



# QualityHealthPlans

of New York

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[www.qhpny.com](http://www.qhpny.com)

## 2017 Summary of Benefits

### Advantage Premium LI



# Summary of Benefits

## Advantage Premium LI (HMO)

Thank you for your interest in QHPNY.

Please call QHPNY for more information about

## Advantage Premium LI (HMO)

Visit us at [www.qhpony.com](http://www.qhpony.com)

or call us:

**1-877-233-7058**

**TTY/TDD: 711**

Customer Service hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8am–8pm  
Eastern

**Prospective Members.....1-877-233-7058**

7 days a week, 8am–8pm **TTY/TDD 711** (for the hearing or speech impaired) for any questions on our Medicare Advantage plans and prescription drug benefits.

**For more information about Medicare, please call Medicare at .....1-800-MEDICARE (1-800-633-4227)**

**TTY users should call 1-877-486-2048.**

You can call 24 hours a day, 7 days a week. Or visit [www.medicare.gov](http://www.medicare.gov) on the web.

**Social Security Office.....1-800-772-1213**

**TTY: 1-800-325-0778**

### **Elderly Pharmaceutical Insurance**

**Coverage Program (EPIC) ..... 1-800-332-3742**

Monday–Friday, 8:30am–5pm **TTY/TDD 1-800-290-9138** (for the hearing or speech impaired).

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

This document may be available in a non-English language.

For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en otro idioma distinto del inglés. Para recibir más información, llame a servicio al cliente al número de teléfono que figura previamen

### Important Links

Provider Directories: <http://qhpony.com/provider-directories-17/>

Pharmacy Directory: [http://qhpony.com/pharmacy\\_directory-next17/](http://qhpony.com/pharmacy_directory-next17/)

Drug Formularies: [http://qhpony.com/2017\\_medicareformulary](http://qhpony.com/2017_medicareformulary)

H2773\_QHPNY0914 Accepted

# Summary of Benefits

## Suffolk and Nassau

**January 1, 2017 - December 31, 2017**

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

### You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare).
- Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Advantage Premium LI (HMO)**).

### Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Advantage Premium LI (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.

### Sections in this booklet

- **Things to Know About Advantage Premium LI (HMO)**
- **Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services**
- **Prescription Drug Benefits**
- **Covered Medical and Hospital Benefits**

# Summary of Benefits

## Advantage Premium LI (HMO)

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-877-233-7058.

Este documento está disponible en otros formatos como Braille y en letra grande. Este documento puede estar disponible en un idioma que no sea Inglés. Para obtener información adicional, llámenos al 1-877-233-7058.

### Things to Know About Advantage Premium LI (HMO)

#### Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern Standard Time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern Standard Time.

#### Advantage Premium LI (HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-877-233-7058**.
- If you are not a member of this plan, call toll-free **1-877-233-7058**.
- Our website: <http://www.qhpnny.com>

#### Who can join?

- **You must be entitled to Medicare Part A, be enrolled in Medicare Part B,**
- **You must Live in our service area.**
- **Our service area includes the following counties in New York: Nassau, and Suffolk.**

#### Which doctors, hospitals, and pharmacies can I use?

**Advantage Premium LI (HMO)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website

# Summary of Benefits

## Advantage Premium LI (HMO)

([http://qhpny.com/pharmacy\\_directory-next17/](http://qhpny.com/pharmacy_directory-next17/)).

Or, call us at 1-877-233-7058 and we will send you a copy of the provider and pharmacy directories.

### What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.qhpny.com>.
- Or, call us and we will send you a copy of the formulary.

### How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage

Medicare Advantage Health Maintenance Organization (HMO) offered by QUALITY HEALTH PLANS OF NEW YORK, INC. with a Medicare contract. If you have any questions about this plan's benefit or costs, please contact QHPNY for details.

## Summary of Benefits for Contract H2773, Plan 022

### Advantage Premium LI- (HMO)

#### Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Service

Benefits	Advantage Premium LI
<b>How much is the monthly premium?</b>	\$95 per month. In addition, you must keep paying your Medicare Part B premium.
<b>How much is the deductible?</b>	This plan does not have a deductible.
<b>Is there any limit on how much I will pay for my covered services?</b>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"><li>• \$5900 for services you receive from in-network providers.</li></ul> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
<b>Is there a limit on how much the plan will pay?</b>	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

# Summary of Benefits

## Advantage Premium LI (HMO)

### Outpatient Prescription Drugs Benefits

For more information on the additional cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

#### Initial Coverage

You pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies, but may more than you pay at an in-network pharmacy.

If you reside in a long term care facility, you pay the same as at a retail pharmacy.

#### Standard Drug Cost Sharing

Drug Tier	Retail 31-day	Retail 90-day	Long Term Care 31-day	Mail Order 31-day	Mail Order 90-day	Out of Network 31-day
<b>Tier 1 Preferred Generic</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Tier 2 Generic</b>	\$10	\$30	\$10	\$10	\$20	\$10
<b>Tier 3 Preferred Brand</b>	\$25	\$75	\$25	\$25	\$75	\$25
<b>Tier 4 Non-Preferred Brand</b>	25%	25%	25%	25%	25%	25%
<b>Tier 5 Specialty Tier</b>	33%	Not Available	33%	33%	Not Available	33%

# Summary of Benefits

## Advantage Premium LI (HMO)

### Coverage Gap

#### Coverage Gap

After the total yearly drug costs reach \$3,700 you enter the coverage gap, you pay 40% of the plan's cost for covered brand name drugs and 51% of the plan's cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage gap. Not everyone will enter the coverage gap.

#### ***Additional Gap Coverage***

***Tier 1: \$0 / 31 day or 90 day***

### Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:

- 5% of the cost, or
- \$3.30 copay for generic (including brand drugs treated as generic)
- and a \$8.25 copayment for all other drugs.



## Covered Medical and Hospital Benefits

Benefits	Advantage Premium LI
<b>Inpatient Hospital Care</b> <sup>1, 2</sup>	<p>Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> <li>• \$150 copay per day for days 1 through 5</li> <li>• You pay nothing per day for days 6 through 90</li> </ul>
<b>Doctor's Visits</b> <sup>1, 2</sup>	<p>Primary Care Physician visit: You pay nothing            Specialist: \$10</p>
<b>Preventive Care</b> <sup>1, 2</sup>	<p>You pay nothing.            Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> </ul>

**Notes:**

- Services with a<sup>1</sup> may require prior authorization.
- Services with a<sup>2</sup> may require a referral from your doctor.

# Summary of Benefits

## Advantage Premium LI (HMO)

Benefits	Advantage Premium LI
	<ul style="list-style-type: none"> <li>• Vaccines, including Flu shots, Hepatitis B shots,</li> <li>• Pneumococcal shots</li> <li>• "Welcome to Medicare" preventive visit (onetime)</li> <li>• Yearly "Wellness" visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<b>Emergency Care</b>	<p style="text-align: center;">\$65 copay</p> <p>If you are admitted to the hospital within 23 hours, you do not have to pay your share of the cost for emergency care.</p>
<b>Urgently Needed Services</b>	<p style="text-align: center;">\$15 copay</p>
<p><b>Diagnostic Services/Labs/Imaging</b></p> <p>(Cost for these services may vary based on place service) <sup>1, 2</sup></p>	<p>Diagnostic radiology services (such as MRIs, CT scans): \$50-\$200 copay, depending on the service</p> <p>Diagnostic tests and procedures (such as Echo Doppler studies): \$0-50 copay, depending on the service</p> <p>Lab services: \$0-100 copay</p> <ul style="list-style-type: none"> <li>• You pay nothing, for In-network Labs.</li> <li>• \$100 copay for labs performed at outpatient hospital Lab or outpatient Ambulatory surgery center.</li> </ul> <p>Outpatient X-Rays: \$5 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost</p> <p>If a diagnostic service is performed at a physician's office, then there may be an additional charge for the office visit.</p>
<b>Hearing Services<sup>1, 2</sup></b>	<p>Exam to diagnose and treat hearing and balance issues (Medicare Covered Exam): \$15 copay</p>

### Notes:

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# Summary of Benefits

## Advantage Premium LI (HMO)

Benefits	Advantage Premium LI
	<p>Routine hearing exam (for up to 1 every year): \$30</p> <p>Hearing aid fitting/evaluation (for up to 1 every two years): \$30 copay</p> <p>Hearing aid: You pay nothing</p> <p>Our plan pays up to \$1,000 every two years for hearing aids.</p> <p>If, in combination with a physician's office visit, the office visit copay will apply. If other services are rendered, then the copay for that service will apply. Must use plan network providers.</p>
<p><b>Dental Services</b> <sup>1, 2</sup></p>	<p>\$0 copay for Medicare-covered Dental Benefits. (Limited dental services, this does not include services in connection with care, treatment, filling, removal, or replacement of teeth.)</p> <p>\$0 copay for preventive dental benefits:</p> <ul style="list-style-type: none"> <li>-1 oral exam every year</li> <li>-1 cleaning every 6 months</li> <li>- dental x-rays</li> </ul>
<p><b>Vision Services</b> <sup>1, 2</sup></p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0</p> <p>Routine eye exam (for up to 1 every year): \$0</p> <p>Contact lenses (for up to 1 every year): \$0</p> <p>Eyeglasses (frames and lenses) (for up to 1 every year): \$0</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0</p> <p>Our plan pays up to \$150 every year for contact lenses and eyeglasses (frames and lenses).</p>
<p><b>Mental Health Services</b> <sup>1, 2</sup></p>	<p><b>Inpatient visit:</b></p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p>

**Notes:**

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- Services with a<sup>2</sup> may require a referral from your doctor.

# Summary of Benefits

## Advantage Premium LI (HMO)

Benefits	Advantage Premium LI
	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> <li>• \$125 copay per day for days 1 through 5</li> <li>• You pay nothing per day for days 6 through 90</li> </ul> <p><b>Outpatient Care: \$25 copay</b></p> <p><b>Medicare covered Outpatient Coverage includes:</b></p> <ul style="list-style-type: none"> <li>- Individual therapy visit</li> <li>- Group therapy visit</li> <li>- Individual therapy visit with a psychiatrist</li> <li>- Group therapy visit with a psychiatrist</li> <li>- Partial hospitalization program services.</li> </ul>
<b>Skilled Nursing Facilities</b> <sup>1, 2</sup>	<p style="text-align: center;">Days 1-20: \$0/day Days 21-100: \$90/day Our Plan covers up to 100 days in SNF.</p>
<b>Rehabilitation Services</b> <sup>1, 2</sup>	<p style="text-align: center;">Occupational therapy visit: \$10 copay Physical therapy / speech / language therapy visit: \$10 copay Cardiac and Pulmonary Rehabilitation Services, \$30 copay</p>
<b>Ambulance Services</b>	<p style="text-align: center;">\$175 copay</p>
<b>Transportation</b> <sup>1, 2</sup>	<p>There is a limit to how much our plan will pay.</p> <p>You pay nothing for up to 18 one-way trips to a plan approved locations every year.</p>

### Notes:

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# Summary of Benefits

## Advantage Premium LI (HMO)

Benefits	Advantage Premium LI
	<p>The plan will reimburse a member up to \$10 per one-way trip for a maximum of 18 trips and \$180 a coverage year. Must use plan approved providers such as Taxi, Van, bus, subway, Uber, Lyft or other community transportation services for health-related purposes.</p>
<p><b>Foot Care (Podiatry)</b> <sup>1, 2</sup></p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$5 copay</p>
<p><b>Medical Equipment and Supplies</b> <sup>1, 2</sup></p>	<p><b>Diabetes Supplies and Services:</b> Diabetes monitoring supplies: 0-20% of the cost, depending on the supply.</p> <ul style="list-style-type: none"> <li>• Plan Preferred diabetic supplies are at \$0 cost sharing.</li> <li>• Plan Non-Preferred diabetic supplies are at 20% cost sharing.</li> </ul> <p>Diabetes self-management training: 0-20% of the cost depending on the service</p> <p>Therapeutic shoes or inserts: 20% of the cost</p> <p><b>Durable Medical Equipment (e.g., wheelchairs, oxygen):</b></p> <ul style="list-style-type: none"> <li>• Medicare covered Basic DME items (ie. walkers and other low cost DME) and Medicare covered High cost DME items are covered at 20% cost sharing.</li> </ul> <p><b>Prosthetics (e.g., braces, artificial limbs etc.):</b> 20% of the cost (Medicare Covered)</p> <p>Related Medicare covered medical supplies: 20% of the cost, depending on the supply</p>

**Notes:**

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# Summary of Benefits

## Advantage Premium LI (HMO)

Benefits	Advantage Premium LI
<b>Wellness/Fitness (Gym Membership)</b>	<p>Up to \$50 per month reimbursement for Gym Membership / Fitness Allowance.</p> <p><b><i>Gym and fitness membership comprises of access to any local gym facilities.</i></b></p> <p><b><i>The plan will reimburse a member up to \$50 per month. Member must show proof of payment/receipt.</i></b></p> <p>Completion of Health Risk Assessment signed off by a provider is encouraged preferably prior to attendance.</p>
<b>Medicare Part B Drugs</b>	<p>20% of the cost for chemotherapy drugs</p> <p>20% of the cost for other Part B drugs</p>
<b>Chiropractic <sup>1, 2</sup></b>	<p>\$10 copay for each Medicare-covered visit</p>
<b>Acupuncture <sup>1, 2</sup></b>	<p>Up to 4 visits every year. You pay nothing</p>
<b>Outpatient Surgery<sup>11, 2</sup></b>	<p>Ambulatory surgical center: \$50 copay</p> <p>Outpatient hospital:            \$100 copayment amount per visit for Medicare Covered Outpatient Hospital Services for non-free standing surgery centers affiliated with Hospital.</p> <p>\$100 copayment amount per visit for Medicare Covered Outpatient Hospital Services for surgery centers located at or in a Hospital.</p>
<b>Home Health Care</b>	<p>\$0 copay for Medicare-covered home health visits</p>
<b>Hospice</b>	<p>You must get care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>

### Notes:

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# Summary of Benefits

## Advantage Premium LI (HMO)

Benefits	Advantage Premium LI
<b>Over-the-Counter Medications and Supplies</b>	\$38 Every Three Months (OTC Order form lists covered OTC items and price)

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# Summary of Benefits

## Advantage Premium LI (HMO)

Call 1-844-QHPNY-65

or go to [GetWithQ.com](http://GetWithQ.com)

If you want to know more about the coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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# Summary of Benefits

## Advantage Premium LI (HMO)

### Important Information:

Proposed Effective Date \_\_\_\_\_

#### Your Primary Care Provider (PCP)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### Important Numbers:

**QHPNY Customer Services** ..... **1-877-233-7058**  
7 days a week, 8am–8pm **TTY/TDD 711** (for the hearing or speech impaired)

**Pharmacy Department**.....**1-877-233-7058**  
24 hours a day, 7 days a week **TTY/TDD 711** (for the hearing or speech impaired)

**Prospective Members**.....**1-877-233-7058**  
7 days a week, 8am–8pm **TTY/TDD 711** (for the hearing or speech impaired)  
For any questions on our Medicare advantage drug benefits.

**HealthPlex (Dental)**.....**1- 888-468-2185**

**Hearing Services (HearUSA)** .....**1-800-528-3277**

**Chiropractic Services(Palladian)** .....**1-877-785-0520**

**Outpatient Rehabilitation Services (Palladian)** .....**1-877-785-0520**

**Medicare**.....**1-800-633-4227**  
24 hours a day, 7 days a week **TTY/TDD 1-877-486-2048** (for the hearing or speech impaired)

**New York State SHIP:**  
**Health Insurance Information Counseling and Assistance Program (HIICAP)** .....**1-800-701-0501**

**Social Security Office**..... **1-800-772-1213**  
**TTY: 1-800-325-0778**

**Elderly Pharmaceutical Insurance Coverage Program (EPIC)** ..... **1-800-332-3742**  
Monday–Friday, 8:30am–5pm **TTY/TDD 1-800-290-9138** (for the hearing or speech impaired)

