



TOMORROW'S HEALTHCARE TODAY

Nascentia Health Plus
Dual Special Needs Medicare Advantage Plan (D-SNP)
2023 Enrollment Guide



Nascentia HealthPLUS

TOMORROW'S HEALTHCARE TODAY

Thank you for your choosing Nascentia Health Plus!



We know that choosing a health care plan is a big decision—there is so much information available and it can be difficult to understand. The choice is very personal and takes careful consideration to determine what works best for you.

Nascentia Health has been serving the community for more than 130 years and we understand the importance of meeting your changing needs. That's why we are committed to guiding you through the decision-making process with all the information you need to make an informed decision about the benefits and coverage you need and deserve.



We encourage you to review the documents enclosed, including the Summary of Benefits, which includes detailed coverage information regarding our plan. If you have any questions or need further assistance with completing the enrollment form or choosing a doctor, please call us at 1-888-477-4663 (TTY 711). We are available 8:00 am-8:00 pm, 7 days a week, October 1 to March 31. On weekends and certain holidays from April 1 to September 30, your call may be handled by our automated phone system. You can also visit our website at nascentiahealthplus.org. We are here for you today and always and wish you the absolute best of health!

Best regards,

A handwritten signature in black ink, reading 'Mary Kate Rolf'.

Mary Kate Rolf
President & Chief Executive Officer

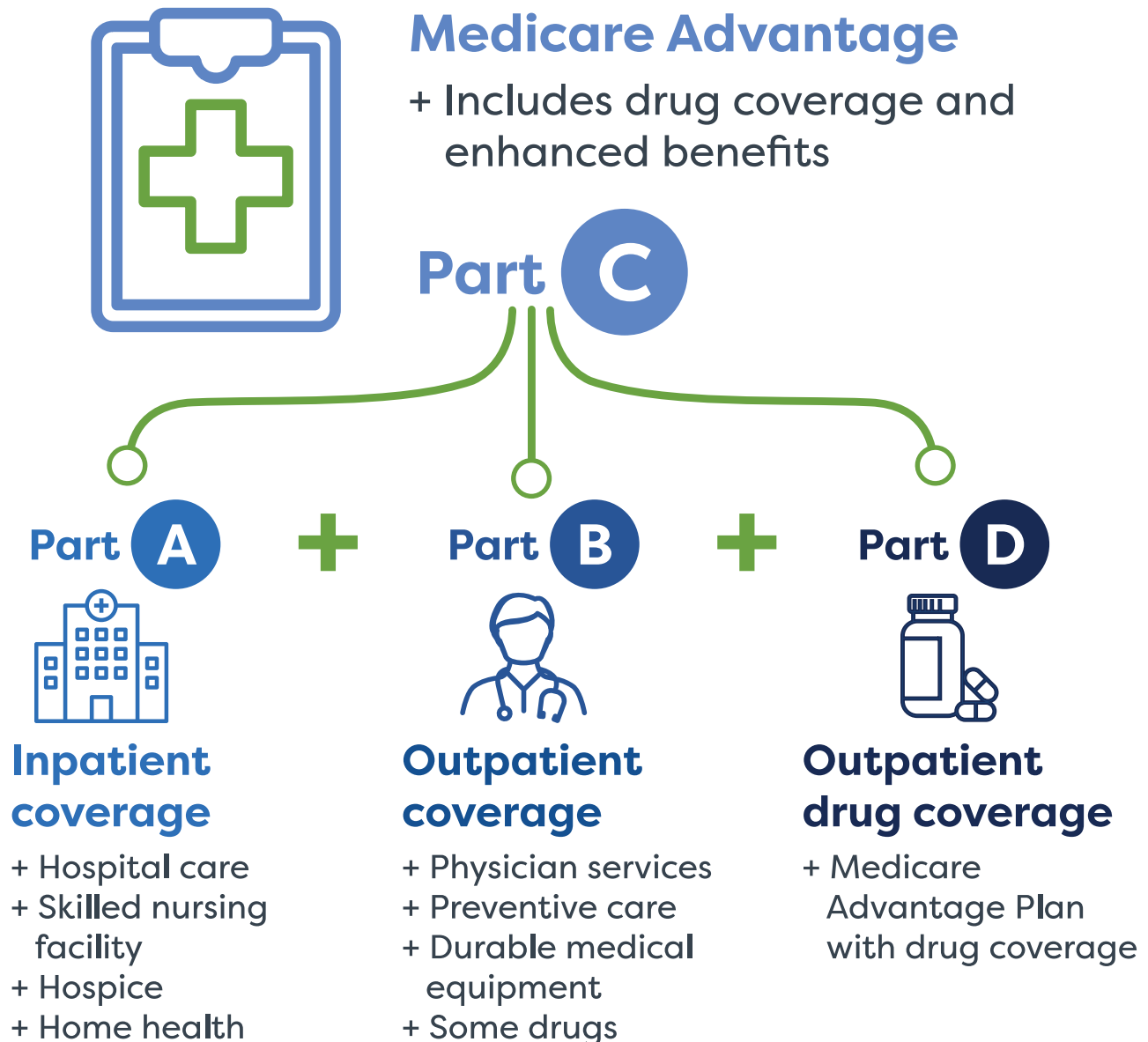


What is a Medicare Advantage Plan?

Medicare Advantage Plans go beyond Original Medicare by offering additional benefits, programs, and services to bring you a more comprehensive level of care, such as over-the-counter and food benefits, dental, vision, telemedicine, and more.



Nascentia Health Plus also gives you a dedicated care manager who works with you and your healthcare providers and caregivers to design a care plan tailored to your specific needs. Using a team-based approach, we help you manage chronic conditions, identify opportunities for improvement, and assist with both physical and mental health issues.



Understanding Medicare Enrollment Periods



There are different types of enrollment periods throughout the year when individuals may enroll or make changes to their Medicare plan. You may enroll in a Medicare Advantage (MA) or Part D plan during the initial period when you first qualify for Medicare.

Initial Enrollment Period (IEP)

The Initial Enrollment Period for Parts A and B is 7 months, starting 3 months before the month of your Medicare eligibility and ending 3 months after the month of eligibility. The month of eligibility is the month of your 65th birthday if you become eligible for Medicare because you are turning 65 years old. If you become eligible due to a disability, your month of eligibility is the 25th month of receiving Social Security Disability Insurance (SSDI).

Annual Election Period (AEP) October 15–December 7

During this time, you can decide how you will receive your Medicare health coverage and enroll in, change, or drop Medicare drug coverage.

Open Enrollment Period (OEP) January 1–March 31

During this period if you have a Medicare Advantage Plan you can leave your plan and return to Original Medicare or leave your current plan and enroll in a different Medicare Advantage Plan (MAPD Plan).

Special Election Period (SEP)

Additionally, you can only change how you get your health coverage and enroll in, change, or terminate your Part D drug coverage if you qualify for a Special Enrollment Period (SEP), once per calendar quarter during the first three quarters of the year (January–September).

Nascentia Dual Advantage H9066 2022 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job a plan is doing.

Because Nascentia Health Plus is a newer Medicare Advantage Plan, we do not have a Star Rating assigned. Learn more about our plan and how we are different from other plans at [medicare.gov](https://www.medicare.gov).

You may also contact us at 1-888-477-4663 (TTY 711) from 8am-8pm, 7 days a week, October 1–March 31. On weekends and certain holidays from April 1 to September 30, your call may be handled by our automated phone system.

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.



Please have these items ready for enrollment

Your Medicare ID card and Medicaid card



A list of your medications



**Your primary care physician
(and any specialists
names and addresses)**



Nascentia Health Plus



What to Expect After You Enroll



Once your enrollment is received by Nascentia Health Plus, we will immediately begin processing your enrollment into our Medicare Advantage plan.

Confirmation

Within 10 days of enrollment, you will receive a Confirmation of Enrollment letter in the mail. This letter will also serve as confirmation that Medicare has approved your enrollment form.

Enrollment Verification Notice

Within 15 days of enrollment, you will receive a notification by mail or phone explaining the guidelines and procedures of enrolling into a Medicare Advantage plan, this is called the “Outbound Enrollment and Verification Requirements.”

Member ID Card

Within 10 days of your confirmed enrollment you will receive your Member ID card. Bring your new Member ID card with you to all your doctor, hospital, and pharmacy visits.

Welcome to your new Health Plan

You will receive a large envelope containing important plan documents and information on how to access or request your Evidence of Coverage, Provider Directory, Pharmacy Directory, and Formulary online or by mail.

Extra Help

If you qualify for “Extra Help” from the state, you will receive an “LIS” (Low Income Subsidy) letter within 10 days of verified enrollment. If you need these services, call Nascentia Health Plus Member Services at 1-888-477-4663 (TTY 711) from 8am–8pm, 7 days a week, October 1–March 31. On weekends and certain holidays from April 1 to September 30, your call may be handled by our automated phone system.

If you believe that Nascentia Health Plus 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 Nascentia Health by:

Phone: 1-888-477-4663 (TTY 711)

Fax: 1-315-870-7788

Mail: Nascentia Health Plus
Attn: Corporate Compliance
1050 West Genesee Street
Syracuse, NY 13204

You can also file a civil rights complaint with the U.S. Department of Health and Human services, Office for Civil Rights by:

Web: Office for Civil rights Complaint Portal
at
ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms available at:
hhs.gov/ocr/office/file/index.html

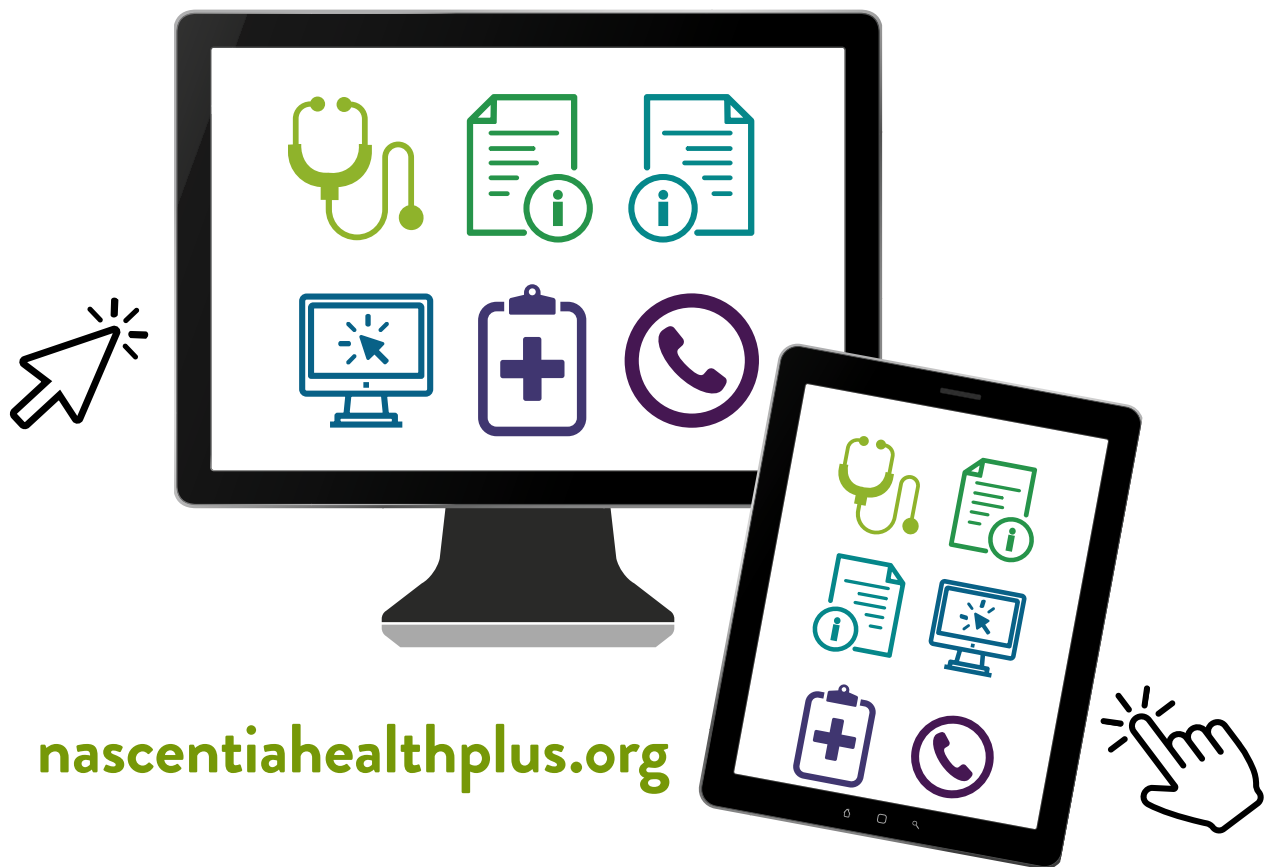
Mail: U.S. Department of Health and Human
Services
200 Independence Avenue SW., Room
509F, HHH Building
Washington, DC 20201
Complaint forms available at
hhs.gov/ocr/office/file/index.html

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



Materials Available Online

When you visit the Nascentia Health Plus website at nascentiahealthplus.org, you have access to a complete listing of plan providers, pharmacies, formulary (list of medications) and your Evidence of Coverage.



If you need help finding a network provider, network pharmacy, medication, your Evidence of Coverage, or if you would like any of these materials mailed to you, please call 1-888-477-4663 (TTY 711) from 8am–8pm, 7 days a week, October 1–March 31. On weekends and certain holidays from April 1 to September 30, your call may be handled by our automated phone system.

Nascentia Health Plus is an HMO plan with a Medicare contract. Enrollment in a Nascentia Health Plus Plan depends on contract renewal.



Pre-Enrollment Checklist



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Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-888-477-4663 (TTY

Understanding the Benefits

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Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit nascentiahealthplus.org or call 1-888-477-4663 (TTY 711) to view a copy of the EOC.

☐

Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

☐

Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

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In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

☐

Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.

☐

Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

☐

This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.



Nascentia Dual Advantage 2023 Benefits Comparison



All Nascentia Dual Advantage cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Original Medicare numbers reflect 2022 benefits—2023 benefits were not available at time of printing.

Benefits	Original Medicare	Nascentia Dual Advantage (In-Network)
Monthly Plan Premium	You pay your Medicare Part B Premium	\$0 for Part C benefits. You must continue to pay your Medicare Part B premium, if not paid by Medicaid or another source
Part D Monthly Premium		\$0 per month, depending on the level of Extra Help
Annual Deductible Part A	\$1,556 for each benefit period	\$0
Annual Deductible Part B	\$233	\$0
Maximum Out-of-Pocket (does not include prescription drugs)	No out-of-pocket limit	\$0



Benefits	Original Medicare	Nascentia Dual Advantage (In-Network)
Inpatient Hospital	<p>You pay the original Medicare cost sharing amounts</p> <ul style="list-style-type: none"> › \$1,556 deductible for each benefit period › \$0 copay days for 1–60 for each benefit period › \$389/day for days 61–90 for each benefit period › \$778/day for days 91–150 for each benefit period <p>Medicare benefit periods apply</p>	\$0 copay
Outpatient Hospital	20% coinsurance of Medicare-approved amount for covered services	\$0 copay
Doctor Visits	20% coinsurance of Medicare-approved amount for covered services for primary care and specialists	\$0 copay No referral necessary for in-network specialists
Telemedicine	20% coinsurance of Medicare-approved amount for covered services	\$0 copay and no authorization required
Preventive Care (any preventive services approved by Medicare will be covered at 100%)	\$0 copay	\$0 copay



Benefits

Original Medicare

Nascentia Dual Advantage (In-Network)

Medicare-Covered Preventive Care includes:

- › 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

Emergency Care	20% coinsurance of Medicare-approved amount, up to \$90	\$0 copay
Urgently Needed Services	20% coinsurance of Medicare-approved amount, up to \$60	\$0 copay
Diagnostic Services, Labs, and Imaging	20% coinsurance of Medicare-approved amount for covered services (includes diagnostic tests, procedures, labs, radiology, and x-rays)	\$0 copay
Hearing Services	20% coinsurance of Medicare-approved amount for diagnostic hearing and balance exam No coverage for hearing aids	\$0 copay for exam \$2,000 benefit for hearing aids (both ears) each year



Benefits	Original Medicare	Nascentia Dual Advantage (In-Network)
Routine Dental Services	Not Covered	Up to \$2,000 in preventive and comprehensive dental benefits annually. 2 oral exams and cleanings per year, 1 x-ray per year.
Routine Vision Services	Not Covered	\$400 annual allowance for frames, lenses, or contact lenses. 1 routine annual eye exam.
Acupuncture	12 visits in 90 days for chronic low-back pain lasting 12 weeks or longer and having no known cause. Additional 8 sessions if plan is not associated with surgery or pregnancy and improvement is shown. No more than 20 treatments yearly and not covered for any condition other than chronic low-back pain.	\$0 copay
Mental Health Care Inpatient	You pay the original Medicare cost sharing amounts \$1,556 deductible for each benefit period \$0 copay for days 1–60 for each benefit period \$389/day for days 61–90 for each benefit period \$778/day for days 91–150 for each benefit period	\$0 copay
Mental Health Care Outpatient	20% coinsurance of Medicare approved amount to diagnose or treat your condition	\$0 copay



Benefits	Original Medicare	Nascentia Dual Advantage (In-Network)
Skilled Nursing Facility (SNF)	Up to 100 days covered after 3-day hospital admission \$0 copay for days 1–20 \$194.50/day for days 21–100 All costs for days 101+	\$0 copay, up to 100 days
Physical Therapy	20% coinsurance of Medicare approved amount for covered services	\$0 copay
Ambulance	20% coinsurance of Medicare approved amount for covered services	\$0 copay
Transportation	Not Covered	48 one-way, plan-approved, health-related trips per year
Medicare Part B Drugs (Other)	20% coinsurance of Medicare approved amount for covered services	\$0 copay
Medicare Part B Drugs (Chemotherapy)	20% coinsurance of Medicare approved amount for covered services	\$0 copay
Food and over-the-counter (OTC) benefits to buy health-related items, including cough, cold, and allergy medications; first aid supplies, and more. Also includes healthy foods through approved vendors.	Not Covered	\$480 per quarter for purchase of qualifying healthy food and over-the-counter health products at these and other popular retailers 
Utilities Payments	Not Covered	\$100 per month for certain utility bills, such as electricity, gas, and internet



Benefits	Original Medicare	Nascentia Dual Advantage (In-Network)
Fitness Pass	Not Covered	One Pass fitness membership gives you access to hundreds of gyms and online health and wellness classes at no cost
Annual Rewards for Preventive Care	None	\$175 per year in rewards for preventive care—your annual doctor visit, eye exam, dental exam, and flu shot
Meal Benefit	Not Covered	42 meals immediately following surgery or an inpatient hospital stay

Prescription Drug (Part D Benefits) through Nascentia Dual Advantage

Deductible	\$0 depending on level of Extra Help
Standard Retail or Standard Mail Order (up to 90-day supply)	Generic: \$0 or \$4.15 or 15% of total cost based on level of Extra Help Brand: \$0 or \$10.35, or 15% of total cost based on level of Extra Help
Coverage Gap after total drug costs reach \$4,660 (both what plan has paid and what you have paid)	Generic: \$0 or \$4.15, or 15% of total cost based on level of Extra Help Brand: \$0 or \$10.35, or 15% of total cost based on level of Extra Help
Catastrophic Coverage after your yearly out of pocket drug costs reach \$7,400 (both what plan has paid and what you have paid)	Generic: or \$4.15, or 15% of total cost based on level of Extra Help Brand: or \$10.35, or 15% of total cost based on level of Extra Help



Summary of Benefits

The following Summary of Benefits for Nascentia Dual Advantage is in effect for January 1–December 31, 2023.

Nascentia Health Plus is a Medicare Advantage HMO plan with a Medicare contract and a Coordination of Benefits Agreement with New York State. Enrollment in the Plan 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.”

To join Nascentia Health Plus (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in New York State: Albany, Broome, Columbia, Delaware, Erie, Greene, Madison, Monroe, Niagara, Oneida, Onondaga, Otsego, Rensselaer, Saratoga, and Schenectady.

If you use the providers that are not in our network, we may not pay for these services. For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other formats such as braille, large print or audio. For more information, please contact us at 1-888-477-4663 (TTY 711) from 8am–8pm, 7 days a 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. You can also visit us at nascentiahealthplus.org.



Extra Help

Monthly plan premium for people who get Extra Help for Medicare to help pay for their prescription costs

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare. The amount of Extra Help you get will determine your total monthly plan premium as a member of our plan.

This table shows you what your monthly plan premium will be if you get Extra Help.

Your level of Extra Help	Monthly Premium for Nascentia Dual Advantage
100%	\$0
75%	\$9.73
50%	\$19.45
25%	\$29.18

*This does not include any Medicare Part B premium you may have to pay.

Nascentia Health Plus premium includes coverage for both medical services and prescription drug coverage.

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
- › The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7am and 7pm, Monday–Friday

If you have any questions, please call Member Services at 1-888-477-4663 (TTY 711), from

8:00am-8:00pm, 7 days a 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 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.



2023 Summary of Benefits

Nascentia Dual Advantage



TOMORROW'S HEALTHCARE TODAY

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 nascentiahealthplus.org or you can call member services at 1-888-477-4663 (TTY 711).



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 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 nascentiahealthplus.org

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 nascentiahealthplus.org

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



Summary of Benefits

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 [medicare.gov](https://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 [medicare.gov](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.

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 [nascentiahealthplus.org](https://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:

Part D Premium	\$0 to \$38.90 per month, depending on the level of Extra Help
Part D Deductible	\$0 to \$104, 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)	\$0 Annually for Medicare-covered services from in-network providers



Summary of Benefits

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)	\$0 annually (includes co-insurance for medical services per year)

Covered Medical and Hospital Benefits*

Inpatient Hospital Care	\$0 Copay
Outpatient Hospital	\$0 Copay
Doctor Office Visits	\$0 Copay
Preventive Care	\$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.*



Summary of Benefits

Groceries and Over-the-Counter Items	\$480 per quarter/\$1,920 per year (The \$480 quarterly is shared between food and OTC health items)
Utility Bills	\$100 per month/\$1,200 per year for internet, gas, and electric
Meal Benefit	42 meals immediately following surgery or an inpatient hospital stay
Emergency Care	\$0 copay
Urgently Needed Services	\$0 copay
Diagnostic Services, Labs, and Imaging	\$0 copay
Telemedicine	\$0 copay, no authorization required
Hearing Services	\$0 copay for exam, \$2,000 hearing aid coverage (both ears) yearly
Routine Dental Services	2 oral exams and cleanings per year, 1 x-ray per year Up to \$2,000 in preventive and comprehensive dental benefits annually
Vision Services	\$0 copay for routine eye exam (1 per year). \$400 upgrade for frames, lenses, or contact lenses per year
Mental Health Care	\$0 copay
Skilled Nursing Facility (SNF)	\$0 copay, up to 100 days
Physical Therapy	\$0 copay
Ambulance	\$0 copay
Transportation	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*



Summary of Benefits

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:

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

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

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

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

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

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 Benefits

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:

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.



Summary of Benefits

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.

Vision Services and Eyeglasses

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.

Dental Services and Dentures

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.

Hearing Services

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.



Non-Medicare Covered Durable Medical Equipment	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)
Medical and Surgical Supplies, Enteral and Parenteral Formula and Hearing Aid Batteries	Covered by Medicaid based on your eligibility
Transportation to medical care	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.
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 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.
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.



2023 Member Benefits



We know the challenges our members face and we're here to help.

Grocery prices are going up, and we want to help. Use our generous food and OTC benefits to help you stay healthy.

With money every month for utility bills such as heat, electric, and internet, you can continue paying for the services you count on.

Plus, we give you rewards just for going to your annual doctor visit, eye exam, and dental exam, and getting a flu shot.



Food & OTC
 **\$480**
per quarter

Buy healthy groceries like produce, dairy, bread, and meat; and OTC items such as cough and allergy medications, first aid supplies, and more at your favorite stores.




Hearing Aids
 **\$2,000**
each year

Get new hearing aids for both ears annually to make sure you can hear clearly.

Dental Care
 **\$2,000**
each year

Receive comprehensive and preventive care, two oral exams with cleanings, and annual x-rays.

Utility Bills
 **\$100**
per month

Use our monthly benefit for utilities such as heat, electric, and internet to help pay for these essential services.

Vision Upgrade
 **\$400**
each year

Visit your eye doctor annually and use your upgrade toward frames, lenses, and contact lenses.

Annual Rewards
 **\$175**
each year

Get a pre-paid debit card when you get preventive care like yearly doctor, eye, and dental exams, and a flu shot.

Fitness Pass
 **Unlimited Use**

The One Pass fitness program includes hundreds of gyms and online health and wellness classes.



Food/OTC, Utilities, and Rewards

We are excited to announce that our 2023 benefits offer you even more!

Groceries & OTC Healthcare Products

\$1,920 every year
(\$480 each quarter)

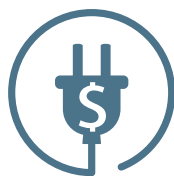


Purchase groceries like fruits and vegetables, dairy, meat, bread, canned goods, and more; and over-the-counter health products like first aid items, cough and cold remedies, allergy medications and others at your favorite stores.

View a full list of participating retailers and a list of eligible items at nascentiahealthplus.org

Utility Bills

\$1,200 every year
(\$100 each month)



Use your \$100 monthly benefit to pay bills utilities like:

- Electric
- Gas
- Internet

See a full list of service providers at nascentiahealthplus.org

Annual Rewards for Preventive Care

\$175 every year



Earn up to \$175 every year by completing some of your preventive care. Rewards are loaded onto a debit card that you can use for most purchases.

- \$50: annual doctor visit
- \$50: flu shot
- \$50: dental exam
- \$25: eye exam

Look for your OTC and utility
benefit cards in the mail soon!



Over-The-Counter Grocery Items



Included Grocery Items

Bottled waters	Nutritional liquids
Bread, rolls, and tortillas	Nutritional powders
Breakfast foods (toaster pastries, cereal bars, granola, and granola bars)	Nuts and trail mix
Canned meat	Oils and shortening
Canned seafood	Pancakes and waffles
Canned/jar fruits and vegetables, including salsa and non-processed beans	Peanut butter (and other nut butters)
Cereal (hot and cold)	Prepared food (canned stews, heat and eat)
Cocoa, coffee and tea (dry or liquid)	Prepared food (stews, pizza, heat and eat, veggie burgers)
Dairy (milk, cheese, butter, sour cream and whipping cream)	Rice and whole grains
Diuretics and weight loss cleansing and detox	Seafood
Dried fruit, fruit snacks	Seeds
Dry and liquid/concentrated drink mixes	Soup
Dry beans	Soy and other nut milks
Dry pasta	Sparkling water
Enhanced waters	Sport drinks—Gatorade and others
Fruits and vegetables	Sport/energy bars
General health oral rehydration therapy	Sport/energy liquids
Herbs, spices, and seasoning	Sport/energy powders
Ice	Sport/energy tabs and caps
Juice blends, drinks, and punches (including sparkling)	Sugar and salt substitutes
Juices (includes sparkling)	Thickeners and pre-thickened beverages/foods
Margarine	Tomato/spaghetti/alfredo/nutritionally significant sauce
Meats—fresh/frozen poultry, ground beef, beef	Weight management bars
Meats—processed (sausage, jerky, lunch meat)	Weight management foods, liquids, and powders
Medical meals	Whole eggs and egg substitutes
Nutritional bars	Yogurt



Over-The-Counter Grocery Items

Excluded Grocery Items

Alcohol (beer, liquor, etc.)
Appetizers, french fries, onion rings, etc.
Bakery (pies, cakes, muffins)
Baking/cooking supplies (baking powder, yeast etc.)
Bottled energy drinks
Cake/cookie mixes, frosting, chocolate chips, marshmallows, decorations
Condiments, sauces, dips, mayonnaise, and salad dressing
Cookies
Crackers
Deli—processed and fried
Desserts/sweets

Dry mixes—side dish mixes, dinner mixes
Flours, cornmeal, nut and seed flours, bread/biscuit mixes
Ice cream, frozen yogurt, sherbet
Jams, jellies, sweet spreads, syrup
Lard
Puddings and gelatin
Prepared/ready-to-eat soups, meals, sandwiches
Salty snacks
Soda
Sugar—white, brown and powdered
Wine and wine coolers



Over-The-Counter Health Items

The list below is a general description of types of products included and excluded from the program. View a complete list of products at nascentiahealthplus.org.



Included

Hearing aid batteries
Cold and allergy
Compression support
Diabetes care
Digestive health
Eye & ear care
Condoms

Feminine anti-fungal

First aid

Foot care

Health supports

Aids and home
diagnostics/testing

Home aids and safety

Incontinence

Oral care

Pain relief

Skin care

Physical fitness

Smoking deterrents

Sun protection

Vitamins and
supplements

Weight management
and nutrition



Excluded

Alternative therapies
Automotive
Baby/children
Maternity/pregnancy
Household batteries
Lip moisturizers
Athletic compression
Candy
Cosmetics
Deodorants
Diabetes items
Entertainment/
electronics
Appliances

Household items

Phones

Ear plugs/protection

Eyeglass accessories/
sunglasses

Contraception

Feminine hygiene
products

Foot care

Fragrances

Gifts/home items

Hair care

Athletic items

Home COVID testing

Home healthcare

Homeopathic

Household products

Breath freshener/
mouthwash

Sleep aids

Cleanses

Pet items

Office supplies

Shaving and grooming

Clothing

Compounding and
pharmacy

Tanners/after-sun care

Smoking and tobacco

Toys and games

Travel

Sexuality





One Pass Fitness Benefit

Nascentia 
HealthPLUS
TOMORROW'S HEALTHCARE TODAY

Nascentia Health Plus members now have access to thousands of gyms, YMCAs, and online classes at no cost to you!

One Pass™ is more than just a gym membership. Our members are empowered to take positive steps toward a healthy body and mind with one easy program.

Sign up at nascentiahealth.org/plus-fitness



Locations that work for you

You can use as many gyms as you want in a large network, including national and local fitness centers and YMCAs.



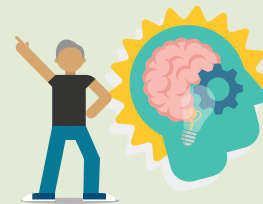
Work out from home

Join any of over 20,000 live and on-demand fitness classes online, and try workouts built just for you.



Join a community

Find groups, clubs, and events near you that you might enjoy being a part of.



Give your brain a workout

Access online brain training activities that help improve memory and focus.

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One Pass™





Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully.

Our Duties

Nascentia Health is required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice of Privacy Practices. Nascentia Health reserves the right to change these terms, and any changes made will be effective for all medical information we maintain. A copy of the revised notice will be available from your nurse or therapist. You may also address questions regarding our privacy practices, your privacy rights, or requests for additional information regarding your privacy using the contact information listed at the end of this Notice.

How We May Use And Disclose Health Information

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with health care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third

party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the home health services you receive are of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition.



Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

Special Situations

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military & Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate

foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.



Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Uses And Disclosures That Require Us To Give You An Opportunity To Object And Opt Out

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Your Written Authorization Is Required For Other Uses And Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.



Your Rights

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to the address below. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to the address below.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the address below.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the address below. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service,



you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the address below. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Authorization

Nascentia Health will obtain your written authorization for uses and disclosures that are not identified by this notice, or permitted by applicable law. Any authorization that you provide regarding the use and disclosure of your identifiable health information may be revoked in writing at any time. After you revoke your authorization, we will no longer disclose information for the reasons described in the authorization.

Contact Information

To make a request, ask for information, revoke an authorization, or file a complaint, please contact Nascentia Health.

Phone: 1-888-477-4663 (TTY 711)

Mail: Nascentia Health
1050 West Genesee Street
Syracuse, NY 13204





New York State Department of Health

Authorization for Access to Patient Information Through a Health Information Exchange Organization

Patient Name:

Date of Birth:

Other Names Used (e.g., maiden name):

I request that health information regarding my care and treatment be accessed as set forth on this form. I can choose whether or not to allow the organization named above to obtain access to my medical records through the health information exchange organization called HealtheConnections. If I give consent, my medical records from different places where I get health care can be accessed using a statewide computer network.

HealtheConnections is a not-for-profit organization that shares information about people's health electronically and meets the privacy and security standards of HIPAA and New York State Law. To learn more visit HealtheConnections website at healtheconnections.org.

My information may be accessed in the event of an emergency, unless I complete this form and check box #2, which states that I deny consent even in a medical emergency.

The choice I make in this form will NOT affect my ability to get medical care. The choice I make in this form does NOT allow health insurers to have access to my information for the purpose of deciding whether to provide me with health insurance coverage or pay my medical bills.

My Consent Choice. ONE box is checked to the left of my choice.

- › I can fill out this form now or in the future.
- › I can also change my decision at any time by completing a new form.

☐ I GIVE CONSENT for the organization named above to access ALL my electronic health information through HealtheConnections to provide health care services (including emergency care).

☐ I DENY CONSENT for the organization named above to access my electronic health information through HealtheConnections for any purpose, even in a medical emergency.

If I want to deny consent for all provider organizations and health plans participating in HealtheConnections to access my electronic health information through HealtheConnections, I may do so by visiting HealtheConnections website at healtheconnections.org or calling HealtheConnections at 315.671.2241 x5.

My questions about this form have been answered and I have been provided a copy of this form.

Signature of Patient or Patient's Legal Representative

Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)



Details about the information accessed through HealtheConnections and the consent process:

1. **How Your Information May be Used.** Your electronic health information will be used only for the following healthcare services:
 - › **Treatment Services.** Provide you with medical treatment and related services.
 - › **Insurance Eligibility Verification.** Check whether you have health insurance and what it covers.
 - › **Care Management Activities.** These include assisting you in obtaining appropriate medical care, improving the quality of services provided to you, coordinating the provision of multiple health care services provided to you, or supporting you in following a plan of medical care.
 - › **Quality Improvement Activities.** Evaluate and improve the quality of medical care provided to you and all patients.
2. **What Types of Information about You Are Included?** If you give consent, the provider organization and/or health plan listed may access ALL your electronic health information available through HealtheConnections. This includes information created before and after the date this form is signed. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medicines you have taken. This information may include sensitive health conditions, including but not limited to:
 - › Alcohol or drug use problems
 - › Birth control and abortion (family planning)
 - › Genetic (inherited) diseases or tests
 - › HIV/AIDS
 - › Mental Health conditions
 - › Sexually Transmitted diseases

If you have received alcohol or drug abuse care, your record may include information related to your alcohol or drug abuse diagnoses, medications and dosages, lab tests, allergies, substance use history, trauma history, hospital discharges, employment, living situation and social supports, and health insurance claims history.
3. **Where Health Information About You Comes From.** Information about you comes from places that have provided you with medical care or health insurance. These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other organizations that exchange health information electronically. A complete, current list is available from HealtheConnections. You can obtain an updated list at any time by checking HealtheConnections website at healtheconnections.org or by calling 315.671.2241 x5.
4. **Who May Access Information About You If You Give Consent?** Only doctors and other staff members of the Organization(s) you have given consent to access who carry out activities permitted by this form as described above in paragraph one.
5. **Public Health and Organ Procurement Organization Access.** Federal, state, or local public health agencies and certain organ procurement organizations are authorized by law to access health information without a patient's consent for certain public health and organ transplant purposes. These entities may access your information through HealtheConnections for these purposes without regard to whether you give consent, deny consent, or do not fill out a consent form.
6. **Penalties for Improper Access to or Use of Your Information.** There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not



have seen or gotten access to information about you has done so, call the Provider Organization directly by accessing their contact information on the HealtheConnections website at healtheconnections.org; or call the NYS Department of Health at 518-474-4987; or follow the complaint process of the federal Office for Civil Rights at hhs.gov/ocr/privacy/hipaa/complaints.

- 7. Re-disclosure of Information.** Any organization(s) you have given consent to access health information about you may re-disclose your health information, but only to the extent permitted by state and federal laws and regulations. Alcohol/drug treatment-related information or confidential HIV-related information may only be accessed and may only be re-disclosed if accompanied by the required statements regarding prohibition of re-disclosure.
- 8. Effective Period.** This consent form will remain in effect until the day you change your consent choice or until such time as HealtheConnections ceases operation (or until 50 years after your death, whichever occurs first). If HealtheConnections merges with another Qualified Entity your consent choices will remain effective with the newly merged entity.
- 9. Changing Your Consent Choice.** You can change your consent choice at any time and for any provider organization or health plan by submitting a new consent form with your new choice. Organizations that access your health information through HealtheConnections while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to change your consent decision, they are not required to return your information or remove it from their records.
- 10. Copy of Form.** You are entitled to get a copy of this consent form.



**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA****[This form has been approved by the New York State Department of Health]**

Patient Name	Date of Birth	Social Security Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:

9(a). Specific information to be released:

- ☐ Medical Record from (insert date) _____ to (insert date) _____
- ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☐ Other: _____ Include: (Indicate by Initialing)

_____ **Alcohol/Drug Treatment**
_____ **Mental Health Information**
_____ **HIV-Related Information**

Authorization to Discuss Health Information

- (b) ☐ By initialing here _____ I authorize _____
Initials Name of individual health care provider
to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:

- ☐ At request of individual
☐ Other:

11. Date or event on which this authorization will expire:

12. If not the patient, name of person signing form:

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law.

Date: _____

* **Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**





Agent Checklist—Agent use only

Applicant Name:

Scope of Appointment Form

<input type="checkbox"/> Yes	Was the Scope of Appointment (SOA) form completed? (This form must be agreed to by the beneficiary before any personal individual marketing appointment)
<input type="checkbox"/> No	
If no, why not?	
<input type="checkbox"/> Yes	Is the PCP/facility in the Nascentia network?
<input type="checkbox"/> No	PCP/facility name:

Agent Information

Name of agent:	Date of Enrollment:
Phone number:	
Signature of agent:	

Care Manager Questions

Current providers with addresses

Current list of medications _____

Diagnoses _____

Pharmacy: _____

If they are signed up with an MLTC, who is it: _____

What DME is in the home: _____

Any additional care manager questions/notes: _____



Enrollment Receipt



TOMORROW'S HEALTHCARE TODAY

Thank you for your enrollment with Nascentia Health Plus! We appreciate your time and are excited to have you as part of our plan.

This form is the proof that your enrollment request has been submitted until Medicare has confirmed our enrollment and you receive your member ID card and materials. This receipt does not guarantee enrollment.

Applicant Name:

Today's Date:

Proposed Effective Date of Coverage:

If you have any questions, please contact your agent:

Agent Name:

Agent Phone Number:

Agent Email:

You may request a copy of your full enrollment form by contacting your agent or Nascentia Health Plus at 1-888-477-4663 (TTY 711).

Next Steps



Visit nascentiahealthplus.org to learn more about the plan, find a provider or pharmacy, view the drug formulary, and more.



Our care manager will be in touch with you soon to talk about your specific needs.



Your member ID card and welcome materials will arrive in the mail soon.





Nondiscrimination Notice

Nascentia Health Plus complies with federal civil rights laws. Nascentia Health Plus does not exclude people or treat them differently because of race, color, national origin, disability, age or sex.

Nascentia Health Plus provides the following:

- › Aids and services to people with disabilities to help communicate with us, such as:
 - › Qualified sign language interpreters
 - › Written information in other formats (large print, audio, accessible electronic formats, other formats)
- › Language services to people whose first language is not English, such as:
 - › Qualified interpreters
 - › Information written in other languages

If you need these services, call Nascentia Health Plus at 1-888-477-4663 (TTY 711)

If you believe that Nascentia Health Plus has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Nascentia Health Plus by:

Phone: 1-888-477-4663 (TTY 711)

Fax: 1-315-870-7788

Mail: Nascentia Health Plus
Attn: Corporate Compliance
1050 West Genesee Street
Syracuse, NY 13204

You can also file a civil rights complaint with the U.S. Department of Health and Human services, Office for Civil Rights by:

Web: Office for Civil rights Complaint Portal at
ocrportal.hhs.gov/ocr/portal/lobby.jsf

Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH
Building
Washington, DC 20201

Complaint forms available at
hhs.gov/ocr/office/file/index.html

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



Language Assistance

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-888-477-4663 TTY/TDD 711 .	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-477-4663 TTY/TDD 711.	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-477-4663 TTY/TDD 711.	Chinese
مُؤَرَّب لَصْرَتَا. نَاجْمَلَاب كَل رِفَاوَتَت وَيُوْغَلَلَا قَدْعَاسِم لَا تَادَخ نَاب، ةُغَلَلَا رَكْذَا تَدَحْتَت تَنَك اَذَا: قَطْوَحُم 1-888-477-4663 مَقَر (TTY/TDD 711) مَكْبَلَاو مَصَلَا فَتَاه	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1- 888-477-4663 TTY/TDD 711 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-477-4663 (телетайп: 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-477-4663 TTY/TDD 711.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-477-4663 TTY/TDD 711.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-477-4663 TTY/TDD 711.	French Creole
וּפ יִירַפ סַעסִיוֹרַעס פֿלִיַה פֿאַרפֿש רִיַיא רַאפּ נֶאָהרַאפּ וַענַעז, שִׂידִיא טדַעַר רִיא בִיואַ: מַאַזקֶרַעמִפִּיוּא טפֿור. לַאַצפֿאַ< 1-888-477-4663 TTY/TDD 711	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-477-4663 TTY/TDD 711	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-477-4663 TTY/TDD 711.	Tagalog
মনোযোগ: বিনামূল্যে ভাষা সহায়তা পরিষেবাদি আপনার জন্য উপলব্ধ to 1-888-477-4663 টিটিওয়াই / টিডিডি 711 কল করুন।	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-477-4663 TTY/TDD 711.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-477-4663 TTY/TDD 711.	Greek
ک (TTY: 711) لاکس یہا ایٹسن یم ت فم ت امدخ یکد دم یکن ایزو کپ آوت، سیرے تلوب و دراپا: رادر بخ 4663-477-888-1	Urdu





TOMORROW'S HEALTHCARE TODAY

Contact us for Enrollment Questions

1.888.477.4663 (TTY 711)



8:00am–8:00pm, 7 days a week from Oct. 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.