

2020



# Summary of Benefits

Signature Advantage Plan (HMO-ISNP) H2400 001  
January 1, 2020 – December 31, 2020

H2400\_SB20\_001\_M

**This is a summary of drug and health services covered by  
Signature Advantage (HMO ISNP),  
January 1, 2020 - December 31, 2020**

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 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 5:00 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: Anderson, Boyle, Carroll, Casey, Clark, Fayette, Hardin, Jackson, Jefferson, Larue, Lee, Mercer, Nelson, Rockcastle, Scott, Spencer and Trimble.

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 (HMO ISNP)</b>	<b>What You Should Know</b>
Monthly Plan Premium	You pay \$29.50	You must continue to pay your Medicare Part B premium.
Deductible	\$185	This is the 2019 cost sharing amount and may change for 2020. 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)	\$6,700 annually	The most you pay for copays, coinsurance and other costs for medical services in a year.
Inpatient Hospital (including mental health services)	<p>You pay a \$1,340 deductible for days 1-60 of each benefit period</p> <p>You pay \$335 coinsurance per day for days 61-90</p> <p>You pay \$670 coinsurance per lifetime reserve day after day 90 up to 60 days over your lifetime</p>	<p>These are the 2019 cost sharing amounts and may change for 2020. 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	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>20% of the cost for Medicare-covered services</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	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	20% of the cost for Medicare-covered services up to \$65	If you are admitted to the hospital within three (3) days, you do not have to pay \$65.

Premiums and Benefits	Signature Advantage (HMO ISNP)	What You Should Know
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>	20% of the cost for Medicare-covered Diagnostic Radiology Services You pay nothing for Medicare-covered lab services 20% of the cost for Medicare-covered Diagnostic Tests and Procedures 20% of the cost for Medicare-covered Outpatient x-rays	Prior authorization is required for some services.
Home Health Services	You pay nothing for Medicare-covered services	
Hearing Services  Hearing Exam (Routine or Fitting/Evaluation for Hearing Aid)  Hearing Aid	20% of the cost for Medicare-covered services  You pay nothing  You pay nothing	One (1) routine exam every year.  Up to \$950 every two (2) years, both ears combined.
Dental Services Medicare-covered  Preventive Dental	20% of the cost for Medicare-covered services  \$0 copay for oral exams.  \$0 copay for cleaning.  \$0 dental x-ray.	Preventive dental services are limited to up to \$750 in total cost per year.
Vision Services  Routine Eye Exam  Eyewear (contact lenses and eyeglasses (lenses and/or frames); upgrades	20% of the cost for Medicare-covered services  You pay nothing  You pay nothing	One (1) exam per year.  Up to \$150 every year.

<b>Premiums and Benefits</b>	<b>Signature Advantage (HMO ISNP)</b>	<b>What You Should Know</b>
Mental Health Services <ul style="list-style-type: none"> <li>• Outpatient Group Therapy Visit</li> <li>• Outpatient Individual Therapy Visit</li> </ul>	20% of the cost for Medicare-covered services	
Skilled Nursing Facility (SNF)	You pay \$0 per day for days 1-100 of each benefit period.  You pay all costs for days 101 and beyond.	These are 2019 cost-sharing amounts and may change for 2020. Signature Advantage Plan will provide updated rates as soon as they are released.  Prior authorization is required.  Zero (0) hospital days required prior to SNF admission.
Rehabilitative Services <ul style="list-style-type: none"> <li>• Occupational Therapy Visit</li> <li>• Physical Therapy and Speech and Language Therapy Visit</li> </ul>	20% of the cost for Medicare-covered services	
Ambulance	20% of the cost for Medicare-covered services	Prior authorization is required for Medicare-covered non-emergent ambulance.
Transportation	Not Covered	
Foot Care (Podiatry)	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 <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>	20% of the cost for Medicare-covered services	Prior authorization is required for billed charges in excess of \$250.
Medicare Part B Drugs	20% of the cost for Medicare-covered services	Prior authorization is required for billed charges in excess of \$250.  May be subject to step therapy.
Ambulatory Surgery Center	20% of the cost for Medicare-covered services	



Outpatient Prescription Drugs				
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 \$435 for your drugs (\$435 are the amount of your deductible).</p>	<p>During this stage, 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 \$4,020.</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 \$6,350. 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, 2020).</p>	<p>Cost-Sharing may change when you enter another phase of the Part D benefit.</p>

## Anti-Discrimination Notice

### English

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 Services

### English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.

Call 1-866-583-4649 (TTY: 711).

### Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-583-4649 (TTY: 711).

### Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

Rufnummer: 1-866-583-4649 (TTY: 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 1-866-583-4649 (TTY: 711).

### Français (French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-583-4649 (ATS : 711).

### tsalagi gawonihisdi (Cherokee)

Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi].

Call 1 – 866-583-4649 (TTY: 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 1-866-583-4649 (TTY: 711)。

### 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-866-583-4649 (TTY: 711) 번으로 전화해 주십시오.

### Chahta (Choctaw)

ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmma im anompoli chi bvnnakmvt, holhtina pa payah: 1-866-583-4649 (TTY: 711).

### آريبرغل (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-583-4649 (رقم هاتف الصم والبكم: 711-1).

### Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Tumawag sa 1-866-583-4649 (TTY: 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。

1-866-583-4649 (TTY:711) まで、お電話にてご連絡ください。

**اُردو (Urdu)**

1-866-583-4649 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 4649 (TTY: 711).

**हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-866-583-4649 (TTY: 711) पर कॉल करें।

**Italiano (Italian)**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.

Chiamare il numero 1-866-583-4649 (TTY: 711).

**Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Звоните 1-866-583-4649 (телетайп: 711).

For more information, contact Signature Advantage Plan (HMO ISNP) from 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 and Monday – Friday from 8:00a.m. to 5:00 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 5 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. –  
5:00 p.m. from April 1 – September 30**

**[www.signatureadvantageplan.com](http://www.signatureadvantageplan.com)**