

Liberty Health Advantage (HMO)

Liberty Health Advantage Preferred Choice HMO			
Monthly Premium \$0	Hospital Visit Co-Pay \$0 per stay	PCP Visit Co-Pay \$0 Per visit	Pharmacy Co-Pay One month (31 day) supply Tier 1 (Preferred Generics) : \$0 Tier 2 (Non-Preferred Generics) \$10 Tier 3 (Preferred Brand): \$25 Tier 4 (Non –Preferred Brand): \$50 Tier 5 (Specialty): 25%

Geographic Coverage: Bronx, Kings, Nassau, New York, Queens and Richmond Counties in New York.

Liberty Health Advantage Dual Power HMO SNP			
Monthly Premium \$0	Hospital Visit Co-Pay \$0 per stay	PCP Visit Co-Pay \$0 per visit	Pharmacy Co-Pay One month (31 day) supply <u>For Generic drugs</u> \$0; \$1.10 or \$2.60 co-pay <u>For all other drugs</u> \$0; \$3.30; or \$6.50

Geographic Coverage: Bronx, Kings, Nassau, New York, Queens and Richmond Counties in New York.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan or review the Summary of Benefits.

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Liberty Health Advantage HMO is a Coordinated Care Plan with a Medicare Advantage contract and a contract with the New York state Medicaid program.