

Summary of Benefits
Fidelis Dual Advantage (HMO SNP) and Dual Advantage Flex Plan (HMO SNP)
January 1, 2017 – December 31, 2017
CMS Contract #H3328

Thank you for your interest in Fidelis Dual Advantage Plans. Our plans are offered by The New York State Catholic Health Plan Inc. /Fidelis Care, a Medicare Advantage Health Maintenance Organization (HMO), Special Needs Plan (SNP) that contracts with the State and Federal government.

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

You have choices in your health care

One choice is to get your Medicare benefits through Original Medicare (fee-for-service). Original Medicare is run directly by the Federal government. Another choice is to get your Medicare benefits by joining a Medicare health plan, like a Fidelis Dual Advantage Plan.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Fidelis Dual Advantage and Fidelis Dual Advantage Flex Plans cover and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>. If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to know about Fidelis Dual Advantage and Fidelis Dual Advantage Flex Medicare Plans
- Monthly Premium, Deductible, and Limits on how much you pay for covered services.
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

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 below.

Este documento puede estar disponible en un idioma que no sea inglés. Para más información, llame a Servicios al Socio al número telefónico antes mencionado.

Things to know about Fidelis Medicare Dual Advantage plans:

Hours of Operation:

- Customer Services Hours for October 1 – February 14. You can call us 7 days a week from, 8:00 a.m. - 8:00 p.m. Eastern Time.
- Customer Services Hours for February 15 – September 30. You can call us Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern Time.

Fidelis Medicare Dual Advantage plans phone numbers and website

- If you are a member of this plan, call toll-free (800) 247-1447. (TTY/TDD (800) 695-8544)
- If you are not a member of this plan, call toll-free (800) 860-8707. (TTY/TDD (800) 558-1125)
- Our website: <http://www.fideliscare.org>

Who can join?

You can join Fidelis Care Plans if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, and live in the service area.

The service area for ***Fidelis Dual Advantage (HMO SNP)*** includes: Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Kings, Lewis, Montgomery, New York, Niagara, Oneida, Onondaga, Orleans, Otsego, Oswego, Putnam, Queens, Rensselaer, Richmond, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Tioga, Ulster, Warren, Washington, Wyoming and Yates counties, NY. You must live in one of these areas to join the plan.

The service area for ***Fidelis Dual Advantage Flex (HMO SNP)*** includes: Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Kings, Lewis, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Orange, Orleans, Otsego, Oswego, Putnam, Queens, Rensselaer, Richmond, Rockland, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Suffolk, Sullivan, Tioga, Ulster, Warren, Washington, Westchester, Wyoming and Yates counties, NY. You must live in one of these areas to join the plan.

There is more than one plan listed in this Summary of Benefits.

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Additional information for Medicare Dual Advantage Flex: Some members in this plan may only qualify for Medicare premium relief without cost sharing benefits from the New York Medicaid program, such as those members that qualify thru assistance for Specified-Low Income Medicare beneficiaries (SLMBs). There may be members in this plan that lose their Medicaid status. These members will be responsible for paying the Part A deductible and coinsurance days while enrolled in this plan just as they would in traditional Medicare.

Which doctors, hospitals and pharmacies can I use?

Fidelis Dual Advantage Plans have a network of doctors, hospitals, pharmacies and other providers. If you use any doctor who is not part of our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's Provider and Pharmacy Directory at our website (www.fideliscare.org).

Or, call us and we will send you a copy of the Provider and Pharmacy Directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan that you would in Original Medicare. For others, you may pay less. Our plan members also get *more than what* is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.fideliscare.org>. Or call us and we will send you a copy of the formulary.

We do not cover counseling or referral services that our Plan objects to based on moral or religious grounds. In the case of our Plan, we won't give counseling or referral services related to reproductive and family planning services, including but not limited to abortion, sterilization, tubal ligations, and artificial contraception, nor receive premium dollars from the Federal Government for such services. To the extent these services are covered by Medicare, they will be covered under the Original Medicare Plan. For further information, please call Member Services.

How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Summary of Benefits for Fidelis Dual Advantage and Fidelis Dual Advantage Flex Plan for Year 2017

Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Monthly Premium, Deductible, and Limits on How Much You Pay For Covered Services		
Monthly Plan Premium, including Part C and Part D Premium	<p>\$0 per month. In addition to your monthly Medicare Part B premium.*</p> <p>Premium contribution depends on your level of Low Income or New York EPIC premium subsidy level.</p>	<p>\$0 - \$41.00 per month. In addition to your monthly Medicare Part B premium.*</p> <p>Premium contribution depends on your level of Low Income or New York EPIC premium subsidy level.</p>
Deductibles, including plan level and category level deductible	<p>\$0 or \$400.00 per year for Part D prescription drugs in tiers 2 through 5.*</p> <p>(No deductible on Tier 1.)</p> <p>Deductible depends on your level of Medicaid Eligibility. If you maintain eligibility for this plan you should also maintain low income cost subsidy benefits that shield you from the Prescription Drug deductible.</p> <p>Members that lose eligibility may need to cover the prescription drug deductible of \$400 for tiers 2 thru 5 depending if you lose your low income cost subsidy benefits in addition to your Medicaid eligibility</p>	<p>\$0 or \$166 per year Part B deductible for in-network services, depending on your level of Medicaid eligibility.* This amount may change for 2017.</p> <p>Some members in this plan may only qualify for Medicare premium relief without cost sharing benefits from the New York Medicaid program such as those members that qualify thru assistance for Specified-Low Income Medicare beneficiaries (SLMBs). Also there may be some members in this plan that lose their Medicaid status. These members will be responsible for paying the Part B deductible while enrolled in this plan just as they would</p>

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		<p>in traditional Medicare.</p> <p>\$0 or \$400.00 per year for Part D prescription drugs in tiers 2 through 5.*</p> <p>(No deductible on Tier 1.)</p> <p>Deductible depends on your level of Medicaid Eligibility.</p> <p>If you maintain eligibility for this plan you should also maintain low income cost subsidy benefits that shield you from the Prescription Drug deductible.</p> <p>Members that lose eligibility may need to cover the prescription drug deductible of \$400 for tiers 2 thru 5 depending if you lose your low income cost subsidy benefits in addition to your Medicaid eligibility</p>
Maximum Out-of-Pocket Responsibility	<p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility. Refer to the “Medicare & You” handbook for</p>	<p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility. Refer to the “Medicare & You” handbook for</p>

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	<p>Medicare-covered services. For New York state Medicaid-covered services, refer to the Medicaid Coverage section of this document.</p> <p>Your yearly limit in this plan is \$6,700 for services you receive from in-network providers.</p> <p>If you reach the limit on out of pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>Medicare-covered services. For New York State Medicaid-covered services, refer to the Medicaid Coverage section of this document.</p> <p>Your yearly limit in this plan is \$6,700 for services you receive from in-network providers.</p> <p>If you reach the limit on out of pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
<p>Covered Medical and Hospital Benefits Note: Services with a ¹ may require authorization</p>		
<p>Inpatient Care</p>		
<p>Inpatient Hospital Coverage¹</p>	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan covers 60 “lifetime reserve days.” These are “extra” days that we cover. If</p>	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan covers 60 “lifetime reserve days.” These are “extra” days that we cover. If</p>

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	<p>your hospital stay is longer than 90 days, you can use the extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-Network Medicare-covered hospital stays:</p> <p>\$0 copay per admission for each hospital stay.*</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>your hospital stay is longer than 90 days, you can use the extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-Network Medicare-covered hospital stays:</p> <p>In 2016, the amounts for each benefit period, \$0* or:</p> <p>Days 1 - 60: \$1,288 deductible*</p> <p>Days 61 - 90: \$322 per day*</p> <p>Days 91 - 150: \$644 per lifetime reserve day *</p> <p>*These amounts may change for 2017.</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
Outpatient Care		

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Doctor Visits (Primary and Specialists)	<p>In-Network:</p> <p>\$0 copay for each primary care doctor visit.*</p> <p>\$0 copay for each specialist visit.*</p>	<p>In-Network:</p> <p>0% or 20% of the cost for each primary care doctor visit.*</p> <p>0% or 20% of the cost for each specialist visit.*</p>
Preventive Care	<p>In-Network and Out-of- Network:</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventative services approved by Medicare for zero cost sharing will be covered by the plan at zero cost sharing. If you believe that you have inappropriately been charged cost sharing for a service please contact Member Services.</p>	<p>In-Network and Out-of- Network:</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventative services approved by Medicare for zero cost sharing will be covered by the plan at zero cost sharing. If you believe that you have inappropriately been charged cost sharing for a service please contact Member Services.</p>
Emergency Care	<p>\$0 copay*</p> <p>If you are admitted to the hospital within 24 hour(s) for the same condition, you do not</p>	<p>0% or 20% of the cost (up to \$65)*</p> <p>If you are admitted to the hospital within 24 hour(s) for the same condition, you do not</p>

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	<p>have to pay your share for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>Not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.</p>	<p>have to pay your share for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>For emergencies outside the U.S. and its territories, Fidelis will pay up to the amount that would have paid if rendered in the member's home county of residence including a reduction for the cost sharing that would have applied in the U.S. The member will be responsible for at least a \$75 copay and potentially any amounts above what Fidelis pays.</p>
Urgently Needed Services	<p>\$0 copay for urgently-needed-care visits.*</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	<p>0% or 20% of the cost (up to \$65) for urgently-needed-care visits.*</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Diagnostic Services/ Labs/ Imaging ¹	<p>In-Network:</p> <p>Diagnostic radiology services (such as MRIs, CT scans): \$0 copay*</p>	<p>In-Network:</p> <p>Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost*</p> <p>Diagnostic tests and procedures: 0% or</p>

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	<p>Diagnostic tests and procedures: \$0 copay*</p> <p>Lab services: \$0 copay*</p> <p>Outpatient x-rays: \$0 copay*</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay*</p> <p>Authorization rules may apply.</p>	<p>20% of the cost*</p> <p>Lab services: 0% of the cost*</p> <p>Outpatient x-rays: 0% or 20% of the cost*</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost*</p> <p>Authorization rules may apply.</p>
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues.</p> <p>In-Network:</p> <p>\$0 copay for Medicare-covered diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment. *</p> <p>In general, supplemental routine hearing exams and hearing aids not covered.</p>	<p>Exam to diagnose and treat hearing and balance issues.</p> <p>In-Network:</p> <p>\$0 copay for Medicare-covered diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment..</p> <p>0% or 20% of the cost for diagnostic hearing exams.*</p> <p>Additional benefits are available up to the annual limit of the Flex benefit.</p>
Dental Services	Limited Dental Services (this does not include services in connection with care,	Limited Dental Services (this does not include services in connection with care,

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	<p>treatment, filing, removal or replacement of teeth)</p> <p>In-Network:</p> <p>\$0 copay*</p> <p>Dental services must be obtained from DentaQuest providers.</p>	<p>treatment, filing, removal or replacement of teeth)</p> <p>In-Network:</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - oral exams (1 every 12 months) - cleanings (1 every 12 months) - dental X-rays (1 every 24 months) <p>0% or 20% of the cost*</p> <p>Dental services must be obtained from DentaQuest providers.</p> <p>Plan offers additional supplemental comprehensive dental benefits through the Flex benefit.</p>
Vision Services	<p>In-Network:</p> <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay*</p> <p>Eyeglasses (lenses and frames) or contact</p>	<p>In-Network:</p> <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost*</p> <p>Eyeglasses (lenses and frames) or contact</p>

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	<p>lenses after cataract surgery: \$0 copay*</p> <p>Vision benefits must be obtained from Davis Vision providers.</p>	<p>lenses after cataract surgery: 0% or 20% of the cost*</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> - 1 supplemental routine eye exam(s) every 12 months - 1 pair of eyeglasses (lenses and frames) every year or 1 pair(s) of contact lenses every 12 months <p>If the doctor provides you services in addition to eye exams, separate cost sharing of 0% or 20% of the cost may apply*</p> <p>Vision benefits must be obtained from Davis Vision providers.</p> <p>Additional benefits are available up to the annual limit of the Flex benefit.</p>
Mental Health Services (including inpatient) ¹	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental health</p>	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental health</p>

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	<p>services provided in a general hospital.</p> <p>Plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-Network:</p> <p>\$0 copay per admission for each hospital stay.*</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Outpatient:</p> <p>In-Network:</p> <p>\$0 copay for each individual therapy visit.*</p> <p>\$0 copay for each group therapy visit.*</p> <p>\$0 copay for partial hospitalization program</p>	<p>services provided in a general hospital.</p> <p>Plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-Network:</p> <p>In 2016, the amounts for each benefit period, \$0 or:</p> <p>Days 1-60: \$1,288 deductible*</p> <p>Days 61-90: \$322 per day*</p> <p>Days 91-150: \$644 per lifetime reserve day*</p> <p>These amounts may change for 2017.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

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	<p>services.*</p> <p>Authorization rules may apply.</p>	<p>Outpatient:</p> <p>In-Network:</p> <p>0% or 20% of the cost for each individual therapy visit.*</p> <p>0% or 20% of the cost for each group therapy visit.*</p> <p>0% or 20% of the cost for partial hospitalization program services.*</p> <p>Authorization rules may apply.</p>
<p>Skilled Nursing Facility (SNF)¹</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>In-Network:</p> <p>\$0 copay Days 1-100</p> <p>No prior hospital stay is required.</p> <p>Authorization rules may apply.</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>In-Network:</p> <p>In 2016, the amounts for each benefit period, \$0* or:</p> <p>Days 1- 20: \$0 per day *</p> <p>Days 21-100: \$0 or \$161 per day*</p> <p>These amounts may change for 2017.</p>

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		<p>No prior hospital stay is required.</p> <p>Authorization rules may apply.</p>
Rehabilitation Services ¹	<p>In-Network:</p> <p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks). \$0 copay*</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>\$0 copay for Occupational Therapy visits.*</p> <p>\$0 copay for Physical Therapy and/or Speech and Language Pathology visits.*</p> <p>Authorization rules may apply.</p>	<p>In-Network:</p> <p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks). 0% or 20% of the cost*</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>0% or 20% of the cost for Occupational Therapy visits.*</p> <p>0% or 20% of the cost for Physical Therapy and/or Speech and Language Pathology visits.*</p> <p>Authorization rules may apply.</p>
Ambulance ¹	<p>In-Network:</p> <p>\$0 copay*</p> <p>Authorization rules may apply.</p>	<p>In-Network:</p> <p>0% or 20% of the cost*</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance</p>

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		benefits. Authorization rules may apply.
Transportation	We will cover routine transportation services to medical providers when you need to receive services, and to pharmacies when you need to pick up a prescription \$0 copay	In-Network \$0 copay for up to 48 one-way trip(s) or 24 round trip(s) to plan-approved locations every year.
Foot Care (Podiatry Services) ¹	Foot Exams and treatment if you have diabetes-related nerve damage and/or meet certain criteria conditions. In-Network: \$0 copay* Authorization rules may apply.	Foot Exams and treatment if you have diabetes-related nerve damage and/or meet certain criteria conditions. In-Network: 0% or 20% of the cost* Authorization rules may apply.
Medical Equipment/Supplies ¹	In-Network: \$0 copay* Authorization rules may apply.	In-Network: 0% or 20% of the cost* Authorization rules may apply.

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Wellness Programs	Not Covered.	<p>\$275 annual Flex Benefit for the purchase of non-Medicare healthcare items.</p> <p>Payment for non-Medicare healthcare expenditures including but not limited to:</p> <ul style="list-style-type: none"> • Dental care – preventive and comprehensive • Prescription eyewear • Over-the-counter items • Over-the counter medicines (non-prescription) • Medical services transportation • Health club membership or fitness classes • Weight loss programs • Smoking cessation programs • Hearing aids • Acupuncture services • Durable medical equipment

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		A member obtains the service and submits the receipt of payment along with a form describing the service and the date received to have payment remitted by the plan.
Over-the-Counter Items	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. \$25.00 monthly (this does not rollover)	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. \$70.00 monthly (this does not rollover)
Medicare Part B Drugs ¹	Drugs covered under Medicare Part B (such as chemotherapy drugs) In-Network: \$0 copay of the cost for Medicare Part B drugs.* Authorization rules may apply.	Drugs covered under Medicare Part B (such as chemotherapy drugs) In-Network: 0% or 20% of the cost for Medicare Part B drugs.* Authorization rules may apply.
Prescription Drug Benefits		
Deductible Stage	\$0 - \$400 per year for Part D prescription drugs in tiers 2 through 5.*	\$0 - \$400 per year for Part D prescription drugs in tiers 2 through 5.*

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<p>(No deductible on Tier 1.)</p> <p>Deductible depends on your level of Medicaid Eligibility.</p>	<p>(No deductible on Tier 1.)</p> <p>Deductible depends on your level of Medicaid Eligibility.</p>
Initial Coverage	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.fideliscare.org on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>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).</p> <p>The plan may require you to first try one</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.fideliscare.org on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>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).</p> <p>The plan may require you to first try one</p>

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<p>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 Fidelis Dual Advantage (HMO-SNP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Fidelis Dual Advantage (HMO-SNP) approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost-sharing for that drug.</p>	<p>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 Fidelis Dual Advantage Flex (HMO-SNP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Fidelis Dual Advantage Flex (HMO-SNP) approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost-sharing for that drug.</p>

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<p>Standard Retail Cost-Sharing</p> <p>Tier 1:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <p>\$0 copay for drugs in this tier</p> <p>Tier 2: Non-Preferred Generic</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$20 copay*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$20 copay*; or - A \$3.70 copay; or - A \$8.25 copay. 	<p>Standard Retail Cost-Sharing</p> <p>Tier 1:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <p>\$0 copay for drugs in this tier</p> <p>Tier 2: Non-Preferred Generic</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$20 copay*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$20 copay*; or - A \$3.70 copay; or - A \$8.25 copay.

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<p>Tier 3: Preferred Brand</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$47 copay*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$47 copay*; or - A \$3.70 copay; or - A \$8.25 copay. <p>Tier 4: Non-Preferred Brand</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$100 copay*; or - A \$1.20 copay; or - A \$3.30 copay. 	<p>Tier 3: Preferred Brand</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$47 copay*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$47 copay*; or - A \$3.70 copay; or - A \$8.25 copay. <p>Tier 4: Non-Preferred Brand</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$100 copay*; or - A \$1.20 copay; or - A \$3.30 copay.

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$100 copay*; or - A \$3.70 copay; or - A \$8.25 copay. <p>Tier 5: Specialty Tier</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay or 25% coinsurance*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay or 25% coinsurance*; or - A \$3.70 copay; or - A \$8.25 copay. 	<p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$100 copay*; or - A \$3.70 copay; or - A \$8.25 copay. <p>Tier 5: Specialty Tier</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay or 25% coinsurance*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay or 25% coinsurance*; or - A \$3.70 copay; or - A \$8.25 copay.

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<p>Standard Mail Order Cost-Sharing</p> <p>Tier 1: Preferred Generic:</p> <ul style="list-style-type: none"> - 1 month supply not offered. - \$0 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic:</p> <ul style="list-style-type: none"> - 1 month supply not offered. - for a three-month (90-day) supply of drugs in this tier: <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$40 copay*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$40 copay*; or 	<p>Standard Mail Order Cost-Sharing</p> <p>Tier 1: Preferred Generic:</p> <ul style="list-style-type: none"> - 1 month supply not offered. - \$0 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic:</p> <ul style="list-style-type: none"> - 1 month supply not offered. - for a three-month (90-day) supply of drugs in this tier: <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$40 copay*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$40 copay*; or

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<ul style="list-style-type: none"> - A \$3.70 copay; or - A \$8.25 copay. <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> - 1 month supply not offered. - for a three-month (90-day) supply of drugs in this tier: <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$94 copay*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$94 copay*; or - A \$3.70 copay; or - A \$8.25 copay. 	<ul style="list-style-type: none"> - A \$3.70 copay; or - A \$8.25 copay. <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> - 1 month supply not offered. - for a three-month (90-day) supply of drugs in this tier: <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$94 copay*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$94 copay*; or - A \$3.70 copay; or - A \$8.25 copay.

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> - 1 month supply not offered. - for a three-month (90-day) supply of drugs in this tier: <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$200 copay*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$200 copay*; or - A \$3.70 copay; or - A \$8.25 copay. <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> - for a 1 month (30-day) supply of drugs in this tier: <p>For generic drugs (including brand drugs</p>	<p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> - 1 month supply not offered. - for a three-month (90-day) supply of drugs in this tier: <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$200 copay*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$200 copay*; or - A \$3.70 copay; or - A \$8.25 copay. <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> - for a 1 month (30-day) supply of drugs in this tier: <p>For generic drugs (including brand drugs</p>

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<p>treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay or 25% coinsurance*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay or 25% coinsurance*; or - A \$3.70 copay; or - A \$8.25 copay. <ul style="list-style-type: none"> - 3 month (90 days) supply not offered for this tier. <p>Long Term Care Pharmacy</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more that you pay at an in-network pharmacy.</p> <p>Fidelis does not cover certain family planning services, including prescription</p>	<p>treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay or 25% coinsurance*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay or 25% coinsurance*; or - A \$3.70 copay; or - A \$8.25 copay. <ul style="list-style-type: none"> - 3 month (90 days) supply not offered for this tier. <p>Long Term Care Pharmacy</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more that you pay at an in-network pharmacy.</p> <p>Fidelis does not cover certain family planning services, including prescription</p>

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Benefit Category	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<p>contraceptives. You may request to transfer to another Medicare Advantage Plan or Part D Prescription Drug Plan that covers prescription birth control and other family planning services not covered under this Plan by Fidelis. For further information or to request a transfer to another Plan, please call Member Services.</p>	<p>contraceptives. You may request to transfer to another Medicare Advantage Plan or Part D Prescription Drug Plan that covers prescription birth control and other family planning services not covered under this Plan by Fidelis. For further information or to request a transfer to another Plan, please call Member Services.</p>
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay nothing for all drugs.</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay nothing for all drugs.</p>

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Additional Notes to the Summary of Benefits for Fidelis Medicare Advantage Plans for Year 2017

An “Over the Counter” (OTC) Card: Use this card to purchase many common items at local pharmacies, including CVS, Walgreens, Rite Aid and Duane Reade, without having to submit a receipt or pay in advance.

A Flexible Reimbursement Account: *Only for Fidelis Dual Advantage Flex (Plan 017)* - Additional dollars to help offset the cost of many common items. You must pay for the item up front and submit a copy of the receipt with a Flex Reimbursement Form to Fidelis Care to receive reimbursement. If you have purchased an approved item, we will send you a check for the cost, up to the maximum per calendar year as listed below. A list of approved items is included in your pre-enrollment packet and on our website. Items must be purchased in 2017 and must be submitted within ninety (90) days from the receipt date to be eligible for payment.

The Flex Benefit is **not available** to enrollees of *Fidelis Dual Advantage*.

My Advocate Program: A unique service designed to connect you to money-saving programs, discounts, and services that may be available to you. These include but are not limited to Medicare Savings Programs, Energy Assistance, Prescription Drug Discounts, Telephone Assistance, Emergency Assistance and Nutritional Assistance. This program is free for members of Fidelis Care plans and is offered through a company called (Altegra). To find out what discounts are available to you, simply call 1-866-319-2359 / TTY 1-877-644-3244.

As long as you are a member of a Fidelis Care plan, **do not use your red, white, and blue Medicare card** to get covered medical services (with the exception of routine clinical research studies and hospice services). If you get covered medical services using your red, white, and blue Medicare card instead of using your Fidelis Care Identification Card while you are a member of Fidelis Care, you may have to pay the full cost for the service yourself.

If your Fidelis Care Identification Card is damaged, lost, or stolen, call Member Services right away and we will send you a new card.

Online Enrollment Center

If you are interested in enrolling in any Fidelis Care Medicare Advantage Plan, you may either schedule an appointment with a Fidelis Care Sales Representative and fill out a paper application, or enroll through the Internet at the Centers for Medicare and Medicaid Services Online Enrollment Center. The website address is www.medicare.gov. You can also enroll using the Fidelis Care website at www.fideliscare.org and click on “Click Here to Enroll”. For more information, please call Fidelis Care at the number on the back of this booklet.

The Cost Sharing Protections Entitled to Enrollee Under Title XIX- Medicaid

Additional Information for People with Medicare and Medicaid:

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 Original Medicare and supplemental benefits you receive as a member of this plan are listed in Section II.

The kind of Medicaid benefits you receive are determined by your state and may vary based upon your income and resources. With the assistance of Medicaid, some dual eligibles do not have to pay for certain Medicare costs. The Medicaid benefit categories and type of assistance served by our plan are listed below:

- **Full Benefit Dual Eligible (FBDE):** Payment of your Medicare Part B premiums, in some cases Medicare Part A premiums and full Medicaid benefits.
- **Qualified Medicare Beneficiary (QMB Only):** Payment of your Medicare Part A and/or Part B premiums, deductibles and cost-sharing (excluding Part D copayments).
- **QMB-Plus:** Payment of your Medicare Part A and Part B premiums, deductibles, cost-sharing (excluding Part D copayments) and full Medicaid benefits.

The following chart lists services that are available under Medicaid for people who qualify for FULL Medicaid benefits. The chart also explains if a similar benefit is available under our plan. If our plan does not provide the benefit, members who qualify for full Medicaid benefits can obtain the service from Medicaid fee for service using their Medicaid Benefit Identification card.

It is important to understand that Medicaid benefits can vary based on your income level and other standards. Also, your Medicaid benefits can change throughout the year. Depending on your current status, you may not be qualified for all Medicaid benefits. However, while a member of our plan, you can access plan benefits regardless of your Medicaid status.

Residents of the New York City Boroughs should contact New York City Human Resources Administration at 1-877-472-8411 for the most current and accurate information regarding your eligibility and benefits. People residing outside of New York City should contact their Local Department of Social Services for this information.

Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Inpatient Hospital Coverage ¹	<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 Medicare-covered hospital stays:</p> <p>\$0 copay per admission for each hospital stay.*</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network Medicare-covered hospital stays:</p> <p>In 2016, the amounts for each benefit period, \$0* or:</p> <p>Days 1 - 60: \$1,288 deductible*</p> <p>Days 61 - 90: \$322 per day*</p> <p>Days 91 - 150: \$644 per lifetime reserve day *</p> <p>*These amounts may change for 2017.</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
Doctor Visits (Primary and	Medicaid covers Medicare deductibles, copays, and	\$0 copay for each Medicare-covered primary care doctor	0% or 20% of the cost for each Medicare-covered primary care

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Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
Specialty)	coinsurances.	visit.* \$0 copay for each Medicare-covered specialist visit.*	doctor visit.* 0% or 20% of the cost for each Medicare-covered specialist visit.*
Preventative Care	No coverage.	\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.	\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.
Emergency Care	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay for Medicare-covered emergency room visits.*	0% or 20% copay for Medicare-covered emergency room visits.*
Urgently Needed Services	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay for Medicare-covered urgently-needed-care visits.*	0% or 20% of the cost (up to \$65) for Medicare-covered urgently-needed-care visits.*
Diagnostic Services/ Labs/ Imaging ¹	Medicaid covers Medicare deductibles, copays, and coinsurances.	Diagnostic radiology services (such as MRIs, CT scans): \$0 copay* Diagnostic tests and procedures: \$0 copay* Lab services: \$0 copay*	Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost* Diagnostic tests and procedures: 0% or 20% of the cost*

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Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
		<p>Outpatient x-rays: \$0 copay*</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay*</p>	<p>Lab services: 0% of the cost*</p> <p>Outpatient x-rays: 0% or 20% of the cost*</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost*</p>
Hearing Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing and 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</p>	<p>\$0 copay for Medicare-covered diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment. *</p> <p>Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing and selecting, fitting, and dispensing, hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing,</p>	<p>\$0 copay for Medicare-covered diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment..</p> <p>0% or 20% of the cost for diagnostic hearing exams.*</p>

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Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	hearing aids, ear molds, special fittings and replacement parts.	hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings and replacement parts.	
Dental	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <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>\$0 copay for Medicare-covered dental benefits.</p> <p>We cover routine dental services such as:</p> <p>Cleaning – one (1) every six (6) months</p> <p>Routine dental exams – there are limits based on the type of exam performed</p> <p>Dental x-rays – there are limits based on the type of dental x-ray performed</p> <p>Additionally, we cover comprehensive dental services such as diagnostic services, restorative services, endodontics/periodontics/extractions, prosthodontics, other</p>	<p>\$0 copay for the following Medicare covered preventive dental benefits:</p> <ul style="list-style-type: none"> - oral exams (1 every 12 months) - cleanings (1 every 12 months) - dental X-rays (1 every 24 months) <p>Dental services must be obtained from DentaQuest providers.</p>

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Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
		<p>oral/maxillofacial and other dental services.</p> <p>Routine and comprehensive dental services must be obtained from DentaQuest providers.</p>	
Vision Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Services of Optometrists, Ophthalmologists, and Ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate 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</p>	<p>\$0 copay for:</p> <p>one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery*</p> <p>Services of Optometrists, Ophthalmologists, and Ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate 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</p>	<p>\$0 copay for:</p> <ul style="list-style-type: none"> - up to 1 supplemental routine eye exam(s) every year - up to 1 pair of eyeglasses (lenses and frames) every year - up to 1 pair(s) of contact lenses every year - up to 1 pair(s) of eyeglass frame(s) every year <p>0% or 20% of the cost for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma</p>

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Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<p>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.</p>	<p>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.</p>	<p>screening for people at risk</p> <p>0% or 20% of the cost for one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery</p>
<p>Mental Health Inpatient Services ¹</p>	<p>Medicaid covers Medicare deductibles, copays and coinsurances.</p>	<p>\$0 copay per admission for each hospital stay.*</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Authorization rules may apply.</p>	<p>In 2016, the amounts for each benefit period, \$0 or:</p> <p>Days 1-60: \$1,288 deductible*</p> <p>Days 61-90: \$322 per day*</p> <p>Days 91-150: \$644 per lifetime reserve day*</p> <p>These amounts may change for 2017.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

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Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
			Authorization rules may apply.
Skilled Nursing Facility (SNF) ¹	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covers additional days beyond Medicare 100 day limit.</p>	<p>For Medicare-covered SNF stays:</p> <p>\$0 copay Days 1-100</p> <p>No prior hospital stay is required.</p> <p>Authorization rules may apply.</p>	<p>For Medicare-covered SNF stays:</p> <p>In 2016, the amounts for each benefit period:</p> <p>Days 1- 20: \$0 per day *</p> <p>Days 21-100: \$0 or \$161 per day*</p> <p>These amounts may change for 2017.</p>
Rehabilitation Services ¹	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Occupational, Physical and Speech Therapies are limited to twenty (20) Medicaid visits per therapy per year, except for children under age 21, or you have been determined to</p>	<p>Medicare covered Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks). \$0 copay*</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language</p>	<p>Medicare Covered Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks). 0% or 20% of the cost*</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language</p>

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Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<p>be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.</p>	<p>pathology services are covered.</p> <p>\$0 copay for Occupational Therapy visits.*</p> <p>\$0 copay for Physical Therapy and/or Speech and Language Pathology visits.*</p> <p>Occupational, Physical and Speech Therapies are limited to twenty (20) Medicaid 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.</p>	<p>pathology services are covered.</p> <p>0% or 20% of the cost for Occupational Therapy visits.*</p> <p>0% or 20% of the cost for Physical Therapy and/or Speech and Language Pathology visits.*</p>
Ambulance Services	Medicaid covers Medicare deductibles, copays, and coinsurances.	\$0 copay for Medicare-covered ambulance benefits.*	0% or 20% of the cost for Medicare-covered ambulance benefits.*
Transportation (Routine) ¹	Includes ambulette, invalid coach, taxicab, livery, public transportation, or other means	We will cover routine transportation services to medical providers when you	\$0 copay for up to 48 one-way trips(s) to plan-approved

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	appropriate to the enrollee's medical condition.	need to receive services and to pharmacies when you need to pick up a prescription. \$0 copay	locations every year.
Foot Care (Podiatry Services) ¹	Medicaid covers Medicare deductibles, copays and coinsurances (QMB and QMB-Plus Only).	\$0 copay for Medicare-covered podiatry visits.* Medicare-covered podiatry benefits are for medically-necessary foot care.	0% or 20% coinsurance for Medicare-covered podiatry visits.* Medicare-covered podiatry visits are for medically-necessary foot care.
Medical Equipment/Supplies ¹	Medicaid covers Medicare deductibles, copays, and coinsurances. Medicaid covered 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	\$0 for Medicare covered durable medical equipment.* Covered items include, but are not limited to: wheelchairs, crutches, hospital bed, IV infusion pump, oxygen equipment, nebulizer, and walker. We cover all medically necessary durable medical	0% or 20% of the cost for Medicare covered durable medical equipment.*

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	<p>a protracted period 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 practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bar).</p>	<p>equipment covered by Original Medicare. If our supplier in your area does not carry a particular brand or manufacturer, you may ask them if they can special order it for you.</p> <p>We also cover Medicaid covered 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 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 practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub</p>	

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		stool; grab bar).	
Prosthetic Devices, Medical and Surgical Supplies, Enteral and Parenteral Formula ¹	<p>Medicaid covers prosthetics, orthotics, and orthopedic footwear.</p> <p>These items are generally considered to be one-time only use, consumable items routinely paid for under the Durable Medical Equipment category of fee-for-service Medicaid.</p> <p>Coverage of enteral formula and nutritional supplements are limited to coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding. Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2)</p>	<p>\$0 copay for Medicare-covered prosthetic devices, medical and surgical supplies, enteral and parenteral formula.</p> <p>We also cover Medicaid covered prosthetics, orthotics, and orthopedic footwear.</p> <p>These items are generally considered to be one-time only use, consumable items routinely paid for under the Durable Medical Equipment category of fee-for-service Medicaid.</p> <p>Coverage of enteral formula and nutritional supplements are limited to coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding. Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the</p>	<p>0% or 20% of the cost for Medicare-covered prosthetic devices, medical and surgical supplies, enteral and parenteral formula.</p>

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Benefit Category	Medicaid Fee for Service	Fidelis Dual Advantage (Plan 002)	Fidelis Dual Advantage Flex Plan (Plan 017)
	<p>individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to mitigating factors in growth and development. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein or which contain modified protein.</p>	<p>following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to mitigating factors in growth and development. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein or which contain modified protein.</p>	
<p>Private Duty Nursing¹</p>	<p>Medicaid covers medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.</p>	<p>Covers medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.</p>	<p>Covered under Fee for service Medicaid.</p>

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		\$0 copay	
Over the Counter Drugs	Medicaid covers certain Over the Counter medications.	Covered under the Over-the-counter card. Certain Over the Counter medications are covered by Medicaid.	Covered under the Over-the-Counter card and under the Flex Benefit.
Prescription Drugs	<p>Medicaid does not cover Part D covered drugs or copays.</p> <p>Medicaid Pharmacy Benefits allowed by State Law (select drug categories excluded from the Medicare Part D benefit). Certain Medical Supplies and Enteral Formula when not covered by Medicare.</p>	<p>\$0 copay of the cost for Medicare Part B drugs.*</p> <p>\$0 - \$400 per year for Part D prescription drugs in tiers 2 through 5.*</p> <p>(No deductible on Tier 1.)</p> <p>Deductible depends on your level of Medicaid Eligibility.</p> <p>Standard Retail Cost-Sharing</p> <p>Tier 1:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <p>\$0 copay for drugs in this tier</p>	<p>0% or 20% of the cost for Medicare Part B drugs.*</p> <p>\$0 - \$400 per year for Part D prescription drugs in tiers 2 through 5.*</p> <p>(No deductible on Tier 1.)</p> <p>Deductible depends on your level of Medicaid Eligibility.</p> <p>Standard Retail Cost-Sharing</p> <p>Tier 1:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <p>\$0 copay for drugs in this tier</p>

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		<p>Tier 2: Non-Preferred Generic</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$20 copay*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$20 copay*; or - A \$3.70 copay; or - A \$8.25 copay. <p>Tier 3: Preferred Brand</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$47 copay*; or 	<p>Tier 2: Non-Preferred Generic</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$20 copay*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$20 copay*; or - A \$3.70 copay; or - A \$8.25 copay. <p>Tier 3: Preferred Brand</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$47 copay*; or

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		<ul style="list-style-type: none"> - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$47 copay*; or - A \$3.70 copay; or - A \$8.25 copay. <p>Tier 4: Non-Preferred Brand</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$100 copay*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$100 copay*; or - A \$3.70 copay; or 	<ul style="list-style-type: none"> - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$47 copay*; or - A \$3.70 copay; or - A \$8.25 copay. <p>Tier 4: Non-Preferred Brand</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 - \$100 copay*; or - A \$1.20 copay; or - A \$3.30 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 - \$100 copay*; or - A \$3.70 copay; or

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		<ul style="list-style-type: none"> - A \$8.25 copay. Tier 5: Specialty Tier For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> - A \$0 copay or 25% coinsurance*; or - A \$1.20 copay; or - A \$3.30 copay. For all other drugs, either: <ul style="list-style-type: none"> - A \$0 copay or 25% coinsurance*; or - A \$3.70 copay; or - A \$8.25 copay. 	<ul style="list-style-type: none"> - A \$8.25 copay. Tier 5: Specialty Tier For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> - A \$0 copay or 25% coinsurance*; or - A \$1.20 copay; or - A \$3.30 copay. For all other drugs, either: <ul style="list-style-type: none"> - A \$0 copay or 25% coinsurance*; or - A \$3.70 copay; or - A \$8.25 copay.
Medicaid Only Services			
Adult Day Health Care	Medicaid covers Adult Day Health Care services provided in a residential health care	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.

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	<p>facility or approved extension site under the medical direction of a physician. Adult day health care includes the following services: medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure time activities which are a planned program of diverse meaningful activities, dental, pharmaceutical, and other ancillary services.</p>		
<p>AIDS Adult Day Health Care</p>	<p>Medicaid covers AIDS Adult Day Health Care Programs (ADHCP), designed to assist individuals with HIV disease to live more independently in the community or eliminate the need for residential health care services.</p>	<p>Covered under Fee for service Medicaid.</p>	<p>Covered under Fee for service Medicaid.</p>
<p>Assisted Living Services</p>	<p>Medicaid covers personal care, housekeeping, supervision, home health aides, personal emergency response services, nursing, physical therapy, occupational therapy, speech</p>	<p>Covered under Fee for service Medicaid.</p>	<p>Covered under Fee for service Medicaid.</p>

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	therapy, medical supplies and equipment, adult day health care, a range of home health services and the case management services of a registered professional nurse. Services are provided in an adult home or enriched housing setting.		
Certain Mental Health Services	Medicaid covers the following mental health services: <ul style="list-style-type: none"> • 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) 	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.
Comprehensive Medicaid Case	Medicaid covers Comprehensive Medicaid	Covered under Fee for service	Covered under Fee for service

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Management	Case Management (CMCM), which provides “social work” case management referral services to a targeted population. A CMCM case manager will assist a client in accessing necessary services in accordance with goals outlined in a written case management plan.	Medicaid.	Medicaid.
Directly Observed Therapy for Tuberculosis (TB) Disease	Medicaid covers Tuberculosis Directly Observed Therapy (TB/DOT), which is the direct observation of oral ingestion of TB medications to assure patient compliance with the physician's prescribed medication regimen.	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.
Home and Community Based Waiver Program Services	Medicaid covers personal care services to a participant who requires assistance with personal care services tasks and whose health and welfare in the community is at risk because oversight and supervision of the participant is	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.

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	required when no personal care task is being performed. These services are provided under the direction and supervision of a Registered Professional Nurse.		
Medical Social Services	Medical social services include assessing the need for, arranging for and providing aid for social problems related to the maintenance of a patient in the home where such services are performed by a qualified social worker and provided within a plan of care.	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.
Methadone Maintenance Treatment Programs (MMTP)	Medicaid covers MMTP, consisting of drug detoxification, drug dependence counseling, and rehabilitation services which include chemical management with methadone.	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.
Nutrition	Medicaid covers the assessment of nutritional needs and food patterns, or	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.

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	<p>the planning for the provision of foods and drink appropriate for the individual's physical and medical needs and environmental conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs. In addition, these services may include the assessment of nutritional status and food preferences, planning for provision of appropriate dietary intake within the patient's home environment and cultural considerations, nutritional education regarding therapeutic diets as part of the treatment milieu, development of a nutritional treatment plan, regular evaluation and revision of nutritional plans, provision of in-service education to health agency staff as well as consultation on specific dietary problems of patients and nutrition teaching to patients and families. These services</p>		

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	must be provided by a qualified nutritionist.		
Office of Mental Retardation and Developmental Disabilities (OMRDD) Services	Medicaid covers the following OMRDD services: • Long Term Therapy Services Provided by Article 16-Clinic Treatment Facilities or Article 28 Facilities. • Day Treatment. • Medicaid Service Coordination (MSC). • Home and Community Based Services Waivers (HCBS). • Services Provided Through the Care At Home Program (OMRDD).	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.
Personal Care Services	Medicaid covers personal care services (PCS), which involve the provision of some or total assistance with personal hygiene, dressing and feeding and nutritional and environmental support (meal preparation and housekeeping). Personal care services must be medically necessary, ordered by a physician, and provided by a	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.

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	qualified person in accordance with a plan of care.		
Personal Emergency Response Services (PERS)	Medicaid covers electronic devices which enable certain high-risk patients to secure help in the event of a physical, emotional, or environmental emergency. A variety of electronic alert systems now exist which employ different signaling devices. Such systems are usually connected to a patient's phone and signal a response center once a "help" button is activated. In the event of an emergency, the signal is received and appropriately acted upon by a response center.	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.
Rehabilitation Services Provided to Residents of OMH Licensed Community Residence (CRs) and Family Based	Medicaid covers rehabilitation services provided to residents of the Office of Mental Health (OMH)-licensed community residences (CRs) and family-based treatment programs.	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.

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Treatment Programs			
Out-of-Network Family Planning services provided under the direct access provisions of the waiver	Medicaid coverage provided.	Covered under Fee for service Medicaid.	Covered under Fee for service Medicaid.

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Fidelis Dual Advantage (Plan 002):

Fidelis Care is a Coordinated Care plan with a Medicare contract and a contract with the New York State Department of Health Medicaid program. Enrollment in Fidelis Care depends on contract renewal.

Fidelis Care es un plan de Cuidado Coordinado con un contrato de Medicare y un contrato con el programa del Departamento de Salud de Medicaid del Estado de Nueva York. La inscripción en Fidelis Care depende de la renovación del contrato.

Fidelis Dual Advantage Flex (Plan 017):

Fidelis Care is a Coordinated Care plan with a Medicare contract and a coordination of benefits agreement with the New York State Department of Health Medicaid program. Enrollment in Fidelis Care depends on contract renewal.

Fidelis Care es un plan de Cuidado Coordinado con un contrato de Medicare y coordinación de acuerdo de beneficios con el programa del Departamento de Salud de Medicaid del Estado de Nueva York. La inscripción en Fidelis Care depende de la renovación del contrato.

This information is available for free in other languages. Please contact our Member Services number at 1-800-247-1447 for additional information. (TTY users should call 1-800-695-8544). Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1st through February 14th and Monday through Friday, 8:00 a.m. to 8:00 p.m. from February 15th through September 30th. Member Services has free language interpreter services available for non-English speakers.

Esta información está disponible de forma gratuita en otros idiomas. Por favor comuníquese con nuestro número de Servicios al Socio al 1-800-247-1447 para obtener información adicional. Los usuarios con deficiencia auditiva (TTY) deberán llamar al 1-800-695-8544. El horario de atención es de 8:00 a.m. a 8:00 p.m. los siete días de la semana desde el 1 de octubre hasta el 14 de febrero, y de lunes a viernes, de 8:00 a.m. hasta las 8:00 p.m. desde el 15 de febrero hasta el 30 de setiembre. Servicios al Socio también tiene servicios gratuitos de intérprete disponibles para personas que no hablan inglés.