

# Nascentia HealthPLUS

TOMORROW'S HEALTHCARE TODAY

## Nascentia Dual Advantage 2023 Summary of Benefits



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TOMORROW'S HEALTHCARE TODAY

For Enrollment Questions  
Please Contact us:



**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](http://nascentiahealthplus.org)**

# 2023 Summary of Benefits

## Nascentia Dual Advantage

H9066-003 January 1, 2023–December 31, 2023

 **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. For a complete list of services we cover, please request the “Evidence of Coverage.” You can also find it online at [www.nascentiahealthplus.org](http://www.nascentiahealthplus.org) or you can call member services at 1-888-477-4663 (TTY 711).

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### Eligibility

This plan is a dual eligible special needs plan (D-SNP). Members must:

- ✓ Be enrolled in Medicare Part A and Part B
- ✓ Be enrolled for full Medicaid benefits and/or assistance with Medicare premiums or cost sharing
- ✓ Continue to pay your Medicare Part B premium if it's not paid for by Medicaid or another third party
- ✓ Live in the Nascentia Health Plus service area.

Nascentia Health Dual Advantage is a Dual Eligible Special Needs Plan for beneficiaries who have both Medicare and Medicaid. Our service area includes Albany, Broome, Columbia, Delaware, Erie, Greene, Madison, Monroe, Niagara, Oneida, Onondaga, Otsego, Rensselaer, Saratoga, and Schenectady 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](http://www.nascentiahealthplus.org) or you can call and ask for a copy of our provider and pharmacy directories.

You can see our list of covered drugs online at [www.nascentiahealthplus.org](http://www.nascentiahealthplus.org)

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### For More Information, Please Contact Us

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7 days a week, 8:00am–8:00pm October 1–March 31

Monday–Friday, 8:00am–8:00pm the rest of the year



Visit us online at [www.nascentiahealthplus.org](http://www.nascentiahealthplus.org)

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

# Nascentia HealthPLUS

TOMORROW'S HEALTHCARE TODAY

## 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](http://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](http://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](http://www.nascentiahealthplus.org), or request a copy by calling 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 and Limits

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

**If you do qualify for LIS/Extra Help you pay the amounts below:**

<b>Part D Premium</b>	\$0 to \$38.90 per month, depending on the level of Extra Help
<b>Part D Deductible</b>	\$0 to \$104, depending on the level of Extra Help
<b>Monthly Plan Premium</b>	\$0 for Part C benefits. You must continue to pay your Medicare Part B Premium.
<b>Annual Deductible</b>	\$0 There is no deductible for Part C benefits.
<b>Maximum Out-of-Pocket (does not include prescription drugs)</b>	\$0 Annually for Medicare-covered services from in-network providers

## Premium, Deductible and Limits

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

## Covered Medical and Hospital Benefits\*

<b>Inpatient Hospital Care</b>	\$0 Copay
<b>Outpatient Hospital</b>	\$0 Copay
<b>Doctor Office Visits</b>	\$0 Copay
<b>Preventive Care</b>	\$0 Copay

### Medicare-Covered Preventive Care, Including:

- › Abdominal aortic aneurysm screening
- › Alcohol misuse screenings & counseling
- › Bone mass measurements
- › Cardiovascular behavioral therapy
- › Cardiovascular disease screenings
- › Cervical and vaginal cancer screening
- › Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- › Counseling to prevent tobacco use & tobacco-caused disease
- › Depression screening
- › Diabetes self-management training
- › Diabetes screenings
- › Glaucoma Tests
- › Hepatitis B virus infection screening
- › Hepatitis C screening tests
- › HIV screenings
- › Lung cancer screenings
- › Mammograms
- › Nutrition therapy services
- › Obesity behavioral therapy
- › Prostate cancer screenings (PSA)
- › Sexually transmitted infection screenings & counseling
- › Vaccines, including COVID, flu, hepatitis B, pneumococcal
- › “Welcome to Medicare” preventive visit (one-time)
- › Yearly “wellness” visit

Any preventive services approved by Medicare are covered at 100%

*\*All cost sharing in this Summary of Benefits is based on your level of Medicaid eligibility.*

<b>Food and Over-the-Counter Items</b>	\$480 per quarter/\$1,920 per year (The \$480 quarterly is shared between the food and OTC health items)
<b>Utility Bills</b>	\$100 per month/\$1,200 per year for utility bills
<b>Meal Benefit</b>	42 meals immediately following surgery or an inpatient hospital stay
<b>Emergency Care</b>	\$0 copay
<b>Urgently Needed Services</b>	\$0 copay
<b>Diagnostic Services, Labs, and Imaging</b>	\$0 copay
<b>Telemedicine</b>	\$0 copay, no authorization required
<b>Hearing Services</b>	\$0 copay for exam, \$2,000 hearing aid coverage (both ears) yearly
<b>Routine Dental Services</b>	2 oral exams and cleanings per year, 1 x-ray per year Up to \$2,000 in preventive and comprehensive dental benefits annually
<b>Vision Services</b>	\$0 copay for routine eye exam (1 per year). \$400 upgrade for frames, lenses, or contact lenses per year
<b>Mental Health Care</b>	\$0 copay
<b>Skilled Nursing Facility (SNF)</b>	\$0 copay, up to 100 days
<b>Physical Therapy</b>	\$0 copay
<b>Ambulance</b>	\$0 copay
<b>Transportation</b>	48 one-way plan-approved, medically necessary, non-emergency transportation to a health-related location via taxi or medical transport

## Part B

**Part B Chemotherapy** \$0 copay

**Other Part B Drugs** \$0 copay

*\*All cost sharing in this Summary of Benefits is based on your level of Medicaid eligibility*

## Premium, Deductible and Cost-Sharing For Covered Drugs

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

If you do qualify for LIS/Extra Help you pay the amounts below:

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**Part D Premium** \$0 up to \$38.90 per month, depending on the level of Extra Help

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**Part D Deductible** \$0 up to \$104, depending on the level of Extra Help

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### Standard Retail or Standard Mail-Order (up to 90-day supply)

**Generic Drugs** \$0 up to \$4.15 or 15% of total cost, based on level of Extra Help

**Brand-Name Drugs** \$0 up to \$10.35 or 15% of total cost, based on level of Extra Help

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**Coverage Gap: After total drug costs reach \$4,660** (both what plan has paid and what you have paid)

**Generic Drugs** \$0 up to \$4.15 or 15% of total cost, based on level of Extra Help

**Brand-Name Drugs** \$0 up to \$10.35 or 15% of total cost, based on level of Extra Help

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### Catastrophic Coverage: After your yearly out-of-pocket drug costs reach \$7,400

(both what plan has paid and what you have paid)

**Generic Drugs** \$0 up to \$4.15 or 15% of total cost, based on level of Extra Help

**Brand-Name Drugs** \$0 up to \$10.35 or 15% of total cost, based on level of Extra Help

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Under the Part D Prescription benefit, almost all of your drug costs will be paid for by Nascentia Dual Advantage instead of Medicaid. All cost sharing in this Summary of Benefits is based on your level of Medicaid eligibility.

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.

## 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 depends 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 the 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:

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<b>Full Benefit Dual Eligible Program (FBDE)</b>	Helps pay Part B premiums, in some case, Part A premiums and full Medicaid benefits.
<b>Qualified Medicare Beneficiary (QMB) Program</b>	Helps pay premiums, deductibles, coinsurance, and copayments for Part A, Part B, or both programs
<b>Specified Low-Income Medicare Beneficiary (SLMB) Program</b>	Helps pay Part B premiums
<b>Qualifying Individual (QI) Program</b>	Helps pay Part B premiums
<b>Qualified Disabled Working Individual (QDWI) Program</b>	Pays the Part A premium for certain disabled and working beneficiaries

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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.

## Medicaid Benefits

<b>Medicare Cost-Sharing</b>	Covered by Medicaid
<b>Inpatient Hospital Care, Including Substance Abuse and Rehabilitation</b>	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).
<b>Doctor Office Visits</b>	Covered by Medicaid based on your eligibility. Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Emergency Care</b>	Covered by Medicaid based on your eligibility. Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Urgently Needed Services</b>	Covered by Medicaid based on your eligibility. Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Diagnostic Services, Labs, and Imaging</b>	Covered by Medicaid based on your eligibility. Medicaid covers Medicare deductibles, copays and coinsurances. (includes diagnostic tests, procedures, labs, radiology, and x-rays)
<b>Non-Medicare Covered Skilled Nursing Facility</b>	Covered by Medicaid based on your eligibility. Medicaid covers additional days beyond the Medicare 100-day limit.
<b>Non-Medicare Covered Home Health Services</b>	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).
<b>Personal Care Services</b>	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.
<b>Self-Directed Personal Assistance Services</b>	Covered by Medicaid based on your eligibility

<b>Private Duty Nursing</b>	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.
<b>Adult Day Health Care</b>	Covered by Medicaid based on your eligibility.
<b>Podiatry Services</b>	Covered by Medicaid based on your eligibility. Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Vision Services and Eyeglasses</b>	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 years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two years unless medically necessary or unless the glasses are lost, damaged, or destroyed.
<b>Dental Services and Dentures</b>	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.
<b>Hearing Services</b>	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.

<b>Non-Medicare Covered Durable Medical Equipment</b>	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)
<b>Medical and Surgical Supplies, Enteral and Parenteral Formula and Hearing Aid Batteries</b>	Covered by Medicaid based on your eligibility
<b>Transportation to medical care</b>	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.
<b>Social and Environmental Supports</b>	Covered by Medicaid based on your eligibility.
<b>Home Delivered and Congregate Meals</b>	Covered by Medicaid based on your eligibility.
<b>Personal Emergency Response System</b>	Covered by Medicaid based on your eligibility. An electric device that 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 if activated. In the event of an emergency, the signal is received and appropriately acted on by a response center.
<b>Home and Community Based Waiver Program Services</b>	Covered by Medicaid based on your eligibility.
<b>Prescription Drugs</b>	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.
<b>Over-the Counter-Drugs</b>	Certain over-the-counter medications are covered.

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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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