

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, 2011 Through December 31, 2011

Certain benefits, premiums and or co-payments may change on January 1, 2012. Please contact Liberty Health Advantage for details.

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**Medicare Advantage Plans
Including Prescription Drug Coverage**

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.

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) 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. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, 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 (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 "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" 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 March 1, 2011 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.

If you have special needs, this document may be available in other formats or languages.

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)



To join this plan:

You must have Medicare Parts A and B
and live within the service area.



Dual Power (HMO SNP)



To join this plan:

You must have Medicare Parts A and B

You must be receiving medical assistance from the state and live within
the service area.



Section II

Summary of Benefits for Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
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Important Information

Premium and Other Important Information



The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.

In 2010 the monthly Part B Premium was \$96.40 and may change for 2011 and the yearly Part B deductible amount was \$155 and may change for 2011.

If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.

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.

General

\$0 monthly plan premium in addition to your monthly Medicare Part B premium.

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.

This plan covers all Medicare-covered preventive services with zero cost sharing.

In-Network

\$6,700 out-of-pocket limit.



General

*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

** Please consult with your plan about cost sharing when receiving services from out-of-network providers.





This plan covers all Medicare-covered preventive services with zero cost sharing.

In-Network

\$6,700 out-of-pocket limit.





Summary of Benefits for Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Doctor and Hospital Choice (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. Referral required for network hospitals and specialists (for certain benefits).</p>	<p>In-Network You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits).</p>
<i>Inpatient Care</i>			
<p>Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p> 	<p>In 2010 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> - Days 1 - 60: \$1100 deductible - Days 61 - 90: \$275 per day - Days 91 - 150: \$550 per lifetime reserve day (4) <p>These amounts will change for 2011. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p>	<p>In-Network \$0 copay No limit to the number of days covered by the plan each benefit period. 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 No limit to the number of days covered by the plan each benefit period. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> 
<p>Inpatient Mental Health Care</p> 	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above). 190 day limit in a Psychiatric Hospital.</p>	<p>In-Network \$0 copay You get up to 190 days in a Psychiatric Hospital in a lifetime. 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 You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>



(4) Lifetime reserve days can only be used once.

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 2010 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: \$137.50 per day <p>These amounts will change for 2011. 100 days for each benefit period. (3)</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.</p> <p>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>
<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> <ul style="list-style-type: none"> - Medicare-covered home health visits. - Respite Care 	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> - Medicare-covered home health visits. - Respite Care
<p>Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare certified hospice.</p>	<p>General \$0 copay for Medicare-covered hospice services</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General \$0 copay for Medicare-covered hospice services</p> <p>You must get care from a Medicare-certified hospice.</p>

(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.




Summary of Benefits for Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
Outpatient Care			
<p>Doctor Office Visits</p> 	<p>20% coinsurance (1) (2)</p>	<p>General</p> <p>See “Physical Exams,” for more information.</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$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>See “Physical Exams,” for more information.</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$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>Chiropractic Services</p> 	<p>Routine care not covered.</p> <p>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</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$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</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$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>

(1) Each year, you pay a total of one \$155 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.


Summary of Benefits for Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Podiatry Services</p> 	<p>Routine care not covered.</p> <p>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>
<p>Outpatient Mental Health Care</p>	<p>45% coinsurance for most outpatient mental health services. (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>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered individual or group therapy visit.*</p>
<p>Outpatient Substance Abuse Care</p>	<p>20% coinsurance (1) (2)</p> 	<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 copay for each Medicare-covered individual or group therapy visit.*</p>
<p>Outpatient Services/Surgery</p> 	<p>20% coinsurance for the doctor (1) (2)</p> <p>Specified copayment for outpatient hospital facility charges. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>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>

(1) Each year, you pay a total of one \$155 deductible.

10 (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.



Summary of Benefits for Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Ambulance Services</p>	<p>20% coinsurance (1) (2)</p>	<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>
<p>Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p> 	<p>20% coinsurance for the doctor (1)(2)</p> <p>Specified copayment for outpatient hospital emergency room (ER) facility charge.</p> <p>ER 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 \$50 copay for Medicare-covered emergency room visits.</p> <p>\$20,000 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 \$0 copay for Medicare-covered emergency room visits.*</p> <p>\$20,000 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>20% coinsurance(1)(2) or a set copay.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$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 \$0 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>

(1) Each year, you pay a total of one \$155 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

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>20% coinsurance (1)(2)</p> <div style="text-align: center;">  </div>	<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 copay for Medicare-covered Occupational Therapy visits.*</p> <p>\$0 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>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>20% coinsurance (1)(2)</p> <div style="text-align: center;">  </div>	<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>

(1) Each year, you pay a total of one \$155 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

(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>Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (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>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. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-monitoring training. * \$0 copay for Nutrition Therapy for Diabetes. * \$0 copay for Diabetes supplies. *</p>
<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 *

(1) Each year, you pay a total of one \$155 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Summary of Benefits for Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<i>Preventive Services</i>			
<p>Bone Mass Measurement</p> <p>(for people with Medicare who are at risk)</p>	<p>No coinsurance, copayment or deductible.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for each Medicare-covered bone mass measurement.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for each Medicare-covered bone mass measurement. *</p>
<p>Colorectal Screening Exams</p> <p>(for people with Medicare age 50 and older)</p>	<p>No coinsurance, copayment or deductible.</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Medicare-covered colorectal screenings.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Medicare-covered colorectal screenings. *</p>
<p>Immunizations</p> <p>(Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu, Pneumonia and Hepatitis B vaccines.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p> <div style="text-align: center;">  </div>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine. Limit 1 per year, maximum \$30 per immunization.</p> <p>No referral needed for Flu and Pneumonia vaccines.</p> <p>Referral needed for other immunizations.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine. * Limit 1 per year, maximum \$30 per immunization.</p> <p>No referral needed for Flu and Pneumonia vaccines.</p> <p>Referral needed for other immunizations.</p>



**Summary of Benefits for
Liberty Health Advantage HMO Plans**

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Mammograms (Annual Screening)</p> <p>(for women with Medicare age 40 and older)</p>	<p>No coinsurance, copayment or deductible.</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered screening mammograms.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered screening mammograms. *</p>
<p>Pap Smears and Pelvic Exams</p> <p>(for women with Medicare)</p>	<p>No coinsurance, copayment or deductible.</p> <p>No coinsurance, copayment or deductible for pelvic or clinical breast exams.</p> <p>Covered once every 2 years.</p> <p>Covered once a year for women with Medicare at high risk.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams.</p> <p>Up to 1 additional pap smear and pelvic exam every year.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams. *</p> <p>Up to 1 additional pap smear and pelvic exam every year.</p>
<p>Prostate Cancer Screening Exams</p> <p>(for men with Medicare age 50 and older)</p>	<p>0% or 20% coinsurance for the digital rectal exam.(1) (2)</p> <p>\$0 for the PSA test; 0% or 20% coinsurance for other related services.(1)(2)</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Medicare-covered prostate cancer screening. *</p>

(1) Each year, you pay a total of one \$155 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.


Summary of Benefits for Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>End Stage Renal Disease</p> 	<p>20% coinsurance for renal dialysis. (1)(2)</p> <p>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</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>20% of the cost for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% of the cost for renal dialysis. *</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease. *</p>
<p>Prescription Drugs</p> 	<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</p> <p>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</p> <p>\$0 yearly deductible for Part B-covered drugs.*</p> <p>0% 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 \$155 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Summary of Benefits for Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs</p> <p><i>(continued)</i></p> 		<p>Drugs covered under Medicare Part D</p> <p>General</p> <p>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>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Liberty Health Advantage HMO for certain drugs.</p>	<p>Drugs covered under Medicare Part D</p> <p>General</p> <p>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>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Liberty Health Advantage HMO for certain drugs.</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><i>(continued)</i></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 5: Non-Preferred Brand Drugs cost sharing for that drug.</p> <p>In-Network</p> <p>You pay a \$0 yearly deductible.</p> <p>Supplemental drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage</p> <p>You pay the following until total yearly drug costs reach \$2,840:</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>In-Network</p> <p>You pay a \$0 yearly deductible.</p> <p>Initial Coverage</p> <p>Depending on your income and institutional status, you pay the following:</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><i>(continued)</i></p>		<p>Retail Pharmacy</p> <p>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>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>Liberty Choice Drugs</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>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>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 \$2.50 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.30 copay; or - A \$6.30 copay <p>Retail Pharmacy</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 <p>- Not all drugs are available at this extended day supply. Please contact the plan for more information.</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><i>(continued)</i></p> 		<p>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>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>Preferred Generics</p> <ul style="list-style-type: none"> - \$0 copay for a one-month (31-day) supply of drugs in this tier <p>Generics</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31-day) supply of drugs in this tier <p>Liberty Choice Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31-day) supply of drugs in this tier <p>Preferred Brands</p> <ul style="list-style-type: none"> - \$25 copay for a one-month (31-day) supply of drugs in this tier <p>Brands</p> <ul style="list-style-type: none"> - \$50 copay for a one-month (31-day) supply of drugs in this tier <p>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>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</p> <p><i>(continued)</i></p> <div style="text-align: center;">  </div>		<p>Mail Order</p> <p>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>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>Liberty Choice Drugs</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>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 <p>- Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <div style="text-align: center;">  </div>



Summary of Benefits for Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs</p> <p><i>(continued)</i></p> 		<p>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>Specialty Drugs</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Coverage Gap</p> <p>The plan covers all generics (100% of formulary generic drugs) and few brands (less than 10% of formulary brand drugs) through the coverage gap. You pay the following:</p> <p>Retail Pharmacy</p> <p>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>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</p> <p><i>(continued)</i></p> <div style="text-align: center;">  </div>		<p>Liberty Choice Drugs</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 <p>Long Term Care Pharmacy</p> <p>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>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>Liberty Choice Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31-day) supply of all drugs covered in this tier <p>Mail Order</p> <p>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>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 	<div style="text-align: center;">  </div>



Summary of Benefits for Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs</p> <p><i>(continued)</i></p> 		<p>Liberty Choice Drugs</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 <p>For all other covered drugs, after your total yearly drug costs reach \$2,840 you pay 93% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. <p>Out-of-Network</p> <p>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</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay a \$0 copay.</p> <p>Out-of-Network</p> <p>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</p> <p><i>(continued)</i></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 \$2,840:</p> <p>Preferred Generics - \$0 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Generics - \$10 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Liberty Choice Drugs - \$10 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Preferred Brands - \$25 copay for a one-month (31-day) supply of drugs in this tier Brands - \$50 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Specialty Drugs - 25% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <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 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>Preferred Generics - \$0 copay for a one-month (31-day) supply of all drugs covered in this tier</p>	<p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by Liberty Health Advantage up to the full 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 \$2.50 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 \$6.30 copay



Summary of Benefits for Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs</p> <p><i>(continued)</i></p> 		<p>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>Liberty Choice Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31-day) supply of all drugs covered in this tier <p>Preferred Brands</p> <ul style="list-style-type: none"> - You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550. - After your total yearly drug costs reach \$2,840, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Liberty Health Advantage for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Liberty Health Advantage so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. <p>Brands</p> <ul style="list-style-type: none"> - You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550. - After your total yearly drug costs reach \$2,840, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Liberty Health Advantage for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Liberty Health Advantage so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. 	

Summary of Benefits for Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Prescription Drugs</p> <p><i>(continued)</i></p> 		<p>Specialty Drugs</p> <ul style="list-style-type: none"> - You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550. - After your total yearly drug costs reach \$2,840, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Liberty Health Advantage for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Liberty Health Advantage so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount. <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, 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"> - \$2.50 copay for generic (including brand drugs treated as generic) and \$6.30 copay for all other drugs, or - 5% coinsurance. <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</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, 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)
<p>Dental Services</p> 	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered dental benefits. \$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>
<p>Hearing Services</p> 	<p>Routine hearing exams and hearing aids not covered.</p> <p>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 \$1000 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 * \$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 \$1000 limit for routine hearing aids every three years.(5)</p>

(1) Each year, you pay a total of one \$155 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Summary of Benefits for Liberty Health Advantage HMO Plans



Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Vision Services</p> 	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. (1)(2)</p> <p>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. \$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. \$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>
<p>Welcome to Medicare; and Annual Wellness Visit</p> 	<p>When you join Medicare Part B, then you are eligible as follows:</p> <p>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.</p> <p>After your first 12 months, you can get one Annual Wellness visit every 12 months.</p> <p>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</p> <p>The Welcome to Medicare exam does not include lab tests.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for routine exams. Limited to 1 exam every year.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for routine exams. \$0 copay for Medicare-covered benefits.*</p> <p>Limited to 1 exam every year.</p>

(1) Each year, you pay a total of one \$155 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

(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>Health/Wellness Education</p> 	<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>\$0 copay for HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. (1) (2)</p> <p>HIV screening is covered for people with Medicare who are pregnant and people of 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.</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 - \$0 copay for each Medicare-covered smoking cessation counseling session. - \$0 copay for each Medicare-covered HIV screening <p>HIV screening is covered for people with Medicare who are pregnant and people of 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.</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 - \$0 copay for each Medicare-covered smoking cessation counseling session. - \$0 copay for each Medicare-covered HIV screening <p>HIV screening is covered for people with Medicare who are pregnant and people of 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.</p>
<p>Transportation</p> <p>(Routine)</p> 	<p>Not covered.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for up to 12 one-way trip(s) to plan-approved location(s) every year.</p>	<p>*Contact the plan for more information about Medicaid Advantage Benefits.</p>

(1) Each year, you pay a total of one \$155 deductible.


(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Summary of Benefits for Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Accupuncture</p> <div style="text-align: center;">  </div>	<p>Not covered.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for up to 4 visits every year.</p> <div style="text-align: center;">  </div>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for up to 4 visits every year.</p> <div style="text-align: center;">  </div>

Section III

Summary of Benefits for Liberty Health Advantage HMO Plans

Benefit	Original Medicare	Preferred Choice (HMO)	Dual Power (HMO SNP)
<p>Over-the-Counter Drug Benefit</p> 	<p>Not covered.</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>	<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>Respite Care</p>	<p>Not covered.</p>	<p>When indicated as medically necessary by primary care provider or Liberty Health Advantage; 1 visit for 4-hours, maximum 28 hours per year, maximum \$25 per hour. Member is responsible for all costs above plan maximum.</p>	<p>When indicated as medically necessary by primary care provider or Liberty Health Advantage; 1 visit for 4-hours, maximum 28 hours per year, maximum \$25 per hour. Member is responsible for all costs above plan maximum.</p>

Section IV

Summary of Benefits for Liberty Health Advantage HMO Plans

The services listed below are available only to Dual Power (HMO SNP) members eligible under Medicaid for medical services.

Benefit	Dual Power (HMO SNP)
Inpatient Mental Health	Days in excess of the Medicare 190-day lifetime maximum.
Home Health	Non-Medicare covered home health services, including home health aid services and nursing supervision to medically unstable individuals.
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.
Transportation – routine	Transportation essential for an enrollee to obtain necessary medical care and services under the plan’s benefits or Medicaid fee-for-service. 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.
Private Duty Nursing	Medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse practitioner’s written treatment plan.
Durable Medical Equipment	Medicaid and Medicare-covered items are provided through Liberty Health Advantage, with no co-payment required.
Prosthetic Devices	Medicaid and Medicare-covered items are provided through Liberty Health Advantage, with no co-payment required.
Hearing Services	Medicare- or Medicaid-covered hearing services and products are covered by Liberty Health Advantage, and no co-payment is required.
Vision Services	Medicare- or Medicaid-covered vision services and products are covered by Liberty Health Advantage, and no co-payment is required.

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 of Mental Retardation and Developmental Disabilities (OMRDD) 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

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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 March 1, 2011 Call Center hours for Saturdays and Sundays
will be operated by alternative technology.)

Liberty Health Advantage is a health maintenance organization (HMO) that has a Medicare Advantage contract with the Federal Government and is available in the Bronx, Brooklyn, New York, Richmond, Queens and Nassau Counties.