

2019 Summary of Benefits

Longevity Health Plan (HMO SNP)

H8457

This is a summary of drug and health services covered by Longevity Health Plan (HMO SNP) January 1, 2019 - December 31, 2019.

Longevity Health Plan (HMO SNP) is 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. Contact the plan 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 longevityhealthplan.com or call Member Services and request the *Evidence of Coverage*.

To Reach Our Member Services Representatives:

- Toll Free 888-885-7337, 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 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 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 longevityhealthplan.com or call Member Services and ask us to send you a list.

Our service area includes these counties in New York: Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, and Westchester.

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.

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 (1800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Premiums and Benefits	Longevity Health Plan (HMO SNP)
Monthly plan premium	\$39.30 You must continue to pay your Medicare Part B premium.
Deductible	The Part B deductible was \$183. This is the 2018 cost sharing amount and may change in 2019. Longevity Health Plan (HMO SNP) will provide updated rates as soon as they are released.
Maximum out-of-pocket amount (does not include Part D Prescription drugs)	\$6,700
Inpatient Hospital coverage	You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. Longevity Health Plan (HMO SNP) will provide updated rates as soon they are released. \$1,340 deductible; \$0 copayment each day for days 1-60; \$335 copayment each day for days 61 to 90; \$670 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior Authorization may be required.</i>
Outpatient Hospital coverage Outpatient hospital services Outpatient hospital observation services	20% coinsurance 20% coinsurance
Doctor Visits Primary Care Providers Specialists	\$0 copayment 20% coinsurance
Preventive Care	You pay nothing. Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.

Premiums and Benefits	Longevity Health Plan (HMO SNP)
Emergency care	\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.
Urgently needed services	20% coinsurance up to a max of \$65 Coinsurance is waived if you are admitted to a hospital within 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 may be required.</i> \$0 copayment <i>Prior Authorization may be required.</i> 20% coinsurance <i>Prior Authorization may be required.</i> 20% coinsurance <i>Prior Authorization may be required.</i>
Hearing services Hearing exam <i>Supplemental Benefit</i> Routine hearing exam, fitting and evaluation for hearing aids Hearing Aids	20% of the cost for traditional Medicare-covered hearing services. You pay \$0 copayment for one routine hearing exam, and fitting/evaluation for hearing aids per year. Up to a \$1,300 allowance for both ears combined every three years for hearing aids. <i>Prior Authorization may be required.</i>
Dental services Medicare-covered dental	20% coinsurance for each Medicare-covered service.

Premiums and Benefits	Longevity Health Plan (HMO SNP)
<p>Vision care</p> <p>Yearly eye exam for diabetic retinopathy; glaucoma screening</p> <p><i>Supplemental Benefit</i></p> <p>Routine eye exam</p> <p>Eyeglasses, lenses, frames, contacts</p>	<p>20% coinsurance for Medicare-covered services.</p> <p>You pay \$0 copayment for one routine eye exam visit per year.</p> <p>Up to a \$105 combined credit every two years for all additional eyewear.</p>
<p>Mental Health Services</p> <p>Inpatient visit</p> <p>Outpatient group therapy visit</p> <p>Outpatient individual therapy visit</p>	<p>You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. Longevity Health Plan (HMO SNP) will provide updated rates as soon they are released.</p> <p>\$1,340 deductible;</p> <p>\$0 copayment each day for days 1-60;</p> <p>\$335 copayment each day for days 61 to 90;</p> <p>\$670 copayment each day for days 91 to 150 (lifetime reserve days).</p> <p><i>Prior Authorization may be required.</i></p> <p>20% coinsurance</p> <p><i>Prior Authorization is required.</i></p> <p>20% coinsurance</p> <p><i>Prior Authorization is required.</i></p>
<p>Skilled nursing facility (SNF) care</p>	<p>You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. Longevity Health Plan (HMO SNP) will provide updated rates as soon they are released.</p> <p>\$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay.</p> <p>\$167.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay.</p> <p>No prior hospital stay required.</p> <p><i>Prior Authorization is required.</i></p>
<p>Physical Therapy, Occupational Therapy, or Speech Therapy</p>	<p>20% coinsurance</p> <p><i>Prior Authorization is required.</i></p>

Premiums and Benefits	Longevity Health Plan (HMO SNP)
<p>Ambulance services</p> <p>Ground Ambulance</p> <p>Air Ambulance</p>	<p>20% coinsurance for each one-way trip <i>Prior Authorization is required for non-emergency services.</i></p> <p>20% coinsurance for each one-way trip <i>Prior Authorization is required for non-emergency services.</i></p>
<p>Non-Emergency Transportation</p>	<p>\$0 copayment Up to 18 one-way trips each year to plan-approved locations</p>
<p>Medicare Part B prescription drugs</p> <p>Chemotherapy drugs</p> <p>Other Part B drugs</p>	<p>20% coinsurance <i>Prior Authorization may be required.</i></p> <p>20% coinsurance <i>Prior Authorization may be required.</i></p>
<p>Foot Care (podiatry services)</p> <p>Foot exams and treatment</p> <p><i>Supplemental Benefit</i></p> <p>Routine foot care</p>	<p>20% coinsurance for Medicare-covered services.</p> <p>\$0 copayment for 4 routine foot care visits per year.</p>
<p>Medical Equipment/Supplies</p> <p>Durable Medical Equipment (e.g., wheelchairs, oxygen)</p> <p>Prosthetics (e.g., braces, artificial limbs)</p> <p>Diabetic supplies</p> <p>Diabetic Therapeutic Shoes and Inserts</p>	<p>20% coinsurance <i>Prior Authorization is required.</i></p> <p>20% coinsurance <i>Prior Authorization is required.</i></p> <p>20% coinsurance for each Medicare-covered service.</p> <p>20% coinsurance <i>Prior Authorization is required.</i></p>

	Longevity Health Plan (HMO 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 30-day supply)
Deductible	\$415 for all Part D prescription drugs.	
Cost-Sharing for Covered Drugs	25% coinsurance	25% coinsurance
Coverage Gap	After your total drug costs (including what our plan has paid and what you have paid) reach \$3,820, you will pay no more than 37% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier 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 \$5,100, you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.40 copayment for generic (including brand drugs treated as generic) and a \$8.50 copayment for all other drugs. 	