



## ***VNS Health EasyCare (HMO) offered by VNS Health Medicare***

# **Annual Notice of Changes for 2025**

You are currently enrolled as a member of VNS Health EasyCare (HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [vnshealthplans.org/easycare-eoc](https://vnshealthplans.org/easycare-eoc). You may also call your Care Team to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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## **What to do now**

### **1. ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
  - Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- Think about whether you are happy with our plan.

## 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

## 3. CHOOSE: Decide whether you want to change your plan

- If you don’t join another plan by December 7, 2024, you will stay in VNS Health EasyCare (HMO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with VNS Health EasyCare (HMO).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### Additional Resources

- This document is available for free in Spanish and Chinese.
- Please contact your Care Team number at 1-866-783-1444 for additional information. (TTY users should call 711.) 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.

- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **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 document says “we,” “us,” or “our,” it means VNS Health Medicare (VNS Health Health Plans). When it says “plan” or “our plan,” it means VNS Health EasyCare (HMO).

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***Annual Notice of Changes for 2025***  
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**Summary of Important Costs for 2025**

The table below compares the 2024 costs and 2025 costs for VNS Health EasyCare (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$25	\$25
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	\$8,850	\$9,350
<p><b>Doctor office visits</b></p>	<p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$35 copay per visit</p>	<p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$35 copay per visit</p>
<p><b>Inpatient hospital stays</b></p>	<p>\$400 copay per day for days 1-5</p> <p>\$0 copay per day for days 6-90</p>	<p>These are 2024 cost-sharing amounts and may change for 2025. VNS Health EasyCare (HMO) will provide updated rates as soon as they are released.</p> <p>\$400 copay per day for days 1-5</p> <p>\$0 copay per day for days 6-90</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Part D prescription drug coverage</b> (continued on next page) (See Section 1.5 for details.)</p>	<p>Deductible: \$0 or \$145 depending on your level of LIS except for covered insulin products and most adult Part D vaccines.</p> <p>You pay \$0 deductible for Tier 1 &amp; 6.</p> <p>Copayment / Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$15 copay</li> <li>• Drug Tier 2: \$20 copay</li> <li>• Drug Tier 3: \$47 copay</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: \$100 copay</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 5: 31% of the total cost</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Deductible: \$0 or \$145 depending on your level of LIS except for covered insulin products and most adult Part D vaccines.</p> <p>You pay \$0 deductible for Tier 1 &amp; 6.</p> <p>Copayment / Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 copay</li> <li>• Drug Tier 2: \$20 copay</li> <li>• Drug Tier 3: \$47 copay</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: \$100 copay</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 5: 31% of the total cost</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>

Cost	2024 (this year)	2025 (next year)
<b>Part D prescription drug coverage (continued)</b>	<ul style="list-style-type: none"> <li>Drug Tier 6: \$0 copay</li> </ul> <p>Catastrophic Coverage:</p> <p>During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>	<ul style="list-style-type: none"> <li>Drug Tier 6: \$0 copay</li> </ul> <p>Catastrophic Coverage:</p> <p>During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>

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

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

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$25	\$25  There is no change for the upcoming benefit year.

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “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 reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$8,850	\$9,350  Once you have paid \$9,350 out of pocket for covered Part A and Part B services, you will 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 and Pharmacy Networks

Amounts you pay for your prescription drugs may 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 includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at [vnshealthplans.org](https://vnshealthplans.org). You may also call your Care Team for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers and pharmacies for next year. **Please review the 2025 Provider and Pharmacy Directory**



[vnshealthplans.org/providers](https://vnshealthplans.org/providers) to see if your providers (primary care provider, specialists, hospitals, etc.) and which pharmacies are in our network.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact your Care Team so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<b>Cardiac Rehabilitation Services</b>	<p>You pay \$15 copay for each Medicare-covered cardiac rehabilitation services visit.</p> <p>You pay \$15 copay for each Medicare-covered intensive-cardiac rehabilitation services visit.</p>	<p>You pay \$20 copay for each Medicare-covered cardiac rehabilitation services visit.</p> <p>You pay \$20 copay for each Medicare-covered intensive-cardiac rehabilitation services visit.</p>
<b>Dental Services</b>	<p>\$2,000 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>Prior authorization is required for Medicare-covered dental services.</p>	<p>\$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.</p> <p>No prior authorization required for Medicare-covered dental services.</p>

Cost	2024 (this year)	2025 (next year)
<b>Emergency Care</b>	You pay \$100 copay for each visit for Medicare-covered emergency care services.	You pay \$110 copay for each visit for Medicare-covered emergency care services.
<b>Hearing Services</b>	\$500 maximum plan coverage amount every 3 years (per ear) for prescription hearing aids.	\$750 maximum plan coverage amount every 3 years (per ear) for prescription hearing aids.
<b>Outpatient Hospital Observation</b>	You pay \$100 copay per stay for Medicare-covered outpatient hospital observation services.	You pay \$110 copay per stay for Medicare-covered outpatient hospital observation services.
<b>Over-the-Counter Items</b>	\$87 maximum plan coverage amount every 3 months for OTC items.	<p>You pay a \$0 copay.</p> <p>\$160 maximum plan coverage amount every 3 months for over-the-counter items.</p> <p>Use your OTC allowance to get health items. Home delivery of prepared meals and produce are also available.</p> <p>Any remaining balances will carry over at the end of each month and all allowances must be used by the end of the calendar year (12/31/2025).</p>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Pulmonary Rehabilitation Services</b>	You pay \$15 copay for each Medicare-covered pulmonary rehabilitation services visit.	You pay \$20 copay for each Medicare-covered pulmonary rehabilitation services visit.
<b>Skilled Nursing Facility (SNF) Care</b>	For Medicare-covered SNF stays, you pay \$0 copay per day for days 1-20 \$203 copay per day for days 21-100.	For Medicare-covered SNF stays, you pay \$0 copay per day for days 1-20 \$214 copay per day for days 21-100.
<b>Supervised Exercise Therapy (SET)</b>	You pay \$15 copay for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD).	You pay \$20 copay for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD).
<b>Urgently Needed Care Services</b>	You pay \$55 copay for each visit for Medicare-covered urgently needed care services.	You pay \$45 copay for each visit for Medicare-covered urgently needed care services.
<b>Vision Care</b>	\$200 maximum plan coverage amount every year for all non-Medicare-covered eyewear.	\$300 maximum plan coverage amount every year for all non-Medicare-covered eyewear.
<b>Worldwide Emergency</b>	You pay \$100 copay for each emergency care visit outside of the United States and its territories.	You pay \$110 copay for each emergency care visit outside of the United States and its territories.

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## Section 1.5 – Changes to Part D Prescription Drug Coverage

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### 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 plan 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 are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact your Care Team for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month’s supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact your Care Team or ask your health care provider, prescriber, or pharmacist for more information.

### Changes to Prescription Drug Benefits and Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the *Evidence of Coverage Rider for People Who Get “Extra Help” Paying for Prescription Drugs* (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call your Care Team and ask for the LIS Rider.

Beginning in 2025, there are three **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 will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the 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 do not count toward out-of-pocket costs.

## Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p>	<p>The deductible is \$0 or \$145.</p> <p>During this stage, you would pay \$15 cost sharing for drugs on Preferred Generic Tier and \$0 for drugs on Select Care Tier and the full cost of drugs on Generic, Preferred Brand, and Non-Preferred Brand tiers until you have reached the yearly deductible.</p>	<p>The deductible is \$0 or \$145.</p> <p>During this stage, you would pay \$0 cost sharing for drugs on Preferred Generic and drugs on Select Care tiers and the full cost of drugs on Generic, Preferred Brand, and Non-Preferred Brand tiers until you have reached the yearly deductible.</p>

## Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>The costs in this chart are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.</p> <p>For information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>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.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:</p> <p><b>Preferred Generic:</b> You pay \$15 copay per prescription.</p> <p><b>Generic:</b> You pay \$20 copay per prescription.</p> <p><b>Preferred Brand:</b> You pay \$47 copay per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Non-Preferred Brand:</b> You pay \$100 copay per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Specialty Tier:</b> You pay 31% of the total cost per prescription.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:</p> <p><b>Preferred Generic:</b> You pay \$0 copay per prescription.</p> <p><b>Generic:</b> You pay \$20 copay per prescription.</p> <p><b>Preferred Brand:</b> You pay \$47 copay per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Non-Preferred Brand:</b> You pay \$100 copay per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Specialty Tier:</b> You pay 31% of the total cost per prescription.</p>

Stage	2024 (this year)	2025 (next year)
<b>Stage 2: Initial Coverage Stage</b> (continued)	<p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Select Care Drugs:</b>            You pay \$0 copay per prescription.</p> <p>Once your total drug costs have reached \$5,030 you will move to the next stage (the Coverage Gap Stage).</p>	<p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Select Care Drugs:</b>            You pay \$0 copay per prescription.</p> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

### Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

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



**SECTION 2 Administrative Changes**

Description	2024 (this year)	2025 (next year)
Member Rewards	The member rewards program has activities and reward amounts effective January 1, 2024 - December 31, 2024.	The member rewards program will have new activities and reward amounts effective January 1, 2025. Details will be mailed in December 2024.
Service Area	Albany, Bronx, Kings (Brooklyn), 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, Erie (Pending Approval), Kings (Brooklyn), Monroe (Pending Approval), 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.

Description	2024 (this year)	2025 (next year)
<b>Medicare Prescription Payment Plan</b>	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December). To learn more about this payment option, please contact us at 1-866-783-1444 (TTY: 711) or visit <a href="https://www.Medicare.gov">Medicare.gov</a> .

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in VNS Health EasyCare (HMO)

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

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,

- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

## Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from VNS Health EasyCare (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from VNS Health EasyCare (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact your Care Team if you need more information on how to do so.
  - – *OR* – Contact **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or

without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 5 Programs That Offer 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 Information, Counseling and Assistance Program (HIICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Health Information, Counseling and Assistance Program (HIICAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Health Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501. You can learn more about HIICAP by visiting their website ([aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap](https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap)).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“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 prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;

- The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** 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.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **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 this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-866-783-1444 (TTY: 711) or visit [Medicare.gov](https://www.Medicare.gov).

## SECTION 7 Questions?

### Section 7.1 – Getting Help from VNS Health EasyCare (HMO)

Questions? We’re here to help. Please call your Care Team at 1-866-783-1444. (TTY only, call 711.) We are 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 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for VNS Health EasyCare (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [vnshealthplans.org/easycare-eoc](https://vnshealthplans.org/easycare-eoc). You may also call your Care Team to ask us to mail you an *Evidence of Coverage*.

### **Visit our Website**

You can also visit our website at [vnshealthplans.org](https://vnshealthplans.org). As a reminder, 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)*.

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## **Section 7.2 – Getting Help from Medicare**

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To get information directly 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 should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](https://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### **Read Medicare & You 2025**

Read the *Medicare & You 2025* handbook. Every fall, this document 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 document, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or 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.