



# 2019 Summary of Benefits Plan 019 Advantage Silver NY

H2773\_OHPNY1126\_M

Summary of Benefits  
Advantage Silver NY (HMO)

**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

## Nassau and Suffolk

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. 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

This Summary of Benefits booklet gives you a summary of what **Advantage Silver NY (HMO)** 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.



### Things to Know About Advantage Silver NY (HMO)

#### 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.



# Summary of Benefits

## Advantage Silver NY (HMO)

### Advantage Silver NY (HMO) 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.qhpony.com>



### Who can join?

- **You must be entitled to Medicare Part A, be enrolled in Medicare Part B,**
- **You must live in our service area.**
- **Our service area includes the following counties in New York: Nassau, Suffolk.**



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

**Advantage Silver NY (HMO)** 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://qhpony.com/pharmacy\\_directory-next19/](http://qhpony.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.



### 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 for Contract H2773, Plan 019**  
**Advantage Silver NY (HMO)**

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

Benefits	Advantage Silver NY
<b>How much is the monthly premium?</b>	\$0 per month. In addition, you must keep paying your Medicare Part B premium.  <i>With this plan, however, you are reimbursed \$10 per month for a total of \$120 annually that goes toward your Medicare Part B Premium</i>
<b>How much is the deductible?</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</b>	<b>Is there any limit on how much I will pay for my covered services?</b> Yes. Your yearly limit(s) in this plan: <ul style="list-style-type: none"><li>• \$6,590 for services you receive from in-network providers.</li></ul>

Summary of Benefits  
 Advantage Silver NY (HMO)

## 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.

### Initial Coverage

You pay the following until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

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	\$15	\$45	\$15	\$15	\$30	\$15
Tier 3 Preferred Brand	\$35	\$105	\$35	\$35	\$105	\$35
Tier 4 Non-Preferred Drug	25%	25%	25%	25%	25%	25%
Tier 5 Specialty Tier	33%	Not Available	33%	33%	Not Available	33%

### Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,820.

# Summary of Benefits

## Advantage Silver NY (HMO)

### **This plan provides some GAP coverage: Additional Gap Coverage**

#### Retail Gap Coverage

**Tier 1 Preferred Generic:** Retail 31 days: \$4  
Retail 90 days: \$12

#### Preferred Mail Order Pharmacy Discount

**Tier 1 Preferred Generic:** Mail Order 31 days: \$4  
Mail Order 90 days: \$8

#### Out of Network 31-day and Long Term Care 31-days

**Tier 1 Preferred Generic:** OON & LTC 31-days: \$4

Otherwise, after you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 37% of the plan's cost for covered generic drugs until your costs total \$5,100, which is the end of the coverage gap. Not everyone will enter the coverage gap.

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:

### **Catastrophic Coverage**

- 5% of the cost, or
- \$3.40 copay for generic (including brand drugs treated as generic)
- and a \$8.50 copayment for all other drugs.

## Covered Medical and Hospital Benefits

Benefits	Advantage Silver NY
<b>Inpatient Hospital Care</b> <sup>1, 2</sup>	You pay: <ul style="list-style-type: none"> <li>• \$265 copay per day for days 1 through 6</li> <li>• You pay nothing per day for days 7 through 90</li> </ul>
<b>Outpatient Hospital</b>	You pay: \$210 copay  \$210 copayment amount per visit for Medicare Covered Outpatient Hospital Services for non-free standing surgery centers affiliated with Hospital or surgery centers located at or in a Hospital.
<b>Doctor's Visits</b> <sup>1, 2</sup>	Primary Care Physician visit: \$0 copay Specialist visit: \$20 copay
<b>Preventive Care</b> <sup>1, 2</sup>	\$0 copay: <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> </ul> </div>

**Notes:**

- Services with a<sup>1</sup> may require prior authorization.
- Services with a<sup>2</sup> may require a referral from your doctor.



# Summary of Benefits

## Advantage Silver NY (HMO)

Benefits	Advantage Silver NY
	<ul style="list-style-type: none"> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots,</li> <li>• Pneumococcal shots</li> <li>• "Welcome to Medicare" preventive visit (onetime)</li> <li>• Yearly "Wellness" visit</li> </ul> <p>Other preventative services are available. There are some covered services that have a cost.</p>
<b>Emergency Care</b>	You pay: \$90 copay
<b>Urgently Needed Services</b>	\$20 copay
<p><b>Diagnostic Services/Labs/Imaging</b> 1, 2</p> <p>(Cost for these services may vary based on place service)</p>	<p>Outpatient X-Rays: \$5 copay</p> <p>Diagnostic tests and procedures: \$0-50 copay, depending on the service. (Echo Doppler studies, Sonograms, and Ultrasounds \$50 copay)</p> <p>Diagnostic radiology services: \$50-\$250 copay, depending on the service. (CAT Scans have \$100 copay, MRI and Nuclear Medicine have \$250 copay.)</p> <p>Certain Pulmonary and Medical Nutritional Diagnostic testing have \$0 Copay</p> <p>Lab services:</p> <ul style="list-style-type: none"> <li>• \$0 copay for in network freestanding outpatient Lab.</li> <li>• \$100 copay for lab performed at outpatient hospital lab or outpatient ambulatory surgery center.</li> </ul> <p>If a diagnostic service is performed at a physician's office, then there may be an additional charge for the office visit.</p>

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# Summary of Benefits

## Advantage Silver NY (HMO)

Benefits	Advantage Silver NY
	<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>
<b>Hearing Services</b> <sup>1, 2</sup>	<p>Exam to diagnose and treat hearing and balance issues (Medicare Covered Exam): \$15 copay</p> <p>Routine hearing exam (for up to 1 every year): \$0 copay</p> <p>Hearing aid fitting/evaluation (for up to 1 every two years): \$15 copay</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 \$500 every two years for hearing aids, both ears combined.</p>
<b>Dental Services</b> <sup>1, 2</sup>	<p>\$0 copay for Medicare-covered Dental Benefits. (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"> <li>-1 oral exam every year</li> <li>-1 cleaning every 6 months</li> <li>- dental x-rays</li> </ul> <p>If dental visits/services 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>

### Notes:

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# Summary of Benefits

## Advantage Silver NY (HMO)

Benefits	Advantage Silver NY
<b>Vision Services</b> <sup>1, 2</sup>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay</p> <p>Routine eye exam (for up to 1 every year): \$0 copay</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 copay</p> <p>Eyeglasses (frames and lenses) (for up to 1 every year): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 copay</p> <p>Our plan pays up to \$200 every year for contact lenses and eyeglasses (frames and lenses).</p>
<b>Mental Health Services</b> <sup>1, 2</sup>	<p><b>Inpatient visit:</b> You pay:</p> <ul style="list-style-type: none"> <li>• \$265 copay per day for days 1 through 6</li> <li>• \$0 copay per day for days 7 through 90</li> </ul> <p><b>Outpatient Care, Mental Health Services:</b> \$40 copay for Medicare-covered Individual and Group Sessions.</p>
<b>Skilled Nursing Facilities</b> <sup>1, 2</sup>	<p>Days 1-20: \$0/copay per day Days 21-100: \$160/copay per day Our Plan covers up to 100 days in SNF.</p>
<b>Rehabilitation Services</b>	<p>Occupational therapy visit: \$30 copay Physical therapy / speech / language therapy visit: \$50 copay Cardiac Rehabilitation Services, \$30 copay Pulmonary Rehabilitation Services, \$30 copay</p>

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# Summary of Benefits

## Advantage Silver NY (HMO)

Benefits	Advantage Silver NY
<b>Ambulance Services</b>	\$210 copay
<b>Transportation</b> <sup>1, 2</sup>	<p>\$0 copay for up to 17 one-way trips to a plan approved location each year</p> <p>Plan will reimburse up to \$10 for each one-way trip for maximum of 17 one way locations every year up to \$170 per coverage year. Must use plan approved provider such as taxi, van, bus, subway, Uber, Lyft, or other community transportation services. Please contact plan for reimbursement form and reimbursement details</p>
<b>Medicare Part B Drugs</b>	<p>20% of the cost for chemotherapy drugs</p> <p>20% of the cost for other Part B drugs</p>
<b>Foot Care (Podiatry)</b> <sup>1, 2</sup>	You pay: \$15 copay
<b>Medical Equipment and Supplies</b> <sup>1, 2</sup>	<p><b>Diabetes Supplies and Services:</b> Diabetes monitoring supplies: 0-20% of the cost, depending on the supply.</p> <ul style="list-style-type: none"> <li>• Plan Preferred diabetic supplies are at \$0 cost sharing.</li> <li>• Plan Non-Preferred diabetic supplies are at 20% cost sharing.</li> </ul> <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><b>Durable Medical Equipment (e.g., wheelchairs, oxygen) :</b></p> <ul style="list-style-type: none"> <li>• Medicare covered Basic DME items (ie. walkers and other low cost DME) and Medicare covered High cost DME items are covered at 20% cost sharing.</li> </ul>

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# Summary of Benefits

## Advantage Silver NY (HMO)

Benefits	Advantage Silver NY
	<p><b>Prosthetics</b> (e.g., braces, artificial limbs etc): 20% of the cost (Medicare Covered)</p> <p>Related Medicare covered medical supplies: 20% of the cost, depending on the supply</p>
<p><b>Wellness/Fitness (Gym Membership)</b></p>	<p><b>Up to \$50 per month</b> 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.</p>
<p><b>Chiropractic</b> <sup>1, 2</sup></p>	<p>\$20 copay for each Medicare-covered visit</p>
<p><b>Acupuncture</b> <sup>1, 2</sup></p>	<p>\$0 copay, up to 4 visits every year.</p>
<p><b>Outpatient Surgery</b> <sup>1, 2</sup></p>	<p>Ambulatory surgical center: \$135 copay</p> <p>Outpatient hospital: \$210 copay amount per visit for Medicare Covered Outpatient Hospital Services for non-free standing surgery centers affiliated with Hospital or surgery centers located at or in a Hospital.</p>
<p><b>Home Health Care</b></p>	<p>\$0 copay for Medicare-covered home health visits</p>
<p><b>Hospice</b></p>	<p>You must get care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>
<p><b>Over-the-Counter Medications and Supplies</b></p>	<p>\$52 Allowance Every Three Months</p>

### Notes:

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# Summary of Benefits

## Advantage Silver NY (HMO)

### **Attention:**

This document may be available in other formats, such as braille, large print, or other alternative formats.

This document may be available in a non-English language.

For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en otro idioma distinto del inglés. Para recibir más información, llame a servicio al cliente al número de teléfono que figura previamen

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

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

Quality Health Plans of New York (HMO) is a Medicare Advantage organization with a Medicare contract. Enrollment in Quality Health Plans of New York (HMO) depends on contract renewal. If you have any questions about this plan's benefit or costs, please contact QHPNY for details.

### **NOTES**

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