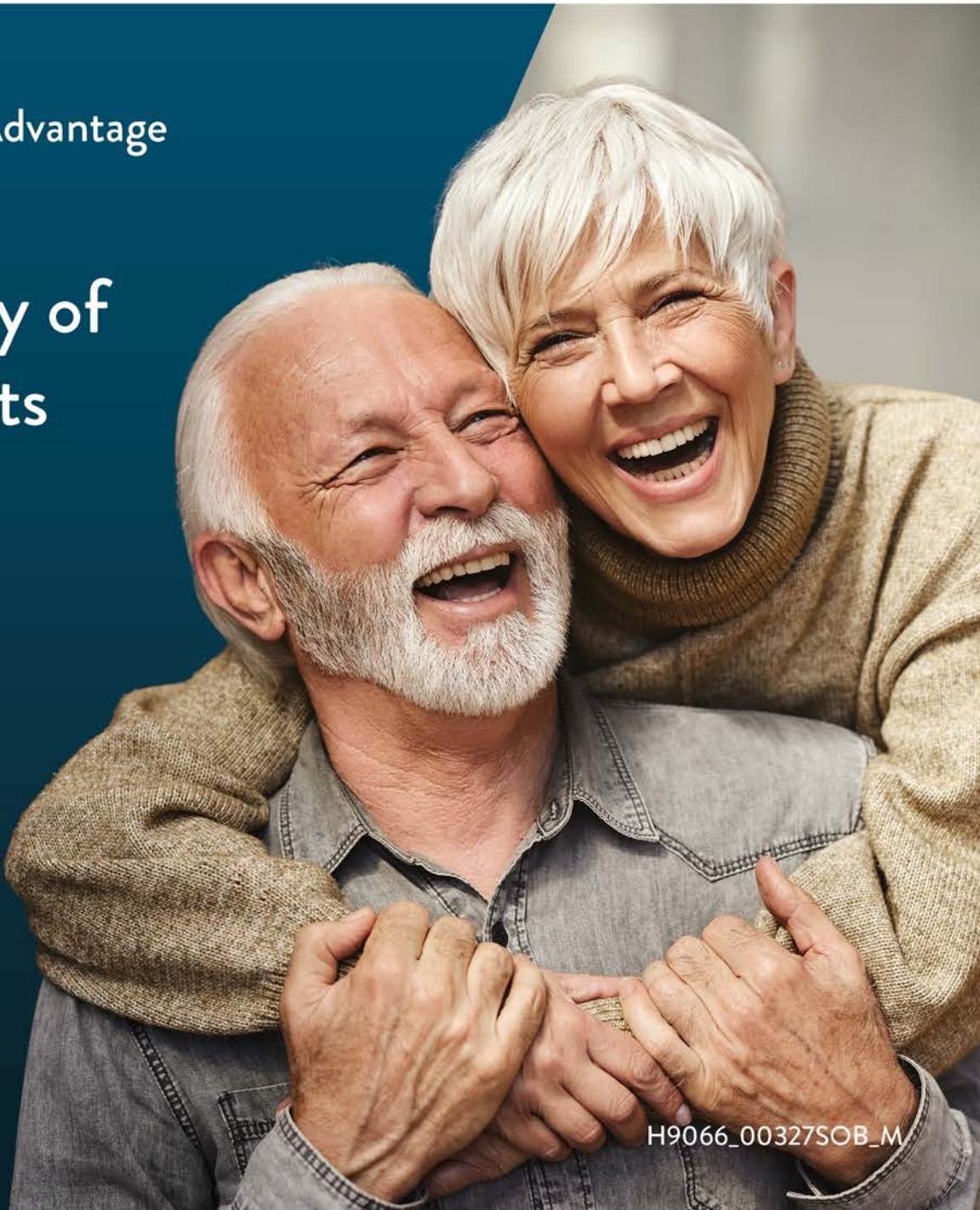
Nascentia HealthPLUS

TOMORROW'S HEALTHCARE TODAY

Nascentia Dual Advantage

2027 Summary of Benefits



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Nascentia HealthPLUS

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

2027 Summary of Benefits
Nascentia Dual Advantage

Nascentia Health PLUS
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H9066-003 January 1, 2027–December 31, 2027

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 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 1-888-477-0090 (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

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

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 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 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, 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.

Combined Part C & D Premium, Deductible and Limits

Because you are a Medicare Beneficiary who is also enrolled in Medicaid, you automatically qualify for Low-Income Subsidy (LIS), also known as Extra Help.

Part C and Part D Premium (You must continue to pay your Medicare Part B Premium)	**$0**
Part C and Part D Deductible	**$0**
Part C and Part D Out-of-Pocket (does not include prescription drugs)	**$0** Annually for Medicare-covered services from in-network providers

Prescription Drug (Part D Benefits) through Nascentia Dual Advantage

Because you receive "Extra Help" to pay your Medicare prescription drugs, you qualify for a reduction or elimination of your cost sharing for Part D drugs.

Deductible	**$0** with Extra Help
Initial Coverage Stage is 25% (Maximum Copayments) **This stage ends after you reach your annual out-of-pocket drug costs of $2,400** (both what plan has paid and what you have paid)	Generic: **$0** to $5.80, based on level of Extra Help Brand: **$0** to $14.40, based on level of Extra Help
Catastrophic Coverage Stage starts after your yearly out-of-pocket drug costs reach $2,400	If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.
Standard Retail or Standard Mail Order Co-payment (up to 90-day supply)	Generic: **$0** to $5.80, based on level of Extra Help Brand: **$0** to $14.40, 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 1-888-477-0090, (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 Dual Advantage 2027 Summary of Benefits

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

Benefits	Limitations, Exceptions, and Benefit Information	Nascentia Dual Advantage (In-Network)
Monthly Plan Premium	You must continue to pay your Medicare Part B premium, if not paid by Medicaid or another source	**$0**
Maximum Out-of-Pocket (does not include prescription drugs)	No out-of-pocket limit	**$0**
Inpatient Hospital	Authorization Required	**$0** copay
Outpatient Hospital	Authorization Required	**$0** copay
Ambulance Services	Medicare covered ambulance services No Authorization Required	**$0** copay
Ambulatory Surgical Center Services	Authorization Required	**$0** copay
Doctor Visits	No referral necessary for in-network specialists No authorization required for in-network physicians	**$0** copay

Benefits	Limitations, Exceptions, and Benefit Information	Nascentia Dual Advantage (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	No Authorization Required	$0 copay
Urgently Needed Services	No Authorization Required	$0 copay
Diagnostic Services, Labs, and Imaging	Includes diagnostic tests and procedures, labs, diagnostic radiology, MRIs, PET scans, and X-rays Authorization Required	$0 copay

Benefits	Limitations, Exceptions, and Benefit Information	Nascentia Dual Advantage (In-Network)
Hearing Services	Fitting/evaluation and hearing aids (both ears) No Authorization Required	**$0 copay** **$2,000 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	**$350 yearly**
Mental Health Care Inpatient	No Authorization Required	**$0 copay**
Mental Health Care Outpatient	No Authorization Required	**$0 copay**
Skilled Nursing Facility (SNF)	Authorization Required	**$0 copay**, up to 100 days
Physical Therapy	No Authorization Required	**$0 copay**
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**

Benefits	Limitations, Exceptions, and Benefit Information	Nascentia Dual Advantage (In-Network)
Transportation	No Coverage Transportation is covered through your Medicaid provider for eligible individuals to and from medical appointments for Medicaid-approved care	
Medicare Part B Drugs (Chemotherapy)	Authorization Required	**$0 copay**
Medicare Part B Drugs (Other)	Authorization Required	**$0 copay**
Over-the-Counter (OTC), Grocery, and Utilities	To buy health-related items, including cough, cold, and allergy medications; first aid supplies, and more. Includes healthy foods through approved vendors. Also for certain utility bills, such as electricity, gas, and internet.	**$225 per month** for purchase of qualifying over-the-counter health products, healthy food items, and utilities payments
Fitness Pass	Fitness membership gives you access to hundreds of gyms and online health and wellness classes at no cost	**One Pass** fitness membership
Social & Cognitive Wellness Program	The Social & Cognitive Wellness Program provides eligible chronically ill DSNP members with an in-home, technology-enabled platform offering social engagement, cognitive stimulation, health education, and wellness activities to support overall health for members at risk.	
Telemedicine	No Authorization Required	**$0 copay**

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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Syracuse, NY 13204
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