



SENIOR WHOLE HEALTH

Simple. Secure. Independent.

**SENIOR WHOLE HEALTH PLUS OF NEW YORK (HMO)
SPECIAL NEEDS PLAN**

SUMMARY of BENEFITS

**MEDICARE ADVANTAGE
and MEDICAID ADVANTAGE programs**

ZIP CODES in Senior Whole Health Plus of NY's Service Area

Albany County	FULL zip codes				Partial Zip Codes*
	12007	12147	12214	12240	12053
	12009	12158	12220	12241	12083
	12023	12159	12222	12242	12122
	12041	12161	12223	12243	12303
	12045	12183	12224	12244	12304
	12046	12186	12225	12245	12306
	12047	12189	12226	12246	12309
	12054	12193	12227	12247	
	12055	12201	12228	12248	
	12059	12202	12229	12249	
	12067	12203	12230	12250	
	12077	12204	12231	12252	
	12084	12205	12232	12255	
	12085	12206	12233	12256	
	12107	12207	12234	12257	
	12110	12208	12235	12260	
	12111	12209	12236	12261	
	12120	12210	12237	12262	
	12128	12211	12238	12288	
	12143	12212	12239	12469	
Columbia County	FULL zip codes				Partial Zip Codes*
	12017	12125	12184	12523	12062
	12029	12130	12195	12526	12156
	12037	12132	12502	12529	12168
	12050	12136	12503	12530	12546
	12060	12165	12513	12534	12567
	12075	12172	12516	12541	12583
	12106	12173	12517	12544	
	12115	12174	12521	12565	
				12593	
Dutchess County	FULL zip codes				Partial Zip Codes*
	12501	12524	12567	12583	10512
	12504	12527	12569	12585	10516
	12506	12531	12570	12590	12543
	12507	12533	12571	12592	
	12508	12537	12572	12594	
	12510	12538	12574	12601	
	12511	12540	12578	12602	
	12512	12545	12580	12603	
	12514	12546	12581	12604	
	12522	12564	12582		

Summary of Benefits for Senior Whole Health Plus of NY for 2010

Green County	FULL Zip Codes				Partial Zip Codes*
	12015	12405	12431	12460	12046
	12042	12407	12436	12463	12143
	12051	12413	12439	12468	12430
	12058	12414	12442	12470	12469
	12083	12418	12444	12473	12480
	12087	12422	12450	12482	
	12124	12423	12451	12485	
	12176	12424	12452	12492	
	12192	12427	12454	12496	
Montgomery County	FULL Zip Codes				Partial Zip Codes*
	12010	12068	12086	13339	13459
	12016	12069	12166	13410	
	12066	12070	12177	13428	
		12072	13317	13452	
Orange County	FULL Zip Codes				Partial Zip Codes*
	10910	10930	10975	12550	12542
	10912	10932	10979	12551	12589
	10914	10933	10981	12552	12721
	10915	10940	10985	12553	
	10916	10941	10987	12555	
	10917	10943	10988	12566	
	10918	10949	10990	12575	
	10919	10950	10992	12577	
	10921	10953	10996	12584	
	10922	10958	10997	12586	
	10924	10959	10998	12729	
	10925	10963	12518	12739	
	10926	10969	12520	12746	
	10928	10973	12543	12771	
			12549	12780	
Rensselaer County	FULL Zip Codes				Partial Zip Codes*
	12018	12061	12123	12168	12019
	12022	12062	12133	12169	12118
	12024	12063	12138	12179	12309
	12028	12082	12140	12180	
	12033	12089	12144	12181	
	12040	12090	12153	12182	
	12052	12094	12154	12185	
	12057	12121	12156	12196	
			12162	12198	

Summary of Benefits for Senior Whole Health Plus of NY for 2010

Saratoga County	FULL Zip Codes				Partial Zip Codes*
	12019	12118	12803	12850	12010
	12020	12148	12822	12859	12025
	12027	12151	12831	12863	12302
	12065	12170	12833	12866	12828
	12074	12188	12835	12871	
				12884	
Schenectady County	FULL Zip Codes				Partial Zip Codes*
	12008	12141	12303	12307	12010
	12053	12150	12304	12308	12019
	12056	12301	12305	12309	12027
	12137	12302	12306	12325	12066
				12345	12148
Ulster County	FULL Zip Codes				Partial Zip Codes*
	12401	12433	12465	12493	12455
	12402	12435	12466	12494	12566
	12404	12440	12489	12495	12586
	12409	12441	12490	12498	12725
	12410	12443	12491	12515	12740
	12411	12446	12471	12525	12758
	12412	12448	12472	12528	12788
	12416	12449	12475	12542	
	12417	12453	12477	12547	
	12419	12456	12480	12548	
	12420	12457	12481	12561	
	12428	12458	12483	12568	
	12429	12461	12484	12588	
	12432	12464	12486	12589	
			12487	12782	
Warren County	FULL Zip Codes				Partial Zip Codes*
	12801	12814	12843	12860	
	12804	12815	12844	12862	
	12808	12817	12845	12874	
	12810	12820	12846	12878	
	12811	12824	12853	12885	
		12836	12856	12886	
Washington County	FULL Zip Codes				Partial Zip Codes*
	12809	12827	12838	12854	12057
	12816	12828	12839	12861	
	12819	12832	12841	12865	
	12821	12834	12848	12873	
	12823	12837	12849	12887	

***Zip codes considered part of a county due to an overlap with another county**

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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in Senior Whole Health Plus of NY. Our plans are offered by SENIOR WHOLE HEALTH PLUS OF NY, LLC/Senior Whole Health Plus of New York Inc., a Medicare Advantage Special Needs Plan. These plans are designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call Senior Whole Health Plus of NY to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Senior Whole Health Plus of NY and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Senior Whole Health Plus of NY. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call Senior Whole Health Plus of NY at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Senior Whole Health Plus of NY and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS Senior Whole Health Plus of NY AVAILABLE?

The service area for this plan includes: Albany, Dutchess, Rensselaer, Saratoga, Schenectady, Ulster, Columbia, Greene, Montgomery, Orange, Warren, Washington counties, NY. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN Senior Whole Health Plus of NY?

You can join Senior Whole Health Plus of NY if you are 65 or older, entitled to Medicare Part A, enrolled in Medicare Part B, and live in the service area. However, individuals with End Stage Renal Disease generally are not eligible to enroll in Senior Whole Health Plus of NY unless they are members of our organization and have been since their dialysis began.

You must also be enrolled in the Medicaid Advantage program to join this plan. Please call plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Senior Whole Health Plus of NY has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at www.SeniorWholeHealth.com. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Senior Whole Health Plus of NY nor the Original Medicare Plan will pay for these services.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Senior Whole Health Plus of NY does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Senior Whole Health Plus of NY has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.seniorwholehealth.com. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Senior Whole Health Plus of NY uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our web site at [ww.SeniorWholeHealth.com](http://www.SeniorWholeHealth.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week

* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

* Your State Medicaid Office:

Albany County	(518) 447-7300	Rensselaer County	(518) 283-2000
Columbia County	(518) 828-9411	Saratoga County	(518) 884-4148
Dutchess County	(845) 486-3000	Schenectady County	(518) 388-4470
Greene County	(518) 943-3200	Ulster County	(845) 334-5000

Montgomery County	(518) 853-4646	Warren County	(518) 761-6321
Orange County	(845) 291-4000	Washington County	(518) 746-2300

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Senior Whole Health Plus of NY, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Island Peer Review Organization (IPRO). You can reach IPRO toll-free at 1-800-331-7767, or 1-866-446-3507 for TTY users.

As a member of Senior Whole Health Plus of NY, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Senior Whole Health Plus of NY for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Senior Whole Health Plus of NY for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

PLAN RATINGS

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at (888)-794-7268 to obtain a copy of the plan ratings for this plan. TTY users call (888)-749-6455.

CONTACT INFORMATION

Please call Senior Whole Health Plus of NY for more information about our plan.

Visit us at www.SeniorWholeHealth.com or, call us. Customer Service Hours are weekdays, Monday through Friday, from 8AM to 8PM, and also on Saturdays and Sundays from November 15th to March 1st.

Current members should call toll-free (866)-211-1777 for questions related to the Medicare Advantage Program and/or the Medicare Part D Prescription Drug program. (TTY/TDD (866)-404-9507).

Prospective members should call toll-free 1-888-335-7199 for questions related to the Medicare Advantage Program and/or the Medicare Part D Prescription Drug program. (TTY/TDD (866)-404-9507).

Current and Prospective members should call locally (518)-472-5200 for questions related to the Medicare Advantage Program and/or the Medicare Part D Prescription Drug program. (TTY/TDD (518)-472-5219).

Prospective members should call locally 1-518-472-5214 for questions related to the Medicare Advantage Program and/or the Medicare Part D Prescription Drug program. (TTY/TDD (518)-472-5219).

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

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

If you have any questions about this plan's benefits or costs, please contact Senior Whole Health Plus of NY for details.

SECTION II - SUMMARY OF BENEFITS

***All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.**

Benefit	Original Medicare	Senior Whole Health Plus of NY
IMPORTANT INFORMATION		
1 - Premium and Other Important Information	In 2009 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$135.00. These rates will change for 2010.	General \$0 monthly plan premium*
	If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.	*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.
	Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.	
2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	

Benefit	Original Medicare	Senior Whole Health Plus of NY
SUMMARY OF BENEFITS		
INPATIENT CARE		
3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	For each benefit period, the amounts in 2009 were: Days 1 - 60: \$1,068 deductible Days 61 - 90: \$267 per day Days 91 - 150: \$534 per lifetime reserve day These rates will change for 2010. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.	In-Network \$0 yearly deductible* \$0 copay*
	Lifetime reserve days can only be used once.	Plan covers 90 days each benefit period.
	A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
4 - Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).	In-Network \$0 yearly deductible*
	190 day lifetime limit in a Psychiatric Hospital.	\$0 copay* You get up to 190 days in a Psychiatric Hospital in a lifetime.
		Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Benefit	Original Medicare	Senior Whole Health Plus of NY
<p>5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day Days 21 - 100: \$133.50 per day</p>	<p>General Authorization rules apply for services. Contact Senior Whole Health of NY Plus for details.</p>
	<p>100 days for each benefit period. These rates will change for 2010.</p>	<p>In-Network \$0 yearly deductible*</p>
	<p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	<p>\$0 copay for SNF services*</p>
		<p>Plan covers up to 100 days each benefit period No prior hospital stay is required. Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.</p>
<p>6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>In 2009, the rate was \$0 copay. This rate may change for 2010.</p>	<p>General Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details. In-Network \$0 copay for Medicare-covered home health visits.* 0% of the cost for respite care.</p>
<p>7 - Hospice</p>	<p>You pay part of the cost for outpatient drugs. You must get care from a Medicare-certified hospice.</p>	<p>General When you enroll in a Medicare-certified hospice program, your hospice services are paid for by the Original Medicare Plan, not the plan. You must receive care from a Medicare-certified hospice program. Authorization rules apply for services. Contact Senior Whole Health Plus of NY for</p>

Benefit	Original Medicare	Senior Whole Health Plus of NY
		details.
OUTPATIENT CARE		
8 - Doctor Office Visits	In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010.	<p>In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits.*</p> <p>\$0 copay for the cost of each in-area, network urgent care Medicare-covered visit.*</p> <p>\$0 copay for each specialist doctor visit for Medicare-covered benefits.*</p>
9 - Chiropractic Services	<p>Routine care not covered.</p> <p>In 2009, the rate was 20% coinsurance of Medicare-approved amounts for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. This rate may change for 2010.</p>	<p>General Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.</p> <p>In-Network \$0 copay for Medicare-covered chiropractic visits.*</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
10 - Podiatry Services	<p>Up to 4 routine visits per year covered.</p> <p>In 2009, the rate was 20% coinsurance of Medicare-approved amounts for medically necessary foot care, including care for medical conditions affecting the lower limbs. This rate may change for 2010.</p>	<p>\$0 copay for up to 10 routine visit(s) every year</p> <p>In-Network 0% of the cost for Medicare-covered podiatry benefits.*</p>
11 - Outpatient Mental Health Care	In 2009, the rate was 50% coinsurance of Medicare-approved amounts for most outpatient mental health services.	General Authorization rules apply for services. Contact Senior

Benefit	Original Medicare	Senior Whole Health Plus of NY
	This rate may change for 2010.	Whole Health Plus of NY for details. In-Network \$0 copay for Medicare-covered Mental Health visits.* \$0 copay for each Medicare-covered visit with a psychiatrist.*
12 - Outpatient Substance Abuse Care	In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010.	General Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details. In-Network \$0 copay for Medicare-covered visits.*
13 - Outpatient Services/Surgery	In 2009, the rate was 20% coinsurance of Medicare-approved amounts for the doctor and 20% coinsurance of Medicare-approved amounts for outpatient facility charges. This rate may change for 2010.	General Authorization required. Contact Senior Whole Health Plus of NY for assistance. In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit.* \$0 copay for each Medicare-covered outpatient hospital facility visit.*
14 - Ambulance Services (medically necessary ambulance services)	In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010.	General Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details. In-Network \$0 copay for Medicare-covered ambulance benefits.*
15 - Emergency Care (You may go to any emergency room if	In 2009, the rate was 20% coinsurance of Medicare-approved amounts for the doctor. This rate may change for 2010.	General \$0 copay for Medicare-covered emergency room visits.*

Benefit	Original Medicare	Senior Whole Health Plus of NY
you reasonably believe you need emergency care.)	<p>In 2009 the rate was 20% of Medicare-approved amounts of the facility charge or set co-pay per emergency room visit.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p> <p>If you need inpatient care at a non-plan hospital after your emergency condition is stabilized, you must return to a plan contracting hospital in order for your care to continue to be covered and you must have your inpatient care at the non-plan hospital authorized by the plan. Your cost-sharing is the highest cost-sharing you would pay at a plan hospital.</p>
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<p>In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$0 copay for Medicare-covered urgent-care visits.*</p> <p>If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the urgent-care visit.</p> <p>Authorization rules may apply for services. Contact Senior Whole Health Plus of NY for details.</p>
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	<p>In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010.</p>	<p>General Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.</p> <p>In-Network \$0 copay for Medicare-covered Occupational Therapy visits.*</p> <p>\$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.*</p>

Benefit	Original Medicare	Senior Whole Health Plus of NY
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010.	General Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.
		In-Network \$0 copay for Medicare-covered items.*
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010.	General Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.
		In-Network \$0 copay for Medicare-covered items.*
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010.	In-Network \$0 copay for Diabetes self-monitoring training.*
	Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	\$0 copay for Nutrition Therapy for Diabetes.*
	\$0 copay for Diabetes supplies.*	
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	In 2009 the rate was 20% coinsurance of Medicare-approved amounts for diagnostic tests and x-rays. This rate may change for 2010.	In-Network \$0 copay for Medicare-covered:
	\$0 copay for Medicare-covered lab services	- lab services*
	Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when	- diagnostic procedures and tests* - X-rays.*

Benefit	Original Medicare	Senior Whole Health Plus of NY
	they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	<p>- diagnostic radiology services (not including X-rays)*</p> <p>- therapeutic radiology services*</p>
PREVENTIVE SERVICES		
22 - Bone Mass Measurement (for people with Medicare who are at risk)	<p>In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	In-Network \$0 copay for Medicare-covered bone mass measurement*
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	<p>In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010.</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	In-Network \$0 copay for Medicare-covered colorectal screenings.*
24 - Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu and Pneumonia vaccines	In-Network \$0 copay for Flu and Pneumonia vaccines.
	In 2009, the rate was 20% coinsurance of Medicare-approved amounts for Hepatitis B vaccine. This rate may change for 2010.	\$0 copay for Hepatitis B vaccine.*
	You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	No referral needed for Flu and pneumonia vaccines.
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	In 2009, the rate was 20% coinsurance of Medicare-approved amounts. This rate may change for 2010.	In-Network \$0 copay for Medicare-covered screening mammograms.*
	No referral needed.	
	Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with	Out of Network \$0 copay for Medicare-covered services.* No referral or authorization required.

Benefit	Original Medicare	Senior Whole Health Plus of NY
	Medicare between age 35 and 39.	
26 - Pap Smears and Pelvic Exams (for women with Medicare)	<p>\$0 copay for Pap smears</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>In 2009, the rate was 20% coinsurance of Medicare-approved amounts for Pelvic Exams. This rate may change for 2010.</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams.*</p> <p>Out of Network \$0 copay for Medicare-covered services.* No referral or authorization required.</p>
27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	<p>In 2009 the rate was 20% coinsurance of Medicare-approved amounts for the digital rectal exam. This rate may change for 2010.</p> <p>In 2009 the rate was \$0 for the PSA test; 20% coinsurance of Medicare-approved amounts for other related services. This rate may change for 2010.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network \$0 copay for - Medicare-covered prostate cancer screening*</p>
28 - End-Stage Renal Disease	<p>In 2009, the rate was 20% coinsurance of Medicare-approved amounts for renal dialysis. This rate may change for 2010.</p> <p>In 2009 the rate was 20% coinsurance of Medicare-approved amounts for Nutrition Therapy for End-Stage Renal Disease. This rate may change for 2010.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.</p> <p>In-Network \$0 copay for renal dialysis*</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease*</p>
29 - Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare</p>	<p>Drugs covered under Medicare Part B General \$0 yearly deductible for Part</p>

Benefit	Original Medicare	Senior Whole Health Plus of NY
	<p>Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>B-covered drugs.*</p> <p>Drugs covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.SeniorWholeHealth.com on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service).</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Senior Whole Health Plus of NY for</p>

Benefit	Original Medicare	Senior Whole Health Plus of NY
		<p>certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Senior Whole Health Plus of NY approves the exception, you will pay Tier 3 - Non-Preferred Brand cost-sharing for that drug.</p> <p>In-Network You pay a \$0 yearly deductible.</p> <p>Initial Coverage Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> o A \$0 copay or o A \$1.10 copay or o A \$2.50 copay

Benefit	Original Medicare	Senior Whole Health Plus of NY
		<p>For all other drugs, either:</p> <ul style="list-style-type: none"> o A \$0 copay or o A \$3.30 copay or o A \$6.30 copay. <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay a \$0 copay.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Senior Whole Health Plus of NY.</p> <p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by Senior Whole Health Plus of NY up to the full cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> o A \$0 copay or o A \$1.10 copay or o A \$2.50 copay

Benefit	Original Medicare	Senior Whole Health Plus of NY
		<p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> o A \$0 copay or o A \$3.30 copay or o A \$6.30 copay. <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed in full for drugs purchased out-of-network.</p>
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network \$0 copay for Medicare-covered dental benefits.*</p> <p>\$0 copay for*</p> <ul style="list-style-type: none"> • Up to 1 oral exam every six months • Up to 1 cleaning every six months; • Up to 1 dental x-ray every year
31 - Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>In 2009 the rate was 20% coinsurance of Medicare-approved amounts for diagnostic hearing exams. This rate may change for 2010.</p>	<p>In-Network In general, routine hearing exams and hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams*</p>
32 - Vision Services	<p>Routine eye exams and glasses not covered.</p> <p>In 2009 the rate was 20% coinsurance of Medicare-approved amounts for</p>	<p>In-Network \$0 copay for*</p> <ul style="list-style-type: none"> • 1 routine eye exam every 2 years • \$150 allowance for eyeglasses every 2 years <p>\$0 copay for diagnosis and treatment for diseases and</p>

Benefit	Original Medicare	Senior Whole Health Plus of NY
	diagnosis and treatment of diseases and conditions of the eye. This rate may change for 2010.	conditions of the eye*
	Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.	\$0 copay for - one pair of eyeglasses or - contact lenses after cataract surgery *
	Annual glaucoma screenings covered for people at risk.	
33 - Physical Exams	In 2009 the rate was 20% coinsurance of Medicare-approved amounts for one exam within the first 12 months of your new Medicare Part B coverage. This rate may change for 2010.	In-Network One exam is covered every calendar year with \$0 copay.*
	When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.	\$0 copay for Medicare-covered benefits.*
34 - Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	In-Network The plan covers the following health/wellness education benefits: - Health Club Membership/ Fitness Program up to \$40 per month OR -Respite Care 3 days per yearly quarter (3 months). \$0 copay. Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details. \$0 copay for each Medicare-covered smoking cessation counseling session.*

Benefit	Original Medicare	Senior Whole Health Plus of NY
Transportation (Routine)	Not covered.	<p>In-Network This plan covers routine transportation.*</p> <p>You pay \$0 for one-way / roundtrip transportation to and from medical appointments.</p> <p>Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.</p>
Acupuncture	Not covered.	<p>In-Network This plan does not cover Acupuncture.</p>
Supplemental Benefit for eligible drug store items	Not covered.	<p>\$100 allowance every 3 months to purchase selected personal care items</p>

SECTION III—IMPORTANT PLAN INFORMATION

Because you are eligible for benefits from Medicaid, Senior Whole Health Plus of NY provides the same benefits you would receive under Medicaid. The State is required to cover Medicare cost-sharing amounts that you would otherwise be required to pay.

In addition to the standard Senior Whole Health Plus of NY *Medicaid Advantage* program, we also offer a Medicaid Advantage *Plus* Program. This program is especially designed for people who have Medicare and Medicaid and who need health and long-term care services like home care and personal care to stay in their homes and communities as long as possible. Medical qualifications and authorization rules apply.

You are eligible to join the Medicaid Advantage *Plus* Program if you are enrolled in Senior Whole Health Plus of NY for Medicare and Medicaid coverage and:

- 1) Are age 65 and older;
- 2) Reside in the Senior Whole Health Plus of NY service area;
- 3) Have a chronic illness or disability that makes you eligible for services usually provided in a nursing home;
- 4) Are able to stay safely at home at the time you join our plan **and**
- 5) Are expected to need one or more of the following services for at least 120 days from the date that you join our plan:
 - a. Nursing services in the home
 - b. Therapies in the home
 - c. Home health aide services
 - d. Personal care services in the home
 - e. Adult day health care, **or**
 - f. Social day care if used instead of in-home personal care services.

You may get these services as long as they are medically necessary, that is, they are needed to prevent or treat your illness or disability. In some cases, you may need a referral or an order from your doctor to get these services.

The cost-sharing amounts you will pay are listed below. Contact Senior Whole Health Plus of NY with questions or for additional information.

You must use Senior Whole Health Plus of NY network providers to access the following services. Your Nurse Care Manager will assess your needs for the following services and work with you and your family to identify what services are best for you.

Many of the services that are covered by Medicaid are also covered by Medicare through your Medicare Advantage SNP, Senior Whole Health Plus of NY. These services are not listed below. Only the services that may continue when Medicare coverage ends, or which are *not* covered by Medicare are shown below.

For individuals who qualify and are eligible for the Medicaid Advantage *Plus* program, please see the additional benefits in the far-right column that may be available to you.

Benefit	Medicaid	Senior Whole Health Plus of NY Medicaid Advantage	Senior Whole Health Plus of NY Medicaid Advantage <i>Plus</i>
35 - Adult Day Health Care	Covered.	Not covered.	<p>You pay \$0 for adult day health care services.</p> <p>Benefit based on medical necessity.</p> <p>Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.</p>
36 - Home Care Services (non-skilled)	Covered.	<p>You pay \$0 for non-skilled home health services (e.g. home health aide services with nursing supervision) when ordered by a participating SWH provider.</p> <p>You pay \$0 for respite care services provided in the home for up to 3 days every 3 months.</p> <p>Benefits based on medical necessity.</p> <p>Authorization required. Contact Senior Whole Health Plus of NY for assistance.</p>	<p>You pay \$0 for non-skilled home health services (e.g. home health aide services with nursing supervision) when ordered by a participating Senior Whole Health Plus of NY provider.</p> <p>You pay \$0 for respite care services provided in the home for up to 3 days every 3 months.</p> <p>Benefits based on medical necessity.</p> <p>Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.</p>
37 - Home Delivered and Congregate Meals	Covered.	Not covered.	<p>You pay \$0 for home delivered and congregate meals.</p> <p>Benefit based on medical necessity.</p> <p>Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.</p>
38 - Inpatient Mental Health Care (days in excess of the Medicare 190-	Covered.	<p>You pay no deductible for services received at a network hospital.</p> <p>You pay no co-payment for</p>	<p>You pay no deductible for services received at a network hospital.</p> <p>You pay no co-payment for</p>

Benefit	Medicaid	Senior Whole Health Plus of NY Medicaid Advantage	Senior Whole Health Plus of NY Medicaid Advantage <i>Plus</i>
day lifetime maximum.)		<p>services received at a network hospital.</p> <p>You get up to 190 days in a psychiatric hospital in a lifetime.</p> <p>Except in an emergency, authorization required.</p> <p>Contact Senior Whole Health Plus of NY for assistance.</p>	<p>services received at a network hospital.</p> <p>You get up to 190 days in a psychiatric hospital in a lifetime.</p> <p>Except in an emergency, authorization required.</p> <p>Contact Senior Whole Health Plus of NY for details.</p>
39 - Medical Transportation (routine/non-emergent)	Covered.	<p>You pay \$0 for one-way / roundtrip transportation to and from medical appointments.</p> <p>Authorization required. Contact Senior Whole Health Plus of NY for assistance.</p>	<p>You pay \$0 for one-way/ roundtrip transportation to and from medical appointments.</p> <p>Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.</p>
40 - Medical Social Services	Covered.	Not covered.	<p>You pay \$0 for medical social work services.</p> <p>Benefit based on medical necessity.</p> <p>Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.</p>
41 - Nutrition	Covered.	Not covered.	<p>You pay \$0 for assessment of nutritional status/needs, development and evaluation of treatment plans.</p> <p>Benefit based on medical necessity.</p> <p>Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.</p>
42 - Personal Emergency Response Services (PERS)	Covered.	Not covered.	<p>You pay \$0 for PERS/Lifeline unit.</p> <p>Benefit based on medical</p>

Benefit	Medicaid	Senior Whole Health Plus of NY Medicaid Advantage	Senior Whole Health Plus of NY Medicaid Advantage <i>Plus</i>
			<p>necessity.</p> <p>Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.</p>
43 - Private Duty Nursing Services	Not Covered.	<p>You pay \$0 for medically necessary private duty nursing services when ordered by a participating provider.</p> <p>Benefit based on medical necessity.</p> <p>Authorization required. Contact Senior Whole Health Plus of NY for assistance.</p>	<p>You pay \$0 for medically necessary private duty nursing services when ordered by a participating provider.</p> <p>Benefit based on medical necessity.</p> <p>Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.</p>
44 - Social Day Care	Covered.	Not covered.	<p>You pay \$0 for social day care services.</p> <p>Benefit based on medical necessity.</p> <p>Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.</p>
45 - Social and Environmental Supports	Covered.	Not covered.	<p>You pay \$0 for social and environmental supports.</p> <p>Benefit based on medical necessity.</p> <p>Authorization rules apply for services. Contact Senior Whole Health Plus of NY for details.</p>