

# 2022 Summary of Benefits

## Senior Whole Health Medicare Complete Care (HMO D-SNP)

### New York H5992-008

Serving the following counties: Bronx, Kings, Nassau, New York, Queens and Westchester

**Effective January 1 through December 31, 2022**



Senior Whole Health.  
BY MOLINA HEALTHCARE



# Summary of Benefits

**January 1, 2022 - December 31, 2022**

## **Senior Whole Health Medicare Complete Care (HMO D-SNP) Plan**

**H5992-008**

**Senior Whole Health Medicare Complete Care** is a Coordinated Care Plan with a Medicare Advantage contract and a contract with the New York State Department of Health Medicaid program. Enrollment depends on annual contract renewal. The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please see the “Evidence of Coverage” on our website at [www.SWHNY.com](http://www.SWHNY.com) or call 1-833-671-0440 (TTY 711) and request a copy.

**Senior Whole Health Medicare Complete Care** will help you coordinate all your health-related services including Medicare, Medicaid, long-term care, prescriptions and OTC items.

### **Eligibility**

You are eligible to join Senior Whole Health Medicare Complete Care if:

- You are 18 or older
- You are eligible for both Medicaid (FBDE, QMB+, SLMB+, QMB) and Medicare
- You live in our New York City service area:
  - Bronx County
  - Kings County
  - Nassau County
  - New York County
  - Queens County
  - Westchester County

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**If you have questions**, please call Senior Whole Health at 1-833-671-0440 (TTY 711), 8 a.m. to 8 p.m., 7 days a week Oct 1- March 31 and 5 days a week April 1 – September 30. The calls are free. **For more information**, visit [www.SWHNY.com](http://www.SWHNY.com).

## Section I

### Frequently asked questions (FAQ)

Important questions	Answers
<b>Where is Senior Whole Health Medicare Complete Care available?</b>	New York, Kings, Queens, Bronx, Westchester, and Nassau counties.
<b>Can you go to the same health care providers you see now?</b>	<p>Yes, that is often the case. If your providers and pharmacies work with Senior Whole Health Medicare Complete Care and are “in-network,” you can keep going to them.</p> <ul style="list-style-type: none"> <li>• Providers and pharmacies with an agreement with us are “in-network.” In most cases, you must use the providers and pharmacies in the Senior Whole Health Medicare Complete Care network.</li> <li>• If you use providers that are not in our network, the plan may not pay for services received.</li> </ul> <p>To find out if your providers are in our network, please call Member Services or use our online Provider Search tool at <a href="http://www.SWHNY.com">www.SWHNY.com</a></p>
<b>Do you pay a monthly amount (also called a premium) as a member of Senior Whole Health Medicare Complete Care?</b>	No. Because you have Medicaid, you will not pay any monthly premiums for your health coverage. You must continue to pay your Medicare Part B premium if not otherwise paid for under New York Medicaid or another party.
<b>Do you pay a deductible as a member of Senior Whole Health Medicare Complete Care?</b>	No. You do not pay deductibles in Senior Whole Health Medicare Complete Care.
<b>What is the maximum out-of-pocket amount that you will pay for medical services as a member of Senior Whole Health Medicare Complete Care?</b>	There is no cost sharing for medical services in Senior Whole Health Medicare Complete Care. Your annual out-of-pocket costs will be \$0.

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## Section II

### List of Covered Services

For the complete list of services, please see the *Evidence of Coverage*.

Premiums and Benefits	Cost to Members	Limitations, exceptions and benefit information
<b>Inpatient Hospital Coverage</b>  Our plan covers 365 days per year (366 for leap year) for an inpatient hospital stay.	\$0	<b>Prior authorization may be required.</b>
<b>Outpatient Hospital Coverage</b>  We cover medically necessary services you get in the outpatient department of a hospital for diagnosis of treatment of an illness or injury.	\$0	<b>Prior authorization may be required.</b>
<b>Ambulatory Surgery Center</b>	\$0	<b>Prior authorization may be required.</b>
<b>Doctor Visits</b>	\$0	<b>Prior authorization may be required.</b>
<b>Preventive Care</b>  Any additional preventive services approved by Medicare during the contract year will be covered.	\$0	
<b>Emergency Care</b>	\$0	<b>Prior authorization is not required.</b>  If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must return to a network hospital in order for your care to continue to be covered.
<b>Urgently Needed Services</b>	\$0	<b>Prior authorization is not required.</b>

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Premiums and Benefits	Cost to Members	Limitations, exceptions and benefit information
<b>Diagnostic Services/ Labs/Imaging</b> <ul style="list-style-type: none"> <li>• Diagnostic Tests and Procedures</li> <li>• Lab Services</li> <li>• MRI, CAT Scan</li> <li>• X-Rays</li> </ul>	\$0	<b>Prior authorization may be required.</b>
<b>Hearing Services</b>		Medicare covered diagnostic hearing & balance exams
<b>Dental Services</b>	\$0	<b>Prior authorization may be required.</b>  In general preventative services (such as cleaning, routine dental exams and dental exams and dental x-rays) are not covered by Original Medicare or our plan
<b>Vision Services</b>	\$0	<b>Prior authorization may be required for eyeglass frames</b>  Eyeglass frames, up to \$285 limit every 12 months.
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>• Inpatient Visit</li> <li>• Outpatient Group and Individual Therapy Visits.</li> </ul>	\$0	<b>Prior authorization may be required.</b>  For additional covered services see Section III — Covered Medicaid Benefits.
<b>Skilled Nursing Facility (SNF)</b>	\$0	<b>Prior authorization may be required.</b>  Medicare covers up to 100 days in a SNF.
<b>Physical Therapy</b>	\$0	<b>Prior authorization may be required.</b>
<b>Ambulance</b>	\$0	<b>Prior authorization may be required for non-emergency transportation.</b>
<b>Transportation</b>		Not covered
<b>Medicare Part B Drugs</b>	\$0	You pay nothing for chemotherapy and other Part B drugs.  Read the Evidence of Coverage for more information about these drugs.

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Premiums and Benefits	Cost to Members	Limitations, exceptions and benefit information
<b>Outpatient Prescription Drugs</b>	Depending on your income and institutional status, you pay the following:  <b>For generic and preferred multi-source drugs:</b> You pay \$0 per prescription. <b>For all other drugs:</b> You pay \$0 per prescription.	There may be limitations on the types of drugs covered. Please see the Senior Whole Health Medicare Complete Care List of Covered Drugs (also known as the Formulary) at <a href="http://www.SWHNY.com">www.SWHNY.com</a>
<b>Special Supplemental Benefits for Chronic Illness</b>  <ul style="list-style-type: none"> <li>\$150 allowance for food &amp; produce per quarter. The balance does not carry over.</li> </ul>	\$0	<b>Prior authorization may be required.</b>  <b>Members must complete a Health risk Assessment and meet criteria outlined in Chapter 4 of the Evidence of Coverage.</b>
<b>Emergency World Wide Coverage</b>	\$0	\$1,000 a year
<b>Fitness</b>	\$0	Home Fitness Kit and membership in contracted fitness facilities.
<b>Foot Care (podiatry services)</b>  <ul style="list-style-type: none"> <li>Foot Exams and Treatment</li> </ul>	\$0	<b>Prior authorization may be required.</b>
<b>Over-the-counter (OTC) items</b>  <ul style="list-style-type: none"> <li>Healthy You Card Debit card</li> <li>Card is required for access to benefit at participating providers</li> <li>Up to \$335 every quarter</li> </ul>	\$0	For approved health-related covered items purchased for personal use only using your Healthy You Card at select retailers.  Unused balance does not carry over to the following quarter.

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Premiums and Benefits	Cost to Members	Limitations, exceptions and benefit information
<p><b>Home Health</b></p> <p>Medicare home care services include intermittent skilled nursing and rehabilitation services.</p>	\$0	<p><b>Prior authorization may be required.</b></p>
<p><b>Durable Medical Equipment (DME) or supplies</b></p> <ul style="list-style-type: none"> <li>• Wheelchairs, oxygen, walkers, etc.</li> <li>• Prosthetics</li> <li>• Diabetic supplies</li> </ul>	\$0	<p><b>Prior authorization may be required.</b></p> <p>For a complete list of DME or supplies, call Member Services.</p>

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## Section III

### Summary of Medicaid-Covered Benefits

The chart below shows what services are covered by Medicaid. You will see the words “Coverage provided” and/or additional coverage information under the Medicaid column if Medicaid covers the service. **The chart applies only if you are entitled to benefits under your state’s Medicaid program. Your cost share varies based on your Medicaid category.**

Benefit Category	New York State Medicaid Fee-For-Service
Adult Day Health Care	Coverage provided
AIDS Adult Day Health Care	Coverage provided
Ambulance Service	Covers Medicare Deductibles, copayments, coinsurance
Assisted Living Program	Coverage provided
Certain Mental Health Services	Medicaid coverage of Certain Mental Health Services includes: <ul style="list-style-type: none"> <li>• Intensive Psychiatric Rehabilitation Treatment Programs,</li> <li>• Day Treatment,</li> <li>• Continuing Day Treatment,</li> <li>• Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units),</li> <li>• Partial Hospitalizations,</li> <li>• Assertive Community Treatment (ACT),</li> </ul> Personalized Recovery Oriented Services (PROS)
Chiropractic Services	Medicaid covers Medicare deductibles, copayments and coinsurance
Comprehensive Medicaid Case Management	Coverage provided
Dental	Medicaid covers Medicare deductibles, copayments 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.
Diagnostic Tests, X- Rays, Lab Services, and Radiology Services	Coverage provided
Directly Observed Therapy for Tuberculosis (TB) Disease	Coverage provided
Emergency Care	Medicaid covers Medicare deductibles, copayments and coinsurances.
End Stage Renal Disease	Medicaid covers Medicare deductibles, copayments and coinsurances.

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Benefit Category	New York State Medicaid Fee-For-Service
Foot Care (Podiatry services)	Medicaid covers Medicare deductibles, copayments and coinsurance
HIV COBRA Case Management	Coverage provided
Hospice	Medicaid covers Medicare deductibles, copayments and coinsurance.
Inpatient Hospital Care including Substance Abuse and Rehabilitation Services	Medicaid covers Medicare deductibles, copayments and coinsurances. Up to 365 days per year (366 days for leap year)
Inpatient Mental Health (over the 190-day lifetime limit)	Medicaid covered Medicare deductibles, copayments and coinsurances All inpatient mental health services, including voluntary or involuntary admissions for mental health services over the Medicare 190-day lifetime limit.
Methadone Maintenance Treatment Programs (MMTP)	Coverage provided
Non-Medicare Covered Durable Medical Equipment	Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. Must be ordered by a practitioner. No homebound prerequisite and including non- Medicare DME covered by Medicaid (e.g. tub stool; grab bar)
Non-Medicare Covered Home Health	Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g. home health aide services with nursing supervision to medically unstable individuals)
Non-Medicare Covered Vision Services	Medicaid covers Medicare deductibles, copayments and coinsurances. 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.
Office for People with developmental Disabilities (OPWDD) Services	Coverage provided

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Benefit Category	New York State Medicaid Fee-For-Service
Out-of-Network Family Planning services provided under the direct access provisions of the waiver	Coverage provided
Outpatient Rehabilitation Services	Occupational, Physical and Speech therapies are limited to twenty (20) visits per therapy per year, except for children under age 21, or you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.
Outpatient Services/ Surgery	Medicaid covers Medicare deductibles, copayments and coinsurances.
Outpatient Substance Abuse Care	Medicaid covers Medicare deductibles, copayments and coinsurances.
Over the Counter Drugs	Certain Over the Counter medications are covered.
Outpatient Mental Health	Medicaid covers Medicare deductibles, copayments and coinsurances
Personal Care Services	<p>Coverage provided</p> <p>Provides some or total assistance with such activities as personal hygiene, dressing and feeding and nutritional and environmental support function tasks. Services must be medically necessary and ordered by the enrollee's physician and provided by a qualified person.</p>
Personal Emergency Response Services (PERS)	<p>Coverage provided</p> <p>An electronic device which enables certain high- risk patients to secure help in the event of a physical, emotional or environmental emergency. A variety of electronic alert systems exist using different signaling devices. Such systems are usually connected to a patient's phone and signal a response center when a "help" button is activated. In the event of an emergency, the signal is received and appropriately acted on by a response center.</p>
Prescription Drugs	<p>Medicaid does not cover Part D covered drugs or copayments.</p> <p>Medicaid Pharmacy Benefits allowed by State Law (select drug categories excluded from the Medicare Part D benefit). Certain Medical Supplies and Enteral Formula when not covered by Medicare.</p>
Private Duty Nursing Services	Private duty nursing services are covered when determined by the physician to be medically necessary. Nursing services can be provided through an approved certified home health agency, a licensed home care agency, or a private practitioner. 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.

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Benefit Category	New York State Medicaid Fee-For-Service
Prosthetic Devices	Medicaid covers Medicare deductibles, copayments and coinsurances.
Rehabilitation Services provided to Residents of OMH Licensed Community Residence (CRs) and Family Based Treatment Programs	Coverage provided
Skilled Nursing Facility (SNF)	Medicaid covers Medicare deductibles, copayments and coinsurances.  Medicaid covers additional days beyond Medicare 100-day limit.
Transportation	Includes ambulate, invalid coach, taxicab, livery, public transportation, or other means appropriate to the enrollee's medical condition. Medicaid covered Medicare deductibles, copayments and coinsurances
Urgently Needed Services	Medicaid covers Medicare deductibles, copayments, and coinsurances.

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# Things to Know About Senior Whole Health Medicare Complete Care

## Hours of operation

Please call member services at 1-833-671-0440 from 8 a.m. to 8 p.m., 7 days a week Oct 1- March 31, 5 days a week April 1 – September 30. If you have health or care management questions, we have nurses available to answer your questions 24/7 at 1-833-671-0440 (TTY 711). The calls are free.

## Phone numbers and website

If you have questions about our plan or covered benefits, visit [www.SWHNY.com](http://www.SWHNY.com) or call us toll free:

- Members: 1-833-671-0440 (TTY 711)
- Non-members: 1-833-671-0444 (TTY 711)

## Find a doctor or pharmacy

You can see our plan's Provider/Pharmacy Directory on our website [www.SWHNY.com](http://www.SWHNY.com) : or use the **Provider search** tool to search for a provider by name, location or specialty.

## Pharmacy and prescription benefits

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 at [www.SWHNY.com](http://www.SWHNY.com).

Call us to request a printed copy of the Provider/Pharmacy Directory or the Formulary. This information is not a complete description of benefits. Contact the Plan for more information. Limitations, co-payments, and restrictions may apply. Benefits may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your Part B premium, if it isn't already being paid by another party. Co-payments may vary based on the level of extra help you receive. Please contact the Plan for further details.

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 <https://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.

This information is available for free in other languages and in alternate formats, such as Braille and large print. Please contact our customer service number at 1-833-671-0440 (TTY 711) 8 a.m. to 8 p.m., 7 days a week Oct 1- March 31, 5 days a week April 1 – September 30.

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