

2022

Summary of Benefits



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ArchCare Advantage (HMO I-SNP)

Plan H1777

January 1, 2022 - December 31, 2022.

ArchCare Advantage (HMO I-SNP) Health Plan is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage.”

To join **ArchCare Advantage (HMO I-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in New York: Manhattan, Bronx, Brooklyn, Queens, Staten Island, Westchester, Putnam, Orange, Dutchess and Onondaga.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at 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 document is available in other formats such as Braille, large print or audio.

For more information, please call us at 1-800-373-3177 (TTY users should call 711), Sunday-Saturday, 8:00 a.m.- 8:00 p.m., or visit us at www.ArchcareAdvantage.org.

Premiums and Benefits	ArchCare Advantage (HMO I-SNP)
Monthly Plan Premium	You pay \$42.40 You must continue to pay your Medicare Part B premium.
Deductible	You pay \$233 per year for in-network services. You pay \$480 per year for Part D prescription drugs.
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	You pay no more than \$7,550 annually. Includes copays and other costs for medical services for the year.

Premiums and Benefits	ArchCare Advantage (HMO I-SNP)
<p>Inpatient Hospital</p>	<p>In 2022 the amounts for each benefit period are:</p> <ul style="list-style-type: none"> • You pay \$1,556 deductible for days 1 through 60 • You pay \$389 copay per day for days 61 through 90 • You pay \$778 copay per day for 60 lifetime reserve <p>Authorization required.</p> <p>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.</p>
<p>Outpatient Hospital Services</p> <ul style="list-style-type: none"> ○ Ambulatory Surgical Center (ASC) Services 	<p>You pay a maximum of \$100 for outpatient surgery. Authorization is required for Hyperbaric therapies.</p> <p>\$100 copay for Medicare-covered Ambulatory Surgical Center (ASC) Services. Authorization is required.</p>
<p>Doctor Visits</p> <ul style="list-style-type: none"> ○ Primary ○ Specialists 	<p>You pay \$0 copay per visit.</p> <p>You pay \$0 copay per visit.</p>
<p>Preventive Care (e.g., flu vaccine, diabetic screenings)</p>	<p>You pay nothing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p>Emergency Care</p>	<p>You pay \$90 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>
<p>Urgently Needed Services</p>	<p>You pay \$0 copay per visit.</p>
<p>Diagnostic Services/Labs/Imaging</p> <ul style="list-style-type: none"> ○ Diagnostic tests and procedures ○ Lab services 	<p>You pay 20% of the cost for Medicare-covered Diagnostic Procedures/Tests; Medicare-covered Lab Services</p> <p>Authorization required for MRI, Functional MRI, Pharmokinetic Testing, MRA & PET Scan</p>

Premiums and Benefits	ArchCare Advantage (HMO I-SNP)
<p>Hearing Services</p> <ul style="list-style-type: none"> ○ Routine hearing exam ○ Hearing aids 	<p>You pay \$0 copay per exam. Exam must be to diagnose and treat hearing and balance issues.</p> <p>You pay 30% of the cost for hearing aids. Authorization is required.</p> <p>This benefit is limited to 2 hearing aids every 3 years. Hearing aid accessories are not covered by the plan, but are available for members to buy at an additional cost.</p> <p>You are responsible for all costs for hearing aids not purchased from a network provider.</p>
<p>Dental Services</p>	<p>You pay \$0 copay. Does not include services in connection with care, treatment, filling, removal, or replacement of teeth.</p>
<p>Vision Services</p> <ul style="list-style-type: none"> ○ Exam to diagnose and treat diseases and conditions of the eye ○ Eyeglasses or contact lenses after cataract surgery 	<p>You pay \$0 copay.</p> <p>You pay 20% of the cost. Including yearly glaucoma screening. Authorization required for glaucoma screening.</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> ○ Inpatient visit* ○ Outpatient group therapy visits* ○ Outpatient individual therapy visits* 	<p>In 2022 the amounts you pay for each benefit period are:</p> <ul style="list-style-type: none"> • You pay \$1,556 deductible for days 1 through 60 • You pay \$389 copay per day for days 61 through 90 • You pay \$778 copay per day for 60 lifetime reserve days <p>You pay nothing per stay for days 91 and beyond.</p> <p>You pay \$0 copay outpatient group/individual therapy visits. Authorization is required.</p>
<p>Skilled Nursing Facility</p>	<p>You pay nothing per day for days 1 through 100. Our plan covers up to 100 days in a SNF. Authorization required.</p>
<p>Rehabilitation Services</p> <ul style="list-style-type: none"> ○ Occupational therapy visit ○ Physical therapy and speech and language therapy visit 	<p>You pay nothing.</p> <p>You pay nothing.</p>
<p>Ambulance</p>	<p>\$100 copay for Medicare covered Ground Ambulance Services. \$250 copay for Medicare covered Air Ambulance Services.</p>
<p>Transportation</p>	<p>\$0 copayment for each one-way trip.</p> <p>Benefit limited to ten (10) one-way trips, in-network only, per calendar year (limited to ground transportation only). Authorization required.</p>

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Medicare Part B Drugs	20% of the cost for chemotherapy drugs and other Part B drugs. Authorization is required.

Outpatient Prescription Drugs

Deductible	After you pay your deductible of \$480		
	Retail Rx 30-day supply	Mail Order 90-day supply	If you reside in a long-term care facility, you pay the same as at a retail pharmacy.
Phase 1: Initial Coverage (After you pay your deductible of \$480, if applicable)	You pay 25%.	You pay 25%.	Cost-Sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
Phase 2: Coverage Gap <ul style="list-style-type: none"> ○ Generic ○ Brand 	You pay Generic 25%. You pay Brand 25%.	You pay Generic 25%. You pay Brand 25%.	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 \$4,330. You will leave the coverage gap when total drug costs reach \$7,050.
Phase 3: Catastrophic Coverage	You pay the greater of 5% of the cost or \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs.	You pay the greater of 5% of the cost or \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs.	

Additional Benefits

Dialysis Services	You pay 20% of the cost.
Home Health Services	You pay \$0 copay. Authorization is required.
Medical Equipment/Supplies <ul style="list-style-type: none"> ○ Durable Medical Equipment (e.g., wheelchairs, oxygen)* ○ Prosthetics (e.g., braces, artificial limbs)* ○ Diabetes supplies 	You pay 20% of the cost for durable medical equipment, prosthetics and diabetic supplies. *Authorization is required for durable medical equipment and prosthetics.
Medicare-covered Diabetes Self-Management Training	Authorization is required.
Opioid Treatment Services	Authorization is required.
Outpatient Blood Services	You pay 20% of the cost.
Outpatient Substance Abuse Services	You pay 20% of the cost for Medicare-covered Individual or Group Sessions.
Partial Hospitalization	You pay 20% of the cost.
Wellness Programs (e.g., fitness)	Not covered.
Help with Certain Chronic Conditions	You pay \$0 copay. You may be eligible for the Palliative Care Program if you have a serious illness. Palliative Care is provided by a team of doctors, nurses and other specially trained people and continues alongside your regular medical care as added support. You will receive the following support through Care Management Services: <ul style="list-style-type: none"> - Comprehensive care assessment - Care planning and goals of care discussions - Access to social services and community resources - Coordination with your Primary Care Physician Please see the Evidence of Coverage for more information.
Hospice care	You pay \$0 copay. There is no limit for this benefit as long as you continue to meet the eligibility criteria. If you are eligible but don't feel ready for hospice care, you can receive supportive services through the Palliative Care Program as outlined in <i>Help With Certain Chronic Conditions</i> . Please see the Evidence of Coverage for eligibility and more information.

Supplemental Benefits

<p>Foot Care (podiatry services)</p> <ul style="list-style-type: none">○ Foot exams and treatment○ Routine foot care	<p>You pay \$0 copay.</p> <p>You pay nothing for routine foot care, but there are two (2) visits allowed every three (3) months.</p>
<p>Over The Counter (OTC) Card</p>	<p>Use this card like cash to purchase up to \$120 per month of many common items at local pharmacies, including CVS, Walgreens, Rite Aid and Duane Reade, without having to submit a receipt or pay in advance. Note that your unused monthly balance does not carry forward to subsequent months.</p>
<p>Post-Discharge In-Home Medication Reconciliation</p>	<p>Following discharge from a hospital or skilled nursing facility, a qualified health provider, in cooperation with the member's physician, would review the member's complete medication regimen in place prior to the admission and compare and reconcile with the regimen prescribed for the enrollee at discharge to ensure new prescriptions are obtained, discontinued medications are discarded and identify and eliminate medication side effects and interactions that could result in illness or injury. The maximum coverage for post-discharge in-home medication reconciliation is \$100 per year.</p>

You can find additional documents and information in our Evidence of Coverage (EOC), Provider/Pharmacy Directory and Formulary on our website at www.archcareadvantage.org.

ArchCare Advantage (HMO I-SNP) is a Coordinated Care plan with a Medicare contract. Enrollment in ArchCare Advantage depends on contract renewal. This plan is available to anyone with Medicare who meets the Skilled Nursing Facility (SNF) level of care. You must continue to pay your Part B premium. The formulary, pharmacy network and provider network may change at any time. You will receive notice when necessary. If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-373-3177, (TTY 711). You can ask for this information for free in other formats, such as Braille, large print, data CD, audio CD or qualified reader. Puede solicitar esta información de forma gratuita en otros formatos, tales como Braille, letra grande, en CD, CD de audio o un lector cualificado. For additional information, call us at 1-800-373-3177, (TTY 711). This information is available for free in other languages. Please call our customer service number at 1-800-373-3177, (TTY 711), Sunday-Saturday, 8:00 a.m.-8:00 p.m. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

Discrimination is Against the Law

ArchCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ArchCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ArchCare

- 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 **Victor Fama @ (917) 484-5055 TTY 711**

If you believe that ArchCare has failed to provide these services listed above or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **Victor Fama, (917) 484-5055 TTY 711**, or email compliancereport@archcare.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Victor Fama (917) 484-5055 TTY 711** 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/cp/wizard_cp.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 on-line at
<http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-373-3177 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-373-3177 (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1-800-373-3177 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-373-3177 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-373-3177 (청각 장애인용 서비스: 711)으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-373-3177 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-373-3177 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-373-3177 (711:YTT)-1 هاتف الصم والبكم

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-373-3177 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-373-3177 (ATS: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-373-3177 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-373-3177 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-373-3177 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-373-3177 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(1-800-373-3177 (TTY: 711)まで、お電話にてご連絡ください。

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما بگیرید تماس 1-800-373-3177 (TTY: 711) با. باشد می ف.



If you have special needs, this document
may be available in other formats
www.ArchCareAdvantage.org