



**HEALTH PLANS**

**VNS Health EasyCare Plus  
(HMO D-SNP)**

2024

**Summary of Benefits**

Sales Representative

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Telephone

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Email

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





## Benefits at a Glance

VNS Health EasyCare Plus (HMO D-SNP) is a Medicare Advantage plan that offers more than regular Medicare, including extra benefits. Plus, it offers easy access to healthy living services, along with personal support from your Care Management Team.

**\$0**

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



**\$0 for doctor visits, hospital stays, lab work and more\***



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



**\$2,700/year (\$225/month) for OTC (over-the-counter) and Grocery items**



**\$350/year on a Flex debit card.** This can help pay utilities and other expenses.



**\$2,750/year for comprehensive dental care**



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



**\$1,400/every three years for hearing aids**



**Acupuncture, podiatry, and more**



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

\*Depending on your Medicaid eligibility

**?** 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 Plus. 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 Plus. 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 Plus 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 Plus. 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.)



**?** 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)

## 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>	Beneficiaries with a MSP will automatically qualify for Extra Help  Some beneficiaries with a MSP will also have incomes that qualify them for Medicaid	Some beneficiaries that get Extra Help, may qualify for Medicaid and/or MSPs	Some beneficiaries that get EPIC will also have incomes that qualify them for Extra Help

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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> <b>1-866-783-1444</b> <b>(TTY: 711)</b></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> <b>(TTY: 1-800-290-9138)</b></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 Plus (HMO D-SNP)*
100%	\$0.00
0%	\$48.70

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 Plus for 2024. Please read the *Evidence of Coverage* for the full list of benefits.

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

Under VNS Health EasyCare Plus, you can get your Medicare and Medicaid services in one health plan. Your Care Team will help manage your health care needs.

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.

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.

### Accessing Providers

If your providers (including doctors and pharmacies) work with VNS Health EasyCare Plus 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 Plus network.
- If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the VNS Health EasyCare Plus network. You may also use out-of-network providers when given authorization.

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## Plan Overview

- 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 Plus will authorize and pay for the cost of an out-of-network provider.

To find out if your providers are in the plan's network, call your Care Team or read the VNS Health EasyCare Plus *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 year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website ([medicare.gov](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.

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## 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>	\$0 or \$48.70	<p>Your monthly premium for prescription drug coverage depends on your Medicaid eligibility. You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party.</p> <p>*Members with Extra Help will have \$0 monthly premiums and a \$0 annual deductible. If you lose Extra Help, your monthly premium may be \$48.70.</p>
<b>Deductible</b>	\$0 or \$545	<p>Whether or not you pay a deductible for prescription drug coverage depends on your Medicaid eligibility.</p> <p>*Members with Extra Help will have a \$0 annual deductible. If you lose full Extra Help, your Part D deductible may be \$545.</p>
<b>Maximum Out of Pocket (MOOP)</b>	\$8,850	<p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit in this plan:</p> <ul style="list-style-type: none"> <li>• \$8,850 for services you receive from in-network providers.</li> </ul> <p>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.</p>

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## B. List of Covered Services

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>Inpatient hospital care</b></p>	<p>\$0</p>	<p>These are the 2023 cost-sharing amounts and may change for 2024. Your cost depends on your Medicaid eligibility. VNS Health EasyCare Plus will provide updated rates as soon as they are released. \$1,600 deductible for each benefit period.</p> <ul style="list-style-type: none"> <li>• Days 1-60: \$0 coinsurance per day of each benefit period.</li> <li>• Days 61-90: \$400 coinsurance per day of each benefit period.</li> <li>• Days 91 and beyond: \$800 coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime).</li> <li>• Beyond lifetime reserve days: all costs.</li> </ul> <p>Requires prior authorization.</p> <p>Except in an emergency, your health care provider must tell the plan of your hospital admission.</p>

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VNS Health EasyCare Plus (HMO-SNP) Summary of Benefits 2024

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Outpatient hospital services and outpatient observation services (including outpatient treatment by a doctor or a surgeon)</b>	0% or 20% coinsurance Your cost depends on your Medicaid eligibility.	Plan covers medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.  May require prior authorization.
<b>Ambulatory Surgery Center (ASC) services</b>	0% or 20% coinsurance Your cost depends on your Medicaid eligibility	Requires prior authorization.
<b>Doctor visits (including visits to Primary Care Providers and specialists)</b>	0% or 20% coinsurance Your cost depends on your Medicaid eligibility.	No prior authorization required.
<b>Specialist care</b>	0% or 20% coinsurance Your cost depends on your Medicaid eligibility.	No prior authorization required.
<b>Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)</b>	\$0	

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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Emergency room services</b>	0% or 20% coinsurance \$100 maximum copay Your cost depends on your Medicaid eligibility.	You may go to any emergency room when necessary. 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>Urgently needed care</b>	0% or 20% coinsurance Your cost depends on your Medicaid eligibility.	Urgently needed care is NOT emergency care. You do not have to be in-network. \$20 copay for urgently needed services in the United States. 20% coinsurance for urgently needed services outside of the United States. 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>	0% or 20% Your cost depends on your Medicaid eligibility.	Requires prior authorization.

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VNS Health EasyCare Plus (HMO-SNP) Summary of Benefits 2024

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Lab tests, such as blood work</b>	0% or 20% Your cost depends on your Medicaid eligibility.	Requires prior authorization.
<b>X-rays or other pictures, such as CAT scans</b>	0% or 20% Your cost depends on your Medicaid eligibility.	Requires prior authorization.
<b>Screening tests, such as tests to check for cancer</b>	\$0	Requires prior authorization.
<b>Hearing exam</b>	0% or 20% coinsurance \$0 copay for routine hearing exam (for up to 1 every year) Your cost depends on your Medicaid eligibility.	Exam to diagnose and treat hearing and balance issues. No prior authorization required.
<b>Hearing aids (This service is continued on the next page)</b>	\$0	<ul style="list-style-type: none"> <li>• Plan coverage limit is \$1,400 for hearing aids limited to \$700 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> </ul>

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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Hearing aids (continued)</b>		<ul style="list-style-type: none"> <li>The plan covers hearing services and products when medically necessary to alleviate hearing disabilities.</li> </ul> <p>No prior authorization required.</p> <p>Please see the <i>Evidence of Coverage</i> for more information.</p>
<b>Comprehensive dental care</b>	\$0	<p>The plan covers each service up to 2 times per year:</p> <ul style="list-style-type: none"> <li>Diagnostic services</li> <li>Restorative services</li> <li>Prosthetic services</li> <li>Other oral/maxillofacial surgeries</li> <li>Up to \$2,750 for Comprehensive services.</li> </ul> <p>See page 34 for more information including preventive dental coverage under Medicaid.</p>

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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Routine eye exam</b>	0% or 20% Your cost depends on your Medicaid eligibility.	<p>1 Routine eye exam per year</p> <p>1 Additional routine eye exam (every 2 years)</p> <p>A routine eye exam is to diagnose and treat diseases and conditions of the eye.</p> <p>Eye exam for the purpose of getting eyeglasses every two years.</p> <p>No prior authorization required.</p>
<b>Glasses or contact lenses</b>	\$0	<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 the <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)
<p><b>Mental or behavioral health services</b></p>	<p>0% or 20% coinsurance</p> <p>Your cost depends on your Medicaid eligibility.</p>	<p>Up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Plan covers Medicare-covered Individual and Group Mental Health Sessions.</p> <p>Requires prior authorization.</p> <p>See <i>Evidence of Coverage</i> for more information.</p>
<p><b>Skilled nursing facility (This service is continued on the next page)</b></p>	<p>In 2023 the amounts are:</p> <ul style="list-style-type: none"> <li>• \$0 for the first 20 days of each benefit period.</li> <li>• \$200 copayment per day for days 21-100 of each benefit period.</li> </ul> <p>You pay all costs for each day after day 100 of the benefit period.</p> <p>These amounts may change for 2024.</p>	<p>Plan covers additional days beyond Medicare.</p> <p>No prior hospital stay is required.</p> <p>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.</p> <p>Requires prior authorization.</p>

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VNS Health EasyCare Plus (HMO-SNP) Summary of Benefits 2024

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Skilled nursing facility (continued)</b>	Your cost depends on your Medicaid eligibility.	
<b>Occupational, physical, or speech therapy</b>	0% or 20% coinsurance Your cost depends on your Medicaid eligibility.	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>	0% or 20% coinsurance Your cost depends on your Medicaid eligibility.	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	Our plan covers 7 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)
<p><b>Medicare Part B prescription drugs</b></p>	<p>\$0</p>	<p>Read the <i>Evidence of Coverage</i> and Formulary for more information on these drugs.</p> <p>Requires prior authorization.</p>
<p><b>Part D Prescription Drug Coverage</b></p>	<p>Deductible: \$0 to \$545, depending on your Medicaid eligibility.</p> <p>Copayment/ Coinsurance during the Initial Coverage Stage: 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> <li>• \$4.60 copay; or</li> <li>• \$11.20 copay</li> </ul>	<p>There may be limitations on the types of drugs covered. Please see the VNS Health EasyCare Plus Formulary at <a href="https://vnshealthplans.org/formulary">vnshealthplans.org/formulary</a> for more information.</p> <p>VNS Health EasyCare Plus 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>Requires prior authorization for certain drugs.</p>

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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>Part D Prescription Drug Coverage</b></p>	<p>Copays for prescription drugs may vary based on your Medicaid eligibility. Please contact the plan for more details.</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="http://www.medicare.gov">www.medicare.gov</a>.</p> <p>You can get long-term supplies through mail order or at a retail pharmacy. The amount for long-term supplies (100-day) is the same for a one-month (30-day) supply. Some prescription drugs are also covered under your New York State Medicaid benefits. Call your Care Team for more information.</p>
<p><b>Podiatry services</b></p>	<p>0% or 20% coinsurance \$0 copayment Your cost depends on your Medicaid eligibility.</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p>For routine foot care (up to 6 visit(s) every year).</p> <p>No prior authorization required.</p>
<p><b>Durable medical equipment (DME) or supplies (This service is continued on the next page)</b></p>	<p>0% or 20% coinsurance Your cost depends on your Medicaid eligibility.</p>	<p>The plan covers wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, prosthetics, orthotics and orthopedic footwear, etc.</p>

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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Durable medical equipment (DME) or supplies (continued)</b>		<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>
<b>Hospice care</b>	5% coinsurance for respite care and biologics.	<p>You pay nothing for hospice care from a Medicare-certified hospice. 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. Requires prior authorization. See your <i>Evidence of Coverage</i> for more information.</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)
<b>Acupuncture</b>	\$0	Up to 30 visit(s) every year are covered. No prior authorization required.
<b>Acupuncture for chronic low back pain</b>	0% or 20%	Up to 12 visits in 90 days are covered for Medicare beneficiaries meeting criteria. See your <i>Evidence of Coverage</i> for details. Requires prior authorization.
<b>Additional Telehealth Services (This service is continued on the next page)</b>	0% coinsurance for Home Health Services 0% or 20% coinsurance for all other Telehealth Services Your cost depends on your Medicaid eligibility.	Covers the following services: <ul style="list-style-type: none"> <li>• Ambulatory Surgical Center (ASC) Services;</li> <li>• Diabetes Self-Management Training;</li> <li>• Group Sessions for Mental Health Specialty Services;</li> <li>• Group Sessions for Outpatient Substance Abuse;</li> <li>• Group Sessions for Psychiatric Services;</li> <li>• Individual Sessions for Mental Health Specialty Services;</li> <li>• Individual Sessions for Outpatient Substance Abuse;</li> <li>• Individual Sessions for Psychiatric Services;</li> <li>• Home Health Services;</li> </ul>

 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)
<b>Additional Telehealth Services (continued)</b>		<ul style="list-style-type: none"> <li>• Kidney Disease Education Services;</li> <li>• Observation Services;</li> <li>• Opioid Treatment Program Services;</li> <li>• Outpatient Hospital Services;</li> <li>• Physician Specialist Services;</li> <li>• Physical Therapy and Speech-Language Pathology Services;</li> <li>• Primary Care Physician Services;</li> <li>• Urgently Needed Services</li> </ul> <p>Prior authorization is required.</p>
<b>Diabetic supplies</b>	<p>0% or 20% coinsurance</p> <p>Your cost depends on your Medicaid eligibility.</p>	<p>Ascensia/Bayer Diabetes Care is the plan's chosen brand for diabetes monitoring and testing supplies when obtained at an in-network retail pharmacy.</p> <p>Shoe inserts for diabetes-related conditions.</p> <p>Prior authorization is 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)

VNS Health EasyCare Plus (HMO-SNP) Summary of Benefits 2024

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>Enhanced Disease Management</b></p>	<p>\$0</p>	<p>Services include:</p> <ul style="list-style-type: none"> <li>• Home visits by a nurse to evaluate health, social, and home safety needs</li> <li>• Help finding doctors and making appointments</li> <li>• Help taking medicine the right way</li> <li>• Connections to community resources</li> </ul> <p>No prior authorization required.</p>
<p><b>Flex</b></p>	<p>\$0</p>	<p>A \$350 pre-loaded debit card benefit for the year. During the first quarter of the year (January – March), you may use up to \$89 to pay for eligible items or services. From April – December, you may use \$29 per month to pay for eligible items or services. The card balance rolls over after each period but must be used by the end of the calendar year (January 1, 2024, through December 31, 2024.)</p> <p>The benefit card may be used to pay for utilities (electric, gas, internet, and phone). The benefit card may also be used to pay for items or services associated with dental, hearing or vision. Other types of services and goods are not eligible.</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)
<b>Gym Membership</b>	\$0	<p>You are covered for a health club membership through SilverSneakers®, a fitness program designed for Medicare beneficiaries. This includes group exercise classes at participating health club facilities and online.</p> <p>For more information please visit <a href="https://silversneakers.com">silversneakers.com</a>.</p>
<b>Over-the-Counter and Grocery Program</b>	\$0	<p>The plan covers up to \$225 per month for Over-the-Counter (OTC) and Grocery items, home meal deliveries and fresh fruit and produce. 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>Eligibility for Special Supplemental Benefits for the Chronically Ill (SSBCI) is required for use of the grocery benefit.</p> <p>For more information, please see the OTC and Grocery Program Catalog, or 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)

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Meals (Post-Discharge)</b>	\$0	<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> <p>See your <i>Evidence of Coverage</i> for more information.</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.

## C. Services Covered by Medicaid

The benefits described in section B. List of Covered Services, are covered by Medicare. The list below shows what benefits are covered by the New York State Medicaid Plan. What you pay for covered services depends on your Medicaid eligibility.

No matter what your Medicaid eligibility is, VNS Health EasyCare Plus will cover the benefits described in section B. List of Covered Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to call: 1-866-783-1444 (TTY: 711).

Benefit	New York State Medicaid Plan
<b>Inpatient Hospital Coverage</b>	Medicaid covers Medicare deductibles, copays, and coinsurances.
<b>Outpatient Hospital Coverage</b>	Medicaid covers Medicare deductibles, copays, and coinsurances.
<b>Ambulatory Surgery Center</b>	Medicaid covers Medicare deductibles, copays, and coinsurances.
<b>Doctor Visits (Primary and Specialty)</b>	Medicaid covers Medicare deductibles, copays, and coinsurances.
<b>Preventive Care</b>	No coverage.
<b>Emergency Care</b>	Medicaid covers Medicare deductibles, copays, and coinsurances.

 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 Plus (HMO-SNP) Summary of Benefits 2024

Benefit	New York State Medicaid Plan
<b>Urgently Needed Services</b>	Medicaid covers Medicare deductibles, copays, and coinsurances.
<b>Diagnostic Services/Labs/Imaging</b>	Medicaid covers Medicare deductibles, copays, and coinsurances.
<b>Hearing Services</b>	Medicaid covers Medicare deductibles, copays, and coinsurances.  See the <i>Evidence of Coverage</i> for more information.
<b>Dental</b>	Medicaid covers Medicare deductibles, copays, and coinsurances.  See the <i>Evidence of Coverage</i> for more information.
<b>Vision Services</b>	Medicaid covers Medicare deductibles, copays, and coinsurances.  See the <i>Evidence of Coverage</i> for more information.
<b>Mental Health</b>	Medicaid covers Medicare deductibles, copays, and coinsurances.
<b>Skilled Nursing Facility (SNF)</b>	Medicaid covers Medicare deductibles, copays, and coinsurances.  Medicaid covers additional days beyond Medicare 100-day limit.

 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)

Benefit	New York State Medicaid Plan
<b>Rehabilitation Services</b>	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>
<b>Ambulance Services</b>	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>
<b>Transportation (Routine)</b>	<p>Includes ambulette, invalid coach, taxi cab, livery, public transportation, or other means appropriate to the enrollee's medical condition.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>
<b>Medical Equipment/ Supplies</b>	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>
<b>Prosthetic Devices, Medical and Surgical Supplies, Enteral and Parenteral Formula</b>	<p>Medicaid covers prosthetics, orthotics, and orthopedic footwear.</p>
<b>Private Duty Nursing</b>	<p>Medicaid covers medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.</p> <p>See the <i>Evidence of Coverage</i> for more information.</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)

VNS Health EasyCare Plus (HMO-SNP) Summary of Benefits 2024

Benefit	New York State Medicaid Plan
<b>Prescription Drugs</b>	Medicaid does not cover Part D covered drugs or copays.
<b>Adult Day Health Care</b>	<p>Medicaid covers Adult Day Health Care services provided in a residential health care facility or approved extension site under the medical direction of a physician.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>
<b>Medical Social Services</b>	<p>Medical social services include assessing the need for, arranging for and providing aid for social problems related to the maintenance of a patient in the home where such services are performed by a qualified social worker and provided within a plan of care.</p>
<b>Nutrition</b>	<p>Medicaid covers the assessment of nutritional needs and food patterns, or the planning for the provision of foods and drink appropriate for the individual’s physical and medical needs and environmental conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs. These services must be provided by a qualified nutritionist.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>
<b>Personal Care Services</b>	<p>Medicaid coverage provided.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>
<b>Personal Emergency Response Services (PERS)</b>	<p>Medicaid coverage provided.</p> <p>See the <i>Evidence of Coverage</i> for more information.</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)

Benefit	New York State Medicaid Plan
<p><b>Non-Medicare Covered Home Health Services</b></p>	<p>Medicaid-covered Medicare deductibles, copays, and coinsurances.</p> <p>Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals).</p>
<p><b>Home Delivered and Congregate Meals</b></p>	<p>Not covered</p>
<p><b>Social Day Care</b></p>	<p>Not covered</p>
<p><b>Social and Environmental Support Services</b></p>	<p>Not covered</p>
<p><b>Consumer Directed Personal Assistance Services</b></p>	<p>Medicaid coverage provided.</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. Frequently Asked Questions (FAQ)

The following table lists frequently asked questions.

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 Plus 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 Plus 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 Plus network. You may also use out-of-network providers when VNS Health EasyCare Plus 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 Plus Provider and Pharmacy Directory. 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 Plus 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 Plus will authorize and pay for the cost of an out-of-network provider, with some limitations. Please see the <i>Evidence of Coverage</i> for more information.</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>What is a Care Manager?</b></p>	<p>A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and makes sure you get what you need.</p>
<p><b>Where is VNS Health EasyCare Plus available?</b></p>	<p>The service area for this plan includes: Albany, Bronx, Kings (Brooklyn), Nassau, New York (Manhattan), Queens, Richmond (Staten Island), Rensselaer, Schenectady, Suffolk and Westchester, in New York State. You must live in one of these areas to join the plan.</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 Plus <b>before</b> you can get a specific service or drug or see an out-of-network provider. VNS Health EasyCare Plus may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. 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)

## E. 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

Comprehensive services include fillings, extractions, bridges, crowns and dentures. Certain procedures, like crowns, may require prior authorization. There is a maximum benefit coverage benefit up to \$2,750 per year.

*\*Many comprehensive services will only be approved in special situations. Please contact us for more details.*

Category	Covered Services	Copayment	Frequency
<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	
<b>Prosthetics</b>	*Complete Upper/Lower Denture	\$0	2 times per year
<b>Removable</b>	*Partial Upper/Lower Denture	\$0	2 times per year
	Denture Adjustments	\$0	2 times per year
	Denture Repairs	\$0	2 times per year
	Denture Rebase	\$0	2 times per year
	Denture Relines	\$0	2 times per year

 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)

## Flex Card Summary

As a member of this plan, you get a Flex Card that gives you up to \$350 a year. During the first quarter of the year (January – March), you may use up to \$89 to help you pay for certain items or services. From April – December, you may use up to \$29 per month to pay for eligible items or services. The card balance rolls over but must be used by the end of the calendar year (December 31, 2024).

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

For example:

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

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



## 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 panggagamot. 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 Plus (HMO-SNP) 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.

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

 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 Plus (HMO-SNP) Summary of Benefits 2024

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

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

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## Notice of Availability of Member Materials

Beginning **October 15, 2023**, you'll be able to access the 2024 VNS Health EasyCare Plus 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-ecp">vnshealthplans.org/2024-ecp</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 Plus 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 to your Care Team at 1-866-783-1444 (TTY: 711).

### Understanding the Benefits

- The *Evidence of Coverage (EOC)* provides a complete list of all coverages and services. It is important to review plan coverage costs, and benefits before you enroll. Visit [vnshealthplans.org/2024-ecp](https://vnshealthplans.org/2024-ecp) 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

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- 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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 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)



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