



QualityHealthPlans

of New York

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2017 Summary of Benefits

Advantage Value One NY-
Dual



Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Thank you for your interest in QHPNY.

Please call QHPNY for more information about

Advantage Value One NY – Dual (HMO SNP)

Visit us at 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 at1-800-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 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/

Drug Formularies: http://qhpony.com/2017_medicareformulary

H2773_QHPNY0911 Accepted

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

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 Value One NY – Dual (HMO SNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Advantage Value One NY – Dual (HMO SNP)** 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**
- **Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services**
- **Prescription Drug Benefits**
- **Covered Medical and Hospital Benefits**
- **Comprehensive Statement of Medicare/Medicaid Benefits**

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

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 Value One NY – Dual (HMO SNP)

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 Value One NY – Dual (HMO SNP) 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.qhpny.com>

Who can join?

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

Which doctors, hospitals, and pharmacies can I use?

Advantage Value One NY – Dual (HMO SNP) 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 (http://qhpny.com/pharmacy_directory-next17/).

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

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.qhpony.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

Advantage Value One NY – Dual (HMO SNP)

Summary of Benefits for Contract H2773, Plan 018

Advantage Value One NY – Dual (HMO SNP)

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

Benefits	Advantage Value One NY – Dual (HMO SNP)
How much is the monthly premium?	\$33.30 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	<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">• \$6,700 for services you receive from in-network providers. <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>
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section I, 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
Tier 1 Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 Generic	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay	Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

	For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay
Tier 3 Preferred Brand	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay
Tier 4 Non-Preferred Brand	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs	Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

	treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay
Tier 5 Specialty Tier	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	Not Available	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	In-Network Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay	Not Available	Depending on your income and institutional status, you pay the following*: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, or A \$1.20 copay, or A \$3.30 copay For all other drugs, either: A \$0 copay, or A \$3.70 copay, or A \$8.25 copay
Coverage Gap	This plan does not have a coverage gap					

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

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 nothing.

*In the event a member loses their low-income subsidy (LIS) status while enrolled in this plan, the Part D benefit structure will default to that of Plan 003.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section II, Covered Medical and Hospital Benefits

Benefits	Advantage Value One NY – Dual (HMO SNP)
Inpatient Hospital Care ^{1, 2}	<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> <p>In 2016 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none">• \$1,288 deductible for each benefit period• Days 1-60: \$0 coinsurance for each benefit period• Days 61-90: \$322 coinsurance per day of each benefit period• Days 91 and beyond: \$644 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) <p>These amounts may change for 2017.</p>
Doctor's Visits ^{1, 2}	<p>Primary care physician visit: 0% or 20% of the cost Specialist visit: 0% or 20% of the cost</p>
Preventive Care ^{1, 2}	<p>You pay nothing. Our plan covers many preventive services, including:</p> <ul style="list-style-type: none">• Abdominal aortic aneurysm screening• Alcohol misuse counseling• Bone mass measurement• Breast cancer screening (mammogram)• Cardiovascular disease (behavioral therapy)• Cardiovascular screenings• Cervical and vaginal cancer screening• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)

Notes:

- Services with a¹ may require prior authorization.
- Services with a² may require a referral from your doctor.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Benefits	Advantage Value One NY – Dual (HMO SNP)
	<ul style="list-style-type: none"> • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, • Pneumococcal shots • "Welcome to Medicare" preventive visit (onetime) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p>0% or 20% of the cost (up to \$75)</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>
Urgently Needed Services	<p>0% or 20% of the cost for Medicare-covered visits (Up to \$65)</p>
Diagnostic Services/Labs/Imaging (Cost for these services may vary based on place service) ^{1, 2}	<p>Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost, depending on the service</p> <p>Diagnostic tests and procedures (such as Echo Doppler studies): \$0% or 20% of the cost, depending on the service</p> <p>Lab services: 0% or 20% of the cost</p> <ul style="list-style-type: none"> • You pay nothing, for In-network Labs. • 0% or 20% of the cost for labs performed at outpatient hospital Lab or outpatient Ambulatory surgery center. <p>Outpatient X-Rays: 0% or 20% of the cost</p>

Notes:

- Services with a¹ may require prior authorization.
- Services with a² may require a referral from your doctor.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Benefits	Advantage Value One NY – Dual (HMO SNP)
	<p>Therapeutic radiology services (such as radiation treatment for cancer): 0% or 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>
<p>Hearing Services^{1, 2}</p>	<p>Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost</p> <p>Routine hearing exam (for up to 1 every year): 20% of the cost</p> <p>Hearing aid fitting/evaluation (for up to 1 every two years): 20% of the cost</p> <p>Hearing aid: \$0 Copay</p> <p>Our plan pays up to \$1,000 every two years for hearing aids. Two hearing aids (one for each ear) with a total allowance of \$1,000.00 (\$500.00/ear).</p>
<p>Dental Services^{1, 2}</p>	<p>\$0 copay for Medicare-covered Dental Benefits.</p> <p>(Limited dental services, this does not include services in connection with care, treatment, filling, removal, or replacement of teeth.) 0% or 20% of the cost</p> <p>\$0 copay for preventive dental benefits:</p> <ul style="list-style-type: none"> -1 oral exam every year -1 cleaning every 6 months - dental x-rays

Notes:

- Services with a¹ may require prior authorization.
- Services with a² may require a referral from your doctor.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Benefits	Advantage Value One NY – Dual (HMO SNP)
<p>Vision Services ^{1, 2}</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost Routine eye exam (for up to 1 every year): \$0 Contact lenses (for up to 1 every year): \$0 Eyeglasses (frames and lenses) (for up to 1 every year): \$0 Eyeglasses or contact lenses after cataract surgery: \$0 Our plan pays up to \$75 every year for contact lenses and eyeglasses (frames and lenses).</p>
<p>Mental Health Services ^{1, 2}</p>	<p>Inpatient visit: 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> <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> <p>In 2016 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> \$1,288 deductible for each benefit period Days 1-60: \$0 coinsurance for each benefit period Days 61-90: \$322 coinsurance per day of each benefit period Days 91 and beyond: \$644 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) <p>These amounts may change for 2017.</p> <p>Outpatient Care: 0% or 20% of the cost Medicare covered Outpatient Coverage includes:</p>

Notes:

- Services with a¹ may require prior authorization.
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Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Benefits	Advantage Value One NY – Dual (HMO SNP)
	<ul style="list-style-type: none"> - Individual therapy visit - Group therapy visit - Individual therapy visit with a psychiatrist - Group therapy visit with a psychiatrist - Partial hospitalization program services.
Skilled Nursing Facilities ^{1, 2}	<p>Our plan covers up to 100 days in a SNF. In 2016 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • You pay \$0 for days 1 through 20 • \$161 copay per day for days 21 through 100 <p>These amounts may change for 2017.</p>
Rehabilitation Services ^{1, 2}	<p style="text-align: center;">Occupational therapy visit: 0% or 20% of the cost Physical therapy / speech / language therapy visit: 0% or 20% of the cost Cardiac and Pulmonary Rehabilitation Services, 0% or 20% of the cost</p>
Ambulance Services	<p style="text-align: center;">0% or 20% of the cost for Medicare-covered benefits.</p>
Transportation ^{1, 2}	<p>There is a limit to how much our plan will pay.</p> <p>You pay nothing for up to 16 one-way trips to a plan approved locations every year.</p> <p>The plan will reimburse a member up to \$10 per one-way trip for a maximum of 16 trips and \$160 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>
Foot Care (Podiatry) ^{1, 2}	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 0% or 20% of the cost for Medicare-covered benefits.</p>

Notes:

- Services with a¹ may require prior authorization.
- Services with a² may require a referral from your doctor.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Benefits	Advantage Value One NY – Dual (HMO SNP)
<p>Medical Equipment and Supplies 1, 2</p>	<p>Diabetes Supplies and Services: Diabetes monitoring supplies: 0-20% of the cost, depending on the supply.</p> <ul style="list-style-type: none"> Plan Preferred diabetic supplies are at \$0 cost sharing. Plan Non-Preferred diabetic supplies are at 0% or 20% of the cost. <p>Diabetes self-management training: 0-20% of the cost depending on the service</p> <p>Therapeutic shoes or inserts: 0% or 20% of the cost.</p> <p>Durable Medical Equipment (e.g., wheelchairs, oxygen) :</p> <ul style="list-style-type: none"> 0% to 20% of the cost (Basic DME items (i.e. walkers etc) are covered at 0% cost sharing. High cost DME items over \$300 are covered at 20% cost sharing.) <p>Prosthetics (e.g., braces, artificial limbs etc): 0-20% of the cost</p> <p>Related Medical Supplies: 0% to 20% of the cost for Medicare-covered medical supplies related to prosthetics, splints, and other devices</p>
<p>Wellness/Fitness (Gym Membership)</p>	<p>Up to \$50 per month reimbursement for Gym Membership / Fitness Allowance.</p> <p><i>Gym and fitness membership comprises of access to any local gym facilities.</i></p> <p><i>The plan will reimburse a member up to \$50 per month. Member must show proof of payment/receipt.</i></p> <p>Completion of Health Risk Assessment signed off by a provider is encouraged preferably prior to attendance.</p>
<p>Medicare Part B Drugs</p>	<p>0% or 20% of the cost for chemotherapy drugs</p> <p>0% or 20% of the cost for other Part B drugs</p>

Notes:

- Services with a¹ may require prior authorization.
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Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Benefits	Advantage Value One NY – Dual (HMO SNP)
Chiropractic ^{1,2}	0% or 20% of the cost for each Medicare-covered visit
Acupuncture ^{1,2}	Up to 4 visits every year. You pay nothing
Outpatient Surgery ^{1,2}	Ambulatory surgical center: 0% or 20% of the cost per visit Outpatient hospital: 0% or 20% of the cost per visit for Medicare Covered Outpatient Hospital Services for non-free standing surgery centers affiliated with Hospital. 0% or 20% of the cost per visit for Medicare Covered Outpatient Hospital Services for surgery centers located at or in a Hospital.
Home Health Care	\$0 copay for Medicare-covered home health visits
Hospice	You must get care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.
Over-the-Counter Medications and Supplies	\$75 Every Three Months (OTC Order form lists covered OTC items and price)

Notes:

- Services with a¹ may require prior authorization.
- Services with a² may require a referral from your doctor.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Summary of Benefits for Contract H2773, Plan 018

ADVANTAGE VALUE ONE NY - DUAL (HMO SNP)

Section III

As a member of Advantage Value One NY- Dual (HMO SNP) you will receive all of your Medicare and most of your Medicaid benefits through Advantage Value One NY- Dual (HMO SNP).

Section II lists the Medicare benefits and supplemental benefits offered by Advantage Value One NY- Dual (HMO SNP).

Section IV lists the Medicaid benefits covered by Advantage Value One NY- Dual (HMO SNP). It also explains what benefits you can access using your New York State Medicaid card.

Your co-pays and co-insurance may vary based on the level of Extra Help that you may receive. If you have any questions about this plan's benefits or costs, please contact Quality Health Plans of New York for more information.

As a member of Advantage Value One NY- Dual (HMO SNP), you will also be enrolled in Medicare Part D prescription drug coverage. Because of your eligibility for Medicaid and Medicare, you should receive extra help in paying for your prescription drug coverage. Based on a determination by the Social Security Administration (SSA), you may be eligible for Part D Savings through the Low Income Subsidy (LIS). This means that you will receive help paying for monthly Medicare Part D premiums, yearly deductible, and prescription drug copayments, as applicable.

If you have any questions about this plan's benefits or costs, please contact Quality Health Plans of New York.

- You can call us at 1-877-233-7058 (TTY/TDD 711), Sunday through Saturday, 8 a.m. to 8 p.m. Eastern Standard Time.
- Visit our website, www.qhpny.com. The following information and tools are on our website:
 - Benefits available through the Advantage Value One NY- Dual (HMO SNP), and other plans offered by Quality Health Plans of New York
 - The most up-to-date listings of participating physicians and pharmacies
 - Prescription drug coverage and forms

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Summary of Benefits for Contract H2773, Plan 018

ADVANTAGE VALUE ONE NY - DUAL (HMO SNP)

Section IV Medicaid Summary of Benefits

You can join Advantage Value One NY - Dual (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and are also enrolled in New York State Medicaid.

People who qualify for Medicare and Medicaid are known as dual eligible's. As a dual eligible, you are eligible for benefits under both the federal Medicare program and the state-operated Medicaid program. The Original Medicare and benefits you receive as a member of this plan are listed in Section II.

The kind of Medicaid benefits you receive are determined by your state and may vary based upon your income and resources. With the assistance of Medicaid, some dual eligible's do not have to pay for certain Medicare costs. The Medicaid benefit categories and types of assistance served by our plan are listed below:

- Full Benefit Dual Eligible (FBDE): Payment of your Medicare Part B premiums, in some cases Medicare Part A premiums and full Medicaid benefits.
- Qualified Disabled and Working Individual (WDWI): Payment of your Medicare Part A premiums.
- Qualified Individual (QI): Payment of your Medicare Part B premiums.
- Specified Low Income Medicare Beneficiary (SLMB): Payment of your Medicare Part B premiums.
- SLMB-Plus: Payment of your Medicare Part B premiums and full Medicaid benefits.
- Qualified Medicare Beneficiary (QMB Only): Payment of your Medicare part A and/or Part B premiums, deductibles and cost-sharing (excluding Part D copayments).
- QMB-Plus: Payment of your Medicare Part A and Part B premiums, deductibles, cost-sharing (excluding Part D copayments) and full Medicaid benefits.

It is important to understand that Medicaid benefits can vary based on your income level and other standards. Also, your Medicaid benefits can change throughout the year. Depending on your current status, you may not be qualified for all Medicaid benefits. However, while a member of our plan, you can access plan benefits regardless of your Medicaid status.

Residents of the New York City Boroughs should contact the New York City Human Resources Administration at 1-877-472-8411 for the most current and accurate information regarding your eligibility and benefits. People residing outside of New York City should contact their Local Department of Social Services for this information.

The following chart describes Medicaid benefits that may be available to you under your state Medicaid program, depending on your Medicaid coverage. The chart also explains if a similar benefit is available under our plan.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Quality Health Plans of New York for details.

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
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IMPORTANT INFORMATION

Part D Drug Coverage	<p>Medicaid does not cover Part D covered drugs or copays.</p> <p>Medicaid Pharmacy Benefits allowed by State Law (select drug categories excluded from the Medicare Part D benefit and certain medications included in the Part D benefit when the enrollee is unable to receive them from his/her Medicare Advantage Plan), also certain Medical Supplies and Enteral Formula when not covered by Medicare.</p>	<p>For Part B drugs such as chemotherapy drugs¹: 0% or 20% of the cost</p> <p>Other Part B drugs¹: 0% or 20% of the cost</p> <p>Our plan does not have a deductible for Part D prescription drugs.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p> <p>Catastrophic Coverage: After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order)</p>
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Notes:

- Services with a¹ may require prior authorization.
- Services with a² may require a referral from your doctor.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Quality Health Plans of New York for details.

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services) ^{1, 2}	Covers Medicare deductibles, copays and coinsurances up to 365 days per year (366 days for leap year)	<p>reach \$4,950, you pay nothing for all drugs.</p> <p>For more information on cost sharing for Part D drugs, please see the Prescription Drug Benefits in Section I of this document.</p> <p>Up to 365 days per year (366 days for leap year)</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <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</p>

Notes:

- Services with a¹ may require prior authorization.
- Services with a² may require a referral from your doctor.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Quality Health Plans of New York for details.

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
		<p>have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. In 2016 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,288 deductible for each benefit period • Days 1-60: \$0 coinsurance for each benefit period • Days 61-90: \$322 coinsurance per day of each benefit period • Days 91 and beyond: \$644 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) <p>These amounts may change for 2017.</p>
Doctors Office Visits ²	Covers Medicare deductibles, copays and coinsurances	<p>Primary care physician visit: 0% or 20% of the cost</p> <p>Specialist visit: 0% or 20% of the cost</p>
Preventive Care ^{1,2}	Covers Medicare deductibles, copays and coinsurances	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement

Notes:

- Services with a¹ may require prior authorization.
- Services with a² may require a referral from your doctor.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Quality Health Plans of New York for details.

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
		<ul style="list-style-type: none">• Breast cancer screening (mammogram)• Cardiovascular disease (behavioral therapy)• Cardiovascular screenings• Cervical and vaginal cancer screening• Colonoscopy• Colorectal cancer screenings• Depression screening• Diabetes screenings• Fecal occult blood test• Flexible sigmoidoscopy• HIV screening• Medical nutrition therapy services• Obesity screening and counseling• Prostate cancer screenings (PSA)• Sexually transmitted infections screening and counseling• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots• "Welcome to Medicare" preventive visit (one-time)• Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered. Annual physical exam: You pay nothing</p>

Notes:

- Services with a¹ may require prior authorization.
- Services with a² may require a referral from your doctor.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Quality Health Plans of New York for details.

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
Emergency Care	Covers Medicare deductibles, copays and coinsurances	0% or 20% of the cost (up to \$75) If you are admitted to the hospital within 23 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgently Needed Services	Covers Medicare deductibles, copays and coinsurances	0% or 20% of the cost for Medicare-covered visits (Up to \$65)
Diagnostic Tests, Lab and Radiology Services, and XRays ^{1,2}	Covers Medicare deductibles, copays and coinsurances	Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost, depending on the service Diagnostic tests and procedures (such as Echo Doppler studies): 0% or 20% of the cost, depending on the service Lab services: 0% or 20% of the cost <ul style="list-style-type: none">You pay nothing, for In-network Labs.0% or 20% of the cost for labs performed at outpatient hospital Lab or outpatient Ambulatory surgery center. Outpatient X-Rays: 0% or 20% of the cost Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost

Notes:

- Services with a¹ may require prior authorization.
- Services with a² may require a referral from your doctor.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

If you have any questions about this plan’s benefits or costs, please contact Quality Health Plans of New York for details.

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
Hearing Services ^{1,2}	<p>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.</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> <p>Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost Routine hearing exam (for up to 1 every year): 20% of the cost Hearing aid fitting/evaluation (for up to 1 every two years): 20% of the cost Hearing aid: \$0 Copay Our plan pays up to \$1,000 every two years for hearing aids. Two hearing aids (one for each ear) with a total allowance of \$1,000 (\$500/ear).</p>
Dental Services	<p>Covers Medicare deductibles, copays and coinsurances.</p> <p>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.</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 0% or 20% of the cost</p> <p>Preventive dental services: Cleaning (for up to 1 every six months): \$0 Copay</p>

Notes:

- Services with a¹ may require prior authorization.
- Services with a² may require a referral from your doctor.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

If you have any questions about this plan’s benefits or costs, please contact Quality Health Plans of New York for details.

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
Vision Services ^{1,2}	<p>Ambulatory or inpatient surgical dental services subject to prior authorization.</p> <p>Covers Medicare deductibles, copays and coinsurances. 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 the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p>	<p>Dental x-ray(s): \$0 Copay</p> <p>Oral exam (for up to 1 every year): \$ 0 Copay</p> <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost</p> <p>Routine eye exam (for up to 1 every year): \$0 Copay</p> <p>Contact lenses (for up to 1 every year): \$0 Copay</p> <p>Eyeglasses (frames and lenses) (for up to 1 every year): \$0 Copay</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 Copay</p> <p>Our plan pays up to \$75 every year for contact lenses and eyeglasses (frames and lenses).</p> <p>There may be an additional charge for the office visit</p>

Notes:

- Services with a¹ may require prior authorization.
- Services with a² may require a referral from your doctor.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Quality Health Plans of New York for details.

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
Inpatient Mental Health Care ^{1,2}	Covers days in excess of the Medicare 190-day lifetime maximum. Covers Medicare deductibles, copays and coinsurances	<p>Inpatient visit:</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> <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> <p>In 2016 the amounts for each benefit period were \$0 or:</p> <p>\$1,288 deductible for each benefit period</p> <p>Days 1-60: \$0 coinsurance for each benefit period</p> <p>Days 61-90: \$322 coinsurance per day of each benefit period</p> <p>Days 91 and beyond: \$644 coinsurance per each "lifetime</p>

Notes:

- Services with a¹ may require prior authorization.
- Services with a² may require a referral from your doctor.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Quality Health Plans of New York for details.

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
		<p>reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)</p> <p>These amounts may change for 2017.</p> <p>Outpatient Care: 0% or 20% of the cost</p> <p>Medicare covered Outpatient Coverage includes:</p> <ul style="list-style-type: none"> - Individual therapy visit - Group therapy visit - Individual therapy visit with a psychiatrist - Group therapy visit with a psychiatrist - Partial hospitalization program services. <p>Our plan covers up to 100 days in a SNF.</p> <p>In 2016 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • You pay \$0 for days 1 through 20 • \$161 copay per day for days 21 through 100 <p>These amounts may change for 2017.</p> <p>No prior hospital stay is required.</p>
<p>Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)^{1,2}</p>	<p>Covers additional days beyond Medicare 100-day limit. Covers Medicare deductibles, copays and coinsurances</p>	
<p>Rehabilitation Services ^{1,2}</p>	<p>Covers Medicare deductibles, copays and coinsurances</p>	<p>Occupational therapy visit: 0% or 20% of the cost</p>

Notes:

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Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

If you have any questions about this plan’s benefits or costs, please contact Quality Health Plans of New York for details.

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
		Physical therapy / speech / language therapy visit: 0% or 20% of the cost
Ambulance Services	Covers Medicare deductibles, copays and coinsurances	Cardiac and Pulmonary Rehabilitation Services, 0% or 20% of the cost
Transportation ^{1,2}	Transportation essential for an enrollee to obtain necessary medical care and services. Includes ambulette, invalid coach, taxicab, livery, public transportation or other means appropriate to the enrollee's medical condition and a transportation attendant to accompany the enrollee, if necessary.	<p>0% or 20% of the cost</p> <p>There is a limit to how much our plan will pay.</p> <p>You pay nothing for up to 16 one-way trips to a plan approved locations every year.</p> <p>The plan will reimburse a member up to \$10 per one-way trip for a maximum of 16 trips and \$160 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>
Foot Care (<i>Podiatry Services</i>) ^{1,2}	Covers Medicare deductibles, copays and coinsurances for QMB and QMB Plus Only	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 0% or 20% of the cost
Medical Equipment and Supplies (<i>wheelchairs, oxygen, etc.</i>) ¹	Covers Medicare deductibles, copays and coinsurances. Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, Enteral formula and	<p>Diabetes Supplies and Services:</p> <p>Diabetes monitoring supplies: 0-20% of the cost, depending on the supply.</p> <ul style="list-style-type: none"> Plan Preferred diabetic supplies are at \$0 cost sharing.

Notes:

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Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

If you have any questions about this plan’s benefits or costs, please contact Quality Health Plans of New York for details.

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
Wellness/Fitness (Gym Membership)	<p>prosthetic or orthotic appliances having the following characteristics:</p> <ul style="list-style-type: none"> • 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 usually fitted, designed or fashioned for a particular individual's use. <p>Must be ordered by a practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bars).</p>	<ul style="list-style-type: none"> • Plan Non-Preferred diabetic supplies are at 0% or 20% of the cost. <p>Diabetes self-management training: 0-20% of the cost depending on the service</p> <p>Therapeutic shoes or inserts: 0% or 20% of the cost.</p> <p>Durable Medical Equipment (e.g., wheelchairs, oxygen) :</p> <ul style="list-style-type: none"> • 0% to 20% of the cost • (Basic DME items (i.e. walkers etc) are covered at 0% cost sharing. High cost DME items over \$300 are covered at 20% cost sharing.) <p>Prosthetics (e.g., braces, artificial limbs etc.): 0-20% of the cost</p> <p>Related Medical Supplies: 0% to 20% of the cost for Medicare-covered medical supplies related to prosthetics, splints, and other devices</p> <p>Up to \$50 per month reimbursement for Gym Membership / Fitness Allowance.</p> <p>Gym and fitness membership comprises of access to any local gym facilities.</p>

Notes:

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Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

If you have any questions about this plan’s benefits or costs, please contact Quality Health Plans of New York for details.

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
		<p><i>The plan will reimburse a member up to \$50 per month. Member must show proof of payment/receipt.</i></p> <p>Completion of Health Risk Assessment signed off by a provider is encouraged preferably prior to attendance.</p>
Chiropractic Services ^{1,2}	Covers Medicare deductibles, copays and coinsurances for QMB and QMB Plus Only	0% or 20% of the cost for each Medicare-covered visit
Acupuncture ^{1,2}	No Coverage	\$0 copay for up to 4 visit(s) for acupuncture every year
Outpatient Surgery ^{1,2}	Covers Medicare deductibles, copays and coinsurances	<p>Ambulatory surgical center: 0% or 20% of the cost per visit</p> <p>Outpatient hospital: 0% or 20% of the cost per visit for Medicare Covered Outpatient Hospital Services for non-free standing surgery centers affiliated with Hospital.</p> <p>0% or 20% of the cost per visit for Medicare Covered Outpatient Hospital Services for surgery centers located at or in a Hospital.</p>
Home Health Care ^{1,2}	<p>Non-Medicare covered home health services (e.g. home health aide services with nursing supervision to medically unstable individuals)</p> <p>Covers Medicare deductibles, copays and coinsurances</p>	You pay nothing

Notes:

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Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Quality Health Plans of New York for details.

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
Hospice	Covers Medicare deductibles, copays and coinsurances	You pay nothing for hospice care from a Medicare-certified Hospice. You may have to pay part of the cost for drugs and respite care.
Over-the-Counter Medications and Supplies	No Coverage	\$75 Every Three Months (OTC Order form lists covered OTC items and price)

Additional Medical Benefits:

Members may use their New York State Medicaid Benefits ID card to access:

- Out of network Family Planning services provided under the direct access provisions of the waiver
- Skilled Nursing Facility (SNF) days not covered by Medicare
- Personal Care Services
- Medicaid Pharmacy Benefits allowed by State Law (select drug categories excluded from the Medicare Part D benefit and certain medications
- included in the Part D benefit when the Enrollee is unable to receive them from his/her Medicare Advantage Plan), also certain Medical
- Supplies and Enteral Formula when not covered by Medicare
- Methadone Maintenance Treatment Programs
- Certain Mental Health Services, including:
 - o Intensive Psychiatric Rehabilitation Treatment Programs
 - o Day Treatment
 - o Continuing Day Treatment
 - o Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units)
 - o Partial Hospitalizations
 - o Assertive Community Treatment (ACT)
 - o Personalized Recovery Oriented Services (PROS)
- Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs
- Office for People with Developmental Disabilities (OPWDD) Services
- Comprehensive Medicaid Case Management
- Directly Observed Therapy for Tuberculosis Disease
- AIDS Adult Day Health Care

Notes:

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Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Quality Health Plans of New York for details.

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
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- HIV COBRA Case Management
- Adult Day Health Care
- Personal Emergency Response Services (PERS)

Notes:

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Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Call 1-844-QHPNY-65

or go to 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.

This document is available in other formats such as Braille, large print or audio.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

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)
