

Prestige

Touchstone Health Medicare Prestige Plan

Summary of Benefits 2012

Bronx, Kings, Orange, Queens, Richmond
and Westchester Counties



touchstone health
simple, modern medicare™

www.TouchstoneHealthNow.com

Exclusive Special Needs Plans (SNP)

Introduction to the Summary of Benefits for Touchstone Health Medicare Prestige (HMO-SNP)

January 1, 2012 - December 31, 2012

NEW YORK CITY and HUDSON COUNTIES

Thank you for your interest in Touchstone Health Medicare Prestige (HMO SNP). Our plan is offered by TOUCHSTONE HEALTH HMO, INC./Touchstone Health, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). This plan is 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 Touchstone Health 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 Touchstone Health 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 Touchstone Health Medicare Prestige (HMO SNP). 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 Touchstone Health Medicare 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 Touchstone Health Medicare Prestige (HMO SNP) 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 Touchstone Health Medicare Prestige (HMO-SNP) available?

The service area for this plan includes: Bronx, Kings, Orange, Queens, Richmond, and Westchester Counties, NY. You must live in one of these areas to join the plan.

Who is eligible to join Touchstone Health Medicare Prestige (HMO-SNP)?

You can join Touchstone Health Medicare Prestige (HMO SNP) if you are entitled to Medicare Part A and 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 Touchstone Health Medicare Prestige (HMO SNP) unless they are members of our organization and have been since their dialysis began. You must also be enrolled in the New York State Department of Health, Office of Medicaid Management to join this plan. Please call the plan to see if you are eligible to join.

Can I choose my doctors?

Touchstone Health 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. For an updated list, visit us at www.touchstoneh.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 except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

Where can I get my prescriptions if I join this plan?

Touchstone Health Medicare 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.touchstoneh.com/pharmacy. Our customer service number is listed at the end of this introduction.

Does my plan cover Medicare Part B or Part D drugs?

Touchstone Health Medicare Prestige (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

What is a prescription drug formulary?

Touchstone Health Medicare Prestige (HMO SNP) 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 www.touchstoneh.com/formulary.

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 or get extra help with other Medicare costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare 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; and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, 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 Touchstone Health Medicare Prestige (HMO SNP), 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. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Touchstone Health Medicare Prestige (HMO SNP), 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. 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. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What is a Medication Therapy Management (MTM) program?

A Medication Therapy Management (MTM) Program is a free service we 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 Touchstone Health 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 Touchstone Health 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:** administered through DME.

Where can I find information on 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 "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Touchstone Health for more information about Touchstone Health Medicare Prestige (HMO-SNP)

Visit us at www.touchstoneh.com or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday: 8:00am to 8:00pm Eastern.

Current members should call toll-free 1-888-777-0204 (TTY/TDD 1-877-867-5814) for questions related to the Medicare Advantage Program and the Medicare Prescription Drug Program.

Prospective members should call toll-free 1-877-805-3650 (TTY/TDD 1-877-867-5813) for questions related to the Medicare Advantage Program and the Medicare Prescription Drug Program.

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.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Esta información está disponible en un formato diferente. Si necesita información del plan en otro formato o lenguaje, por favor llame a la línea de Servicio al Miembro al número mencionado arriba.

Touchstone Health Medicare Prestige (HMO-SNP)

Summary of Benefits

BENEFIT CATEGORY	ORIGINAL MEDICARE	TOUCHSTONE HEALTH MEDICARE PRESTIGE (HMO-SNP)
IMPORTANT INFORMATION		
1 Premium and Other Important Information	<p>In 2012 the monthly Part B Premium is \$0 and the annual Part B deductible amount is \$0.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General</p> <p>* Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services</p> <p>** Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$35.40 monthly plan premium*</p> <p>In-Network</p> <p>\$0 annual deductible.*</p> <p>\$3,400 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.</p>
2 Doctor and Hospital Choice <i>(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</i>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>No referral required for network doctors, specialists, and hospitals.</p>
INPATIENT CARE		
3 Inpatient Hospital Care <i>(includes Substance Abuse and Rehabilitation Services)</i>	<p>For each benefit period: Days 1 - 60: \$0 deductible Days 61 - 90: \$0 per day Days 91 - 150: \$0 per lifetime reserve day</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p>	<p>In-Network</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>\$0 yearly deductible*</p> <p>\$0 copay*</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the</p>

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	<p>Inpatient Hospital Care <i>(continued from previous page)</i></p>	<p>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.</p>	<p>hospital.</p>
<p>4</p>	<p>Inpatient Mental Health Care</p>	<p>For each benefit period: Days 1 - 60: \$0 deductible Days 61 - 90: \$0 per day Days 91 - 150: \$0 per lifetime reserve day</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network \$0 copay*</p> <p>You get up to 190 days if inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>\$0 annual deductible*</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>5</p>	<p>Skilled Nursing Facility (SNF) <i>(in a Medicare-certified skilled nursing facility)</i></p>	<p>In 2012 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: \$0 per day</p> <p>100 days for each benefit period.</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>General Authorization rules may apply.</p> <p>In-Network Plan covers up to 100 days each hospital stay.</p> <p>No prior hospital stay is required.</p> <p>\$0 yearly deductible*</p> <p>\$0 copay for SNF services*</p>

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6	<p>Home Health Care <i>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i></p>	\$0 copay.	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits*</p>
7	Hospice	You must get care from a Medicare-certified hospice.	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>

OUTPATIENT CARE

8	Doctor Office Visits	0% coinsurance	<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>Supplemental routine care not covered</p> <p>0% coinsurance 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>	<p>General Authorization rules may apply.</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>Supplemental routine care not covered.</p> <p>0% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered</p>

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OUTPATIENT CARE

	<p>Podiatry Services <i>(continued from previous page)</i></p>		<p>podiatry benefits.*</p> <p>Up to 4 supplemental routine visit(s) every year</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
11	<p>Outpatient Mental Health Care</p>	<p>0% coinsurance for most outpatient mental health services</p> <p>0% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered Mental Health visits*</p> <p>\$0 copay for each Medicare-covered visit with a psychiatrist*</p> <p>\$0 copay for Medicare-covered partial hospitalization program services*</p>
12	<p>Outpatient Substance Abuse Care</p>	<p>0% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered visits.*</p>
13	<p>Outpatient Services/Surgery</p>	<p>0% coinsurance for the doctor’s services</p> <p>0% coinsurance for ambulatory surgical center facility services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit*</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit*</p>
14	<p>Ambulance Services <i>(medically necessary ambulance services)</i></p>	<p>0% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered ambulance benefits.*</p>

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<p>15</p>	<p>Emergency Care <i>(You may go to any emergency room if you reasonably believe you need emergency care)</i></p>	<p>0% coinsurance for the doctor's services</p> <p>0% outpatient hospital facility emergency services.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General \$0 copay for Medicare-covered emergency room visits*</p> <p>\$50,000 plan coverage limit for emergency services outside the U.S. every year.</p>
<p>16</p>	<p>Urgently Needed Care <i>(This is NOT emergency care, and in most cases, is out of the service area.)</i></p>	<p>0% coinsurance.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$0 copay for Medicare-covered urgently-needed-care visits*</p>
<p>17</p>	<p>Outpatient Rehabilitation Services <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i></p>	<p>0% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered Occupational Therapy visits*</p> <p>\$0 copay for Medicare-covered Physical and/or Speech and Language Therapy visits*</p>

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

<p>18</p>	<p>Durable Medical Equipment <i>(includes wheelchairs, oxygen, etc.)</i></p>	<p>0% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered items.*</p>
<p>19</p>	<p>Prosthetic Devices <i>(includes braces, artificial limbs and eyes, etc.)</i></p>	<p>0% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered items.*</p>
<p>20</p>	<p>Diabetes Programs and Supplies</p>	<p>0% coinsurance for diabetes self-management training</p> <p>0% coinsurance for diabetes supplies</p> <p>0% coinsurance for diabetic therapeutic shoes or inserts</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-management training*</p>

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OUTPATIENT MEDICAL SERVICES AND SUPPLIES

	<p>Diabetes Programs and Supplies <i>(continued from previous page)</i></p>		<p>\$0 copay for: - Diabetes monitoring supplies* - Therapeutic shoes or inserts*</p>
<p>21</p>	<p>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>0% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when 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 supplemental routine screening tests, like checking your cholesterol.</p> <p>0% coinsurance for the digital rectal exam and other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered: - lab services* - diagnostic procedures and tests* - X-rays* - diagnostic radiology services (not including X-rays)* - therapeutic radiology services*</p>

PREVENTIVE SERVICES

<p>22</p>	<p>Cardiac and Pulmonary Rehabilitation Services</p>	<p>0% coinsurance for Cardiac Rehabilitation services</p> <p>0% coinsurance for Pulmonary Rehabilitation services</p> <p>0% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for: - Medicare-covered Cardiac Rehabilitation Services* - Medicare-covered Intensive Cardiac Rehabilitation Services* - Medicare-covered Pulmonary Rehabilitation Services*</p>
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PREVENTIVE SERVICES

23 Preventive Services and Wellness/Education Programs

No coinsurance, copayment or deductible for the following:

- Abdominal Aortic Aneurysm Screening
- Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.
- Cardiovascular Screening
- Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.
- Colorectal Cancer Screening
- Diabetes Screening
- Influenza Vaccine
- Hepatitis B Vaccine for people with Medicare who are at risk
- HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.
- Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.
- Medical Nutrition Therapy Services 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 and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease
- Personalized Prevention Plan Services (Annual Wellness Visits)

General

\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:

- Abdominal Aortic Aneurysm screening
- Bone Mass Measurement
- Cardiovascular Screening
- Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)
- Colorectal Cancer Screening
- Diabetes Screening
- Influenza Vaccine
- Hepatitis B Vaccine
- HIV Screening
- Breast Cancer Screening (Mammogram)
- Medical Nutrition Therapy Services
- Personalized Prevention Plan Services (Annual Wellness Visits)
- Pneumococcal Vaccine
- Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)
- Smoking Cessation (Counseling to stop smoking)
- Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)

HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.

In-Network

The plan covers the following supplemental education/wellness programs:

- Written health education materials, including Newsletters
- Nutritional benefit
- Health Club Membership/Fitness Classes
- Nursing Hotline

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PREVENTIVE SERVICES

Preventive Services and Wellness/Education Programs
(continued from previous page)

- Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.
- Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.
- Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.
- Welcome to Medicare Physical Exam (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.

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Kidney Disease and Conditions

0% coinsurance for renal dialysis

0% coinsurance for kidney disease education services

General
Authorization rules may apply.

In-Network
\$0 copay for renal dialysis*

\$0 copay for kidney disease education services*

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Outpatient Prescription Drugs

Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare 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.

Drugs covered under Medicare Part B

General
\$0 annual deductible for Part B-covered drugs.*

\$0 copay for Part B covered chemotherapy drugs and other Part-B covered drugs.*

PREVENTIVE SERVICES

Outpatient
Prescription Drugs
(continued from previous page)

**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.touchstoneh.com/formulary on the web. 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) providers.

The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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).

Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.

The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Some drugs have quantity limits.

Your provider must get prior authorization from Touchstone Health Medicare Prestige (HMO SNP) for certain drugs.

You must go to 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, formulary, printed

PREVENTIVE SERVICES

**Outpatient
Prescription Drugs**
(continued from previous page)

materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.

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.

In-Network

You pay a \$0 annual deductible.

Initial Coverage

Depending on your income and institutional status, you pay the following:

For generic drugs (including brand drugs treated as generic), either:

- A \$0 copay; or
- A \$1.10 copay; or
- A \$2.60 copay

For all other drugs, either:

- A \$0 copay; or
- A \$3.30 copay; or
- A \$6.50 copay.

Retail Pharmacy

You can get drugs the following way(s):

- one-month (30-day) supply
- three-month (90-day) supply

Not all drugs are available at this extended day supply. Please contact the plan for more information.

Long Term Care Pharmacy

You can get drugs the following way(s):

- one-month (31-day) supply

Mail Order

You can get drugs the following way(s):

- three-month (90-day) supply

Not all drugs are available at this

PREVENTIVE SERVICES

Outpatient
Prescription Drugs
(continued from previous page)

extended day supply. Please contact the plan for more information.

Catastrophic Coverage

You pay a \$0 copay.

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 Touchstone Health Medicare Prestige (HMO SNP).

You can get drugs the following way:
- one-month (30-day) supply

Out-of-Network Initial Coverage

Depending on your income and institutional status, you will be reimbursed by Touchstone Health Medicare Prestige (HMO SNP) up to the plan's cost of the drug minus the following:

For generic drugs purchased out-of-network (including brand drugs treated as generic), either:

- A \$0 copay; or
- A \$1.10 copay; or
- A \$2.60 copay

For all other drugs purchased out-of-network, either:

- A \$0 copay; or
- A \$3.30 copay; or
- A \$6.50 copay.

**BENEFIT
CATEGORY**

**ORIGINAL
MEDICARE**

**TOUCHSTONE HEALTH
MEDICARE PRESTIGE (HMO-SNP)**

PREVENTIVE SERVICES

	<p>Outpatient Prescription Drugs <i>(continued from previous page)</i></p>		<p>Out-of-Network Catastrophic Coverage You will be reimbursed in full for drugs purchased out-of-network.</p>
<p>26</p>	<p>Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered dental benefits*</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - up to 1 oral exam(s) every six months - up to 1 cleaning(s) every six months - up to 1 fluoride treatment(s) every six months - up to 1 dental x-ray(s) <p>Plan offers additional comprehensive dental benefits.</p>
<p>27</p>	<p>Hearing Services</p>	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>0% coinsurance for diagnostic hearing exams.</p>	<p>In-Network \$0 copay for Medicare-covered diagnostic hearing exams*</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - up to 1 supplemental routine hearing exam(s) every year - up to 1 fitting-evaluation(s) for a hearing aid every year <p>\$0 copay for up to 1 hearing aid(s) every three years</p> <p>\$1,000 plan coverage limit for hearing aids every three years.</p>
<p>28</p>	<p>Vision Services</p>	<p>0% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p>	<p>In-Network \$0 copay for diagnosis and treatment for diseases and conditions of the eye*</p> <ul style="list-style-type: none"> - and up to 1 supplemental routine eye exam(s) every year

**BENEFIT
CATEGORY****ORIGINAL
MEDICARE****TOUCHSTONE HEALTH
MEDICARE PRESTIGE (HMO-SNP)****PREVENTIVE SERVICES**

	Vision Services <i>(continued from previous page)</i>	<p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>\$0 copay for</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery * - up to 1 pair(s) of glasses every two years - up to 1 pair(s) of contacts every two years - up to 1 pair(s) of lenses every two years - up to 1 frame(s) every two years <p>\$100 plan coverage limit for eye wear every two years.</p>
29	Over-the-Counter Items	<p>Not covered.</p>	<p>General</p> <p>Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.</p>
30	Transportation <i>(Routine)</i>	<p>Not covered.</p>	<p>In-Network</p> <p>This plan does not cover supplemental routine transportation.</p>
31	Acupuncture	<p>Not covered.</p>	<p>In-Network</p> <p>This plan does not cover Acupuncture.</p>

Summary Of Benefits For Touchstone Health Medicare Prestige (HMO-SNP)

People who qualify for Medicare and Medicaid are known as dual eligibles. As a dual eligible, you are eligible for benefits under both the federal Medicare program and the state-operated Medicaid program.

The following chart applies to enrollees who are Full Benefit Dual Eligible. The chart compares services available through Medicaid and also available through Touchstone Health Medicare Prestige (HMO-SNP).

You must use your Touchstone Health Member ID card to get the services shown in this chart.

BENEFIT	MEDICAID FEE-FOR-SERVICE	TOUCHSTONE HEALTH MEDICARE PRESTIGE PLAN
Inpatient Hospital Care including Substance Abuse and Rehabilitation Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Up to 365 days per year (366 days for leap year)</p>	<p>In Network \$0 copay</p> <p>Covers up to 365 days per year (366 days for leap year)</p>
Inpatient Mental Health in excess of 190-Day Lifetime Limit	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>All inpatient mental health services, including voluntary or involuntary admissions, over the Medicare 190-Day Lifetime Limit.</p>	<p>In Network \$0 copay</p> <p>Covers all inpatient mental health services, including voluntary or involuntary admissions, over the Medicare 190-Day Lifetime Limit.</p>
Doctor Office Visits	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p>	<p>In Network \$0 copay covered</p>
Home Health Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals).</p>	<p>In Network \$0 copay</p> <p>Covers medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals).</p>
Private Duty Nursing Services	<p>Covers medically necessary private duty nursing services can be provided through an approved certified home health</p>	<p>Covers medically necessary private duty nursing services can be provided through an approved certified home health agency, a</p>

MEDICAID BENEFIT / DESCRIPTION	MEDICAID FEE-FOR-SERVICE	TOUCHSTONE HEALTH MEDICARE PRESTIGE PLAN
Private Duty Nursing Services <i>(continued from previous page)</i>	agency, a licensed home care agency, or a private practitioner. Nursing services may be intermittent, part time or continuous and must be provided in an enrollee's home in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.	licensed home care agency, or a private practitioner. Nursing services may be intermittent, part time or continuous and must be provided in an enrollee's home in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.
Ambulance Services	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay covered
Emergency Care	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay covered
Urgently Needed Care	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay covered
Outpatient Services/Surgery	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay covered
Outpatient Rehabilitation Services	Medicaid covers Medicare deductibles, copays, and coinsurances. Occupational, Physical and Speech therapies are limited to twenty (20) visits per therapy per year, except for children under age 21, or you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.	\$0 copay Covers Occupational, Physical and Speech therapies are limited to twenty (20) visits per therapy per year, except for children under age 21, or you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.

MEDICAID BENEFIT / DESCRIPTION	MEDICAID FEE-FOR-SERVICE	TOUCHSTONE HEALTH MEDICARE PRESTIGE PLAN
Non-Medicare Covered Durable Medical Equipment	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Covers durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula, and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period of time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. Must be ordered by a qualified practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bars).</p>	<p>\$0 copay</p> <p>Covers durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula, and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period of time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. Must be ordered by a qualified practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bars).</p>
Prosthetic Devices	<p>Medicaid covers Medicare deductibles, copays, and coinsurance.</p> <p>Medicaid covers prosthetics, orthotics, and orthopedic footwear. Prescription footwear coverage is limited to treatment of diabetics or when a shoe is part of a leg brace (orthotic) or if there are foot complications in children under age 21.</p>	<p>\$0 copay</p> <p>Covers prosthetics, orthotics, and orthopedic footwear. Prescription footwear coverage is limited to treatment of diabetics or when a shoe is part of a leg brace (orthotic) or if there are foot complications in children under age 21.</p>
Over the Counter Drugs	<p>Certain Over the Counter medications are covered.</p>	<p>Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.</p> <p>Some health products may be</p>

MEDICAID BENEFIT / DESCRIPTION	MEDICAID FEE-FOR-SERVICE	TOUCHSTONE HEALTH MEDICARE PRESTIGE PLAN
Over the Counter Drugs <i>(continued from previous page)</i>		available to you through Medicaid using your Medicaid Benefit ID card.
Hearing Services	Medicaid covers hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing, hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings and replacement parts.	Covers hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing, hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings and replacement parts.
Vision Services	Services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and poly-carbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.	\$0 copay Covers services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and poly-carbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.

MEDICAID BENEFIT / DESCRIPTION	MEDICAID FEE-FOR-SERVICE	TOUCHSTONE HEALTH MEDICARE PRESTIGE PLAN
Dental Services	<p>Medicaid covered dental services including necessary preventive, prophylactic and other routine dental care, services, and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.</p>	<p>Covers dental services including necessary preventive, prophylactic and other routine dental care, services, and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.</p> <p>Covered for members living in Bronx, Kings, Queens and Richmond counties only.</p>
Outpatient Substance Abuse Care	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Covers individual and group visits.</p>	<p>In Network \$0 copay</p> <p>Covers individual and group visits.</p> <p>Enrollee must be able to self refer for one assessment from a network provider in a twelve (12) month period.</p>
Outpatient Mental Health	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Covers individual and group visits.</p>	<p>In Network \$0 copay</p> <p>Covers individual and group visits.</p> <p>Enrollee must be able to self refer for one assessment from a network provider in a twelve (12) month period.</p>
Non-Emergency Transportation	<p>Covered by Medicaid</p>	<p>Transportation expenses are covered when transportation is essential for an Enrollee to obtain necessary medical care and services which are covered under the Medicaid program. Includes transportation appropriate to the enrollee's medical condition and a transportation attendant to accompany the enrollee if necessary.</p>

MEDICAID BENEFIT / DESCRIPTION	MEDICAID FEE-FOR-SERVICE	TOUCHSTONE HEALTH MEDICARE PRESTIGE PLAN
Non-Emergency Transportation <i>(continued from previous page)</i>		Covered for members living in Bronx, Kings, Queens and Richmond counties only.
Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay covered
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay covered
Bone Mass Measurement	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay covered
Colorectal Screening Exams	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay covered
Immunizations	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay covered
Mammograms	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay covered
Pap Smears and Pelvic Exams	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay covered
Prostate Cancer Screening Exams	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay covered
End Stage Renal Disease	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay covered

Medicaid Services Not Covered By Our Plan

You can get these services from any provider who accepts Medicaid by using your Medicaid Benefit ID Card:

- Out of Network Family Planning services provided under the direct access provisions of the waiver
- Skilled Nursing Facility (SNF) days not covered by Medicare
- Personal Care Services
- Medicaid Pharmacy Benefits allowed by State law (select drug categories excluded from the Medicare Part D benefit and certain medications included in the Part D benefit when the Enrollee is unable to receive them from his/her Medicare Advantage Plan), also certain Medical Supplies and Enteral Formula when not covered by Medicare.
- Methadone Maintenance Treatment Programs
- Certain Mental Health Services, including:
 - Intensive Psychiatric Rehabilitation Treatment Programs
 - Day Treatment
 - Continuing Day Treatment
 - Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units)
 - Partial Hospitalizations
 - Assertive Community Treatment (ACT)
 - Personalized Recovery Oriented Services (PROS)
- Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs
- Office for People with Developmental Disabilities (OPWDD) Services
- Dental services (for members living in Orange and Westchester counties)
- Comprehensive Medical Case Management
- Directly Observed Therapy for Tuberculosis Disease
- AIDS Adult Day Health Care
- HIV COBRA Case Management
- Adult Day Health Care
- Personal Emergency Response Services (PERS)
- Non-Emergency Transportation Services (for members living in Orange and Westchester counties)

Touchstone Health

PO Box 5027

White Plains, NY 10602

www.TouchstoneHealthNow.com

Prospective members should call

1-877-805-3650 or TTY/TDD 1-877-867-5813

24 hours a day, 7 days a week

Current members should call

1-888-777-0204 or TTY/TDD 1-877-867-5814

8am to 8pm, 7 days a week



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