

# 2023 Summary of Benefits

## Longevity Health Plan (HMO I-SNP)

### H8457, Plan 001

**This is a summary of drug and health services covered by Longevity Health Plan (HMO I-SNP) January 1, 2023 - December 31, 2023.**

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 1-888-885-7337, 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 1-888-885-7337, 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 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 York: Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, and Westchester.

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](http://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)
<b>Monthly plan premium</b>	\$38.90 You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	\$0 Part B Deductible  For the Part A deductible, you pay the 2023 Original Medicare cost-sharing amounts for Inpatient Hospital or Mental Health for inpatient visits. \$1,556 These are the 2022 cost-sharing amounts and may change for 2023.
<b>Maximum out-of-pocket amount</b> (does not include Part D Prescription drugs)	\$8,300
<b>Inpatient Hospital coverage</b>	You pay the 2023 Original Medicare cost-sharing amounts. These are the 2022 cost-sharing amounts and may change for 2023. \$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 reserve days). <i>Prior Authorization is required.</i>
<b>Outpatient Hospital coverage</b>  Outpatient hospital services  Outpatient hospital observation services	20% coinsurance <i>Prior authorization is required.</i>  20% coinsurance <i>Prior authorization is required.</i>
<b>Ambulatory Surgical Center (ACS) Services</b>	20% coinsurance <i>Prior authorization is required.</i>
<b>Doctor Visits</b>  Primary Care Providers  Specialists	\$0 copayment  \$0 copayment when services rendered in a Nursing Facility. 20% coinsurance when services rendered outside of Nursing Facility.
<b>Preventive Care</b>	You pay nothing.
<b>Emergency care</b>	\$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)
<b>Urgently needed services</b>	20% coinsurance up to a max of \$60 Coinsurance is waived if you are admitted to a hospital within three (3) days.

Premiums and Benefits	Longevity Health Plan (HMO I-SNP)
<p><b>Diagnostic Services/Labs/ Imaging</b></p> <p>Diagnostic tests and procedures</p> <p>Lab services</p> <p>Diagnostic radiology services(e.g., MRI, CAT Scan)</p> <p>Outpatient X-rays</p>	<p>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>\$0 copayment <i>Prior authorization is required for any genetic testing lab services.</i></p> <p>20% coinsurance <i>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.</i></p> <p>20% coinsurance <i>X-rays do not require authorization when service is rendered in a Nursing Facility, physician office, or hospital.</i></p>
<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>20% coinsurance of the cost for Medicare-covered hearing services.</p> <p>\$0 copayment for 1 routine hearing exam, fitting and evaluation for hearing aids every year.</p> <p>Up to a \$1,300 credit for both ears combined every three years for hearing aids. <i>Prior authorization is required for hearing aids only.</i></p>
<p><b>Dental services</b></p> <p><b>Dental (Supplemental) Dental services</b></p> <p>In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) are not covered by Original Medicare. We cover:</p> <p><b><u>Preventive dental services</u></b></p> <ul style="list-style-type: none"> <li>• Oral Exams</li> <li>• Prophylaxis (Cleaning)</li> <li>• Dental X-Rays</li> <li>• Fluoride Treatment</li> </ul> <p><b><u>Comprehensive dental services</u></b></p>	<p>20% coinsurance for each Medicare-covered dental service.</p> <p>Annual maximum of \$4,300 combined credit every year towards preventive and comprehensive dental services.</p>

Premiums and Benefits	Longevity Health Plan (HMO I-SNP)
<ul style="list-style-type: none"> <li>• Diagnostic Services</li> <li>• Endodontics</li> <li>• Extractions</li> <li>• Non-routine services</li> <li>• Prosthodontics, other Oral Maxillofacial Surgery/ Services</li> <li>• Periodontics</li> <li>• Restorative Services</li> </ul>	
<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>20% coinsurance for Medicare-covered services.</p> <p>You pay a \$0 copayment for 1 routine eye exam visit every year.</p> <p>Up to \$100 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>Outpatient individual therapy visit</p>	<p>You pay the 2023 Original Medicare cost-sharing amounts. These are the 2022 cost-sharing amounts and may change for 2023.</p> <p>\$1,556 deductible;</p> <p>\$0 copayment each day for days 1-60;</p> <p>\$389 copayment each day for days 61 to 90;</p> <p>\$778 copayment each day for days 91 to 150 (lifetime reserve days).</p> <p><i>Prior Authorization is required.</i></p> <p>20% coinsurance</p> <p><i>Prior authorization is only required for psychological testing services and counseling.</i></p> <p>20% coinsurance</p> <p><i>Prior authorization is only required for psychological testing services and counseling.</i></p>
<p><b>Skilled Nursing Facility (SNF) care</b></p>	<p>\$0 copayment for each Medicare-covered skilled nursing facility stay.</p>
<p><b>Physical Therapy</b></p>	<p>20% coinsurance</p>
<p><b>Ambulance services</b></p> <p>Ground Ambulance</p> <p>Air Ambulance</p>	<p>20% coinsurance</p> <p><i>Prior authorization is required for non-emergency Medicare covered services.</i></p> <p>20% coinsurance</p> <p><i>Prior authorization is required for non-emergency Medicare covered services.</i></p>

<b>Transportation (additional routine)</b>	\$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.
<b>Premiums and Benefits</b>	<b>Longevity Health Plan (HMO I-SNP)</b>
<b>Medicare Part B Prescription drugs</b>	
Chemotherapy drugs	20% coinsurance <i>For chemotherapy, the initial drug approval only is required.</i>
Other Part B drugs	20% coinsurance <i>Prior authorization is required for some medications.</i>

<b>Longevity Health Plan (HMO 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 \$505.	
<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 \$4,660, 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>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of: <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$4.15 copayment for generic (including brand drugs treated as generic) and a \$10.35 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).

**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, no matter what cost-sharing tier it's on.

<b>Supplemental Benefits</b>	
<b>Music Therapy</b>	\$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. <i>Referral is required.</i>
<b>Foot Care (podiatry services)</b> Foot exams and treatment <i>Supplemental Benefit</i> Routine Foot Care	20% coinsurance for Medicare-covered services.  \$0 copayment for 2 routine foot care visits per year.
<b>Occupational or Speech Therapy</b>	20% coinsurance
<b>Over-the-Counter Benefit (OTC)</b> <i>Supplemental Benefit</i> Over-the-counter benefit	Up to \$155 per quarter. Amounts do not accumulate from quarter to quarter. OTC benefit may be used to purchase products from the Longevity OTC catalog.
<b>Social Needs Companion Benefit</b>	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 180 hours 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 1-888-885-7337. 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 1-888-885-7337. 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 1-888-885-7337。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 1-888-885-7337。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 librang 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 1-888-885-7337. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay librang 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 1-888-885-7337. 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 quý vị cần thông dịch viên xin gọi 1-888-885-7337 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-885-7337. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-885-7337 번으로 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 1-888-885-7337. 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 1-888-885-7337. 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 1-888-885-7337 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 1-888-885-7337. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** 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 1-888-885-7337. 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 1-888-885-7337. 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 1-888-885-7337. 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。通訳をご用命になるには、1-888-885-7337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。