

2022



SIGNATURE ADVANTAGE COMMUNITY (HMO-ISNP)

H2400-002

JANUARY 1, 2022 - DECEMBER 31, 2022

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

Signature Advantage Community (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.

To join Signature Advantage Community (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 contracted network nursing homes. Our service area includes the following Kentucky Counties: Anderson, Boyle, Carroll, Casey, Clark, Daviess, Fayette, Hardin, Jackson, Jefferson, Larue, Lee, Mercer, Nelson, Rockcastle, Scott, Spencer, Trimble, and Warren.

Signature Advantage Community (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.

Premiums and Benefits	Signature Advantage Community (HMO ISNP)	What You Should Know
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 Community (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	You pay a \$400 per day copay for days 1 through 5 You pay a \$0 per day copay for days 6 through 90	Prior authorization is required. Copayment is applied starting on the first day of admission and does not include the date of discharge.
Outpatient Hospital	You pay a \$300 copay per visit for Medicare-covered services	Prior authorization is required.
Doctor Visits Primary Care Specialist Care	You pay \$0 copay per visit for Medicare-covered primary care services received from a nurse practitioner at your assisted living facility of residence You pay a \$15 copay per visit for Medicare covered primary care services received at any other location You pay a \$0 copay per visit for specialist care services received at your assisted living facility of residence You pay a \$40 per visit copay for Medicare-covered specialist services received at any other location	
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.

Premiums and Benefits	Signature Advantage Community (HMO ISNP)	What You Should Know
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.
Urgently Needed Services	You pay \$65 per visit for Medicare-covered services	If you are admitted to the hospital within one (1) day, you do not have to pay \$65.
<p>Diagnostic Services/Labs/Imaging Diagnostic Radiology Services (e.g. MRI)</p> <p>Lab Services</p> <p>Diagnostic Tests and Procedures</p> <p>Outpatient X-Rays</p>	<p>You pay 0%-20% of the cost for Medicare- covered Diagnostic Radiology Services</p> <p>You pay 0%-20% of the cost for Medicare-covered lab services</p> <p>You pay \$200 for Medicare-covered Diagnostic Tests and Procedures</p> <p>You pay nothing for Medicare-covered Outpatient x-rays</p>	<p>Prior authorization and/or referral required for services when received outside of your assisted living facility of residence.</p> <p>\$200 copay and prior authorization required for high tech diagnostic radiological services only: MRI, MRA, PET, CTA, CT Scans, and SPECT.</p> <p>\$100 copay for all other Medicare-covered diagnostic radiological services not otherwise specified.</p>
<p>Hearing Services</p> <p>Hearing Exam (Routine or Fitting/Evaluation for Hearing Aid)</p> <p>Hearing Aid</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 every year.</p> <p>Plan pays up to \$1500 every two (2) years, both ears combined.</p>

Premiums and Benefits	Signature Advantage Community (HMO ISNP)	What You Should Know
<p>Dental Services Medicare-covered</p> <p>Comprehensive and Preventive Dental</p>	<p>You pay 20% of the cost for Medicare-covered services</p> <p>You pay 20% of the cost of restorative comprehensivedental</p> <p>\$0 copay for oral exams.</p> <p>\$0 copay for cleaning.</p> <p>\$0 dental x-ray.</p>	<p>Medicare-covered Benefits limited to services provided under the Medicare program. Prior Authorization required.</p> <p>Comprehensive Dental - RestorativeServices; Endodontics; Periodontics; Extractions; Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p> <p>Preventive Dental (oral exams, cleaning, and dental x-ray) each service limited to two (2) treatments per year.</p> <p>Comprehensive and Preventive dental services are limited to up to \$2000 in total combined cost per year.</p>
<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 nothingYou pay nothing</p>	<p>One (1) Routine exam per year.</p> <p>Eyewear - Up to \$225 every year.</p>
<p>Mental Health Services</p> <p>Outpatient GroupTherapy Visit</p> <p>Outpatient IndividualTherapy Visit</p>	<p>You pay \$0 per visit for outpatient individual or group therapy when received at your assisted living facility of residence.</p> <p>You pay \$40 copay per visit for Medicare- covered outpatient individual or group therapy when received at other locations.</p>	
<p>Skilled Nursing Facility (SNF)</p>	<p>You pay \$0 per day for Medicare-covered services for days 1 through 30</p> <p>You pay \$160 per day for Medicare-covered services for days 31 through 100.</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>

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Rehabilitative Services Occupational Therapy Visit Physical Therapy and Speech and Language Therapy Visit	You pay 20% of the cost for Medicare-covered services	
Ambulance	You pay \$300 for each Medicare-covered service	Prior authorization is required for Medicare-covered non-emergent ambulance.
Transportation	Not Covered	
Medicare Part B Drugs	You pay 20% of the cost for Medicare-covered services	Prior authorization is required for billed charges in excess of \$250.
Ambulatory Surgery Center	You pay \$200 copay for Medicare-covered services	Prior Authorization is required.
Home Health Services	You pay nothing for Medicare-covered services	Prior Authorization is required.
Foot Care (Podiatry)	You pay 20% of the cost for Medicare-covered services You pay nothing for up to six (6) non-covered routine podiatry services per year	
Medical Equipment/Supplies Durable Medical Equipment (e.g. wheelchairs, oxygen) Prosthetics (e.g. braces, artificial limbs) Diabetes Supplies	You pay 20% of the cost for Medicare-covered services You pay \$0 copay for Medicare-covered diabetic supplies	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.	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. Items must be selected from list provided by Plan and obtained from Plan's contracted vendor.

Premiums and Benefits	Signature Advantage Community (HMO ISNP)	What You Should Know
Telehealth Services (Remote Access Technology)	You pay 0% - 20% coinsurance for Medicare-covered Primary Care Visits, Physician Specialist Services, Individual and Group Sessions for Psychiatric Services, Kidney Disease Education Services, and Diabetes Self-Management Training	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**

Stage 1 Yearly Deductible Stage	Stage 2 Initial Coverage Stage	Stage 3 Coverage Gap Stage	Stage 4 Catastrophic Coverage Stage	What you should know
<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</p> <p>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 Community (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 Community (HMO ISNP) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Signature Advantage Community (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 Community (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.

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 or 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 للغة، فان خدمات المساعدة للغة متوفرة لتواكب لك بللمجان. اتصل برقم 1-448-412-3368 (رقم هتلف 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 Community (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 8:00p.m. from April 1 – September 30 at 1-844-214-8633 (TTY/TDD user’s call 711) or visit www.signatureadvantageplan.com.

You can access the Signature Advantage Community (HMO ISNP) provider or pharmacy directory on our website at www.signatureadvantageplan.com.

For coverage and costs of Original Medicare look in your current “Medicare & You” handbook. View it online at 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 Community (HMO ISNP) is an HMO with a Medicare Contract. Enrollment in Signature Advantage Community (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 contracted assisted living facility. Signature Advantage Community (HMO I SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2022 based on a review of the Signature Advantage Community (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