2027 Summary of Benefits

Longevity Health Plan (HMO I-SNP)

H8457, Plan 001

This is a summary of drug and health services covered by Longevity Health Plan (HMO I-SNP) January 1, 2027 - December 31, 2027.

Longevity Health Plan (HMO I-SNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Call 1-888-332-5938, TTY should call 711, 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, visit our website at www.longevityhealthplan.com, or call Member Services and request the *Evidence of Coverage*.

To Reach Our Member Services Representatives:

- Toll Free 1-888-332-5938, TTY/TDD 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 March 31, and Monday to Friday (except holidays) from April 1 through September 30.

To join Longevity Health Plan (HMO I-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 or expect to 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.longevityhealthplan.com or call Member Services and ask us to send you a list.

Our service area includes these counties in New York:
Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, and Westchester.

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

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.

This document is available for free in Spanish.

Este documento está disponible gratis en español.

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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Longevity Health Plan is an HMO ISNP with a Medicare contract. Enrollment in Longevity Health Plan depends on contract renewal.

Premiums and Benefits	Longevity Health Plan (HMO I-SNP)
Monthly plan premium	$29.70 You must continue to pay your Medicare Part B premium.
Deductible	$0 Part B Deductible For the Part A deductible, you pay the 2027 Original Medicare cost-sharing amounts for Inpatient Hospital or Mental Health for inpatient visits. These are the 2026 cost-sharing amounts and may change for 2027. $1,736 deductible
Maximum out-of-pocket amount(does not include Part D Prescription drugs)	$8,750
Inpatient Hospital coverage, Including inpatient Mental Health	You pay the 2027 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. $1,736 deductible; $0 copayment each day for days1-60; $434 copayment each day for days 61 to 90; $868 copayment each day for days 91 to 150 (lifetime reserve days). *Prior Authorization is required.*
Outpatient Hospital coverage	20% coinsurance *Prior authorization is required.*
Ambulatory Surgical Center (ASC) Services	20% coinsurance *Prior authorization is required.*
Doctor Visits Primary Care Providers Specialists	 $0 copayment $0 copayment when services rendered in a Nursing Facility. 20% coinsurance when services rendered outside of Nursing Facility.
Preventive Care	You pay nothing.
Emergency care	$115 copayment Copayment is waived if you are admitted to a hospital within three (3) days.

Premiums and Benefits	Longevity Health Plan (HMO I-SNP)
Urgently needed services	20% coinsurance up to a max of $40 Coinsurance is waived if you are admitted to a hospital within three (3) days.
Diagnostic Services/Labs/ Imaging Diagnostic tests and procedures Lab services Diagnostic radiology services(e.g., MRI, CAT Scan) Outpatient X-rays	 20% coinsurance $0 copayment 20% coinsurance 20% coinsurance *Prior Authorization is required for some services.*
Hearing services Hearing exam Routine hearing exam, fitting and evaluation for hearing aids Hearing aids	 20% coinsurance of the cost for Medicare-covered hearing services. $0 copayment for 1 routine hearing exam, fitting and evaluationfor hearing aids every year. Up to a $1,300 credit for both ears combined every two years for hearing aids. *Prior authorization is required for hearing aids only.*
Dental services ***Supplemental Benefit*** In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) are not covered by Original Medicare. We cover: **<u>Preventive dental services</u>** • Oral Exams • Prophylaxis (Cleaning) • Dental X-Rays • Fluoride Treatment **<u>Comprehensive dental services</u>** • Diagnostic Services • Endodontics • Extractions • Non-routine services • Prosthodontics, other Oral Maxillofacial Surgery/ Services	20% coinsurance for each Medicare-covered dental service. Annual maximum of $2,850 combined credit every year towards preventive and comprehensive dental services. *Prior Authorization is required (for Medicare-covered comprehensive dental only).*

Premiums and Benefits	Longevity Health Plan (HMO I-SNP)
• Periodontics • Restorative Services	
Vision care Yearly eye exam for diabetic retinopathy *Supplemental Benefit* Routine eye exam Eyeglasses, lenses, frames, contacts	20% coinsurance for Medicare-covered services. You pay a $0 copayment for 1 routine eye exam visit every year. Up to $250 combined credit every two years for all additional eyewear.
Mental Health Services Outpatient group therapy visit Outpatient individual therapy visit	20% coinsurance *Prior authorization is only required for psychological testing services and counseling.*
Skilled Nursing Facility (SNF) care	$0 copayment for each Medicare-covered skilled nursing facility stay.
Physical Therapy	20% coinsurance
Ambulance services Ground or Air Ambulance	20% coinsurance *Prior authorization is required for non-emergency Medicare covered services.*
Premiums and Benefits	**Longevity Health Plan (HMO I-SNP)**
Medicare Part B Prescription drugs	20% coinsurance for Chemotherapy drugs or Other Part B drugs *For chemotherapy, the initial drug approval only is required. Prior authorization is required for some medications.*

Longevity Health Plan (HMO I-SNP)		
Outpatient Prescription Drugs		
	Standard retail cost-sharing (In-network) (Up to a 30-day supply)	**Long-term care (LTC) cost-sharing** (Up to a 31-day supply)
Deductible Stage	During this stage, you pay the full cost of our brand name drugs up to $700.	
Initial Coverage Stage	25% coinsurance	25% coinsurance
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $2,400, you pay nothing.	

Cost-sharing may differ based on point-of-service (Retail, Long Term Care (LTC)), Home Infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term (30-day supply) or long-term (31-day supply).

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan.

Supplemental Benefits	
Music Therapy	$0 copayment Therapeutic Music sessions up to 36 group sessions per year administered by a Music Therapist or using certified music therapist designed curriculum and a facilitator. Music Therapy is not subject to the shared $500 every 3 months maximum. *Referral is required.*
Over-the-Counter Benefits (OTC) *Supplemental Benefit* Over-the-counter benefit	Up to $105 every three months. OTC benefit may be used to purchase products from the Longevity OTC **catalog.**
Special Supplemental Benefits for the Chronically Ill (SSBCI)	$0 copayment A maximum of **$500** per quarter. Life Enrichment products, Hygiene, and Companion Services are funded through a combined quarterly benefit allowance. **Referral is required**