

## VNS Health Total (HMO D-SNP) offered by VNS Health Medicare

# Annual Notice of Change for 2026

You're enrolled as a member of VNS Health Total (HMO D-SNP).

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 Total (HMO D-SNP).
- To change to a **different plan**, visit [www.Medicare.gov](http://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/total-eoc](http://vnshealthplans.org/total-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 대해 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. 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.).

### **About VNS Health Total (HMO D-SNP)**

- 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. Our plan also has a written agreement with the New York State Medicaid Program to coordinate your Medicaid benefits.
- When this material says “we,” “us,” or “our,” it means VNS Health Medicare. When it says “plan” or “our plan,” it means VNS Health Total (HMO D-SNP).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in VNS Health Total (HMO D-SNP).** Starting January 1, 2026, you’ll get your medical and drug coverage through VNS Health Total (HMO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Table of Contents

<b>Summary of Important Costs for 2026 .....</b>	<b>5</b>
<b>SECTION 1    Changes to Benefits &amp; Costs for Next Year .....</b>	<b>7</b>
Section 1.1    Changes to the Monthly Plan Premium.....	7
Section 1.2    Changes to Your Maximum Out-of-Pocket Amount.....	7
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 .....	12
Section 1.7    Changes to Prescription Drug Benefits & Costs .....	12
<b>SECTION 2    Administrative Changes .....</b>	<b>14</b>
<b>SECTION 3    How to Change Plans.....</b>	<b>17</b>
Section 3.1    Deadlines for Changing Plans.....	18
Section 3.2    Are there other times of the year to make a change? .....	18
<b>SECTION 4    Get Help Paying for Prescription Drugs .....</b>	<b>19</b>
<b>SECTION 5    Questions? .....</b>	<b>19</b>
Get Help from VNS Health Total (HMO D-SNP) .....	19
Get Free Counseling about Medicare .....	20
Get Help from Medicare .....	20
Get Help from Medicaid .....	21

## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<b>Monthly plan premium*</b> * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
<b>Maximum out-of-pocket amount</b> 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.)	\$0  If you are eligible for Medicare cost-sharing help under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$0  <b>If you are eligible for Medicare cost-sharing help under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</b>
<b>Primary care office visits</b>	\$0 copay per visit  If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.	<b>\$0 copay per visit</b>  <b>If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.</b>
<b>Specialist office visits</b>	\$0 copay per visit  If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.	<b>\$0 copay per visit</b>  <b>If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.</b>

	2025 (this year)	2026 (next year)
<b>Inpatient hospital stays</b> 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.	\$0 copay for days 1-90  If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.	<b>\$0 copay for days 1-90</b>  <b>If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.</b>
<b>Part D drug coverage deductible</b> (Go to Section 1.7 for details.)	\$0	\$0
<b>Part D drug coverage</b> (Go to Sections 1.6 and 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>\$0 copay</li> </ul> Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	<b>Copayment during the Initial Coverage Stage:</b> <ul style="list-style-type: none"> <li><b>\$0 copay</b></li> </ul> <b>Catastrophic Coverage Stage:</b> <b>During this payment stage, you pay nothing for your covered Part D drugs.</b>

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**SECTION 1      Changes to Benefits & Costs for Next Year**

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**Section 1.1 Changes to the Monthly Plan Premium**

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Monthly plan premium</b> (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$0	\$0  <b>There is no change for the upcoming benefit year.</b>

**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 (and other health services not covered by Medicare) for the rest of the calendar year.

	2025 (this year)	2026 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p>Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>If you are eligible for Medicaid help with Part A and Part B copayments, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount. Your costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount.</p>	\$0	<p><b>\$0</b></p> <p><b>There is no change for the upcoming benefit year.</b></p> <p><b>Once you've paid \$0 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.</b></p>

### 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](https://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](https://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](https://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](https://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

The Annual Notice of Change tells you about changes to your Medicare and Medicaid benefits and costs.

	2025 (this year)	2026 (next year)
<b>Acupuncture</b>	<u><b>In-Network</b></u> \$0 copay for each routine acupuncture visit (30 visits every year).	<u><b>In-Network</b></u> \$0 copay for each routine acupuncture visit (55 visits every year).
<b>Colorectal Cancer Screening (Barium Enemas)</b>	<u><b>In-Network</b></u> \$0 copay for each Medicare-covered barium enema.	<u><b>In-Network</b></u> <b>Medicare-covered barium enema benefit is <u>not</u> covered.</b>

	2025 (this year)	2026 (next year)
<b>Dental Services</b>	<p><b><u>In-Network</u></b></p> <p>\$0 copay for each implant services visit (1 visit every 3 years).</p> <p>\$3,500 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.</p>	<p><b><u>In-Network</u></b></p> <p><b>\$0 copay for each implant services visit (1 visit every year).</b></p> <p>No maximum plan coverage amount for diagnostic and preventive dental services.</p>
<b>Flex Benefit</b>	\$65 per month	<b>\$70 per month</b>
<b>Meal Benefit</b>	Prior authorization is required for the meals benefit.	<b>No prior authorization required for the meals benefit.</b>
<b>Outpatient Mental Health Care</b>	<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><b>No prior authorization required for individual therapy sessions with a mental health care professional (non-psychiatrist).</b></p> <p><b>No prior authorization required for group therapy sessions with a mental health care professional (non-psychiatrist).</b></p>

	2025 (this year)	2026 (next year)
<b>Outpatient Substance Use Disorder Services</b>	<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><b>No prior authorization required for individual sessions for outpatient substance use disorder services.</b></p> <p><b>No prior authorization required for group sessions for outpatient substance use disorder services.</b></p>
<b>Over-the-Counter (OTC) Items</b>	<p>\$310 maximum plan coverage amount every month for OTC items.</p> <p>Unused portion carries over to the next period.</p>	<p><b>\$310 maximum plan coverage amount every month for OTC items.</b></p> <p><b>Unused portion does <u>not</u> carry over to the next period.</b></p>
<b>Podiatry Services</b>	No prior authorization required for Medicare-covered podiatry care services.	<b>Prior authorization is required for Medicare-covered podiatry care services.</b>
<b>Pre-exposure prophylaxis (PrEP) for HIV prevention</b>	<p><b><u>In-Network</u></b></p> <p>Medicare-covered pre-exposure prophylaxis (PrEP) for HIV prevention benefit is <u>not</u> covered.</p>	<p><b><u>In-Network</u></b></p> <p><b>There is no coinsurance, copayment, or deductible for the PrEP benefit.</b></p>

## 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. The Drug List includes many – but not all – of the drugs that we'll cover next year. If you don't see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling your Care Team at 1-866-783-1444 (TTY users call 711) or visiting our website at ([vnshealthplans.org/formulary](https://vnshealthplans.org/formulary)).

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

### 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**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

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)
<b>Yearly Deductible</b>	Because we have no deductible, this payment stage doesn’t apply to you.	<b>Because we have no deductible, this payment stage doesn’t apply to you.</b>

**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.

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, 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)
<b>For generic drugs (including brand drugs treated as generic) and all other drugs:</b>	\$0 copay	<b>\$0 copay</b>

## Changes to the Catastrophic Coverage Stage

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.**

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)
<b>Behavioral/Mental Health: Carelon TTY Number</b>	TTY Number is 1-866-835-2755.	<b>TTY Number is 711.</b>

	2025 (this year)	2026 (next year)
<b>Medicaid Advantage Plus Member Appeals Process for Medicaid Covered Services</b>	<p>Level 2 Appeal process</p> <p>Information in this section applies to all of your Medicare and most of your Medicaid benefits. This information does not apply to your Medicare Part D prescription drug benefits.</p> <p>If we say “No” to your Level 1 Appeal, your case will automatically be sent on to the next level of the appeals process. During the Level 2 Appeal, the Hearing Office reviews our decision for your Level 1 Appeal. This organization decides whether the decision we made should be changed.</p>	<p><b>The way you request a Level 2 Appeal will change.</b></p> <p><b>Starting on January 1, 2026, if our Level 1 Appeal decision is adverse, and the benefit is covered by Medicaid only, you or your authorized representative must ask the State for a Level 2 Medicaid Appeal (Fair Hearing). You will have 120 days to ask for a Fair Hearing.</b></p> <p><b>If we are changing the care you are getting right now and you want your services to stay the same, you must ask for the Fair Hearing within 10 calendar days from the Level 1 Appeal decision or by the date the appeal decision takes effect, whichever is later. Your services will stay the same until the fair hearing decision. If you lose your Fair Hearing, you may have to pay for services you got while waiting for the decision.</b></p>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Medicaid Advantage Plus Member Appeals Process for Medicaid Covered Services (continued)</b>		<p>If our Level 1 Appeal decision is adverse to you, and the benefit is covered by Medicare only, we will automatically send your case to Level 2 of the Medicare appeal process as soon as your Level 1 Appeal is complete.</p> <p>If our Level 1 Appeal decision is adverse, and the benefit is covered by both Medicare and Medicaid, we will automatically send your case to Level 2 of the Medicare appeal process, and you can also ask for a Level 2 Medicaid Appeal (Fair Hearing).</p> <p>This means you, or your representative, will have to request a Level 2 Appeal for services covered by Medicaid because this will no longer happen automatically.</p>

	2025 (this year)	2026 (next year)
Medicaid Advantage Plus Member Appeals Process for Medicaid Covered Services (continued)		<p>For services covered by Medicare, we will continue to automatically send your case to Level 2 of the Medicare appeal process.</p> <p>For adverse Level 1 Appeals involving benefits covered by <i>Medicaid only, or by both Medicare and Medicaid</i> where our decision was based on medical necessity or the benefit was determined to be experimental or investigational, you will continue to have External Appeal rights. This part of the process will not change.</p>

### SECTION 3      How to Change Plans

**To stay in VNS Health Total (HMO D-SNP), 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 Total.

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 Total (HMO D-SNP).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from VNS Health Total (HMO D-SNP).
- **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](http://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

Because you have New York State Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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

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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](http://shiphelp.org), or call 1-800-MEDICARE.

## SECTION 5 Questions?

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### Get Help from VNS Health Total (HMO D-SNP)

- **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 Total (HMO D-SNP). 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/total-eoc](http://vnshealthplans.org/total-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/total-eoc](https://vnshealthplans.org/total-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 and Medicaid plan choices and answer questions about switching plans. Call Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501. Learn more about Health Insurance Information, Counseling and Assistance Program (HIICAP) by visiting (<https://aging.ny.gov/health-insurance-information-counseling-and-assistance-programs>).

## 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](https://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](https://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](https://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](https://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## Get Help from Medicaid

- Call New York State Medicaid Program at 1-800-541-2831, Monday through Friday 8:00AM-8:00PM, Saturday 9:00AM-1:00PM (TTY users call 711) for help with Medicaid enrollment or benefit questions.
- You can write to your Local Department of Social Services (LDSS). Find the address for your LDSS at: [www.health.ny.gov/health\\_care/medicaid/ldss](http://www.health.ny.gov/health_care/medicaid/ldss).
- The New York State Medicaid Program website is [www.health.ny.gov/health\\_care/medicaid](http://www.health.ny.gov/health_care/medicaid).
- Independent Consumer Advocacy Network (ICAN)  
Community Service Society of New York  
633 Third Ave, 10th Floor  
New York, NY 10017
- Email: [ICAN@cssny.org](mailto:ICAN@cssny.org)
- Website: [www.icannys.org](http://www.icannys.org)