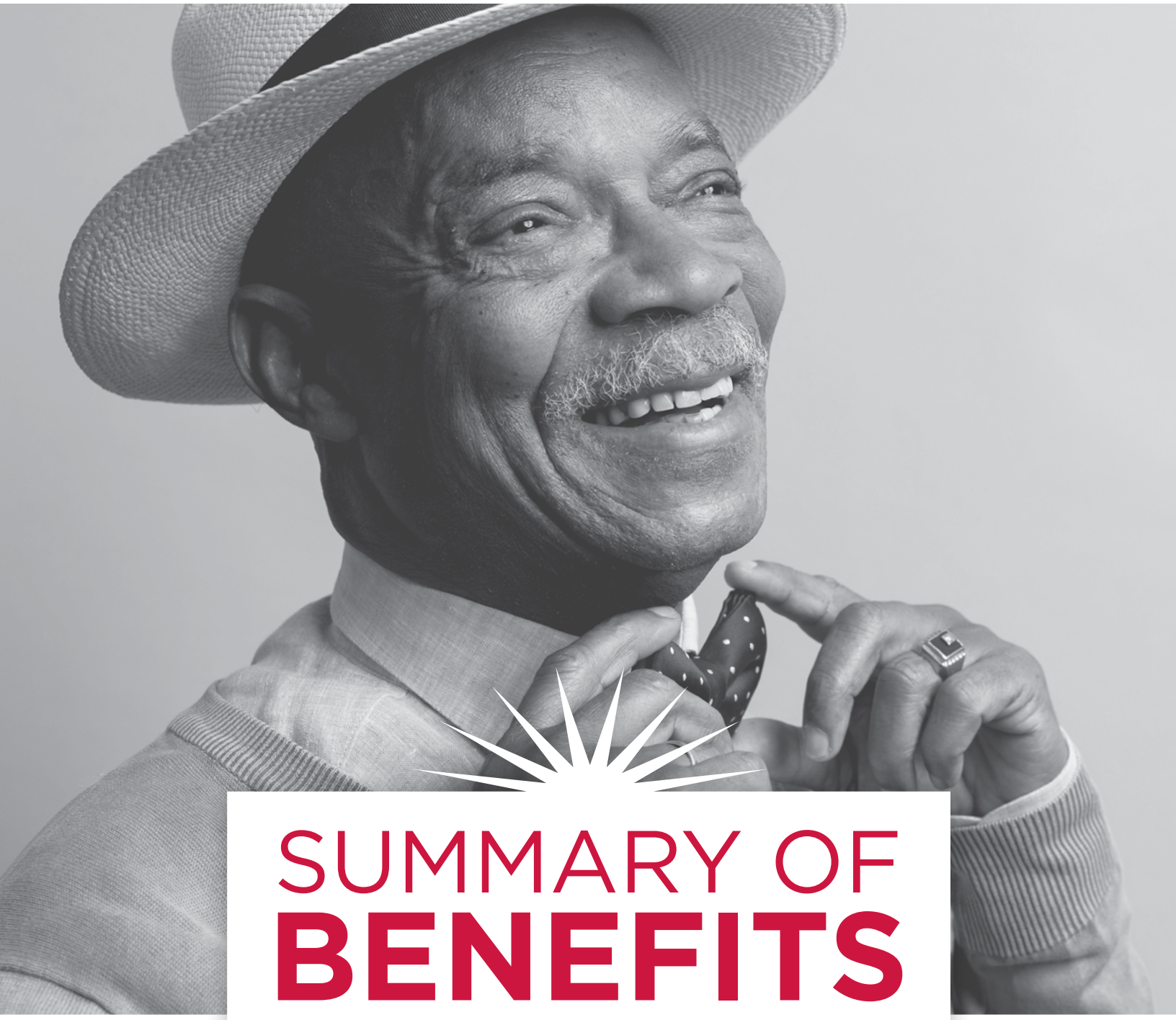
Affinity Health Plan



SUMMARY OF BENEFITS

EFFECTIVE JANUARY 1, 2019 - DECEMBER 31, 2019

2019 | AFFINITY MEDICARE

Essentials (HMO) | Essentials NYC (HMO)

This is a summary of drug and health benefits covered by Affinity Medicare Essentials (HMO) and Affinity Medicare Essentials NYC (HMO).

Affinity Health Plan is an HMO Plan with a Medicare contract and a contract with the New York State Medicaid Managed Care Program. Enrollment in Affinity Health Plan depends on contract renewal. This information is not a complete description of benefits. Call **877.234.4499 (TTY: 711)** for more information. You must continue to pay your Medicare Part B premium.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of the services we cover, please call us to request the "Evidence of Coverage."

To join Affinity Medicare Essentials (HMO) or Affinity Medicare Essentials NYC (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

The Affinity Medicare Essentials (HMO) service area includes the following counties in New York: Nassau, Orange, Rockland and Westchester.

The Affinity Medicare Essentials NYC (HMO) service area includes the following counties in New York: Bronx, Kings, New York, Queens and Richmond.

Out of network/non-contracted providers are under no obligation to treat Affinity Medicare Essentials (HMO) and Essentials NYC (HMO) members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out of network services.

For coverage and costs of Original Medicare, check your current "Medicare & You" handbook. View it online at http://www.medicare.gov or get a copy by calling 800.MEDICARE (800.633.4227), 24 hours a day, 7 days a week. TTY users should call 877.486.2048.

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

For more information, please call Affinity at **877.234.4499 (TTY 711), or visit AffinityMedicarePlan.org.**

AFFINITY MEDICARE

Benefits & Premiums	Essentials (HMO)	Essentials NYC (HMO)
Monthly Plan Premium	You pay $0 You must continue to pay your Medicare Part B premium	You pay $0 You must continue to pay your Medicare Part B premium
Deductible	No deductible for medical services	No deductible for medical services
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than $6,700 annually	You pay no more than $5,700 annually
Inpatient Hospital Care*	You pay $310 copay per day for days 1-6 You pay $0 copay per day for days 7-90 You pay $0 copay per day for days 91 and beyond	You pay $310 copay per day for days 1-6 You pay $0 copay per day for days 7-90 You pay $0 copay per day for days 91 and beyond
Outpatient Hospital Care*	You pay $35 copay for non-surgical services; $295 copay for surgical services	You pay $40 copay for non-surgical services; $295 copay for surgical services
Doctor Visits • Primary • Specialists	 You pay $5 copay You pay $35 copay	 You pay $10 copay You pay $40 copay
Preventive Care (Other preventive services are available. Some covered services have a cost.)	You pay $0 copay for: • Abdominal aortic aneurysm screening • Bone mass measurement • Breast cancer screening • Cardiovascular disease screening • Cervical and vaginal cancer screening • Colorectal cancer screening • Diabetes screening • HIV screening • Prostate cancer screening • Vaccines against the flu, hepatitis B, and pneumococcus	You pay $0 copay for:

* This benefit requires prior authorization.

AFFINITY MEDICARE

Benefits & Premiums	Essentials (HMO)	Essentials NYC (HMO)
Emergency Care	You pay $90 copay If you are admitted to the hospital within 24 hours after an emergency you pay $0	You pay $90 copay If you are admitted to the hospital within 24 hours after an emergency you pay $0
Urgently Needed Services	You pay $30 copay	You pay $30 copay
Diagnostic Services/ Labs/Imaging		
• Diagnostic tests and procedures*	You pay 20% coinsurance	You pay $15 copay
• Lab services	You pay $15 copay	You pay $15 copay
• Diagnostic radiology	You pay 20% coinsurance	You pay 20% coinsurance
• X-rays	You pay $15 copay	You pay $15 copay
Hearing Services		
• Medicare-covered hearing exam	You pay $35 copay	You pay $40 copay
• Routine hearing exam	You pay $20 copay for one routine hearing exam annually	You pay $0 copay for one routine hearing exam annually
• Hearing aid	$350 annual total hearing aid allowance	$350 annual total hearing aid allowance
Dental Services		
• Medicare-covered dental services	You pay $0 copay	You pay $0 copay
• Oral exam and cleaning	You pay $0 copay/one exam every six months	You pay $0 copay/one exam every six months
• X-ray	$0 copay/one set per year	$0 copay/one set per year
Vision Services		
• Medicare covered eye exam	You pay $35 copay	You pay $40 copay
• Routine eye exam	You pay $20 copay/ one exam every two years	You pay $0 copay/ one exam per year
• Eyeglasses (frames and lenses)	$100 every year towards purchase	$100 every year towards purchase

* This benefit requires prior authorization.

AFFINITY MEDICARE

Benefits & Premiums	Essentials (HMO)	Essentials NYC (HMO)
Mental Health Services*		
• Inpatient mental health	**You pay $275 copay per day for days 1-6** **$0 copay for days 7- 90**	**You pay $275 copay per day for days 1-6** **$0 copay for days 7- 90**
• Outpatient group therapy	**You pay $10 copay**	**You pay $15 copay**
• Individual therapy	**You pay $35 copay** Authorizations required after 20 visits	**You pay $40 copay** Authorizations required after 20 visits
Inpatient Psychiatric Hospital Care	**You pay $275 copay per day for days 1-6** **You pay $0 copay per day for days 7-90**	**You pay $275 copay per day for days 1-6** **You pay $0 copay per day for days 7-90**
Skilled Nursing Facility*	**You pay $0 copay per day for days 1-20** **You pay $172 copay per day for days 21-100**	**You pay $0 copay per day for days 1-20** **You pay $172 copay per day for days 21-100**
Physical Therapy*	**You pay $35 copay**	**You pay $40 copay**
Ambulance	**You pay $275 copay**	**You pay $240 copay**
Transportation	**Not covered**	**Not covered**
Medicare Part B Drugs*	**20% of the cost of chemotherapy drugs** **20% of the cost of other Part B drugs**	**20% of the cost of chemotherapy drugs** **20% of the cost of other Part B drugs**
Fitness Classes/ Health Club Membership	**You pay nothing** Fitness classes, programs, and activities are provided by plan-approved instructors at participating gyms and wellness and fitness locations. Benefits include group exercise, aerobics, yoga, fitness and workout programs. The availability of fitness activities varies by location, and is subject to change.	**You pay nothing** Fitness classes, programs, and activities are provided by plan-approved instructors at participating gyms and wellness and fitness locations. Benefits include group exercise, aerobics, yoga, fitness and workout programs. The availability of fitness activities varies by location, and is subject to change.

* This benefit requires prior authorization.

AFFINITY MEDICARE

Prescription Drug Benefits	Essentials (HMO)			Essentials NYC (HMO)		
OUTPATIENT PRESCRIPTION DRUGS						
DEDUCTIBLE						
	You pay $295			You pay $295		
INITIAL COVERAGE						
	Standard Retail 30-day supply †	Mail Order 90-day supply	Long Term Care 31-day supply †	Standard Retail 30-day supply †	Mail Order 90-day supply	Long Term Care 31-day supply †
Tier 1 Preferred Generic	$1 copay	$2.50 copay	$1 copay	$1 copay	$2.50 copay	$1 copay
Tier 2 Generic	$12 copay	$30 copay	$12 copay	$12 copay	$30 copay	$12 copay
Tier 3 Preferred Brand	$47 copay	$117.50 copay	$47 copay	$47 copay	$117.50 copay	$47 copay
Tier 4 Non-Preferred Drug	$100 copay	$250 copay	$100 copay	$100 copay	$250 copay	$100 copay
Tier 5 Specialty	You pay 27% co-insurance	A long-term supply is not available for drugs in Tier 5	You pay 27% co-insurance	You pay 27% co-insurance	A long-term supply is not available for drugs in Tier 5	You pay 27% co-insurance

† Copays will be pro-rated if less than a one month supply is prescribed.

AFFINITY MEDICARE

COVERAGE GAP

(After the total amount for the prescription drugs you have filled and refilled reaches $3,820)

When you are in the Coverage Gap stage, the Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs. You pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the coverage gap.

For generic drugs, you pay $1 or $2.50 copay for drugs in Tier 1. You pay no more than 37% of the cost for generic drugs and the plan pays the rest. The amount paid by the plan for generic drugs (63%) does not count toward your out-of-pocket costs. Only the amount you pay counts and moves you through the coverage gap.

CATASTROPHIC COVERAGE

(After your out-of-pocket costs have reached the $5,100 limit for the calendar year)

Once you have reached the Catastrophic Coverage stage, you will stay in this payment stage until the end of the calendar year.

During this stage, the plan will pay most of the cost of your drugs.

Your share of the cost for a covered drug will be:

- A coinsurance or a copayment, whichever is the larger amount:
  - either coinsurance of 5% of the cost of the drug,
  - or $3.40 for a generic drug or a drug that is treated like a generic, and $8.50 for all other drugs.
- **Our plan pays the rest** of the cost.

NOTICE OF NON-DISCRIMINATION

Affinity Health Plan complies with Federal civil rights laws. **Affinity Health Plan** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Affinity Health Plan provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **Affinity Health Plan** at 866.247.5678. For TTY services, call 711.

If you believe that Affinity Health Plan has not given you these services or has treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Affinity Health Plan by:

- **Mail:** 1776 Eastchester Road, Bronx, New York 10461
- **Phone:** 718.794.7569 (for TTY/TDD services call 711)
- **Fax:** 718.536.3390
- **In person:** 1776 Eastchester Road, Bronx, New York 10461
- **Email:** 928notice@affinityplan.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- **Web:** Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- **Mail:** U.S. Department of Health and Human Services
  200 Independence Avenue SW, Room 509F, HHH Building
  Washington, DC 20201
  Complaint forms are available at
  http://www.hhs.gov/ocr/office/file/index.html
- **Phone:** 800.368.1019 (TTY/TDD 800.537.7697)

Affinity Health Plan is required by law to protect the privacy of your health information, and to provide you with a Notice of Privacy Practice (NPP) that outlines your rights and our duties with respect to your information. A copy of **Affinity Health Plan's** NPP can be found on our website at http://www.affinityplan.org/PrivacyPolicy/ or you can request a paper copy by calling our Customer Service Department at 866.247.5678 (TTY: 711).

LANGUAGE ASSISTANCE SERVICES

English:
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-234-4499 (TTY: 711).

Español (Spanish):
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-234-4499 (TTY: 711).

繁體中文 (Chinese):
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-234-4499 (TTY: 711).）。

Русский (Russian):
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-234-4499 (телетайп: 711).

Italiano (Italian)
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-234-4499 (TTY: 711).

한국어 (Korean):
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-234-4499 (TTY: 711)번으로 전화해 주십시오.

Kreyòl Ayisyen (French Creole):
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-234-4499 (TTY: 711).

Polski (Polish):
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-234-4499 (TTY: 711).

אידיש (Yiddish):
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-
.877-234-4499 (TTY: 711)

বাংলা (Bengali):
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-877-234-4499 (TTY: 711)

Français (French):
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-234-4499 (ATS : 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-234-4499 (رقم هاتف الصم والبكم: 711.

Ελληνικά (Greek):
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-234-4499 (TTY: 711).

اُردُو (Urdu):

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-877-234-4499 (TTY: 711).

Tagalog (Tagalog – Filipino):
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-234-4499 (TTY: 711).

Shqip (Albanian):
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-234-4499 (TTY: 711).

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 877.234.4499 (TTY: 711).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit AffinityPlan.org or call 877.234.4499 (TTY: 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2020.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

NOTES

NOTES

For more information call us toll-free

877.234.4499 (TTY 711)

Monday – Sunday | 8:00 a.m. - 8:00 p.m.

Affinity Health Plan

AffinityMedicarePlan.org