

2024



Summary of Benefits

Signature Advantage Community (HMO-ISNP)

H2400 002

January 1, 2024 – December 31, 2024

**This is a summary of drug and health services covered by
Signature Advantage Community (HMO ISNP),
January 1, 2024 - December 31, 2024**

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 (excluding Thanksgiving and Christmas) and Monday – Friday from 8:00 a.m. to 8:00 p.m. from April 1 – September 30 (excluding federal holidays). 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 assisted living facilities.

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 \$0.00	You must continue to pay your Medicare Part B premium.
Part B Deductible	\$226	This is the 2023 cost sharing amount and may change for 2024. 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)	\$8,850 annually	The most you pay for copays, coinsurance, and other costs for medical services in a year.
Inpatient Hospital	<p>You pay a \$400 per day copay for days 1 through 5</p> <p>You pay a \$0 per day copay for days 6 through 90</p>	<p>Prior authorization is required.</p> <p>Copayment 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.
Ambulatory Surgery Center	You pay \$200 copay for Medicare-covered services	Prior Authorization is required.
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary Care • Specialist Care 	<p>You pay \$0 copay per visit for Medicare-covered primary care services received from a nurse practitioner at your assisted living facility of residence</p> <p>You pay a \$15 copay per visit for Medicare covered primary care services received at any other location</p> <p>You pay a \$0 copay per visit for specialist care services received at your assisted living facility of residence</p> <p>You pay a \$40 per visit copay for Medicare-covered specialist services received at any other location</p>	

Premiums and Benefits	Signature Advantage Community (HMO ISNP)	What You Should Know
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 may 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.
Urgently Needed Services	You pay \$55 per visit for Medicare-covered services	If you are admitted to the hospital within one (1) day, you do not have to pay \$55.
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic Radiology Services (e.g. MRI) • Lab Services • Diagnostic Tests and Procedures • Outpatient X-Rays 	You pay 20% of the cost for Medicare- covered Diagnostic Radiology Services You pay 0% - 20% of the cost for Medicare-covered lab services You pay 0% - 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. 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 \$4,000 every two (2) years, both ears combined.

Premiums and Benefits	Signature Advantage Community (HMO ISNP)	What You Should Know
<p>Dental Services Medicare-covered</p> <p>Preventive Dental</p> <p>Comprehensive Dental</p>	<p>You pay 20% of the cost for Medicare-covered services</p> <p>\$0 copay for oral exams, cleaning, and dental x-ray.</p> <p>You pay 20% of the cost of comprehensive dental</p>	<p>Medicare-covered Benefits limited to services provided under the Medicare program.</p> <p>Preventive Dental (oral exams, cleaning, and dental x-ray) each service limited to two (2) treatments per year.</p> <p>Comprehensive Dental – Restorative Services; Endodontics; Periodontics; Extractions; Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p> <p>Comprehensive 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 nothing</p> <p>You pay nothing</p>	<p>One (1) Routine exam per year.</p> <p>Eyewear - Up to \$275 every year.</p>
<p>Mental Health Services</p> <p>Outpatient Group Therapy Visit</p> <p>Outpatient Individual Therapy Visit</p> <p>Inpatient Mental Health Services</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>You pay a \$374 per day copay for days 1 through 5</p> <p>You pay a \$0 per day copay for days 6 through 90</p>	<p>Prior authorization is required.</p> <p>Copayment is applied starting on the first day of admission and does not include the date of discharge.</p>

Premiums and Benefits	Signature Advantage Community (HMO ISNP)	What You Should Know
Skilled Nursing Facility (SNF)	<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>
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 20% of the cost for Medicare-covered services	Prior authorization is required for Medicare-covered non-emergent ambulance.
Transportation	Not Covered	
Medicare Part B Drugs	You pay 0% - 20% of the cost for Medicare-covered services Part B Chemotherapy/Radiation Drugs and other Medicare Part B Drugs	Prior authorization is required for billed charges in excess of \$250.
Home Health Services	You pay nothing for Medicare-covered services	Prior Authorization is required.
Foot Care (Podiatry)	<p>You pay 20% of the cost for Medicare-covered services</p> <p>You pay nothing for up to six (6) routine podiatry services per year</p>	
Medical Equipment/Supplies <ul style="list-style-type: none"> • Durable Medical Equipment (e.g. wheelchairs, oxygen) • Prosthetics (e.g. braces, artificial limbs) • Diabetes Supplies 	<p>You pay 20% of the cost for Medicare-covered services</p> <p>You pay \$0 copay for Medicare-covered diabetic supplies</p>	Prior authorization is required for billed charges in excess of \$250.

Premiums and Benefits	Signature Advantage Community (HMO ISNP)	What You Should Know
Over-the-Counter (OTC) Items	You pay nothing for up to \$300.00 per quarter of covered items.	Plan provides \$300.00 per quarter allowance for over the counter items. Unused benefit will carry forward for the remainder of the year, expiring at the end of the year. Items must be selected from list provided by Plan and obtained from Plan's contracted vendor.
Telehealth Services (Remote Access Technology)	<p>You pay 0% 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</p> <p>You pay 20% coinsurance for Medicare-covered Renal Dialysis and for all other Additional Telehealth Services</p>	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**

<p style="text-align: center;">Stage 1 Yearly Deductible Stage</p>	<p style="text-align: center;">Stage 2 Initial Coverage Stage</p>	<p style="text-align: center;">Stage 3 Coverage Gap Stage</p>	<p style="text-align: center;">Stage 4 Catastrophic Coverage Stage</p>	<p style="text-align: center;">What you should know</p>
<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 \$545 for your drugs (\$545 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 \$5,030.</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 \$8,000. This amount and rules for counting costs toward this amount has 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, 2024).</p>	<p>Cost-Sharing may change when you enter another phase of the Part D benefit.</p>

Anti-Discrimination Notice and Multi-Language

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>

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 1-844-214-8633. 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 1-844-214-8633. 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 1-844-214-8633。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 1-844-214-8633。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 libreng 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 1-844-214-8633. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng 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 1-844-214-8633. 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 [1-844-214-8633 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 1-844-214-8633. 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 1-844-214-8633 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 1-844-214-8633. 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 1-844-214-8633. 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 1-844-214-8633 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 1-844-214-8633. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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 1-844-214-8633. 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 1-844-214-8633. 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 1-844-214-8633. 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ございます。通訳をご用命になるには、
1-844-214-8633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。

For more information, contact Signature Advantage Community (HMO ISNP) from 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 (excluding Thanksgiving and Christmas) and Monday – Friday from 8:00 a.m. to 8:00 p.m. from April 1 – September 30 (excluding federal holidays) 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.

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.

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