

# 2022 Summary of Benefits

## Longevity Health Plan (PPO I-SNP)

### H9942, Plan 001

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

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

This information is not a complete description of benefits. Call 1-888-899-8490, 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](http://www.longevityhealthplan.com), or call Member Services and request the *Evidence of Coverage*.

#### **To Reach Our Member Services Representatives:**

- Toll Free 1-888-899-8490, 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 (PPO 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](http://www.longevityhealthplan.com) or call Member Services and ask us to send you a list.

Our service area includes these counties in New Jersey: Atlantic, Bergen, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Union and Warren.

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 (PPO I-SNP)
<b>Monthly plan premium</b>	\$37.10 You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	\$0
<b>Maximum out-of-pocket amount</b> (does not include Part D Prescription drugs)	From network providers: \$3,000 From network and out-of-network providers combined: \$5,100
<b>Inpatient Hospital coverage</b>	<p><b>In-Network</b> \$1,300 copayment for each Medicare-covered hospital stay. \$0 copayment for an additional 60 lifetime reserve days. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> \$1,300 copayment for each Medicare-covered hospital stay. \$0 copayment for an additional 60 lifetime reserve days. <i>Prior Authorization may be required.</i></p>
<p><b>Outpatient Hospital coverage</b></p> <p>Outpatient hospital services</p> <p>Outpatient hospital observation services</p>	<p><b>In-Network</b> 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></p> <p><b>Out-of-Network</b> 30% 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></p> <p><b>In-Network</b> 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></p> <p><b>Out-of-Network</b> 30% 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></p>

Premiums and Benefits	Longevity Health Plan (PPO I-SNP)
<p><b>Doctor Visits</b></p> <p>Primary Care Providers</p>	<p><b>In-Network</b> \$0 copayment</p> <p><b>Out-of-Network</b> 30% coinsurance</p>
<p>Specialists</p>	<p><b>In-Network</b> \$0 copayment when services rendered in a Nursing Facility. 20% coinsurance when services 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></p> <p><b>Out-of-Network</b> 30% coinsurance <i>Authorization may be 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></p>
<p><b>Preventive Care</b></p>	<p><b>In-Network</b> You pay nothing.</p> <p><b>Out-of-Network</b> 30% coinsurance</p>
<p><b>Emergency care</b></p>	<p>\$90 copayment</p> <p>Copayment is waived if you are admitted to a hospital within three (3) days.</p>
<p><b>Urgently needed services</b></p>	<p>20% coinsurance up to a max of \$65</p> <p>Coinsurance is waived if you are admitted to a hospital within three (3) days.</p>

Premiums and Benefits	Longevity Health Plan (PPO I-SNP)
<p><b>Diagnostic Services/Labs/Imaging</b></p> <p>Diagnostic tests and procedures</p> <p>Lab services</p>	<p><b>In-Network</b>  20% coinsurance  <i>Prior authorization is required if a diagnostic procedure is performed in a physician office and the member requires sedation, anesthesia, IV fluids/medications to perform the procedure.</i></p> <p><b>Out-of-Network</b>  30% coinsurance  <i>Prior authorization may be required if a diagnostic procedure is performed in a physician office and the member requires sedation, anesthesia, IV fluids/medications to perform the procedure.</i></p> <p><b>In-Network</b>  \$0 copayment  <i>Prior authorization is required for genetic testing lab services.</i></p> <p><b>Out-of-Network</b>  30% coinsurance  <i>Prior authorization may be required for genetic testing lab services.</i></p>
<p>Diagnostic radiology services  (e.g. MRI, CAT Scan)</p>	<p><b>In-Network</b>  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></p> <p><b>Out-of-Network</b>  30% coinsurance  <i>Prior Authorization may be 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></p>

Premiums and Benefits	Longevity Health Plan (PPO I-SNP)
<p><b>Hearing services</b></p> <p>Hearing exam</p> <p><i>Supplemental Benefit</i></p> <p>Routine hearing exam, fitting and evaluation for hearing aids</p> <p>Hearing aids</p>	<p><b>In-Network</b> 20% coinsurance of the cost for Medicare-covered hearing services.</p> <p><b>Out-of-Network</b> 30% coinsurance</p> <p><b>In-Network</b> \$0 copayment for 1 routine hearing exam, fitting and evaluation for hearing aids every year. Up to a \$2,000 credit for both ears combined every two years for hearing aids. <i>Prior authorization is required for hearing aids only.</i></p> <p><b>Out-of-Network</b> 30% coinsurance for 1 routine hearing exam, fitting and evaluation for hearing aids every year. Up to a \$2,000 credit for both ears combined every two years for hearing aids. <i>Prior authorization may be required for hearing aids only.</i></p>
<p><b>Dental services</b></p> <p>Medicare-covered dental</p>	<p><b>In-Network</b> 20% coinsurance for each Medicare-covered service. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 30% coinsurance for each Medicare-covered service. <i>Prior Authorization may be required.</i></p>

Premiums and Benefits	Longevity Health Plan (PPO I-SNP)
<p><b>Vision care</b></p> <p>Yearly eye exam for diabetic retinopathy</p> <p><i>Supplemental Benefit</i></p> <p>Routine eye exam</p> <p>Eyeglasses, lenses, frames, contacts</p>	<p><b>In-Network</b> 20% coinsurance for Medicare-covered services.</p> <p><b>Out-of-Network</b> 30% coinsurance for Medicare-covered services.</p> <p><b>In-Network</b> You pay a \$0 copayment for 1 routine eye exam visit every year.</p> <p><b>Out-of-Network</b> 30% coinsurance</p> <p><b>In-Network</b> Up to \$300 combined credit every two years for all additional eyewear.</p> <p><b>Out-of-Network</b> 30% coinsurance Up to \$300 combined credit every two years for all additional eyewear.</p>
<p><b>Mental Health Services</b></p> <p>Inpatient visit</p> <p>Outpatient group therapy visit</p>	<p><b>In-Network</b> \$1,300 copayment for each Medicare-covered hospital stay. \$0 copayment for an additional 60 lifetime reserve days. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> \$1,300 copayment for each Medicare-covered hospital stay. \$0 copayment for an additional 60 lifetime reserve days. <i>Prior Authorization may be required.</i></p> <p><b>In-Network</b> 20% coinsurance <i>Prior Authorization is only required for psychological testing services and counseling.</i></p> <p><b>Out-of-Network</b> 30% coinsurance <i>Prior Authorization may be required for psychological testing services and counseling.</i></p>

Premiums and Benefits	Longevity Health Plan (PPO I-SNP)
<p>Outpatient individual therapy visit</p>	<p><b>In-Network</b>  20% coinsurance  <i>Prior Authorization is only required for psychological testing services and counseling.</i></p> <p><b>Out-of-Network</b>  30% coinsurance  <i>Prior Authorization is only required for psychological testing services and counseling.</i></p>
<p><b>Skilled Nursing Facility (SNF) care</b></p>	<p><b>In-Network</b>  \$0 copayment for each Medicare-covered skilled nursing facility stay.</p> <p><b>Out-of-Network</b>  30% coinsurance each day for days 1 to 999.</p>
<p><b>Physical Therapy</b></p>	<p><b>In-Network</b>  \$0 copayment</p> <p><b>Out-of-Network</b>  30% coinsurance</p>
<p><b>Ambulance services</b>  Ground Ambulance</p> <p>Air Ambulance</p>	<p><b>In-Network</b>  20% coinsurance  <i>Prior authorization is required for non-emergency Medicare covered services.</i></p> <p><b>Out-of-Network</b>  20% coinsurance  <i>Prior authorization may be required for non-emergency Medicare covered services.</i></p> <p><b>In-Network</b>  20% coinsurance  <i>Prior authorization is required for non-emergency Medicare covered services.</i></p> <p><b>Out-of-Network</b>  20% coinsurance  <i>Prior authorization may be required for non-emergency Medicare covered services.</i></p>



<p><b>Transportation (additional routine)</b></p>	<p><b>In-Network</b>            \$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.</p> <p><b>Out-of-Network</b>            30% coinsurance            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.</p>
<p><b>Medicare Part B prescription drugs</b></p> <p>Chemotherapy drugs</p> <p>Other Part B drugs</p>	<p><b>In-Network</b>            20% coinsurance  <i>For chemotherapy the initial drug approval only is required.</i></p> <p><b>Out-of-Network</b>            30% coinsurance  <i>For chemotherapy the initial drug approval may be required.</i></p> <p><b>In-Network</b>            20% coinsurance  <i>Prior authorization is required for some medications.</i></p> <p><b>Out-of-Network</b>            30% coinsurance  <i>Prior authorization may be required for some medications.</i></p>
<p><b>Ambulatory Surgical Center</b></p>	<p><b>In-Network</b>            20% coinsurance  <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b>            30% coinsurance  <i>Prior Authorization may be required.</i></p>

<p><b>Music Therapy</b></p>	<p>\$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></p>
<p><b>Foot Care (podiatry services)</b>  Foot exams and treatment</p> <p><i>Supplemental Benefit</i>  Routine Foot Care</p>	<p><b>In-Network</b>  20% coinsurance for Medicare-covered services.</p> <p><b>Out-of-Network</b>  30% coinsurance for Medicare-covered services.</p> <p><b>In-Network</b>  \$0 copayment for 2 routine foot care visits per year.</p> <p><b>Out-of-Network</b>  30% coinsurance</p>
<p><b>Occupational or Speech Therapy</b></p>	<p><b>In-Network</b>  \$0 copayment</p> <p><b>Out-of-Network</b>  30% coinsurance</p>
<p><b>Over-the-Counter Drugs (OTC)</b>  <i>Supplemental Benefit</i>  Over-the-counter benefit</p>	<p><b>In-Network</b>  Up to \$200 per quarter. Amounts do not accumulate from quarter to quarter. OTC benefit may be used to purchase products from the Longevity OTC catalog.</p> <p><b>Out-of-Network</b>  30% coinsurance</p>

Premiums and Benefits	Longevity Health Plan (PPO I-SNP)
<p><b>Social Needs Companion Benefit</b></p> <ul style="list-style-type: none"> <li>• Behavioral health diagnosis</li> <li>• Dementia</li> </ul>	<p>You pay a \$0 copayment</p> <p>The Social Needs Companion Benefit is focused on providing companion support to behavioral health and dementia diagnosed members to help support until their therapeutic treatment plans begin. This benefit is available via telehealth. Limit of 160 hours per year.</p> <p><i>Referral is required.</i></p>
<p><b>Tai Chi</b></p> <ul style="list-style-type: none"> <li>• Behavioral health diagnosis</li> <li>• Documented chronic pain</li> <li>• Dementia</li> </ul>	<p>\$0 copayment</p> <p>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.</p> <p><i>Referral is required.</i></p>

<b>Longevity Health Plan (PPO I-SNP)</b>		
<b>Outpatient Prescription Drugs</b>		
	<b>Standard retail cost-sharing (In-network) (Up to a 30-day supply)</b>	<b>Long-term care (LTC) cost-sharing (Up to a 31-day supply)</b>
<b>Deductible Stage</b>	During this stage, you pay the full cost of our brand name drugs up to \$480.	
<b>Initial Coverage Stage</b>	25% coinsurance	25% coinsurance
<b>Coverage Gap</b>	After your total drug costs (including what our plan has paid and what you have paid) reach \$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.	
<b>Catastrophic Coverage</b>	<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"> <li>• 5% coinsurance, or</li> <li>• \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs.</li> </ul>	

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).