

**2022**



## **SUMMARY OF BENEFITS**

**SIGNATURE ADVANTAGE PLAN (HMO-ISNP) H2400-001**

**JANUARY 1, 2022 – DECEMBER 31, 2022**

**This is a summary of drug and health services covered  
by Signature Advantage Plan (HMO ISNP),  
January 1, 2022 - December 31, 2022**

Signature Advantage Plan (HMO ISNP) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

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, please request the “Evidence of Coverage” by calling Member Services toll-free at 1- 844-214-8633. Hours are seven (7) days a week from 8:00 a.m. to 8:00 p.m., October 1 – March 31 and Monday – Friday from 8:00 a.m. to 8:00 p.m. from April 1 – September 30. TTY/TDD users call 711, or visit our website at [www.signatureadvantageplan.com](http://www.signatureadvantageplan.com).

To join Signature Advantage Plan (HMO ISNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. You must live in one of our network nursing homes. Our service area includes the following Kentucky Counties: Adair, Anderson, Barren, Boyle, Butler, Carroll, Casey, Clark, Daviess, Fayette, Hardin, Hart, Jackson, Jefferson, Larue, Lee, McLean, Mercer, Monroe, Nelson, Ohio, Rockcastle, Scott, Spencer, Trimble, and Warren.

Signature Advantage Plan (HMO ISNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

<b>Premiums and Benefits</b>	<b>Signature Advantage Plan (HMO ISNP)</b>	<b>What You Should Know</b>
Monthly Plan Premium	You pay \$29.70	You must continue to pay your Medicare Part B premium.
Part B Deductible	\$203	This is the 2021 cost sharing amount and may change for 2022. Signature Advantage Plan (HMO ISNP) will provide the updated rate as soon as they are released.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$7,550 annually	The most you pay for copays, coinsurance, and other costs for medical services in a year.
Inpatient Hospital	<p>You pay a \$1,484 deductible for days 1-60 of each benefit period</p> <p>You pay \$371 coinsurance per day for days 61-90</p> <p>You pay \$742 coinsurance per lifetime reserve day after day 90 up to 60 days over your lifetime</p>	<p>These are the 2021 cost sharing amounts and may change for 2022. Signature Advantage Plan (HMO ISNP) will provide updated rates as soon as they are released.</p> <p>Prior authorization is required.</p> <p>Cost sharing is applied starting on the first day of admission and does not include the date of discharge.</p>
Outpatient Hospital	You pay 20% of the cost for Medicare- covered services	Prior authorization is required.
Doctor Visits <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialist Care</li> </ul>	<p>You pay 0% - 20% of the cost for Medicare- covered services</p> <p>You pay 20% of the cost for Medicare-covered specialist care.</p> <p>You pay \$0 for services provided by your Nurse Practitioner at the nursing home where you live.</p>	
Preventive Care (e.g. flu vaccine, diabetic screenings)	You pay nothing	Any additional preventive services approved by Medicare during the contract year will be covered. There are some covered services that have a cost.
Emergency Care	You pay 20% of the cost for Medicare- covered services up to \$90	If you are admitted to the hospital within one (1) day, you do not have to pay \$90.

<b>Premiums and Benefits</b>	<b>Signature Advantage Plan (HMO ISNP)</b>	<b>What You Should Know</b>
Urgently Needed Services	You pay 20% of the cost for Medicare- covered services up to \$65	If you are admitted to the hospital within one (1) day, you do not have to pay \$65.
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> <li>• Diagnostic Radiology Services (e.g. MRI)</li> <li>• Lab Services</li> <li>• Diagnostic Tests and Procedures</li> <li>• Outpatient X-Rays</li> </ul>	You pay 20% of the cost for Medicare- covered Diagnostic Radiology Services  You pay 20% of the cost for Medicare- covered lab services  You pay 20% of the cost for Medicare- covered Diagnostic Tests and Procedures  You pay 20% of the cost for Medicare-covered Outpatient x-rays	Prior authorization is required for some lab and diagnostic services.  Referral is required for lab and diagnostic services performed outside of the nursing home.  No authorization required for outpatient x-rays.
Hearing Services  Hearing Exam (Routine or Fitting/Evaluation for Hearing Aid)  Hearing Aid	You pay 20% of the cost for Medicare- covered services  You pay nothing  You pay nothing	One (1) routine exam every year.  Plan pays up to \$1500 every two (2) years, both ears combined.
Dental Services Medicare-covered  Comprehensive and Preventive Dental	You pay 20% of the cost for Medicare- covered services  You pay 20% of the cost of restorative comprehensive dental  \$0 copay for oral exams.  \$0 copay for cleaning.  \$0 dental x-ray.	Medicare-covered Benefits limited to services provided under the Medicare program.  Comprehensive Dental - Restorative Services; Endodontics; Periodontics; Extractions; Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Preventive Dental (oral exams, cleaning, and dental x-ray) each service limited to two (2) treatments per year.  Comprehensive and Preventive dental services are limited to up to \$2000 in total combined cost per year.

<b>Premiums and Benefits</b>	<b>Signature Advantage Plan (HMO ISNP)</b>	<b>What You Should Know</b>
<p>Vision Services</p> <p>Routine Eye Exam</p> <p>Eyewear (contact lenses and eyeglasses (lenses and/or frames). upgrades</p>	<p>You pay 20% of the cost for Medicare- covered services</p> <p>You pay nothing</p> <p>You pay nothing</p>	<p>One (1) Routine exam per year.</p> <p>Eyewear - Up to \$225 every year.</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> <li>• Outpatient Group Therapy Visit</li> <li>• Outpatient Individual Therapy Visit</li> </ul>	<p>You pay 0% - 20% of the cost for Medicare- covered services</p>	<p>Individual Sessions 0% coinsurance, when the service is performed in the Nursing home, 20% when performed elsewhere.</p> <p>Group Sessions 0% coinsurance, when the service is performed in the Nursing home, 20% when performed elsewhere.</p>
<p>Skilled Nursing Facility (SNF)</p>	<p>You pay \$0 per day for days 1-100 of each benefit period.</p> <p>You pay all costs for days 101 and beyond.</p>	<p>Prior authorization is required.</p> <p>Zero (0) hospital days required prior to SNF admission.</p>
<p>Rehabilitative Services</p> <ul style="list-style-type: none"> <li>• Occupational Therapy Visit</li> <li>• Physical Therapy and Speech and Language Therapy Visit</li> </ul>	<p>You pay 20% of the cost for Medicare- covered services</p>	
<p>Ambulance</p>	<p>You pay 20% of the cost for Medicare- covered services</p>	<p>Prior authorization is required for Medicare-covered non- emergent ambulance.</p>
<p>Transportation</p>	<p>Not Covered</p>	
<p>Medicare Part B Drugs</p>	<p>You pay 20% of the cost for Medicare- covered services</p>	<p>Prior authorization is required for billed charges in excess of \$250.</p>
<p>Ambulatory Surgery Center</p>	<p>You pay 20% of the cost for Medicare-covered services</p>	<p>Prior Authorization is required.</p>
<p>Home Health Services</p>	<p>You pay nothing for Medicare-covered services</p>	<p>Prior Authorization is required.</p>

<b>Premiums and Benefits</b>	<b>Signature Advantage Plan (HMO ISNP)</b>	<b>What You Should Know</b>
Foot Care (Podiatry)	<p>You pay 20% of the cost for Medicare-covered services</p> <p>You pay nothing for up to six (6) non-covered routine podiatry services per year</p>	
<b>Medical Equipment/Supplies</b> <ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g. wheelchairs, oxygen)</li> <li>• Prosthetics (e.g. braces, artificial limbs)</li> <li>• Diabetes Supplies</li> </ul>	You pay 20% of the cost for Medicare- covered services	Prior authorization is required for billed charges in excess of \$250.
Over-the-Counter (OTC) Items	You pay nothing for up to \$150.00 per quarter of covered items.	<p>Plan provides \$150.00 per quarter allowance for over the counter items. Unused benefit will carry forward for the next quarter, but will not carry over for the next plan year.</p> <p>Items must be selected from list provided by Plan and obtained from Plan's contracted vendor.</p>
Telehealth Services (Remote AccessTechnology)	You pay 20% coinsurance for PrimaryCare Visits, Physician Specialist Services, Individual and Group Sessions for Psychiatric Services, Kidney Disease Education Services, Diabetes Self-Management Training and Dialysis Services	Members have the option to receive medical consultations with board certified licensed physicians through either phone or web-based video. Physicians can diagnose common health issues, recommend therapy, and if necessary and appropriate, write non-DEA controlled prescriptions. This benefit is designed to handle non-emergent medical problems and members should not use this benefit if they are experiencing a medical emergency.

**Outpatient Prescription  
Drugs  
Signature Advantage  
offers a 1 Tier formulary**

<b>Stage 1 Yearly Deductible Stage</b>	<b>Stage 2 Initial Coverage Stage</b>	<b>Stage 3 Coverage Gap Stage</b>	<b>Stage 4 Catastrophic Coverage Stage</b>	<b>What you should know</b>
<p>You begin in this payment stage when you fill our first prescription of the year.</p> <p>During this stage, you pay the full cost of your drugs.</p> <p>You stay in this stage until you have paid \$480 for your drugs (\$480 is the amount of your deductible).</p>	<p>During this stage, you pay 25% of the price for brand name drugs plus a portion of the dispensing fee) and 25% of the price for generic drugs, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>You stay in this stage until our year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$4,430.</p>	<p>During this stage, you pay 25% of the price for brand name drugs plus a portion of the dispensing fee) and 25% of the price for generic drugs.</p> <p>You stay in this stage until our year-to-date “out-of-pocket costs” (your payments) reach a total of \$7050. This amount and rules for counting costs toward this amount have been set by Medicare.</p>	<p>During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2022).</p>	<p>Cost-Sharing may change when you enter another phase of the Part D benefit.</p>



## **Anti-Discrimination Notice**

Signature Advantage Plan (HMO ISNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Signature Advantage Plan (HMO ISNP) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Signature Advantage Plan (HMO ISNP):

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Plan Compliance Officer. If you believe that Signature Advantage Plan (HMO ISNP) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Officer, at 1-844-214-8633, (TTY/TDD users call 711), or email [compliance@signatureadvantageplan.com](mailto:compliance@signatureadvantageplan.com).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Plan Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>



## Multi-Language Interpreter Service

### English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-844-214-8633 (TTY/TDD: 711).

### Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-214-8633 (TTY/TDD: 711).

### 繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-214-8633（TTY：711）。

### Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-214-8633 (TTY/TDD: 711).

### Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844- 214-8633(TTY/TDD: 711).

### العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوافر لك بالمجان. اتصل برقم 1-448-412-3368 (رقم هاتف الصم والبكم: 117).

### Srpsko-hrvatski (Serbo-Croatian)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-844-214-8633 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

### 日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-214- 8633（TTY/TDD: 711）まで、お電話にてご連絡ください。

### Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-214-8633 (ATS : 711).

### 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844- 214-8633 (TTY/TDD: 711)번으로 전화해 주십시오.

### Deitsch (Pennsylvania Dutch)

Wann du schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-844-214-8633 (TTY/TDD: 711).

For more information, contact Signature Advantage Plan (HMO ISNP) from 8:00 a.m. to 8:00p.m., 7 days a week from October 1 – March 31 and Monday – Friday from 8:00a.m. to 8:00 p.m. from April 1 – September 30 at 1-844-214-8633 (TTY/TDD user's call 711) or visit [www.signatureadvantageplan.com](http://www.signatureadvantageplan.com).

You can access the Signature Advantage Plan (HMO ISNP) provider or pharmacy directory on our website at [www.signatureadvantageplan.com](http://www.signatureadvantageplan.com).

For coverage and costs of Original Medicare look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800- MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Signature Advantage Plan (HMO ISNP) is an HMO with a Medicare Contract. Enrollment in Signature Advantage Plan (HMO ISNP) depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

This information is available for free in other languages. Please call Member Services at 1-844-214-8633 (TTY/TDD users call 711) from 8 a.m. to 8 p.m., 7 days a week from October 1 – March 31 and Monday – Friday from 8 a.m. to 8 p.m. from April 1 – September 30.

This plan is available to anyone with Medicare who meets the Skilled Nursing Facility (SNF) level of care and resides in a nursing home. Signature Advantage Plan (HMO I SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2021 based on a review of the Signature Advantage Plan (HMO ISNP) Model of Care.

The pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.



**TOLL-FREE: 1-844-214-8633 (TTY/TDD USERS SHOULD CALL 711)**

**HOURS: 8:00 A.M. TO 8:00 P.M., 7 DAYS A WEEK FROM  
OCTOBER 1 – MARCH 31 AND MONDAY – FRIDAY 8:00 A.M. –  
8:00 P.M. FROM APRIL 1 – SEPTEMBER 30**

**[WWW.SIGNATUREADVANTAGEPLAN.COM](http://WWW.SIGNATUREADVANTAGEPLAN.COM)**