



2019 Summary of Benefits

Plan 018 Advantage Value One NY - Dual

H2773_QHPNY1125_M

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

IMPORTANT INFORMATION

Proposed Effective Date _____

Your Primary Care Provider (PCP)

Name _____

Address _____

Phone Number _____

Important Numbers:

QHPNY Customer Services 1-877-233-7058

7 days a week, 8am–8pm **TTY/TDD 711** (for the hearing or speech impaired)

Pharmacy Department.....1-877-233-7058

24 hours a day, 7 days a week **TTY/TDD 711** (for the hearing or speech impaired)

Prospective Members.....1-877-233-7058

7 days a week, 8am–8pm **TTY/TDD 711** (for the hearing or speech impaired)

For any questions on our Medicare advantage drug benefits.

HealthPlex (Dental).....1- 888-468-2185

Hearing Services (HearUSA)1-800-528-3277

Chiropractic Services(Palladian)1-877-785-0520

Outpatient Rehabilitation Services (Palladian)1-877-785-0520

Medicare.....1-800-633-4227

24 hours a day, 7 days a week **TTY/TDD 1-877-486-2048** (for the hearing or speech impaired)

New York State SHIP:

Health Insurance Information Counseling and

Assistance Program (HIICAP)1-800-701-0501

Social Security Office..... 1-800-772-1213

TTY: 1-800-325-0778

Elderly Pharmaceutical Insurance

Coverage Program (EPIC) 1-800-332-3742

Monday–Friday, 8:30am–5pm **TTY/TDD 1-800-290-9138** (for the hearing or speech impaired)

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Summary of Benefits

Nassau, Queens, Richmond and Suffolk Counties

January 1, 2019 - December 31, 2019

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. This information is not a complete description of benefits. Call 1-877-233-7058, TTY:711 for more information. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare).
- Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Advantage Value One NY – Dual (HMO SNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Advantage Value One NY – Dual (HMO SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.

Sections in this booklet

- **Things to Know About**
- **Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services**
- **Prescription Drug Benefits**
- **Covered Medical and Hospital Benefits**

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

- **Comprehensive Statement of Medicare/Medicaid Benefits**

Things to Know About Advantage Value One NY – Dual (HMO SNP)

Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern Standard Time.
- From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern Standard Time.
-

Advantage Value One NY – Dual (HMO SNP) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-877-233-7058**.
- If you are not a member of this plan, call toll-free **1-877-233-7058**.
- Our website: <http://www.qhpny.com>

Who can join?

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

Which doctors, hospitals, and pharmacies can I use?

Advantage Value One NY – Dual (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (http://qhpny.com/pharmacy_directory-next19/.)

Or, call us at 1-877-233-7058 and we will send you a copy of the provider and pharmacy directories.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.qhpny.com>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Summary of Benefits for Contract H2773, Plan 018

Advantage Value One NY – Dual (HMO SNP)

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

Benefits	Advantage Value One NY – Dual (HMO SNP)
How much is the monthly premium?	\$24.80 per month (Part D Premium). In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>Is there any limit on how much I will pay for my covered services?</p> <p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none">• \$6,590 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> <p>Is there a limit on how much the plan will pay?</p> <p>Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.</p>

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section I, Outpatient Prescription Drugs Benefits

For more information on the additional cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

Deductible

This plan has a \$415 deductible for Part D drugs
After you pay the deductible, you pay the following until your total yearly drug costs reach \$5,100. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Initial Coverage

You may get your drugs at network retail pharmacies and mail order pharmacies, but may more than you pay at an in-network pharmacy.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

Standard Drug Cost Sharing

Drug Tier	Retail 31-day	Retail 90-day	Long Term Care 31-day	Mail Order 31-day	Mail Order 90-day	Out of Network 31-day
Tier 1 Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 Generic	<p>In Network Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either: A \$0 copay,</p>	<p>In Network Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either: A \$0 copay,</p>	<p>In Network Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either: A \$0 copay,</p>	<p>In Network Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either: A \$0 copay,</p>	<p>In Network Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either: A \$0 copay,</p>	<p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either: A \$0 copay, \$1.25 copay,</p>

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

	\$1.25 copay, or \$3.40 copay	\$1.25 copay, or \$3.40 copay	\$1.25 copay, or \$3.40 copay	\$1.25 copay, or \$3.40 copay	\$1.25 copay, or \$3.40 copay	or \$3.40 copay
	For all other drugs, either:	For all other drugs, either:	For all other drugs, either:	For all other drugs, either:	For all other drugs, either:	For all other drugs, either:
	A \$0 copay, or \$3.80 copay, or \$8.50 copay	A \$0 copay, or \$3.80 copay, or \$8.50 copay	A \$0 copay, or \$3.80 copay, or \$8.50 copay	A \$0 copay, or \$3.80 copay, or \$8.50 copay	A \$0 copay, or \$3.80 copay, or \$8.50 copay	A \$0 copay, or \$3.80 copay, or \$8.50 copay
Tier 3 Preferred Brand	In Network Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, \$1.25 copay, or \$3.40 copay For all other drugs, either: A \$0 copay, or \$3.80 copay, or \$8.50 copay	In Network Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, \$1.25 copay, or \$3.40 copay For all other drugs, either: A \$0 copay, or \$3.80 copay, or \$8.50 copay	In Network Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, \$1.25 copay, or \$3.40 copay For all other drugs, either: A \$0 copay, or \$3.80 copay, or \$8.50 copay	In Network Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, \$1.25 copay, or \$3.40 copay For all other drugs, either: A \$0 copay, or \$3.80 copay, or \$8.50 copay	In Network Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, \$1.25 copay, or \$3.40 copay For all other drugs, either: A \$0 copay, or \$3.80 copay, or \$8.50 copay	Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: A \$0 copay, \$1.25 copay, or \$3.40 copay For all other drugs, either: A \$0 copay, or \$3.80 copay, or \$8.50 copay
Tier 4 Non-Preferred Drug	In Network Depending on your income and institutional status, you	In Network Depending on your income and institutional status, you	In Network Depending on your income and institutional status, you	In Network Depending on your income and institutional status, you	In Network Depending on your income and institutional status, you	Depending on your income and institutional status, you pay the

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

	pay the following:	pay the following:	pay the following:	pay the following:	pay the following:	following:
	For generic drugs (including brand drugs treated as generic), either:	For generic drugs (including brand drugs treated as generic), either:	For generic drugs (including brand drugs treated as generic), either:	For generic drugs (including brand drugs treated as generic), either:	For generic drugs (including brand drugs treated as generic), either:	For generic drugs (including brand drugs treated as generic), either:
	A \$0 copay, \$1.25 copay, or \$3.40 copay	A \$0 copay, \$1.25 copay, or \$3.40 copay	A \$0 copay, \$1.25 copay, or \$3.40 copay	A \$0 copay, \$1.25 copay, or \$3.40 copay	A \$0 copay, \$1.25 copay, or \$3.40 copay	A \$0 copay, \$1.25 copay, or \$3.40 copay
	For all other drugs, either:	For all other drugs, either:	For all other drugs, either:	For all other drugs, either:	For all other drugs, either:	For all other drugs, either:
	A \$0 copay, or \$3.80 copay, or \$8.50 copay	A \$0 copay, or \$3.80 copay, or \$8.50 copay	A \$0 copay, or \$3.80 copay, or \$8.50 copay	A \$0 copay, or \$3.80 copay, or \$8.50 copay	A \$0 copay, or \$3.80 copay, or \$8.50 copay	A \$0 copay, or \$3.80 copay, or \$8.50 copay
Tier 5 Specialty Tier	In Network Depending on your income and institutional status, you pay the following:	Not Available	In Network Depending on your income and institutional status, you pay the following:	In Network Depending on your income and institutional status, you pay the following:	Not Available	In Network Depending on your income and institutional status, you pay the following:
	Either: A \$0 copay, or A \$3.80 copay, or A \$8.50 copay		Either: A \$0 copay, or A \$3.80 copay, or A \$8.50 copay	Either: A \$0 copay, or A \$3.80 copay, or A \$8.50 copay		Either: A \$0 copay, or A \$3.80 copay, or A \$8.50 copay
Coverage Gap	This plan does not have a coverage gap					
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay nothing.					

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section II, Covered Medical and Hospital Benefits

Benefits	Advantage Value One NY – Dual (HMO SNP)
Inpatient Hospital Care	<p>Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In 2018 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none">• \$1,340 deductible per benefit period• \$0 for the first 60 days of each benefit period• \$335 per day for days 61–90 of each benefit period• \$670 per "lifetime reserve day" after day 90 of each benefit period• (up to a maximum of 60 days over your lifetime) <p>These amounts may change for 2019.</p> <p>May require prior authorization. May require a referral from your doctor</p>
Outpatient Hospital	0% or 20% of the cost for each facility visit
Doctor's Visits	<p>Primary care physician visit: 0% or 20% of the cost Specialist visit: 0% or 20% of the cost</p> <p>May require prior authorization. May require a referral from your doctor</p>
Preventive Care	<p>You pay nothing.</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none">• Abdominal aortic aneurysm screening• Alcohol misuse counseling• Bone mass measurement• Breast cancer screening (mammogram)• Cardiovascular disease (behavioral therapy)

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Benefits	Advantage Value One NY – Dual (HMO SNP)
	<ul style="list-style-type: none"> • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, • Pneumococcal shots • "Welcome to Medicare" preventive visit (onetime) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>May require prior authorization. May require a referral from your doctor</p>
Emergency Care	<p style="text-align: center;">0% or 20% of the cost (up to \$90)</p> <p>If you are admitted to the hospital within 23 hours, you do not have to pay your share of the cost for emergency care.</p>
Urgently Needed Services	<p>0% or 20% of the cost for Medicare-covered visits (Up to \$65)</p>
Diagnostic Services/Labs/Imaging (Cost for these services may vary based on place service)	<p>Outpatient X-Rays: 0% or 20% of the cost</p> <p>Diagnostic tests and procedures: 0% or 20% of the cost, depending on the service. (Echo Doppler studies, Sonograms, and Ultrasounds)</p> <p>Diagnostic radiology services: 0% or 20% of the cost, depending on the service. (CAT Scans, MRI and Nuclear Medicine.)</p> <p>Certain Pulmonary and Medical Nutritional Diagnostic testing:</p>

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Benefits	Advantage Value One NY – Dual (HMO SNP)
	<p>0% or 20% of the cost</p> <p>May require prior authorization. May require a referral from your doctor</p> <p>Lab services: 0% or 20% of the cost</p> <p>If a diagnostic service is performed at a physician’s office, then there may be an additional charge for the office visit.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost</p> <p>Renal Dialysis service: 20% of the cost for renal dialysis</p>
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost</p> <p>Routine hearing exam (for up to 1 every year): 20% of the cost</p> <p>Hearing aid fitting/evaluation (for up to 1 every two years): 20% of the cost</p> <p>If exam, fitting or evaluations are in combination with a physician’s office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply.</p> <p>Hearing aid: \$0 Copay</p> <p>Our plan pays up to \$1,000 every two years for hearing aids both ear combined.</p> <p>May require prior authorization. May require a referral from your doctor</p>
Dental Services	<p>\$0 copay for Medicare-covered Dental Benefits.</p> <p>(Limited dental services, this does not include services in connection with care, treatment, filling, removal, or replacement of teeth.)</p>

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Benefits	Advantage Value One NY – Dual (HMO SNP)
	<p>\$0 copay for preventive dental benefits:</p> <ul style="list-style-type: none">-1 oral exam every year-1 cleaning every 6 months- dental x-rays <p>May require prior authorization. May require a referral from your doctor</p>
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% - 20% of the cost Routine eye exam (for up to 1 every year): 20% of the cost</p> <p>If in combination with a physician’s office visit, the office visit copay will apply. If other services are rendered then the copay for that service will apply</p> <p>Contact lenses (for up to 1 every year): \$0 Eyeglasses (frames and lenses) (for up to 1 every year): \$0 Eyeglasses or contact lenses after cataract surgery: \$0 Our plan pays up to \$75 every year for contact lenses and eyeglasses (frames and lenses).</p> <p>May require prior authorization. May require a referral from your doctor</p>
Mental Health Services	<p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Benefits	Advantage Value One NY – Dual (HMO SNP)
	<p>In 2018 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> \$1,340 deductible per benefit period \$0 for the first 60 days of each benefit period \$335 per day for days 61–90 of each benefit period \$670 per “lifetime reserve day” after day 90 of each benefit period <p>(up to a maximum of 60 days over your lifetime) These amounts may change for 2019.</p> <p>Outpatient Care: 0% or 20% of the cost Medicare covered Outpatient Coverage includes:</p> <ul style="list-style-type: none"> - Individual therapy sessions <p>May require prior authorization. May require a referral from your doctor</p>
Skilled Nursing Facilities	<p>Our plan covers up to 100 days in a SNF. You pay \$0 per stay</p> <p>May require prior authorization. May require a referral from your doctor</p>
Rehabilitation Services	<p>Occupational therapy visit: 20% of the cost Physical therapy / speech / language therapy visit: 20% of the cost Cardiac and Pulmonary Rehabilitation Services, 20% of the cost</p> <p>May require prior authorization. May require a referral from your doctor</p>
Ambulance Services	<p>20% of the cost for Medicare-covered benefits.</p>
Transportation	<p>There is a limit to how much our plan will pay. You pay nothing for up to 16 one-way trips to a plan approved</p>

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Benefits	Advantage Value One NY – Dual (HMO SNP)
	<p>locations every year.</p> <p>The plan will reimburse a member up to \$10 per one-way trip for a maximum of 16 trips and \$160 a coverage year. Must use plan approved providers such as Taxi, Van, bus, subway, Uber, Lyft or other community transportation services for health-related purposes. Please contact plan for reimbursement form and reimbursement details</p> <p>May require prior authorization. May require a referral from your doctor</p>
Medicare Part B Drugs	<p>20% of the cost for chemotherapy drugs</p> <p>20% of the cost for other Part B drugs</p>
Foot Care (Podiatry)	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 20% of the cost for Medicare-covered benefits.</p> <p>May require prior authorization. May require a referral from your doctor</p>
Medical Equipment and Supplies	<p>Diabetes Supplies and Services: Diabetes monitoring supplies: 20% of the cost.</p> <p>Diabetes self-management training: 0-20% of the cost depending on the service</p> <p>Therapeutic shoes or inserts: 20% of the cost.</p> <p>Basic Durable Medical Equipment (DME) items (ie. walkers and other low cost DME) and High cost DME items are covered at 20% cost sharing</p> <p>Prosthetics (e.g., braces, artificial limbs etc): 0-20% of the cost Basic and low cost Medical supplies are covered at 0% cost sharing. High cost Medical supplies are covered at 20% cost sharing. Prosthetics items are covered at 20% cost sharing</p>

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Benefits	Advantage Value One NY – Dual (HMO SNP)
	May require prior authorization. May require a referral from your doctor
Wellness/Fitness (Gym Membership)	Up to \$50 per month reimbursement for Gym Membership / Fitness Allowance. Gym and fitness membership comprises of access to any local neighborhood gym facilities. At certain facilities members may receive an orientation to the facility/equipment. Member must show proof of payment/receipt. Completion of Health Risk Assessment signed off by a provider is encouraged preferably prior to attendance
Chiropractic	20% of the cost for each Medicare-covered visit May require prior authorization. May require a referral from your doctor
Acupuncture	Up to 4 visits every year. You pay nothing May require prior authorization. May require a referral from your doctor
Outpatient Surgery	Ambulatory surgical center: 0% or 20% of the cost per visit Outpatient hospital: 20% of the cost per visit for Medicare Covered Outpatient Hospital Services for non-free-standing surgery centers affiliated with Hospital. May require prior authorization.
Home Health Care	\$0 copay for Medicare-covered home health visits
Hospice	You must get care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.
Over-the-Counter Medications and Supplies	\$75 Every Three Months (OTC Order form lists covered OTC items and price)

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Summary of Benefits for Contract H2773, Plan 018

ADVANTAGE VALUE ONE NY - DUAL (HMO SNP)

Section III

As a member of Advantage Value One NY- Dual (HMO SNP) you will receive all of your Medicare and most of your Medicaid benefits through Advantage Value One NY- Dual (HMO SNP). Members may use their New York State Medicaid Benefits ID card to access the following services which are not covered by QHPNY

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

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

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

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

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

- You can call us at 1-877-233-7058 (TTY/TDD 711), Sunday through Saturday, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from October 1 to March 31, and Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from April 1 to September 30.
- Visit our website, www.qhpny.com. The following information and tools are on our website:
 - Benefits available through the Advantage Value One NY- Dual (HMO SNP), and other plans offered by Quality Health Plans of New York
 - The most up-to-date listings of participating physicians and pharmacies
 - Prescription drug coverage and forms

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Summary of Benefits for Contract H2773, Plan 018

ADVANTAGE VALUE ONE NY - DUAL (HMO SNP)

Section IV Medicaid Summary of Benefits

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

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

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

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

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

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

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

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

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

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

Part D Drug Coverage

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 and certain medications included in the Part D benefit when the enrollee is unable to receive them from his/her Medicare Advantage Plan), also certain Medical Supplies and Enteral Formula when not covered by Medicare.

For Part B drugs such as chemotherapy drugs¹: 20% of the cost

Other Part B drugs¹: 20% of the cost

Our plan does not have a deductible for Part D prescription drugs.

You may get your drugs at network retail pharmacies and mail order pharmacies.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Catastrophic Coverage:
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay nothing for all drugs.

For more information on cost sharing for Part D drugs, please see the Prescription Drug Benefits in Section I of this document.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

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

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	Covers Medicare deductibles, copays and coinsurances up to 365 days per year (366 days for leap year)	<p>Up to 365 days per year (366 days for leap year)</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In 2018 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none">• \$ \$1,340 deductible per benefit period• \$0 for the first 60 days of each benefit period• \$335 per day for days 61–90 of each benefit period

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

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

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
Doctors Office Visits	Covers Medicare deductibles, copays and coinsurances	<ul style="list-style-type: none"> • \$670 per “lifetime reserve day” after day 90 of each benefit period • (up to a maximum of 60 days over your lifetime) <p>These amounts may change for 2019.</p> <p>May require prior authorization. May require a referral from your doctor</p> <p>Primary care physician visit: 20% of the cost</p> <p>Specialist visit: 20% of the cost</p>
Preventive Care	Covers Medicare deductibles, copays and coinsurances	<p>May require a referral from your doctor</p> <p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

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

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
		<ul style="list-style-type: none"> • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered. Annual physical exam: You pay nothing</p> <p>May require prior authorization. May require a referral from your doctor</p>
Emergency Care	Covers Medicare deductibles, copays and coinsurances	<p>20% of the cost (up to \$90)</p> <p>If you are admitted to the hospital within 23 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p>
Urgently Needed Services	Covers Medicare deductibles, copays and coinsurances	<p>20% of the cost for Medicare-covered visits (Up to \$65)</p>

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

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

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
<p>Diagnostic Tests, Lab and Radiology Services, and X-Rays</p>	<p>Covers Medicare deductibles, copays and coinsurances</p>	<p>Diagnostic radiology services (such as MRIs, CT scans): 0 to 20% of the cost, depending on the service</p> <p>Diagnostic tests and procedures (such as Echo Doppler studies): \$0% or 20% of the cost, depending on the service</p> <p>Lab services: 0% or 20% of the cost</p> <ul style="list-style-type: none"> • You pay nothing, for In-network Labs. • 0% or 20% of the cost for labs performed at outpatient hospital Lab or outpatient Ambulatory surgery center. <p>Outpatient X-Rays: 0 to 20% of the cost</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost</p> <p>Renal Dialysis: 20% of the cost</p>
<p>Hearing Services</p>	<p>Covers Medicare deductibles, copays and coinsurances. Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing and selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including</p>	<p>Exam to diagnose and treat hearing and balance issues: 0 to 20% of the cost</p> <p>Routine hearing exam (for up to 1 every year): 20% of the cost</p> <p>Hearing aid fitting/evaluation (for up to 1 every two years): 20% of the cost</p> <p>If exam, fitting or evaluations are in combination with a physician’s office visit, the office visit copay will apply. If other services are rendered then the copay for that</p>

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

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

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
	<p>examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings and replacement parts.</p>	<p>service will apply</p> <p>Hearing aid: \$0 Copay Our plan pays up to \$1,000 every two years for hearing aids, both ear combined.</p> <p>May require prior authorization. May require a referral from your doctor</p>
Dental Services	<p>Covers Medicare deductibles, copays and coinsurances.</p> <p>Medicaid covered dental services including necessary preventive, prophylactic and other routine dental care, services and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.</p>	<p>\$0 copay for Medicare-covered Dental Benefits.</p> <p>(Limited dental services, this does not include services in connection with care, treatment, filling, removal, or replacement of teeth.)</p> <p>\$0 copay for preventive dental benefits:</p> <ul style="list-style-type: none"> -1 oral exam every year -1 cleaning every 6 months - dental x-rays <p>May require prior authorization. May require a referral from your doctor</p>
Vision Services	<p>Covers Medicare deductibles, copays and coinsurances. Services of Optometrists, Ophthalmologists and Ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% - 20% of the cost</p> <p>Routine eye exam (for up to 1 every year): 20% of the cost</p> <p>If in combination with a physician’s office visit, the office visit copay will</p>

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

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

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
	<p>custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p>	<p>apply. If other services are rendered then the copay for that service will apply</p> <p>Contact lenses (for up to 1 every year): \$0</p> <p>Eyeglasses (frames and lenses) (for up to 1 every year): \$0</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0</p> <p>Our plan pays up to \$75 every year for contact lenses and eyeglasses (frames and lenses).</p> <p>May require prior authorization. May require a referral from your doctor</p>
<p>Inpatient Mental Health Care</p>	<p>Covers days in excess of the Medicare 190-day lifetime maximum. Covers Medicare deductibles, copays and coinsurances</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 does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient</p>

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

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

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
		<p>hospital coverage will be limited to 90 days.</p> <p>In 2018 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,340 deductible per benefit period • \$0 for the first 60 days of each benefit period • \$335 per day for days 61–90 of each benefit period • \$670 per “lifetime reserve day” after day 90 of each benefit period • (up to a maximum of 60 days over your lifetime) <p>These amounts may change for 2019.</p> <p>Outpatient Care: 0% or 20% of the cost</p> <p>Medicare covered Outpatient Coverage includes:</p> <ul style="list-style-type: none"> - Individual therapy sessions <p>May require prior authorization. May require a referral from your doctor</p>
<p>Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>Covers additional days beyond Medicare 100-day limit. Covers Medicare deductibles, copays and coinsurances</p>	<p>Our plan covers up to 100 days in a SNF. You pay: \$0 May require prior authorization. May require a referral from your doctor</p>
<p>Rehabilitation Services</p>	<p>Covers Medicare deductibles, copays and coinsurances</p>	<p>Occupational therapy visit: 20% of the cost Physical therapy / speech / language</p>

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

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

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
		therapy visit: 20% of the cost Cardiac and Pulmonary Rehabilitation Services, 20% of the cost May require prior authorization. May require a referral from your doctor
Ambulance Services	Covers Medicare deductibles, copays and coinsurances	20% of the cost
Transportation	Transportation essential for an enrollee to obtain necessary medical care and services. Includes ambulette, invalid coach, taxicab, livery, public transportation or other means appropriate to the enrollee's medical condition and a transportation attendant to accompany the enrollee, if necessary.	There is a limit to how much our plan will pay. You pay nothing for up to 16 one-way trips to a plan approved locations every year. The plan will reimburse a member up to \$10 per one-way trip for a maximum of 16 trips and \$160 a coverage year. Must use plan approved providers such as Taxi, Van, bus, subway, Uber, Lyft or other community transportation services for health-related purposes. Please contact plan for reimbursement form and reimbursement details May require prior authorization. May require a referral from your doctor
Foot Care (<i>Podiatry Services</i>)	Covers Medicare deductibles, copays and coinsurances for QMB and QMB Plus Only	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 20% of the cost for Medicare-covered benefits. May require prior authorization. May require a referral from your doctor
Medical Equipment and Supplies (<i>wheelchairs, oxygen, etc.</i>)	Covers Medicare deductibles, copays and coinsurances. Medicaid covered durable medical equipment, including	Diabetes Supplies and Services: Diabetes monitoring supplies: 0-20% of the cost, depending on the supply. <ul style="list-style-type: none"> Plan Preferred diabetic

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

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

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
Wellness/Fitness (Gym Membership)	<p>devices and equipment other than medical/surgical supplies, Enteral formula and prosthetic or orthotic appliances having the following characteristics:</p> <ul style="list-style-type: none"> • Can withstand repeated use for a protracted period time; • Are primarily and customarily used for medical purposes; • Are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. <p>Must be ordered by a practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bars).</p>	<p>supplies are at \$0 cost sharing.</p> <ul style="list-style-type: none"> • Plan Non-Preferred diabetic supplies are at 0% or 20% of the cost. <p>Diabetes self-management training: 0-20% of the cost depending on the service</p> <p>Therapeutic shoes or inserts: 20% of the cost.</p> <p>Basic Durable Medical Equipment (DME) items (ie. walkers and other low cost DME) and High cost DME items are covered at 20% cost sharing</p> <p>Prosthetics (e.g., braces, artificial limbs etc): 0-20% of the cost</p> <p>Basic and low cost Medical supplies are covered at 0% cost sharing. High cost Medical supplies are covered at 20% cost sharing. Prosthetics items are covered at 20% cost sharing</p> <p>May require prior authorization. May require a referral from your doctor</p> <p>Up to \$50 per month reimbursement for Gym Membership / Fitness Allowance. Gym and fitness membership comprises of access to any local neighborhood gym facilities. At certain facilities members may receive an orientation to the facility/equipment. Member must show proof of payment/receipt. Competition of Health Risk Assessment signed off by a provider is</p>

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

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

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
		<p>encouraged preferably prior to attendance</p> <p>Completion of Health Risk Assessment signed off by a provider is encouraged preferably prior to attendance.</p>
Chiropractic Services	Covers Medicare deductibles, copays and coinsurances for QMB and QMB Plus Only	<p>20% of the cost for each Medicare-covered visit</p> <p>May require prior authorization. May require a referral from your doctor</p>
Acupuncture	No Coverage	<p>\$0 copay for up to 4 visit(s) for acupuncture every year</p> <p>May require prior authorization. May require a referral from your doctor</p>
Outpatient Surgery	Covers Medicare deductibles, copays and coinsurances	<p>Ambulatory surgical center: 0% or 20% of the cost per visit</p> <p>Outpatient hospital: 20% of the cost per visit for Medicare Covered Outpatient Hospital Services for non-free-standing surgery centers affiliated with Hospital.</p> <p>May require prior authorization.</p>
Home Health Care	<p>Non-Medicare covered home health services (e.g. home health aide services with nursing supervision to medically unstable individuals)</p> <p>Covers Medicare deductibles, copays and coinsurances</p>	<p>You pay nothing</p> <p>May require prior authorization. May require a referral from your doctor</p>
Hospice	Covers Medicare deductibles, copays and coinsurances	You pay nothing for hospice care from a Medicare-certified Hospice.

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

Section IV Medicaid Summary of Benefits

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

Benefit Category	Medicaid	Advantage Value One NY – Dual (HMO SNP)
Over-the-Counter Medications and Supplies	No Coverage	<p>You may have to pay part of the cost for drugs and respite care.</p> <p>\$75 Every Three Months (OTC Order form lists covered OTC items and price)</p>

Additional Medical Benefits:

Members may use their New York State Medicaid Benefits ID card to access the following benefits not covered by QHPNY:

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

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)

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NOTES

Summary of Benefits

Advantage Value One NY – Dual (HMO SNP)
