VNS Health

HEALTH PLANS

# VNS Health Total (HMO D-SNP)

2024

## Summary of Benefits

Sales Representative

_____

Telephone

_____

Email

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**vnshealthplans.org**

# Two-in-one Medicare-Medicaid plan for New Yorkers with long-term care needs

VNS Health Total (HMO D-SNP) combines your Medicare and Medicaid benefits into one integrated plan. This includes long-term care, prescription drugs, doctor and hospital coverage.

You also receive important extra benefits not covered by regular Medicare. This makes it easier to access healthy living services and personal support from your Care Team.

**One plan instead of two** –
with one phone number, one ID card and one Care Management Team

**$0 cost to you for health care, like $0 premiums, $0 copays, $0 prescription drugs**

**$3,192/year ($266/month) for OTC (over-the-counter) and Grocery items**

**$3,000/year for Dental care**

**$300/year for eye wear**

**Unlimited transportation**
to medical appointments (to plan-approved locations)

**Long-term services and supports**
you need to live safely and independently in your home (such as Home Health Aide, nursing, social work and more)

**$760/year on a Flex debit card**
This can help pay utilities and other expenses

If you have questions, please call us at 1-866-783-1444 (TTY: 711), 7 days a week, 8 am – 8 pm (Oct. – Mar.) and weekdays, 8 am – 8 pm (Apr.– Sept.). The call is free. For more information, visit vnshealthplans.org

# Introduction

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

# Table of Contents

# A. Useful Information

Plan Effective Date _____

Primary Care Provider (PCP) _____

### Interested in enrolling? Call:

**1-866-414-6715 (TTY: 711)**
**7 days a week, 8 am – 8 pm,** October 1, 2023 – March 31, 2024
**Weekdays, 8 am – 8 pm,** April 1, 2024 – September 30, 2024

### *Provider and Pharmacy Directory*

The best way to find a doctor, specialist and/or pharmacy in the VNS Health Total network is to visit **vnshealthplans.org/providers**

### *Formulary* (List of Covered Drugs)

The Fomulary is a list of prescription drugs covered by VNS Health Total. To search the Formulary, please visit, **vnshealthplans.org/formulary**

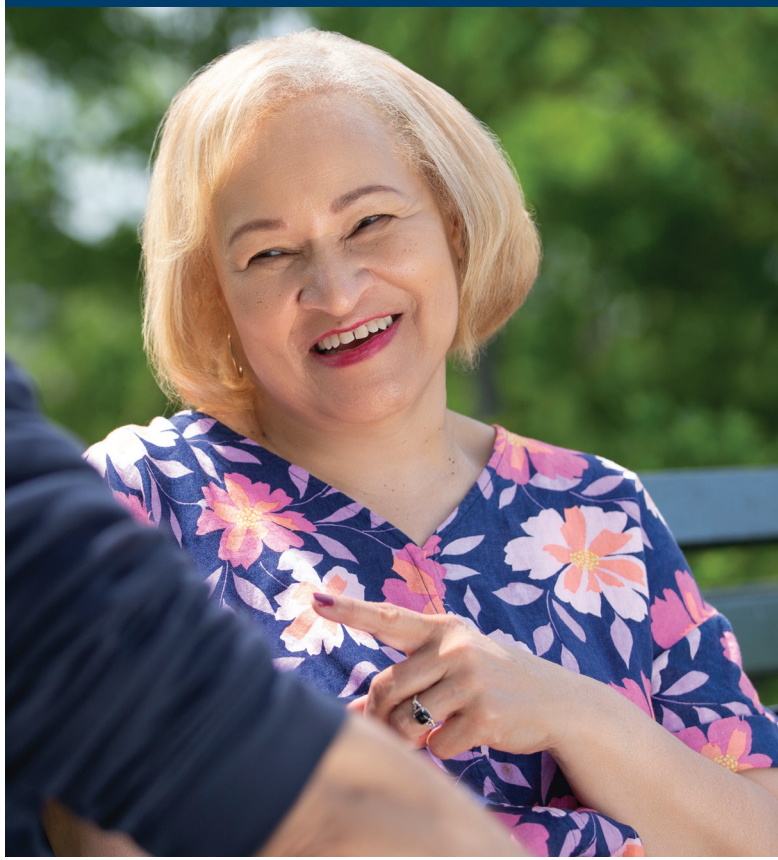
### *Medicare & You*

Visit **medicare.gov** to view the handbook online or order a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. You can also download a copy by visiting **medicare.gov**

### Your Care Team

**1-866-783-1444 (TTY: 711)**

7 days a week, 8 am – 8 pm (Oct. – Mar.),
Weekdays, 8 am – 8 pm (Apr. – Sept.)



# B. Disclaimers and Plan Overview

This is a summary of health services covered by VNS Health Total (HMO D-SNP) for 2024. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. If you'd like to request a printed copy of the *Evidence of Coverage*, call your Care Team at the numbers listed at the bottom of this page. Or to access it online visit, **vnshealthplans.org/2024-total**.

- VNS Health Total (HMO D-SNP) is a plan for people who need Medicaid home care and long-term care services and covers Medicare services for those who live in the service area and have both Medicare Part A and Part B and have Medicaid.
- VNS Health Medicare is a Medicare Advantage Organization with Medicare and Medicaid contracts, offering HMO D-SNP and HMO plans. Enrollment in VNS Health Medicare depends on contract renewal.

VNS Health Total is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you must be eligible for Medicare and Full Medicaid Benefits and:

- Must be capable, at the time of enrollment of returning to or remaining in your home and community without jeopardy to health and safety, based upon criteria provided by New York State Department of Health; and
- Must be eligible for nursing home level of care
- Must require care management and be expected to need at least one of the following Community-Based Long-Term Care services for more than 120 days from the effective date of enrollment:
  a) nursing services in the home;
  b) therapies in the home;
  c) home health aide services;
  d) personal care services in the home;
  e) adult day health care;
  f) private duty nursing; or
  g) Consumer-Directed Personal Assistance Services

- Must be 18 years of age or older;
- Must reside in the plan's service area;
- You are determined eligible for long-term care services by the plan or an entity designated by the Department of Health using the current New York State Uniform Assessment System eligibility tool.
- Under VNS Health Total, you can get your Medicare and Medicaid services in one health plan. Your Care Team will help manage your health care needs.

For more information about Medicare, you can read the *Medicare & You Handbook*. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (**medicare.gov**) or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-783-1444 (TTY: 711) 7 days a week, 8 am – 8 pm (Oct. – Mar.) and weekdays, 8 am – 8 pm (Apr. – Sept.). The call is free.**

This document is available for free in Spanish and Chinese.

During your welcome call, we will confirm your language and/or format preference for future mailings and communications. If at any time you need to request a change, please call your Care Team.

# C. Frequently Asked Questions (FAQ)

The following table lists frequently asked questions.

| Frequently Asked Questions (FAQ) | Answers |
|---|---|
| **What is a Medicaid Advantage Plus (MAP/HMO) + Dual Eligible Special Needs Plan (D-SNP) plan?** | Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicaid and Medicare) Special Needs Plan (D-SNP). Our plan combines your Medicaid home care and long-term care services and your Medicare services. It combines your doctors, hospital, pharmacies, home care, nursing home care, behavioral health care (mental health and substance use/addiction services), and other health care providers into one coordinated health care system. It also has a Care Team to help you manage all your providers and services. They all work together to provide the care you need.<br><br>Our MAP plan is called VNS Health Total. |

| Frequently Asked Questions (FAQ) | Answers |
|---|---|
| **Will I get the same Medicare and Medicaid benefits in VNS Health Total that I get now?** | If you are coming to VNS Health Total from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all your covered Medicare and Medicaid benefits directly from VNS Health Total.<br><br>When you enroll in VNS Health Total, you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that VNS Health Total does not normally cover, you can get a temporary supply, and we will help you to transition to another drug or get an exception for VNS Health Total to cover your drug, if medically necessary. |
| **Can I use the same health care providers I use now? (continued on the next page)** | That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with VNS Health Total and have a contract with us, you can keep going to them.<br>• Providers with an agreement with us are "in-network." You must use the providers in VNS Health Total's network.<br>• If you need urgent or emergency care, behavioral health crisis services, or out-of-area dialysis services, you can use providers outside of VNS Health Total's network.<br>To find out if your providers are in the plan's network, call your Care Team at the numbers listed at the bottom of this page or |

| Frequently Asked Questions (FAQ) | Answers |
|---|---|
| **Can I use the same health care providers I use now? (continued from previous page)** | read VNS Health Total's *Provider and Pharmacy Directory*. You can also visit our website at vnshealthplans.org/providers for the most current listing.<br><br>If VNS Health Total is new for you, we will work with you to develop an individualized plan of care (ICP) to address your needs. You can keep using the providers you use now for 90 days or until your ICP is completed. Further, members who enroll on or after January 1, 2024, can continue to use their same behavioral health providers for up to 24 months as part of a continuous episode of care.<br><br>"Continuous Behavioral Health Episode of Care" means a course of ambulatory behavioral health treatment, other than ambulatory detoxification and withdrawal services, which began prior to the effective date of the behavioral health benefit inclusion into MAP in the geographic service area in which services had been provided to an enrollee at least twice during the six months preceding January 1, 2024 by the same provider for the treatment of the same or related behavioral health condition. |
| **What is a Care Manager?** | A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.<br><br>Members may have a Care Manager who works for the plan as well as a specialized Health Home/Health Home Plus Care Manager (refer to Section F. Benefits covered outside of VNS Health Total on page 42). |

| Frequently Asked Questions (FAQ) | Answers |
|---|---|
| **What are Managed Long Term Services and Supports (MLTSS)?** | Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your home community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain criteria and financial requirements. |
| **What happens if I need a service but no one in VNS Health Total's network can provide it?** | Most services will be provided by our network providers. If you need a service that cannot be provided within our network, such as due to a shortage of staff with the necessary expertise and/or availability to provide services, VNS Health Total will cover services provided by an out-of-network provider. |
| **Where is VNS Health Total available?** | The service area for this plan includes:<br>Albany, Bronx, Kings (Brooklyn), Nassau, New York (Manhattan), Queens, Richmond (Staten Island), Rensselaer, Schenectady, Suffolk and Westchester Counties in New York State. You must live in one of these areas to join the plan. |

| Frequently Asked Questions (FAQ) | Answers |
|---|---|
| **What is prior authorization?** | Prior authorization means that you must get approval from VNS Health Total **before** VNS Health Total will cover a specific service, item, or drug or out-of-network provider. VNS Health Total may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care, behavioral health crisis services or out-of-area dialysis services, you don't need to get approval first. VNS Health Total can provide you with a list of services or procedures that require you to get prior authorization from VNS Health Total before the service is provided.<br><br>Refer to Chapter 3 of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the *Evidence of Coverage* to learn which services require a prior authorization. |
| **What is a referral?** | A referral means that your primary care provider (PCP) must give you written approval before you can use specialists or other providers in the plan's network. This can be done electronically, however if you don't get approval, VNS Health Total may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists.<br><br>VNS Health Total can provide you with a list of services that require you to get a referral from your PCP before the service is provided. For more information on when a referral is needed, call your Care Team or refer to Chapter 3 of the *Evidence of Coverage*. |

| Frequently Asked Questions (FAQ) | Answers |
|---|---|
| **Do I pay a monthly amount (also called a premium) under VNS Health Total?** | No. You will not pay any monthly premiums to VNS Health Total for your health coverage. Additionally, Medicaid will pay your Medicare Part B for you. |
| **Do I pay a deductible as a member of VNS Health Total?** | No. You do not pay deductibles in VNS Health Total. |
| **What is the maximum out-of-pocket amount that I will pay for medical services as a member of VNS Health Total?** | There is no cost sharing (copays or deductions) for medical services in VNS Health Total, so your annual out-of-pocket costs will be $0. |
| **Do I have a coverage gap for drugs?** | No, because you have Medicaid you will not have a coverage gap stage for your drugs. |

# D. Overview of services

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

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need hospital care** | Inpatient hospital care | $0 | Our plan covers an unlimited number of days for an inpatient hospital stay.<br>Except in an emergency, your health care provider must tell the plan of your hospital admission.<br>Up to 365 days per year (366 days for leap year)<br>May require prior authorization. |
| | Outpatient hospital services (including outpatient treatment by a doctor or a surgeon) | $0 | Plan covers medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.<br>May require prior authorization. |
| | Ambulatory Surgery Center (ASC) services | $0 | May require prior authorization. |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You want to use an outpatient health care provider** | Doctor visits (including visits to Primary Care Providers and specialists) | $0 | |
| **You want to use a health care provider** | Visits to treat an injury or illness | $0 | |
| | Preventive care (care to keep you from getting sick, such as flu shots and other immunizations) | $0 | |
| | Wellness visits, such as a physical | $0 | |
| | "Welcome to Medicare" preventive visit (one time only) | $0 | |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need emergency care (This service is continued on the next page)** | Emergency room services, including mental health emergencies at Comprehensive Psychiatric Emergency Programs (CPEPs) | $0 | You may use any emergency room or CPEP if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are NOT covered outside of the United States and its territories except under limited circumstances. Contact the plan for details.<br><br>The plan covers worldwide emergency coverage in any country outside of the United States and its territories. Coverage is limited to $50,000 US per year. |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need emergency care (continued)** | Urgent care | $0 | Urgent care is not emergency care. You do not need prior authorization and you do not have to be in-network. Urgent care is NOT covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.<br>The plan covers worldwide urgent care in any country outside of the United States and its territories. Coverage is limited to $50,000 US per year. |
| **You need medical tests** | Lab tests, such as blood work | $0 | May require prior authorization. |
| | X-rays or other pictures, such as CAT scans | $0 | May require prior authorization. |
| | Screenings, such as tests to check for cancer | $0 | May require prior authorization. |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need hearing/ auditory services** | Hearing screenings (including routine hearing exams)<br><br>Hearing aids (as well as fittings and associated accessories and supplies) | $0 | Plan covers:<br>Exam to diagnose and treat hearing and balance issues<br>Routine hearing exam (for up to 1 every year)<br>Hearing aid fitting/evaluation (for up to 2 every three years)<br>Plan coverage limit is $1,500 for hearing aids limited to $750 per ear (one right, one left) every three years.<br>Fitting/evaluation is limited to one per ear (one right, one left) every three years.<br>The plan covers hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing.<br>No prior authorization required.<br>Please see the *Evidence of Coverage* for more information. |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need dental care** | Dental services including but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care.<br>You do not need a referral from your PCP to see a dentist. | $0 | Maximum plan coverage is $3,000. There is no annual service category deductible for Medicare-covered benefits.<br>Medicaid covers preventive dental services:<br>Cleaning (once every six months)<br>Dental x-ray(s) (once every six months)<br>Oral exam (once every six months)<br>Basic restorative services, such as fillings, extractions, and dentures.<br>Dental Implants are covered when your doctor says that you need dental implants to ease your medical problem; and your dentist says that dental implants are the only thing that will fix your dental problem.<br>You do not pay anything for Medicaid- and Medicare-covered dental benefits.<br>May require prior authorization. |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need eye care (This service is continued on the next page)** | Vision services (including annual eye exams) | $0 | Routine eye exam per year<br>1 additional routine eye exam (every 2 years)<br>A routine eye exam to diagnose and treat diseases and conditions of the eye.<br>Eye exam for the purpose of getting eyeglasses every two years<br>No prior authorization required. |
| | Glasses or contact lenses | $0 | Eyeglasses or contact lenses limited to one pair every 12 months unless medically necessary.<br>The cost of standard lenses and frames is limited to $300 for one set of eye glasses or contact lenses, but not both.<br>Standard lenses include single, bifocal, trifocal; does not include specialty lens (i.e. transition, tints, progressives, polycarbonate).<br>Standard contact lenses include extended daily wear, disposables, standard daily wear, toric, or rigid gas |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need eye care (continued )** | | | permeable. Please see the *Evidence of Coverage* for more information.<br>No prior authorization required. |
| | Other vision care (including diagnosis and treatment for diseases and conditions of the eye) | $0 | Plan covers yearly glaucoma screening. |
| **You have a mental health condition (This service is continued on the next page)** | Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), State Operated Addiction Treatment Center's (ATC), Inpatient addiction rehabilitation, Inpatient Medically Supervised Detox, or critical access hospital) | $0 | Plan covers up to 190 days of inpatient hospital care in a lifetime. Inpatient 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.<br>May require prior authorization. |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You have a mental health condition (continued)** | Adult outpatient mental health care<br>• Continuing Day Treatment (CDT)<br>• Partial hospitalization<br>• Assertive Community Treatment (ACT)<br>• Mental Health Outpatient Treatment and Rehabilitation Services (MHOTRS)<br>• Personalized Recovery Oriented Services (PROS) | $0 | |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You have a mental health condition (continued)** | Adult outpatient rehabilitative mental health and addiction services for members who meet clinical requirements. These are also known as Community Oriented Recovery and Empowerment (CORE) services. CORE services:<br>• Psychosocial Rehabilitation (PSR)<br>• Community Psychiatric Supports and Treatment (CPST)<br>• Empowerment services – peer supports<br>• Family Support and Training (FST) | $0 | |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You have a mental health condition (continued)** | Adult mental health crisis services<br>• Comprehensive Psychiatric Emergency Program (CPEP)<br>• Mobile Crisis and Telephonic Crisis Services<br>• Crisis Residential Programs<br>Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication management, family psychoeducation, and intensive outpatient models of care) (Note: This is not a complete list of the plan's expanded outpatient mental health services. Call your Care Team or read the *Evidence of Coverage* for more information.) | $0 | Services may be provided by any OMH licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, or clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws. |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You are having a mental health or substance use crisis** | Mobile Crisis services (assessment by telephone or mobile crisis team response): short-term residential crisis stabilization (for mental health crisis) | $0 | Any approved mobile crisis or licensed crisis residence provider in New York State. |
| **You have a mental health or a substance use disorder (This service is continued on the next page)** | CORE Services (which are person-centered, recovery-oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence.)<br>(Note: For more information about CORE Services and to determine whether you are eligible for them, call your Care Team at the numbers listed at the bottom of this page or read the *Evidence of Coverage*.) | $0 | CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services. |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You have a substance use disorder (This service is continued on the next page)** | Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment)<br>(Note: This is not a complete list of the plan's expanded substance use disorder services. Call your Care Team at the numbers listed at the bottom of this page or read the *Evidence of Coverage* for more information.) | $0 | Plan covers Outpatient Substance Abuse Care:<br>Assessment from a network provider in a 12-month period (you may self-refer) for outpatient substance abuse services<br>May require prior authorization. |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need a place to live with people available to help you** | Skilled nursing care | $0 | Plan covers additional days beyond Medicare 100-day limit.<br>May require prior authorization. |
| | Nursing home | $0 | |
| | Custodial care (long-term care in a Nursing Facility) | $0 | Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission. |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need therapy after a stroke or accident** | Occupational, physical, or speech therapy (outpatient or in-home) | $0 | Plan covers Medicare-covered:<br>Physical Therapy visits,<br>Speech Language Therapy visits, and Occupational Therapy visits.<br>Plan covers Medicaid-covered, medically necessary visits that are ordered by a doctor or other licensed professional for:<br>Physical Therapy visits,<br>Speech Language Therapy visits, and Occupational Therapy visits.<br>Authorization rules may apply.<br>Call your Care Team or read the *Evidence of Coverage* for more information. |
| **You need help getting to health services** | Emergency transportation | $0 | Ambulance services must be medically necessary. You do not need prior authorization for ambulance services, and you do not have to be in-network. |
| **You need drugs to treat your** | Medicare Part B prescription drugs (including those given | $0 | Read the *Evidence of Coverage* and *Formulary* for more information on these |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **illness or condition (This service is continued on the next page)** | by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)<br>Medicare Part D prescription drugs<br>Copayment/Coinsurance during the Initial Coverage Stage:<br>Generic and Brand name drugs brand:<br>$0 copay<br>For all other drugs:<br>$0 copay | | drugs. There may be limitations on the types of drugs covered. Refer to VNS Health Total's *Formulary* at vnshealthplans.org/formulary for more information.<br>**Important Message About What You Pay for Vaccines** – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's *Formulary*. Our plan covers most Part D vaccines at no cost to you.<br>VNS Health Total may require you to first try one drug to treat your condition before it will cover another drug for that condition.<br>Some drugs have quantity limits.<br>Your provider must get prior authorization from VNS Health Total<br>for certain drugs. You must use certain pharmacies for a very limited number of drugs, due to special handling, provider |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need drugs to treat your illness or condition (continued)** | | | coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, in the *Formulary*, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare.<br>The plan offers two ways to get long-term supplies of drugs: through mail order or at a retail pharmacy. Cost sharing amount for long-term (100-day) supplies is the same as for a one-month (30-day) supply. |
| | Over-the-counter (OTC) drugs | $0 | There may be limitations on the types of drugs covered. Please see the plan's *Formulary* for more information. |
| | Diabetes medications | $0 | May require prior authorization and step therapy. There may be quantity limits. |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need foot care** | Podiatry services (including routine exams) | $0 | Plan covers:<br>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions<br>Routine foot care (up to 6 visit(s) every year)<br>No prior authorization required. |
| | Orthotic services | $0 | Requires prior authorization. |
| **You need durable medical equipment (DME) or supplies** | Wheelchairs, nebulizers, crutches, roll about knee walkers, walkers, and oxygen equipment and supplies, for example<br>(**Note:** This is not a complete list of covered DME or supplies. Call your Care Team or read the *Evidence of Coverage* for more information.) | $0 | May require prior authorization. |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need interpreter services** | Spoken language interpreter | $0 | Call your Care Team for assistance. |
| | Sign language interpreter | $0 | Call your Care Team for assistance. |
| **Other covered services (These services are continued on the next page)** | Acupuncture for chronic low back pain | $0 | Up to 12 visits in 90 days are covered for Medicare beneficiaries meeting criteria.<br>May require prior authorization. |
| | Plan Care Coordination | $0 | Call your Care Team for assistance. |
| | Chiropractic services | $0 | Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).<br>May require prior authorization. |
| | Diabetic supplies | $0 | Ascensia/Bayer Diabetes Care is the plan's chosen brand for diabetes monitoring and testing supplies when obtained at an in-network retail pharmacy. All other branded products will require prior authorization from the plan. |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Other covered services (continued)** | Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services) | $0 | EPSDT is for members under 21 years of age. |
| | Family Planning | $0 | Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.<br>Not covered by the plan; your Care Manager can assist with obtaining access and coordinating these services. |
| | Hospice care | $0 | You pay nothing for hospice care from a Medicare-certified hospice. There is no limit for this benefit as long as you continue to meet the eligibility criteria. If you are eligible but don't feel ready for hospice care, you can receive supportive services through the Palliative Care |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Other covered services (continued)** | | | Program as outlined in Help with Certain Conditions. Please see the *Evidence of Coverage* for eligibility and more information. |
| | Mammograms | $0 | |
| | Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars), social adult day care, and non-medical transportation). | $0 | MLTSS provides services for members that need the level of care typically provided in a Nursing Facility and allows them to get necessary care in a residential or community setting.<br>MLTSS is available to all members; specific service authorization, including amount, is indicated in the member's individualized approved Plan of Care. |
| | Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing | $0 | Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living. |

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Other covered services (continued)** | supervision in an ambulatory care setting) | | |
| | Personal Care Assistance (PCA) (assistance with daily activities such as bathing, dressing, using the bathroom, shopping, cooking, including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care) | $0 | Requires prior authorization. |
| | Prosthetic services | $0 | Plan covers New York State Medicaid-covered prosthetics, orthotics and orthopedic footwear.<br>There is no diabetic prerequisite for orthotics. |

This above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read VNS Health Total's *Evidence of Coverage*. If you have questions, you can also call the VNS Health Total Care Team at the numbers listed at the bottom of this page.

# E. Additional Services VNS Health Total covers

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

| Additional Services VNS Health Total covers | Your costs |
|---|---|
| **Acupuncture**<br>Plan covers up to 30 visits every year.<br>No prior authorization required. | $0 |
| **Additional Telehealth Services**<br>Covers the following services:<br>Urgently Needed Services;<br>Home Health Services;<br>Primary Care Physician Services;<br>Occupational Therapy Services;<br>Physician Specialist Services;<br>Individual Sessions for Mental Health Specialty Services;<br>Group Sessions for Mental Health Specialty Services;<br>Individual Sessions for Psychiatric Services;<br>Group Sessions for Psychiatric Services; | $0 |

| Additional Services VNS Health Total covers | Your costs |
|---|---|
| **Additional Telehealth Services (continued)**<br>Physical Therapy and Speech-Language Pathology Services;<br>Opioid Treatment Program Services;<br>Outpatient Hospital Services;<br>Observation Services;<br>Ambulatory Surgical Center (ASC) Services;<br>Individual Sessions for Outpatient Substance Abuse;<br>Kidney Disease Education Services; and<br>Diabetes Self-Management Training | $0 |
| CSS (Community Support Services) | $0 |
| Home Health (HH) and Health Home Plus (HH+) Care Management Services | $0 |
| Certified Community Behavioral Health Clinics (CCBHC) | Not covered. |

| Additional Services VNS Health Total covers | Your costs |
|---|---|
| **Enhanced Disease Management**<br>A benefit that can provide you more support to take care of your health.<br>Eligible members can participate to receive enhanced disease management. Services include:<br>Home visits by a nurse to evaluate health, social, and home safety needs<br>Help finding doctors and making appointments<br>• Help taking medicine the right way<br>• Connections to community resources<br>May require prior authorization. | $0 |
| **Gym Membership**<br>You are covered for a health club membership through SilverSneakers®. This includes group exercise classes at participating health club facilities and online. This fitness membership program is designed for Medicare beneficiaries.<br>For more information about this benefit, visit the website at silversneakers.com | $0 |

| Additional Services VNS Health Total covers | Your costs |
|---|---|
| **Flex Card**<br>The Flex Card is a $760 pre-loaded debit card benefit for the year. During the first quarter of the year (January – March), you may use up to $193 to pay for eligible items or services. From April – December, you may use $63 per month to pay for eligible items or services. The card balance rolls over after each quarter but must be used by the end of the calendar year (January 1, 2024 through December 31, 2024).<br>The benefit card may be used to help pay for certain utilities (electric, gas, internet, and phone). The benefit card may also be used to cover items or services above the maximum covered amount for Dental (Diagnostic and Restorative Dental Services; Prosthodontics, Other Maxillofacial Surgery), Hearing (Hearing Aids - all types); or Vision (Eyeglasses - lenses and frames). Other types of services and goods are not eligible. | $0 |

| Additional Services VNS Health Total covers | Your costs |
|---|---|
| **Help with Certain Chronic Conditions**<br>You may be eligible for the Palliative Care Program if you have a serious illness. Palliative Care is provided by a team of doctors, nurses and other specially trained people and continues alongside your regular medical care as added support. You will receive the following support through Care Management Services:<br>Comprehensive care assessment<br>Care planning and goals of care discussions<br>Access to social services and community resources<br>Coordination with your Primary Care Physician<br>Please see the *Evidence of Coverage* or the Hospice benefit for more information. | $0 |
| **Meals (Post-Discharge)**<br>You can use this benefit to have meals delivered to your home after an acute inpatient hospital discharge.<br>You are covered for 28 meals over a 2-week period up to 3 inpatient hospital visits a year.<br>No prior authorization required.<br>See your *Evidence of Coverage* for more information. | $0 |

| Additional Services VNS Health Total covers | Your costs |
|---|---|
| **Nutrition**<br>The plan covers a nutritionist to assess your dietary needs and make recommendations to help ensure that your diet is consistent with your personal needs. | $0 |
| **Over-the-Counter and Grocery Program**<br>The plan covers up to $266 per month for Over-the-Counter (OTC) and Grocery items as well as home meal delivery and fresh fruit and produce. Refer to the program catalog for a list of plan-approved items and participating grocery locations.<br>Balances left over at the end of the month do not carry over.<br>For more information, please see the OTC and Grocery Program Catalog, or call your Care Team. | $0 |
| **Personal Emergency Response System (PERS)**<br>The plan covers PERS, which is a system that enables an individual to call for help in an emergency by pushing a button. Once the “help” button is activated, a signal is sent to a response center and appropriate actions are taken to assist the individual. There is no copayment for PERS.<br>May require prior authorization. | $0 |

| Additional Services VNS Health Total covers | Your costs |
|---|---|
| **Special Supplemental Benefits for the Chronically Ill (SSBCI)**<br>This benefit is combined with your Over-the-Counter (OTC) and Grocery Card to cover eligible grocery items.<br>Eligibility for Special Supplemental Benefits for the Chronically Ill (SSBCI) is required for use of the grocery benefit. | $0 |
| **Transportation**<br>Unlimited routine and non-emergent transportation services to plan-approved locations for medical care and other health-related services. Coverage includes: ambulette, car service and public transportation.<br>Transportation is included as part of the Managed Long Term Services and Supports (MLTSS) benefit. | $0 |

# F. Benefits covered outside of VNS Health Total

This is not a complete list. Call your Care Team at the numbers listed at the bottom of this page to find out about other services not covered by VNS Health Total but available through Medicaid fee-for-service.

| Other services covered directly by Medicaid fee-for-service | Your costs |
|---|---|
| CSS (Community Support Services) | $0 |
| Health Home (HH) and Health Home Plus (HH+) Care Management services | $0 |
| Certified Community Behavioral Health Clinics (CCBHC) | Not covered. |
| Crisis Intervention Services for Youth ages 18-20 | $0 |

# G. Services that VNS Health Total, Medicare, and Medicaid do not cover

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

| Services that VNS Health Total, Medicare, and Medicaid do not cover |
|---|
| Cosmetic surgery if not medically necessary |
| Directly Observed Therapy for Tuberculosis Disease |
| HIV COBRA Case Management |
| Personal and Comfort items |

| Services that VNS Health Total, Medicare, and Medicaid do not cover |
|---|
| Rehabilitation Services Provided to Residents of Office of Mental Health Licensed Community Residences (CRs) and Family-Based Treatment Programs |
| Services considered not medically necessary according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services. |
| Services of a provider that is not part of the plan, unless the plan sends you to that provider |
| Services offered through the Office for People with Developmental Disabilities (OPWDD) |

# H. Your rights and responsibilities as a member of the plan

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

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

- **You have a right to respect, fairness and dignity.** This includes the right to:
    - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member, that constitutes unlawful discrimination under any state or federal law or regulation.
    - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
    - Be free from any form of physical restraint or seclusion
    - Not be billed by network providers
    - Have your questions and concerns answered completely and courteously
    - Apply your rights freely without any negative effect on the way VNS Health Total or your provider treats you

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
  - VNS Health Total
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Care Managers
  - Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year. You can call 1-866-783-1444 (TTY: 711) if you want to change your PCP.
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment as far as the law allows, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. VNS Health Total will pay for the cost of your second opinion visit.
  - Make your health care wishes known in an advance directive

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
  - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call 1-866-783-1444 (TTY: 711) if you need help with this service.
  - Have your *Evidence of Coverage* and any printed materials from VNS Health Total translated into your primary language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
  - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation.
- **You have the right to seek emergency and urgent care when you need it**. This means you have the right to:
  - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval.
  - Use an out-of-network urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
  - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
  - Have privacy during treatment.

- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - Access an easy process to voice your concerns, and to expect follow up by VNS Health Total.
  - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
  - Ask for a State Appeal (State Fair Hearing).
  - Get a detailed reason why services were denied.

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

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
  - Treat your health care providers with dignity and respect.
  - Keep appointments, be on time, and call-in advance if you're going to be late or have to cancel.
- **You have the responsibility to give information about you and your health.** You should:
  - Tell your health care provider your health complaints clearly and provide as much information as possible.
  - Tell your health care provider about yourself and your health history.
  - Tell your health care provider that you are a VNS Health Total member.
  - Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency).
  - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment.

- Notify your Care Team if there are any changes in your personal information, such as your address or phone number.

- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
  - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed.
  - Partner with your Care Team and work out treatment plans and goals together.
  - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health.

- **You have the responsibility to obtain your services from VNS Health Total.** You should:
  - Get all your health care from VNS Health Total, except in cases of emergency, urgent care, behavioral health crisis services, out-of-area dialysis services, or family planning services, unless VNS Health Total provides a prior authorization for out-of-network care.
  - Not allow anyone else to use your VNS Health Total Member ID Card to obtain health care services.
  - Notify VNS Health Total when you believe that someone has purposely misused the plan's benefits or services.

For more information about your rights, you can read the VNS Health Total's *Evidence of Coverage*. If you have questions, you can also call your Care Team at the numbers listed on the bottom of this page.

# I. How to file a complaint or appeal a denied service

If you have a complaint or think VNS Health Total should cover something we denied, call us at 1-866-783-1444 (TTY: 711). You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the plan's *Evidence of Coverage*. You can also call your Care Team at the numbers listed at the bottom of this page.

# J. What to do if you suspect fraud

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

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

- Call your Care Team. Phone numbers are at the bottom of this page.
- Call the VNS Health Total Fraud Hot Line 1-888-634-1558, TTY: 711, 24 hours a day, 7 days a week.
- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the New York State Medicaid Fraud Hotline 1–877–87 FRAUD

# K. Helpful Definitions

**Hospice Care** – End-of-life comfort care is usually given in your home or another facility where you live, like a nursing home. To qualify, your doctor and a hospice doctor must certify that you are terminally ill with a life expectancy of six months or less.

**Home Health Services** – Includes a wide range of services that can be given in your home for an illness or injury. Examples of services include skilled nursing care and/or physical, speech or occupational therapy and medical social services. A doctor must certify that you need these services in the home.

**Skilled Nursing Facility** – After being discharged from the hospital, you may need highly skilled care that's beyond what family or friends can provide. You can receive care in a skilled nursing facility for additional skilled nursing and/or rehabilitative services. To qualify, your doctor must certify that you need daily skilled care, for example, intravenous injections or physical therapy.

**Emergency Services** – You should go to the emergency room when you have a serious injury, a sudden illness or an illness that quickly gets much worse.

**Urgent Care** – If you have a minor injury or an illness that is not an emergency and cannot get a timely appointment with your PCP, an urgent care center can be a good option.

# Dental Benefit Summary

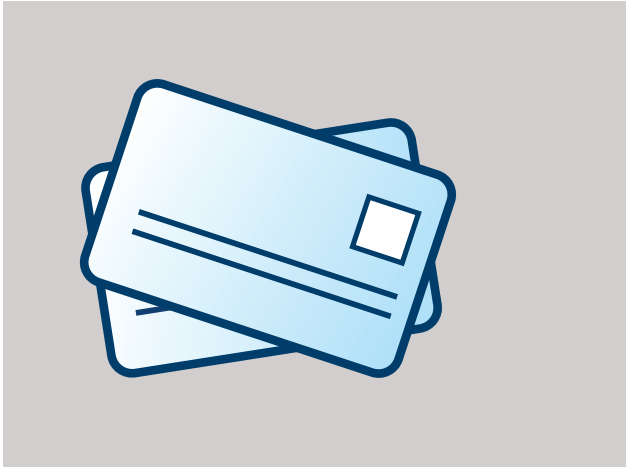
Preventive dental services include oral exams, cleanings, and x-rays and are covered at no cost to you. Comprehensive services include fillings, extractions, bridges, crowns and dentures. Certain procedures, like a root canal, require prior authorization.

**Services like root canals, crowns, dentures, and partial dentures will only be approved in special situations. Implants are covered only when a doctor says there is no other choice to keep you healthy and able to chew your food.*

| Category | Covered Services | Copayment | Frequency |
|---|---|---|---|
| **Diagnostic & Preventive** | Oral Exam | No Charge | Once every 6 months |
| | Full Mouth Series or Panoramic X-Ray | No Charge | Once every 36 months |
| | Single X-rays (periapical) | No Charge | |
| | Bitewing Series | No Charge | |
| | Prophylaxis (cleaning) | No Charge | Once every 6 months |
| | Treatment Dental Emergencies | No Charge | |
| **Restorative** | Fillings (Silver or Tooth Colored) | No Charge | 2 times per year, per tooth |
| **Oral Surgery** | Extractions | No Charge | Once per lifetime, per tooth |
| | Full Bony Impacted Extraction | No Charge | Once per lifetime, per tooth |
| **Endodontics** | *Root Canal Therapy: Anterior/Bicuspid/Molar | No Charge | Once per lifetime, per tooth |
| **Periodontics** | *Periodontal Maintenance | No Charge | Twice in 12 months |
| | *Scaling/Root Planing, per quadrant | No Charge | Once every 6 months |
| **Prosthetics** | *Single Crowns | No Charge | 2 times per year, per tooth |
| **Crowns** | Post | No Charge | 2 times per year, per tooth |
| | Recementation, Crown | No Charge | |
| **Prosthetics** | *Complete Upper/Lower Denture | No Charge | 2 times per year, per tooth |
| **Removable** | *Partial Upper/Lower Denture | No Charge | 2 times per year, per tooth |
| | Denture Adjustments/Repairs | No Charge | 2 times per year, per tooth |
| | Denture Rebase/Relines | No Charge | 2 times per year, per tooth |

# Flex Card Summary

As a member of this plan, you get a Flex Card that gives you up to $760 a year. During the first quarter of the year (January – March), you may use up to $193 to help you pay for certain items or services. From April – December, you may use up to $63 per month to pay for eligible items or services. The card balance rolls over but must be used by the end of the calendar year (December 31, 2024).



You can use your Flex Card to help pay for certain utilities (**electric, gas, telephone, and internet**). You can also use the card to help pay for dental, vision, and hearing items and services above the amount covered by your health plan (see the overview of benefits section for more details).

For example:

- You need help covering your utilities.
- You need to cover a big-ticket expense in the middle or end of the year, because:
  - You just got a pair of glasses covered by your health plan, but you step on them and break them.
  - You're finally getting long-overdue dental work done, but you've reached the plan's payment limit before the work is finished.
  - You lost one of your hearing aids and have a year left before your plan will pay for a replacement.

Be aware that your Flex Card can't be used for other kinds of items or services. Call us if you have questions about whether an item or service will be covered. Or, see the *Evidence of Coverage* for more information.

# Multi-Language Insert

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-783-1444, TTY/TDD 711. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-783-1444, TTY/TDD 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-866-783-1444, TTY/TDD 711。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

**Chinese Cantonese:** **您**對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-866-783-1444, TTY/TDD 711。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-783-1444, TTY/TDD 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-783-1444, TTY/TDD 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-866-783-1444, TTY/TDD 711. sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

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**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-783-1444, TTY/TDD 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-783-1444, TTY/TDD 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-783-1444 (телетайп: TTY/TDD 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic :** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-783-1444. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-783-1444, TTY/TDD 711. पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-783-1444, TTY/TDD 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-783-1444, TTY/TDD 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-783-1444, TTY/TDD 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-783-1444, TTY/TDD 711. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-866-783-1444, TTY/TDD 711 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

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# Notice of Availability of Member Materials

You can access the 2024 VNS Health Total *Evidence of Coverage*, *Provider and Pharmacy Directory* and the *Formulary* **electronically.**

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| **Evidence of Coverage**<br>(Downloadable PDF) | vnshealthplans.org/2024-total |
| **Formulary**<br>(Downloadable PDF and Online Search Tool) | vnshealthplans.org/formulary |
| **Provider and Pharmacy Directory**<br>(Online Search Tool) | vnshealthplans.org/providers |

If you'd like to request a printed copy of any of the materials above, please call your Care Team at the number below or email us at CareTeam@vnshealth.org.

If you have questions about VNS Health Total health plan benefits and covered drugs, or need help finding a network provider and/or pharmacy, please call your Care Team at the number below.

**Your Care Team**
1-866-783-1444 (TTY: 711)
7 days a week, 8 am – 8 pm (Oct. – Mar.)
Weekdays, 8 am – 8 pm (Apr. – Sept.)

# Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak with your Care Team at 1-866-783-1444 (TTY: 711).

### Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit vnshealthplans.org/2024-total or call 1-866-783-1444 (TTY: 711) to view a copy of the EOC.
- ☐ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

### Understanding Important Rules

- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.
- ☐ **Effect on Current Coverage**. Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.

VNS Health

Any questions? Call us toll-free at:
**1-866-783-1444 (TTY: 711)**

October 1, 2023 – March 31, 2024
7 days a week, 8 am – 8 pm

April 1, 2024 – September 30, 2024
Weekdays, 8 am – 8 pm


H5549_2024 MAP SB_M Accepted 09302023