



Health Pointe Direct Complete Plan (HMO I-SNP)

Summary of Benefits

Bronx, Kings, Nassau, New York, Queens and Westchester Counties



Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-269-3442. Someone who speaks English/Language can help you. This is a free service.

Language Assistance:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-269-3442 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-269-3442 (TTY: 711)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844 269-3442 (телетайп: 711)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-269-3442 (711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-1-844-269-3442 (711)번으로 전화해 주십시오.

1-844-269-3442 אויפגערוקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט (711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-844-269-3442 (TTY: ১৭১১)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-269-3442 (711).

(رقم هاتف الصم والبكم: 1-844-269-3442 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-269-3442 (ATS : 711).

(711). 1-844-269-3442 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-269-3442 (711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-844-269-3442 (711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-269-3442 (711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-844-269-3442 (711).

Health Pointe of New York

Summary of Benefits for Health Pointe Direct Complete Plan (HMO I-SNP)

January 1, 2020 - December 31, 2020

Bronx, Kings, Nassau, New York, Queens and Westchester
Counties

Section I - Introduction To Summary Of Benefits

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 Health Pointe Direct Complete Plan (HMO I-SNP)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Health Pointe Direct Complete Plan (HMO I-SNP) covers and what you pay. If you would like to view the complete list of services offered by Health Pointe Direct Complete, view our Evidence of Coverage at www.healthpointeny.com/members/plandocuments_orrequest a copy by calling us at 1-844-269-3442, (TTY users should call 711). From October 1 to March 31, we are open 7 days a week, from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, from 8 a.m. to 8 p.m. EST. 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 Health Pointe Direct Complete Plan
- 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.

Things to Know About Health Pointe Direct Complete Plan (HMO SNP)

Hours of Operation

From October 1 to March 31, we are open 7 days a week, from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, from 8 a.m. to 8 p.m. EST.

Health Pointe Direct Complete Plan Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-844-269-3442. TTY users should call 711.
- If you are not a member of this plan, call toll-free 1-844-269-3442. TTY users should call 711.
- Our website: <http://www.healthpointeny.com>

Section I - Introduction To Summary Of Benefits

Who can join?

To join Health Pointe Direct Complete Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area and reside in a contracted nursing home.

Our service area includes the following counties in Bronx, Kings, Nassau, New York, Queens and Westchester.

Which doctors, hospitals, and pharmacies can I use?

Health Pointe Direct Complete Plan 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.healthpointeny.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 payless.
- 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 www.healthpointeny.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 1 "tier." The amount you pay depends on the drug and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Health Pointe Direct Complete for details.

Health Pointe Direct Complete Plan (HMO I-SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Pointe Direct Complete Plan (HMO I-SNP) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Pointe Direct Complete Plan (HMO I-SNP):

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

If you need these services, contact Health Pointe Direct Complete's Member Services. If you believe that Health Pointe Direct Complete Plan (HMO SNP) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Health Pointe Direct Complete Plan's Member Services,

810 7th Ave, Suite 801
New York, NY 10019
1-844-269-3442
grievance@healthpointeny.com

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Member Services Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at [https:// ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue SW., Room 509F, HHH Building Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

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

Section II - Summary Of Benefits

Premiums and Benefits	Health Pointe Direct Complete Plan (HMO I-SNP)	What You Should Know
Monthly plan premium	You pay \$36.60 per month	
Deductible <ul style="list-style-type: none"> • In-network services: • Part D prescription drugs: 	<p>In 2020, the deductible for in-network services are \$183 per year</p> <p>\$435 per year (Except for drugs listed on Tier 1, which are excluded from the deductible)</p>	
Maximum Out-Of- Pocket Responsibility <i>(does not include prescription drugs)</i>	<p>You pay no more than \$6,700 annually for services you receive from in-network providers.</p>	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

Section II - Summary Of Benefits

Premiums and Benefits	Health Pointe Direct Complete Plan (HMO SNP)	What You Should Know
<p>Inpatient Hospital Care</p>	<p>In 2020 the amounts for each benefit period are:</p> <ul style="list-style-type: none"> • \$1,408 deductible for each benefit period. • Days 1–60: \$0 coinsurance for each benefit period. • Days 61–90: \$352 coinsurance per day of each benefit period. • Days 91 and beyond: \$704 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). • Beyond lifetime reserve days: all costs. 	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the 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>
<p>Outpatient Hospital Coverage</p>	<p>You pay 20% of the cost with some variation.</p> <p>Coverage for some different types of outpatient care and services are detailed in the following rows.</p>	<p><i>May require prior authorization.</i></p>
<p>Ambulatory Surgery Center</p>	<p>You pay 20% of the cost</p>	<p><i>Authorization is required.</i></p> <p><i>Contact Plan for details</i></p>
<p>Doctor’s Office Visits</p> <ul style="list-style-type: none"> • Primary Care Physician visit • Specialist visit 	<p>You pay 0% coinsurance for primary care services provided at the Nursing Home, 20% coinsurance for primary care services provided outside the Nursing Home</p> <p>You pay 5% coinsurance for Specialty services provided at the Nursing Home, 20% coinsurance for Specialty services provided outside the Nursing Home</p>	<p><i>May require prior authorization / may require a referral form from your doctor</i></p>

<p>Preventive Care</p>	<p>You pay \$0 of the cost</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 cancerscreening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medicalnutritiontherapyservices • 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.</p>
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Section II - Summary Of Benefits

Premiums and Benefits	Health Pointe Direct Complete Plan (HMO I-SNP)	What You Should Know
Emergency Care	You pay 20% of the cost (up to \$65)	If you are admitted to the hospital after within 24 hours, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	You pay 20% of the cost (up to \$65)	If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the “Inpatient Hospital Care” section of this booklet for other costs.
Diagnostic Services / Labs / Imaging <ul style="list-style-type: none"> • Diagnostic radiology services (such as MRIs, CT scans) • Diagnostic tests and procedures • Lab services • Outpatient x-rays • Therapeutic radiology services (such as radiation treatment for cancer) 	<p>You pay 20% of the cost</p> <p>You pay 20% of the cost</p> <p>You pay 20% of the cost</p> <p>You pay 20% of the cost</p> <p>You pay 20% of the cost</p>	<p>May require prior authorization / may require a referral form from your doctor</p> <p>Costs for these services may be different if received in an outpatient surgery setting.</p>
Hearing Services	<p>20% of the cost for Medicare-covered diagnostic hearing exams</p> <p>Hearing aids are provided every two years.</p>	<p>Hearing services approved by Medicare during the contract year will be covered.</p> <p><i>Prior authorization is required.</i></p>
Dental Services Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	You pay 20% of the Medicare-covered dental services.	

Section II - Summary Of Benefits

Premiums and Benefits	Health Pointe Direct Complete Plan (HMO SNP)	What You Should Know
<p>Vision Services</p> <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) • Contact lenses • Eyeglass frames • Eyeglass lenses • Eyeglasses or contact lenses after cataract surgery 	<p>You pay \$0 copay for diagnosis and treatment for diseases and conditions of the eye. Up to 1 routine exam per year.</p> <p>You pay \$0 (for up to 1 pair every two years)</p> <p>You pay \$0 (for up to 1 every two years)</p> <p>You pay \$0 (for up to 1 every two years)</p> <p>You pay \$0</p> <p>You receive \$100 every two years towards the purchase of eyewear</p>	

Section II - Summary Of Benefits

Premiums and Benefits	Health Pointe Direct Complete Plan (HMO SNP)	What You Should Know
Skilled Nursing Facility (SNF)	<p>Our plan covers up to 100 days in a SNF. Three-day prior hospital stay is required.</p> <p>In 2020 the amounts for each benefit period are below.</p> <p>You pay:</p> <ul style="list-style-type: none"> • Days 1–20: \$0 for each benefit period. • Days 21–100: \$176.00 coinsurance per day of each benefit period. • Days 101 and beyond: all costs. 	
Rehabilitation Services <ul style="list-style-type: none"> • Cardiac (heart) rehab services • Occupational therapy visit • Physical therapy and speech and language therapy visit 	<p>You pay 20% of the cost (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks)</p> <p>You pay 20% of the cost</p> <p>You pay 20% of the cost</p>	<i>May require prior authorization / may require a referral form from your doctor</i>
Ambulance	You pay 20% of the cost	<i>May require prior authorization</i>
Transportation	You pay \$0 of the cost	<i>Will require prior authorization</i> <i>Covers up to 12 one-way Plan approved health related transportation services as a supplemental benefit for 2020</i>
Medicare Part B Drugs	<p>You pay 20% of cost for each Part B covered chemotherapy drugs</p> <p>You pay 20% of the cost other Part B drugs</p>	

Section II - Summary Of Benefits

Premiums and Benefits	Health Pointe Direct Complete Plan (HMO SNP)	What You Should Know
Foot Care <i>(podiatry services)</i>	You pay 5% coinsurance for Medicare-covered podiatry services provided in the Nursing Home, 20% coinsurance for Medicare-covered podiatry services provided outside the Nursing Home	<i>May require prior authorization / may require a referral form from your doctor</i>
Medical Equipment/ Supplies Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)</i>	You pay 20% of the cost	<i>May require prior authorization</i> If you go to a preferred vendor, your cost may be less. Contact us for a list of preferred vendors.
Diabetes Supplies and Services <ul style="list-style-type: none"> • Diabetes monitoring supplies • Diabetes self-management training • Therapeutic shoes or inserts 	You pay 20% of the cost You pay 20% of the cost You pay 20% of the cost	<i>May require prior authorization / may require a referral form from your doctor</i>
Prosthetic Devices <i>(braces, artificial limbs, etc.)</i> <ul style="list-style-type: none"> • Prosthetic devices • Related medical supplies 	You pay 20% of the cost You pay 20% of the cost	
Wellness Programs (e.g. fitness) <ul style="list-style-type: none"> • Music therapy offered in the nursing home once per quarter 	You pay \$0 of the cost	

Prescription Drug Benefits

<p>Yearly Deductible Stage</p>	<p>The deductible is \$435. During this stage, you pay the full cost of drugs until you have reached the yearly deductible.</p>															
<p>Initial Coverage Stage</p>	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <table border="1" data-bbox="540 590 1433 800"> <thead> <tr> <th colspan="3">Standard Retail Cost-Sharing</th> </tr> <tr> <th>Tier</th> <th>One-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Generic and Brand drugs)</td> <td>25%</td> <td>25%</td> </tr> </tbody> </table> <table border="1" data-bbox="540 894 1433 1031"> <thead> <tr> <th colspan="2">Standard Mail Order Cost-Sharing</th> </tr> <tr> <th>Tier</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Generic and Brand drugs)</td> <td>25%</td> </tr> </tbody> </table> <p>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 at the same cost as an in-network pharmacy.</p>	Standard Retail Cost-Sharing			Tier	One-month supply	Three-month supply	Tier 1 (Generic and Brand drugs)	25%	25%	Standard Mail Order Cost-Sharing		Tier	Three-month supply	Tier 1 (Generic and Brand drugs)	25%
Standard Retail Cost-Sharing																
Tier	One-month supply	Three-month supply														
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Tier 1 (Generic and Brand drugs)	25%															
<p>Coverage Gap Stage</p>	<p>Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.</p> <p>You stay in the Initial Coverage Stage until the total amount for the prescription drugs you have filled and refilled reaches the \$4,020 limit for the Initial Coverage Stage.</p> <p>During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.</p>															
<p>Catastrophic Coverage Stage</p>	<p>You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$6,350 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.</p> <p>During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2020). You pay the greater of either a \$3.60 copay for generic (or a drug that is treated as generic) and \$8.95 for all other drugs, or a 5% coinsurance</p>															

	of the cost of the drug. Health Pointe Direct Coverage Plan pays for the rest of the drug.
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For more information on these four stages, see our plan's Evidence of Coverage by visiting www.healthpointeny.com or request a copy by calling Member Services at 1-844-269-3442. TTY users should call 711.



For questions on Health Pointe Direct Complete Plan,
please call our Member Services Department at:

1-844-269-3442
(TTY 711)

Calls to these numbers are free.

Additional benefits may apply. This plan is available to beneficiaries enrolled in Part A and B and who continue to pay their Medicare applicable premiums. Copayment, service area and benefit limitations apply. If you have Medicaid, you may not have additional copayment or costs for joining this program. Members may be liable for the cost of services not authorized by your Health Pointe Direct Complete Plan.