

# 2019 Summary of Benefits

## LifeWorks Advantage I-SNP (HMO SNP)

H2185

**This is a summary of drug and health services covered by LifeWorks Advantage I-SNP (HMO SNP) January 1, 2019 - December 31, 2019.**

LifeWorks Advantage I-SNP (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 [www.lifeworksadvantage.com](http://www.lifeworksadvantage.com) or call Member Services and request the *Evidence of Coverage*.

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

- Toll Free 1-844-854-6883, 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 LifeWorks Advantage I-SNP (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 [www.lifeworksadvantage.com](http://www.lifeworksadvantage.com) or call Member Services and ask us to send you a list.

Our service area includes these counties in:

- Virginia : Albemarle, Appomattox, Arlington, Caroline, Culpeper, Danville City, Franklin, Hanover, Henrico, Louisa, Pittsylvania, Pulaski, Richmond City, Roanoke, Roanoke City, Salem City, Southampton, Sussex

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.

Limitations, copayments, and restrictions may apply.

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.

<b>Premiums and Benefits</b>	<b>LifeWorks Advantage I-SNP (HMO SNP)</b>
<b>Monthly plan premium</b>	\$30.60 You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	The Part B deductible was \$183. This is the 2018 cost sharing amount and may change in 2019. LifeWorks Advantage I-SNP (HMO SNP) will provide updated rates as soon as they are released.
<b>Maximum out-of-pocket amount</b> (does not include Part D Prescription drugs)	\$6,300
<b>Inpatient Hospital coverage</b>	You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. LifeWorks Advantage I-SNP (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>
<b>Outpatient Hospital coverage</b>  Outpatient hospital services  Outpatient hospital observation services	20% coinsurance  \$100 copayment
<b>Doctor Visits</b>  Primary Care Providers  Specialists	\$0 copayment  20% coinsurance
<b>Preventive Care</b>	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.

<b>Premiums and Benefits</b>	<b>LifeWorks Advantage I-SNP (HMO SNP)</b>
<b>Emergency care</b>	\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.
<b>Urgently needed services</b>	20% coinsurance up to a max of \$65 Coinsurance is waived if you are admitted to a hospital within 3 days.
<b>Diagnostic Services/Labs/Imaging</b>  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>
<b>Hearing services</b>  <i>Supplemental Benefit</i>  Hearing exam  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 \$2,000 allowance for both ears combined every two years for hearing aids. <i>Prior Authorization is required.</i>
<b>Dental services</b>  Medicare-covered dental	20% coinsurance for each Medicare-covered service.

<b>Premiums and Benefits</b>	<b>LifeWorks Advantage I-SNP (HMO SNP)</b>
<p><b>Vision care</b></p> <p>Yearly eye exam for diabetic retinopathy</p> <p><i>Supplemental Benefit</i></p> <p>Routine eye exam Glaucoma screening</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 and one glaucoma screening per year.</p> <p>Up to a \$300 combined credit every year 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 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. LifeWorks Advantage I-SNP (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></p> <p>20% coinsurance <i>Prior Authorization is required.</i></p> <p>20% coinsurance <i>Prior Authorization is required.</i></p>
<p><b>Skilled nursing facility (SNF) care</b></p>	<p>You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. LifeWorks Advantage I-SNP (HMO SNP) will provide updated rates as soon they are released. \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay. \$167.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay. <i>Prior Authorization is required.</i></p>
<p><b>Physical Therapy, Occupational Therapy, or Speech Therapy</b></p>	<p>20% coinsurance <i>Prior Authorization is required.</i></p>

<b>Premiums and Benefits</b>	<b>LifeWorks Advantage I-SNP (HMO SNP)</b>
<p><b>Ambulance services</b></p> <p>Ground Ambulance</p> <p>Air Ambulance</p>	<p>20% coinsurance <i>Prior Authorization is required for non-emergency services.</i></p> <p>20% coinsurance <i>Prior Authorization is required for non-emergency services.</i></p>
<b>Non-Emergency Transportation</b>	Not Covered
<p><b>Medicare Part B prescription drugs</b></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><b>Foot Care (podiatry services)</b></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 6 routine foot care visits per year.</p>
<p><b>Medical Equipment/Supplies</b></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>

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<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 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. LifeWorks Advantage I-SNP (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></p> <p>20% coinsurance <i>Prior Authorization is required.</i></p> <p>20% coinsurance <i>Prior Authorization is required.</i></p>
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<p><b>Physical Therapy, Occupational Therapy, or Speech Therapy</b></p>	<p>20% coinsurance <i>Prior Authorization is required.</i></p>

<b>Premiums and Benefits</b>	<b>LifeWorks Advantage I-SNP (HMO SNP)</b>
<b>Ambulance services</b> Ground Ambulance  Air Ambulance	20% coinsurance for each one-way trip <i>Prior Authorization is required for non-emergency services.</i>  20% coinsurance for each one-way trip <i>Prior Authorization is required for non-emergency services.</i>
<b>Non-Emergency Transportation</b>	Not Covered
<b>Medicare Part B prescription drugs</b>  Chemotherapy drugs  Other Part B drugs	20% coinsurance <i>Prior Authorization may be required.</i>  20% coinsurance <i>Prior Authorization may be required.</i>
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	<b>LifeWorks Advantage I-SNP (HMO SNP)</b>	
<b>Outpatient Prescription Drugs</b>		
	<b>Standard retail cost-sharing</b> (in-network) (up to a 30-day supply)	<b>Long-term care (LTC) cost-sharing</b> (up to a 30-day supply)
<b>Deductible</b>	\$415 for all Part D prescription drugs.	
<b>Cost-Sharing for Covered Drugs</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 \$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.	
<b>Catastrophic Coverage</b>	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"> <li>• 5% coinsurance, or</li> <li>• \$3.40 copayment for generic (including brand drugs treated as generic) and a \$8.50 copayment for all other drugs.</li> </ul>	