2024 Summary of Benefits

Longevity Health Plan (HMO I-SNP)

H1644, Plan 001

This is a summary of drug and health services covered by Longevity Health Plan (HMO I-SNP) January 1, 2024 - December 31, 2024.

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 1-866-224-9499, 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 1-866-224-9499, 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 Florida: Alachua, Brevard, Broward, Citrus, Clay, Duval, Hernando, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, Sumter, and Volusia.

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	$37.70 You must continue to pay your Medicare Part B premium.
Deductible	$0 Part B Deductible For the Part A deductible, you pay the 2024 Original Medicare cost-sharing amounts for Inpatient Hospital or Mental Health for inpatient visits. $ 1,600 deductible. These are the 2023 cost-sharing amounts and may change for 2024.
Maximum out-of-pocket amount(does not include Part D Prescription drugs)	$8,850
Inpatient Hospital coverage	You pay the 2024 Original Medicare cost-sharing amounts. These are the 2023 cost-sharing amounts and may change for 2024. $1,600 deductible; $0 copayment each day for days1-60; $400 copayment each day for days 61 to 90; $800 copayment each day for days 91 to 150 (lifetime reserve days). *Prior Authorization is required.*
Outpatient Hospital coverage	
Outpatient hospital services	20% coinsurance *Prior authorization is required.*
Outpatient hospital observation services	20% coinsurance *Prior authorization is required.*
Ambulatory Surgical Center (ACS) Services	20% coinsurance *Prior authorization is required.*
Doctor Visits	
Primary Care Providers	$0 copayment
Specialists	$0 copayment when services rendered in a Nursing Facility. 20% coinsurance when services rendered outside of Nursing Facility.
Preventive Care	You pay nothing.
Emergency care	$100 copayment Copayment is waived if you are admitted to a hospital within three (3) days.
Urgently needed services	20% coinsurance up to a max of $55. Coinsurance is waived if you are admitted to a hospital within three (3) days.

Premiums and Benefits	Longevity Health Plan (HMO I-SNP)
Diagnostic Services/Labs/ Imaging	
Diagnostic tests and procedures	20% coinsurance *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.*
Lab services	$0 copayment *Prior authorization is required for any genetic testing lab services.*
Diagnostic radiology services(e.g., MRI, CAT Scan)	20% coinsurance *Prior Authorization is required*. Outpatient CT scans performed for emergent workup related to a member fall with potential head injury do not require a prior authorization.
Outpatient X-rays	20% coinsurance *X-rays do not require authorization when service is rendered in a Nursing Facility, physician office, or hospital.*
Hearing services	
Hearing exam	20% coinsurance of the cost for Medicare-covered hearing services.
Supplemental Benefit	
Routine hearing exam, fitting and evaluation for hearing aids	$0 copayment for 1 routine hearing exam, fitting and evaluation for hearing aids every year.
Hearing aids	Up to a $1,650 credit for both ears combined every two years for hearing aids. *Prior authorization is required for hearing aids only.*
Dental services Medicare-covered dental	20% coinsurance for each Medicare-covered service. *Prior Authorization is required.*
Vision care	20% coinsurance for Medicare-covered services.
Yearly eye exam for diabetic retinopathy	
Supplemental Benefit	You pay a $0 copayment for 1 routine eye exam visit every year.
Routine eye exam	Up to $325 combined credit every two years for all additional eyewear.
Eyeglasses, lenses, frames, contacts	
Mental Health Services	
Inpatient visit	You pay the 2024 Original Medicare cost-sharing amounts. These are the 2023 cost-sharing amounts and may change for 2024. $1,600 deductible;

	$0 copayment each day for days1-60; $400 copayment each day for days 61 to 90; $800 copayment each day for days 91 to 150 (lifetime reserve days). *Prior Authorization is required.*
Outpatient group therapy visit	20% coinsurance *Prior authorization is only required for psychological testing services and counseling.*
Outpatient individual therapy visit	20% coinsurance *Prior authorization is only required for psychological testing services and counseling.*
Skilled Nursing Facility (SNF) care	$0 copayment for each Medicare-covered skilled nursing facility stay.
Physical Therapy	20% coinsurance
Ambulance services	
Ground Ambulance	20% coinsurance *Prior authorization is required for non-emergency Medicare covered services.*
Air Ambulance	20% coinsurance *Prior authorization is required for non-emergency Medicare covered services.*
Transportation (additional routine)	$0 copayment Routine transportation for up to 16 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.
Medicare Part B Prescription drugs	
Chemotherapy drugs	20% coinsurance *For chemotherapy, the initial drug approval only is required.*
Other Part B drugs	20% coinsurance *Prior authorization is required for some medications.*

Longevity Health Plan (HMO I-SNP)		
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 our brand name drugs up to $545.	
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) reach $5,030, 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	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $8,000, you pay greater of $4.50 for generic or a preferred multi-source drug and $11.20 for all other drugs, or 5%.	

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

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan.

Supplemental Benefits	
Music Therapy	$0 copayment Therapeutic Music sessions up to 48 group sessions per year administered by a Certified Music Therapist or using certified music therapist designed curriculum and a facilitator. Music Therapyis also available via telehealth. *Referral is required.*
Foot Care (podiatry services) Foot exams and treatment *Supplemental Benefit* Routine Foot Care	20% coinsurance for Medicare-covered services. $0 copayment for 2 routine foot care visits per year.
Occupational or Speech Therapy	20% coinsurance
Over-the-Counter Benefit (OTC)	Up to $200 per quarter. Amounts do not accumulate from quarter to quarter. OTC benefit may be used to purchase products from the

Supplemental Benefit Over-the-counter benefit	Longevity OTC catalog.
Social Needs Companion Benefit	You pay a $0 copayment Social Needs Companion Benefit is focused on providing companion support to members to help provide support until their therapeutic treatment plans begin. This benefit is available via telehealth. Limit of 226 hours per year. *Referral is required.*
Restorative Nursing	Restorative nursing is person-centered nursing care designed to improve or maintain the functional ability of residents, so they can achieve their highest level of well-being possible. Limit of 12 15-minute sessions per patient episode, limited to four episodes per year.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at the number on your Member ID card. Someone who speaks English Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter [Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: **إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.**

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。