

2026



Abilis Health
Community Plan

Formerly
Signature
Advantage COMMUNITY

Summary of Benefits

Abilis Health Community Plan (HMO IE-SNP) H2400 002

January 1, 2026 – December 31, 2026

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This is a summary of drug and health services covered by Abilis Health Community Plan (HMO IE-SNP), January 1, 2026 - December 31, 2026

Abilis Health Community Plan (HMO IE-SNP), formerly Signature Advantage Community Plan, transition effective January 1, 2026, 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 Customer Service 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 Days) and Monday – Friday from 8:00 a.m. to 8:00 p.m., April 1 – September 30 (excluding federal holidays). TTY/TDD users call 711 or visit our website at www.abilishealth.com.

To join Abilis Health Community Plan (HMO IE-SNP), 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, Barren, Bath, Bourbon, Boyle, Bracken, Bullitt, Butler, Carroll, Clark, Clay, Clinton, Cumberland, Daviess, Edmonson, Estill, Fayette, Fleming, Floyd, Gallatin, Garrard, Grayson, Green, Hancock, Hardin, Harrison, Hart, Henderson, Henry, Hopkins, Jefferson, Jessamine, Knox, Lincoln, Logan, Madison, Marion, McCreary, McLean, Meade, Menifee, Metcalfe, Monroe, Montgomery, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Powell, Pulaski, Robertson, Russell, Scott, Shelby, Simpson, Taylor, Todd, Trigg, Union, Warren, Washington, Wayne, Webster, Whitley and Woodford

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

Abilis Health Community Plan (HMO IE-SNP, formerly Signature Advantage Community Plan, transition effective January 1, 2026) 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 & Benefits | Abilis Health Plan (HMO IE-SNP) | What You Should Know |
|--|--|--|
| Monthly Plan Premium | You pay \$0.00 | You must continue to pay your Medicare Part B premium. |
| Part B Premium Buy-down (reduction) | Part B Premium Buy-down (reduction) | With this plan, the monthly premium you pay for Part B has been reduced by \$35.50. |
| Part B Deductible | \$283 | This is the 2026 cost sharing amount (except for insulin furnished through an item of durable medical equipment) |
| Maximum Out-of-Pocket Responsibility (does not include prescription drugs) | \$9,250 annually | The most you pay for copays, coinsurance, and other costs for medical services in a year. Once you reach the maximum out of pocket amount, our plan pays 100% of covered medical services. |
| Inpatient Hospital | You pay a \$400 copay for days 1-5 of each benefit period. You pay \$0 copay per day for days 60-90. You pay \$868 coinsurance per lifetime reserve day after day 90 up to 60 days over your lifetime Each day after the lifetime reserve days: All costs | Prior authorization is required. |
| Outpatient Hospital Coverage Outpatient Hospital Services Outpatient Observation Services | You pay 20% coinsurance for Medicare-covered services. You pay 20% coinsurance for Medicare covered services | Prior authorization is required. Prior authorization is required. |
| Ambulatory Surgical Center (ASC) Services | You pay a \$200 copay for Medicare-covered services. | Prior Authorization is required. |

| Premiums & Benefits | Abilis Health Plan | What You Should Know |
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| | (HMO FI-SNP) | |
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| <p>Doctor Visits</p> <p>Primary Care / Specialist Care</p> | <p>You pay \$0 copay for Primary Care and/or Specialist Care services performed by your Nurse Practitioner within the nursing home facility that you reside.</p> <p>You pay \$15 copay for Primary Care services performed outside your Assisted Living Facility (Community).</p> <p>You pay \$40 copay for Specialist Care services performed outside of your Assisted Living Facility (Community).</p> | |
| <p>Preventive Care (e.g. flu vaccine, diabetic screenings)</p> | <p>You pay nothing</p> | <p>Any additional preventive services approved by Medicare during the contract year will be covered. There are some covered services that may have a cost.</p> |
| <p>Chiropractic Services</p> | <p>You pay 20% coinsurance for Medicare-covered services.</p> | |
| <p>Emergency Services</p> | <p>You pay 20% coinsurance for Medicare-covered services up to a max of \$90.</p> | <p>If you are admitted to the hospital within one (1) day, you do not have to pay \$90 in coinsurance.</p> |
| <p>Urgently Needed Services</p> | <p>You pay a \$40 copay for Medicare-covered services</p> | <p>If you are admitted to the hospital within one (1) day, you do not have to pay the \$40 copay.</p> |
| <p>Diagnostic Services / Labs / Imaging</p> <p>Diagnostic Radiology Services (e.g. MRI, CAT Scan)</p> <p>Lab Services</p> | <p>You pay 0% coinsurance for Medicare-covered Diagnostic Radiology and Lab Services performed at your Assisted Living Facility (Community).</p> <p>You pay 20% coinsurance for Medicare-covered Lab services performed outside your Assisted Living Facility (Community).</p> | <p>Referral required for services performed outside of the Assisted Living Facility (Community).</p> |

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| Premiums & Benefits | Abilis Health Plan | What You Should Know |
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| | (HMO FI-SNP) | |
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| Diagnostic Tests and Procedures | You pay 0% coinsurance for Medicare-covered Diagnostic Tests and Procedures performed at your Assisted Living Facility (Community). | Prior authorization is required for high tech radiological services and lab/diagnostics performed outside your Assisted Living Facility (Community). |
| Outpatient X-Rays | You pay 20% coinsurance for Medicare-covered Diagnostic Tests and Procedures performed outside of your Assisted Living Facility (Community). You pay 20% coinsurance for Medicare-covered Outpatient x-rays | No authorization required for outpatient x-rays when performed by a contracted provider or in an emergent setting. |
| Hearing Services | | |
| Hearing Services | 20% coinsurance for Medicare Covered hearing services | |
| Hearing Exam (Routine, Fitting, or Evaluation for Hearing Aid) | You pay nothing | One (1) routine exam every year. |
| Hearing Aids | You pay nothing | Plan pays up to \$4,000 every two (2) years, both ears combined. |
| Dental Services | | |
| Preventive Dental (Oral Exams, Cleaning & Dental X-Ray) | \$0 copay for oral exams, cleaning, and dental x-ray | Each service limited to two (2) treatments per year. Comprehensive dental services are limited to \$2,400 in total cost per year. |
| Comprehensive Dental (Restorative, Endodontics, Periodontics, Prosthodontics, Maxillofacial Prosthetics, Implant Services, Orthodontics, Adjunctive General Services) | You pay 20% coinsurance of the comprehensive dental cost. | Medicare-covered benefits limited to services provided under the Medicare program. |
| Podiatry Services (Foot Care) | You pay nothing for up to 6 routine foot care visits per year. You pay 20% coinsurance for Medicare-covered services | |

| Premiums & Benefits | Abilis Health Plan (HMO FI-SNP) | What You Should Know |
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| <p>Vision Services</p> <p>Eye Exams / Glaucoma Screening</p> <p>Eyewear (Glasses and Contacts)</p> | <p>You pay 20% coinsurance for Medicare-covered services</p> <p>You pay nothing</p> <p>You pay nothing</p> | <p>Routine Eye Exam & Glaucoma screening a year</p> <p>Eyewear is covered up to \$325 a year</p> |
| <p>Mental Health Services</p> <p>Outpatient Group & Individual Therapy Sessions</p> <p>Intensive Outpatient Program (IOP) Services</p> <p>Partial Hospitalization Program</p> | <p>You pay \$0.00 - \$40.00 copay for Medicare-covered services.</p> <p>You pay 20% coinsurance for Medicare-covered services.</p> | <p>Individual and Group Sessions:</p> <ul style="list-style-type: none"> • You pay a \$0 copay, when services are performed within the Community where you reside. • You pay a \$40 copay when services are performed elsewhere. <p>Prior Authorization is required for IOP and Partial Hospitalization Programs</p> |
| <p>Inpatient Mental Health Services</p> | <p>You pay a \$374 copay per day for days 1-5 of each benefit period.</p> <p>You pay \$0 copay per day for days 6-90.</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>Prior authorization is required.</p> |

| Premiums & Benefits | Abilis Health Plan (HMO FI-SNP) | What You Should Know |
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| Skilled Nursing Facility (SNF) | <p>You pay \$0 per day for days 1-20 of each benefit period.</p> <p>You pay \$217 per day for days 21-100.</p> <p>You pay all costs per day 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> <p>Occupational Therapy Visit</p> <p>Physical Therapy and Speech / Language Therapy Visits</p> | <p>You pay 20% coinsurance for Medicare-covered services.</p> <p>You pay 20% coinsurance for Medicare-covered services</p> | |
| Ambulance | You pay 20% coinsurance for Medicare-covered services. | Prior authorization is required for Medicare-covered non-emergent ambulance. |
| Transportation | Not Covered | |
| Part B Drugs | <p>You pay 0% - 20% coinsurance for Medicare-covered services</p> <p>\$35 Copay for Insulin per month</p> | Prior authorization is required for billed charges in excess of \$250. |
| Home Health Services | You pay nothing for Medicare-covered services | Prior Authorization is required. |
| <p>Durable Medical Equipment (DME) / Supplies</p> <p>Durable Medical Equipment (e.g. wheelchairs, oxygen)</p> <p>Prosthetics (e.g. braces, artificial limbs)</p> <p>Diabetic Supplies, Shoes & Inserts</p> | You pay 20% coinsurance for Medicare-covered services | Prior authorization is required for billed charges in excess of \$250 |

**Abilis Health Plan (HMO IE-SNP)
Additional Supplemental Benefits**

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| Telehealth | You 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 you should not use this benefit if you are experiencing a medical emergency. |
| Over The Counter (OTC) | Up to \$200 per quarter. Amounts accumulate from quarter to quarter. Amounts expire at end of plan year or with disenrollment from the plan. OTC benefit may be used to purchase products from the Abilis Health Community Plan Partner, The HelperBees. |
| Health Food Choices Program | Members who meet the criteria may qualify for up to \$75 per month to purchase healthy, nutritious food from the Abilis Health Community Plan Partner, The HelperBees. |
| Personal Care Supplies | Members who meet the criteria may qualify for up to \$75 per month to purchase personal care items (such as adult briefs, shampoo, slippers, and compression socks) up to the allowed amount from the Abilis Health Community Plan Partner, The HelperBees. |

**Abilis Health Plan (HMO IE-SNP)
Prescription Drug Coverage**

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| Stage 1: Yearly Deductible | You begin in this payment stage when you fill your first prescription of the year. During this stage, you pay the full cost of your drugs. You stay in this stage until you have paid the yearly deductible of \$615 for your drugs. |
| Stage 2: Initial Coverage Stage | 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 or your 25% coinsurance amount). You stay in the Initial Coverage Stage until your out-of-pocket costs for the year reach \$2,100. |
| Stage 3: Catastrophic Coverage | You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$2,100 limit for the calendar year. 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. |

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, no matter what cost-sharing tier it's on.

Anti-Discrimination Notice

Abilis Health Community Plan (HMO IE-SNP) “Abilis Health Community Plan” – formerly Signature Advantage Community Plan, transition effective January 1, 2026.

Abilis Health Community Plan (HMO IE-SNP), offered by Signature Advantage, LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Abilis Health Community Plan (HMO IE-SNP) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Abilis Health Community Plan (HMO IE-SNP) 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)
- 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 Abilis Health Community Plan 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@abilishealthplan.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.

By Phone (toll-free): 1-844-214-8633; **TTY** 711

By Fax: 1-800-880-3263

By Email: appeals@abilishealthplan.com

By Mail / In Person: Abilis Health Plan, 805 N Whittington Parkway, Louisville, KY 40222

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

Phone: 1-800-368-1019, (TDD) 800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Disclaimer

Abilis Health Community Plan (HMO IE-SNP) – formerly Signature Advantage Community, transition effective January 1, 2026, offered by Signature Advantage, LLC, is a Health Maintenance Organization Special Needs Plan (I-SNP) with a Medicare contract. Enrollment in Abilis Health Plan depends on contract renewal.

Notice of Availability

Abilis Health Community Plan (formerly Signature Advantage Community Plan, transition effective January 1, 2026) provides free language services to people whose primary language is not English.

If you need help in your language, please call 1-844-214-8633; TTY 711.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-214-8633.

繁體中文 (Chinese): 注意：如果您使用繁體中文，可免費獲得語言協助服務。請致電 1-844-214-8633。

العربية (Arabic): ملاحظة: إذا تحدثت بالعربية، فإن الخدمات اللغوية المساعدة متوفرة لك مجانًا. اتصل بـ 1-844-214-8633.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi 1-844-214-8633.

Korean (한국어): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-214-8633 번으로 전화하십시오.

Tagalog (Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, may makukuha kang libreng tulong sa wika. Tumawag sa 1-844-214-8633.

Русский (Russian): ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги перевода. Звоните по номеру 1-844-214-8633.

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez 1-844-214-8633.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-844-214-8633. an.

日本語 (Japanese): 注意：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 まで、お電話にてご連絡ください。

Persian (فارسی): توجه: اگر به فارسی صحبت می‌کنید، خدمات کمک زبانی به صورت رایگان برای شما در دسترس است. با شماره 1-844-214-8633 تماس بگیرید.

Hindi (हिंदी): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-214-8633 पर कॉल करें।

Gujarati (ગુજરાતી): ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો ભાષા સહાય સેવાઓ તમારા માટે મફતમાં ઉપલબ્ધ છે. કૃપા કરીને 1-844-214-8633 પર કોલ કરો.

Haitian Creole (Kreyòl Ayisyen): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-214-8633.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-214-8633.

For more information, contact Abilis Health Community Plan (HMO IE-SNP) from 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 (*excluding Thanksgiving and Christmas day*) 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.abilishealth.com.

You can access the Abilis Health Community Plan (HMO IE-SNP) provider or pharmacy directory on our website at www.abilishealth.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.

Abilis Health Community Plan (HMO IE-SNP) is an HMO with a Medicare Contract. Enrollment in Abilis Health Community Plan (HMO IE-SNP) 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 Customer Service at 1-844-214-8633 (TTY 711).

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.

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Abilis Health Community Plan

Formerly **Signature**
Advantage **COMMUNITY**

Toll-free: 1-844-214-8633 ; TTY/TDD: 711

**Hours: 8:00am – 8:00pm: 7 days a week, October 1–
March 31 ; Monday–Friday, April 1–September 30**

Excludes Thanksgiving & Christmas Day and Federal Holidays

www.abilishealth.com