

GuildNet



**LIGHTHOUSE
GUILD**
Vision+Health

GuildNet Gold

HMO SNP

Summary of Benefits 2018



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Summary of
Benefits_Accepted

SUMMARY of BENEFITS

January 1, 2018 - December 31, 2018

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

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."

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, GuildNet Gold HMO SNP.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what GuildNet Gold (HMO SNP) 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>.

Things to Know About GuildNet Gold (HMO SNP)

Hours of Operation: You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern Time.

GuildNet Gold HMO SNP Plan Phone Numbers and Website:

If you are a member of this plan, call toll-free 1-800-815-0000. TTY users call 711.

If you are not a member of this plan, call toll-free 1-800-815-0000. TTY users call 711.

Our website: <http://www.guildnetny.org>

This document is available in other formats such as Braille, audio tape, and large print.

Who can join?

To join GuildNet Gold HMO SNP Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and New York State's Medicaid program, require long term care services for at least 120 days from the date of enrollment, and live in our service area.

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

Which doctors, hospitals, and pharmacies can I use?

GuildNet Gold HMO SNP 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 (www.guildnetny.org). Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

We cover everything that Original Medicare covers - and more.

Our plan members get all of the benefits covered by Original Medicare. While you are enrolled in our plan, you pay nothing for your medical and hospital care.

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.guildnetny.org.

Or, call us at 1-800-815-0000 (TTY users call 711) and we will send you a copy of the formulary.

How will I determine my drug costs?

Although our plan groups each medication into one of five "tiers", because our members also get assistance from Medicaid, you pay nothing for your medication in all five tiers. The four stages of coverage (deductible, initial coverage, coverage gap and catastrophic coverage) also do not apply to you because of your Medicaid coverage. You will pay nothing for covered drugs through all stages, while you are enrolled in our plan.

GuildNet is a HMO SNP plan with Medicare and New York State contracts. Enrollment in GuildNet Gold depends on contract renewal.

You must continue to pay your Medicare Part B premium. If you have full Medicaid coverage, the State Medicaid plan pays the Medicare Part B premium for you.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or co-payments may change on January 1 of each year.

If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-815-0000 (TTY: 711).

Si habla español, los servicios de asistencia lingüística están a su disposición gratuitamente. Llame al 1-800-815-0000 o TTY: 711.

This information is available for free in other languages. Please contact our member services at 1-800-815-0000, 8am to 8pm, Monday through Sunday. TTY users call 711.

Esta información está disponible sin cargo en otros idiomas. Por favor llame a los números de servicio al miembro al 1-800-815-0000 (solo los usuarios de TTY 711 para obtener información adicional. El servicio al miembro está disponible lunes a domingo, de 8am a 8pm.

You can also download a copy of *Medicare & You 2018* from the Medicare website (<https://www.medicare.gov>). Or, you can order a printed copy by phone at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.

New York State Medicaid covers your copays, deductibles and cost-sharing. Balance billing is prohibited. If a provider has balance billed you, do not pay the bill. Please call Member Services or send the bill to us for processing.

SECTION II - SUMMARY OF BENEFITS

January 1, 2018 - December 31, 2018

Premiums and Benefits	GuildNet Gold HMO SNP	What you should know
Monthly Plan Premium	You pay nothing.	If you have full Medicaid coverage, the State Medicaid plan pays the Medicare Part B premium for you.
Deductible	You pay nothing.	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$3,400 annually for medical and hospital services.	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and the Plan will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Inpatient Hospital Coverage	You pay nothing.	Authorization required. No prior authorization for emergency admission, but your doctor must tell the Plan that you are going to be admitted. Coverage for 365 days per year. You will not be charged additional cost sharing for professional services.

Premiums and Benefits	GuildNet Gold HMO SNP	What you should know
Outpatient Hospital Coverage	You pay nothing	<p>Prior authorization may be required.</p> <p>We cover medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.</p>
<p>Doctor Visits</p> <p>Primary</p> <p>Specialists</p>	<p>You pay nothing.</p> <p>You pay nothing.</p>	No authorization required.
Preventive Care	You pay nothing.	The Plan covers all covered preventive service and you pay nothing.
Emergency Care	You pay nothing.	<p>No prior authorization required.</p> <p>Worldwide coverage.</p>
Urgently Needed Services	You pay nothing.	No authorization required.
<p>Diagnostic Services/Labs/ Imaging</p> <p>Diagnostic radiology service (MRI, CT scans)</p> <p>Lab services</p> <p>Diagnostic tests and procedures</p> <p>Outpatient x-rays</p>	<p>You pay nothing.</p> <p>You pay nothing.</p> <p>You pay nothing.</p> <p>You pay nothing.</p>	<p>Prior authorization required for genetic testing, MRI, MRA, CT and PET scans and nuclear imaging.</p>

Premiums and Benefits	GuildNet Gold HMO SNP	What you should know
Therapeutic radiology services (such as radiation treatment for cancer)	You pay nothing.	
Hearing Services Hearing exam	You pay nothing	No authorization required.
Hearing aid (covered under Medicaid)	You pay nothing.	<p>The plan covers Medicaid-covered medically necessary hearing services and products to alleviate the loss or impairment of hearing. This includes hearing aid selecting, fitting, and dispensing, conformity evaluations and hearing aid prescriptions, and hearing aid products including hearing aids, hearing aid batteries, ear molds, special fittings, and replacement parts.</p> <p>Additional benefit of \$700 total combined for hearing aids for both ears per calendar year.</p>
Dental Services Oral exam & Cleaning	You pay nothing.	<p>Prior authorization may be required for some services.</p> <p>The plan covers Medicaid necessary preventive, prophylactic and other routine dental care, services and supplies, dental prosthetics to alleviate a serious health condition, and ambulatory or inpatient surgical dental services.</p>
Fillings	You pay nothing.	Plan offers preventive and supplemental enhanced benefits, includes molar root canals, restorative periodontics surgery, fixed bridgework, Non-routine Services, Restorative Services, Endodontics, Prosthodontics, Oral/ Maxillofacial Surgery, other services, including implants.

Premiums and Benefits	GuildNet Gold HMO SNP	What you should know
Complete dentures	You pay nothing.	Benefit limited for restorative the periodicity is once per 5 years per tooth; for endodontic the periodicity is one per lifetime per tooth; for periodontics the periodicity is one per 5 years, and for prosthodontic the periodicity is one per five years. Implants and other non-routine services are one per lifetime per tooth for these service. Plan provides \$750 maximum coverage benefit per quarter. Unused balance of \$750 quarterly maximum benefit rolls over to the next quarter.
<p>Vision Services</p> <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</p>	You pay nothing.	<p>No authorization required.</p> <p>Call Eyemed at 1-844-790-3878.</p> <p>Our plan pays up to \$500 every year for a second pair of contact lenses and eyeglasses (frames and lenses).</p>
<p>Routine eye exam (for up to 1 every year)</p> <p>Contact lenses (annual supply)</p> <p>Eyeglasses (frames and lenses) (for up to 1 every year)</p> <p>Eyeglasses or contact lenses after cataract surgery</p>	<p>You pay nothing.</p> <p>You pay nothing.</p> <p>You pay nothing.</p> <p>You pay nothing.</p>	

Premiums and Benefits	GuildNet Gold HMO SNP	What you should know
<p>Transportation Routine transportation to obtain necessary medical care</p>	<p>You pay nothing.</p>	<p>Prior Authorization is required.</p> <p>Call National Medical Transportation at 1-800-934-7704</p> <p>The plan covers routine transportation under the Medicaid-covered benefit, which includes ambulette, invalid coach, taxicab, livery, public transportation, or other appropriate means.</p>
<p>Foot Care (podiatry services)</p> <p>Foot exams and treatment</p> <p>Routine foot care</p>	<p>You pay nothing.</p> <p>You pay nothing.</p>	<p>No authorization required.</p> <p>Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs).</p> <p>Routine foot care 4 times per year. Additional routine foot care visits for members with certain medical conditions affecting the lower limbs.</p>
<p>Medical Equipment/Supplies</p> <p>Durable Medical Equipment (e.g., wheelchairs, oxygen)</p> <p>Prosthetics (e.g., braces, artificial limbs)</p> <p>Diabetes supplies</p>	<p>You pay nothing.</p> <p>You pay nothing.</p> <p>You pay nothing.</p>	<p>Authorization may be required.</p>

Premiums and Benefits	GuildNet Gold HMO-SNP	What you should know
<p>Wellness Programs Health Education</p> <p>Nutritional/ Dietary</p> <p>Smoking and Tobacco Cessation Counseling</p>	<p>You pay nothing.</p> <p>You pay nothing.</p> <p>You pay nothing.</p>	<p>Newsletter and disease specific information. Health education is offered telephonically and is conducted by a RN or LMSW. Education is disease specific with an emphasis on diabetes, cardiac disease and vision issues.</p> <p>General and disease specific nutrition education is provided by RNs.</p> <p>The Plan provides 8 face-to-face visits for smoking cessation, in addition to the 8 face-to-face visits provided through the Medicare standard benefit.</p>
<p>Medicare Part B Drugs</p> <p>Chemotherapy Drugs</p> <p>Other drugs</p>	<p>You pay nothing.</p> <p>You pay nothing.</p>	<p>Prior authorization required.</p>

Supplemental Benefits Medicare Covered Services

Medication Dispensing Units	You pay nothing.	Qualified members will receive an electronic medication box and will receive calls from staff. Members are qualified to use the device if they have difficulty taking medications regularly, have a home environment where the device can be safely placed and have the capacity to safely utilize the device. Prior authorization required.
Over-the-Counter Items	You receive \$185 per month.	The OTC benefit amount is monthly and if not used by the end of the month, the member loses unspent dollars.
Telemonitoring	You pay nothing.	Qualified members can have their disease monitored electronically and receive calls/reminders from staff. Members are qualified to participate in the telemonitoring program if they have multiple hospitalizations, if they are diagnosed with uncontrolled diabetes, heart failure or COPD, and if they can safely use the equipment. Reports of telephonic monitoring will be sent to the member's PCP. Prior authorization required.

Medicaid-Covered Benefits

Private Duty Nursing	You pay nothing.	In-Network medically necessary private duty nursing services provided by a registered physician assistant or certified nurse when required by the written treatment plan. Prior authorization required.
Personal Care Services	You pay nothing.	In-Network medically necessary assistance with activities such as personal hygiene, dressing and feeding, and nutritional and environmental support function tasks. Prior authorization required.

Medicaid-Covered Benefits

Medical Social Services	You pay nothing.	In-Network assessment, arranging and providing aid for social problems related to maintaining individual at home. Prior authorization required.
Social and Environmental Supports	You pay nothing.	In-Network services and items to support member's medical need. May include home maintenance tasks, homemaker/chore services, housing improvement, and respite care. Prior authorization required.
Home Delivered and Congregate Meals	You pay nothing.	In-Network meals provided at home or in congregate settings, e.g., senior centers to individuals unable to prepare meals or have them prepared. Prior authorization required.
Adult Day Health Care	You pay nothing.	In-network medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure activities, dental, pharmaceutical, and other ancillary services. Prior authorization required.
Social Day Care	You pay nothing.	In-Network structured comprehensive program providing socialization; supervision, monitoring; personal care, nutrition in a protective setting is covered. Prior authorization required.
Personal Emergency Response Services (PERS)	You pay nothing.	In-Network electronic device that enables individuals to secure help in a physical, emotional or environmental emergency. Prior authorization required.

Prescription Drugs

	Preferred Retail Rx 30-day supply	Non-Preferred Retail Rx 30-day supply	Mail Order 90-day supply	
All Coverage Stages (deductible, initial coverage, coverage gap, and catastrophic coverage)				Because our members also get assistance from Medicaid, your deductible is \$0.
Tier 1: Preferred Generic	You pay \$0	You pay \$0	You pay \$0	All drug tiers: \$0 copayment
Tier 2: Non-Preferred Generic	You pay \$0	You pay \$0	You pay \$0	You pay nothing during all of the coverage stages.
Tier 3: Preferred Brand	You pay \$0	You pay \$0	You pay \$0	
Tier 4: Non-Preferred Brand	You pay \$0	You pay \$0	You pay \$0	
Tier 5: Specialty Tier	You pay \$0	You pay \$0	You pay \$0	

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