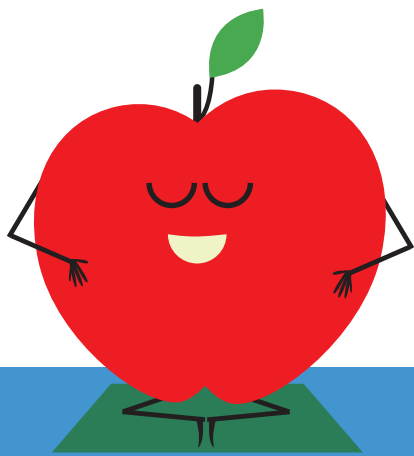




LiveWell (HMO) Summary of Benefits

**A Medicare Advantage
Health Maintenance Organization (HMO)
offered by AgeWell New York, LLC
with a Medicare contract**



Peace and well-being

LIVEWELL (HMO)

(a Medicare Advantage Health Maintenance Organization (HMO) offered by AGEWELL NEW YORK, LLC with a Medicare contract)

Summary of Benefits

January 1, 2016 December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

Bronx, Kings (Brooklyn), Nassau, New York, Queens, Suffolk, and Westchester County

Disclaimer: AgeWell New York has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/1017 based on a review of AgeWell New York's Model of Care.

Proposed Effective Date _____/_____/_____

Primary Care Provider

Name _____

Address _____

Phone Number (_____) _____

Name of Sales Representative _____

Important Numbers

Member Services: 1-866-586-8044 or

TTY: 1-800-662-1220, 8 a.m. to 8 p.m., 7 days a week

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Introduction to the 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 **LiveWell (HMO)**)

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what LiveWell (HMO) covers and what you pay.

- 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 **LiveWell (HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Optional Benefits (you must pay an extra premium for these 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 (866) 586-8044 or TTY (800) 662-1220.

Things to Know About LiveWell (HMO)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

LiveWell (HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free (866) 586-8044 or TTY (800) 662-1220.
- If you are not a member of this plan, call toll-free (866) 586-8044 or TTY (800) 662-1220.
- Our website: <http://www.agewellnewyork.com>

Who can join?

To join **LiveWell (HMO)**, 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: Bronx, Kings, Nassau, New York, Queens, Suffolk, and Westchester.

Which doctors, hospitals, and pharmacies can I use?

LiveWell (HMO) 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.agewellnewyork.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 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, <http://www.agewellnewyork.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 one of five "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.

Section II: Summary of Benefits

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium?	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	\$275 per year for Part D prescription drugs except for drugs listed on Tier 1 which are excluded from the deductible.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$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>
Is there a limit on how much the plan will pay?	No. There are no limits on how much our plan will pay.

Covered Medical and Hospital Benefits

Note:

- Services with a ¹ may require prior authorization.
- Services with a ² may require a referral from your doctor.

Outpatient Care and Services	
Acupuncture	For up to 24 visit(s) every year: \$10 copay
Ambulance¹	\$250 copay If you are admitted to the hospital, you do not have to pay for the ambulance services.
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay
Dental Services¹	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing
Diabetes Supplies and Services¹	Diabetes monitoring supplies: \$10 copay Diabetes self-management training: 20% of the cost Therapeutic shoes or inserts: \$10 copay
Diagnostic Tests, Lab and Radiology Services, and X Rays (Costs for these services may be different if received in an outpatient surgery setting)¹	Diagnostic radiology services (such as MRIs, CT scans): \$200 copay Diagnostic tests and procedures: \$15 copay Lab services: You pay nothing Outpatient xrays: You pay nothing Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost
Doctor's Office Visits	Primary care physician visit: You pay nothing Specialist visit: \$30 copay
Durable Medical Equipment (wheelchairs, oxygen, etc.)¹	20% of the cost
Emergency Care	\$75 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Foot Care (podiatry services)¹	Foot exams and treatment if you have diabetes related nerve damage and/or meet certain conditions: \$30 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues: 20% of the cost

Outpatient Care and Services	
Home Health Care¹	You pay nothing
Mental Health Care¹	<p>Inpatient visit:</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>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</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> <ul style="list-style-type: none"> • \$220 copay per day for days 1 through 7 • You pay nothing per day for days 8 through 90 <p>Outpatient group therapy visit: \$40 copay Outpatient individual therapy visit: \$40 copay</p>
Outpatient Rehabilitation¹	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): 20% of the cost</p> <p>Occupational therapy visit: \$40 copay</p> <p>Physical therapy and speech and language therapy visit: \$40 copay</p>
Outpatient Substance Abuse¹	<p>Group therapy visit: \$40 copay</p> <p>Individual therapy visit: \$40 copay</p>
Outpatient Surgery¹	<p>Ambulatory surgical center: \$250 copay</p> <p>Outpatient hospital: 20% of the cost</p>
Over-the-Counter Items	Not Covered
Prosthetic Devices (<i>braces, artificial limbs, etc.</i>)¹	<p>Prosthetic devices: 20% of the cost</p> <p>Related medical supplies: 20% of the cost</p>
Renal Dialysis¹	\$30 copay

Outpatient Care and Services	
Transportation	Not covered
Urgently Needed Services	<p>\$65 copay</p> <p>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.</p>
Vision Services¹	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): You pay nothing</p> <p>Routine eye exam (for up to 1 every year): You pay nothing</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p>

Preventive Care	
	<p>You pay nothing</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 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 <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Hospice	
	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>

Inpatient Care	
Inpatient Hospital Care¹	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</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> <ul style="list-style-type: none"> • \$275 copay per day for days 1 through 7 • You pay nothing per day for days 8 through 90
Inpatient Mental Health Care¹	<p>For inpatient mental health care, see the "Mental Health Care" section of this booklet.</p>
Skilled Nursing Facility (SNF)¹	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • You pay nothing per day for days 1 through 20 • \$160 copay per day for days 21 through 100

Prescription Drug Benefits

How much do I pay?	For Part B drugs such as chemotherapy drugs: 20% of the cost Other Part B drugs: \$0-50 copay depending on the drug			
Initial Coverage				
	After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. 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	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$5 copay	\$10 copay	\$15 copay
	Tier 2 (Non-Preferred Generic)	\$15 copay	\$30 copay	\$45 copay
	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$135 copay
	Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay	\$285 copay
	Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	25% of the cost
Standard Mail Order Cost-Sharing	Tier		Three-month supply	
	Tier 1 (Preferred Generic)		\$12.50 copay	
	Tier 2 (Non-Preferred Generic)		\$37.50 copay	
	Tier 3 (Preferred Brand)		\$112.50 copay	
	Tier 4 (Non-Preferred Brand)		\$237.50 copay	
	Tier 5 (Specialty Tier)		25% of the cost	
	If you reside in a longterm 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					
	<p>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 \$3,310.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 65% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.</p>				
Standard Retail Cost-Sharing	Tier	Drugs Covered	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	All	\$5 copay	\$10 copay	\$15 copay
Standard Mail Order Cost-Sharing	Tier	Drugs Covered	Three-month supply		
	Tier 1 (Preferred Generic)	All	\$12.50 copay		
Catastrophic Coverage					
	<p>After your yearly outofpocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs. 				

Optional Benefits (*you must pay an extra premium each month for these benefits*)

Package 1: Preventive and Comprehensive Dental	
	Benefits include: <ul style="list-style-type: none"> • Preventive Dental • Comprehensive Dental
How much is the monthly premium?	Additional \$12 per month.
How much is the deductible?	This package does not have a deductible.
Is there a limit on how much the plan will pay?	No. There is no limit to how much our plan will pay for benefits in this package.

Section III: Extra Benefits

Members of Age Well LiveWell (HMO SNP) plan have access to the below benefits:

AgeWell Silver Sneakers Benefit

Focusing on your overall well-being helps you lead a longer, more active, and healthier life. That's why, as a supplemental benefit, AgeWell New York gives members access to the SilverSneakers program at no additional cost. SilverSneakers offers programming, social activities, health education seminars, and more all specifically designed for older adults. Each beneficiary receives a basic fitness membership at a participating location, including access to fitness equipment and SilverSneakers classes led by certified instructors. If you have any questions please contact Member Services at (866) 586-8044, TTY (800) 662-1220 for the hearing impaired, from 8.00 a.m. to 8.00 p.m., 7 days a week.

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 1-866-586-8044 or, TTY 1-800-662-1220. 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 1-866-586-8044. 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 1-866-586-8044。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 1-866-586-8044。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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-866-586-8044. 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 1-866-586-8044. 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 1-866-586-8044 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 1-866-586-8044. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-586-8044번으로 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 1-866-586-8044. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

لوصح لى ان يدلى ؤى و دألا لودج وأ ؤحصل اب قل عتت ؤلى ؤسأى أى ن ع ؤباج لى ؤى ن اجم لى روفال ا م جرت م ل ا م دقن ان ا ؤى ب ر ع ل ا ث دحتى ام ص ش م وقى س 1-866-586-8044 لى ع ان ب ل اصتال ا لى وس ك لى ع س لى روف م جرت م لى ع ؤى ن اجم ؤم د خ ه ذه ك ت د ع اس م ب .

Hindi¹: 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 1-866-586-8044 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 1-866-586-8044. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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 1-866-586-8044. 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 1-866-586-8044. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umo liwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomo e w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znaj cego j zyk polski, nale y zadzwoni pod numer 1-866-586-8044. 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、1-866-586-8044 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。

¹ Please note that Arabic and Hindi text appear in the MMG word version of the MMG only.



We're here for your call.

Toll Free 1.866.586.8044 | TTY/TDD 1.800.662.1220
info@agewellnewyork.com | agewellnewyork.com



AgeWell New York LLC is an HMO plan with a Medicare contract. Enrollment in AgeWell New York LLC depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium unless paid for by the state medical assistance program. This information is available for free in other languages. Please call our customer service number at (866)586-8044 TTY users should call 1-800-662-1220, 7 days a week from 8:00 a.m. to 8:00 p.m. eastern time. Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.