



**HEALTH PLANS**

**VNS Health EasyCare  
(HMO)**

2024

**Summary of Benefits**

Sales Representative

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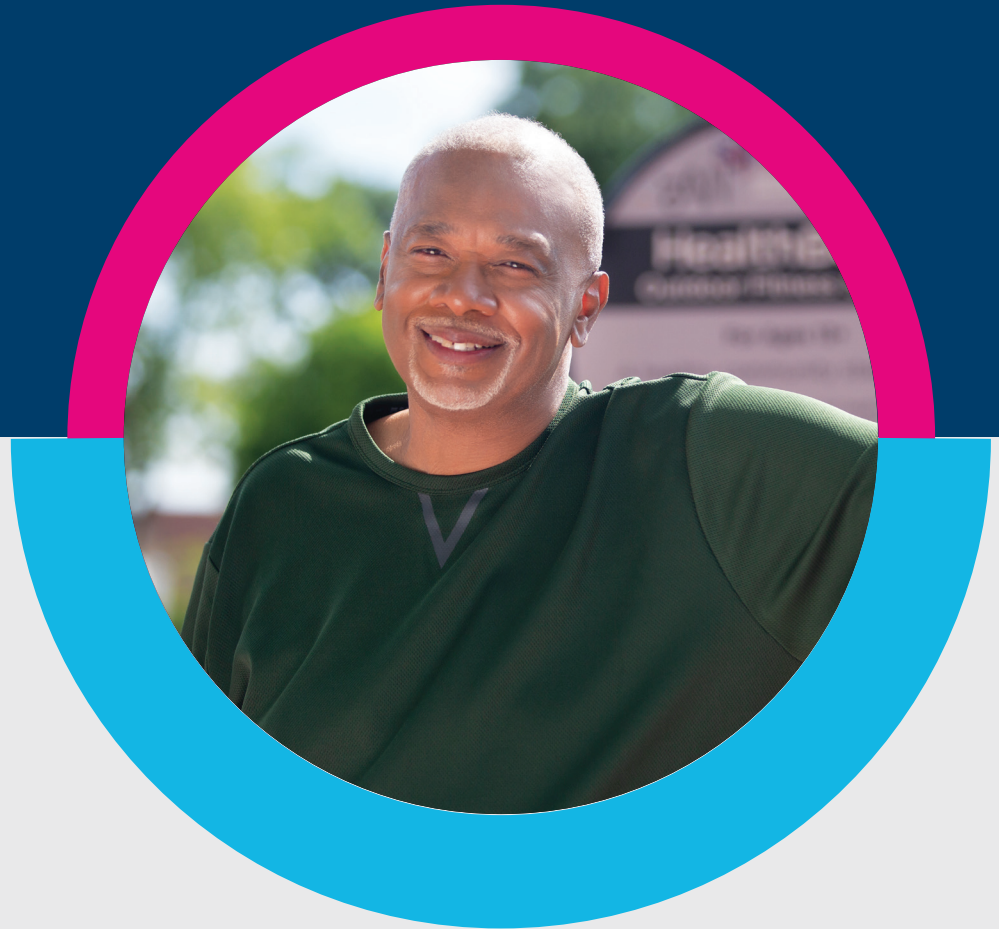
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[vnshealthplans.org](https://vnshealthplans.org)





## Benefits at a Glance

VNS Health EasyCare (HMO) is a Medicare Advantage plan that offers more than regular Medicare, including extra benefits that can make healthy living easier.

\*Covered by LIS if you get Extra Help. If you lose Extra Help, your monthly premium may be \$25.



**More benefits than regular Medicare**



**\$0 monthly plan premium (Part C)**



**As low as \$0 for monthly Part D premium\***



**\$87/quarter for OTC (over-the-counter) items**



**\$2,000/year for preventive and comprehensive dental care**



**\$200/year for eye wear**



**\$1,000/every three years for hearing aids**



**Acupuncture, podiatry, and more**



**11 round trips/year to approved healthcare locations**

**?** 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](https://vnshealthplans.org)

## Introduction

This document is a brief summary of the benefits and services covered by VNS Health EasyCare. 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 EasyCare. Key terms and their definitions appear in alphabetical order in the last chapter of the Evidence of Coverage.

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## 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 EasyCare network is to visit [vnshealthplans.org/providers](https://vnshealthplans.org/providers).

### Formulary (List of Covered Drugs)

The Formulary is a list of prescription drugs covered by VNS Health EasyCare. To search the *Formulary*, please visit, [vnshealthplans.org/formulary](https://vnshealthplans.org/formulary).

### Medicare & You

Visit [medicare.gov](https://www.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](https://www.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.)



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## Do You Need Extra Financial Help?


Medicare Beneficiaries that meet certain income and resource limits may qualify for the following financial assistance programs:

	<b>Medicare Savings Programs (MSP)</b> Administered by NY state	<b>Extra Help/Low Income Subsidy (LIS)</b> Administered by the Social Security Administration	<b>Elderly Pharmaceutical Insurance Coverage Program (EPIC)</b> Administered by NY State
<b>How this program helps pay for your health care costs</b>	<ul style="list-style-type: none"> <li>• All programs pay for the Part B premium</li> <li>• Some programs pay Part A premium (if needed)</li> <li>• Some programs pay Medicare copays &amp; coinsurances</li> </ul>	<ul style="list-style-type: none"> <li>• Pays Medicare Part D monthly premiums</li> <li>• Helps lower Medicare Part D copays or coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Pays some Part D premiums &amp; saves more money on your prescription drug costs</li> </ul>
<b>Are you eligible for other programs?</b>	<p>Beneficiaries with a MSP will automatically qualify for Extra Help</p> <p>Some beneficiaries with a MSP will also have incomes that qualify them for Medicaid</p>	<p>Some beneficiaries that get Extra Help, may qualify for Medicaid and/or MSPs</p>	<p>Some beneficiaries that get EPIC will also have incomes that qualify them for Extra Help</p>

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## Do You Need Extra Financial Help? Continued

	<b>Medicare Savings Programs (MSP)</b> Administered by NY state	<b>Extra Help/Low Income Subsidy (LIS)</b> Administered by the Social Security Administration	<b>Elderly Pharmaceutical Insurance Coverage Program (EPIC)</b> Administered by NY State
<p><b>For more information, call VNS Health EasyCare</b></p> <p><b>1-866-783-1444</b> (TTY: 711)</p>	<p>NYC Human Resources Administration (HRA) <b>1-718-557-1399</b></p> <p>Westchester Department of Social Services: <b>1-914-995-3333</b></p> <p>Nassau Department of Social Services: <b>1-516-227-8519</b></p>	<p>Social Security Administration <b>1-800-772-1213</b></p>	<p>EPIC <b>1-800-332-3742</b> (TTY: 1-800-290-9138)</p>

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## Low Income Subsidy Table

### Monthly plan premium for people who get Extra Help from Medicare to help pay for their prescription drug costs

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare.

#### This table shows you what your monthly plan premium will be if you get Extra Help


Your level of extra help	Premium for VNS Health EasyCare (HMO)*
100%	\$0.00
0%	\$25

If you aren't getting Extra Help, you can see if you qualify by calling:

- a) 1-800-Medicare for TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- b) Your State Medicaid Office, or
- c) The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 8 a.m. and 7 p.m., Monday through Friday

\*This does not include any Medicare Part B premium you may have to pay.

VNS Health EasyCare premium includes coverage for both medical services and prescription drug coverage.

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## Plan Overview

This is a summary of health services covered by VNS Health EasyCare for 2024. Please read the *Evidence of Coverage* for the full list of benefits.

You can access the VNS Health EasyCare *Evidence of Coverage* electronically at [vnshealthplans.org/2024-ec](https://vnshealthplans.org/2024-ec) or call us at the number at the bottom of this page to receive a copy.

You:

- Must be 18 years of age or older.
- Must reside in the plan's service area. The service area for this plan includes: Albany, Bronx, Kings (Brooklyn), Nassau, New York (Manhattan), Queens, Rensselaer, Richmond (Staten Island), Schenectady, Suffolk and Westchester, in New York State. You must live in one of these areas to join the plan.

### Accessing Providers

If your providers (including doctors and pharmacies) work with VNS Health EasyCare and have a contract with us, you can keep going to them.

- Providers with an agreement with us are “in-network.” In most cases, you must use the providers in the VNS Health EasyCare network.
- If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the VNS Health EasyCare network. You may also use out-of-network providers when given authorization.
- Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, VNS Health EasyCare will authorize and pay for the cost of an out-of-network provider.

## Plan Overview


To find out if your providers are in the plan's network, call your Care Team or read VNS Health EasyCare's *Provider and Pharmacy Directory*. You can also visit our website at [vnshealthplans.org/providers](https://vnshealthplans.org/providers) for the most current listing.

- 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.
- 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.
- 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.

You can read the *Medicare & You Handbook*. Every 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](https://www.medicare.gov)) or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **Medicaid**, call the New York State Department of Health (Social Services) Medicaid Helpline at 1-800-541-2831. TTY users should call 711.

## A. Overview of Services


Monthly premium, deductible, and limits on how much you pay for covered services.		
<b>Monthly Plan Premium including Part C and Part D Premium</b>	\$25	There is a monthly premium of \$25*. *Covered by LIS if you get Extra Help. If you lose Extra Help, your monthly premium may be \$25.
<b>Deductible</b>	\$145	Your deductible is \$145 per year for your Part D prescription drug coverage.
<b>Maximum Out of Pocket (MOOP)</b>	\$8,850	Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit in this plan: <ul style="list-style-type: none"> <li>• \$8,850 for services you receive from in-network providers.</li> </ul> If you reach the limit on out-of-pocket costs, covered hospital and medical services will be paid in full for the rest of the year by the plan. You will still need to pay your monthly premiums and cost sharing for your Part D prescription drugs.

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## B. List of Covered Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.


Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Inpatient hospital care</b>	<p>\$400 copay per day for days 1 through 5</p> <p>You pay nothing per day for days 6 through 90</p> <p>You pay nothing per day for days 90 and beyond</p>	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital copay for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>Requires prior authorization.</p>
<b>Outpatient hospital services and outpatient observation services (including outpatient treatment by a doctor or a surgeon)</b>	\$200 Copayment	<p>Plan covers medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.</p> <p>May require prior authorization.</p>
<b>Outpatient hospital observation</b>	\$100 Copayment	May require prior authorization

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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Ambulatory Surgery Center(ASC) services	\$200 Copayment	Requires prior authorization.
Doctor (Primary Care Provider) visits to treat an injury or illness	\$0 Copayment	No prior authorization required.
Specialist care	\$35 Copayment	No prior authorization required.
Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0 Copayment	
Emergency room services	\$100 Copayment	<p>You may go to any emergency room when necessary. You do not have to be in-network.</p> <p>No prior authorization required.</p> <p>You are covered for up to \$50,000 per year in emergency care and urgently needed services outside of the United States and its territories. See “Worldwide Coverage” for more information.</p>

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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Urgently needed care</b>	\$55 Copayment \$65 Copayment	Urgently needed services in the United States. Urgently needed services outside of the United States. Urgently needed care is NOT emergency care. You do not have to be in-network. No prior authorization required. You are covered for up to \$50,000 per year in emergency care and urgently needed services outside of the United States and its territories.
<b>Diagnostic tests and procedures</b>	\$50 Copayment	Requires prior authorization.
<b>Diagnostic radiological services</b>	\$110 Copayment	Requires prior authorization.
<b>Therapeutic radiological services</b>	20% Coinsurance	Requires prior authorization.
<b>Lab tests, such as blood work</b>	\$0 Copayment	Requires prior authorization.

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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>X-rays or other pictures, such as CAT scans</b>	<ul style="list-style-type: none"> <li>• Outpatient X-ray: \$15 copayment</li> <li>• Diagnostic Radiological Services: \$110 copayment</li> </ul>	Requires prior authorization.
<b>Screening tests, such as tests to check for cancer</b>	\$0 Copayment	Requires prior authorization.
<b>Hearing exam</b>	\$0 Copayment for routine hearing exam (for up to 1 every year)	Exam to diagnose and treat hearing and balance issues. No prior authorization required.
<b>Hearing aids</b>	\$0 Copayment	<ul style="list-style-type: none"> <li>• Plan coverage limit is \$1,000 for hearing aids limited to \$500 per ear (one right, one left) every 3 years.</li> <li>• Fitting/evaluation is limited to one per ear (one right, one left) every 3 years.</li> <li>• The plan covers hearing services and products when medically necessary to alleviate hearing disabilities.</li> </ul> No prior authorization required. Please see <i>Evidence of Coverage</i> for more information.


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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>Dental services including but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, root canals, dentures, implants and endodontic and periodontal care.</b></p> <p><b>You do not need a referral from your PCP to see a dentist.</b></p>	<p>\$0 Copayment</p>	<p>The plan covers preventive and comprehensive dental services with a maximum benefit of \$2,000 per year.</p> <p>Preventive services include:</p> <ul style="list-style-type: none"> <li>• Oral exams</li> <li>• Dental x-ray(s)</li> <li>• Oral cleanings</li> <li>• Fluoride treatments</li> </ul> <p>No prior authorization is required.</p> <p>Comprehensive includes:</p> <ul style="list-style-type: none"> <li>• 2 Diagnostic services</li> <li>• 2 Restorative services</li> <li>• 2 Prosthodontics/Other oral/maxillofacial surgery</li> <li>• 2 Extractions</li> </ul> <p>Prior authorization is required.</p> <p>Replacement dentures and implants will only need a recommendation from your dentist to determine if they are necessary.</p> <p>May require prior authorization.</p>


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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>Routine eye exam</b></p>	<p>\$0 Copayment</p>	<p>1 Routine eye exam per year</p> <p>1 Additional routine eye exam (every 2 years)</p> <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</p> <p>Eye exam for the purpose of getting eyeglasses every two years.</p> <p>No prior authorization required.</p>
<p><b>Glasses or contact lenses</b></p>	<p>\$0 Copayment</p>	<p>Eyeglasses or contact lenses limited to one pair every 12 months unless medically necessary.</p> <p>The cost of standard lenses and frames is limited to \$200 for one set of eyeglasses or contact lenses, but not both.</p> <p>Standard lenses include single, bifocal, trifocal; does not include specialty lens (i.e., transition, tints, progressives, polycarbonate).</p> <p>Standard contact lenses include extended daily wear, disposables, standard daily wear, toric, or rigid gas permeable. Please see <i>Evidence of Coverage</i> for more information.</p> <p>No prior authorization required.</p>

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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Mental or behavioral health services</b>	\$0 Copayment	Individual or Group Sessions. Requires prior authorization.
<b>Inpatient care for people who need mental health services (voluntary or involuntary admissions)</b>	<ul style="list-style-type: none"> <li>• \$300 Copayment per day for days 1 through 5</li> <li>• You pay nothing per day for days 6 through 90</li> </ul>	90 days for an inpatient hospital stay. 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. Requires prior authorization. <i>See Evidence of Coverage for more information.</i>
<b>Outpatient care for people who need mental health services</b>	<ul style="list-style-type: none"> <li>• Outpatient group therapy visit: \$35 copayment</li> <li>• Outpatient individual therapy visit: \$40 copayment</li> </ul>	May require prior authorization.
<b>Psychiatric services</b>	<ul style="list-style-type: none"> <li>• Individual session: \$35 Copayment</li> <li>• Group session: \$35 Copayment</li> </ul>	Requires prior authorization.

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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Substance use disorder services</b>	\$35 Copayment	Plan covers Outpatient Substance Abuse Care: <ul style="list-style-type: none"> <li>• Medicare-covered Individual Sessions</li> <li>• Medicare-covered Group sessions</li> </ul> Requires prior authorization.
<b>Skilled nursing facility</b>	<ul style="list-style-type: none"> <li>• \$0 for the first 20 days of each benefit period.</li> <li>• \$203 copayment per day for days 21-100 of each benefit period.</li> </ul> You pay all costs for each day after day 100 of the benefit period.  These amounts may change for 2024.	Plan covers additional days beyond Medicare.  No prior hospital stay is required.  A “benefit period” starts the day you go into the hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care.  Requires prior authorization.

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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Occupational, physical, or speech therapy</b>	\$35 Copayment	Plan covers Medicare-covered: <ul style="list-style-type: none"> <li>• Physical Therapy visits,</li> <li>• Speech Language Therapy visits, and</li> <li>• Occupational Therapy visits.</li> </ul> Requires prior authorization. Call your Care Team or read the <i>Evidence of Coverage</i> for more information.
<b>Ambulance services</b>	\$250 Copayment	Ambulance services must be medically necessary. Prior authorization is required for non-emergency services. You do not have to be in-network.
<b>Transportation to health care services</b>	\$0 Copayment	Our plan covers 11 roundtrips to routine and non-emergent plan-approved locations for medical care and services. There is a maximum benefit of \$100 per round trip.  Coverage includes: taxi, rideshare services, bus/subway, van and medical transport.  Requires prior authorization.

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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Medicare Part B prescription drugs</b>	0% coinsurance	Read the <i>Evidence of Coverage and Formulary</i> for more information on these drugs.  Requires prior authorization.
<b>Part D Prescription Drug Coverage (This service is continued on the next page)</b>	<p>The deductible and copayment depend on the level of extra help you receive.</p> <p>Deductible: \$0 or \$145 Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$1.55 copay; or</li> <li>• \$4.50 copay</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>• \$0 copay; or</li> </ul>	<p>There is no deductible for Tier 1 and 6 drugs.</p> <p>There may be limitations on the types of drugs covered. Please see the VNS Health EasyCare List of Covered Drugs at <a href="https://vnshealthplans.org/formulary">vnshealthplans.org/formulary</a> for more information.</p> <p>VNS Health EasyCare may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Prior authorization required for certain drugs.</p> <p>Some drugs require that you use certain pharmacies. These drugs are listed in the formulary, posted on the plan's website, as well as on the Medicare Prescription Drug Plan Finder on <a href="https://www.medicare.gov">www.medicare.gov</a>.</p> <p>Please see the <i>Evidence of Coverage</i> for information.</p>

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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	<ul style="list-style-type: none"> <li>• \$4.60 copay; or</li> <li>• \$11.20 copay</li> </ul>	
<p><b>Part D Prescription Drug Coverage (continued)</b></p>	<p>Copays for prescription drugs may vary if you get Extra Help.</p> <p><b>Standard Retail Mail Order Cost Sharing for 1-month supply:</b></p> <p>Tier 1 - \$15 (Preferred Generic)</p> <p>Tier 2 - \$20 (Generic)</p> <p>Tier 3 - \$47 (Preferred Brand) &amp; \$35 for each insulin product.</p> <p>Tier 4 - \$100 (Non-Preferred Brand) &amp; \$35 for each insulin product.</p> <p>Tier 5 – 31% coinsurance (Specialty Tier) &amp; \$35 for each insulin product.</p>	<p>There may be limitations on the types of drugs covered. Please see the VNS Health EasyCare Formulary at <a href="https://vnshealthplans.org/formulary">vnshealthplans.org/formulary</a> for more information.</p> <p>VNS Health EasyCare may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Prior authorization required for certain drugs.</p>

 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](https://vnshealthplans.org)

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>Part D Prescription Drug Coverage (continued)</b></p>	<p>Tier 6 - \$0 (Select Care Drugs)</p> <p>Catastrophic Coverage:</p> <p>During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>	
<p><b>Podiatry services</b></p>	<p>\$0 Copayment</p> <p>\$25 Copayment</p>	<p>For routine foot care (up to 6 visit(s) every year).</p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p>No prior authorization required.</p>
<p><b>Durable medical equipment (DME) or supplies</b></p>	<p>20% Coinsurance</p>	<p>The plan covers wheelchairs, nebulizers, crutches, roll about knee walkers, walkers, and oxygen equipment and supplies, prosthetics, orthotics and orthopedic footwear, etc.</p> <p>Note: For a complete list of DME or supplies call your Care Team or read the <i>Evidence of Coverage</i>.</p> <p>Requires prior authorization.</p>
<p><b>Hospice care (This service is continued on the next page)</b></p> <p><b>Hospice care (continued)</b></p>	<p>5% coinsurance for respite care and biologics.</p>	<p>You pay nothing for hospice care from a Medicare-certified hospice.</p>

 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](https://vnshealthplans.org)

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
		<p>There is no limit for this benefit if you continue to meet the eligibility criteria.</p> <p>If you are eligible but don't feel ready for hospice, you can receive services through the Palliative Care Program as outlined in the <i>Evidence of Coverage</i>.</p> <p>If you are eligible for and elect hospice with an in-network hospice provider, you may be eligible for a \$500 Hospice Care Support Allowance to purchase goods or services to provide comfort and improve quality of life.</p> <p>Some examples include but are not limited to home and bathroom safety devices/modifications; support for caregivers of enrollees, etc.</p> <p>See the <i>Evidence of Coverage</i> for more information on the full list of services covered by the plan.</p>
<b>Acupuncture</b>	\$0 Copayment	<p>Up to 12 visit(s) every year are covered.</p> <p>No prior authorization required.</p>
<b>Acupuncture for chronic low back pain</b>	\$0 Copayment	<p>Up to 12 visits in 90 days are covered for Medicare beneficiaries meeting criteria. See your <i>Evidence of Coverage</i> for details.</p> <p>No prior authorization required.</p>

 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](https://vnshealthplans.org)








Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
		Medicare beneficiaries. This includes group exercise classes at participating health club facilities and online.
<b>Meals (post-discharge)</b>	\$0 Copayment	<p>You can use this benefit to have meals delivered to your home after an acute inpatient hospital discharge.</p> <p>You are covered for 28 meals over a 2-week period up to 3 inpatient hospital visits a year.</p> <p>No prior authorization required.</p>
<b>Over-the-Counter Program</b>	\$0 Copayment	<p>The plan covers up to \$87 per quarter for Over-the-Counter (OTC). Refer to the program catalog for a list of plan-approved items and participating grocery locations.</p> <p>Balances left over at the end of the month do not carry over.</p> <p>For more information, please see the OTC Program Catalog, or call your Care Team.</p>


The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. Call your Care Team or read the Evidence of Coverage to find out about other covered services.

 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](https://vnshealthplans.org)


## C. Frequently Asked Questions (FAQ)

The following table lists frequently asked questions.


Frequently Asked Questions (FAQ)	Answers
<p><b>What is a Medicare Advantage plan?</b></p>	<p>Medicare Advantage plans combine Part A and Part B and often Part D into one plan with a network of providers. Medicare Advantage plans may also offer extra benefits, like vision, dental and hearing coverage and fitness programs like SilverSneakers.</p>
<p><b>Will I get the same Medicare benefits in VNS Health EasyCare that I get now?</b></p>	<p>If you are coming to VNS Health EasyCare from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get all your covered Medicare directly from VNS Health EasyCare. You will work with a team of providers who will help determine what services best meet your needs. When you enroll in VNS Health EasyCare, you and your Care Team will work together to develop a Care Plan to address your health and support your needs.</p> <p>When you join our plan, if you are taking any Medicare Part D prescription drugs that VNS Health EasyCare does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for VNS Health EasyCare to cover your drug, if medically necessary. For more information, call your Care Team.</p>

 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](https://vnshealthplans.org)

Frequently Asked Questions (FAQ)	Answers
<p><b>Can I go to the same health care providers I see now?</b></p>	<p>If your providers (including doctors and pharmacies) work with VNS Health EasyCare and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>• Providers with a contract with us are “in-network.” In most cases, you must use the providers in the VNS Health EasyCare network.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the VNS Health EasyCare network. You may also use out-of-network providers when VNS Health EasyCare authorizes the use of out-of-network providers.</li> </ul> <p>To find out if your providers are in the plan’s network, call your Care Team or read the VNS Health EasyCare <i>Provider and Pharmacy Directory</i>. You can also visit our website at <a href="https://vnshealthplans.org/providers">vnshealthplans.org/providers</a> for the most current listing.</p>
<p><b>What happens if I need a service but no one in the VNS Health EasyCare network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, such as a shortage of staff with the necessary expertise and/or availability to provide services, VNS Health EasyCare will authorize and pay for the cost of an out-of-network provider.</p>

 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](https://vnshealthplans.org)

Frequently Asked Questions (FAQ)	Answers
<p><b>Where is VNS Health EasyCare available?</b></p>	<p>The service area for this plan includes the following counties in New York: Albany, Bronx, Kings (Brooklyn), Nassau, New York (Manhattan), Queens, Rensselaer, Richmond (Staten Island), Schenectady, Suffolk, and Westchester. You must live in one of these counties to join the plan. Call your Care Team for more information about whether the plan is available where you live.</p>
<p><b>What is service authorization or prior authorization?</b></p>	<p>Service authorization or prior authorization means that you must get approval from VNS Health EasyCare <b>before</b> you can get a specific service or drug or see an out-of-network provider. VNS Health EasyCare may not cover the service or drug if you don't get approval. <b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</b></p> <p>See Chapter 3 of the <i>Evidence of Coverage</i> to learn more about service authorization or prior authorization. See the Medical Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a service authorization or prior authorization.</p>

 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](https://vnshealthplans.org)

## D. 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 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 and implants. Certain procedures may require prior authorization. There is a maximum benefit coverage benefit up to \$2,000 per year.

*\*Crowns and root canals will be covered in certain circumstances. Replacement dentures and implants will only need a recommendation from your dentist to determine if they are necessary.*

Category	Covered Services	Copayment	Frequency
<b>Diagnostic &amp; Preventive</b>	Oral Exam	\$0	Once every 6 months
	Routine cleaning (Prophylaxis)	\$0	Once every 6 months
	Full Mouth Series or Panoramic X-Ray	\$0	Once every 3 years
	Bitewing Series (as needed)	\$0	Once every 6 months
	Single X-rays (periapical)	\$0	As needed
	Fluoride Treatment (Topical)	\$0	Once every 6 months
		\$0	
<b>Restorative</b>	Fillings (Silver or Tooth Colored)	\$0	2 times per year, per tooth
<b>Oral Surgery</b>	Extractions	\$0	Once per lifetime, per tooth
	Full Bony Impacted Extraction	\$0	Once per lifetime, per tooth
<b>Prosthetics</b>	*Single Crowns	\$0	2 times per year, per tooth
<b>Crowns</b>	Post	\$0	2 times per year, per tooth
	Recementation, Crown	\$0	
		\$0	
<b>Prosthetics</b>	*Complete Upper/Lower Denture	\$0	2 times per year, per tooth
<b>Removable</b>	*Partial Upper/Lower Denture	\$0	2 times per year, per tooth
	Denture Adjustments/Repairs	\$0	2 times per year, per tooth
	Denture Rebase/Relines	\$0	2 times per year, per tooth

 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](https://vnshealthplans.org)




## Member Rewards Program

As a member of our plan, you are automatically enrolled in our Member Rewards Program where you can earn gift cards for completing health activities like getting your annual wellness visit and a flu shot.

### How will I get my rewards?

We will track your progress using claims your doctor submits to verify that you completed the health activity. When you complete an eligible activity, you will earn a gift card as a reward. Visit [vnshealthplans.org](https://vnshealthplans.org) for a schedule of when cards will be issued in 2024.

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 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](https://vnshealthplans.org)

## 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 quý vị cần thông dịch viên xin gọi 1-866-783-1444, TTY/TDD 711. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

## VNS Health EasyCare (HMO) Summary of Benefits 2024

**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 대해 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.

Form Approved OMB# 0938-1421

Form CMS-10802 (Expires 12/31/25)

**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.

 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](https://vnshealthplans.org)


## VNS Health EasyCare (HMO) Summary of Benefits 2024

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**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。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。

Form Approved OMB# 0938-1421  
Form CMS-10802 (Expires 12/31/25)

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 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](https://vnshealthplans.org)

## Notice of Availability of Member Materials

Beginning **October 15, 2023**, you'll be able to access the 2024 VNS Health EasyCare *Evidence of Coverage*, Provider and Pharmacy Directory and the Formulary (List of Covered Drugs) **electronically**.

<b>Evidence of Coverage</b> (Downloadable PDF)	<a href="https://vnshealthplans.org/2024-ec">vnshealthplans.org/2024-ec</a>
<b>Formulary</b> (Downloadable PDF and Online Search Tool)	<a href="https://vnshealthplans.org/formulary">vnshealthplans.org/formulary</a>
<b>Provider and Pharmacy Directory</b> (Online Search Tool)	<a href="https://vnshealthplans.org/providers">vnshealthplans.org/providers</a>

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](mailto:CareTeam@vnshealth.org).

If you have questions about VNS Health EasyCare 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.)

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 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](https://vnshealthplans.org)

## 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-ec](https://vnshealthplans.org/2024-ec) 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.

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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