

2022 Summary of Benefits

Longevity Health Plan (HMO I-SNP)

H0363, Plan 001

This is a summary of drug and health services covered by Longevity Health Plan (HMO I-SNP) January 1, 2022 - December 31, 2022.

Longevity Health Plan (HMO I-SNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Call 1-888-313-3609, TTY should call 711, for more information.

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

To Reach Our Member Services Representatives:

- Toll Free 1-888-313-3609, TTY/TDD should call 711.
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

To join Longevity Health Plan (HMO I-SNP), you must:

- be entitled to Medicare Part A,
- -- *and* -- be enrolled in Medicare Part B,
- -- *and* -- live in our service area,
- -- *and* -- reside in or expect to reside in one of our participating nursing facilities for greater than 90 days. The plan's *Provider Directory* has a list of participating nursing facilities. You can access this list on our website www.longevityhealthplan.com or call Member Services and ask us to send you a list.

Our service area includes these counties in Colorado: Adams, Arapahoe, Boulder, Denver, Douglas, El Paso, Fremont, Jefferson, Larimer, Mesa, Montrose, Morgan, Pueblo, and Weld.

Longevity Health Plan (HMO I-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at www.longevityhealthplan.com. If you use providers that are not in our network, the plan may not pay for these services.

This document is also available in Braille and in large print.

Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1 of each year.

This document is available for free in Spanish.

Este documento está disponible gratis en español.

If you want to know more about the coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Premiums and Benefits	Longevity Health Plan (HMO I-SNP)
Monthly plan premium	\$34.30 You must continue to pay your Medicare Part B premium.
Deductible	\$0 Part B Deductible For the Part A deductible, you pay the 2022 Original Medicare cost-sharing amounts for Inpatient Hospital or Mental Health for inpatient visits. \$1,556 deductible
Maximum out-of-pocket amount (does not include Part D Prescription drugs)	\$5,700
Inpatient Hospital coverage	You pay the 2022 Original Medicare cost-sharing amounts. \$1,556 deductible; \$0 copayment each day for days 1-60; \$389 copayment each day for days 61 to 90; \$778 copayment each day for days 91 to 150 (lifetime reservedays). <i>Prior Authorization is required.</i>
Outpatient Hospital coverage Outpatient hospital services Outpatient hospital observation services	20% coinsurance <i>Prior authorization is required, however any emergent CT scan performed or ordered by a Longevity nurse practitioner or participating or contracted provider does not require a prior authorization.</i> 20% coinsurance <i>Prior authorization is required, however any emergent CT scan performed or ordered by a Longevity nurse practitioner or participating or contracted provider does not require a prior authorization.</i>
Doctor Visits Primary Care Providers Specialists	\$0 copayment \$0 copayment when services are rendered in a Nursing Facility. 20% coinsurance when services are rendered outside of Nursing Facility. <i>Authorization is required only for interventional radiology procedures, interventional cardiology procedures, MRIs, multi-gated acquisition (MUGA) scans, PET scans, non-emergent cardiac catheterization, and nuclear medicine studies.</i>
Preventive Care	You pay nothing.
Emergency care	\$90 copayment Copayment is waived if you are admitted to a hospital within three (3) days.

Premiums and Benefits	Longevity Health Plan (HMO I-SNP)	
Urgently needed services	20% coinsurance up to a max of \$65 Coinsurance is waived if you are admitted to a hospital within three (3) days.	
Diagnostic Services/Labs/ Imaging Diagnostic tests and procedures Lab services Diagnostic radiology services (e.g., MRI, CAT Scan) Outpatient X-rays	20% coinsurance <i>Prior authorization is required if a diagnostic procedure is performed in a physician office and the member requires sedation, anesthesia, and/or IV fluids/medications to perform the procedure.</i> \$0 copayment <i>Prior authorization is required for any genetic testing lab services.</i> 20% coinsurance <i>Prior Authorization is required. Any emergent CT scan performed or ordered by a Longevity nurse practitioner or participating or contracted provider does not require a prior authorization.</i> 20% coinsurance <i>X-rays do not require authorization when service is rendered in Nursing Facility, physician office, or hospital.</i>	
Hearing services Hearing exam <i>Supplemental Benefit</i> Routine hearing exam, fitting and evaluation for hearing aids Hearing aids	20% coinsurance of the cost for Medicare-covered hearing services. \$0 copayment for 1 routine hearing exam, fitting and evaluation for hearing aids every year. Up to a \$1,800 credit for both ears combined every two years for hearing aids. <i>Prior authorization is required for hearing aids only.</i>	
Dental services Medicare-covered dental <i>Supplemental benefits</i>	20% coinsurance for Medicare-covered services. <i>Prior authorization is required</i>	

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Preventive and comprehensive	Annual maximum of \$5,000 towards preventive or comprehensive dental services
Vision care Yearly eye exam for diabetic retinopathy	20% coinsurance for Medicare-covered services.
<i>Supplemental Benefit</i> Routine eye exam Eyeglasses, lenses, frames, contacts	You pay a \$0 copayment for 1 routine eye exam visit every year. Up to \$360 combined credit every two years for all additional eyewear.
Mental Health Services Inpatient visit Outpatient group therapy visit Outpatient individual therapy visit	You pay the 2022 Original Medicare cost-sharing amounts. \$1,556 deductible; \$0 copayment each day for days 1-60; \$389 copayment each day for days 61 to 90; \$778 copayment each day for days 91 to 150 (lifetime reserved days). <i>Prior Authorization is required.</i> 20% coinsurance <i>Prior authorization is only required for psychological testing services and counseling.</i> 20% coinsurance <i>Prior authorization is <u>only</u> required for psychological testing services and counseling.</i>
Skilled Nursing Facility (SNF) care	\$0 copayment for each Medicare-covered skilled nursing facility stay.
Physical Therapy	20% coinsurance
Ambulance services Ground Ambulance Air Ambulance	20% coinsurance <i>Prior authorization is required for non-emergency Medicare covered services.</i> 20% coinsurance <i>Prior authorization is required for non-emergency Medicare covered services.</i>
Transportation (additional routine)	\$0 copayment Routine transportation for up to 24 trips every year. A trip is considered one-way transportation by taxi, bus/subway, van, or medical transport to a plan approved health-related location.

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Medicare Part B Prescription drugs Chemotherapy drugs Other Part B drugs	20% coinsurance <i>For chemotherapy the initial drug approval only is required.</i> 20% coinsurance <i>Prior authorization is required for some medications.</i>
Ambulatory Surgical Center	20% coinsurance <i>Prior Authorization is required.</i>
Music Therapy	\$0 copayment Music listening sessions offered on-site with a certified music therapist. 50-minute group sessions 2-3 times a week for 6 weeks and repeated two times a year per member. Music Therapy is also available via telehealth. <i>Referral is required.</i>
Foot Care (podiatry services) Foot exams and treatment <i>Supplemental Benefit</i> Routine Foot Care	20% coinsurance for Medicare-covered services. \$0 copayment for 4 routine foot care visits per year.
Occupational or Speech Therapy	20% coinsurance
Over-the-Counter Drugs (OTC) <i>Supplemental Benefit</i> Over-the-counter benefit	Up to \$160 per quarter. Amounts do not accumulate from quarter to quarter. OTC benefit may be used to purchase products from the Longevity OTC catalog.
Social Needs Companion Benefit <ul style="list-style-type: none"> • Behavioral health diagnosis • Dementia 	You pay a \$0 copayment Social Needs Companion Benefit is focused on providing companion support to behavioral health and dementia diagnosed members to help provide support until their therapeutic treatment plans begin. This benefit is available via telehealth. Limit of 160 hours per year. <i>Referral is required.</i>
Tai Chi <ul style="list-style-type: none"> • Behavioral health diagnosis • Documented chronic pain • Dementia 	\$0 copayment Weekly Tai Chi / Chair Yoga small group sessions offered in the nursing home. Tai Chi is an ancient Chinese martial art that incorporates a series of weight shifting, body rotations, and semi-squat exercises with deep breathing techniques. This benefit is available via telehealth. Limited to 72 classes every year. <i>Referral is required.</i>

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Outpatient Prescription Drugs		
	Standard retail cost-sharing (In-network) (Up to a 30-day supply)	Long-term care (LTC) cost-sharing (Up to a 31-day supply)
Deductible Stage	During this stage, you pay the full cost of brand name drugs up to \$480.	
Initial Coverage Stage	25% coinsurance	25% coinsurance
Coverage Gap	After your total drug costs (including what our plan has paid and what you have paid) reaches \$4,430, you will pay no more than 25% coinsurance for covered generic drugs or 25% coinsurance for covered brand name drugs during the coverage gap.	
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs. 	

Cost-sharing may differ based on point-of-service (Retail, Long Term Care (LTC), Home Infusion), whether the pharmacy is in our standard network, or whether the prescription is a short-term (30-day supply) or long-term (31-day supply).