

2025

Summary of Benefits

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

New York H5992-007

Effective January 1 through December 31, 2025

Senior Whole Health of New York NHC (HMO D-SNP) 2025 Summary of Benefits

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Introduction

This document is a brief summary of the benefits and services covered by Senior Whole Health of New York NHC. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Senior Whole Health of New York NHC. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit SWHNY.com.

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

A. Disclaimers



This is a summary of health services covered by Senior Whole Health of New York NHC for January 1, 2025. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. To request a copy of the Evidence of Coverage, you may go to SWHNY.com or call Member Services at (833) 671-0440 (TTY: 711), Hours are October 1 -March 31, 8 a.m. - 8 p.m. local time, 7 days a week. From April 1- September 30, Monday – Friday 8 a.m. - 8 p.m., local time.

- ❖ Molina Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or request 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.
- ❖ You can get this document for free in other formats, such as large print, braille or audio. Call (833) 671-0440 (TTY:711), 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ This document is available for free in Spanish and Chinese. Call (833) 671-0440 (TTY: 711).
- ❖ To request your preferred language other than English and/or alternate format, call Member Services at (833) 671-0440, TTY: 711, 8 a.m. to 8 p.m., local time, 7 days a week.
- ❖ We will maintain a record of our member's preferred language and/or format preferences, and we will keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make a separate request each time.
- ❖ To change a standing request, call Member Services at (833) 671-0440, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time.



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B. Frequently asked questions

The following table lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicaid Advantage Plus (MAP/HMO) + Dual Eligible Special Needs Plan (D-SNP) plan?	<p>Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicaid and Medicare) Special Needs Plan (D-SNP). Our plan combines your Medicaid home care and long-term care services and your Medicare services. It combines your doctors, hospital, pharmacies, home care, nursing home care, behavioral health care (mental health and substance use/addiction services), and other health care providers into one coordinated health care system. It also has Care Managers to help you manage all of your providers and services. They all work together to provide the care you need.</p> <p>Our MAP plan is called Senior Whole Health of New York NHC.</p>
Will I get the same Medicare and Medicaid benefits in Senior Whole Health of New York NHC that I get now?	<p>If you are coming to Senior Whole Health of New York NHC from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and Medicaid benefits directly from Senior Whole Health of New York NHC.</p> <p>When you enroll in Senior Whole Health of New York NHC, you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that Senior Whole Health of New York NHC does not normally cover, you can get a temporary supply, and we will help you to transition to another drug or get an exception for Senior Whole Health of New York NHC to cover your drug if medically necessary.</p> <p>If you are taking any Medicare Part D prescription drugs that Senior Whole Health of New York NHC does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Senior Whole Health of New York NHC to cover your drug if medically necessary. For more information, call Member Services or at the numbers listed at the bottom of this page.</p>
Can I use the same healthcare providers I use now? (continued on the next page)	<p>This is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Senior Whole Health of New York NHC and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” You must use the providers in Senior Whole Health of New York NHC’s network.• If you need urgent or emergency care or behavioral health crisis



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Frequently Asked Questions (FAQ)	Answers
<p>Can I use the same healthcare providers I use now? (continued)</p>	<ul style="list-style-type: none"> Services or out-of-area dialysis services, you can use providers outside of Senior Whole Health of New York NHC’s network. See Chapter 3 in the Evidence of Coverage (Using the plan’s coverage for your medical services) for more specific information about emergency, out-of-network, and out-of-area coverage. <p>To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read Senior Whole Health of New York NHC’s <i>Provider and Pharmacy Directory</i>. You can also visit our website at SWHNY.com for the most current listing.</p> <p>If Senior Whole Health of New York NHC is new for you, we will work with you to develop a Person Centered Care Plan (PCCP) to address your needs. You can keep using the providers you use now for 90 days or until your PCCP is completed. Further, members who enroll on or after January 1, 2025, can continue to use their same behavioral health providers for up to 24 months as part of a continuous episode of care. “Continuous Behavioral Health Episode of Care” means a course of ambulatory behavioral health treatment, other than ambulatory detoxification and withdrawal services, which began prior to the effective date of the behavioral health benefit inclusion into MAP in the geographic service area in which services had been provided to an enrollee at least twice during the six months preceding January 1, 2025 by the same provider for the treatment of the same or related behavioral health condition.</p>
<p>What is a Care Manager?</p>	<p>Your Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p> <p>Members may have a Care Manager who works for the Plan as well as a specialized Health Home/Health Home Plus Care Manager (refer to Section E. Benefits covered outside of Senior Whole Health of New York NHC).</p>
<p>What are Managed Long Term Services and Supports (MLTSS)?</p>	<p>Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.</p>



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Frequently Asked Questions (FAQ)	Answers
What happens if I need a service but no one in Senior Whole Health of New York NHC’s network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, such as due to shortage of staff with necessary expertise and/or availability to provide services, Senior Whole Health of New York NHC will cover services provided by an out-of-network provider.
Where is Senior Whole Health of New York NHC available?	The service area for this plan includes: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland and Westchester Counties, New York. You must live in one of these areas to join the plan.
What is prior authorization?	<p>Prior authorization means that you must get approval from Senior Whole Health of New York NHC before Senior Whole Health of New York NHC will cover a specific service, item, or drug or out-of-network provider. Senior Whole Health of New York NHC may not cover the service, item or drug if you don’t get prior approval. If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you don't need to get approval first. Senior Whole Health of New York NHC can provide you with a list of services or procedures that require you to get prior authorization from Senior Whole Health of New York NHC before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p>
Do I pay a monthly amount (also called a premium) under Senior Whole Health of New York NHC?	No. Because you have Medical Assistance (Medicaid), you will not pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.
Do I pay a deductible as a member of Senior Whole Health of New York NHC?	No. You do not pay deductibles in Senior Whole Health of New York NHC.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of Senior Whole Health of New York NHC?	There is no cost sharing (copays or deductibles) for medical services in Senior Whole Health of New York NHC, so your annual out-of-pocket costs will be \$0.

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C. Overview of services

The following table is a quick overview of what services you may need and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. <i>Prior authorization may be required.</i> As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	We cover medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury. <i>Prior authorization may be required.</i> As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Ambulatory surgical center (ASC) services	\$0	<i>Prior authorization may be required.</i> As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
You want to use an outpatient health care provider (continued on the next page)	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	<i>Prior authorization may be required.</i> As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Visits to treat an injury or illness	\$0	<i>Prior authorization may be required.</i> As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0	Covered Medicare Part B services include: <ul style="list-style-type: none"> • Pneumonia vaccine • Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary • Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B • COVID-19 vaccine

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You want to use a health care provider (continued)</p>			<ul style="list-style-type: none"> • Other vaccines if you are at risk and they meet Medicare Part B coverage rules <p>We also cover some vaccines under our Part D prescription drug benefit. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	<p>“Welcome to Medicare” preventive visit (one time only)</p>	<p>\$0</p>	<p>Your first annual wellness visit can’t take place within 12 months of your “Welcome to Medicare” preventive visit. However, you don’t need to have had a “Welcome to Medicare” visit to be covered for annual wellness visits after you’ve had Part B for 12 months.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
<p>You need emergency care (continued on the next page)</p>	<p>Emergency room services, including mental health emergencies at Comprehensive Psychiatric Emergency Programs (CPEPs)</p>	<p>\$0</p>	<p>You may use any emergency room or CPEP if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network.</p> <p>If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must have your inpatient care at the out-of-network hospital authorized by the plan.</p> <p>Worldwide emergency coverage is available to you up to \$10,000 per year as a Medicare Supplemental benefit.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued)	Urgent care	\$0	<p>Urgent care is not emergency care. You do not need prior authorization and you do not have to be in-network. Urgent care is NOT covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.</p> <p>Our plan covers worldwide emergency and urgent care services up to \$10,000 per year as a Medicare Supplemental Benefit. Contact the plan for details.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
You need medical tests	Lab tests, such as blood work	\$0	<p><i>Genetic lab testing requires prior authorization. Outpatient Lab services do not require prior authorization.</i></p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	X-rays or other pictures, such as CAT scans	\$0	<p><i>Prior authorization may be required for some services, however prior authorization is not required for outpatient x-ray services.</i></p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	Screenings, such as tests to check for cancer	\$0	<p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
You need hearing/auditory services (continued on the next page)	Hearing screenings (including routine hearing exams)	\$0	<p>Our plan covers hearing services and products when medically necessary to alleviate disability caused by the loss of impairment of hearing under your Medicaid benefit.</p> <p><i>Prior authorization is not required.</i></p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services (continued)	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	<p>Our plan covers hearing services and products when medically necessary to alleviate disability caused by the loss of impairment of hearing under your Medicaid benefit, including hearing aids.</p> <p><i>Prior authorization is not required.</i></p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
You need dental care (continued on the next page)	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	<p>We have established a partnership with DentaQuest to provide comprehensive dental coverage that aligns with the services offered by New York State Medicaid, without any annual benefit caps. Services will be covered when they are received from a DentaQuest-affiliated provider.</p> <p>Plan covers the following dental services, which exceed the minimum requirements:</p> <ul style="list-style-type: none"> • Diagnostic • Preventive • Restorative Services • Endodontics • Periodontics • Prosthodontics (removable), Prosthodontics (fixed) • Maxillofacial Prosthetics • Implant Services • Oral and Maxillofacial Surgery • & Adjunctive General Services.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need dental care (continued)</p>			<p>Note: The above coverage is for Medicare Supplemental Dental Benefit. Your New York Medicaid Dental Benefit is also administered by your Senior Whole Health of New York NHC (HMO D-SNP).</p> <p>Please contact the Plan with any questions on this Medicaid benefit.</p>
<p>You need eye care (continued on the next page)</p>	<p>Vision services (including annual eye exams)</p>	<p>\$0</p>	<p>We have partnered with a Vision Vendor to give you more value for your routine vision needs!</p> <p>Your Medicare Supplemental Benefit coverage includes: One routine eye exam every calendar year from our supplemental vision provider.</p> <p>For your routine eye exam, to find an in-network routine preventive vision provider close to you, you can: Search online using our supplemental vision provider online search tool at MolinaHealthcare.com/Medicare.</p> <p><i>Prior authorization not required for eye exams.</i></p> <p>You may be able to access additional vision services, including eye exams, through your Medicaid benefit. Limitations may apply.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	<p>Glasses or contact lenses</p>	<p>\$0</p>	<p>We have partnered with a Vision Vendor to give you more value for your routine vision needs!</p> <p>Your Medicare Supplemental Benefit coverage includes: An eyewear allowance of \$350 every calendar year.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need eye care (continued on the next page)</p>			<p>You can use your eyewear allowance to purchase:</p> <ul style="list-style-type: none"> • Contact lenses* • Eyeglasses (lenses and frames) • Eyeglass lenses and / or frames • Upgrades (such as tinted, U-V, polarized or photochromatic lenses). <p>*If you choose contact lenses, your eyewear allowance can also be used to pay down all or a portion of your contact lens fitting fee.</p> <p>You are responsible for paying for any corrective eyewear over the limit of the plan’s eyewear allowance.</p> <p>To find an in-network routine preventive vision provider close to you, you can: Search online using our supplemental vision provider online search tool at SWHNY.com.</p> <p>You may be able to access additional vision care benefits under your Medicaid benefit.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	<p>Other vision care (including diagnosis and treatment for diseases and conditions of the eye)</p>	<p>\$0</p>	<p>Covered services include:</p> <ul style="list-style-type: none"> • Medicare-covered vision care such as exams to diagnose and treat diseases and conditions of the eye • One Medicare-covered glaucoma screening each calendar year if you are at high risk for glaucoma • One Medicare-covered diabetic retinopathy screening each calendar year if you have diabetes

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need eye care (continued)</p>			<ul style="list-style-type: none"> One pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens <p><i>Prior authorization may be required.</i></p> <p>You may have additional vision care benefits under your Medicaid benefit. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
<p>You have a mental health condition (continued on the next page)</p>	<p>Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), State Operated Addiction Treatment Center's (ATC), Inpatient addiction rehabilitation, Inpatient Medically Supervised Detox, or critical access hospital)</p>	<p>\$0</p>	<p>Some of these services may be covered under your Medicaid benefits, including admissions for mental health services over the Medicare 190-day lifetime limit. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	<p>Adult outpatient mental health care</p> <ul style="list-style-type: none"> Continuing Day Treatment (CDT) Partial hospitalization 	<p>\$0</p>	<p>Some of these services may be covered under your Medicaid benefits. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	<p>Adult outpatient rehabilitative mental health care</p> <ul style="list-style-type: none"> Assertive Community Treatment (ACT) 	<p>\$0</p>	<p>Some of these services may be covered under your Medicaid benefits. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a mental health condition (continued on the next page)</p>	<ul style="list-style-type: none"> • Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) • Personalized Recovery Oriented Services (PROS) 		
	<p>Adult outpatient rehabilitative mental health and addiction services for members who meet clinical requirements. These are also known as Community Oriented Recovery and Empowerment (CORE) services. CORE services:</p> <ul style="list-style-type: none"> • Psychosocial Rehabilitation (PSR) • Community Psychiatric Supports and Treatment (CPST) • Empowerment services – peer supports • Family Support and Training (FST) 	<p>\$0</p>	<p>Eligibility for Community Oriented Recovery and Empowerment (CORE) Services requires the recommendation of a Licensed Practitioner of the Healing Arts (LPHA4). CORE Services and other adult outpatient rehabilitative mental health and addiction services may be covered under your Medicaid benefits.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	<p>Adult mental health crisis services</p> <ul style="list-style-type: none"> • Comprehensive Psychiatric Emergency Program (CPEP) • Mobile Crisis and Telephonic Crisis Services • Crisis Residential Programs 	<p>\$0</p>	<p>Some of these services may be covered under your Medicaid benefits.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a mental health condition (continued)</p>	<p>Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication management, family psychoeducation, and intensive outpatient models of care)</p> <p>(Note: This is not a complete list of the plan’s expanded outpatient mental health services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)</p>	<p>\$0</p>	<p>Services may be provided by any OMH licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws.</p> <p>Some of these services may be covered under your Medicaid benefits.</p> <p><i>Prior authorization may be required.</i></p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
<p>You are having a mental health or substance use crisis</p>	<p>Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises)</p>	<p>\$0</p>	<p>Any approved mobile crisis or licensed crisis residence provider in New York State.</p> <p>Crisis services may be covered under your Medicaid benefits.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
<p>You have a mental health condition or a substance use disorder (continued on the next page)</p>	<p>Community Oriented Recovery and Empowerment (CORE) Services (which are person-centered, recovery-oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence).</p>	<p>\$0</p>	<p>CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services.</p> <p>CORE services are covered under your Medicaid benefits.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a mental health condition or a substance use disorder (continued)</p>	<p>(Note: For more information about CORE Services and to determine whether you are eligible for them, call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i>.)</p>		
<p>You have a substance use disorder (continued on the next page)</p>	<p>Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment)</p> <p>(Note: This is not a complete list of the plan’s expanded substance use disorder services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)</p>	<p>\$0</p>	<p>Some of these services may be covered under your Medicaid benefits.</p> <p><i>Prior authorization may be required.</i></p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	<p>Smoking and tobacco cessation counseling</p>	<p>\$0</p>	<ul style="list-style-type: none"> • Two counseling quit attempts per year • Each attempt includes up to four face-to-face visits • Plan offers 8 more visits in addition to Medicare as a Medicare Supplemental Benefit. <p><i>Prior authorization is not required.</i></p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a substance use disorder (continued)</p>	<p>Opioid treatment program services</p>	<p>\$0</p>	<p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p> <p>Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP), which includes:</p> <ul style="list-style-type: none"> • Agonist and antagonist medication-assisted treatment (MAT) medications • Dispensing and administration of MAT medications (if applicable) • Substance use counseling • Individual & group therapy • Toxicology testing • Intake activities • Periodic assessments <p><i>Prior authorization required for medication.</i></p> <p>You may have additional opioid treatment benefits under your Medicaid benefits.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	<p>You need a place to live with people available to help you (continued on the next page)</p>	<p>Skilled nursing care</p>	<p>\$0</p>

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need a place to live with people available to help you (continued)</p>	<p>Nursing home</p>	<p>\$0</p>	<p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p> <p>Non-skilled, personal care including help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around and using the bathroom. It may also include care that most people do themselves, like using eye drops. In most cases, Medicare doesn't pay for custodial care.</p> <p><i>Prior authorization may be required.</i></p> <p>For custodial care options that may be available under your Medicaid benefits, see Custodial care (long-term care in a Nursing Facility) and Personal Care Assistance (PCA). These are other kinds of services that can help with activities of daily living like bathing, dressing, eating, getting in and out of a bed or chair, moving around, and using the bathroom.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	<p>Custodial care (long-term care in a Nursing Facility)</p>	<p>\$0</p>	<p>Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission. These services are covered under your Medicaid benefits.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
<p>You need therapy after a stroke or accident</p>	<p>Occupational, physical, or speech therapy (outpatient or in-home)</p>	<p>\$0</p>	<p><i>Prior authorization may be required.</i></p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help getting to health services (continued on the next page)</p>	<p>Emergency transportation</p>	<p>\$0</p>	<p>Covered ambulance services include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care only if they are furnished to a member whose medical condition is such that other means of transportation could endanger the person’s health or if authorized by the plan.</p> <p>Non-emergency transportation by ambulance is appropriate if it is documented that the member’s condition is such that other means of transportation could endanger the person’s health and that transportation by ambulance is medically required.</p> <p>Refer to “Worldwide emergency/urgent coverage” in this chart if you need emergency ambulance transport outside the U.S.</p> <p><i>Prior authorization required for non-emergent ambulance only.</i></p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	<p>Transportation to medical appointments and services</p>	<p>\$0</p>	<p>Medicare does not cover routine transportation services.</p> <p>As a Medicare Supplemental Benefit, you have a \$100 allowance every month on your Healthy You debit card to spend on transportation to health-related locations. This amount is combined with your Over-the-Counter (OTC) monthly allowance. If you don’t use all of your monthly benefit allowance, the remaining balance will expire and not rollover to the next benefit period.</p>

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help getting to health services (continued)</p>			<p>You may be covered for additional non-emergency transportation services to obtain medical care and services under your Medicaid benefits.</p> <p>To arrange non-emergency medical transportation you or your provider must contact MAS at https://www.medanswering.com/ or call 844-666-6270 (Downstate) or 866-932-7740 (Upstate). If possible, you or your medical provider should contact MAS at least three days before your medical appointment and provide the details of your appointment (date, time, address, and name of provider) and your Medicaid identification number.</p> <p>You can also call Member Services or contact your Care Manager for more information about this benefit.</p>
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Medicare Part B prescription drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)</p> <p>Medicare Part D prescription drugs Tier 1-5: Covered generic and brand name</p>	<p>\$0</p> <p>\$0 copay for a 31-day supply</p>	<p>Read the <i>Evidence of Coverage</i> for more information on these drugs. <i>Prior authorization may be required.</i> <i>Part B drugs may be subject to step therapy.</i></p> <p>Your pharmacy must bill remaining 20% cost share to Medicaid Plan. See your Member Handbook for additional information.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p> <p>There may be limitations on the types of drugs covered. Refer to Senior Whole Health of New York NHC’s List of Covered Drugs (Formulary),</p>

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>			<p>and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare.</p> <p>Senior Whole Health of New York NHC 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 of New York NHC for certain drugs.</p> <p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, List of Covered Drugs (Formulary), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare.</p> <p>Extended-day supplies are available at retail and/or mail order pharmacy locations. These drugs are listed on the plan's website.</p> <p>Note: You have prescription drug coverage under Medicare Part D. New York Medicaid does not cover any Medicare Part D drugs.</p> <p>Because you are eligible for Medicare and Medicaid services, you may have</p>

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>			<p>additional coverage of Over-the-Counter (OTC) and other non-Part D covered drugs under your New York Medicaid benefits that are not managed by the Plan.</p> <p>For questions about your Medicaid drug coverage, contact the New York Medicaid Helpline at (800) 541-2831.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p> <p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network.</p> <p>These drugs are listed on the plan's website, Senior Whole Health of New York NHC's List of Covered Drugs, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare.</p>
	Over-the-Counter (OTC) drugs	\$0	<p>There may be limitations on the types of drugs covered. Please refer to Senior Whole Health of New York NHC's <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>As a Medicare Supplemental Benefit, you have a \$100 allowance every month on your Molina Healthy You debit card to spend on Over-the-Counter items.</p> <p>This amount is combined with your Transportation monthly allowance. If you don't use all of your monthly benefit allowance, the remaining</p>

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>			<p>balance will expire and not rollover to the next benefit period.</p> <p>You do not need a prescription from your doctor to get OTC items through this Medicare Supplemental Benefit.</p> <p>You must show your Molina Healthy You debit card to participating providers to receive approved health-related items at retailers.</p> <p>Your Healthy You debit card is required to access this benefit. You can get more information about your Molina Healthy You card in Chapter 4 of the Evidence of Coverage.</p> <p>Note: You may have additional coverage of Over-the-Counter (OTC) and other non-Part D covered drugs under your New York Medicaid benefits. This Medicaid drug benefit is not managed by the Plan.</p> <p>For questions about your Medicaid drug coverage, contact the New York Medicaid Helpline at (800) 541-2831.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	Diabetes medications	\$0	<p><i>Prior authorization may be required.</i></p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
<p>You need foot care (continued on the next page)</p>	Podiatry services (including routine exams)	\$0	<p>Medicare covered services include:</p> <ul style="list-style-type: none"> • Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs)

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care (continued)			<ul style="list-style-type: none"> Routine foot care for members with certain medical conditions affecting the lower limbs. <p>You may have coverage for additional podiatry services under your Medicaid benefits.</p> <p><i>Prior authorization may be required.</i></p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	Orthotic services	\$0	<p><i>Prior authorization may be required.</i></p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, roll about knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This is not a complete list of covered DME or supplies. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)	\$0	Our plan covers additional DME and supplies. For more information, call Member Services or see Chapter 4 of the <i>Evidence of Coverage</i> . <i>Prior authorization may be required.</i> As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
You need interpreter services	Spoken language interpreter	\$0	These services are covered under your Medicaid benefit. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Sign language interpreter	\$0	These services are covered under your Medicaid benefit. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
Other covered services (continued on the next page)	Acupuncture	\$0	Coverage includes:

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)			<ul style="list-style-type: none"> Up to 12 visits for back pain in 90 days are covered under your Medicare benefit: 8 additional visits for those demonstrating an improvement 30 additional medically necessary treatments every year for other conditions as a Medicare Supplemental Benefit. <p><i>Prior authorization may be required.</i></p> <p>Your Medicaid benefits do not include acupuncture.</p>
	Plan Care coordination	\$0	Your care coordinator (also called your Care Manager) will help you manage all of your providers and services. Your Care Manager will also help coordinate your Medicare, Medicare Supplemental, and Medicaid benefits including all your MLTSS benefits.
	Chiropractic services	\$0	<p>Medicare covers manual manipulation of the spine to correct subluxation.</p> <p>You may also have coverage of chiropractic services for manual manipulation of the spine to correct subluxation under your Medicaid benefits.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	Diabetic supplies	\$0	<p>Benefit includes diabetic monitoring supplies and therapeutic shoes or insert.</p> <p>We have a preferred manufacturer for diabetic test strips. We have an exception request coverage review process for non-preferred brands.</p>

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)			<p><i>Prior authorization required for shoes and inserts.</i></p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	<p>Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)</p>	<p>\$0</p>	<p>EPSDT is a Medicaid benefit for members under 21 years of age.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	<p>Family planning</p>	<p>\$0</p>	<p>Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>
	<p>Hospice care</p>	<p>\$0</p>	<p>Medicare covered hospice services are covered outside of our plan. When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not Senior Whole Health of New York NHC (HMO D-SNP). See Chapter 4 of your Evidence of Coverage for more information about Medicare-covered hospice services.</p> <p>Our plan covers hospice consultation services (one time only) for a terminally ill person who hasn't elected the hospice benefit.</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Mammograms	\$0	As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); and social adult day care)	\$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting. MLTSS is available to all members; specific service authorization, including amount, is indicated in the member’s individualized approved Plan of Care. Some services provided as MLTSS are not covered by Medicare. MLTSS is a part of your Medicaid benefits. <i>Prior authorization may be required.</i> As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Adult day health care program (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0	Medicare does not cover adult day health care program services. Adult day health care program services are a Medicaid benefit provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living. Your Care Manager can help you obtain more information about these services and whether you qualify. <i>Prior authorization may be required.</i> As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
Personal Care Assistance (PCA) (assistance with daily activities such as bathing, dressing, using the bathroom, shopping,	\$0	Medicare does not cover personal care assistance services. Personal care assistance services are a Medicaid benefit provided to help qualified individuals maintain their health and	

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	cooking, including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)		safety in their own home. Your Care Manager can help you obtain more information about these services and whether you qualify. <i>Prior authorization may be required.</i> As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Prosthetic services	\$0	<i>Prior authorization may be required.</i> As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Services to help manage your disease	\$0	Includes services by a physician or other accredited provider (registered nurse, physician assistant, nurse practitioner, or licensed dietitian). See the description for the specific service(s) recommended by your provider(s). As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read Senior Whole Health of New York NHC's *Evidence of Coverage*. If you have questions, you can also call Senior Whole Health of New York NHC Member Services at the numbers listed at the bottom of this page.



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit [SWHNY.com](https://www.swhny.com).

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

D. Additional services Senior Whole Health of New York NHC covers

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* to find out about other covered services.

Additional services Senior Whole Health of New York NHC covers	Your costs
<p>Healthy You Debit Card</p> <p>You receive a prepaid debit card that may be used toward select supplemental plan benefits such as:</p> <ul style="list-style-type: none"> • Food and produce* • Over-the-Counter items and non-emergency transportation combined <p>Funds are loaded onto the card each month. At the end of each month, any unused allocated funds will not carry over to the following month or plan year. If you don't use all of your monthly benefit amount, the remaining balance will expire and not rollover to the next benefit period.</p> <p>*Eligibility requirements applicable</p> <p>As a MAP plan, we can coordinate your Medicare and Medicaid benefits.</p>	<p>\$0</p> <p>Over-the-Counter items and non-emergency transportation combined: All members are eligible for a Healthy You card for purchasing OTC items and Transportation.</p> <ul style="list-style-type: none"> • \$100 monthly allowance <p>Note: The OTC allowance on your Healthy You debit card is a Medicare Supplemental Benefit.</p> <p>Your New York Medicaid Dental Benefit is also administered by Senior Whole Health of New York NHC. Please contact the Plan with any questions on this Medicaid benefit.</p> <p>You may have additional coverage of Over-the-Counter (OTC) and other non-Part D covered drugs under your New York Medicaid benefits. This Medicaid drug benefit is not managed by the Plan. For questions about your Medicaid drug coverage, contact the New York Medicaid Helpline at (800) 541-2831.</p>
<p>Health Education</p>	<p>\$0</p>
<p>Fitness benefit</p> <p>Members have access to contracted fitness facilities and Home Fitness Kits.</p>	<p>\$0</p>
<p>Telehealth services</p>	<p>\$0</p>
<p>Remote Access Technology (continued on the next page)</p>	<p>\$0</p>

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

Additional services Senior Whole Health of New York NHC covers	Your costs
Remote Access Technology (continued) Members can speak to a board-certified licensed physician 24 hours a day, 365 days year, by web, phone, or mobile app. You may also call the Nurse Advice Line at (877) 353-0185, TTY users should call 711.	

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

E. Benefits covered outside of Senior Whole Health of New York NHC

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other services not covered by Senior Whole Health of New York NHC but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
CSS (Community Support Services)	\$0 As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
Health Home (HH) and Health Home Plus (HH+) Care Management services	\$0 As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
Certified Community Behavioral Health Clinics (CCBHC)	\$0 As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
Crisis Intervention Services for Youth ages 18-20	\$0 As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
Comprehensive Medicaid case management	\$0 As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
Directly observed therapy (DOT) for tuberculosis	\$0 As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

F. Services that Senior Whole Health of New York NHC, Medicare, and Medicaid do not cover

The following services are not covered by our plan. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Senior Whole Health of New York NHC, Medicare, and Medicaid do not cover	
Experimental medical and surgical procedures, equipment, and medications	Reversal of sterilization procedures
Naturopath services (uses natural or alternative treatments)	

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

G. Your rights and responsibilities as a member of the plan

As a member of Senior Whole Health of New York NHC, you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused medically necessary treatment. You can use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, read the *Evidence of Coverage*.

Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
 - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
 - Apply your rights freely without any negative effect on the way Senior Whole Health of New York NHC or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - Senior Whole Health of New York NHC
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and Care Managers
 - Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year. You can call (833) 671-0440, if you want to change your PCP.
 - Use a women's health care provider without a referral

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they are covered
- Refuse treatment as far as the law allows, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. Senior Whole Health of New York NHC will pay for the cost of your second opinion visit.
- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call (833) 671-0440 if you need help with this service.
 - Have your *Evidence of Coverage* and any printed materials from Senior Whole Health of New York NHC translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - Access an easy process to voice your concerns, and to expect follow-up by Senior Whole Health of New York NHC



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit [SWHNY.com](https://www.swhny.com).

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

- File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
- Ask for a State Appeal (State Fair Hearing)
- Get a detailed reason why services were denied

Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
 - Treat your health care providers with dignity and respect
 - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
 - Tell your health care provider your health complaints clearly and provide as much information as possible
 - Tell your health care provider about yourself and your health history
 - Tell your health care provider that you are a Senior Whole Health of New York NHC member
 - Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)
 - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
 - Notify Senior Whole Health of New York NHC Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
 - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
 - Partner with your Care Team and work out treatment plans and goals together
 - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from Senior Whole Health of New York NHC.** You should:
 - Get all your health care from Senior Whole Health of New York NHC, except in cases of emergency, urgent care, behavioral health crisis services, out-of-area dialysis services, or family planning services, unless Senior Whole Health of New York NHC provides a prior authorization for out-of-network care
 - Not allow anyone else to use your Senior Whole Health of New York NHC Member ID Card to obtain healthcare services

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

- Notify Senior Whole Health of New York NHC when you believe that someone has purposely misused Senior Whole Health of New York NHC benefits or services

For more information about your rights, you can read Senior Whole Health of New York NHC's *Evidence of Coverage*. If you have questions, you can also call Senior Whole Health of New York NHC Member Services at the numbers listed at the bottom of this page.

H. How to file a complaint or appeal a denied service

If you have a complaint or think Senior Whole Health of New York NHC should cover something we denied, call Senior Whole Health of New York NHC at (833) 671-0440; TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of Senior Whole Health of New York NHC's *Evidence of Coverage*. You can also call Senior Whole Health of New York NHC Member Services at the numbers listed at the bottom of this page.

To file the complaint (grievance):

- Call Member Services at (833) 671-0440; TTY: 711
- Fax your complaint to (562) 499-0610
- Write to:
Senior Whole Health
Attn: Appeals & Grievances
P.O. Box 22816
Long Beach, CA 90801-9977

You can make a complaint at any time unless it is about a Part D drug. If the complaint is about a Part D drug, you must make it within 60 calendar days after you had the problem you want to complain about.

You may file an appeal request within 60 days of receiving the coverage decision. You may file your appeal orally or in writing. To appeal a decision about medical coverage:

- Call Member Services at (833) 671-0440; TTY: 711
- Fax your appeal to (562) 499-0610
- Write to:
Senior Whole Health
Attn: Appeals & Grievances
P.O. Box 22816
Long Beach, CA 90801-9977

I. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

Senior Whole Health of New York NHC (HMO D-SNP) 2025 **Summary of Benefits**

- Call us at Senior Whole Health of New York NHC Member Services. Phone numbers are the numbers listed at the bottom of this page. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the New York State Medicaid Fraud Hotline 1-877-87 FRAUD.
- To report suspected fraud, contact Senior Whole Health of New York's Fraud Hotline at (866) 606-3889

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Senior Whole Health of New York NHC Member Services:

(833) 671-0440

Calls to this number are free. 7 days a week. 8 a.m. to 8 p.m., local time.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. 7 days a week. 8 a.m. to 8 p.m., local time.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call the Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room).

Nurses can answer health questions or concerns. This service does not replace the care from a doctor. This service is available at no cost to you. Call (877) 353-0185, TTY New York Relay (800) 662-1220. Calls to this number are free. This service is open 24 hours a day, 7 days a week.



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit SWHNY.com.



Free aids and services, such as sign language interpreters and written information in alternative formats are available to you. Call 1-833-671-0440 (TTY: 711).

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 1-833-671-0440. Someone who speaks English 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 1-833-671-0440. 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，解答您/帮助解答您关于健康或药物计划的任何疑问。如果您需要此翻译服务，请致电1-833-671-0440。我们讲中文的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計劃可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-833-671-0440。我們講中文的人員很樂意為您提供幫助。這是一項免費服務。

Tagalog:

Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang katanungan ninyo hinggil sa aming planong pangkalusugan o plano sa gamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-671-0440. 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 1-855-665-4627. Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

Vietnamese:

Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời các câu hỏi của quý vị về chương sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số 1-833-671-0440. Sẽ có nhân viên nói tiếng Việt trợ giúp quý vị. Đây là dịch vụ miễn phí.

German:

Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-671-0440. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean:

당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-671-0440 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian:

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши опытные переводчики. Просто позвоните нам по номеру 1-833-671-0440. Вам бесплатно поможет русскоязычный сотрудник.

:Arabic

إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم 1-833-671-0440. سيقوم شخص يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi:

हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ उपलब्ध हैं। दुभाषिया पाने के लिए, हमें 1-833-671-0440 पर कॉल करें। हृदि बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian:

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero 1-833-671-0440. Un nostro incaricato che parla italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués:

Disponemos 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 1-855-665-4627. 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 asirans medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-671-0440. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-671-0440. Ta usługa jest bezpłatna.

Japanese:

当社の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、1-833-671-0440にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

Bengali:

আমাদের স্বাস্থ্য বা ওষুধ বিষয়ক পরিকল্পনা সম্পর্কে আপনার কোনও প্রশ্নের উত্তর দিতে আমাদের কাছে বিনামূল্যে দো-ভাষীর পরামর্শ রয়েছে। কোনও দো-ভাষী পতে, আমাদের 1-833-671-0440 নম্বরে ফোন করুন। বাংলা বলতে পারেন এমন কটে আপনাকে সাহায্য করতে পারেন। এটি একটি বিনামূল্যের পরামর্শ।

Yiddish:

מיר האָבן פֿריי יבערזעצער באַ דינונגס צו ענטפֿערן אַ לע פֿראַגן וואָס איר קען האָבן וועגן אונדזער געזונט אַ דער מעדיצין פֿלאַן. איינער וואָס רעדט יידיש קען דיר העלפֿן. דאָס איז אַ פֿריי 1-833-671-0440 צו באַקומען אַן יבערזעצער, נאָר רופן אונדז אויף סערוויס

Urdu:

ہم اپنے صحت یا منشیات کے منصوبوں سے متعلق آپ کے کسی بھی سوال کا جواب دینے کے لیے مفت تشریحی خدمات بھی پیش کرتے ہیں۔ اگر آپ کو مترجم کی ضرورت ہے تو براہ کرم 1-833-671-0440 پر کال کریں۔ اردو بولنے والے عملے آپ کی مدد کر سکتے ہیں۔ یہ خدمات مفت ہیں۔

Greek:

Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας για να απαντήσουμε σε οποιασδήποτε ερωτήσεως σας σχετικά με το πρόγραμμα ασφάλισης υγείας ή φαρμακευτικής περίθαλψης της εταιρείας μας. Για να σας παρασχεθεί διερμηνείας, καλέστε μας στο 1-833-671-0440. Κάποιος που μιλά ελληνικά θα σας βοηθήσει. Αυτή η υπηρεσία είναι δωρεάν.

Albanian:

Ne ofrojmë shërbime interpretimi pa pagesë për t'iu përgjigjur çdo pyetjeje që mund të keni rreth planit tone shëndetësor ose të barnave. Për të marrë një interpret, thjesht na telefononi në 1-833-671-0440. Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim pa pagesë.



Senior Whole Health
BY MOLINA HEALTHCARE