



TOMORROW'S HEALTHCARE TODAY

Nascentia Skilled Nursing Facility
2026
Summary of Benefits



H9066_00226SOB_M



TOMORROW'S HEALTHCARE TODAY

For Enrollment Questions Please Contact us:



1.888.477.0090 (TTY 711)

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



Or access information online at

nascentiahealthplus.org

Nascentia Health Plus is an HMO SNP plan with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in Nascentia Health Plus depends on contract renewal. This information is not a complete description of benefits. For more information, call 1-888-477-0090 (TTY 711), 7 days a week 8am-8pm October 1-March 31, Monday-Friday for the rest of the year. Assistance services for other languages are available, free of charge at the number above. This information is not a complete description of benefits. Contact the plan for more information. Limitations,

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

2026 Summary of Benefits

Nascentia Skilled Nursing Facility



TOMORROW'S HEALTHCARE TODAY

H9066-002 January 1, 2026–December 31, 2026



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 1-888-477-0090 (TTY 711).



Eligibility

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

- ✓ Must be enrolled in Medicare Part A and Part B
- ✓ Must for 90 days or longer, require or are expected to require the level of services provided in a long-term care (LTC) skilled nursing facility (SNF).
- ✓ Must continue to pay your Medicare Part B premium if it's not paid for by Medicaid or another third party
- ✓ Must live in the Nascentia Health Plus service area.

Nascentia Skilled Nursing Facility is an Institutional Special Needs Plan for beneficiaries whose condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days. Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF). Our service area includes Albany, Broome, Columbia, Delaware, Erie, Greene, Madison, Monroe, Niagara, Oneida, Onondaga, Otsego, Rensselaer, Saratoga, and Schenectady counties.

Except in emergency situations, if you use providers or pharmacies that are not in our network, we may not pay for these services. You can find network providers and pharmacies online at www.nascentiahealthplus.org 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

Nascentia Skilled Nursing Facility

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 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 1-888-477-0090 (TTY 711), 7 days a week from 8:00 am–8:00 pm October 1–March 31. On weekends and certain holidays from April 1–September 30, your call may be handled by our automated phone system.

For More Information, Please Contact Us



Call 1-888-477-0090 (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

Part C Benefits Through Nascentia Skilled Nursing Facility (I-SNP)

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 C Premium, Deductible, and Limits	If you don’t qualify for Medicare cost sharing assistance under Medicaid	If you do qualify for Medicare cost sharing assistance under Medicaid
Part C Premium	\$0 (You must continue to pay your Medicare Part B Premium)	\$0
Part C Deductible	\$0	\$0
Maximum Out-of-Pocket (does not include prescription drugs)	\$6,000 annually for Medicare-covered services from in-network providers	\$0

Prescription Drug Part D

Part 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 outlined below:	If you do qualify for Low-Income Subsidy (LIS/Extra Help) you pay the amounts below:
Part D Premium	\$58.82 per month	\$0
Part D Deductible (Cost sharing: 100%)	\$615 (except for covered insulin products and most adult Part D vaccines)	\$0
Part D Out-of-Pocket Threshold	\$2,100	\$2,100
Initial Coverage Stage (Cost sharing 25%) This stage ends after you reach your maximum out-of-pocket threshold of \$2,100	Generic: 25% Brand: 25% (your cost for covered insulin for a one-month supply with standard cost sharing is \$35)	Generic: \$0 to \$5.10 Brand: \$0 to \$12.65 (based on your level of extra help)
Catastrophic Coverage Stage starts after you reach your maximum out-of-pocket threshold of \$2,100	Generic: \$0 Brand: \$0	Generic: \$0 Brand: \$0
Standard Retail or Standard Mail Order Co-payment (up to 90-day supply)	Generic: 25% Brand: 25% (your cost for covered insulin for a one-month supply with standard cost sharing is \$35)	Generic: \$0 to \$5.10 Brand: \$0 to \$12.65 (based on your level of extra help)

Under the Part D Prescription benefit, almost all of your drug costs will be paid for by Nascentia Dual Advantage. 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 1-888-477-0090, (TTY 711). We are available 8:00am–8:00pm, 7 days per week, October 1–March 31. On weekends and certain holidays from April 1–September 30, your call may be handled by our automated phone system.

Nascentia Skilled Nursing Facility

Summary of Benefits

Benefits	Limitations, Exceptions, and Benefit Information	Nascentia Skilled Nursing Facility (In-Network)
	If you are you are not eligible for Medicare cost-sharing assistance under Medicaid, you pay the original Medicare cost sharing amounts	If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying the original Medicare cost sharing amounts
Inpatient Hospital	\$1,600 deductible for each benefit period. \$0 copay days 1-60 \$408/day copay for days 61-90 \$816/day copay for days 91-150 \$0 After using all of your lifetime reserve days, you pay all costs. These are 2025 cost-sharing amounts and may change for 2026.	\$0 copay
Outpatient Hospital	0% to 20% coinsurance Authorization Required	\$0 copay
Ambulance Services	0% to 20% coinsurance No Authorization Required	\$0 copay
Ambulatory Surgical Center Services	Authorization Required	\$0 copay
Doctor Visits	0% to 20% coinsurance No referral necessary for in-network specialists No authorization required for in-network physicians	\$0 copay

If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for Covered Part A and Part B services.

Benefits	Limitations, Exceptions, and Benefit Information	Nascentia Skilled Nursing Facility (In-Network)
Preventive Care (any preventive services approved by Medicare will be covered at 100%)	See list of covered preventative care	\$0 copay

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, multi-target stool DNA tests, barium enemas)
- › 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	0% to 20% coinsurance Maximum per visit \$125 No Authorization Required	\$0 copay
Urgently Needed Services	0% to 20% coinsurance Maximum per visit \$55 No Authorization Required	\$0 copay
Diagnostic Services, Labs, and Imaging	0% to 20% coinsurance Includes diagnostic tests and procedures, labs, diagnostic radiology, MRIs, PET scans, and X-rays Authorization Required	\$0 copay

If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for Covered Part A and Part B services.

Benefits	Limitations, Exceptions, and Benefit Information	Nascentia Skilled Nursing Facility (In-Network)
Hearing Services	Fitting/evaluation and hearing aids (both ears) No Authorization Required	\$0 copay \$3,500 yearly
Dental Services	Preventative and comprehensive dental benefits annually 2 oral exams and cleanings per year, 1 x-ray per year Authorization Required	\$0 copay
Vision Services	1 routine annual eye exam Annual allowance for frames, lenses, or contact lenses 0% to 20% coinsurance	\$700 yearly
Mental Health Care	0% to 20% coinsurance No Authorization Required	\$0 copay
Skilled Nursing Facility (SNF)	Skilled Nursing Facility Days 1-20: \$0 Skilled Nursing Facility Days 21-100: \$204 Skilled Nursing Facility Days 101 and Beyond: All Costs 20% Coinsurance Authorization Required These are 2025 cost-sharing amounts and may change for 2026.	\$0 copay, up to 100 days
Physical Therapy	0% to 20% coinsurance No Authorization Required	\$0 copay

If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for Covered Part A and Part B services.

Benefits	Limitations, Exceptions, and Benefit Information	Nascentia Skilled Nursing Facility (In-Network)
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
Transportation	No Coverage	Transportation is covered through your Medicaid provider for eligible individuals to and from medical appointments for Medicaid-approved care Call: (866) 932-7740
Medicare Part B Drugs (Chemotherapy)	0% to 20% coinsurance Authorization Required	\$0 copay
Medicare Part B Drugs (Other)	0% to 20% coinsurance Authorization Required	\$0 copay
Personal Wellness Support	The personal wellness support benefit allows all eligible members to visit an on-site beauty/barber shop located in their long-term care facility	Quarterly benefit
Podiatry	0% to 20% coinsurance No Authorization Required	12 visits per year

If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for Covered Part A and Part B services.



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