

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

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 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 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

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

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 or asking the other plans for their Summary of Benefits booklets.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare & More

Nascentia Health provides you with even more benefits than you get with Original Medicare. Be sure to review the Evidence of Coverage document for full benefit information. You can access it at www.nascentiahealthplus.org, or 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.

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:

Monthly Plan Premium (includes both medical and drugs)	\$0 for Part C benefits. You must continue to pay your Medicare Part B Premium. \$0 to \$38.90 per month for Part D premiums, depending on the level of Extra Help
Annual Deductible	\$0 There is no deductible for medical (Part C) benefits. See outpatient prescription drugs section for Part D deductible.
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	\$0 Annually for Medicare-covered services from in-network providers (includes co-insurance for medical services per year)

Covered Medical and Hospital Benefits*

Inpatient Hospital Care	\$0 Copay
Outpatient Hospital	\$0 Copay
Ambulatory Surgical Center (ASC) Services	\$0 Copay
Doctor Office Visits	
<ul style="list-style-type: none"> • Primary care providers • Specialists 	\$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.*

Covered Medical and Hospital Benefits*

Emergency Care	\$0 copay
Urgently Needed Services	\$0 copay
Diagnostic Services, Labs, and Imaging (includes diagnostic tests and procedures, labs, diagnostic radiology, and X-rays)	\$0 copay
Hearing Services	\$0 copay for routine hearing exam \$2,000 hearing aid coverage (both ears) yearly
Routine Dental Services	\$0 copay for 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 / Inpatient 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

Medicare Part B Drugs

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

Additional Benefits

Food and Over-the-Counter Items	\$480 per quarter/\$1,920 per year (The \$480 quarterly is shared between the food and OTC health items)
Utility Bills	\$100 per month/\$1,200 per year for utility bills
Meal Benefit	42 meals immediately following surgery or an inpatient hospital stay
Telemedicine	\$0 copay, no authorization required

*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:

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

Part D Deductible \$0 up 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 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.

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.

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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.

Nascentia Health Plus
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