within the service area.</p>	<p>To join this plan:</p> <p>You must have Medicare Parts A and B</p> <p>You must be receiving medical assistance from the state and live within the service area.</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Section II

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
Important Information			
<p>Premium and Other Important Information</p>	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2011 the monthly Part B Premium was \$96.40 and may change for and the yearly Part B deductible amount was \$162 and may change for 2012.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1- 800-772-1213. TTY users should call 1- 800-325-0778.</p>	<p>General \$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325- 0778.</p> <p>This plan covers all Medicare-covered preventive services with zero cost sharing.</p> <p>In-Network \$3,400 out-of-pocket limit. All Plan services included</p>	<p>General *All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.</p> <p>** Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>This plan covers all Medicare-covered preventive services with zero cost sharing.</p> <p>In-Network \$3,400 out-of-pocket limit. All Plan services included</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Doctor and Hospital Choice</p> <p>(For more information, see Emergency and Urgently Needed Care)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
Inpatient Care			
<p>Inpatient Hospital Care</p> <p>(includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> - Days 1 - 60: \$1132 deductible - Days 61 - 90: \$283 per day - Days 91 - 150: \$566 per lifetime reserve day (4) <p>These amounts will change for 2012.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network \$0 copay</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network \$0 copay</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Inpatient Mental Health Care</p>	<p>In 2011 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day (4)</p> <p>These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network \$0 copay</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network \$0 copay</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <ul style="list-style-type: none"> - Days 1 - 20: \$0 per day - Days 21 - 100: \$141.50 per day <p>These amounts will change for 2012. 100 days for each benefit period. (3)</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays:</p> <ul style="list-style-type: none"> - Days 1 - 20: \$0 copay per day - Days 21 - 100: \$25 copay per day <p>\$2,000 out-of-pocket limit every year. Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for SNF services.</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for:</p> <p>- Medicare-covered home health visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for:</p> <p>- Medicare-covered home health visits.</p>
<p>Hospice</p>	<p>You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care.</p> <p>You must get care from a Medicare certified hospice.</p>	<p>General</p> <p>You must get care from a Medicare-certified hospice.</p> <p>Your plan will pay for a consultative visit before you select hospice</p>	<p>General</p> <p>You must get care from a Medicare-certified hospice.</p> <p>Your plan will pay for a consultative visit before you select hospice</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
Outpatient Care			
Doctor Office Visits	20% coinsurance (1) (2)	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$0 copay for the cost of each in-area, network urgent care Medicare-Covered visit.</p> <p>\$0 copay for each specialist doctor visit for Medicare-covered benefits.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits. *</p> <p>\$0 copay for the cost of each in-area, network urgent care Medicare-Covered visit. *</p> <p>\$0 or \$10 copay for each specialist doctor visit for Medicare-covered benefits. *</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Chiropractic Services</p>	<p>Supplemental routine care not covered.</p> <p>0% or 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. (1) (2)</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered chiropractic visits.</p> <p>Up to 2 routine visit(s) every year. Maximum \$60 per visit. Member is responsible for all costs above plan maximum.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered visit.*</p> <p>\$0 copay for up to 4 routine visit(s) every year. Maximum \$60 per visit. Member is responsible for all costs above plan maximum</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
Podiatry Services	<p>Supplemental routine care not covered.</p> <p>0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. (1) (2)</p>	<p>General Authorization rules may apply.</p> <p>In - Network \$0 copay for Medicare-covered podiatry visits.</p> <p>\$0 copay for up to 1 routine visit(s) every three months. Maximum \$30 per visit. Member is responsible for all costs above plan maximum.</p> <p>Medicare - covered podiatry benefits are for medically-necessary foot care.</p>	<p>General Authorization rules may apply.</p> <p>In - Network \$0 copay for Medicare-covered podiatry visits. *</p> <p>\$0 copay for up to 1 routine visit(s) every three months. Maximum \$30 per visit. Member is responsible for all costs above plan maximum.</p> <p>Medicare - covered podiatry benefits are for medically-necessary foot care.</p>
Outpatient Mental Health Care	<p>0% or 40% coinsurance for most outpatient mental health services</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization (1) (2)</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$20 copay for each Medicare-covered individual or group therapy visit.</p> <p>\$20 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$0 copay for Medicare-covered partial hospitalization program services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 or \$20 copay for each Medicare-covered individual or group therapy visit.*</p> <p>\$0 or \$20 copay for each Medicare-covered group therapy visit with a psychiatrist.*</p> <p>\$0 or \$20 copay for Medicare-covered partial hospitalization program services</p>

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Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
Outpatient Substance Abuse Care	0% or 20% coinsurance (1) (2)	<p>General Authorization rules may apply.</p> <p>In-Network \$20 copay for Medicare-covered individual or group visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 or \$20 copay for each Medicare-covered individual or group therapy visit.*</p>
Outpatient Services/Surgery	<p>0% or 20% coinsurance for the doctor's services (1) (2)</p> <p>Specified copayment for outpatient hospital facility charges. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>0% or 20% copayment for ambulatory surgical facility charges. (1) (2)</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit. *</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit. *</p>
Ambulance Services	0% or 20% coinsurance (1) (2)	<p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for Medicare-covered ambulance benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered ambulance benefits. *</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>0% or 20% coinsurance for the Doctor 1)(2)</p> <p>Specified copayment for outpatient hospital emergency room (ER) facility charge.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. (1) (2)</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$50 copay for Medicare-covered emergency room visits.</p> <p>\$20,000 Plan coverage limit for emergency services outside the U.S. every year.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p>General</p> <p>\$0 or \$50 copay for Medicare-covered emergency room visits.*</p> <p>\$20,000 Plan coverage limit for emergency services outside the U.S. every year.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p>Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>0% or 20% coinsurance or a set copay. (1) (2)</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$50 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>	<p>General</p> <p>\$0 or \$10 copay for Medicare-covered urgently needed care visits.*</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)</p>	<p>0% or 20% coinsurance (1) (2)</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$20 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>\$0 copay for Medicare-covered Cardiac Rehab services.</p> <p>There may be limitations on Physical Therapy, Occupational Therapy, and Speech and Language Pathology services. If so, there may be exceptions to these limits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 or \$10 copay for Medicare-covered Occupational Therapy visits.*</p> <p>\$0 or \$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.*</p> <p>\$0 copay for Medicare-covered Cardiac Rehab services. *</p> <p>There may be limitations on Physical Therapy, Occupational Therapy, and Speech and Language Pathology services. If so, there may be exceptions to these limits.</p>
Outpatient Medical Services and Supplies			
<p>Durable Medical Equipment</p> <p>(includes wheelchairs, oxygen, etc.)</p>	<p>0% or 20% coinsurance (1) (2)</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items</p>	<p>General Authorization rules may apply.</p> <p>In - Network \$0 copay for Medicare-covered items.(5) *</p>
<p>Prosthetic Devices</p> <p>(includes braces, artificial limbs and eyes, etc.)</p>	<p>0% or 20% coinsurance(1)(2)</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered items.(5) *</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</p> <p>(includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes)</p>	<p>0% or 20% coinsurance (1)(2)</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-monitoring training. *</p> <p>\$0 copay for Nutrition Therapy for Diabetes. *</p> <p>\$0 copay for Diabetes supplies. *</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Diagnostic Tests, X-Rays, Lab Services and Radiology Services.</p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services (1)(2)</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - lab services - diagnostic procedures and tests - X-rays - diagnostic radiology services (not including X-rays) - therapeutic radiology services 	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - lab services * - diagnostic procedures and tests* - X-rays * - diagnostic radiology services (not including X-rays) * - therapeutic radiology services *
Preventive Services			
<p>Preventive Services and Wellness / Education Programs</p>	<p>No coinsurance, copayment or deductible.</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - 	<p>General Authorization rules may apply.</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer 	<p>General Authorization rules may apply.</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
	<p>Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <ul style="list-style-type: none"> - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk - HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy when referred by a doctor. - Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline 	<p>Screening (Pap Test and Pelvic Exam)</p> <ul style="list-style-type: none"> - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) - Smoking Cessation (Counseling to stop smoking) - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam). <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details</p> <p>Authorization rules may apply</p>	<p>Screening (Pap Test and Pelvic Exam)</p> <ul style="list-style-type: none"> - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) - Smoking Cessation (Counseling to stop smoking) - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details</p> <p>Authorization rules may apply</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
	<p>mammogram for women between ages 35-39.</p> <ul style="list-style-type: none"> - Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease - Personalized Prevention Plan Services (Annual Wellness Visits) doctor for more information. - Prostate Cancer Screening - Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. - Smoking Cessation (counseling to stop smoking). Covered if rdered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. - Welcome to Medicare Physical 	<p>In-Network</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nutritional benefit - Additional Smoking Cessation - Health Club Membership/Fitness Classes 	<p>In-Network</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nutritional benefit - Additional Smoking Cessation - Health Club Membership/Fitness Classes

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
	<p>Exam (initial preventive physical exam) when you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</p>		
<p>End Stage Renal Disease</p>	<p>0% or 20% coinsurance for renal dialysis(1)(2)</p> <p>0% or 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease(1)(2)</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease</p>	<p>General Authorization rules may apply.</p> <p>In - Network 20% of the cost for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>General Authorization rules may apply.</p> <p>In - Network 0% of the cost for renal dialysis. *</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease. *</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
Prescription Drugs	<p>Most drugs are not covered under Original Medicare.</p> <p>You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p>	<p>Drugs covered under Medicare Part B</p> <p>General \$0 yearly deductible for Part B-covered drugs.*</p> <p>0% or 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs*.</p>

- (1) Each year, you pay a total of one \$162 deductible.
- (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.
- (3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.
- (4) Lifetime reserve days can only be used once.
- (5) Contact plan for details about Medicaid Advantage Benefits

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs</p> <p>(continued)</p>		<p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.lhany.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>	<p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.lhany.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs (continued)</p>		<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Liberty Health Advantage HMO for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plans website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Liberty Health Advantage HMO approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost sharing for that drug.</p>	<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Liberty Health Advantage HMO for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plans website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs</p> <p>(continued)</p>		<p>In-Network You pay a \$0 yearly deductible. Supplemental drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930:</p> <p>Retail Pharmacy Tier 1: Preferred Generics</p> <ul style="list-style-type: none"> - \$0 copay for a one-month (31-day) supply of drugs in this tier - \$0 copay for a three-month (92-day) supply of drugs in this tier - \$0 copay for a 62-day supply of drugs in this tier <p>Tier 2: Non Preferred Generics</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31-day) supply of drugs in this tier - \$30 copay for a three-month (92-day) supply of drugs in this tier - \$20 copay for a 62-day supply of drugs in this tier <p>Tier 3: Preferred Brands</p> <ul style="list-style-type: none"> - \$25 copay for a one-month (31-day) supply of drugs in this tier - \$75 copay for a three-month (92-day) supply of drugs this tier - \$50 copay for a 62-day supply of drugs in this tier 	<p>In-Network You pay a \$0 yearly deductible.</p> <p>Initial Coverage Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$1.10 copay; or - A \$2.60 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.30 copay; or - A \$6.50 copay <p>Retail Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (31-day) supply - three-month (92-day) supply - 62-day supply - Not all drugs are available at this extended day supply. Please contact the plan for more information.

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs (continued)</p>		<p>Tier 4: Non Preferred Brands</p> <ul style="list-style-type: none"> - \$50 copay for a one-month (31-day) supply of drugs in this tier - \$150 copay for a three-month (92-day) supply of drugs in this tier - \$100 copay for a 62-day supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information</p> <p>Tier 5: Specialty Drugs</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Long Term Care Pharmacy</p> <p>Tier 1: Preferred Generics</p> <ul style="list-style-type: none"> - \$0 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 2: Non Preferred Generics</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 3: Preferred Brands</p> <ul style="list-style-type: none"> - \$25 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Non Preferred Brands</p> <ul style="list-style-type: none"> - \$50 copay for a one-month (31-day) supply of drugs in this tier 	<p>Long Term Care Pharmacy</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (31-day) supply

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs (continued)</p>		<p>Tier 5: Specialty Drugs</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Mail Order</p> <p>Tier 1: Preferred Generics</p> <ul style="list-style-type: none"> - \$0 copay for a one-month (31-day) supply of drugs in this tier - \$0 copay for a three-month (92-day) supply of drugs in this tier - \$0 copay for a 62-day supply of drugs in this tier <p>Tier 2: Non Preferred Generics</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31-day) supply of drugs in this tier - \$30 copay for a three-month (92-day) supply of drugs in this tier - \$20 copay for a 62-day supply of drugs in this tier <p>Tier 3: Preferred Brands</p> <ul style="list-style-type: none"> - \$25 copay for a one-month (31-day) supply of drugs in this tier - \$75 copay for a three-month (92-day) supply of drugs in this tier - \$50 copay for a 62-day supply of drugs in this tier 	<p>Mail Order</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (31-day) supply - three-month (92-day) supply - 62-day supply - Not all drugs are available at this extended day supply. Please contact the plan for more information.

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs (continued)</p>		<p>Tier 4: Non Preferred Brands</p> <ul style="list-style-type: none"> - \$50 copay for a one-month (31-day) supply of drugs in this tier - \$150 copay for a three-month (92-day) supply of drugs in this tier - \$100 copay for a 62-day supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information</p> <p>Tier 5: Specialty Drugs</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Additional Coverage Gap You pay the following:</p> <p>Retail Pharmacy</p> <p>Tier 1: Preferred Generics</p> <ul style="list-style-type: none"> - \$0 copay for a one-month (31-day) supply of all drugs covered in this tier - \$0 copay for a three-month (92-day) supply of all drugs covered in this tier - \$0 copay for a 62-day supply of all drugs covered in this tier <p>Tier 2: Non Preferred Generics</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31-day) supply of all drugs covered in this tier - \$30 copay for a three-month (92-day) supply of all drugs covered in this tier - \$20 copay for a 62-day supply of all drugs covered in this tier 	

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs (continued)</p>		<p>You will also receive a discount on brand name drugs and generally pay no more than 86% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Long Term Care Pharmacy Tier 1: Preferred Generics - \$0 copay for a one-month (31-day) supply of all drugs covered in this tier</p> <p>Tier 2: Non Preferred Generics - \$10 copay for a one-month (31-day) supply of all drugs covered in this tier</p> <p>Mail Order Tier 1: Preferred Generics - \$0 copay for a one-month (31-day) supply of all drugs covered in this tier - \$0 copay for a three-month (92-day) supply of all drugs covered in this tier - \$0 copay for a 62-day supply of all drugs covered in this tier</p> <p>Tier 2: Non Preferred Generics - \$10 copay for a one-month (31-day) supply of all drugs covered in this tier - \$30 copay for a three-month (92-day) supply of all drugs covered in this tier - \$20 copay for a 62-day supply of all drugs covered in this tier</p>	

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs (continued)</p>		<ul style="list-style-type: none"> - \$20 copay for a three-month (62-day) supply of all drugs covered in this tier <p>After your total yearly drug costs reach \$2,930 you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 86% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Liberty Health Advantage HMO.</p>	<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay \$0 copay.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Liberty Health Advantage HMO.</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> - one-month (31-day) supply

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs (continued)</p>		<p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p>Tier 1: Preferred Generics</p> <ul style="list-style-type: none"> - \$0 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 2: Non Preferred Generics</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 3: Preferred Brands</p> <ul style="list-style-type: none"> - \$25 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Non Preferred Brands</p> <ul style="list-style-type: none"> - \$50 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 5: Specialty Drugs</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (31-day) supply of drugs in this tier <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>Additional Out-of-Network Coverage Gap You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Tier 1: Preferred Generics</p> <ul style="list-style-type: none"> - \$0 copay for a one-month (31-day) supply of all drugs covered in this tier 	<p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by Liberty Health Advantage Dual Power HMO SNP up to the plan's cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$1.10 copay; or - A \$2.60 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.30 copay; or - A \$6.50 copay

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs (continued)</p>		<p>Tier 2: Non Preferred Generics</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31-day) supply of all drugs covered in this tier <p>Tier 3: Preferred Brands</p> <ul style="list-style-type: none"> - You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,700. - You will be reimbursed up to the discounted price for brand name drugs purchased out of network until total yearly drug costs reach \$4,700. <p>Tier 4: Non Preferred Brands</p> <ul style="list-style-type: none"> - You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,700. - You will be reimbursed up to the discounted price for brand name drugs purchased out of network until total yearly drug costs reach \$4,700 <p>. Tier 5: Specialty Drugs</p> <ul style="list-style-type: none"> - You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,700. - You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount. 	

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs (continued)</p>		<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and \$6.50 copay for all other drugs <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>	<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed in full for drugs purchased out-of-network.</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
Dental Services	Preventive dental services (such as cleaning) not covered.	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered dental benefits.</p> <p>\$0 copay for the following preventive dental benefits: - up to 2 oral exam(s) every year - up to 2 cleaning(s) every year - up to 2 dental x-ray(s) every year</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered dental benefits.* In general, preventive dental benefits (such as cleaning) not covered.</p>
Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.(1)(2)</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for - up to 1 outer-ear hearing aid every three years - \$20 copay for Medicare-covered diagnostic hearing exams - \$20 copay for up to 1 routine hearing test every year - \$20 copay for up to 1 hearing aid fitting evaluation every year</p> <p>\$1,000 limit for routine hearing aids every three years.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered diagnostic hearing exams *</p> <p>\$0 copay for - up to 1 routine hearing test every year - up to 1 fitting-evaluation for a hearing aid every year - \$0 copay for up to 1 outer-ear hearing aid every three years</p> <p>\$1,000 limit for routine hearing aids every three years.(5)</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
Vision Services	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.(1)(2)</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for diagnosis and treatment for diseases and conditions of the eye and up to 1 routine eye exam every year.</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery - up to 1 pair of glasses every year - up to 1 pair of contacts every year - up to 1 pair of lenses every year - up to 1 frame every year <p>\$100 limit for eye wear every year.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for diagnosis and treatment for diseases and conditions of the eye and up to 1 routine eye exam every year.</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery - up to 1 pair of glasses every year - up to 1 pair of contacts every year - up to 1 pair of lenses every year - up to 1 frame every year <p>\$100 limit for eye wear every year.(5)</p>
Health/Wellness Education	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p>General Authorization rules may apply.</p> <p>In-Network The plan covers the following health/wellness education benefits.</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nutritional Training - Additional Smoking Cessation - Health Club Membership/Fitness Classes 	<p>General Authorization rules may apply.</p> <p>In-Network The plan covers the following health/wellness education benefits.</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nutritional Training - Additional Smoking Cessation - Health Club Membership/Fitness Classes

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
		- \$0 copay for each Medicare-covered smoking cessation counseling session.	- \$0 copay for each Medicare-covered smoking cessation counseling session.
Transportation (Routine)	Not covered.	General Authorization rules may apply. In-Network \$0 copay for up to 12 one-way trip(s) to plan-approved location(s) every year. Maximum \$20 per trip. Member is responsible for all costs above plan maximum	*Contact the plan for more information about Medicaid Advantage Benefits.
Acupuncture	Not covered.	General Authorization rules may apply. In-Network \$0 copay for up to 6 visits every year. Maximum \$60 per visit. Member is responsible for all costs above plan maximum	General Authorization rules may apply. In-Network \$0 copay for up to 6 visits every year. Maximum \$60 per visit. Member is responsible for all costs above plan maximum,

Summary of Benefits for
Liberty Health Advantage HMO Plans

Section III

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
Additional Medicare Benefits			
Over-the Counter Drug Benefit	Not covered.	<p>The maximum plan benefit coverage amount for Over the Counter Drug and Supplies is \$45 per quarter (\$180 per year).</p> <p>Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.</p>	<p>The maximum plan benefit coverage amount for Over the Counter Drug and Supplies is \$45 per quarter (\$180 per year).</p> <p>Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.</p>

Summary of Benefits for Liberty Health Advantage HMO Plans

Section IV

People who qualify for Medicare and Medicaid are known as dual eligibles. As a dual eligible, you are eligible for benefits under both the federal Medicare program and the state-operated Medicaid program.

The kind of Medicaid benefits you receive are determined by your state and may vary based upon your income and resources. With the assistance of Medicaid, some dual eligibles do not have to pay for certain Medicare costs. The Medicaid benefit categories and type of assistance served by our plan are listed below:

- **Full Benefit Dual Eligible (FBDE):** Payment of your Medicare Part B premiums, in some cases Medicare Part A premiums and full Medicaid benefits.
- **Specified Low Income Medicare Beneficiary-Plus (SLMB-Plus):** Payment of your Medicare Part B premiums and full Medicaid benefits.
- **Qualified Medicare Beneficiary-Plus (QMB-Plus):** Payment of your Medicare Part A and Part B premiums, deductibles, cost-sharing (excluding Part D copayments) and full Medicaid benefits.

The following chart lists services available only to Dual Power (HMO SNP) members eligible under Medicaid for people who qualify for full Medicaid benefits. The chart also explains that a similar benefit is available under our plan. It is important to understand that Medicaid benefits can vary based on your income level and other standards. Also, your Medicaid benefits can change throughout the year. Depending on your current status, you may not be qualified for all Medicaid benefits. Residents of New York City should contact the New York City Human Resources Administration (HRA) at 1-877-472-8411 for the most current and accurate information regarding your eligibility and benefits. Nassau County residents should contact their Local Department of Social Services for this information.

If you decide to join our plan and you qualify for full Medicaid benefits, you will receive many of these benefits from us. Benefits that are not covered by our plan may still be obtained by using your Medicaid Fee for Service card

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Medicaid Fee For Service	Dual Power (HMO SNP)
Inpatient Hospital Care including Substance Abuse and Rehabilitation Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Up to 365 days per year (366 days for leap year)</p>	<p>In Network</p> <p>\$0 copay</p> <p>Up to 365 days per year (366 days for leap year)</p>
Inpatient Mental Health in excess of 190-Day Lifetime Limit	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>All inpatient mental health services, including voluntary or involuntary admissions, over the Medicare 190-Day Lifetime Limit.</p>	<p>In Network</p> <p>\$0 copay</p> <p>All inpatient mental health services, including voluntary or involuntary admissions, over the Medicare 190-Day Lifetime Limit.</p>
Skilled Nursing Facility (SNF)	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covers days beyond Medicare 100-day limit. No prior hospital stay required.</p>	<p>Not Covered</p>
Doctor Office Visits	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p>	<p>In Network</p> <p>\$0 copay</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Medicaid Fee For Service	Dual Power (HMO SNP)
Home Health Care	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals).</p>	<p>In Network</p> <p>\$0 copay</p> <p>Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals).</p>
Private Duty Nursing Services	<p>Covers medically necessary private duty nursing services can be provided through an approved certified home health agency, a licensed home care agency, or a private practitioner. Nursing services may be intermittent, part time or continuous and must be provided in an enrollee's home in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.</p>	<p>Covers medically necessary private duty nursing services can be provided through an approved certified home health agency, a licensed home care agency, or a private practitioner. Nursing services may be intermittent, part time or continuous and must be provided in an enrollee's home in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.</p>
Outpatient Services/Surgery	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p>	<p>\$0 copay</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Medicaid Fee For Service	Dual Power (HMO SNP)
Outpatient Substance Abuse Care	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Covers individual and group visits.</p>	<p>In Network</p> <p>\$0 copay</p> <p>Covers individual and group visits.</p> <p>Enrollee must be able to self refer for one assessment from a network provider in a twelve (12) month period.</p>
Outpatient Mental Health	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Covers individual and group visits.</p>	<p>In Network</p> <p>\$0 copay</p> <p>Covers individual and group visits.</p> <p>Enrollee must be able to self refer for one assessment from a network provider in a twelve (12) month period.</p>
Ambulance Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p>	<p>\$0 copay</p>
Emergency Care	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p>	<p>\$0 copay</p>
Urgently Needed Care	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p>	<p>\$0 copay</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Medicaid Fee For Service	Dual Power (HMO SNP)
Outpatient Rehabilitation Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Occupational, Physical and Speech therapies are limited to twenty (20) visits per therapy per year, except for children under age 21, or you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.</p>	<p>\$0 copay</p> <p>Occupational, Physical and Speech therapies are limited to twenty (20) visits per therapy per year, except for children under age 21, or you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Medicaid Fee For Service	Dual Power (HMO SNP)
Non-Medicare Covered Durable Medical Equipment	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Covers durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula, and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period of time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. Must be ordered by a qualified practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bars).</p>	<p>\$0 copay</p> <p>Covers durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula, and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period of time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. Must be ordered by a qualified practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bars).</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Medicaid Fee For Service	Dual Power (HMO SNP)
Prosthetic Devices	<p>Medicaid covers Medicare deductibles, copays, and coinsurance.</p> <p>Medicaid covers prosthetics, orthotics, and orthopedic footwear. Prescription footwear coverage is limited to treatment of diabetics or when a shoe is part of a leg brace (orthotic) or if there are foot complications in children under age 21.</p>	<p>\$0 copay</p> <p>Covers prosthetics, orthotics, and orthopedic footwear. Prescription footwear coverage is limited to treatment of diabetics or when a shoe is part of a leg brace (orthotic) or if there are foot complications in children under age 21.</p>
Over the Counter Drugs	<p>Certain Over the Counter medications are covered.</p>	<p>The maximum plan benefit coverage amount for Over the Counter Drugs and Supplies is \$45 per quarter (\$180 per year).</p> <p>Some health products may be available to you through Medicaid using your Medicaid Benefit ID card.</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Medicaid Fee For Service	Dual Power (HMO SNP)
Hearing Services	<p>Medicaid covers hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing, hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings and replacement parts.</p>	<p>Covers hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing, hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings and replacement parts.</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Medicaid Fee For Service	Dual Power (HMO SNP)
Vision Services	<p>Services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and poly-carbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p>	<p>\$0 copay</p> <p>Services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and poly-carbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p>

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Medicaid Fee For Service	Dual Power (HMO SNP)
Dental	Medicaid covered dental services including necessary preventive, prophylactic and other routine dental care, services, and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.	Covers dental services including necessary preventive, prophylactic and other routine dental care, services, and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.
Transportation - Routine	Covered by Medicaid	Transportation essential for an enrollee to obtain necessary medical care and services. Includes ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to the enrollee's medical condition and a transportation attendant to accompany the enrollee if necessary.
Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay
Bone Mass Measurement	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay

Summary of Benefits for
Liberty Health Advantage HMO Plans

Benefit	Medicaid Fee For Service	Dual Power (HMO SNP)
Colorectal Screening Exams	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay
Immunizations	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay
Mammograms	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay
Pap Smears and Pelvic Exams	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay
Prostate Cancer Screening Exams	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay
End Stage Renal Disease	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay
Chiropractic Services	Medicaid covers Medicare deductibles, copays, and coinsurances for QMB and QMB-Plus Only	\$0 copay
Podiatry Services	Medicaid covers Medicare deductibles, copays, and coinsurances for QMB and QMB-Plus Only	\$0 copay

Summary of Benefits for Liberty Health Advantage HMO Plans

Non - Covered Services

The following services will not be the responsibility of Liberty Health Advantage HMO under the Dual Power (HMO SNP) plan:

Services Covered by Direct Reimbursement from Original Medicare

- Hospice services provided to Medicare Advantage members
- Other services deemed to be covered by Original Medicare by CMS

Services Covered by Medicaid Fee for Service

- Out of network Family Planning services provided under the direct access provisions of the waiver
- Skilled Nursing Facility (SNF) days not covered by Medicare
- Personal Care Services
- Medicaid Pharmacy Benefits allowed by State Law (select drug categories excluded from the Medicare Part D benefit and certain medications included in the Part D benefit when the Enrollee is unable to receive them from his/her Medicare Advantage Plan), also certain Medical Supplies and Enteral Formula when not covered by Medicare.
- Methadone Maintenance Treatment Programs

- Certain Mental Health Services, including:
 - Intensive Psychiatric Rehabilitation Treatment Programs
 - Day Treatment
 - Continuing Day Treatment
 - Case Management for Seriously and Persistently Mentally Ill (sponsored by state of local mental health units)
 - Partial Hospitalizations
 - Assertive Community Treatment (ACT)
 - Personalized Recovery Oriented Services (PROS)
- Rehabilitation Services Provided to Resident of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs
- Office for People with Developmental Disabilities (OPWDD) Services
- Comprehensive Medicaid Case Management
- Directly Observed Therapy for Tuberculosis Disease
- AIDS COBRA Case Management
- Adult Day Health Care
- Personal Emergency Response Services (PERS)

Summary of Benefits for Liberty Health Advantage HMO Plans

Frequently Asked Questions

What is a “PCP”?

When you become a member of Liberty Health Advantage HMO, you must choose a plan provider to be your PCP. Your PCP is a health care professional who meets state requirements and is trained to give you basic medical care. You will get your routine or basic care from your PCP. Your PCP can also coordinate the rest of the covered services you need. In most cases, you must see your PCP to get a referral before you see any other health care provider.

How do you choose a PCP?

You can choose a PCP by using the Provider Directory you will receive once you become an LHA member. Or, you can get help in choosing a PCP from Member Services. Once you have chosen your PCP, call Member Services to let them know, and a new membership card with your PCP’s name on it will be sent to you. You are able to change your PCP by also notifying us (as explained later in this section). If there is a particular Liberty Health Advantage HMO specialist or hospital that you want to use, check first to be sure your PCP makes referrals to that specialist, or uses that hospital. The name of your PCP is printed on your membership card.

How do I arrange my care from my PCP?

Generally, you see your PCP first for most of your routine health care needs. There are only a few types of covered services you can get on your own, without seeing your PCP first. Please see question below titled “To what services do I have direct access?” for the type of covered services you can get on your own that is without seeing your PCP first for a referral.

Your PCP can also help you arrange or coordinate your covered services. This includes x-rays, laboratory tests, therapies, specialists, hospital admissions, and follow-up care. Your PCP also contacts other plan providers for updates about your care and/or treatment. If you need certain types of covered services or supplies, your PCP must give approval ahead of time. Your PCP must give you a referral to see a specialist. In some cases, your PCP will also need to get prior authorization (prior approval). Since your PCP will provide and coordinate your health care, you should have all of your past medical records sent to your new PCP’s office. The law requires us to protect your privacy of medical records and personal health information.

How do I receive care from specialists?

When your PCP thinks that you need specialized treatment, he or she will give you a “referral” (approval ahead of time) to see a plan specialist. A specialist is a doctor who provides health care services for a specific disease or part of the body. Some examples of specialists are oncologists, who treat cancer; cardiologists, who treat heart conditions; and orthopedists, who treat certain bone, joint, or muscle conditions. For some types of referrals to plan specialists, your PCP may need to get approval ahead of time from our Medical Management Department. This is called “prior authorization.” It is very important to get a referral from your PCP before you see a plan specialist. However, you don’t need to get a referral for certain services, see question below titled “To what services do I have direct access?”. **If you don’t have a referral before you get services from a specialist, you may have to pay for these services yourself.**

Summary of Benefits for Liberty Health Advantage HMO Plans

To what services do I have direct access?

There are certain times when you may be able to get certain services without a referral from your PCP.

You will get most of your routine or basic care from your PCP. Your PCP can also coordinate your covered services. If you get services from any doctor, hospital, or other health care provider without getting a referral ahead of time from your PCP, you may have to pay for these services yourself. This also includes if you get these services from a provider in your plan.

In some cases, you can get the services listed below without a referral or approval ahead of time from your PCP. “Self-referred” means you get services on your own.

The following services may be self-referred:

- Routine women’s health care, which includes breast exams, mammograms (x-rays of the breast), pap tests, and pelvic exams. This care is covered without a referral from your PCP only if you get it from a plan provider.
- Flu shots and pneumonia vaccinations (only if you get them from a plan provider).
- Routine vision care when obtained from a plan provider.
- Routine Dental when obtained from a plan provider. (Only for Preferred Choice Members)
- Emergency services, whether you get these services from plan providers or non-plan providers. The emergency services including hospital care after you are stable (known as post-stabilization) are also covered.
- Urgently needed care that you get from non-plan providers when you are temporarily outside the plan’s service area.

- Renal dialysis (kidney) services that you get when you are temporarily outside the plan’s service area. If possible, please let us know before you leave the service area where you are going to be so we can help arrange for you to have maintenance dialysis while outside the service area.

Liberty Health Advantage HMO Service Area

New York City 5 Boroughs & Nassau County



Liberty Health Advantage HMO

1 Huntington Quadrangle, Suite 3N01

Melville, New York 11747

1(866) 542-4269 TTY Number: 1 (800) 662-1220

Please call Liberty Health Advantage

Sales Information

1(866) 542-4269 TTY Number: 1 (800) 662-1220

8:00 A.M. to 8:00 P.M. 7 days a week

www.lhany.com

(Note: After February 14, 2012, Call Center hours for Saturday and Sundays will be operated by alternative technology.)

Liberty Health Advantage HMO is a Coordinated Care Plan with a Medicare Advantage contract and a contract with the New York State Medicaid program, and is available in the Bronx, Brooklyn, New York, Richmond, Queens and Nassau Counties.