

2025



Summary of Benefits

Signature Advantage Plan (HMO-ISNP) H2400 001

January 1, 2025 – December 31, 2025

**This is a summary of drug and health services covered
by Signature Advantage Plan (HMO ISNP),
January 1, 2025 - December 31, 2025**

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 (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 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, Allen, Anderson, Barren, Bath, Bourbon, Boyle, Bracken, Breckinridge, Bullitt, Butler, Carroll, Casey, Clark, Clay, Clinton, Cumberland, Daviess, Edmonson, Estill, Fayette, Fleming, Gallatin, Hancock, Hardin, Harrison, Hart, Henderson, Henry, Hopkins, Jackson, Jefferson, Jessamine, Knox, Larue, Lee, Lincoln, Logan, McCreary, McLean, Madison, Marion, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Powell, Pulaski, Robertson, Rockcastle, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, Whitley, and Woodford.

Our service area includes the following Tennessee counties: Bledsoe, Bradley, Campbell, Carter, Cheatham, Clay, Davidson, DeKalb, Fentress, Greene, Grundy, Hamilton, Hancock, Hawkins, Haywood, Hickman, Houston, Jackson, Johnson, Lewis, Macon, Marion, Montgomery, Moore, Morgan, Overton, Pickett, Polk, Putnam, Rhea, Robertson, Scott, Sequatchie, Shelby, Smith, Sullivan, Sumner, Trousdale, Van Buren, Warren, Washington, and White.

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.

Premiums and Benefits	Signature Advantage Plan (HMO ISNP)	What You Should Know
Monthly Plan Premium	You pay \$47.30	You must continue to pay your Medicare Part B premium.
Part B Premium Buy-down (reduction)	Signature Advantage pays down your Part B premium by \$19.50 per month.	You pay the CMS Part B Premium amount minus the \$19.50 reduction paid by the Plan.
Part B Deductible	\$240	This is the 2024 cost sharing amount and may change for 2025. 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)	\$9,350 annually	The most you pay for copays, coinsurance, and other costs for medical services in a year.
Inpatient Hospital	<p>You pay a \$1,632 deductible for days 1-60 of each benefit period</p> <p>You pay \$408 coinsurance per day for days 61-90</p> <p>You pay \$816 coinsurance per lifetime reserve day after day 90 up to 60 days over your lifetime</p> <p>Each day after the lifetime reserve days: All costs</p>	<p>These are the 2024 cost sharing amounts and may change for 2025. Signature Advantage Plan (HMO ISNP) will provide the updated rate 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.
Ambulatory Surgery Center	You pay 20% of the cost 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 for Primary care services provided by your Nurse Practitioner at the nursing home where you live.</p> <p>You pay 20% for Primary care services performed outside the nursing home where you live.</p> <p>You pay 20% of the cost for Medicare-covered specialist care.</p>	

Premiums and Benefits	Signature Advantage Plan (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 20% of the cost for Medicare-covered services up to \$45	If you are admitted to the hospital within one (1) day, you do not have to pay \$45
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 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 required for Outpatient Diagnostic Procedures, Tests and Lab Services performed outside the nursing facility only. No authorization required for outpatient x-rays.
Hearing Services Hearing Exam (Routine or Fitting/Evaluation for Hearing Aid) Hearing Aids	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.
Dental Services Medicare - covered Preventive Dental	You pay 20% of the cost for Medicare-covered services \$0 copay for oral exams, cleaning, and dental x-ray You pay 20% of the cost of comprehensive dental	Medicare-covered Benefits limited to services provided under the Medicare program. Preventive - (oral exams, cleaning, and dental x-ray) each service limited to two (2) treatments per year. Comprehensive – Restorative Services; Endodontics; Periodontics; Orthodontics; Prosthodontics, Oral/Maxillofacial Surgery, Adjunctive General Services and, Other Services

Premiums and Benefits	Signature Advantage Plan (HMO ISNP)	What You Should Know
Comprehensive Dental Cont'd		Comprehensive dental services are limited to \$2,000 in total cost per year.
<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> <ul style="list-style-type: none"> • Outpatient Group Therapy Visit • Outpatient Individual Therapy Visit • Inpatient Mental Health Services 	<p>You pay 0% - 20% of the cost for Medicare-covered services</p> <p>You pay a \$1,632 deductible for days 1-60 of each benefit period</p> <p>You pay \$408 coinsurance per day for days 61-90</p> <p>You pay \$816 coinsurance per lifetime reserve day after day 90 up to 60 days over your lifetime</p> <p>Each day after the lifetime reserve days: All costs</p> <p>You pay 20% of the Medicare-Approved Amount for mental health services you get from doctors and other providers while you're receiving inpatient mental health services.</p>	<p>Individual and Group Sessions: 0% coinsurance, when the service is performed in the Nursing home where you live, 20% when performed elsewhere.</p> <p>These are the 2024 cost sharing amounts and may change for 2025. 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>
Skilled Nursing Facility (SNF)	<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>

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Rehabilitative Services <ul style="list-style-type: none"> • 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	Prior authorization is required for billed charges in excess of \$250. \$35 Copay for Insulin per month
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 twelve 12 routine foot care (podiatry) services per year	
Medical Equipment/Supplies <ul style="list-style-type: none"> • 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	Prior authorization is required for billed charges in excess of \$250.
Over-the-Counter (OTC) Items	You pay nothing for up to \$400 per quarter of covered items.	Plan provides \$400 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.

Premiums and Benefits	Signature Advantage Plan (HMO ISNP)	What You Should Know
<p>Telehealth Services (Remote Access Technology)</p>	<p>You pay 0% coinsurance for PCP and Individual Sessions for Psychiatric Sessions</p> <p>You pay 20% coinsurance for Physician Specialist Services, Group Sessions for Psychiatric Sessions, Kidney Disease Education Services, Diabetes Self-Management Training, and Dialysis Services</p> <p>Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)</p>	<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.</p> <p>To access services, members must register online or over the phone and provide their basic medical history. Appointments are available 24 hours a day, 365 days per year. Members may access services by phone (smartphone not required), computer, or tablet for their appointment.</p>
<p>Home-based Palliative Care</p>		<p>Supportive Care (SC), a home-based palliative care program puts the member at the center of decisions about their health, coordinating medical services consistent with their goals of care. This approach has shown improvement in symptom management, improved quality of life, and lower acute care utilization. SC supports members with an advanced illness that meets SC admission requirements. Members receive comfort-directed care, while continuing to receive curative treatment.</p> <p>Coverage is limited to 250 calendar days of services in a 12-month period that begins the first day SC services are provided.</p>

<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 Catastrophic Coverage Stage</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 \$590 for your drugs (\$590 is the amount of your deductible).</p>	<p>During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment <i>or</i> your 25% coinsurance amount).</p> <p>You stay in the Initial Coverage Stage until your out-of-pocket costs for the year reach \$2,000.</p>	<p>You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$2,000 limit for the calendar year.</p> <p>Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year and the plan will pay the cost of your drugs and you will pay nothing.</p>

Anti-Discrimination Notice and Multi-Language

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.

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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-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 1-844-214-8633번으로 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 Italiano 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。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 Plan (HMO ISNP) from 8:00 a.m. to 8:00p.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 Plan (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 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.

This plan is available to anyone with Medicare who meets the Skilled Nursing Facility (SNF) level of care and resides in a nursing home.

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