



TOMORROW'S HEALTHCARE TODAY

Nascentia Skilled Nursing Facility  
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)**

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/ coinsurance 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.

# 2023 Summary of Benefits

## Nascentia Skilled Nursing Facility



TOMORROW'S HEALTHCARE TODAY

**H9066-002 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).



### Eligibility

This plan is an institutional special needs plan (I-SNP). Members must:

- ✓ Must be enrolled in Medicare Part A and Part B
- ✓ Must for 90 days or longer, require or are expected to require the level of services provided in a long-term care (LTC) skilled nursing facility (SNF).
- ✓ 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.

Nascentia Skilled Nursing Facility is an Institutional Special Needs Plan for beneficiaries whose condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days. Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF). 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)

# Nascentia Skilled Nursing Facility

## 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.

## For More Information, Please Contact Us



Call 1-888-477-4663 (TTY 711), 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)

## 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 or \$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>	\$4,000 annually for Medicare-covered services from in-network providers

# Nascentia Skilled Nursing Facility

## 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>	\$4,000 annually (includes coinsurance for medical services per year)

## Covered Medical and Hospital Benefits\*

<b>Inpatient Hospital Care</b>	<p>You pay the original Medicare cost-sharing amounts.*</p> <p>\$1,600 deductible for each benefit period</p> <p>\$0 copay days 1–60 for each benefit period</p> <p>\$400/day for days 61–90 for each benefit period</p> <p>\$800/day for days 91–150 for each benefit period</p> <p><i>*These are 2022 cost sharing amounts and may change for 2023.</i></p>
<b>Outpatient Hospital</b>	20% coinsurance of Medicare-covered services
<b>Doctor Office Visits</b>	20% coinsurance per visit for primary care and specialists
<b>Preventive Care</b>	\$0 deductible, \$0 copay, and no authorization required
<b>Telemedicine</b>	\$0 deductible, \$0 copay, and no authorization required

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

# Nascentia Skilled Nursing Facility

## Covered Medical and Hospital Benefits\*

### 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 will be covered

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



# Nascentia Skilled Nursing Facility

## Covered Medical and Hospital Benefits\*

<b>Over-the-Counter (OTC) Items</b>	\$130 per quarter
<b>Emergency Care</b>	20% coinsurance, up to \$110
<b>Urgently Needed Services</b>	20% coinsurance, up to \$60
<b>Diagnostic Services, Labs and Imaging</b>	20% coinsurance of Medicare-covered services (includes diagnostic tests, procedures, labs, radiology, and x-rays)
<b>Hearing Services</b>	<ul style="list-style-type: none"> <li>› 1 routine hearing exam; fitting/evaluation for hearing aid</li> <li>› \$2,500 hearing aid coverage (both ears) yearly</li> <li>› \$0 deductible and \$0 coinsurance (remove the 20% coinsurance)</li> </ul>
<b>Dental Services</b>	Up to \$4,000 in preventative and comprehensive dental benefits annually. 2 oral exams and cleanings per year, 1 x-ray per year
<b>Vision Services</b>	<ul style="list-style-type: none"> <li>› Routine eye exam (1 per year)</li> <li>› Routine eye wear (lenses &amp; frames)</li> <li>› \$0 coinsurance for routine exam</li> <li>› \$600 upgrade available for frames, lenses, or contact lenses per year</li> <li>› 20% coinsurance of Medicare-covered services</li> </ul>
<b>Mental Health Care</b>	20% coinsurance of Medicare-covered services
<b>Skilled Nursing Facility (SNF)</b>	<p>You pay the original Medicare cost-sharing amounts</p> <ul style="list-style-type: none"> <li>› Up to 100 days covered in a skilled nursing facility (SNF), requires 1 hospital day prior to SNF admission</li> <li>› \$0 copay days 1–20</li> <li>› \$194.50/day for days 21–100</li> </ul> <p><i>(These are 2022 cost sharing amounts and may change for 2023)</i></p>
<b>Physical Therapy</b>	20% coinsurance of Medicare-covered services
<b>Ambulance</b>	20% coinsurance of Medicare-covered services
<b>Transportation</b>	48 one-way medically necessary trips per year. Authorization required.
<b>Part B Drugs</b>	
Chemotherapy	› 20% coinsurance of Medicare-covered services
Other Part B Drugs	› 20% coinsurance of Medicare-covered services

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