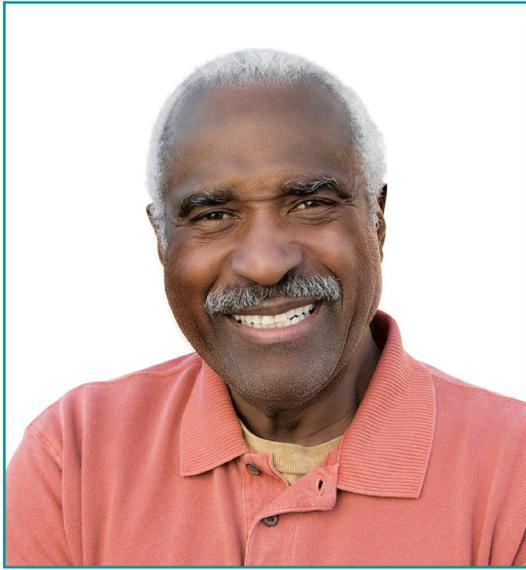


This Dual Advantage Enrollment Kit is for use in the following counties:  
Albany, Bronx, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton,  
Greene, Hamilton, Kings, Montgomery, Nassau, New York, Orange,  
Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga,  
Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington,  
and Westchester

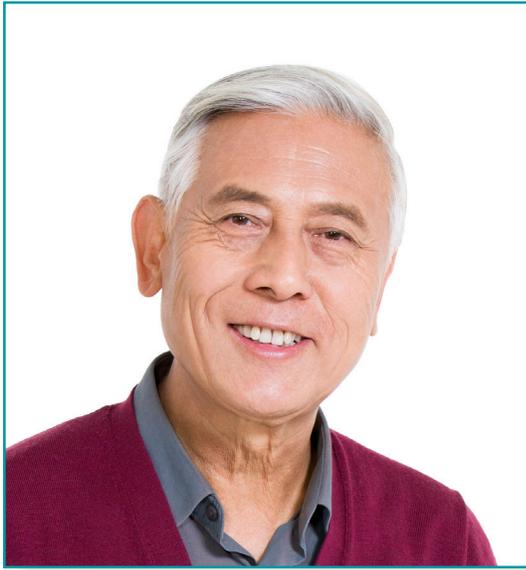
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## About Fidelis Care

Cost-saving benefits and personalized care from a health plan on a mission to care for you, and your family.

We have one mission—to offer quality, affordable, and comprehensive health coverage—provided with dignity and respect.

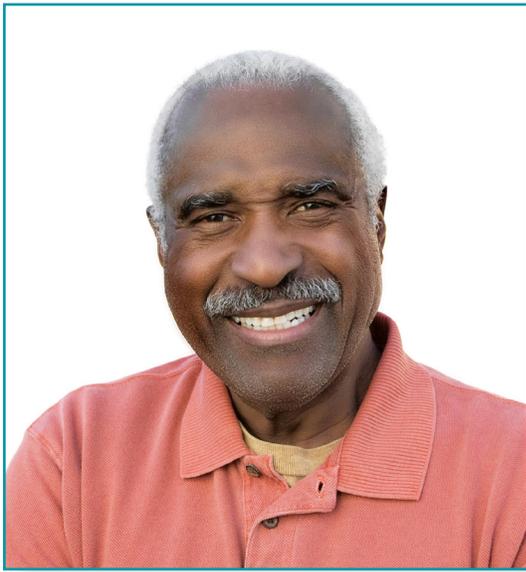
Fidelis Legacy Plan works closely with top-quality providers to ensure that members have the care and services they need. We believe that regular checkups with your provider are an important part of staying healthy, and that preventive care like flu shots, and breast and colon cancer screenings, is key. We are your health care partner, and are committed to working with you and your providers throughout the year.

If you're considering Fidelis Legacy Plan, or if you'd like to change your coverage, our Licensed Sales Representatives can meet with you at a convenient location or at one of our Community Offices. To find the location closest to you, visit [www.fideliscare.org/offices](http://www.fideliscare.org/offices).

We look forward to serving you in the year ahead.

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2020



# Dual Advantage

## Comparison Chart



**FIDELIS**<sup>®</sup>  
LEGACY PLAN

Enrollment Kit: Medicare Dual Advantage Plans



## 2020 Benefits Comparison

Benefits	Dual Advantage (Plan 002)	Dual Advantage Flex (Plan 017)*	
		With Full Medicaid	Without Full Medicaid
<b>Monthly Plan Premium</b>	\$0	\$0	
<b>OTC Benefit Card</b>	\$25 per month	\$100 per month	
<b>PCP Visits</b>	\$0 copay	\$0 copay	20% coinsurance
<b>Specialist Visits</b>	\$0 copay	\$0 copay	20% coinsurance
<b>Annual Physical Exam</b>	\$0 copay	\$0 copay	20% coinsurance
<b>Clinical/Diagnostic</b>			
Lab	\$0 copay	\$0 copay	20% coinsurance
Radiation Therapy	0% coinsurance	\$0 copay	20% coinsurance
X-Ray	\$0 copay	\$0 copay	20% coinsurance
MRI/CT Scan/PET Scan	0% coinsurance	\$0 copay	20% coinsurance
<b>Inpatient Hospital - Acute</b>	\$0 copay per stay	\$1,364 deductible for each benefit period* Days 1-60: \$0 copay* Days 61-90: \$341 per day* Days 91-150: \$682 per lifetime reserve day**	
<b>Inpatient Mental Health</b>	\$0 copay per stay		
<b>Skilled Nursing Facility</b>	\$0 per day for days 1-100	\$0 per day for days 1-20 \$170.50 per day for days 21-100**	
<b>Emergency Room</b>	\$0 copay	\$0 copay (Worldwide)	20% coinsurance (Worldwide)
<b>Urgent Care</b>	\$0 copay	\$0 copay (Worldwide)	20% coinsurance (Worldwide)
<b>Ambulance</b>	\$0 copay	\$0 copay	20% coinsurance
<b>Outpatient Surgery</b>	\$0 copay	\$0 copay	20% coinsurance
<b>PT/OT/ST</b>	\$0 copay	\$0 copay	20% coinsurance
<b>Chiropractor</b>	\$0 copay	\$0 copay	20% coinsurance
<b>Routine Eye Exams</b>	\$0 copay	\$0 copay	20% coinsurance
<b>Podiatry Visits</b>	\$0 copay	\$0 copay	20% coinsurance
<b>Durable Medical Equipment (DME)</b>	0% coinsurance	\$0 copay	20% coinsurance
<b>Prosthetics</b>	0% coinsurance	\$0 copay	20% coinsurance
<b>Dental: Dental Exam and Cleaning once/year</b>	\$0 copay	\$0 copay	20% coinsurance
<b>Dental X-ray once every two years</b>			
<b>Transportation</b>	\$0 copay	\$0 copay-14 One-Way Trips or 7 Round Trips	
<b>Diabetic Supplies</b>	0% coinsurance	\$0 copay	20% coinsurance
<b>Prescription Drugs:</b>			
Deductible	\$0	\$0	
Preferred Generic (Tier 1)	\$0	\$0	
Non-Preferred Generic (Tier 2)	\$0-\$3.60	\$0-\$3.60	
Preferred Brand (Tier 3)	\$0-\$8.95	\$0-\$8.95	
Non-Preferred Brand (Tier 4)	\$0-\$8.95	\$0-\$8.95	
Specialty Injectable (Tier 5)	\$0-\$8.95	\$0-\$8.95	
Mail Order (90-day supply)	\$0-\$8.95	\$0-\$8.95	

\*Cost-sharing is based on your Medicaid level of benefits and/or your low income subsidy level. \*\*\$0 if full Medicaid, 20% or \$1,364 if partial Medicaid. These are 2019 benefits. Cost sharing amounts may change for 2020. Fidelis Legacy Plan is a Coordinated Care plan with a Medicare contract and a contract with the New York State Department of Health Medicaid program. Enrollment in Fidelis Legacy Plan depends on contract renewal. Applicants must be entitled to Part A, enrolled in Part B, and have their Medicare Part B premium paid. All applicants with Medicare residing in our service area may apply. You may be required to have full Medicaid benefits to apply. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, please contact the plan or see our 2020 Summary of Benefits for further details.

## OTC Benefit Card Summary of Eligible Items

Eligible over-the-counter (OTC) expenses include medicines or products that help treat injuries or illness. Members enrolled in the Fidelis Dual Advantage and Fidelis Dual Advantage Flex plans receive the OTC benefit through a debit card that can be used at most chain pharmacies (for example, Rite Aid, Duane Reade, Walgreens, or CVS) in addition to many local pharmacies in your neighborhood.

The OTC benefit for each plan is:  
 Fidelis Dual Advantage \$25 per month  
 Fidelis Dual Advantage Flex \$100 per month



### First Aid Supplies

Antibiotics - Topical	Non-Sport Tapes
Bandages	Rubbing Alcohol
Epsom Salt	

### Dental Care

Mouthwash	Toothbrushes
Denture Adhesive Cream	Toothpaste

### Over-the-Counter Medications

Acetaminophen	Eye Drops
Acne medication	Foot Care
Allergy Medications	Rash Ointments
Antacid Liquids and Tablets	Hemorrhoid Medications
Anti-fungal Medications	Ibuprofen
Aspirin	Laxatives
Athlete's Foot Medications	Lip Balm – Medicated
Cold Sore Medications	Nausea Medications
Cough/Cold/Flu Medications	Smoking Cessation Products
Diarrhea Medications	Vitamins
Ear Drops	
Ear Wax Removal	

### Other

Compression Stockings  
 Incontinence Supplies-Adult Diapers  
 Blood-Pressure Monitor/Cuff  
 Sunscreen

**and many more!**

**You can use your OTC benefit card at most Rite Aid, Duane Reade, Walgreens, or CVS locations in addition to many local pharmacies in your neighborhood. Simply present your card at the counter when you go to purchase your item.**

Fidelis Legacy Plan offers preventive services to help keep you well and they are provided to you with \$0 copay. These services include: Abdominal Aortic Aneurysm Screening, Annual Physical Exam, Bone Mass Measurement, Cardiovascular Screenings, Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam), Colon Cancer Screening (Colorectal), Diabetic Education, Diabetes Self-Management Training, EKG Screening, Flu Shots, Glaucoma Tests, HIV Screening, Hepatitis B Shots, Intensive Behavioral Counseling for Cardiovascular Disease (biannual), Intensive Behavioral Therapy for Obesity, Breast Cancer Screening (Mammograms), Medical Nutrition Therapy Services, Pneumococcal Shot, Prostate Cancer Screenings, Prostate Specific Antigen (PSA) Test, Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse, Screening for Depression in Adults, Sexually Transmitted Infection (STI) Counseling, Smoking Cessation (counseling to stop smoking), and Welcome to Medicare Physical Exam (one-time physical exam).

Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1, 2021. Please contact Fidelis Legacy Plan for 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 or call 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 or your State Medicaid Office. Products not available in all areas. Please check with your Fidelis Legacy Plan representative or visit [www.fideliscare.org/medicare](http://www.fideliscare.org/medicare) for information on products available in your area.

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**FIDELIS®**

LEGACY PLAN



# Your OTC Card: An Easy Way to Buy Health-Related Items

- Use your monthly over-the-counter card like cash to purchase health-related items!
- Accepted by major pharmacies such as CVS, Rite Aid, Duane Reade, and Walgreens, and many independent pharmacies!
- Automatically refilled each month!

**\$100**  
MONTHLY BENEFIT  
DUAL ADVANTAGE  
FLEX

**\$25**  
MONTHLY BENEFIT  
DUAL ADVANTAGE

## Eligible Health-Related Items Include:

- Over-the-counter medications
- Smoking cessation products
- Incontinence supplies
- Multivitamins
- Dental care, such as denture supplies and toothbrushes
- And many more!



## Using Your OTC Card is Easy!

Just pay for eligible health-related items using your OTC card. We will automatically refill the card to the full amount every month. No paperwork needed!

**Call us today! 1-800-860-8707 TTY: 711**

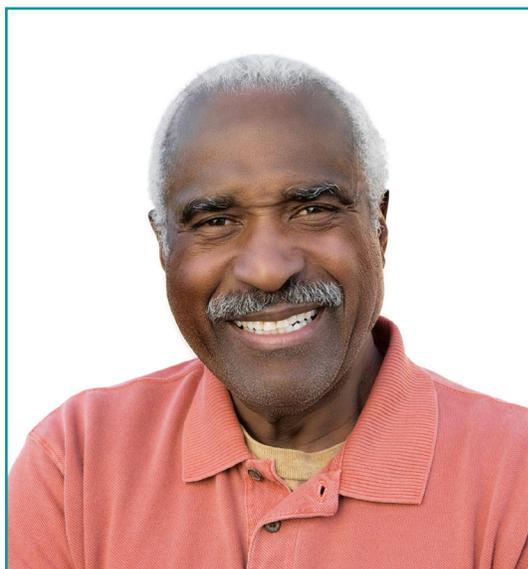
Monday–Sunday, 8:00 a.m.–8:00 p.m. from October 1–March 31

Monday–Friday, 8:00 a.m.–8:00 p.m. from April 1–September 30

**[www.fideliscare.org/medicare](http://www.fideliscare.org/medicare)**     | [@fideliscare](https://twitter.com/fideliscare)

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2020



# Dual Advantage

## Summary of Benefits



**FIDELIS**<sup>®</sup>  
LEGACY PLAN

Enrollment Kit: Medicare Dual Advantage Plans

**Summary of Benefits**  
**Fidelis Dual Advantage (HMO SNP) and Dual Advantage Flex Plan (HMO SNP)**  
**January 1, 2020 – December 31, 2020**  
**CMS Contract #H3328**

Thank you for your interest in Fidelis Dual Advantage Plans. Our plans are offered by The New York State Catholic Health Plan /Fidelis Legacy Plan, a Medicare Advantage Health Maintenance Organization (HMO), Special Needs Plan (SNP) that contracts with the State and Federal government.

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 our benefits, please call Fidelis Legacy Plan and ask for the "Evidence of Coverage".

**You have choices in your health care**

One choice is to get your Medicare benefits through Original Medicare (fee-for-service). Original Medicare is run directly by the Federal government. Another choice is to get your Medicare benefits by joining a Medicare health plan, like a Fidelis Dual Advantage Plan.

**Tips for comparing your Medicare choices**

This Summary of Benefits booklet gives you a summary of what Fidelis Dual Advantage and Fidelis Dual Advantage Flex Plans cover 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 users should call 1-877-486-2048.

**Sections in this booklet**

- Things to know about Fidelis Dual Advantage and Fidelis Dual Advantage Flex Medicare Plans
- Monthly Premium, Deductible, and Limits on how much you pay for covered services.
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed below.

Este documento puede estar disponible en un idioma que no sea inglés. Para más información, llame a Servicios al Socio al número telefónico antes mencionado.

## Things to know about Fidelis Medicare Dual Advantage plans:

### Hours of Operation:

- Customer Services Hours for October 1 – March 31. You can call us 7 days a week from, 8:00 a.m. - 8:00 p.m. Eastern Time.
- Customer Services Hours for April 1 – September 30. You can call us Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern Time.

### Fidelis Medicare Dual Advantage plans phone numbers and website

- If you are a member of this plan, call toll-free (800) 247-1447. (TTY/TDD 711)
- If you are not a member of this plan, call toll-free (800) 860-8707. (TTY/TDD 711)
- Our website: <http://www.fideliscare.org>

### Who can join?

You can join Fidelis Legacy Plan Plans if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, and live in the service area.

The service area for **Fidelis Dual Advantage** (HMO SNP) Plan 002 includes: Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Kings, Lewis, Montgomery, New York, Niagara, Oneida, Onondaga, Orleans, Otsego, Oswego, Putnam, Queens, Rensselaer, Richmond, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Tioga, Ulster, Warren, Washington, Wyoming and Yates counties, NY. You must live in one of these areas to join the plan.

The service area for **Fidelis Dual Advantage Flex** (HMO SNP) Plan 017 includes: Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Kings, Lewis, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Orange, Orleans, Otsego, Oswego, Putnam, Queens, Rensselaer, Richmond, Rockland, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Suffolk, Sullivan, Tioga, Ulster, Warren, Washington, Westchester, Wyoming and Yates counties, NY. You must live in one of these areas to join the plan.

There is more than one plan listed in this Summary of Benefits.

**Additional information for Medicare Dual Advantage Flex:** Some members in this plan may only qualify for Medicare premium relief without cost sharing benefits from the New York Medicaid program, such as those members that qualify thru assistance for Specified-Low Income Medicare beneficiaries (SLMBs). There may be members in this plan that lose their Medicaid status. These members will be responsible for paying full Medicare cost sharing just as if they were in traditional Fee for Service.

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

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

Fidelis Dual Advantage Plans have a network of doctors, hospitals, pharmacies and other providers. If you use any doctor who is not part of 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 ([www.fideliscare.org](http://www.fideliscare.org)).

Or, call us and we will send you a copy of the Provider and Pharmacy Directory.

**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. 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.fideliscare.org>. 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 after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

**Summary of Benefits for Fidelis Dual Advantage and Fidelis Dual Advantage Flex Plan for Year 2020**

Benefit Category		Fidelis Dual Advantage (Plan 002)		Fidelis Dual Advantage Flex Plan (Plan 017)	
Monthly Premium, Deductible, and Limits on How Much You Pay For Covered Services					
Monthly Plan Premium, including Part C and Part D Premium	\$0 per month. In addition to your monthly Medicare Part B premium.*	\$0 - \$27.10 per month. In addition to your monthly Medicare Part B premium.*	Premium contribution depends on your level of Low Income or New York EPIC premium subsidy level.	Premium contribution depends on your level of Low Income or New York EPIC premium subsidy level.	Premium contribution depends on your level of Low Income or New York EPIC premium subsidy level.
Deductibles, including plan level and category level deductible	No deductible for this plan.	No deductible for this plan.		\$0 or \$185 per year Part B deductible for in-network services, depending on your level of Medicaid eligibility.* This is the 2019 amount and may change for 2020.	<p>Some members in this plan may only qualify for Medicare premium relief without cost sharing benefits from the New York Medicaid program such as those members that qualify through assistance for Specified-Low Income Medicare beneficiaries (SLMBs). Also there may be some members in this plan that lose their Medicaid status. These members will be responsible for paying the Part B deductible while enrolled in this plan just as they would in traditional Medicare.</p> <p>Deductible depends on your level of Medicaid Eligibility.</p>

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Fidelis Dual Advantage (Plan 002)		Fidelis Dual Advantage Flex Plan (Plan 017)	
Benefit Category	Maximum Out-of-Pocket Responsibility	<p>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>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility. Refer to the “Medicare &amp; You” handbook for Medicare-covered services. For New York state Medicaid-covered services, refer to the Medicaid Coverage section of this document.</p> <p>Your yearly limit in this plan is \$6,700 for services you receive from in-network providers.</p> <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>	<p>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>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility. Refer to the “Medicare &amp; You” handbook for Medicare-covered services. For New York state Medicaid-covered services, refer to the Medicaid Coverage section of this document.</p> <p>Your yearly limit in this plan is \$6,700 for services you receive from in-network providers.</p> <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>
	Inpatient Hospital Coverage	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use the extra</p>	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use the extra</p>
<b>Covered Medical and Hospital Benefits</b>			
<b>Note: Services with a <sup>1</sup> may require authorization</b>			

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Benefit Category		Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
		<p>days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-Network Medicare-covered hospital stays:</p> <p>\$0 copay per admission for each hospital stay.*</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-Network Medicare-covered hospital stays:</p> <p>The amounts for each benefit period, \$0* or: \$1,364 deductible for each benefit period.*</p> <p>Days 1 - 60: \$0 copay*</p> <p>Days 61 - 90: \$341 per day*</p> <p>Days 91 - 150: \$682 per lifetime reserve day*</p> <p>*Please note these are the 2019 amounts, they may change for 2020.</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
Outpatient Hospital Coverage		<p>In-Network:</p> <p>\$0 copay for each outpatient hospital visit.</p> <p>Authorization rules may apply.</p>	<p>In-Network:</p> <p>0% or 20% of the cost for each outpatient hospital facility visit.*</p> <p>Authorization rules may apply.</p>

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Benefit Category		Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Ambulatory Surgery Center	In-Network: \$0 copay for each ambulatory surgical center visit.* Authorization rules may apply.	In-Network: 0% or 20% of the cost for each ambulatory surgical center visit.* Authorization rules may apply.	In-Network: 0% or 20% of the cost for each ambulatory surgical center visit.* Authorization rules may apply.
Doctor Visits (Primary and Specialists)	In-Network: \$0 copay for each primary care doctor visit.* \$0 copay for each specialist visit.*	In-Network: 0% or 20% of the cost for each primary care doctor visit.* 0% or 20% of the cost for each specialist visit.*	In-Network: 0% or 20% of the cost for each primary care doctor visit.* 0% or 20% of the cost for each specialist visit.*
Preventive Care	In-Network and Out-of- Network: \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventative services approved by Medicare for zero cost sharing will be covered by the plan at zero cost sharing. If you believe that you have inappropriately been charged cost sharing for a service please contact Member Services.	In-Network and Out-of- Network: \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventative services approved by Medicare for zero cost sharing will be covered by the plan at zero cost sharing. If you believe that you have inappropriately been charged cost sharing for a service please contact Member Services.	In-Network and Out-of- Network: \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventative services approved by Medicare for zero cost sharing will be covered by the plan at zero cost sharing. If you believe that you have inappropriately been charged cost sharing for a service please contact Member Services.
Emergency Care	\$0 copay* If you are admitted to the hospital within 24 hour(s) for the same condition, you do not have to pay your share for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	\$0 or 20% of the cost (up to \$90)* If you are admitted to the hospital within 24 hour(s) for the same condition, you do not have to pay your share for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	\$0 or 20% of the cost (up to \$90)* If you are admitted to the hospital within 24 hour(s) for the same condition, you do not have to pay your share for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Fidelis Dual Advantage Flex Plan (Plan 017)		Fidelis Dual Advantage (Plan 002)	
<b>Benefit Category</b>		Not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.	For emergencies outside the U.S. and its territories, Fidelis will pay up to the amount that would have been paid if rendered in the member's home county of residence including a reduction for the cost sharing that would have applied in the U.S. The member will be responsible for at least a \$90 copay and potentially any amounts above what Fidelis pays. Worldwide coverage is limited to \$200,000 dollars per year.
Urgently Needed Services		\$0 copay for urgently-needed-care visits.* If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the "Inpatient Hospital Care" section of this booklet for other costs.	0% or 20% of the cost (up to \$65) for urgently-needed-care visits.* If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Diagnostic Services/ Labs/ Imaging		<b>In-Network:</b> Diagnostic radiology services (such as MRIs, CT scans): \$0 copay* Diagnostic tests and procedures: \$0 copay* Lab services: \$0 copay* Outpatient x-rays: \$0 copay* Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay*	<b>In-Network:</b> Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost* Diagnostic tests and procedures: 0% or 20% of the cost* Lab services: 0% of the cost* Outpatient x-rays: 0% or 20% of the cost* Therapeutic radiology services (such as radiation

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Fidelis Dual Advantage (Plan 002)		Fidelis Dual Advantage Flex Plan (Plan 017)	
	Authorization rules may apply.	treatment for cancer): 0% or 20% of the cost* Authorization rules may apply.	
Hearing Services	Exam to diagnose and treat hearing and balance issues. In-Network: \$0 copay for Medicare-covered diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment. * In general, supplemental routine hearing exams and hearing aids not covered.	Exam to diagnose and treat hearing and balance issues. In-Network: \$0 copay for Medicare-covered diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment. 0% or 20% of the cost for diagnostic hearing exams.*	
Dental Services	Limited Dental Services (this does not include services in connection with care, treatment, filing, removal or replacement of teeth) In-Network: \$0 copay* Dental services must be obtained from DentaQuest providers.	Limited Dental Services (this does not include services in connection with care, treatment, filing, removal or replacement of teeth) 0% or 20% of the cost* In-Network: \$0 copay for the following preventive dental benefits: - oral exams (1 every 12 months) - cleanings (1 every 12 months)	

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Benefit Category		Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Vision Services	<p><b>In-Network:</b></p> <p>\$0 copay. Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration.</p> <p>\$0 copay for:</p> <p>For people who are at high risk of glaucoma, we will cover one glaucoma screening each year. People at high risk of glaucoma include: people with a family history of glaucoma, people with diabetes, African-Americans who are age 50 and older and Hispanic Americans who are 65 or older.</p> <p>For people with diabetes, screening for diabetic retinopathy is covered once per year.</p> <p>One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. (If you have two separate cataract operations, you cannot reserve the benefit after the first surgery and purchase two eyeglasses after the second surgery.) Corrective lenses/frames (and replacements) needed after a</p>	<p><b>In-Network:</b></p> <p>0% or 20% of the cost, depending on the service.</p> <p>0% or 20% of the cost. Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration.</p> <p>0% or 20% of the cost for people who are at high risk of glaucoma, we will cover one glaucoma screening each year. People at high risk of glaucoma include: people with a family history of glaucoma, people with diabetes, African-Americans who are age 50 and older and Hispanic Americans who are 65 or older.</p> <p>For people with diabetes, screening for diabetic retinopathy is covered once per year.</p> <p>One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. (If you have two separate cataract operations, you cannot reserve the benefit after the first surgery and purchase two eyeglasses after the second surgery.) Corrective lenses/frames (and replacements) needed after a</p>	<p>- dental X-rays (1 every 24 months)</p> <p>Dental services must be obtained from DentaQuest providers.</p>

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Benefit Category		Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Mental Health Services (including inpatient)	<p>cataract removal without a lens implant.</p> <p>\$0 copay for (1) one routine vision exam per year.</p> <p>Vision benefits must be obtained from Davis Vision providers.</p>	<p>cataract removal without a lens implant.</p> <p>\$0 copay for (1) one routine vision exam per year.</p> <p>If the doctor provides you services in addition to eye exams, separate cost sharing of 0% or 20% of the cost may apply*</p> <p>Vision benefits must be obtained from Davis Vision providers.</p>	<p>cataract removal without a lens implant.</p> <p>\$0 copay for (1) one routine vision exam per year.</p> <p>If the doctor provides you services in addition to eye exams, separate cost sharing of 0% or 20% of the cost may apply*</p> <p>Vision benefits must be obtained from Davis Vision providers.</p>
	<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 applies to inpatient mental health services provided in a general hospital.</p> <p>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-Network:</p> <p>\$0 copay per admission for each hospital stay.*</p>	<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 applies to inpatient mental health services provided in a general hospital.</p> <p>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-Network:</p> <p>The amounts for each benefit period, \$0* or:</p>	<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 applies to inpatient mental health services provided in a general hospital.</p> <p>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-Network:</p> <p>The amounts for each benefit period, \$0* or:</p>

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Outpatient:</p> <p>In-Network:</p> <p>\$0 copay for each individual therapy visit.*</p> <p>\$0 copay for each group therapy visit.*</p> <p>\$0 copay for partial hospitalization program services.*</p> <p>Authorization rules may apply.</p>	<p>\$1,364 deductible for each benefit period.*</p> <p>Days 1 - 60: \$0 copay*</p> <p>Days 61 - 90: \$341 per day*</p> <p>Days 91 - 150: \$682 per lifetime reserve day*</p> <p>*Please note these are the 2019 amounts, they may change for 2020.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Outpatient:</p> <p>In-Network:</p> <p>0% or 20% of the cost for each individual therapy visit.*</p> <p>0% or 20% of the cost for each group therapy visit.*</p> <p>0% or 20% of the cost for partial hospitalization program services.*</p> <p>Authorization rules may apply.</p>
Skilled Nursing Facility (SNF)	Our plan covers up to 100 days in a SNF.	Our plan covers up to 100 days in a SNF.

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Fidelis Dual Advantage Flex Plan (Plan 017)		Fidelis Dual Advantage (Plan 002)	
Benefit Category	In-Network: The amounts for each benefit period, \$0* or: Days 1- 20: \$0 per day* Days 21-100: \$0 or \$170.50 per day* *Please note these are the 2019 amounts, they may change for 2020. No prior hospital stay is required. Authorization rules may apply.	In-Network: \$0 copay Days 1-100 No prior hospital stay is required. Authorization rules may apply.	In-Network: \$0 copay Days 1-100 No prior hospital stay is required. Authorization rules may apply.
	Physical Therapy/ Rehabilitation Services	In-Network: Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks). 0% or 20% of the cost* Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. 0% or 20% of the cost for Occupational Therapy visits.* 0% or 20% of the cost for Physical Therapy and/or Speech and Language Pathology visits.* Authorization rules may apply.	In-Network: Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks). \$0 copay* Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. \$0 copay for Occupational Therapy visits.* \$0 copay for Physical Therapy and/or Speech and Language Pathology visits.* Authorization rules may apply.

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Benefit Category		Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Ambulance	In-Network: \$0 copay* Authorization rules may apply.	In-Network: 0% or 20% of the cost* Authorization rules may apply.	In-Network: 0% or 20% of the cost* Authorization rules may apply.
Transportation	Because you have Medicaid we will cover routine transportation services to medical providers when you need to receive services, and to pharmacies when you need to pick up a prescription. \$0 copay	In-Network \$0 copay for up to 14 one-way trip(s) or 7 round trip(s) to plan-approved locations every year.	In-Network \$0 copay for up to 14 one-way trip(s) or 7 round trip(s) to plan-approved locations every year.
Medicare Part B Drugs	Drugs covered under Medicare Part B (such as chemotherapy drugs) In-Network: \$0 copay of the cost for Medicare Part B drugs.* Authorization rules may apply.	Drugs covered under Medicare Part B (such as chemotherapy drugs) In-Network: 0% or 20% of the cost for Medicare Part B drugs.* Authorization rules may apply.	Drugs covered under Medicare Part B (such as chemotherapy drugs) In-Network: 0% or 20% of the cost for Medicare Part B drugs.* Authorization rules may apply.
Wellness Programs	Not Covered.	Not Covered.	Not Covered.
Over-the-Counter Items	Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit. \$25.00 monthly (this does not rollover)	Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit. \$100.00 monthly (this does not rollover)	Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit. \$100.00 monthly (this does not rollover)

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Benefit Category		Fidelis Dual Advantage (Plan 002)		Fidelis Dual Advantage Flex Plan (Plan 017)	
Benefit Category		Prescription Drug Benefits			
Cost sharing for deductible, the initial coverage phase, coverage gap, and catastrophic coverage		Fidelis Dual Advantage (Plan 002)		Fidelis Dual Advantage Flex Plan (Plan 017)	
Deductible Stage	No deductible.	No deductible.	No deductible.	No deductible.	No deductible.
Initial Coverage	<p>This plan uses a formulary. You can also see the formulary at <a href="http://www.fideliscare.org">www.fideliscare.org</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who have limited incomes,</p> <ul style="list-style-type: none"> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> <p>The plan offers national in-network prescription coverage (i.e. this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Fidelis Dual Advantage (HMO-SNP) for certain</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.fideliscare.org">www.fideliscare.org</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who have limited incomes,</p> <ul style="list-style-type: none"> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> <p>The plan offers national in-network prescription coverage (i.e. this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Fidelis Dual Advantage Flex (HMO-SNP) for</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.fideliscare.org">www.fideliscare.org</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who have limited incomes,</p> <ul style="list-style-type: none"> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> <p>The plan offers national in-network prescription coverage (i.e. this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Fidelis Dual Advantage Flex (HMO-SNP) for</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.fideliscare.org">www.fideliscare.org</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who have limited incomes,</p> <ul style="list-style-type: none"> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> <p>The plan offers national in-network prescription coverage (i.e. this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Fidelis Dual Advantage Flex (HMO-SNP) for</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.fideliscare.org">www.fideliscare.org</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who have limited incomes,</p> <ul style="list-style-type: none"> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> <p>The plan offers national in-network prescription coverage (i.e. this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Fidelis Dual Advantage Flex (HMO-SNP) for</p>

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<p>drugs. You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Fidelis Dual Advantage (HMO-SNP) approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost-sharing for that drug.</p> <p>Standard Retail Cost-Sharing</p> <p>Tier 1:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <p>\$0 copay for drugs in this tier</p> <p>After Initial Coverage Limit for generic drugs (including brand drugs treated as generic), either:</p>	<p>certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Fidelis Dual Advantage Flex (HMO-SNP) approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost-sharing for that drug.</p> <p>Standard Retail Cost-Sharing</p> <p>Tier 1:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <p>\$0 copay for drugs in this tier</p> <p>After Initial Coverage Limit for generic drugs (including brand drugs treated as generic), either:</p>

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<ul style="list-style-type: none"> <li>- A \$0 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$20 copay*; or</li> <li>- A \$3.90 copay; or</li> </ul> <p>A \$8.95 copay</p> <p>Tier 2: Non-Preferred Generic</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$20 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$20 copay*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul>	<ul style="list-style-type: none"> <li>- A \$0 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$20 copay*; or</li> <li>- A \$3.90 copay; or</li> </ul> <p>A \$8.95 copay</p> <p>Tier 2: Non-Preferred Generic</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$20 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$20 copay*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul>

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<p>Tier 3: Preferred Brand</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$47 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$47 copay*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 4: Non-Preferred Brand</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$100 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$100 copay*; or</li> </ul>	<p>Tier 3: Preferred Brand</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$47 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$47 copay*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 4: Non-Preferred Brand</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$100 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$100 copay*; or</li> </ul>

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<ul style="list-style-type: none"> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 5: Specialty Tier</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or 33% coinsurance*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or 33% coinsurance*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p><b>Standard Mail Order Cost-Sharing</b></p> <p>Tier 1: Preferred Generic:</p> <ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> </ul> <p>- \$0 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic:</p>	<ul style="list-style-type: none"> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 5: Specialty Tier</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or 33% coinsurance*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or 33% coinsurance*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p><b>Standard Mail Order Cost-Sharing</b></p> <p>Tier 1: Preferred Generic:</p> <ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> </ul> <p>- \$0 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic:</p>

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> <li>- for a three-month (90-day) supply of drugs in this tier:</li> </ul> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$40 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$40 copay*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> <li>- for a three-month (90-day) supply of drugs in this tier:</li> </ul> <p>For generic drugs (including brand drugs treated as generic), either:</p>	<ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> <li>- for a three-month (90-day) supply of drugs in this tier:</li> </ul> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$40 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$40 copay*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> <li>- for a three-month (90-day) supply of drugs in this tier:</li> </ul> <p>For generic drugs (including brand drugs treated as generic), either:</p>

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<ul style="list-style-type: none"> <li>- A \$0 - \$94 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$94 copay*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> <li>- for a three-month (90-day) supply of drugs in this tier:</li> </ul> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$200 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$200 copay*; or</li> </ul>	<ul style="list-style-type: none"> <li>- A \$0 - \$94 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$94 copay*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>- 1 month supply not offered.</li> <li>- for a three-month (90-day) supply of drugs in this tier:</li> </ul> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$200 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$200 copay*; or</li> </ul>

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<ul style="list-style-type: none"> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> <li>- for a 1 month (30-day) supply of drugs in this tier:</li> </ul> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or 33% coinsurance*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or 33% coinsurance*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <ul style="list-style-type: none"> <li>- 3 month (90 days) supply not offered for this tier.</li> </ul> <p>Long Term Care Pharmacy</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p>	<ul style="list-style-type: none"> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> <li>- for a 1 month (30-day) supply of drugs in this tier:</li> </ul> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or 33% coinsurance*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or 33% coinsurance*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <ul style="list-style-type: none"> <li>- 3 month (90 days) supply not offered for this tier.</li> </ul> <p>Long Term Care Pharmacy</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p>

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Fidelis Dual Advantage (Plan 002)		Fidelis Dual Advantage Flex Plan (Plan 017)	
Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)	Fidelis Dual Advantage Flex Plan (Plan 017)
Catastrophic Coverage	<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>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay nothing for all drugs.</p> <p>In this phase if you lose your Medicaid eligibility you pay the greater of:</p> <ul style="list-style-type: none"> <li>- 5% coinsurance, or</li> <li>\$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.</li> </ul>	<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>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay nothing for all drugs.</p> <p>In this phase if you lose your Medicaid eligibility you pay the greater of:</p> <ul style="list-style-type: none"> <li>- 5% coinsurance, or</li> <li>\$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.</li> </ul>	<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>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay nothing for all drugs.</p> <p>In this phase if you lose your Medicaid eligibility you pay the greater of:</p> <ul style="list-style-type: none"> <li>- 5% coinsurance, or</li> <li>\$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.</li> </ul>

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## **Additional Notes to the Summary of Benefits for Fidelis Medicare Advantage Plans for Year 2020**

**An “Over the Counter” (OTC) Card:** Use this card to purchase many common items at local pharmacies, including CVS, Walgreens, Rite Aid and Duane Reade, and many more without having to submit a receipt or pay in advance.

**My Advocate Program:** A unique service designed to connect you to money-saving programs, discounts, and services that may be available to you. These include but are not limited to Medicare Savings Programs, Energy Assistance, Prescription Drug Discounts, Telephone Assistance, Emergency Assistance and Nutritional Assistance. This program is free for members of Fidelis Legacy Plan plans and is offered through a company called (Altegra). To find out what discounts are available to you, simply call 1-866-319-2359 / TTY 1-877-644-3244.

As long as you are a member of a Fidelis Legacy Plan, **do not use your red, white, and blue Medicare card** to get covered medical services (with the exception of routine clinical research studies and hospice services). If you get covered medical services using your red, white, and blue Medicare card instead of using your Fidelis Legacy Plan Identification Card while you are a member of Fidelis Legacy Plan, you may have to pay the full cost for the service yourself.

If your Fidelis Legacy Plan Identification Card is damaged, lost, or stolen, call Member Services right away and we will send you a new card.

### **Online Enrollment Center**

If you are interested in enrolling in any Fidelis Medicare Advantage Plan, you may schedule an appointment with a Fidelis Legacy Plan Sales Representative and fill out an application. This plan is not available for Online Enrollment.

### **The Cost Sharing Protections Entitled to Enrollee Under Title XIX- Medicaid**

#### **Additional Information for People with Medicare and Medicaid:**

People who qualify for Medicare and Medicaid are known as **dual eligibles**. 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 supplemental 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 eligibles do not have to pay for certain Medicare costs. The Medicaid benefit categories and type 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.

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- **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.

***The following chart lists services that are available under Medicaid for people who qualify for FULL Medicaid benefits.***

The chart also explains if a similar benefit is available under our plan. If our plan does not provide the benefit, members who qualify for full Medicaid benefits can obtain the service from Medicaid fee for service using their Medicaid Benefit Identification card.

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 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.

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Benefit Category		Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Inpatient Hospital Coverage	Medicaid covers Medicare deductibles, copays, and coinsurances. Up to 365 days per year (366 days for leap year)	In-Network Medicare-covered hospital stays: \$0 copay per admission for each hospital stay.* Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	In-Network Medicare-covered hospital stays: The amounts for each benefit period, \$0* or: \$1,364 deductible for each benefit period.* Days 1 - 60: \$0 copay* Days 61 - 90: \$341 per day* Days 91 - 150: \$682 per lifetime reserve day* *Please note these are the 2019 amounts, they may change for 2020. You will not be charged additional cost sharing for professional services. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	In-Network Medicare-covered hospital stays: The amounts for each benefit period, \$0* or: \$1,364 deductible for each benefit period.* Days 1 - 60: \$0 copay* Days 61 - 90: \$341 per day* Days 91 - 150: \$682 per lifetime reserve day* *Please note these are the 2019 amounts, they may change for 2020. You will not be charged additional cost sharing for professional services. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
Outpatient Hospital Coverage	Medicaid covers Medicare deductibles, copays, and coinsurances.	In-Network: \$0 copay for each outpatient hospital visit.	In-Network: 0% or 20% of the cost for each outpatient hospital facility visit.*	In-Network: 0% or 20% of the cost for each outpatient hospital facility visit.*

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Benefit Category		Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Ambulatory Surgery Center	Medicaid covers Medicare deductibles, copays, and coinsurances.	In-Network: \$0 copay for each ambulatory surgical center visit.*	In-Network: 0% or 20% of the cost for each ambulatory surgical center visit.*	
Doctor Visits (Primary and Specialty)	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay for each Medicare-covered primary care doctor visit.* \$0 copay for each Medicare-covered specialist visit.*	0% or 20% of the cost for each Medicare-covered primary care doctor visit.* 0% or 20% of the cost for each Medicare-covered specialist visit.*	
Preventative Care	No coverage.	\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.	\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.	
Emergency Care	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay for Medicare-covered emergency room visits.*	0% or 20% copay (up to \$90) for Medicare-covered emergency room visits.*	
Urgently Needed Services	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay for Medicare-covered urgently-needed-care visits.*	0% or 20% of the cost (up to \$65) for Medicare-covered urgently-needed-care visits.*	
Diagnostic Services/ Labs/ Imaging	Medicaid covers Medicare deductibles, copays, and coinsurances.	Diagnostic radiology services (such as MRIs, CT scans): \$0 copay* Diagnostic tests and procedures: \$0 copay*	Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost* Diagnostic tests and procedures: 0% or 20% of the cost*	

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Benefit Category		Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Hearing Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>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 aids, ear molds, special fittings and replacement parts.</p>	<p>Lab services: \$0 copay*</p> <p>Outpatient x-rays: \$0 copay*</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay*</p>	<p>Lab services: 0% of the cost*</p> <p>Outpatient x-rays: 0% or 20% of the cost*</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost*</p>	
	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>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 aids, ear molds, special fittings and replacement parts.</p>	<p>\$0 copay for Medicare-covered diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment. *</p> <p>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</p>	<p>\$0 copay for Medicare-covered diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.</p> <p>0% or 20% of the cost for diagnostic hearing exams.*</p>	

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Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Dental	<p>Medicaid 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. Ambulatory or inpatient surgical dental services subject to prior authorization.</p>	<p>fittings and replacement parts.</p> <p>\$0 copay for Medicare-covered dental benefits.</p> <p>We cover routine dental services such as:</p> <p>Cleaning – one (1) every six (6) months</p> <p>Routine dental exams – there are limits based on the type of exam performed</p> <p>Dental x-rays – there are limits based on the type of dental x-ray performed</p> <p>Additionally, we cover comprehensive dental services such as diagnostic services, restorative services, endodontics/periodontics/ extractions, prosthodontics, other oral/maxillofacial and other dental services.</p> <p>Routine and comprehensive dental services must be obtained from DentaQuest providers.</p>	<p>\$0 copay for the following Medicare covered preventive dental benefits:</p> <ul style="list-style-type: none"> <li>- oral exams (1 every 12 months)</li> <li>- cleanings (1 every 12 months)</li> <li>- dental X-rays (1 every 24 months)</li> </ul> <p>Dental services must be obtained from DentaQuest providers.</p>

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Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Vision Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>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.</p> <p>Coverage also includes the repair or replacement of parts.</p> <p>Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease.</p> <p>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>In-Network:</p> <p>\$0 copay. Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration.</p> <p>\$0 copay for:</p> <p>For people who are at high risk of glaucoma, we will cover one glaucoma screening each year.</p> <p>People at high risk of glaucoma include: people with a family history of glaucoma, people with diabetes, African-Americans who are age 50 and older and Hispanic Americans who are 65 or older.</p> <p>For people with diabetes, screening for diabetic retinopathy is covered once per year.</p> <p>One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. (If you have two separate cataract operations,</p>	<p>In-Network:</p> <p>0% or 20% of the cost, depending on the service.</p> <p>0% or 20% of the cost. Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration.</p> <p>0% or 20% of the cost for:</p> <p>For people who are at high risk of glaucoma, we will cover one glaucoma screening each year.</p> <p>People at high risk of glaucoma include: people with a family history of glaucoma, people with diabetes, African-Americans who are age 50 and older and Hispanic Americans who are 65 or older.</p> <p>For people with diabetes, screening for diabetic retinopathy is covered once per year.</p> <p>One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of</p>

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Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Mental Health Inpatient Services	Medicaid covers Medicare deductibles, copays and coinsurances.	<p>you cannot reserve the benefit after the first surgery and purchase two eyeglasses after the second surgery.) Corrective lenses/frames (and replacements) needed after a cataract removal without a lens implant.</p> <p>\$0 copay for (1) one routine vision exam per year.</p> <p>Vision benefits must be obtained from Davis Vision providers.</p>	<p>an intraocular lens. (If you have two separate cataract operations, you cannot reserve the benefit after the first surgery and purchase two eyeglasses after the second surgery.) Corrective lenses/frames (and replacements) needed after a cataract removal without a lens implant.</p> <p>\$0 copay for (1) one routine vision exam per year.</p> <p>If the doctor provides you services in addition to eye exams, separate cost sharing of 0% or 20% of the cost may apply*</p> <p>Vision benefits must be obtained from Davis Vision providers.</p>
		<p>\$0 copay per admission for each hospital stay.*</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Authorization rules may apply.</p>	<p>The amounts for each benefit period, \$0* or:</p> <p>\$1,364 deductible for each benefit period.*</p> <p>Days 1 - 60: \$0 copay*</p> <p>Days 61 - 90: \$341 per day*</p>

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Benefit Category		Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
				<p>Days 91 - 150: \$682 per lifetime reserve day *</p> <p>*Please note these are the 2019 amounts, they may change for 2020. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Authorization rules may apply.</p>
Skilled Nursing Facility (SNF)	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covers additional days beyond Medicare 100 day limit.</p>	<p>For Medicare-covered SNF stays: \$0 copay Days 1-100</p> <p>No prior hospital stay is required.</p> <p>Authorization rules may apply.</p>	<p>For Medicare-covered SNF stays: In 2019, the amounts for each benefit period:</p> <p>Days 1- 20: \$0 per day*</p> <p>Days 21-100: \$0 or \$170.50 per day*</p> <p>These amounts may change for 2020.</p>	
Rehabilitation Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Occupational and Speech Therapies are limited to twenty (20) Medicaid visits per therapy</p>	<p>Medicare covered Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks). \$0 copay*</p> <p>Medically necessary physical</p>	<p>Medicare Covered Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks). 0% or 20% of the cost*</p>	

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Benefit Category		Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
		per year, Physical Therapy is limited to forty (40) Medicaid visits per therapy per year, except for children under age 21, or you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.	therapy, occupational therapy, and speech and language pathology services are covered. \$0 copay for Occupational Therapy visits.* \$0 copay for Physical Therapy and/or Speech and Language Pathology visits.* Occupational and Speech Therapies are limited to twenty (20) Medicaid visits per therapy per year, Physical Therapy is limited to forty (40) Medicaid visits per therapy per year, except for children under age 21, or you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.	Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. 0% or 20% of the cost for Occupational Therapy visits.* 0% or 20% of the cost for Physical Therapy and/or Speech and Language Pathology visits.*
Ambulance Services		Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay for Medicare-covered ambulance benefits.*	0% or 20% of the cost for Medicare-covered ambulance benefits.*
Transportation (Routine)		Includes ambulance, invalid coach, taxicab, livery, public transportation, or other means	We will cover routine transportation services to medical providers when you need to	\$0 copay for up to 14 one-way trips(s) to plan-approved locations every year.

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Benefit Category		Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	appropriate to the enrollee's medical condition.	receive services and to pharmacies when you need to pick up a prescription. Amount of approved trips are unlimited. \$0 copay		
Medical Equipment/Supplies	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula and prosthetic or orthotic appliances having the following characteristics: 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. Must be ordered by a practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bar).</p>	<p>\$0 for Medicare covered durable medical equipment.*</p> <p>Covered items include, but are not limited to: wheelchairs, crutches, hospital bed, IV infusion pump, oxygen equipment, nebulizer, and walker.</p> <p>We cover all medically necessary durable medical equipment covered by Original Medicare. If our supplier in your area does not carry a particular brand or manufacturer, you may ask them if they can special order it for you.</p> <p>We also cover Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted</p>	0% or 20% of the cost for Medicare covered durable medical equipment.*	

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Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Prosthetic Devices, Medical and Surgical Supplies, Enteral and Parenteral Formula	<p>Medicaid covers prosthetics, orthotics, and orthopedic footwear.</p> <p>These items are generally considered to be one-time only use, consumable items routinely paid for under the Durable Medical Equipment category of fee-for-service Medicaid.</p> <p>Coverage of enteral formula and nutritional supplements are limited to coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding.</p> <p>Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain</p>	<p>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. Must be ordered by a practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bar).</p>	<p>0% or 20% of the cost for Medicare-covered prosthetic devices, medical and surgical supplies, enteral and parenteral formula.</p>

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Benefit Category		Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Private Duty Nursing	nutrition through any other means, and to the following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to mitigating factors in growth and development. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein or which contain modified protein.	jejunostomy, or gastrostomy tube feeding. Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to mitigating factors in growth and development. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein or which contain modified protein.	Covers medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse	Covered under Fee for service Medicaid.

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Benefit Category		Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	nurse practitioner's written treatment plan.	practitioner's written treatment plan. \$0 copay		
Over the Counter Drugs	Medicaid covers certain Over the Counter medications.	Covered under the Over-the-Counter medications are covered by Medicaid.		
Prescription Drugs	Medicaid does not cover Part D covered drugs or copays. Medicaid Pharmacy Benefits allowed by State Law (select drug categories excluded from the Medicare Part D benefit). Certain Medical Supplies and Enteral Formula when not covered by Medicare.	\$0 copay of the cost for Medicare Part B drugs.* Standard Retail Cost-Sharing Tier 1: For generic drugs (including brand drugs treated as generic), either: \$0 copay for drugs in this tier Tier 2: Non-Preferred Generic For generic drugs (including brand drugs treated as generic), either: - A \$0 - \$20 copay*; or	0% or 20% of the cost for Medicare Part B drugs.* Standard Retail Cost-Sharing Tier 1: For generic drugs (including brand drugs treated as generic), either: \$0 copay for drugs in this tier Tier 2: Non-Preferred Generic For generic drugs (including brand drugs treated as generic), either: - A \$0 - \$20 copay*; or	

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Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
		<ul style="list-style-type: none"> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$20 copay*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 3: Preferred Brand</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$47 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$47 copay*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 4: Non-Preferred Brand</p>	<ul style="list-style-type: none"> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$20 copay*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 3: Preferred Brand</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$47 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$47 copay*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 4: Non-Preferred Brand</p>

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
		<p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$100 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$100 copay*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 5: Specialty Tier</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or 33% coinsurance*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or 33%</li> </ul>	<p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$100 copay*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 - \$100 copay*; or</li> <li>- A \$3.90 copay; or</li> <li>- A \$8.95 copay.</li> </ul> <p>Tier 5: Specialty Tier</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or 33% coinsurance*; or</li> <li>- A \$1.30 copay; or</li> <li>- A \$3.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or 33%</li> </ul>

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Benefit Category		Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
			coinsurance*; or - A \$3.90 copay; or - A \$8.95 copay.	coinsurance*; or - A \$3.90 copay; or - A \$8.95 copay.
<b>Medicaid Only Services</b>				
Adult Day Health Care	Medicaid covers Adult Day Health Care services provided in a residential health care facility or approved extension site under the medical direction of a physician. Adult day health care includes the following services: medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure time activities which are a planned program of diverse meaningful activities, dental, pharmaceutical, and other ancillary services.		Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.
Assisted Living Services	Medicaid covers personal care, housekeeping, supervision, home health aides, personal emergency response services, nursing, physical therapy, occupational therapy, speech therapy, medical supplies and equipment, adult day health care, a range of home health services and the case		Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Benefit Category		Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
		management services of a registered professional nurse. Services are provided in an adult home or enriched housing setting.		
Certain Mental Health Services	<p>Medicaid covers the following mental health services:</p> <ul style="list-style-type: none"> <li>- Intensive Psychiatric Rehabilitation Treatment Programs</li> <li>- Day Treatment</li> <li>- Continuing Day Treatment</li> <li>- Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units) Partial Hospitalizations</li> <li>- Assertive Community Treatment (ACT)</li> <li>- Personalized Recovery Oriented Services (PROS)</li> </ul>	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.	
Comprehensive Medicaid Case Management	<p>Medicaid covers Comprehensive Medicaid Case Management (CMCM), which provides “social work” case management referral services to a targeted population. A CMCM case manager will</p>	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.	

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Benefit Category		Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
		assist a client in accessing necessary services in accordance with goals outlined in a written case management plan.		
Directly Observed Therapy for Tuberculosis (TB) Disease	Medicaid covers Tuberculosis Directly Observed Therapy (TB/DOT), which is the direct observation of oral ingestion of TB medications to assure patient compliance with the physician's prescribed medication regimen.	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.	
Home and Community Based Waiver Program Services	Medicaid covers personal care services to a participant who requires assistance with personal care services tasks and whose health and welfare in the community is at risk because oversight and supervision of the participant is required when no personal care task is being performed. These services are provided under the direction and supervision of a Registered Professional Nurse.	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.	
Medical Social Services	Medical social services include assessing the need for, arranging for and providing aid for social	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.	

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Benefit Category		Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
		problems related to the maintenance of a patient in the home where such services are performed by a qualified social worker and provided within a plan of care.		
Methadone Maintenance Treatment Programs (MMTP)		Medicaid covers MMTP, consisting of drug detoxification, drug dependence counseling, and rehabilitation services which include chemical management with methadone.	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.
Nutrition		Medicaid covers the assessment of nutritional needs and food patterns, or the planning for the provision of foods and drink appropriate for the individual's physical and medical needs and environmental conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs. In addition, these services may include the assessment of nutritional status and food preferences, planning for provision of appropriate dietary intake within the patient's home	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Office of Mental Retardation and Developmental Disabilities (OMRDD) Services	<p>environment and cultural considerations, nutritional education regarding therapeutic diets as part of the treatment milieu, development of a nutritional treatment plan, regular evaluation and revision of nutritional plans, provision of in-service education to health agency staff as well as consultation on specific dietary problems of patients and nutrition teaching to patients and families. These services must be provided by a qualified nutritionist.</p> <p>Medicaid covers the following OMRDD services:            Long Term Therapy Services Provided by Article 16-Clinic Treatment Facilities or Article 28 Facilities.            Day Treatment.            Medicaid Service Coordination (MSC).            Home and Community Based</p>		
		Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Benefit Category		Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
		Services Waivers (HCBS). Services Provided Through the Care At Home Program (OMRDD).		
Personal Care Services	Medicaid covers personal care services (PCS), which involve the provision of some or total assistance with personal hygiene, dressing and feeding and nutritional and environmental support (meal preparation and housekeeping). Personal care services must be medically necessary, ordered by a physician, and provided by a qualified person in accordance with a plan of care.	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.	
Personal Emergency Response Services (PERS)	Medicaid covers electronic devices which enable certain high-risk patients to secure help in the event of a physical, emotional, or environmental emergency. A variety of electronic alert systems now exist which employ different signaling devices. Such systems are usually connected to a patient's phone and signal a response center once a "help" button is activated. In the event of an	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.	

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Benefit Category		Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
		emergency, the signal is received and appropriately acted upon by a response center.		
Rehabilitation Services Provided to Residents of OMH Licensed Community Residence (CRs) and Family Based Treatment Programs		Medicaid covers rehabilitation services provided to residents of the Office of Mental Health (OMH)-licensed community residences (CRs) and family-based treatment programs.	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.
Out-of-Network Family Planning services provided under the direct access provisions of the waiver		Medicaid coverage provided.	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

## **Additional Notes to the Summary of Benefits for Fidelis Medicare Dual Advantage Plans for Year 2020**

**My Advocate Program:** A unique service designed to connect you to money-saving programs, discounts, and services that may be available to you. These include but are not limited to Medicare Savings Programs, Energy Assistance, Prescription Drug Discounts, Telephone Assistance, Emergency Assistance and Nutritional Assistance. This program is free for members of Fidelis Legacy Plan plans and is offered through a company called (Altegra). To find out what discounts are available to you, simply call 1-866-319-2359 / TTY 1-877-644-3244.

### **Obtaining Services**

When you become a member of Fidelis Legacy Plan, show your Fidelis Legacy Plan Identification Card to any provider who is treating you. Your provider will make sure that the bill for services rendered is sent directly to Fidelis Legacy Plan.

As long as you are a member of a Fidelis Legacy Plan, **do not use your red, white, and blue Medicare card** to get covered medical services (with the exception of routine clinical research studies and hospice services). If you get covered medical services using your red, white, and blue Medicare card instead of using your Fidelis Legacy Plan Identification Card while you are a member of Fidelis Legacy Plan, you may have to pay the full cost for the service yourself.

If your Fidelis Legacy Plan Identification Card is damaged, lost, or stolen, call Member Services right away and we will send you a new card.

### **Online Enrollment Center**

If you are interested in enrolling in any Fidelis Medicare Advantage Plan, you may schedule an appointment with a Fidelis Legacy Plan Sales Representative and fill out an application. This plan is not available for Online Enrollment.

### **Fidelis Dual Advantage (Plan 002):**

Fidelis Legacy Plan is a Coordinated Care plan with a Medicare contract and a contract with the New York State Department of Health Medicaid program. Enrollment in Fidelis Legacy Plan depends on contract renewal.

Fidelis Legacy Plan es un plan de Cuidado Coordinado con un contrato de Medicare y un contrato con el programa del Departamento de Salud de Medicaid del Estado de Nueva York. La inscripción en Fidelis Legacy Plan depende de la renovación del contrato.

### **Fidelis Dual Advantage Flex (Plan 017):**

Fidelis Legacy Plan is a Coordinated Care plan with a Medicare contract and a coordination of benefits agreement with the New York State Department of Health Medicaid program. Enrollment in Fidelis Legacy Plan depends on contract renewal.

\*All Cost sharing in this Summary of Benefits is based on your level of Medicaid Eligibility

Fidelis Legacy Plan es un plan de Cuidado Coordinado con un contrato de Medicare y coordinación de acuerdo de beneficios con el programa del Departamento de Salud de Medicaid del Estado de Nueva York. La inscripción en Fidelis Legacy Plan depende de la renovación del contrato.

This information is available for free in other languages. Please contact our Member Services number at 1-800-247-1447 for additional information. (TTY users should call 711). Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1st through March 31st and Monday through Friday, 8:00 a.m. to 8:00 p.m. from April 1st through September 30th. Member Services has free language interpreter services available for non-English speakers.

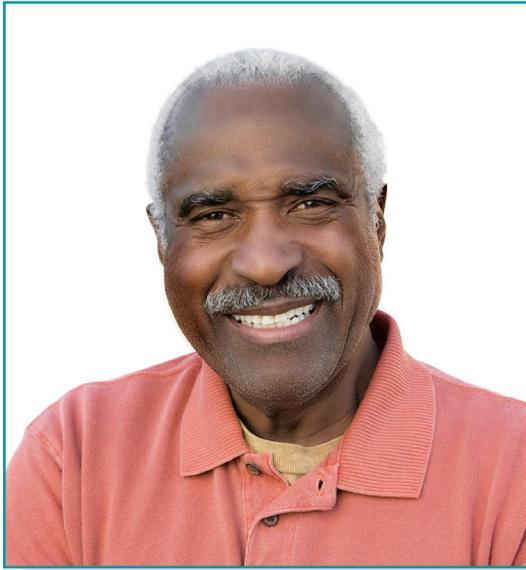
Esta información está disponible de forma gratuita en otros idiomas. Por favor comuníquese con nuestro número de Servicios al Socio al 1-800-247-1447 para obtener información adicional. Los usuarios con deficiencia auditiva (TTY) deberán llamar al 711. El horario de atención es de 8:00 a.m. a 8:00 p.m. los siete días de la semana desde el 1 de octubre hasta el 31 de marzo, y de lunes a viernes, de 8:00 a.m. hasta las 8:00 p.m. desde el 1 de abril hasta el 30 de setiembre. Servicios al Socio también tiene servicios gratuitos de intérprete disponibles para personas que no hablan inglés.

我們可以免費提供本資訊的其他語言版本。其他資訊，請聯絡我們的會員服務部，電話：1-800-247-1447（聽力障礙電傳使用者應致電：711）。10月1日至3月31日，會員服務部的工作時間為每週七天，每天早8:00至晚8:00。4月1日至9月30日，會員服務部的工作時間為星期一到星期五。

Данная информация предоставляется бесплатно на других языках. За дополнительной информацией обращайтесь в Отдел обслуживания участников по номеру 1-800-247-1447. (Пользователям ТТУ следует звонить по номеру 711). Часы работы: 8:00 – 20:00. С 1 октября по 31 марта сотрудники Отдела обслуживания участников отвечают на звонки семь дней в неделю. С 1 апреля по 30 сентября сотрудники Отдела обслуживания участников отвечают на звонки с понедельника по пятницу.

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2020



## Star Ratings

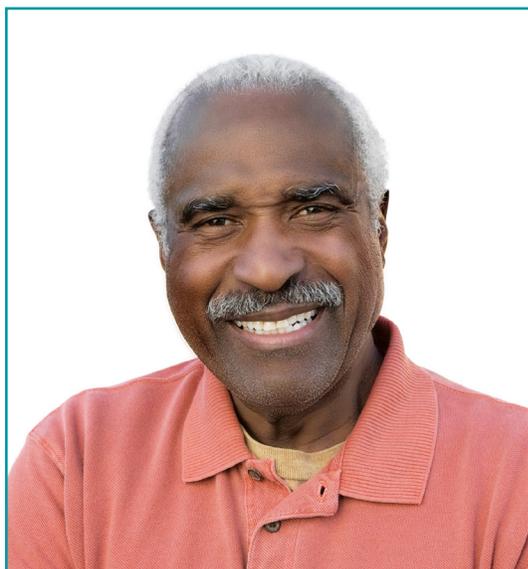


**FIDELIS**<sup>®</sup>  
LEGACY PLAN

Enrollment Kit: Medicare Dual Advantage Plans



2020



# Important Information About Your Medicare Coverage



**FIDELIS**<sup>®</sup>  
LEGACY PLAN

Enrollment Kit: Medicare Dual Advantage Plans



## Important Information About Your Medicare Coverage

### Enrollment:

You can enroll in a Fidelis Medicare Advantage or Dual Advantage plan with a Fidelis Legacy Plan Licensed Sales Representative. Please contact us at 1-800-860-8707 (TTY: 711) to set up an appointment.

You can enroll in a Fidelis Medicare Advantage or Dual Advantage plan online at [www.fideliscare.org](http://www.fideliscare.org).

Medicare beneficiaries may also enroll in a Fidelis Medicare Advantage or Dual Advantage plan through the Centers for Medicare & Medicaid Services Online Enrollment Center, at [www.medicare.gov](http://www.medicare.gov).

If you would like a paper application to enroll, call 1-800-860-8707. From October 1 to March 31 our office hours are 8:00 a.m. to 8:00 p.m. seven days a week and from April 1 through September 30, our office hours are Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY: 711.

You can also enroll by phone with a Fidelis Legacy Plan Licensed Sales Representative. Call 1-800-860-8707 (TTY: 711).

**Enrollment Periods** - Individuals may enroll in a plan during specific times of the year. Annual Election Period (AEP) is October 15 through December 7. Open Enrollment Period OEP is January 1 – March 31. Contact our Member Services Department to obtain more information. Medicare beneficiaries who are also eligible for Medicaid can enroll once a quarter during the first nine months of the year.

Fidelis Legacy Plan wants you to have all of the information you need to select the right Medicare Advantage plan. Here are some things you should know:

- **Monthly Medicare Part B Premiums** - You must continue to pay your Medicare Part B premium to Social Security. You have the option to have your monthly plan premium deducted from your Social Security check. If you decide to switch to premium withhold or move from premium withhold to direct bill, it could take up to three months for it take effect and you will ultimately be held responsible for those premiums.

- **Medicare Savings Program (MSP)** – To see if you are eligible to get help paying your Medicare premiums, deductibles, coinsurances, and copayments, call:
  - ✓ 1-800-MEDICARE (1-800-633-4227). TTY: 1-877-486-2048, 24 hours a day/7days a week;
  - ✓ The Social Security Office at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY: 1-800-325-0778; or
  - ✓ Your State Medicaid Office.

**Here are the programs you might be eligible for:**

- A “Full Benefit Dual Eligible or FBDE” is an individual who is eligible for Medicaid benefits under the New York State Medicaid Plan because the individual falls within a federal mandatory coverage group or an optional coverage group (such as medically needy) but who does not meet the income resource criteria for QMB or SLMB.
- A “Qualified Medicare Beneficiary or QMB is an individual (i) who is entitled to Medicare Part A; (ii) who has income that does not exceed 100% FPL; and (iii) whose resources do not exceed twice the SSI limit. A QMB is eligible for Medicaid payment of Medicare Part A and B premiums, deductibles, co-insurance and co-pays (except for Part D).
- A “QMB-Plus” is an individual who meets all of the eligibility requirements for QMBs and who also meets the criteria for full Medicaid benefits under the New York State Medicaid Plan.
- A “Specific Low Income Medicare Beneficiary” – or SLMB is an individual (i) who is entitled to Medicare Part A benefits; (ii) who has annual income that exceeds 100% FPL but is less than 120% FPL; and (iii) whose resources do not exceed twice the SSI limit. Under the New York State Medicaid Plan, a SLMB is eligible for Medicaid payment of the Medicare Part B premium.
- A “SLMB-Plus” is an individual (i) who meets all the financial criteria for SLMBs and who also meets the financial criteria for full Medicaid benefits under the New York State Medicaid Plan.

If you qualify for any other programs above you will automatically qualify for Extra Help.

- **Extra Help** - 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: 1-877-486-2048, 24 hours a day/7days a week;
  - ✓ The Social Security Office at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY: 1-800-325-0778; or
  - ✓ Your State Medicaid Office.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Social Security could pay for 75 percent of drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about Extra Help, call your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY: 1-877-486-2048.

- **Fidelis Dual Advantage and Fidelis Dual Advantage Flex** - These plans are available to anyone who has both Medical Assistance from the State and Medicare. Premiums, copays, coinsurance, and deductibles may vary based on the level of help that beneficiaries may receive. Call Fidelis Legacy Plan for more information.

You must use plan providers except in emergent or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers, neither Medicare nor Fidelis Legacy Plan will be responsible for the costs.

- **Pharmacy Network** - Eligible beneficiaries must use pharmacies contracted with Fidelis Legacy Plan, so called "network" pharmacies for their prescription drug benefit, except under non-routine circumstances when they cannot reasonably use network pharmacies, as in an emergency.
- **Types of Pharmacies** - The type of pharmacies included in our network include: retail, long-term care pharmacies, Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) pharmacies, and home infusion pharmacies.
- **Mail Order Pharmacy Benefit** - For more information about mail-order prescription drug service, call Member Services at 1-800-247-1447. From October 1 to March 31 our office hours are 8:00 a.m. to 8:00 p.m. seven days a week and from April 1 through September 30, our office hours are Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY: 711. Up to a 90-day supply of drugs can be obtained through our mail order pharmacy.
- **Alternate Material Format** – Our material is available in alternate formats or languages. For more information, call Member Services at 1-800-247-1447. TTY: 711. You can also mail us at Fidelis Legacy Plan, 95-25 Queens Boulevard, Rego Park, NY 11374.
- **Grievance, coverage/organization determination (including exceptions) and appeals** - Fidelis Legacy Plan accepts grievances, coverage/organization determinations (including exceptions) and appeals by telephone, fax, or in writing by contacting Member Services. You file a grievance when you want to make a complaint about us or one of our network providers or pharmacies, including a complaint concerning the quality of your care. An organizational determination is filed when Fidelis Legacy Plan or one of our providers makes a decision about whether services are covered or how much you have to pay for covered services and you disagree with that decision. If you disagree with a decision to deny a request for health care services or prescription drugs or payment for services or drugs you already received, you can file an appeal. You may also make an appeal if you disagree with a decision to stop services that you are receiving.

You can obtain aggregate counts of grievances, appeals and exceptions that have been filed with us by calling Member Services at the number above.

- **Contract Termination** - Fidelis Legacy Plan is a health plan with a Medicare contract. Plan sponsors can choose to not renew their contract with CMS and CMS may also refuse to renew the contract, thus resulting in a termination or non-renewal. This may result in termination of the beneficiary's enrollment in the plan. In addition, the plan sponsor may reduce its service area and no longer offer services in the area where the beneficiary resides. Fidelis Legacy Plan has a contract with CMS through December 31, 2020.
- **Advance Directives** - Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you are in this situation. This means that, *if you want to*, you can fill out a written form to give **someone the legal authority to make medical decisions for you** if you ever become unable to make decisions for yourself. The legal documents that you can use to give your directions in advance in these situations are called "**advance directives**." There are different types of advance directives and different names for them. Documents called "**living will**" and "**power of attorney for health care**" are examples of advance directives.

**This disclaimer will be read to you before  
completing the online enrollment application.**

If you currently have health coverage from an employer or union, joining Fidelis Medicare Advantage/Dual Advantage could affect your employer or union health benefits. You could lose your employer or union health coverage if you enroll in a Fidelis Medicare Advantage or Dual Advantage plan. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

By completing this enrollment application, you agree to the following:

Fidelis Medicare Advantage/Dual Advantage Plans are Medicare Advantage plans and have a contract with the Federal government. You will need to keep your Medicare Parts A and B. You can only be in one Medicare Advantage plan at a time, and you understand that your enrollment in this plan will automatically end your enrollment in any another Medicare health plan or prescription drug plan. It is your responsibility to inform us of any prescription drug coverage that you have or may get in the future. You understand that if you do not have Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once you enroll, you may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

Fidelis Medicare Advantage/Dual Advantage serves a specific service area. If you move out of the area that Fidelis Medicare Advantage/Fidelis Dual Advantage serves, you need to notify the plan so you can disenroll and find a new plan in your new area. Once you are a member of Fidelis Medicare Advantage/Dual Advantage, you have the right to appeal plan decisions about payment or services if you disagree. You will read the Evidence of Coverage document from Fidelis Medicare Advantage/Dual Advantage when you get it to know which rules you must follow in order to get coverage with this Medicare Advantage plan. You understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. Border.

You understand that beginning on the date Fidelis Medicare Advantage/Dual Advantage coverage begins, you must get all of your health care from Fidelis Medicare Advantage/Dual Advantage, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Fidelis Medicare Advantage and other services contained in your Fidelis Medicare Advantage/Dual Advantage Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR FIDELIS MEDICARE ADVANTAGE/DUAL ADVANTAGE WILL PAY FOR THE SERVICES.

You understand that if you are getting assistance from a sales agent, broker, or other individual employed by or contracted with Fidelis Medicare Advantage/Dual Advantage, he/she may be paid a commission by Fidelis Care for your enrollment in Fidelis Medicare Advantage/Dual Advantage.

Release of Information: By joining this Medicare health plan, you acknowledge that Fidelis Medicare Advantage/Dual Advantage will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that Fidelis Medicare Advantage/Dual Advantage will release your information, including your prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of your knowledge. You understand that if you intentionally provide false information on this form, you will be disenrolled from the plan.

You understand that your signature (or the signature of the person authorized to act on your behalf under the laws of the State where you live) on this application means that you have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by Fidelis Medicare Advantage/Dual Advantage or by Medicare.

Fidelis Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Fidelis Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Fidelis Care:

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

If you need these services, contact Fidelis Care Member Services Department at 1-800-247-1447 (TTY: 711).

If you believe that Fidelis Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Fidelis Care  
Member Services Department - Nondiscrimination  
95-25 Queens Boulevard  
Rego Park, NY 11374  
Phone: 1-800-247-1447 (TTY: 711)  
Fax: 1-315-849-3885  
Email: [nondiscrimination@fideliscare.org](mailto:nondiscrimination@fideliscare.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Fidelis Care Member Services at 1-800-247-1447 (TTY: 711) is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## LANGUAGE ASSISTANCE

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-247-1447 (TTY: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-247-1447 (TTY: 711).

**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 1-800-247-1447 (TTY: 711)。

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-247-1447 (телетайп: 711).

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-247-1447 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-247-1447 (TTY: 711)번으로 전화해 주십시오.

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-247-1447 (TTY: 711).

**Yiddish:** אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופ 1-800-247-1447 (TTY: 711)

**Bengali:** লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নীচেরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-247-1447 (TTY: 711)।

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-247-1447 (TTY: 711).

**Arabic:** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-247-1447 (رقم هاتف الصم والبكم): (TTY: 711).

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-247-1447 (ATS: 711).

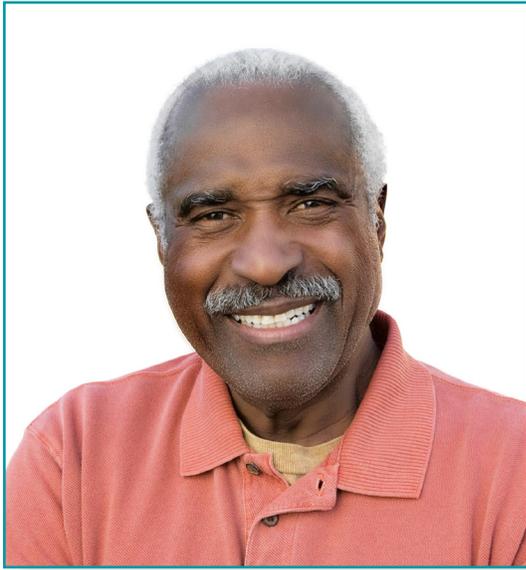
**Urdu:** 1-800-247-1447 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال کریں (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-247-1447 (TTY: 711).

**Greek:** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-247-1447 (TTY: 711).

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-247-1447 (TTY: 711).

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# Applicant Information

Keep this for your records

## Applicant Information:

Online Confirmation Number: \_\_\_\_\_

Plan Enrolled in: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_

## Agent Information

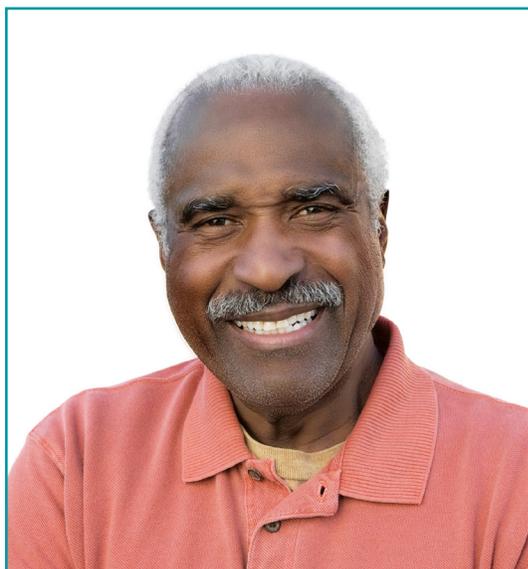
Agent Name: \_\_\_\_\_

Agent Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

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2020



**For Representative  
Use Only**



**FIDELIS**<sup>®</sup>  
LEGACY PLAN

**Enrollment Kit: Medicare Dual Advantage Plans**

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## Agreement for Medicare Product Discussion

Please print

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

### Medicare Advantage Plans (Part C)

**Medicare Health Maintenance Organization (HMO)** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Special Needs Plan (SNP)** — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

To foster my understanding of all of the Medicare Advantage products offered by Fidelis Legacy Plan and to obtain information about which plan is right for me, I, the undersigned, agree to have the Fidelis Care Licensed Sales Representative present the following products during our conversation:

- Fidelis Medicare Advantage without Prescription Drugs (HMO-POS)
- Fidelis Medicare Advantage Flex (HMO-POS)
- Fidelis Medicare \$0 Premium (HMO)
- Fidelis Dual Advantage (HMO-SNP)
- Fidelis Dual Advantage Flex (HMO-SNP)
- Fidelis Medicaid Advantage Plus (HMO-SNP)

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan. I also agree to have the Fidelis Legacy Plan Licensed Sales Representative initiate follow-up telephone calls as necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*If you are the authorized representative, please sign above and print below:*

Representative's Name: \_\_\_\_\_

Your Relationship to the Beneficiary: \_\_\_\_\_

**For Representative Use Only:**

Rep Name: \_\_\_\_\_ Rep Phone: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

Initial Method of Contact (indicate here if beneficiary was a walk-in): \_\_\_\_\_

Rep Signature: \_\_\_\_\_

Plan(s) represented during this meeting: \_\_\_\_\_

Date Appointment Completed: \_\_\_\_\_

Sale: \_\_\_\_\_ No Sale: \_\_\_\_\_ Pending: \_\_\_\_\_

**1-800-860-8707 TTY: 711**

**Monday-Sunday, 8:00 a.m.-8:00 p.m. from October 1-March 31**

**Monday-Friday, 8:00 a.m.-8:00 p.m. from April 1-September 30**

\*Scope of Appointment is subject to CMS record retention requirements\*

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting.

Fidelis Legacy Plan is an HMO plan with a Medicare contract. Enrollment in Fidelis Legacy Plan depends on contract renewal.

Fidelis Legacy Plan is a Coordinated Care plan with a Medicare contract and a contract with the New York State Department of Health Medicaid program. Enrollment in Fidelis Legacy Plan depends on contract renewal.



**Medicare Advantage Applicant Education Checklist & Comment Sheet**

Medicare Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Other Attendees: \_\_\_\_\_ Location: \_\_\_\_\_

Enrollee Initials

Premium Cost \_\_\_\_\_

Out of Network Benefits \_\_\_\_\_

Enrollment Periods (AEP, OEP, SEP) \_\_\_\_\_

Cost Sharing In and Out of Network \_\_\_\_\_

Providers - Participating/Non-Participating Physicians \_\_\_\_\_

Prescription Drug Formulary, Deductible & Copays \_\_\_\_\_

Flexible Reimbursement Account, if applicable \_\_\_\_\_

OTC Card, if applicable (Dual Advantage ONLY) \_\_\_\_\_

Nurse Care Manager Call (Dual Advantage ONLY) \_\_\_\_\_

Fidelis Legacy Plan is not Supplemental Coverage \_\_\_\_\_

Rx Extra Help/LIS & EPIC renewals are the Member's Responsibility \_\_\_\_\_

Additional Questions/Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**Online Enrollment Authorization Form**

You are about to fill out an online application for a Fidelis Legacy Plan Medicare Advantage Plan. By completing the online application and signing this authorization form, you will be sending an actual enrollment application to Fidelis Legacy Plan. You will be enrolled in your chosen Medicare Advantage Plan, if the enrollment is approved by the Centers for Medicare and Medicaid Services (CMS). Fidelis Legacy Plan will notify you via mail of your acceptance or denial following the submission of the enrollment to CMS.

By signing this Online Enrollment Authorization form, I am authorizing my agent to assist me in enrolling in the Fidelis Medicare Advantage Plan of my choice using the online enrollment system. My agent has advised me of, and I understand the benefits, cost sharing (i.e., copayments, coinsurance, deductibles) and monthly premium for the plan, if applicable. My agent has provided me with a completed copy of this signed Online Enrollment Authorization Form.

**All fields below are mandatory and must be completed by enrollee and agent.**

**Medicare Advantage Applicant Information**

**Plan Selection:**

Name of Medicare Advantage Plan Selected: \_\_\_\_\_

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

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact #: \_\_\_\_\_ Gender: Female or Male

Medicare Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Part A: \_\_\_\_\_ Part B: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Online Confirmation Number: \_\_\_\_\_

*Note: The Online Confirmation number is provided by the system after the online enrollment is completed.*

Applicant or Authorized Representative (please attach Power of Attorney)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Agent Information (To Be Completed By Agent Assisting With Online Enrollment):**

Agent Name: \_\_\_\_\_

Agent ID Number: \_\_\_\_\_ Agent Phone #: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

