2018 Summary of Benefits

Signature Advantage (HMO SNP)

H2400, Plan 001

This is a summary of drug and health services covered by Signature Advantage (HMO SNP)
January 1, 2018 - December 31, 2018

Signature Advantage is Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information.

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 call Member Services and request the *Evidence of Coverage*.

To Reach our Member Services Representatives:

- Toll-free 1-844-214-8633, TTY/TDD users should call 711.
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.

To join Signature Advantage (HMO SNP), you must:

- be entitled to Medicare Part A,
- -- *and* -- be enrolled in Medicare Part B,
- -- *and* -- live in our service area,
- -- *and* -- reside in one of our participating nursing facilities for greater than 90 days. The plan's *Provider Directory* has a list of participating nursing facilities, you can access this list on our website www.signatureadvantageplan.com or call Member Services and ask us to send you a list.

Our service area includes these counties in Kentucky: Anderson, Boyle, Carroll, Casey, Clark, Fayette, Hardin, Jackson, Jefferson, Larue, Lee, Mercer, Nelson, Rockcastle, Scott, Spencer, Trimble

Signature Advantage (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at www.signatureadvantageplan.com. If you use providers that are not in our network, the plan may not pay for these services.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

This document is also available in Braille and in large print.

Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1 of each year.

Limitations, copayments, and restrictions may apply.

You must continue to pay your Medicare Part B premium.

Signature Advantage 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 cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Signature Advantage 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障 或性別而歧視任何人。

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at https://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Premiums and Benefits	**Signature Advantage (HMO SNP)**
Monthly Plan Premium	You pay $31.20. You must continue to pay your Medicare Part B premium.
Deductible	<$183> per year Our plan charges the standard Medicare deductible. This cost may change in alignment with Original Medicare cost-sharing for 2018.
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	$6,700 annually
Inpatient Hospital Coverage	You pay: ● <$1,316> deductible for each benefit period ● Days 1-60: <$0> copay for each benefit period ● Days 61-90: <$329> copay per day of each benefit period ● Days 91 and beyond: <$658> copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) The above costs may change in alignment with Original Medicare cost-sharing for 2018. Prior authorization may be required.
Outpatient Hospital Coverage	You pay 20% of the cost. Prior authorization may be required.
Doctor Visits ● Primary Care Providers ● Specialists (referrals may be required)	You pay $0 copay per visit. You pay 20% coinsurance per visit. Self referral: You have the right to go to a women's health specialist (such as a gynecologist) without a referral.
Preventive Care	You pay nothing. Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at $0 cost.

Premiums and Benefits	Signature Advantage (HMO SNP)
Emergency Care	You pay $80 copay per visit. If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	You pay 20% coinsurance up to a maximum of $65. If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for urgent care.
Diagnostic Services/Labs/Imaging ● Diagnostic radiology services *(e.g., MRI)*	You pay 20% of the cost.
● Therapeutic radiology services	You pay 20% of the cost.
● Lab services	You pay $0 copay.
● Diagnostic procedures and tests	You pay 20% of the cost.
● Outpatient x-rays	You pay 20% of the cost. Prior authorization may be required. Please contact the plan for more information.
Hearing Services ● Hearing exam	You pay 20% of the cost for traditional Medicare-covered hearing services.
Supplemental Benefit ● Routine hearing exam, fitting and evaluation for hearing aids	You pay $0 copay for one routine hearing exam, and fitting/evalutation for hearing aids per year.
● Hearing aids	Allowance up to $1800 for hearing aids every two years.
Dental Service *Supplemental Benefit* ● Cleaning ● X-ray	You pay 20% coinsurance for Medicare-covered services. Plan pays up to $1,500 per year for preventive and comprehensive dental services: ● One oral exam every 6 months ● One prophylaxis (cleaning) every 6 months ● One dental x-ray per year ● Also covers restorative services, endodontics, prosthodontics Prior authorization may be required.

Premiums and Benefits	Signature Advantage (HMO SNP)
Vision Services ● Yearly eye exam for diabetic retinopathy	You pay 20% coinsurance for Medicare-covered services. Deductible applies.
Supplemental Benefit ● Routine eye exam ● Glaucoma screening	You pay $0 copay for one routine eye exam visit and one glaucoma screening per year.
● Eyeglasses, lenses,frames, contacts	Allowance of up to $100 per year.
Mental Health Services ● Inpatient visit	You pay: ● <$1,316> deductible for each benefit period ● Days 1-60: <$0> copay for each benefit period ● Days 61-90: <$329> copay per day of each benefit period ● Days 91 and beyond: <$658> copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) The above costs may change in alignment with Original Medicare cost-sharing for 2018.
● Outpatient group therapy visit ● Outpatient individual therapy visit	You pay 20% of the cost group/individual therapy visit. Prior authorization may be required.
Skilled Nursing Facility	You pay: ● Days 1-100: $0 copay. ● Days 101 and beyond: You pay all costs. No prior hospital stay required. Prior authorization may be required.
Rehabilitation Services ● Occupational therapy visit	You pay 20% of the cost.
● Physical therapy and speech and language therapy visit	You pay 20% of the cost. Prior authorization may be required.
Ambulance	You pay 20% of the cost one way.Prior authorization may be required for non-emergency services.
Non-Emergency Transportation	You pay 0% of the total cost for transportation services to a medical appointment for up to 24 one-way trips per year.

Premiums and Benefits	Signature Advantage (HMO SNP)
Medicare Part B Drugs	20% of the cost for chemotherapy and other Part B drugs.
Foot Care (podiatry services) ● Foot exams and treatment *Supplemental Benefit* ● Routine foot care	 You pay 20% of the cost. You pay $0 for 6 routine foot care visits per year.
Medical Equipment/Supplies ● Durable Medical Equipment (e.g., wheelchairs, oxygen) ● Prosthetics (e.g., braces, artificial limbs) ● Diabetic supplies ● Diabetic Therapeutic Shoes and Inserts	 You pay 20% of the cost. You pay 20% of the cost. You pay 20% of the cost. You pay 20% of the cost. Prior authorization may be required.

Outpatient Prescription Drugs		
	Retail Pharmacy (in network) (up to a 30-day supply)	**Long-term care (LTC) cost-sharing (up to a 31-day supply)**
Initial Coverage Stage (After you pay your $405 deductible) Cost sharing (All formulary Drugs)	25%	25%
Cost-Sharing may change depending on the pharmacy you choose and when you enter another stage of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the stages of the benefit, please call us or access our *Evidence of Coverage* online.		

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the *Pharmacy Directory* and complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.signatureadvantageplan.com.

There are four phases to prescription drug coverage under Part D.

- Deductibe Stage: During this stage, you pay the full cost of your drugs. You stay in this stage until you have paid $405 for your drugs ($405 is the amount of your deductible).
- Initial Coverage Stage: During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan's payments) total $3,750.
- Gap Coverage Stage: During this stage, you pay 35% of the price for brand name drugs plus a portion of the dispensing fee) and 44% of the price for generic drugs. You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of $5,000.
- Catastrophic Coverage Stage: During this stage, the plan will pay most of the cost for your drugs. You pay the greater of:
  - --*either*-- coinsurance of 5% of the cost of the drug,
  - --*or*-- $3.35 for a generic drug or a drug that is treated like a generic and $8.35 for all other drugs.