

VNS Health EasyCare (HMO) offered by VNS Health Medicare

Annual Notice of Change for 2026

You're enrolled as a member of VNS Health EasyCare (HMO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in VNS Health EasyCare.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at vnshealthplans.org/ec-eoc or call your Care Team at 1-866-783-1444 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish and Chinese.
Este documento está disponible sin cargo en inglés y chino.
本文件免費提供英文和西班牙文版本。
- **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.
- 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 711번으로 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, TTY/TDD 711. 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.
- 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.
- 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.
- Albanian:** Kemi shërbime përkthimi falas për t'iu përgjigjur çdo pyetjeje që mund të keni lidhur me shëndetin ose planin e mjekimeve. Për të marrë një përkthyes, thjesht na telefononi në 1-866-783-1444, TTY/TDD 711. Dikush që flet anglisht/gjuhën mund t'ju ndihmojë. Ky është një shërbim falas.
- Yiddish:** מיר האבן אומזיסטע דאלמעטשער סערוויסעס צו ענטפערן סיי וועלכע פראגעס איר קענט האבן וועגן אונזער העלט אדער דראג פלאן. צו באקומען א דאלמעטשער, רופט אונז אויף 1-866-783-1444, TTY/TDD 711. אײנער וואס רעדט ענגליש/אידיש קען אײך העלפן. דאס איז א סערוויס וואס קאסט נישט קיין געלט.

- Call your Care Team at 1-866-783-1444 (TTY users call 711) for more information. Hours are 7 days a week, 8 am – 8 pm (Oct. – Mar.) and weekdays 8 am – 8 pm (Apr. – Sept.). This call is free.
- You can also get this document for free in other formats, such as large print, braille, or audio.

About VNS Health EasyCare (HMO)

- 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.
- When this material says “we,” “us,” or “our,” it means VNS Health Medicare. When it says “plan” or “our plan,” it means VNS Health EasyCare (HMO).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in VNS Health EasyCare.** Starting January 1, 2026, you’ll get your medical and drug coverage through VNS Health EasyCare. Go to Section 3 for more information about how to change plans and deadlines for making a change.

H5549_2026 EC ANOC_M Accepted 08302025

Table of Contents

Summary of Important Costs for 2026	5
SECTION 1 Changes to Benefits & Costs for Next Year	7
Section 1.1 Changes to the Monthly Plan Premium.....	7
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount.....	8
Section 1.3 Changes to the Provider Network	8
Section 1.4 Changes to the Pharmacy Network.....	9
Section 1.5 Changes to Benefits & Costs for Medical Services	9
Section 1.6 Changes to Part D Drug Coverage	14
Section 1.7 Changes to Prescription Drug Benefits & Costs	15
SECTION 2 Administrative Changes	18
SECTION 3 How to Change Plans.....	19
Section 3.1 Deadlines for Changing Plans.....	20
Section 3.2 Are there other times of the year to make a change?	20
SECTION 4 Get Help Paying for Prescription Drugs	20
SECTION 5 Questions?	21
Get Help from VNS Health EasyCare (HMO)	21
Get Free Counseling about Medicare	22
Get Help from Medicare	22

Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$25	\$25
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$9,350	\$9,250
Primary care office visits	\$0 copay per visit	\$0 copay per visit
Specialist office visits	\$35 copay per visit	\$35 copay per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	Days 1-5: \$400 copay per day of each benefit period. Days 6-90: \$0 copay per day of each benefit period.	Days 1-5: \$400 copay per day of each benefit period. Days 6-90: \$0 copay per day of each benefit period.
Part D drug coverage deductible (Go to Section 1.7 for details.)	\$0 or \$145 depending on your level of LIS except for covered insulin products and most adult Part D vaccines. You pay \$0 deductible for Tier 1 and Tier 6.	\$0 or \$500 depending on your level of LIS except for covered insulin products and most adult Part D vaccines. You pay \$0 deductible for Tier 1 and 6.

	2025 (this year)	2026 (next year)
Part D drug coverage (Go to Sections 1.6 and 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: Preferred Generic \$0 copay • Drug Tier 2: Generic \$20 copay • You pay \$20 copay per month supply of each covered insulin product on this tier. • Drug Tier 3: Preferred Brand \$47 copay • You pay \$35 copay per month supply of each covered insulin product on this tier. • Drug Tier 4: Non-Preferred Brand \$100 copay • You pay \$35 copay per month supply of each covered insulin product on this tier. 	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: Preferred Generic \$0 copay • Drug Tier 2: Generic \$20 copay • You pay the lesser of 25% coinsurance or \$20 copay per month supply of each covered insulin product on this tier • Drug Tier 3: Preferred Brand \$47 copay • You pay the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier • Drug Tier 4: Non-Preferred Brand \$100 copay • For covered insulin products on this tier, you pay the lesser of 25% coinsurance or \$35 copay per month.

	2025 (this year)	2026 (next year)
Part D drug coverage (continued) (Go to Sections 1.6 and 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<ul style="list-style-type: none"> Drug Tier 5: Specialty Tier 31% of the total cost You pay \$35 copay per month supply of each covered insulin product on this tier. 	<ul style="list-style-type: none"> Drug Tier 5: Specialty Tier 27% of the total cost You pay the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier
	<ul style="list-style-type: none"> Drug Tier 6: Select Care Drugs \$0 copay 	<ul style="list-style-type: none"> Drug Tier 6: Select Care Drugs \$0 copay
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$25	\$25 There is no change for the upcoming benefit year.

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.

- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be less if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$9,350	\$9,250 Once you've paid \$9,250 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider and Pharmacy Directory* vnshealthplans.org/providers to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider and Pharmacy Directory*:

- Visit our website at vnshealthplans.org/providers.
- Call your Care Team at 1-866-783-1444 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call your Care Team at 1-866-783-1444 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Provider and Pharmacy Directory* vnshealthplans.org/providers to see which pharmacies are in our network. Here's how to get an updated *Provider and Pharmacy Directory*:

- Visit our website at vnshealthplans.org/providers.
- Call your Care Team at 1-866-783-1444 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call your Care Team at 1-866-783-1444 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Colorectal Cancer Screening (Barium Enemas)	<u>In-Network</u> \$0 copay for each Medicare-covered barium enema.	<u>In-Network</u> Medicare-covered barium enema benefit is <u>not</u> covered.
Dental Services	<u>In-Network</u> \$0 copay for each implant services visit (1 visit every 3 years).	<u>In-Network</u> \$0 copay for each implant services visit (1 every year).

	2025 (this year)	2026 (next year)
	\$2,500 maximum plan coverage amount every year for diagnostic and preventive dental services. This amount is combined with the non-Medicare-covered comprehensive dental services benefit.	No maximum plan coverage amount for diagnostic and preventive dental services. \$2,500 maximum plan coverage amount every year for non-Medicare-covered comprehensive dental services.
Emergency Care	<u>In- and Out-of-Network</u> \$110 copay for each visit for Medicare-covered emergency care services.	<u>In- and Out-of-Network</u> \$115 copay for each visit for Medicare-covered emergency care services.
Home Infusion Therapy	<u>In-Network</u> \$0 copay for Medicare-covered home infusion therapy services.	<u>In-Network</u> 0% to 20% of the total cost for Medicare-covered home infusion therapy services.
Kidney Disease Services	No prior authorization required for kidney dialysis services.	Prior authorization is required for kidney dialysis services.
Medicare Part B Prescription Drugs	<u>In-Network</u> \$0 copay for Medicare Part B chemotherapy and radiation drugs. \$0 copay for other Medicare Part B drugs.	<u>In-Network</u> 0% to 20% of the total cost for Medicare Part B chemotherapy and radiation drugs. 0% to 20% of the total cost for other Medicare Part B drugs.

	2025 (this year)	2026 (next year)
Outpatient Blood Services	No prior authorization required for outpatient blood services.	Prior authorization is required for outpatient blood services.
Outpatient Hospital Observation	No prior authorization required for outpatient hospital observation services.	Prior authorization is required for outpatient hospital observation services.
Outpatient Mental Health Care	<p>Prior authorization is required for individual therapy sessions with a mental health care professional (non-psychiatrist).</p> <p>Prior authorization is required for group therapy sessions with a mental health care professional (non-psychiatrist).</p>	<p>No prior authorization required for individual therapy sessions with a mental health care professional (non-psychiatrist).</p> <p>No prior authorization required for group therapy sessions with a mental health care professional (non-psychiatrist).</p>
Outpatient Substance Use Disorder Services	<p>Prior authorization is required for individual sessions for outpatient substance use disorder services.</p> <p>Prior authorization is required for group sessions for outpatient substance use disorder services.</p>	<p>No prior authorization required for individual sessions for outpatient substance use disorder services.</p> <p>No prior authorization required for group sessions for outpatient substance use disorder services.</p>

	2025 (this year)	2026 (next year)
Over-the-Counter Items (OTC)	\$160 maximum plan coverage amount every 3 months for OTC items.	\$107 maximum plan coverage amount every 3 months for OTC items.
Podiatry Services	No prior authorization required for Medicare-covered podiatry care services.	Prior authorization is required for Medicare-covered podiatry care services.
Pre-exposure prophylaxis (PrEP) for HIV prevention	<p><u>In-Network</u></p> <p>Medicare-covered pre-exposure prophylaxis (PrEP) for HIV prevention benefit is <u>not</u> covered.</p>	<p><u>In-Network</u></p> <p>There is no coinsurance, copayment, or deductible for the PrEP benefit.</p>
Skilled Nursing Facility (SNF) Care	<p><u>In-Network</u></p> <p>For Medicare-covered SNF stays, \$0 copay for the first 20 days of each benefit period.</p> <p>\$214 copay per day for days 21-100 of each benefit period.</p>	<p><u>In-Network</u></p> <p>For Medicare-covered SNF stays, \$0 copay for the first 20 days of each benefit period.</p> <p>\$218 copay per day for days 21-100 of each benefit period.</p>

	2025 (this year)	2026 (next year)
Telehealth Benefits (additional)	<p><u>In-Network</u></p> <p>For additional telehealth benefits, \$0 to \$200 copay for urgently needed services, home health services, primary care physician services, occupational therapy services, physician specialist services, individual sessions for mental health specialty services, group sessions for mental health specialty services, individual sessions for psychiatric services, physical therapy and speech-language pathology services, opioid treatment program services, outpatient hospital services, ambulatory surgical center services, individual sessions for outpatient substance abuse, group sessions for outpatient substance abuse, kidney disease education services, and diabetes self-management training.</p>	<p><u>In-Network</u></p> <p>For additional telehealth benefits, \$0 to \$200 copay for urgently needed services, home health services, primary care physician services, physician specialist services, occupational therapy services, individual sessions for mental health specialty services, group sessions for mental health specialty services, group sessions for psychiatric services, physical therapy and speech-language pathology services, individual sessions for psychiatric services, opioid treatment program services, ambulatory surgical center services, outpatient hospital services, individual sessions for outpatient substance abuse, group sessions for outpatient substance abuse, kidney disease education services, and diabetes self-management training.</p>

	2025 (this year)	2026 (next year)
Urgently Needed Care Services	<u>In- and Out-of-Network</u> \$45 copay for each visit for Medicare-covered urgently needed care services.	<u>In- and Out-of-Network</u> \$40 copay for each visit for Medicare-covered urgently needed care services.
Worldwide Emergency / Urgently Needed Care Services	\$110 copay for each emergency care visit outside of the United States and its territories. \$45 copay for each urgently needed care visit outside of the United States and its territories.	\$115 copay for each emergency care visit outside of the United States and its territories. \$40 copay for each urgently needed care visit outside of the United States and its territories.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call your Care Team at 1-866-783-1444 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We have included a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and didn't get this material with this packet, call your Care Team at 1-866-783-1444 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 2 Generic, Tier 3 Preferred Brand, Tier 4 Non-Preferred Brand, and Tier 5 Specialty Tier drugs until you've reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date drug costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	<p>\$145</p> <p>During this stage, you pay \$0 cost sharing for drugs on Tier 1 Preferred Generic, and Tier 6 Select Care Drugs and the full cost of drugs on Tier 2 Generic, Tier 3 Preferred Brand, Tier 4 Non-Preferred Brand, and Tier 5 Specialty Tier until you’ve reached the yearly deductible.</p>	<p>\$500</p> <p>During this stage, you pay \$0 cost sharing for drugs on Tier 1 Preferred Generic, and Tier 6 Select Care Drugs and the full cost of drugs on Tier 2 Generic, Tier 3 Preferred Brand, Tier 4 Non-Preferred Brand, and Tier 5 Specialty Tier until you’ve reached the yearly deductible.</p>

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you’ve paid \$2,100 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Preferred Generic: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	\$0 copay	\$0 copay
Generic: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	\$20 copay You pay \$20 copay per month supply of each covered insulin product on this tier.	\$20 copay You pay the lesser of 25% coinsurance or \$20 copay per month supply of each covered insulin product on this tier.
Preferred Brand: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	\$47 copay You pay \$35 copay per month supply of each covered insulin product on this tier.	\$47 copay You pay the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier.
Non-Preferred Brand: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	\$100 copay You pay \$35 copay per month supply of each covered insulin product on this tier.	\$100 copay You pay the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier.
Specialty Tier: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	31% of the total cost You pay \$35 copay per month supply of each covered insulin product on this tier.	27% of the total cost You pay the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier.

	2025 (this year)	2026 (next year)
Select Care Drugs: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	\$0 copay	\$0 copay

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Behavioral/Mental Health: Carelon TTY Number	TTY Number is 1-866-835-2755.	TTY Number is 711.
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-866-783-1444 (TTY users call 711) or visit www.Medicare.gov.

	2025 (this year)	2026 (next year)
Service Area	Albany, Bronx, Erie, Kings (Brooklyn), Monroe, Nassau, New York (Manhattan), Queens, Rensselaer, Richmond (Staten Island), Schenectady, Suffolk, and Westchester Counties in New York State. You must live in one of these areas to join the plan.	Albany, Bronx, Dutchess, Erie, Kings (Brooklyn), Monroe, Nassau, New York (Manhattan), Niagara, Onondaga, Orange, Queens, Rensselaer, Richmond (Staten Island), Rockland, Saratoga, Schenectady, Suffolk, Sullivan, and Westchester Counties in New York State. You must live in one of these areas to join the plan.

SECTION 3 How to Change Plans

To stay in VNS Health EasyCare, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our VNS Health EasyCare (HMO).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from VNS Health EasyCare (HMO).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from VNS Health EasyCare (HMO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call your Care Team at 1-866-783-1444 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
 - Your New York State Medicaid Program Office.

- **Help from your state's pharmaceutical assistance program (SPAP).** New York State has a program called Elderly Pharmacy Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call AIDS Drug Assistance Program (ADAP) at 1-800-542-2437. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, payment option. To learn more about this payment option, call us at 1-866-783-1444 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from VNS Health EasyCare (HMO)

- **Call your Care Team at 1-866-783-1444. (TTY users call 711.)**

We're available for phone calls 7 days a week, 8 am – 8 pm (Oct. – Mar.) and weekdays 8 am – 8 pm (Apr. – Sept.). Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the *2026 Evidence of Coverage* for VNS Health EasyCare (HMO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered

services and prescription drugs. Get the *Evidence of Coverage* on our website at vnshealthplans.org/ec-eoc or call your Care Team at 1-866-783-1444 (TTY users call 711) to ask us to mail you a copy.

- **Visit vnshealthplans.org/ec-eoc**

Our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York State, the SHIP is called Health Insurance Information Counseling and Assistance Program (HIICAP).

Call Health Insurance Information Counseling and Assistance Program (HIICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Health Insurance Information Counseling and Assistance Program (HIICAP) at 1-800-701-0501.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.