



All Plans available in New York (Manhattan), Bronx, Queens, Kings (Brooklyn), Nassau & Westchester counties.

CareWell also available in Suffolk county.

AgeWell New York

Medicare Advantage with Prescription Drug Plans (HMO) 2019

		If you have Medicare	If you have Medicare	If you have Medicare and full Medicaid† or Qualified Medicare Beneficiary (QMB) Only	If you have Medicare and reside in a contracted long term nursing care facility
Benefits Overview		LiveWell (HMO)	PlanWell (HMO)	FeelWell (HMO D-SNP) <i>Dual Special Needs Plan</i>	CareWell (HMO I-SNP) <i>Institutional Special Needs Plan</i>
Monthly Premium		\$19	\$86	\$0*	\$0 or up to \$39.30*
Part D Deductible		\$275 Tiers 1 & 2 excluded	\$250 Tiers 1 & 2 excluded	\$0*	\$0 or \$85 or \$415*
Physician Care	Primary Care	\$15 copay	\$15 copay	\$0*	0% or 20% coinsurance*
	Specialists (No Referrals)	\$35 copay	\$35 copay	\$0*	0% or 20% coinsurance*
	Physical Therapy	\$25 copay	\$25 copay	\$0*	0% or 20% coinsurance*
	Part C Deductible	\$1,000 deductible for inpatient hospital/ outpatient surgery & dialysis (see summary of benefits for full details)	\$0	\$0	\$0* or same as Original Medicare
MOOP	Maximum Out Of Pocket (MOOP)	\$6,700	\$6,700	\$3,400*	\$6,700
Hospital/ Facility Care	Hospital–Inpatient	You pay a \$695 copay per stay Our plan covers an unlimited number of days for inpatient hospital stay	\$360 copay for days 1-5 \$0 copay for days 6 and beyond	\$0*	\$0 or same as Original Medicare*
	Outpatient Surgery	\$450 copay	\$450 copay	\$0*	0% or 20% coinsurance*
Emergency Services	ER Visits (US & Territories)	\$90 copay	\$90 copay	\$0*	0% or 20% coinsurance*
	Urgent Care	\$35 copay	\$35 copay	\$0*	0% or 20% coinsurance*
Diagnostics	Lab & X-Ray	Lab Services: \$10 copay at lab or doctor office/ \$40 copay at outpatient hospital/ X-Ray: \$30 copay	Lab Services: \$5 copay at lab or doctor office/ \$40 copay at outpatient hospital/ X-Ray: \$30 copay	\$0*	0% or 20% coinsurance*
	Tests & Procedures	\$20 - doctor offices/ free standing \$30 outpatient hospital	\$15 - doctor offices/ free standing \$25 outpatient hospital	\$0*	0% or 20% coinsurance*
	MRI and CT scans	\$250 copay	\$250 copay	\$0*	0% or 20% coinsurance*
Prescription Drug Coverage	Part D Prescription Drug Coverage	Tiers (1-4): \$3 /\$12/\$47/\$100 copay Tier (5)-27% coinsurance	Tiers (1-4): \$0 /\$10/\$47/\$100 copay Tier (5)-28% coinsurance	Generic* Copay: \$0 or \$1.25 or \$3.40 All other drugs* Copay: \$0 or \$3.80 or \$8.50	0% or 25% coinsurance* Generic copay: \$0 or \$1.25 or \$3.40 All other drugs copay: \$0; \$3.80;\$8.50*
	Save Money with Mail Order	Save money with a 90-day supply T1- \$0 , T2-\$18, T3 \$117.50, T4-\$250, T5-27% coinsurance	Save money with a 90-day supply T1- \$0 , T2-\$18, T3-\$117.50, T4-\$250, T5-28% coinsurance	90-day supply available	Save money with a 90-day supply
	Coverage Through the Gap	Tier 1: \$3 copay for pharmacy & \$0 for mail order	Tier 1: \$0 for pharmacy & mail order	There is no coverage gap stage (Donut hole) for this plan (copay based on level of extra help)	Depends on your level of “Extra Help”***
	OTC	N/A	N/A	\$80 / \$960 per year	N/A
Vision, Dental & Hearing	Vision	Optional benefit \$9 monthly premium for \$0 annual eye exam Our plan pays up to \$275 every year for eyeglasses	\$0 annual eye exam Our plan pays up to \$250 every year for eyeglasses	\$0* for eye exam; eyewear only after cataract surgery	0% or 20% coinsurance for eye exam; eyewear only after cataract surgery
	Dental	Optional benefit \$16 monthly premium— preventive and comprehensive services (No Cap)	Optional benefit \$16 monthly premium— preventive and comprehensive services (No Cap)	\$0 comprehensive services*	\$0 preventive and comprehensive services
	Hearing	\$0 for annual hearing exam Our plan pays up to \$1,000 every 2 years for hearing aids	\$0 for annual hearing exam Our plan pays up to \$3,000 every 2 years for hearing aids	\$0 for annual hearing exam Our plan pays up to \$1,000 every 2 years for hearing aids	0% or 20% coinsurance for exam* Our plan pays up to \$500 every 2 years for hearing aids
Alternative Treatments	Acupuncture	\$10 copay 10 treatments per year	\$10 copay 10 treatments per year	\$0 copay 6 treatments per year	N/A
	Chiropractor	\$20 copay	\$20 copay	\$0*	0% or 20% coinsurance*
Wellness/ Preventive Care	Wellness/Fitness Program SilverSneakers	\$0	\$0	\$0	N/A
	Rewards & Incentive Program	Available for all members - meet required health care actions. Ask your Plan Navigator	Available for all members - meet required health care actions. Ask your Plan Navigator	Available for all members - meet required health care actions. Ask your Care Manager	Available for all members- meet required health care actions. Ask your Care Manager
	Screenings & Immunizations	\$0	\$0	\$0	\$0
	Diabetic Supplies	\$0	\$0	\$0	0% or 20% coinsurance*
	Personal Care Manager or Navigator Services	Navigator to help access health care benefits	Navigator to help access health care benefits	Care Manager to coordinate benefits	Nurse Practitioner and Licensed Clinical Social Worker: to coordinate benefits

*Depending on your level of Medicaid/MSP and Extra Help ** Some members may pay up to 37% of the cost of generic drugs and 25% for brand drugs. This is an overview of covered benefits only, for more details refer to the Evidence of Coverage. This plan uses a formulary. Limitations may apply.



agewellnewyork.com
866-586-8044
TTY/TDD 800-662-1220

agewellnewyork.com
Toll Free 866.586.8044



By returning this card, you agree that an authorized representative or licensed insurance agent may contact you to provide additional information about Medicare Advantage plans.

Date_____

Agent Name_____

NPN # _____

I speak ☐ English ☐ Spanish ☐ Chinese ☐ Russian ☐ Korean
Other _____

Best time to call _____
Phone Number _____

State **NY** Zip _____

City _____

Address _____

Name _____

Yes! I would like an AgeWell New York Medicare representative to call me with more information. I understand there is absolutely no obligation.



Toll Free 1.866.586.8044 | TTY/TDD 1.800.662.1220 | info@agewellnewyork.com | agewellnewyork.com



Consultations available

Navigating Medicare enrollment as you turn 65

Health Plan Options



AgeWell
NEW YORK
HEALTH PLANS

Health plan options with value added benefits.



1.866.586.8044 | agewellnewyork.com



Toll Free 1.866.586.8044
TTY/TDD 1.800.662.1220
Chinese 1.855.833.1200
agewellnewyork.com
info@agewellnewyork.com

The logo for AgeWell New York Health Plans. It features the word "AgeWell" in a large, stylized font, with "Age" in green and "Well" in blue. Below this, "NEW YORK" is written in red, and "HEALTH PLANS" is written in blue. A red curved line with the text "Feel Well, Live Well with" in white script arches over a green leaf-like graphic at the bottom.


