

# 2022 Summary of Benefits

## Senior Whole Health of New York NHC (HMO D-SNP)

### New York H5992-007

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 of New York NHC (HMO D-SNP) Plan

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

**You do not have copays for office visits, medical services, or prescription drugs.**

### Eligibility

You are eligible to join Senior Whole Health of New York NHC if:

- You are 18 or older
- You are eligible for both Medicaid and Medicare
- You live in our New York City service area:
  - o Bronx County
  - o Kings County
  - o Nassau County
  - o New York County
  - o Queens County
  - o Westchester County
- You have health care needs that can be safely met in your home and/or community
- You are eligible for nursing home level of care at the time of enrollment
- You are assessed as requiring at least one (1) of the following long-term care services and care management for more than 120 days from the effective date of enrollment:
  - o Nursing services in the home
  - o Therapies in the home
  - o Home health aide services
  - o Adult day health care
  - o Personal care services in the home
  - o Private duty nursing
  - o Consumer Directed Personal Assistance Services

**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. 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. 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 of New York NHC available?</b>	New York, Kings, Queens, Bronx, Westchester, and Nassau counties.
<b>What are long-term services and supports?</b>	Long-term Services and Supports (LTSS) are services that help people who need assistance doing everyday tasks. This can include tasks like eating, taking baths, managing medication, grooming, walking, cooking, and managing money. The goal of most of these services is to help you safely and comfortably stay in your home and community.
<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 of New York NHC 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 of New York NHC 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 of New York NHC?</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 by another party.
<b>Do you pay a deductible as a member of Senior Whole Health of New York NHC?</b>	No. You do not pay deductibles in Senior Whole Health of New York NHC.
<b>What is the maximum out-of-pocket amount that you will pay for medical services as a member of Senior Whole Health of New York NHC?</b>	There is no cost sharing for medical services in Senior Whole Health of New York NHC. 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	Prior authorization may be required.
<b>Outpatient Hospital Coverage</b> We cover medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.	\$0	Prior authorization may be required.
<b>Ambulatory Surgery Center</b>	\$0	Prior authorization may be required.
<b>Doctor Visits</b>	\$0	Prior authorization may be required.
<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>
<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	Prior authorization is not required for outpatient x-ray services.  <b>Prior authorization may be required for other services.</b>

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Premiums and Benefits	Cost to Members	Limitations, exceptions and benefit information
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>Hearing exam</li> <li>Hearing aid</li> <li>Care &amp; maintenance of hearing aids or instruments</li> </ul> <p>Our plan covers hearing services and products when medically necessary to alleviate disability caused by the loss of impairment of hearing.</p>	\$0	<b>Prior authorization is not required.</b>
<b>Dental Services</b> <ul style="list-style-type: none"> <li>Oral Exam &amp; Cleaning</li> <li>Fillings</li> <li>Complete Dentures</li> </ul>	\$0	<b>Prior authorization may be required.</b> Medicare covered Dental Services follow original Medicare. Additional Dental Services are included under your Medicaid benefit.
<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>
<b>Skilled Nursing Facility (SNF)</b>	\$0	<b>Prior authorization may be required.</b> Medicare covers up to 100 days in a SNF. Additional days are covered under the NY Medicaid benefit.
<b>Physical Therapy</b>	\$0	<b>Prior authorization may be required.</b> Our plan covers additional outpatient rehabilitation services under the NY Medicaid benefit.
<b>Ambulance</b>	\$0	<b>Prior authorization may be required for non-emergency transportation.</b>

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Premiums and Benefits	Cost to Members	Limitations, exceptions and benefit information
<b>Transportation</b> We cover non-emergency transportation to and from medical appointments.	\$0	<b>Prior authorization may be required</b> for non-emergency ambulance transportation (except interfacility transportation). <b>Contact Senior Whole Health of New York NHC for assistance.</b>
<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.
<b>Outpatient Prescription Drugs</b> Includes Tier 1: Generic and brand drugs	\$0 As a member of our plan, your prescription drug copays are zero for: <ul style="list-style-type: none"> <li>• 30-day supply preferred retail prescriptions</li> <li>• 30-day supply non-preferred retail prescriptions</li> <li>• 90-day supply mail order prescriptions</li> </ul>	There may be limitations on the types of drugs covered. Please see the Senior Whole Health of New York NHC 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> <li>• Routine Foot Care</li> </ul>	\$0	<b>Prior authorization may be required.</b>

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Premiums and Benefits	Cost to Members	Limitations, exceptions and benefit information
<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.
<b>Home Health</b> Medicare and NY Medicaid home care services include intermittent skilled nursing, home health aide and rehabilitation services. Non-Medicare home health services are also covered.	\$0	<b>Prior authorization may be required.</b>
<b>Durable Medical Equipment (DME) or supplies</b> <ul style="list-style-type: none"> <li>• Wheelchairs, oxygen, walkers, etc.</li> <li>• Prosthetics</li> <li>• Diabetic supplies</li> </ul>	\$0	<b>Prior authorization may be required.</b> Our plan covers additional DME supplies. For a complete list of DME or supplies, call Member Services or read the Evidence of Coverage.

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## Section III

### Summary of Medicaid-Covered Benefits

Many of the services that are covered by Medicaid are also covered by Medicare through your Medicare Advantage Special Needs Plan. Only the services that may continue when Medicare coverage ends OR are not covered by Medicare are shown below. For the complete list of services, please see the *Evidence of Coverage*

Benefit	Cost to Members
<b>Inpatient Hospital Care including Substance Abuse and Rehabilitation Services</b> Covers up to 365 days per year (366 days for leap year).	<b>\$0</b> <b>Prior authorization may be required,</b> except in an emergency. Contact Senior Whole Health of New York NHC for assistance.
<b>Inpatient Mental Health</b> All inpatient mental health services, including voluntary or involuntary admissions over the Medicare 190-Day lifetime limit.	<b>\$0</b>
<b>Durable Medical Equipment (Non-Medicare Covered)</b> NY Medicaid will cover DME that: <ul style="list-style-type: none"> <li>• Can withstand repeated use for a protracted period of time;</li> <li>• Are primarily and customarily used for medical purposes;</li> <li>• 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.</li> </ul>	<b>\$0</b> <b>Prior authorization may be required.</b> Must be ordered by a qualified practitioner. No homebound prerequisite.
<b>Home Health Care Services (Non-Medicare Covered)</b> Covers skilled home health care services.	<b>\$0</b> <b>Prior authorization may be required.</b>
<b>Consumer Directed Personal Assistance Services (CDPAS)</b> This Medicaid program provides services to people with physical disabilities and who have a medical need for help with activities of daily living (ADL) or skilled nursing services. Services include those provided by a personal care aide (home attendant), home health aide or nurse. Members have flexibility and freedom in choosing their caregivers. The member or the person acting on the member's behalf assumes full responsibility for hiring, training, supervising, and – if need be – terminating the employment of persons providing the services.	<b>\$0</b> <b>Prior authorization may be required.</b>

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Benefit	Cost to Members
<p><b>Outpatient Rehabilitation Services</b></p> <p>Covered services include: physical therapy, occupational therapy and speech language therapy.</p> <p>Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices and Comprehensive Outpatient Rehabilitation Facilities (CORFs).</p>	<p><b>\$0</b></p> <p><b>Prior authorization may be required.</b></p> <p>Our plan covers additional outpatient rehabilitation services under the NY Medicaid benefit</p>
<p><b>Medical Transportation (Routine/non-emergency)</b></p> <p>Transportation services means transportation by:</p> <ul style="list-style-type: none"> <li>• Ambulance or ambulette,</li> <li>• Invalid coach,</li> <li>• Taxicab, livery,</li> <li>• Public transportation or other means appropriate to the Member's medical condition, as well a transportation attendant to accompany the member, if necessary.</li> </ul>	<p><b>\$0</b></p> <p><b>Prior authorization may be required.</b></p> <p>Contact Senior Whole Health of New York NHC for assistance.</p>
<p><b>Outpatient Mental Health and Substance Abuse Treatment</b></p> <p>Covers individual and group therapy visits.</p> <p>Member must be able to self-refer for one assessment from a network provider in a twelve (12) month period.</p>	<p><b>\$0</b></p> <p><b>Prior authorization may be required.</b></p>
<p><b>Preventive Services</b></p> <ul style="list-style-type: none"> <li>• Diabetes monitoring, management training, and supplies</li> <li>• Bone mass measurement</li> <li>• Colorectal screenings</li> <li>• Mammograms, pap smears and pelvic exams</li> <li>• Prostate exams</li> </ul>	<p><b>\$0</b></p>
<p><b>Medical Social Services</b></p> <p>Assessment, arranging and providing aid for social problems related to maintaining independence at home.</p>	<p><b>\$0</b></p> <p><b>Prior authorization may be required.</b></p>
<p><b>Home Delivered and Congregate Meals</b></p> <p>Meals provided at home or in congregate settings (e.g., senior centers) to individuals unable to prepare meals or have them prepared.</p>	<p><b>\$0</b></p> <p><b>Prior authorization may be required.</b></p>

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Benefit	Cost to Members
<p><b>Medical and Surgical Supplies, Enteral and Parenteral Formula</b></p> <p>Medical and surgical supplies are covered by the plan as long as the following criteria are met:</p> <ul style="list-style-type: none"> <li>• Can withstand repeated use for a protracted period of time</li> <li>• Are primarily and customarily used for medical purposes</li> <li>• 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</li> </ul> <p>Must be ordered by a qualified practitioner. No homebound pre-requisite.</p> <p>Enteral formula and nutritional supplements are limited to individuals who cannot obtain nutrition through any other means, and to the following conditions:</p> <p>1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube;</p> <p>2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means. Coverage of certain inherited disease of amino acid and organic acid metabolism shall include modified solid food products that are low protein or which contain modified protein.</p>	<p>\$0</p> <p><b>Prior authorization may be required.</b></p>
<p><b>Social Day Care</b></p> <p>Structured comprehensive program providing:</p> <ul style="list-style-type: none"> <li>• Socialization</li> <li>• Supervision and monitoring,</li> <li>• Personal care and assistance with ADLs</li> <li>• Nutrition in a protective setting during any part of the day</li> <li>• Case management and transportation.</li> </ul>	<p>\$0</p> <p><b>Prior authorization may be required.</b></p>
<p><b>Personal Emergency Response Services (PERS)</b></p> <p>Electronic device that enables individuals to secure help in a physical, emotional or environmental emergency.</p>	<p>\$0</p> <p><b>Prior authorization may be required.</b></p>
<p><b>Skilled Nursing Facility (SNF)</b> <b>(Non-Medicare Covered)</b></p> <p>NY Medicaid covers days beyond the Medicare 100-Day Limit. No prior hospital stay required.</p>	<p>\$0</p> <p><b>Prior authorization may be required.</b></p>

## Section IV

### Summary of Medicaid Fee-for-Service - Covered Benefits

The benefits described below are covered by Medicaid and are not covered by Senior Whole Health.

- Out of network family planning services provided under the direct access provisions of the waiver.
- 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 member is unable to receive them from his/her Medicare Advantage Plan).
- Methadone maintenance treatment programs.
- Certain mental health services, including:
  - o Intensive psychiatric rehabilitation treatment programs
  - o Case management for individuals who are seriously and persistently mentally ill (sponsored by state or local mental health units)
- Rehabilitation services provided to residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs
- Services offered by the Office for People with Developmental Disabilities (OPWDD)
- Home and Community Based Waiver Program Services
- Comprehensive Medicaid case management
- Directly observed therapy (DOT) for tuberculosis
- AIDS Adult Day Health Care, and
- Assisted Living Program

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## Things to Know About Senior Whole Health of New York NHC

### Hours of operation

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### 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: 1-877-353-0188 (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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