

# NEW JERSEY MEDICARE **SPECIAL NEEDS PLANS FOR DUALS 2023**

Company	Plan Name	Extra Benefits	Available to people with Medicare and full Medicaid living in these Counties
<p>Aetna Better Health of NJ <b>833-874-8529</b> Aetnabetterhealth.com</p>	<p><b>Aetna Assure Premier Plus</b> <b>HMO D-SNP</b> H6399-001</p>	<ul style="list-style-type: none"> <li>• Over-the –counter spending card: \$360/quarter via Nations OTC catalog</li> <li>• Healthy Food Spending card: \$400/quarter</li> <li>• Personal Emergency Response System</li> <li>• Gym Membership</li> </ul>	<p>All counties in NJ</p>
<p>Amerigroup Community Care  <b>844-316-0355</b> amerigroup.com</p>	<p><b>Amerivantage Dual Coordination</b> <b>HMO D-SNP</b> H3240-013</p>	<ul style="list-style-type: none"> <li>• Over-the –counter spending card: \$450/ quarter</li> <li>• \$500 towards assistive devices (ex: shower chairs)</li> <li>• Health Groceries \$100/month</li> <li>• Gym Membership</li> </ul>	<p>Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union</p>
	<p><b>Amerivantage Dual Secure</b> <b>HMO POS D-SNP</b> H3240-024</p>	<ul style="list-style-type: none"> <li>• Over-the –counter spending card: \$450/ quarter</li> <li>• \$500 towards assistive devices (ex: shower chairs)</li> <li>• Health Groceries \$100/month</li> <li>• Gym Membership</li> <li>• Pest Control</li> </ul>	
<p>Horizon Blue Cross Blue Shield of NJ  <b>877-234-1240</b> medicare.horizonblue.com</p>	<p><b>Horizon NJ TotalCare</b> <b>HMO D-SNP</b> H8298-001</p>	<p>2 Over-the –counter spending cards:</p> <ul style="list-style-type: none"> <li>• \$400/quarter for retail items and</li> <li>• \$270/quarter for OTC items via catalog</li> <li>• Gym Membership</li> <li>• Special Supplemental Benefits for those with Chronic Conditions (SSBC) includes monthly delivery of health</li> </ul>	<p>All Counties in NJ</p>
<p>Wellcare  <b>866-527-0056</b> wellcare.com/medicare</p>	<p><b>Wellcare Dual Liberty</b> <b>HMO D-SNP</b> H0913-013</p>	<ul style="list-style-type: none"> <li>• Over-the –counter spending card: \$450/ quarter</li> <li>• Gym Membership, Fitbit, or home exercise equipment</li> </ul>	<p>Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren</p>
<p>United Healthcare  <b>888-834-3721</b> uhccommunityplan.com/NJ</p>	<p><b>United Healthcare Dual Complete ONE</b> <b>HMO D-SNP</b> H3113-005</p>	<ul style="list-style-type: none"> <li>• Over-the –counter spending card: \$300/month for health related items, healthy groceries and utilities</li> <li>• \$150 a quarter for home support services including pest control and more</li> <li>• Personal Emergency Response System</li> <li>• Gym Membership &amp; Fitbit</li> </ul>	<p>Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren</p>

### **What are DSNPs- Special Needs Plan for Dual Eligibles?**

These HMO plans combine Medicare and Medicaid services and only enrolls people with very low incomes who have both Medicare and full Medicaid benefits.

**All covered services and prescriptions have a \$0 cost share and no monthly premium.**

Also called **FIDE SNP- Fully Integrated Dual Eligible Special Needs Plan.**

For more information on NJ DSNP go to

**[http://www.state.nj.us/humanservices/dmahs/clients/d\\_snp.html](http://www.state.nj.us/humanservices/dmahs/clients/d_snp.html)**

Chart prepared by New Jersey State Health Insurance Assistance Program (SHIP), in the Division of Aging Services, NJ Department of Human Services.

This project was supported, in part by grant number #90SAPG0098, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C..

December 15, 2022

**NEW JERSEY MEDICARE SPECIAL NEEDS PLAN FOR CHRONIC CONDITIONS 2023**

Company	Plan Name	Monthly Premium	Benefits	Available to people living in these Counties
<p>Amerigroup Community Care</p> <p><b>844-316-0355</b> amerigroup.com</p>	<p><b>Amerivantage ESRD Care HMO- POS-C-SNP Chronic Condition SNP for people with kidney disease</b> H3240-017</p> <p><b>Affiliated with DaVita Kidney Care Network</b></p> <p><b>Member does NOT need to be on Medicaid.</b></p>	<p><b>\$35.00</b></p>	<p><b>MEDICAL COSTS PAID BY MEMBER (<i>partial list</i>):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for primary doctor visits</li> <li>• \$0 copay for in-network kidney doctor visits</li> <li>• 20% cost share for visits to all other specialists</li> <li>• \$0 – 20% cost share for dialysis</li> <li>• 20% cost share for most medical services (ex: lab tests, DME, x-ray’s)</li> <li>• Over-the –counter spending card: \$100/quarter</li> <li>• Transportation- 60 One-way trips within 60 miles</li> <li>• Personal Emergency Response System</li> <li>• Routine Dental Hearing aids</li> </ul> <p><b>Maximum out of Pocket for member medical cost sharing is \$8,300 per year in-network, \$12,450 out of network.</b></p> <p><b><u>Choice of ONE of the following benefits:</u></b></p> <ul style="list-style-type: none"> <li>• <b><u>Assistive Devices</u></b> - \$500 annual allowance for assistive and safety devices, such as hand rails, shower stools, raised toilet seats and temporary mobility ramps</li> <li>• <b><u>Flex Account - Dental, Vision, Hearing</u></b> - \$500 additional coverage for your dental, vision, or hearing needs.</li> <li>• <b><u>Flex Account - Utilities</u></b> - \$50 monthly spending allowance toward the payment of household utilities including gas, electric, water, or sewer. It can also be used with your internet and cellular providers.</li> <li>• <b><u>Healthy Groceries</u></b> \$50 per month towards healthy groceries</li> <li>• <b><u>In-Home Support</u></b> - Enjoy up to 60 hours per year of companionship and independent activities of daily living, such as helping with light chores, errands, tech support and more.</li> <li>• <b><u>Transportation</u></b> - 60 one-way trips per year</li> </ul>	<p>Bergen Burlington Essex Hudson Middlesex Monmouth Morris Ocean Passaic Somerset Union</p>

Chart prepared by New Jersey State Health Insurance Assistance Program (SHIP), in the Division of Aging Services, NJ Department of Human Services.

This project was supported, in part by grant number #90SAPG0098, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C..

December 14, 2022

**NEW JERSEY MEDICARE SPECIAL NEEDS PLANS FOR PEOPLE LIVING IN A FACILITY 2023**

Company	Plan Name	Monthly Premium	Benefits	Available to people living in these Counties
<p>United Healthcare 888-834-3721 uhccommunityplan.com/NJ</p>	<p><b>United Healthcare Assisted Living Plan PPO-I-SNP</b> H0710-56</p> <p><i>Member does NOT need to be on Medicaid.</i></p>	\$31.10	<p><b>Must live in Assisted Living Facility or CCRC in UHC network.</b></p> <p><u>MEDICAL COSTS PAID BY MEMBER (partial list):</u></p> <ul style="list-style-type: none"> <li>• \$0 copay for primary doctor visits</li> <li>• \$25 copay for specialists</li> <li>• 30% for out of network doctors</li> <li>• Hearing, routine dental and vision services</li> <li>• Over-the –counter spending card: \$175/ quarter</li> <li>• Transportation- 36 medically related one-way trips within 60 miles</li> </ul> <p><b>Maximum out of Pocket for member medical cost sharing is \$1,800 in-network/ \$5,100 out of network</b></p>	<p>Bergen Burlington Camden Essex Mercer Middlesex Monmouth Morris Ocean Passaic Somerset Union</p>

<p>United Healthcare 888-834-3721 uhccommunityplan.com/NJ</p>	<p><b>United Healthcare Nursing Home Plan HMO-I-SNP</b> H3313-001</p> <p><i>Member does NOT need to be on Medicaid.</i></p>	\$31.10	<p><b>Must live in a Skilled Nursing Facility in the UHC network</b></p> <p><u>MEDICAL COSTS PAID BY MEMBER (partial list):</u></p> <ul style="list-style-type: none"> <li>• \$0 copay for primary doctor</li> <li>• \$0 for specialist</li> <li>• Hearing and vision services</li> <li>• Over-the –counter spending card: \$330/ quarter</li> <li>• Transportation- 24 one-way trips</li> </ul> <p><b>Maximum out of Pocket for member medical cost sharing is \$500</b></p>	<p>Bergen Burlington Essex Hudson Mercer Monmouth Morris Passaic Somerset Union</p>
-----------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------	---------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------

<p>United Healthcare 888-834-3721 uhccommunityplan.com/NJ</p>	<p><b>United Healthcare Nursing Home Plan PPO-I-SNP</b> H0710-026</p> <p><i>Member does NOT need to be on Medicaid.</i></p>	\$35.30	<p><b>Must live in a Skilled Nursing Facility in the UHC network</b></p> <p><u>MEDICAL COSTS PAID BY MEMBER (partial list):</u></p> <ul style="list-style-type: none"> <li>• \$0 copay for primary doctor</li> <li>• \$0 – 20% for specialist</li> <li>• 30% out of network</li> <li>• Over-the –counter spending card: \$275/ quarter</li> <li>• Hearing, routine dental and vision services</li> <li>• Transportation-36 one-way trips per year; additional unlimited trips for dialysis. *</li> </ul> <p><b>Maximum out of Pocket for member medical cost sharing is \$1,800 in-network/\$5,100 out of network</b></p>	<p>Atlantic Bergen Burlington Camden Cape May Cumberland Essex Gloucester Hudson Mercer Middlesex Monmouth Morris Ocean Passaic Somerset Sussex Union Warren</p>
-----------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------	---------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Company	Plan Name	Monthly Premium	Benefits	Available to people living in these Counties
United Healthcare 888-834-3721 uhccommunityplan.com/NJ	<b>United Healthcare Nursing Home Plan HMO-POS-I-SNP</b> H5322-003  <i>Member does NOT need to be on Medicaid.</i>	<b>\$30.80</b>	<p><b>Must live in a Skilled Nursing Facility in the UHC network</b></p> <p><u>MEDICAL COSTS PAID BY MEMBER (partial list):</u></p> <ul style="list-style-type: none"> <li>• \$0 copay for primary doctor</li> <li>• \$0 – 20% for specialist</li> <li>• Hearing, routine dental and vision services</li> <li>• Transportation- 18 one-way trips</li> <li>• Over-the –counter spending card: \$330/ quarter</li> </ul> <p><b>Maximum out of Pocket for member medical cost sharing is \$500</b></p>	<b>Ocean</b>
Longevity Health Plan 888-899-8490 longevityhealthplan.com	<b>Longevity Health Plan PPO-I-SNP</b> H9942-001  <i>Member does NOT need to be on Medicaid.</i>	<b>\$37.10</b>	<p><b>Must live in Skilled Nursing Facility in Longevity network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for primary doctor</li> <li>• \$0 – 20% for specialist</li> <li>• 30% out of network</li> <li>• Over-the –counter spending card: \$200/ quarter</li> <li>• Transportation- 24 one-way trips</li> <li>• Music therapy</li> <li>• Tai Chi or Chair Yoga</li> </ul> <p><b>Maximum out of Pocket for member medical cost sharing is \$3,000 in-network/\$5,100 out of network</b></p>	Atlantic, Bergen, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Union, Warren

Chart prepared by New Jersey State Health Insurance Assistance Program (SHIP), in the Division of Aging Services, NJ Department of Human Services.

This project was supported, in part by grant number #90SAPG0098, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C..

December 14, 2022