QualityHealthPlans
of New York
"Where Quality Healthcare Begins"

Summary of Benefits

Advantage Value One NY-Dual

H2773_QHPNY0762 Accepted 09/28/2014

ADVANTAGE VALUE ONE NY - DUAL (HMO SNP)

January 1, 2015 - December 31, 2015

(a Medicare Advantage Health Maintenance Organization (HMO) offered by QUALITY HEALTH PLANS OF NEW YORK, INC. with a Medicare contract)

Summary of Benefits

January 1, 2015 – December 31, 2015

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

- 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 users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **ADVANTAGE VALUE ONE NY - DUAL (HMO SNP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-877-233-7058.

Este documento está disponible en otros formatos como Braille y en letra grande. Este documento puede estar disponible en un idioma que no sea Inglés. Para obtener información adicional, llámenos al 1-877-233-7058.

Things to Know About ADVANTAGE VALUE ONE NY - DUAL (HMO SNP)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern 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.qualityhealthplansny.com

Who can join?

To join **Advantage Value One NY - Dual (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and New York State Medicaid, and live in our service area. Our service area includes the following counties in New York: Nassau, Queens, Richmond, 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://www.qualityhealthplansny.com).

Or, call us and we will send you a copy of the provider and pharmacy directories.

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.qualityhealthplansny.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 for Contract H2773, Plan 018 ADVANTAGE VALUE ONE NY - DUAL (HMO SNP) Quality Health Plans of New York Section II	
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services	
How much is the monthly premium?	$0 or 36.90 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	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. In this plan, you will pay nothing for Medicare-covered services from in-network providers. In this plan, you may pay nothing for Medicare-covered services, depending on your level of New York State Medicaid eligibility. Refer to the **"Medicare & You"** handbook for Medicare-covered services. For New York State Medicaid-covered services, refer to the Medicaid Coverage section in this document. Your yearly limit(s) in this plan: $6,700 for services you receive from in-network providers. 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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	No. There are no limits on how much our plan will pay.
Covered Medical and Hospital Benefits	
Note: · Services with a[1] may require prior authorization. · Services with a[2] may require a referral from your doctor.	
Outpatient Care and Services	
Acupuncture and Other Alternative Therapies[1,2]	For up to 4 visit(s) every year: You pay nothing
Ambulance	0% or 20% of the cost

Summary of Benefits for Contract H2773, Plan 018 ADVANTAGE VALUE ONE NY - DUAL (HMO SNP) Quality Health Plans of New York Section II	
Chiropractic Care[1,2]	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): 0% or 20% of the cost
Dental Services[1,2]	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 0% or 20% of the cost Preventive dental services: • Cleaning (for up to 1 every six months): You pay nothing • Dental x-ray(s): You pay nothing • Oral exam (for up to 1 every year): You pay nothing
Diabetes Supplies and Services[1,2]	Diabetes monitoring supplies: 0% or 20% of the cost Diabetes self-management training: 0% or 0-20% of the cost, depending on the service Therapeutic shoes or inserts: 0% or 20% of the cost
Diagnostic Tests, Lab and Radiology Services, and XRays[1,2]	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% or 20% of the cost Outpatient x-rays: 0% or 20% of the cost Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost
Doctor's Office Visits[2]	Primary care physician visit: 0% or 20% of the cost Specialist visit: 0% or 20% of the cost
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*[1]	0% or 0-20% of the cost, depending on the equipment If you go to a preferred vendor, your cost may be less. Contact us for a list of preferred vendors.
Emergency Care	0% or 20% of the cost 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.
Foot Care *(podiatry services)*[1,2]	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 0% or 20% of the cost
Hearing Services[1,2]	Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost Routine hearing exam (for up to 1 every year): 20% of the cost Hearing aid fitting/evaluation (for up to 1 every two years): 20% of the cost Hearing aid: You pay nothing Our plan pays up to $1,000 every two years for hearing aids.
Home Health Care[1,2]	You pay nothing
Mental Health Care[1,2]	**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. 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. 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. In 2014 the amounts for each benefit period were $0 or: • $1,216 deductible for days 1 through 60 • $304 copay per day for days 61 through 90 • $608 copay per day for 60 lifetime reserve days These amounts may change for 2015. Outpatient group therapy visit: You pay nothing Outpatient individual therapy visit: 0% or 20% of the cost
Outpatient Rehabilitation[1,2]	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 Occupational therapy visit: 0% or 20% of the cost Physical therapy and speech and language therapy visit: 0% or 20% of the cost
Outpatient Substance Abuse[1,2]	Group therapy visit: 0% or 20% of the cost Individual therapy visit: 0% or 20% of the cost
Outpatient Surgery[1,2]	Ambulatory surgical center: 0% or 20% of the cost Outpatient hospital: 0% or 20% of the cost
Over-the-Counter Items	Please visit our website to see our list of covered over-the-counter items. You have a $40 allowance every 3 months
Prosthetic Devices *(braces, artificial limbs, etc.)*[1]	Prosthetic devices: 0% or 20% of the cost Related medical supplies: 0% or 0-20% of the cost, depending on the supply
Renal Dialysis[1,2]	0% or20% of the cost
Transportation[1,2]	There is a limit to how much our plan will pay: You pay nothing. 16 one-way trips to plan approved location, $10/trip reimbursement for an annual max of $160
Urgent Care	0% or 20% of the cost
Vision Services[1,2]	Exam to diagnose and treat diseases and conditions of the eye

	(including yearly glaucoma screening): 0% or 20% of the cost Routine eye exam (for up to 1 every year): You pay nothing Contact lenses (for up to 1 every year): You pay nothing Eyeglasses (frames and lenses) (for up to 1 every year): You pay nothing Eyeglasses or contact lenses after cataract surgery: You pay nothing Our plan pays up to $75 every year for contact lenses and eyeglasses (frames and lenses).
Preventive Care[1,2]	You pay nothing Our plan covers many preventive services, including: • 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 • 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

	Any additional preventive services approved by Medicare during the contract year will be covered. Annual physical exam: You pay nothing
Hospice	You pay nothing for hospice care from a Medicare-certified Hospice. You may have to pay part of the cost for drugs and respite care.
Inpatient Care	
Inpatient Hospital Care[1,2]	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. 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. In 2014 the amounts for each benefit period were $0 or: • $1,216 deductible for days 1 through 60 • $304 copay per day for days 61 through 90 • $608 copay per day for 60 lifetime reserve days These amounts may change for 2015.
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF)[1,2]	Our plan covers up to 100 days in a SNF. In 2014 the amounts for each benefit period were $0 or: • You pay nothing for days 1 through 20 • $152 copay per day for days 21 through 100

	These amounts may change for 2015.
Prescription Drug Benefits	
How much do I pay?	For Part B drugs such as chemotherapy drugs[1]: 0% or 20% of the cost Other Part B drugs[1]: 0% or 20% of the cost
Initial Coverage	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. **Standard Retail Cost Sharing**

Tier	One-month Supply	Three-month supply
Tier 1 (Preferred Generic)	$0	$0
Tier 2 (Non-Preferred Generic)	For generic Drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.65 copay For all other drugs, either: • $0 copay; or • $3.60 copay; or • $6.60 copay.	For generic Drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.65 copay For all other drugs, either: • $0 copay; or • $3.60 copay; or • $6.60 copay
Tier 3 (Preferred Brand)	For generic Drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.65 copay	For generic Drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.65 copay

	For all other drugs, either: • $0 copay; or • $3.60 copay; or • $6.60 copay	For all other drugs, either: • $0 copay; or • $3.60 copay; or • $6.60 copay
Tier 4 (Non-Preferred Brand)	For generic Drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.65 copay For all other drugs, either: • $0 copay; or • $3.60 copay; or • $6.60 copay	For generic Drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.65 copay For all other drugs, either: • $0 copay; or • $3.60 copay; or • $6.60 copay
Tier 5 (Specialty Tier)	For generic Drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.65 copay For all other drugs, either: • $0 copay; or • $3.60 copay; or • $6.60 copay	Not Offered

Standard Mail Order Cost Sharing

Tier	One-month Supply	Three-month supply
Tier 1 (Preferred Generic)	$0	$0

Tier 2 (Non-Preferred Generic)	For generic Drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.65 copay For all other drugs, either: • $0 copay; or • $3.60 copay; or • $6.60 copay	For generic Drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.65 copay For all other drugs, either: • $0 copay; or • $3.60 copay; or • $6.60 copay
Tier 3 (Preferred Brand)	For generic Drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.65 copay For all other drugs, either: • $0 copay; or • $3.60 copay; or • $6.60 copay	For generic Drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.65 copay For all other drugs, either: • $0 copay; or • $3.60 copay; or • $6.60 copay
Tier 4 (Non-Preferred Brand)	For generic Drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.65 copay For all other drugs, either: • $0 copay; or • $3.60 copay;	For generic Drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.65 copay For all other drugs, either: • $0 copay; or • $3.60 copay;

		or • $6.60 copay	or • $6.60 copay
	Tier 5 (Specialty Tier)	For generic Drugs (including brand drugs treated as generic), either: • $0 copay; or • $1.20 copay; or • $2.65 copay For all other drugs, either: • $0 copay; or • $3.60 copay; or • $6.60 copay	Not Offered

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 $4,700, you pay nothing for all drugs.

Summary of Benefits for Contract H2773, Plan 018
ADVANTAGE VALUE ONE NY - DUAL (HMO SNP)
Quality Health Plans of New York
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).

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, 8am to 8pm.

- Visit our website, www.qualityhealthplansny.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 for Contract H2773, Plan 018
ADVANTAGE VALUE ONE NY - DUAL (HMO SNP)
Quality Health Plans of New York
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 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.
- 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.

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)
IMPORTANT INFORMATION		
Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)[1, 2]	Covers Medicare deductibles, copays and coinsurances up to 365 days per year (366 days for leap year)	Up to 365 days per year (366 days for leap year) 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. 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. In 2014 the amounts for each benefit period were $0 or: $1,216 deductible for days 1 through 60

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)
		$304 copay per day for days 61 through 90 $608 copay per day for 60 lifetime reserve days These amounts may change for 2015.
Inpatient Mental Health Care[1,2]	Covers days in excess of the Medicare 190-day lifetime maximum. Covers Medicare deductibles, copays and coinsurances	Coverage includes voluntary or involuntary admissions for mental health services over the Medicare 190-day lifetime limit. 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. 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. Our plan covers 90 days for an

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 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. In 2014 the amounts for each benefit period were $0 or: $1,216 deductible for days 1 through 60 $304 copay per day for days 61 through 90 $608 copay per day for 60 lifetime reserve days These amounts may change for 2015. Outpatient group therapy visit: You pay nothing Outpatient individual therapy visit: 0% or 20% of the cost
Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)[1,2]	Covers additional days beyond Medicare 100 day limit. Covers Medicare deductibles, copays and coinsurances	Our plan covers up to 100 days in a SNF. No prior hospital stay is required. In 2014 the amounts for each benefit period were $0 or: You pay nothing for days 1 through 20 $152 copay per day for days 21 through 100

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)
		These amounts may change for 2015.
Home Health Care[1,2]	Non-Medicare covered home health services (e.g. home health aide services with nursing supervision to medically unstable individuals) Covers Medicare deductibles, copays and coinsurances	You pay nothing
Hospice	Covers Medicare deductibles, copays and coinsurances	You pay nothing for hospice care from a Medicare-certified Hospice. You may have to pay part of the cost for drugs and respite care.
Doctors Office Visits[2]	Covers Medicare deductibles, copays and coinsurances	Primary care physician visit: 0% or 20% of the cost Specialist visit: 0% or 20% of the cost
Chiropractic Services[1,2]	Covers Medicare deductibles, copays and coinsurances for QMB and QMB Plus Only	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): 0% or 20% of the cost
Podiatry Services[1,2]	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: 0% or 20% of the cost
Outpatient Mental Health Care[1,2]	Covers Medicare deductibles, copays and coinsurances	Outpatient group therapy visit: You pay nothing Outpatient individual therapy visit: 0% or 20% of the cost
Outpatient Substance Abuse[1,2]	Covers Medicare deductibles, copays and coinsurances	Group therapy visit: 0% or 20% of the cost Individual therapy visit: 0% or 20% of the cost
Outpatient Surgery[1,2]	Covers Medicare deductibles,	Ambulatory surgical center: 0%

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)
	copays and coinsurances	or 20% of the cost Outpatient hospital: 0% or 20% of the cost
Ambulance Services	Covers Medicare deductibles, copays and coinsurances	0% or 20% of the cost
Emergency Care	Covers Medicare deductibles, copays and coinsurances	0% or 20% of the cost 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.
Outpatient Rehabilitation[1,2]	Covers Medicare deductibles, copays and coinsurances	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 Occupational therapy visit: 0% or 20% of the cost Physical therapy and speech and language therapy visit: 0% or 20% of the cost
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*[1]	Covers Medicare deductibles, copays and coinsurances. 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	0% or 0-20% of the cost, depending on the equipment If you go to a preferred vendor, your cost may be less. Contact us for a list of preferred vendors.

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)
	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 bars).	
Prosthetic Devices *(braces, artificial limbs, etc.)*[1]	Covers Medicare deductibles, copays and coinsurances. Medicaid covered prosthetics, orthotics and orthopedic footwear. No diabetic prerequisite for orthotics.	Prosthetic devices: 0% or 20% of the cost Related medical supplies: 0% or 0-20% of the cost, depending on the supply
Diagnostic Tests, Lab and Radiology Services, and XRays[1,2]	Covers Medicare deductibles, copays and coinsurances	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% or 20% of the cost Outpatient x-rays: 0% or 20% of the cost Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost
Preventive Care[1,2]	Covers Medicare deductibles, copays and coinsurances	You pay nothing Our plan covers many preventive services, including:

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)
		• 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 • 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 Any additional preventive services approved by Medicare during the contract year will be

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)
		covered. Annual physical exam: You pay nothing
	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 drugs[1]: 0% or 20% of the cost Other Part B drugs[1]: 0% or 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 $4,700, you pay nothing for all drugs. For more information on cost sharing for Part D drugs, please see the Prescription Drug Benefits in Section II of this document.

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)
Dental Services	Covers Medicare deductibles, copays and coinsurances. 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.	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 0% or 20% of the cost Preventive dental services: Cleaning (for up to 1 every six months): You pay nothing Dental x-ray(s): You pay nothing Oral exam (for up to 1 every year): You pay nothing
Hearing Services[1,2]	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 examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings and replacement parts.	Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost Routine hearing exam (for up to 1 every year): 20% of the cost Hearing aid fitting/evaluation (for up to 1 every two years): 20% of the cost Hearing aid: You pay nothing Our plan pays up to $1,000 every two years for hearing aids.
Vision Services[1,2]	Covers Medicare deductibles, copays and coinsurances.	Exam to diagnose and treat diseases and conditions of the

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)
	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. 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.	eye (including yearly glaucoma screening): 0% or 20% of the cost Routine eye exam (for up to 1 every year): You pay nothing Contact lenses (for up to 1 every year): You pay nothing Eyeglasses (frames and lenses) (for up to 1 every year): You pay nothing Eyeglasses or contact lenses after cataract surgery: You pay nothing Our plan pays up to $75 every year for contact lenses and eyeglasses (frames and lenses).
Transportation[1,2]	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. 16 one-way trips to plan approved location, $10/trip reimbursement for an annual max of $160
Acupuncture and Other Alternative Therapies[1,2]	No Coverage	$0 copay for up to 4 visit(s) for acupuncture and other

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)
		alternative therapies every year
Private Duty Nursing[1,2]	Medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.	Private duty nursing services are covered when determined by the attending physician to be medically necessary. Nursing services may be intermittent, part time or continuous and must be provided in an Enrollee's home in accordance with the ordering physician, registered Physician Assistant or certified nurse practitioner's written treatment plan. No co-payment

Additional Medical Benefits:

Members may use their New York State Medicaid Benefits ID card to access:

- 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

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)
• 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)		