

Nascentia HealthPLUS

TOMORROW'S HEALTHCARE TODAY



Summary of Benefits

Nascentia Dual Advantage

2020

2020 Summary of Benefits Nascentia Dual Advantage

H9066-003 January 1, 2020 - December 31, 2020.

Nascentia Health Plus is a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP) with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in Nascentia Health Plus depends on contract renewal.

The benefit information provided 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.” You can also find it online at www.nascentiahealthplus.org or you can call member services at 1-888-477-4663 (TTY 711) with questions you may have.

ELIGIBILITY:

This plan is a dual eligible special needs plan (D-SNP)

- Must be enrolled in Medicare Part A and Part B
- Must be enrolled for full Medicaid benefits and/or assistance with Medicare premiums or cost sharing
- Must continue to pay your Medicare Part B premium if it's not paid for by Medicaid or another third party
- Must live in the Nascentia Health Plus service area.
- Must not have End-Stage Renal Disease (ESRD), with limited exceptions



Nascentia Health Dual Advantage is a Dual Eligible Special Needs Plan for beneficiaries who have both Medicare and Medicaid. Our service area includes the following counties in Upstate New York: **Albany, Broome, Columbia, Delaware, Erie, Greene, Niagara, & Onondaga Counties.**

Except in emergency situations, if you use providers or pharmacies that are not in our network, we may not pay for these services. You can find network providers and pharmacies online at www.nascentiahealthplus.org or you can call and ask for a copy of the Provider and Pharmacy Directories.

You can see our list of covered drugs online at www.nascentiahealthplus.org

FOR MORE INFORMATION, PLEASE CALL US AT:

1-888-477-4663 (TTY 711)
7 days a week, 8:00am - 8:00pm October 1st - March 31st
Monday - Friday, 8:00am - 8:00pm the rest of the year
or visit us at www.nascentiahealthplus.org

This document may be available in other formats such as Braille, large print or audio.

Nascentia Dual Advantage

Exploring Your Options

Choosing the health plan that best meets your needs is an important decision. There are various options to explore and compare. This Summary of Benefits booklet provides you with a brief overview of what Nascentia Health Dual Plan covers and what you would pay.

You can compare our plan with other Medicare health plans using the Medicare Plan Finder online at www.medicare.gov or asking the other plans for their Summary of Benefits booklets.

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), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare & More

Nascentia Health provides you with even more benefits than you get with Original Medicare. Be sure to review the Evidence of Coverage document for full benefit information. You can access it at www.nascentiahealthplus.org, or to request a copy, call 1-888-477-4663 (TTY 711), 7 days a week from 8:00 am -8:00 pm October 1 - March 31. On weekends and certain holidays from April 1 - September 30, your call may be handled by our automated phone system.

COMBINED PART C & D PREMIUM, DEDUCTIBLE & LIMITS

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share as outlined in the Evidence of Coverage. If you do qualify for LIS you pay:

Part D Premium	\$0 to \$27.50 per month, depending on the level of Extra Help
Part D Deductible	\$0 or \$89, depending on the level of Extra Help
Monthly Plan Premium	\$0 for Part C benefits. You must continue to pay your Medicare Part B Premium.
Annual Deductible	\$0 There is no deductible for Part C benefits.
Maximum Out-of-Pocket (does not include prescription drugs)	\$6,700 annually (includes co-insurance for medical services per year)

Nascentia Dual Advantage

PREMIUM, DEDUCTIBLE AND LIMITS

Monthly Plan Premium	\$0 for Part C benefits. You must continue to pay your Medicare Part B Premium.
Annual Deductible	\$0 There is no deductible for Part C benefits.
Maximum Out-of-Pocket (does not include prescription drugs)	\$6,700 annually (includes co-insurance for medical services per year)

COVERED MEDICAL AND HOSPITAL BENEFITS*

Inpatient Hospital Care	You pay the original Medicare Cost sharing amounts. \$1,364 deductible for each benefit period \$0 copay days 1-60 for each benefit period \$341/day for days 61-90 for each benefit period \$682/day for days 91-150 for each benefit period These are 2019 cost-sharing amounts and may change for 2020. Nascentia Dual Advantage will provide updated rates as soon as they are released.
Outpatient Hospital	20% co-insurance of Medicare-covered services
Doctor Office Visits	20% co-insurance per visit for primary care and specialists
Preventive Care	\$0

Medicare Covered Preventive Care Including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual “wellness” visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes prevention program
- Diabetes screenings and monitoring
- HIV screenings
- Lung cancer screenings
- Medical nutrition therapy services
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu shots, hepatitis B shots, pneumococcal shots
- “Welcome to Medicare” preventive visit (one-time)

Any preventive services approved by Medicare will be covered at 100%

*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Nascentia Dual Advantage

Emergency Care	20% co-insurance, up to \$90
Urgently Needed Services	20% co-insurance, up to \$65
Diagnostic Services, Labs and Imaging	20% co-insurance of Medicare-covered services (includes diagnostic tests, procedures, labs, radiology, and x-rays)
Hearing Services	20% co-insurance of Medicare-covered services
Dental Services	20% co-insurance of Medicare-covered services
Preventive Care:	\$0 copay for preventive care oral exam 2 per year cleaning 2 per year dental x-ray(s) 2 per year
Vision Services	20% co-insurance of Medicare-covered services
Routine Eye Exam 1 per year	\$0 co-insurance for routine exam.
Routine Eye Wear (lenses & frames)	\$100 upgrade available for frames, lenses, or contact lenses per year
Mental Health Care	0% co-insurance of Medicare-covered services
Skilled Nursing Facility (SNF)	You pay the original Medicare Cost sharing amounts. Up to 100 days covered in a SNF, requires 1 hospital day prior to SNF admission \$0 copay days 1-20 \$170.50/day for days 21-100
Physical Therapy	20% co-insurance of Medicare-covered services
Ambulance	20% co-insurance of Medicare-covered services
Transportation	Non-emergency transportation is not routinely covered
Part B Drugs	
Chemotherapy	20% co-insurance of Medicare-covered services
Other Part B Drugs	20% co-insurance of Medicare-covered services

*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Nascentia Dual Advantage

OVER-THE-COUNTER ITEMS	
Over-the-Counter (OTC) Items	\$100 OTC for plan 003
PREMIUM, DEDUCTIBLE & COST-SHARING FOR COVERED DRUGS	
If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share as outlined in the Evidence of Coverage. If you do qualify for LIS you pay:	
Part D Premium	\$0 to \$27.50 per month, depending on the level of Extra Help
Part D Deductible	\$0 or \$89, depending on the level of Extra Help
Standard Retail or Standard Mail-Order (up to 90 day supply)	
Generic Drugs	\$0 to \$3.60, or 15% of total cost based on level of Extra Help
Brand Drugs	\$0 to \$8.95, or 15% of total cost based on level of Extra Help
Coverage Gap: After total drug costs reach \$3,820 (both what plan has paid and what you have paid)	
Generic Drugs	\$0 to \$3.60, or 15% of total cost based on level of Extra Help
Brand Drugs	\$0 to \$8.95, or 15% of total cost based on level of Extra Help
Catastrophic Coverage: After your yearly out-of-pocket drug costs reach \$5,100 (both what plan has paid and what you have paid)	
Generic Drugs	\$0 to \$3.60, or 15% of total cost based on level of Extra Help
Brand Drugs	\$0 to \$8.95, or 15% of total cost based on level of Extra Help

Medicaid does not cover Part D covered drugs or copays. Medicaid Pharmacy Benefits allowed by State Law (select drug categories excluded from the Medicare Part D benefit). Certain Medical Supplies and Enteral Formula when not covered by Medicare.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare, TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member Service at 1-888-477-4663, (TTY 711). We are available 8:00am - 8:00pm, 7 days per week, October 1-March 31. On weekends and certain holidays from April 1-September 30, your call may be handled by our automated phone system.

Nascentia Dual Advantage

Summary of New York State Medicaid Benefits

Nascentia Health Dual Plan (HMO SNP) holds a coordination of benefits contract with the New York State Department of Health (NYSDOH). Under this agreement Nascentia Health will coordinate all Medicare and Medicaid benefits on your behalf.

The benefits previously described in this Summary of Benefits document are covered by Medicare. The following benefits are covered by Medicaid. What you may pay for these benefits is dependent on your level of Medicaid eligibility. This summary does not list every Medicaid service, limit or exclusion. If you have questions about your Medicaid eligibility and what benefits you may be entitled to, please call your local Department of Social Services or the New York State Medicaid Help Line at 1-800-541-2831.

Cost Sharing and Cost-Sharing Protections – All Members

In Nascentia Dual Advantage plan, the state Medicaid program pays the cost sharing for Medicare-covered medical services you receive. You pay no cost sharing for the Medicare-covered benefits previously described in this Summary of Benefits document. You will pay small copayments for prescriptions covered under the Medicare Part D prescription drug benefit. When receiving services, the provider should only bill Nascentia Dual Advantage or the state Medicaid program for those services and any cost-sharing amounts. The provider should not bill you for services or cost sharing.

“Dual eligible beneficiaries” generally describes beneficiaries eligible for both Medicare and Medicaid. The term includes beneficiaries enrolled in Medicare and receiving full Medicaid benefits and/or assistance with Medicare premiums or cost sharing through one of these Medicare Savings Program (MSP) categories:

Full Benefit Dual Eligible Program (FBDE): Helps pay Part B premiums, in some case, Part A premiums and full Medicaid benefits.

Qualified Medicare Beneficiary (QMB) Program: Helps pay premiums, deductibles, coinsurance, and copayments for Part A, Part B, or both programs

Specified Low-Income Medicare Beneficiary (SLMB) Program: Helps pay Part B premiums
Qualifying Individual (QI) Program: Helps pay Part B premiums

Qualified Disabled Working Individual (QDWI) Program: Pays the Part A premium for certain disabled and working beneficiaries

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. Premiums and co-insurance may vary based on the level of Extra Help you receive.

Nascentia Dual Advantage

MEDICAID BENEFITS	
Medicare Cost-Sharing	Covered by Medicaid
Inpatient Hospital Care including Substance Abuse and Rehabilitation	Covered by Medicaid based on your eligibility. Medicaid covers Medicare deductibles, copays and coinsurances. Up to 365 days per year (366 days for leap year).
Doctor Office Visits	Covered by Medicaid based on your eligibility. Medicaid covers Medicare deductibles, copays and coinsurances.
Emergency Care	Covered by Medicaid based on your eligibility. Medicaid covers Medicare deductibles, copays and coinsurances.
Urgently Needed Services	Covered by Medicaid based on your eligibility. Medicaid covers Medicare deductibles, copays and coinsurances.
Diagnostic Services, Labs and Imaging	Covered by Medicaid based on your eligibility. Medicaid covers Medicare deductibles, copays and coinsurances. (includes diagnostic tests, procedures, labs, radiology, and x-rays)
Non-Medicare Covered Skilled Nursing Facility	Covered by Medicaid based on your eligibility. Medicaid covers additional days beyond the Medicare 100-day limit.
Non-Medicare Covered Home Health Services	Covered by Medicaid based on your eligibility. Medicaid covers Medicare deductibles, copays and coinsurances, medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g. home health aide services with nursing supervision to medically instable individuals).
Personal Care Services	Covered by Medicaid based on your eligibility. Provides some or total assistance with such activities as personal hygiene, dressing, and feeding and nutritional and environmental support function tasks. Services must be medically necessary and ordered by the enrollee's physician and provided by a qualified person.
Self-Directed Personal Assistance Services	Covered by Medicaid based on your eligibility
Private Duty Nursing	Covered by Medicaid based on your eligibility. Medicaid covers Medicare deductibles, copays and coinsurances. Private duty nursing services are covered when determined by the physician to be medically necessary. Nursing services can be provided through an approved certified home health agency, a licensed home care agency, or a private practitioner. Nursing services may be intermittent, part time or continuous and must be provided in an Enrollee's home in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.
Adult Day Health Care	Covered by Medicaid based on your eligibility.
Podiatry Services	Covered by Medicaid based on your eligibility. Medicaid covers Medicare deductibles, copays and coinsurances.

Nascentia Dual Advantage

<p>Vision Services and Eyeglasses</p>	<p>Covered by Medicaid based on your eligibility. Services of Optometrists, Ophthalmologists, and Ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p>
<p>Dental Services and Dentures</p>	<p>Covered by Medicaid based on your eligibility. Medicaid covered dental services including necessary preventive, prophylactic and other routine dental care, services, and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.</p>
<p>Hearing Services</p>	<p>Covered by Medicaid based on your eligibility. Medicaid covers Medicare deductibles, copays and coinsurances. Hearing Services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing and selecting, fitting, and dispensing, hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings, and replacement parts.</p>
<p>Non-Medicare Covered Durable Medical Equipment</p>	<p>Covered by Medicaid based on your eligibility. Medicaid covers Medicare deductibles, copays and coinsurances. Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula, and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are fitted, designed or fashioned for a particular individual's use. Must be ordered by a practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bar)</p>
<p>Medical and Surgical Supplies, Enteral and Parenteral Formula and Hearing Aid Batteries</p>	<p>Covered by Medicaid based on your eligibility</p>
<p>Transportation to medical care</p>	<p>Covered by Medicaid based on your eligibility. Includes ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to the member's medical condition.</p>

Nascentia Dual Advantage

Social and Environmental Supports	Covered by Medicaid based on your eligibility.
Home Delivered and Congregate Meals	Covered by Medicaid based on your eligibility.
Personal Emergency Response System	Covered by Medicaid based on your eligibility. An electric device which enables certain high risk patients to secure help in the event of a physical, emotional, or environmental emergency. A variety of electronic alert systems exist using different signaling devices. Such systems are usually connected to a patient's phone is activated. In the event of an emergency, the signal is received and appropriately acted on by a response center.
Home and Community Based Waiver Program Services	Covered by Medicaid based on your eligibility.
Prescription Drugs	Medicaid does not cover Part D covered drugs or copays. Medicaid Pharmacy Benefits allowed by State Law (select drug categories excluded from the Medicare Part D benefit). Certain Medical Supplies and Enteral Formula when not covered by Medicare.
Over the Counter Drugs	Certain over the counter medications are covered.

For Enrollment Questions Please Call:

1.888.477.4663
TTY 711

**8:00am - 8:00pm, 7 days a week from October 1 - March 31,
then Monday - Friday for the rest of the year.**

Or access information online at
nascentiahealthplus.org

Nascentia Health Plus is an HMO SNP plan with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in Nascentia Health Plus depends on contract renewal. This information is not a complete description of benefits. For more information, call 1-888-477-4663 (TTY 711), 7 days a week 8am-8pm October 1-March 31, Monday-Friday for the rest of the year. Assistance services for other languages are available, free of charge at the number above. This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Nascentia Health Plus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



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Syracuse, NY 13204

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