

Contact Us Today!
You'll be Glad You Did

ACT NOW!
Start Saving today by
joining QHPNY!

We're available to answer
your questions and take your
application.

Call: 1-877-233-7058
TTY: 711,

Sunday through Saturday, 8:00 a.m. - 8:00
p.m. Eastern Standard Time from October 1
to March 31, and Monday through Friday,
8:00 a.m. - 8:00 p.m. Eastern Standard Time
from April 1 to September 30.

Or Contact One of Our
Licensed Agents



Important Information

Quality Health Plans of New York (HMO) is a Medicare Advantage organization with a Medicare contract.

Enrollment in Quality Health Plans of New York (HMO) depends on contract renewal

Individuals must have both Medicare Part A and Part B to enroll in these plans.

This information is not a complete description of benefits. Call 877-233-7058 / TTY: 711 for more information

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, 2020.

Limitations, copayments, and restrictions may apply.

Co-pays and co-insurance may vary based on the level of Extra Help that you may receive. Please contact the plan for additional details.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;

The Social Security Office at 1-800-772-1213 between 7 A.M. and 7 P.M., Monday through Friday. TTY users should call, 1-800-325-0778.

**NO REFERRAL NEEDED FOR
IN-NETWORK SPECIALISTS***

*Conditions may apply, call plan for details:
877-233-7058, licensed agents call
844-QHPNY-65.

Additional Information

This information is available for free in other languages. Please contact our customer service number at 1-877-233-7058 for additional information.

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 previamente

本文檔可能以其他格式提供，例如盲文，大字體或其他替代格式。本文檔可能以非英語語言提供。有關其他信息，請通過上面列出的電話號碼致電客戶服務部。

ATENCION: Si usted habla Español, los servicios de asistencia en el lenguaje sin costo alguno se encuentran disponibles para usted. Llame al 1-877-233-7058 (TTY:711)

注意：如果您口中文，可以免費獲得語言協助服務。請致電1-877-233-7058（TTY：711）。

You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers neither Medicare nor QHPNY will be responsible for the costs. Limitations, copayments, and restrictions may apply.

Beneficiaries must use network pharmacies to access their prescription drug benefit, except in non-routine circumstances, and quantity limitations and restrictions may apply.



The Plan With Lots of

\$0s

New York
Queens, Nassau
Richmond, Suffolk

2019 QHPNY

Benefits at a Glance	ADVANTAGE SILVER NY (HMO) Plan 019	ADVANTAGE SILVER-NY City (HMO) Plan 020	ADVANTAGE HEALTH LI (HMO CSNP) Plan 003	ADVANTAGE HEALTH NYC (HMO CSNP) Plan 017	ADVANTAGE VALUE ONE NY-DUAL (HMO DSNP) Plan 018	ADVANTAGE PREMIUM LI (HMO) Plan 022
Counties Served	Nassau and Suffolk	Queens and Richmond	Nassau and Suffolk	Queens and Richmond	Queens, Nassau, Richmond and Suffolk	Nassau and Suffolk
Monthly Premium	\$0 Plan Premium, Part B Giveback, \$120/yr	\$0 Plan Premium	\$0 Plan Premium, Part B Giveback, \$300/yr	\$0 Plan Premium	\$24.80*/mo Part D Premium	\$78**/mo Plan Premium
Inpatient Hospital Care	Days 1-6: \$265/day; Days 7-90: \$0/day	Days 1-6: \$215/day; Days 7-90: \$0/day	Days 1-6: \$235/day; Days 7-90: \$0/day	Days 1-6: \$225/day; Days 7-90: \$0/day	Days 1-90: \$0 copay *	Days 1-5: \$185/day; Days 6-90: \$0/day
Primary Care/Specialist Visit	\$0 /\$20 Copay	\$0 /\$15 Copay	\$0/\$15 Copay	\$0 /\$15 Copay	0% or 20%*	\$0 /\$10 Copay
Out-of-Pocket Maximum	\$6,590	\$6,590	\$6,590	\$6,590	\$6,590	\$6,590
Prescription Drug Coverage	Tier 1: \$0 / 30 day, Tier 2: \$15 / 30 day. Tier 3:\$35 / 30 day. Tier 4: 25% / 30 day Tier 5: 33% / 30 day.	Tier 1: \$0/ 30 day, Tier 2: \$10 / 30 day. Tier 3: \$35 / 30 day. Tier 4: 25% / 30 day Tier 5: 33% / 30 day.	Tier 1: \$0 / 30 day, Tier 2: \$10 / 30 day. Tier 3: \$30 / 30 day. Tier 4: 25% / 30 day Tier 5: 33% / 30 day.	Tier 1: \$0 / 30 day, Tier 2: \$10 / 30 day. Tier 3: \$35 / 30 day. Tier 4: 25% / 30 day Tier 5: 33% / 30 day.	For generic drugs , either: \$0 copay, or a \$1.25 copay, or a \$3.40 copay. For all other drugs, either: a \$0 copay, or a \$3.80 copay, or \$8.50	Tier 1: \$0 / 30 day, Tier 2: \$10 / 30 day. Tier 3: \$25 / 30 day. Tier 4: 25% / 30 day Tier 5: 33% / 30 day.
Emergency Room/Urgent Care	\$90/\$20 Copay	\$90/\$20 Copay	\$90/\$20 Copay	\$90/\$20 Copay	0% or 20% of the cost*	\$80/\$15 Copay
Chemo/Radiation Therapy	20% of the cost	20% of the cost	20% of the cost	20% of the cost	20% of the cost	20% of the cost
Durable Medical Equipment	20% of the cost	20% of the cost	20% of the cost	20% of the cost	0% or 20%* of the cost	20% of the cost
Preventive Services	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Over-The-Counter Medications	\$52 every 3 months	\$95 every 3 months	\$90 every 3 months	\$95 every 3 months	\$75 every 3 months	\$38 every 3 months
Vision Care	\$0 copay annual exam \$0 copay eyewear-\$200 limit	\$0 copay annual exam \$5 copay eyewear-\$160 limit	\$0 copay annual exam \$0 copay eyewear-\$225 limit	\$0 copay annual exam \$0 copay eyewear-\$210 limit	0% or 20% copay annual exam \$0 copay eyewear - \$75 limit	\$0 copay annual exam \$0 copay eyewear-\$150 limit
Hearing Care	\$0 for Hearing Aids Every 2 years, \$500 limit \$0 Copay Annual Exam \$15 Copay-Fitting every 2 years	\$0 for Hearing Aids Every 2 years, \$1,000 limit \$0 Copay Annual Exam \$15 Copay-Fitting every 2 years	\$0 for Hearing Aids Every 2 years, \$1,000 Limit \$0 Copay Annual Exam \$15 Copay-Fitting every 2 years	\$0 for Hearing Aids Every 2 years, \$1,000 limit \$0 Copay Annual Exam \$15 Copay-Fitting every 2 years	\$0 for Hearing Aids Every 2 years, \$1,000 limit 20%* Annual Exam 20%* Fitting every 2 years	\$0 for Hearing Aids Every 2 years, \$1,000 limit \$30 Copay Annual Exam \$30 Copay-Fitting every 2 years
Dental Care	\$0 Medicare covered & Preventative Dental benefit	\$0 Medicare covered & Preventative Dental benefit	\$0 Medicare covered & Preventative Dental benefit	\$0 Medicare covered & Preventative Dental benefit	\$0 Medicare covered & Preventative Dental benefit	\$0 Medicare covered & Preventative Dental benefit
Renal Dialysis	20% of the cost	20% of the cost	20% of the cost	20% of the cost	20% of the cost	20% of the cost
Other Benefits	Transportation, \$50/mo Gym Allowance Acupuncture	Transportation, \$50/mo Gym Allowance Acupuncture	Transportation, \$50/mo Gym Allowance Acupuncture	Transportation, \$50/mo Gym Allowance Acupuncture	Transportation, \$50/mo Gym Allowance Acupuncture	Transportation, \$50/mo Gym Allowance Acupuncture

*Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Original Medicare

**MA Premium: \$38.00 ; Part D Premium \$40.00