



Health Pointe Direct Complete Plan (HMO I-SNP)

Summary of Benefits

January 1, 2020 - December 31, 2020

**Bronx, Kings, Nassau, New York, Queens, and Westchester Counties,
State of New York**



Health Pointe Direct Complete Plan (HMO I-SNP) is required by federal law to provide the following information.

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 does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Health Pointe Direct Complete Plan provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Health Pointe Direct Complete Plan provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages. If you need these services, contact the Member Services at 1-888-201-4342.

If you believe that Health Pointe Direct Complete Plan (HMO I-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. If you need help filing a grievance, The Grievance Department is available to help you. You can file a grievance in person or by mail, fax, or email:

Grievance Department
810 7th Ave, Suite 801
New York, NY 10019
Phone: 1-888-201-4342
Email: Grievance@healthpointeny.com

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>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

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 1-888-201-4342 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-201-4342 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-888-201-4342 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-888-201-4342 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-201-4342 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-201-4342 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-201-4342 (TTY 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-201-4342 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화1-888-201-4342 (TTY 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-201-4342 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 24341028881. سيقوم شخص ما يتحدث بمساعدتك. هذه خدمة مجانية العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-201-4342 (TTY 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-201-4342 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-201-4342 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-201-4342 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-201-4342 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-201-4342 (TTY 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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-ISNP)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Health Pointe Direct Complete Plan (HMO-ISNP) covers and what you pay. If you would like to view the complete list of services offered by Health Pointe Direct, view our Evidence of Coverage at www.healthpointe.com/h5989 or request a copy by calling us at 1-888-201-4342, 8AM - 8PM, Monday-Friday. TTY users should call 711. 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 (HMO-ISNP)
- 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 1-888-201-4342.

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

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 (HMO-ISNP) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-888-201-4342. TTY users should call 711.

Section I - Introduction To Summary Of Benefits

- If you are not a member of this plan, call toll-free 1-888-201-4342. TTY users should call 711.
- Our website: www.healthpointe.com/h5989

Who can join?

To join Health Pointe Direct Complete Plan (HMO-ISNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, in a nursing home or at home but require the same level of care as those who live in a nursing home.

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

Which doctors, hospitals, and pharmacies can I use?

Health Pointe Direct Complete Plan (HMO-ISNP) 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 (www.healthpointe.com/h5989).

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, www.healthpointe.com/h5989.
- 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 two “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 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, Inc. for details.

Notice About Non-Discrimination

Health Pointe Direct Complete Plan (HMO-ISNP) 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-ISNP) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Pointe Direct Complete Plan (HMO-ISNP):

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - 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 Member Services.

If you believe that Health Pointe Direct Complete Plan (HMO-ISNP) 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 Member Services, 1733 Eastchester Road, 2nd Floor, Bronx, NY 10461, phone number 1-888-201-4342, email www.healthpointe.com/h5989. You can file a grievance in person or by mail, fax, 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>, 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-ISNP)	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>	\$6,700 for services you receive from in-network providers.	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

Section II - Summary Of Benefits

Premiums and Benefits	Health Pointe Direct Complete Plan (HMO-ISNP)	What You Should Know
Inpatient Hospital Care	<p>In 2020 the amounts for each benefit period are:</p> <ul style="list-style-type: none"> • \$1408 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. Any change of rate will be communicated to members when they become available. 	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. These amounts may change in 2020.</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>
Outpatient Hospital Coverage	<p>You pay 20% of the cost with some variation.</p>	<p>May require prior authorization.</p>
Ambulatory Surgery Center	<p>You pay 20% of the cost.</p>	
Doctor’s Office Visits <ul style="list-style-type: none"> • Primary Care Physician visit • Specialist visit 	<p>You pay 20% of the cost for each Primary Care Physician visit</p> <p>You pay 20% of the cost for each specialist visit</p>	<p>May require prior authorization / may require a referral form from your doctor</p>

Section II - Summary Of Benefits

Premiums and Benefits	Health Pointe Health Pointe Direct Complete Plan (HMO-ISNP)	What You Should Know
Preventive Care	<p>You pay nothing Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit 	Any additional preventive services approved by Medicare during the contract year will be covered.

Section II - Summary Of Benefits

Premiums and Benefits	Health Pointe Direct Complete Plan (HMO-ISNP)	What You Should Know
Emergency Care	You pay 20% of the cost (up to \$85)	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>

Section II - Summary Of Benefits

Premiums and Benefits	Health Pointe Direct Complete Plan (HMO-ISNP)	What You Should Know
Hearing Services	<p>For Medicare-covered hearing exams (hearing exams ordered by your physician to diagnose a medical condition), you pay 20% of the cost</p> <p>Routine hearing tests, supplemental hearing services and hearing aids are not covered.</p>	
Dental Services	<p>Not covered</p>	
Vision Services <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 nothing</p> <p>You pay nothing (for up to 1 pair every two years)</p> <p>You pay nothing (for up to 1 every two years)</p> <p>You pay nothing (for up to 1 every two years)</p> <p>You pay nothing</p> <p>Our plan pays up to \$300 every two years for eyewear.</p>	

Section II - Summary Of Benefits

Premiums and Benefits	Health Pointe Direct Complete Plan (HMO-ISNP)	What You Should Know
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient visit • Outpatient group therapy visit • Outpatient individual therapy visit 	<p>In 2020 the amounts for each benefit period are:</p> <ul style="list-style-type: none"> • \$1408 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>You pay 20% of the cost</p> <p>You pay 20% of the cost</p>	<p><i>May require prior authorization / may require a referral form from your doctor</i></p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>

Section II - Summary Of Benefits

Premiums and Benefits	Health Pointe Direct Complete Plan (HMO-ISNP)	What You Should Know
<p>Skilled Nursing Facility (SNF)</p>	<p>Our plan covers up to 100 days in a SNF 3 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 coinsurance per day of each benefit period. • Days 101 and beyond: all costs. 	<p>This amount may change in 2020.</p>
<p>Rehabilitation Services</p> <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</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>Ambulance</p>	<p>You pay 20% of the cost</p>	<p>May require prior authorization</p>
<p>Transportation</p>	<p>Not covered</p>	
<p>Medicare Part B Drugs</p>	<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-ISNP)	What You Should Know
Foot Care <i>(podiatry services)</i>	You pay 20% of the cost	May require prior authorization / may require a referral form from your doctor
Medical Equipment / Supplies Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)</i> Diabetes Supplies and Services <ul style="list-style-type: none"> • Diabetes monitoring supplies • Diabetes self-management training • Therapeutic shoes or inserts 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 You pay 20% of the cost	May require prior authorization If you go to a preferred vendor, your cost may be less. Contact us for a list of preferred vendors. May require prior authorization / may require a referral from your doctor.
Wellness Programs (e.g. fitness)	Not covered	
Over-The-Counter (OTC)	\$30 per quarter	Does not carry over if unused.

Section II - Summary Of Benefits

Prescription Drug Benefits

Yearly Deductible Stage During this stage, you pay the full cost of your Tier 2 (Brand) drugs. You stay in this stage until you have paid **\$435** for your Tier 2 (Brand) drugs. **\$435** is the amount of your Tier 2 (Brand) deductible.

Initial Coverage 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.

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 (Generic)	\$5.25 copay	\$15.75 copay
Tier 2 (Brand)	25% of the cost	25% of the cost

Standard Mail Order Cost-Sharing

Tier	Three-month supply
Tier 1 (Generic)	\$15.75 copay
Tier 2 (Brand)	25% of the cost

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.

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 **\$4,020**.

Catastrophic Coverage After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$6,350**, you pay the greater of:

- 5% of the cost, or
 - **\$3.60** copay for generic (including brand drugs treated as generic) and a **\$8.95** copayment for all other drugs.
-



For questions on Health PointeDirect's Medicare Plan,
please call our Member Services Department at:

1-888-201-4342
(TTY 711)

Calls to these numbers are free. Monday-Friday.
8:00 a.m. to 8:00 p.m. EST

Health Pointe Direct is a Health Maintenance Organization with a Medicare Advantage contract. 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 Health Pointe



Health Pointe Direct Complete Plan (HMO I-SNP)

Summary of Benefits

January 1, 2020 - December 31, 2020

**Bronx, Kings, Nassau, New York, Queens, and Westchester Counties,
State of New York**