

2021



# Summary of Benefits

Signature Advantage Community (HMO-ISNP)

H2400 002

January 1, 2021 – December 31, 2021

**This is a summary of drug and health services covered by  
Signature Advantage Community (HMO ISNP),  
January 1, 2021 - December 31, 2021**

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 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 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 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.

<b>Premiums and Benefits</b>	<b>Signature Advantage Community (HMO ISNP)</b>	<b>What You Should Know</b>
Monthly Plan Premium	You pay \$29.60	You must continue to pay your Medicare Part B premium.
Deductible	\$198	This is the 2020 cost sharing amount and may change for 2021. 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	<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 a \$300 copay per visit 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 a \$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>	
Preventive Care (e.g. flu vaccine, diabetic screenings)	You pay nothing for Medicare covered preventive care	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.
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 0% - 20% for Medicare- covered Diagnostic Radiology Services  You pay 0% - 20% for Medicare- covered lab services  You pay \$200 for Medicare-covered Diagnostic Tests and Procedures  You pay nothing for Medicare-covered Outpatient x-rays	Prior authorization and/or referral required for services when received outside of your assisted living facility of residence  \$200 copay and prior authorization required for high tech diagnostic radiological services only: MRI, MRA, PET, CTA, CT Scans, and SPECT.  \$100 copay for all other Medicare-covered diagnostic radiological services not otherwise specified.
Hearing Services  Hearing Exam (Routine or Fitting/Evaluation for Hearing Aid)  Hearing Aid	You pay 20% of the cost for Medicare- covered hearing exam services  You pay nothing for routine hearing or fitting/evaluation exams  You pay nothing	One (1) routine exam every year.  Up to \$1500 every two (2) years, both ears combined.
Dental Services Medicare-covered  Comprehensive and Preventive Dental	20% of the cost for Medicare-covered services  20% of the cost of restorative comprehensive dental  \$0 copay for oral exams.	Medicare-covered Benefits limited to services provided under the Medicare program. Prior Authorization required.  Comprehensive Dental - Restorative Services; Endodontics; Periodontics; Extractions; Prosthodontics, Other Oral/Maxillofacial Surgery, Other

Premiums and Benefits	Signature Advantage Community (HMO ISNP)	What You Should Know
	<p>\$0 copay for cleaning.</p> <p>\$0 dental x-ray.</p>	<p>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 \$1500 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 vision services</p> <p>You pay nothing</p> <p>You pay nothing</p>	<p>One (1) Routine exam per year.</p> <p>Up to \$150 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 per visit for outpatient individual or group therapy when received at your assisted living facility of residence.</p> <p>You pay a \$40 copay per visit for Medicare covered outpatient individual or group therapy when received at other locations.</p>	
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>
<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>	You pay 20% of the cost for Medicare- covered services	
Ambulance	You pay \$275 for each Medicare- covered services	Prior authorization is required for Medicare-covered non-emergent ambulance.

<b>Premiums and Benefits</b>	<b>Signature Advantage Community (HMO ISNP)</b>	<b>What You Should Know</b>
Transportation	You pay \$0 for up to 50 one-way trips to a Plan-approved health related location	Transportation is provided via taxi, ride-share, bus/subway, van, or medical transport.
Medicare Part B Drugs and Chemotherapy/Radiation Drugs	You pay 20% of the cost for Medicare- covered services	Prior authorization is required for billed charges in excess of \$250.
Alternative Therapies <ul style="list-style-type: none"> <li>• Mindfulness</li> <li>• Cognitive Based Therapy</li> </ul>	You pay \$40 copay for each therapy session.	Prior Authorization required. Limited to up to 12 sessions per year.
Ambulatory Surgery Center	You pay a \$200 copay 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) routine podiatry services per year	
Home Health Services	You pay nothing for Medicare covered services	Prior authorization required
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>	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 \$40 per month of covered items.	Plan provides a \$40 per month allowance for over the counter items  Unused benefit not carried forward for the next period and plan year

Premiums and Benefits	Signature Advantage Community (HMO ISNP)	What You Should Know
Telehealth Services (Remote Access Technology)	<p>You pay nothing 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% of the cost for Medicare covered Dialysis Services</p>	<p>Members have the option to receive medical consultations with board certified licensed physicians through either phone or web-based video. 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>

**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 \$445 for your drugs (\$445) are 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 \$4,130.</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 \$6,550. 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, 2021).</p>	<p>Cost-Sharing may change when you enter another phase of the Part D benefit.</p>



## Anti-Discrimination Notice

### English

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](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 or 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 اللغة، فإن خدمات المساعدة اللغوية متوفرة 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 Community (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 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 Community (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 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](http://www.signatureadvantageplan.com)**