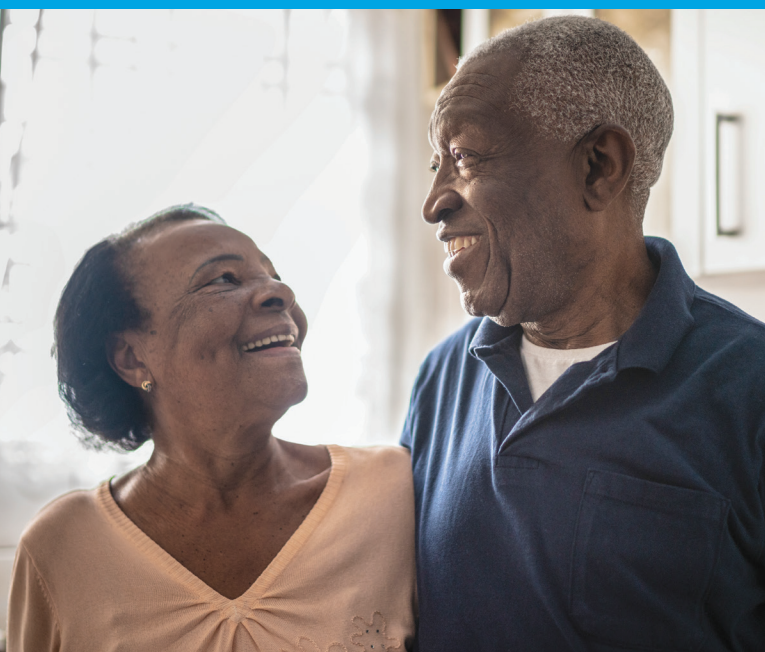




**CHOICE**<sup>SM</sup>  
Health Plans

A Medicare Advantage and Medicaid Advantage Program



## 2022 SUMMARY OF BENEFITS

**VNSNY CHOICE EasyCare Plus (HMO D-SNP)**

## A Medicare Advantage plan that makes healthy living easier.

VNSNY CHOICE EasyCare Plus (HMO D-SNP) includes important extra benefits not covered by regular Medicare. Plus, it offers easy access to healthy living services, along with personal support from your Care Management Team. Highlights include:

- **\$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\***
- **OTC (over-the-counter) and Grocery items, including home delivery**  
– up to \$1,800/year (\$150/month)
- **SilverSneakers® gym benefit & virtual fitness classes**

\*Depending on your level of Medicaid eligibility.

**The Medicare Advantage Plan from the  
Visiting Nurse Service of New York**

# Introduction

This document is a brief summary of the benefits and services covered by VNSNY CHOICE EasyCare Plus (HMO D-SNP). 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 VNSNY CHOICE EasyCare Plus (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

## Useful Contacts

Plan Name \_\_\_\_\_

Plan Effective Date \_\_\_\_\_

Name of Sales Representative \_\_\_\_\_

Sales Representative Phone number \_\_\_\_\_

Primary Care Provider \_\_\_\_\_

### Non-Members

**1-718-4CHOICE (718-424-6423) (TTY: 711)**

**October 1, 2021 – March 31, 2022, 8 am – 8 pm, 7 days a week**

**April 1, 2022 – September 30, 2022, 8 am to 8 pm, Monday - Friday**

### Website

[www.vnsnychoice.org](http://www.vnsnychoice.org)

### CHOICE Care Team

**1-866-783-1444 (TTY: 711)**

**8 am – 8 pm, 7 days a week**



**If you have questions**, please call the CHOICE Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [vnsnychoice.org](http://vnsnychoice.org).

# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

## Useful Information

### *Provider and Pharmacy Directory*

The best way to find a doctor, specialist and/or pharmacy in the VNSNY CHOICE EasyCare Plus (HMO D-SNP) network is to visit [vnsnychoice.org/providers](https://vnsnychoice.org/providers). You may also call us at the number listed on page 3.

### *Formulary (List of Covered Drugs)*

The *Formulary* is a list of prescription drugs covered by VNSNY CHOICE EasyCare Plus (HMO D-SNP). To search the *Formulary*, please visit [vnsnychoice.org/formulary](https://vnsnychoice.org/formulary).

### *Medicare & You*

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



**If you have questions**, please call the CHOICE Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [vnsnychoice.org](https://vnsnychoice.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>Medicaid</b> Administered by NY State	<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>• Pays Medicare Part A &amp; B copays and coinsurances</li> <li>• Pays for some services not covered by Medicare, such as routine dental, hearing and vision</li> </ul>	<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 some or all of the 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 Medicare & Medicaid will automatically qualify for Extra Help Some beneficiaries with Medicare & Medicaid, will also have incomes that qualify them for MSPs	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
<b>For more information, call VNSNY CHOICE Medicare (HMO)</b>  <b>1-866-783-1444 (TTY: 711)</b>  Monday – Friday	NYC Human Resources Administration (HRA) <b>1-718-557-1399</b> Westchester Department of Social Services: <b>1-914-995-3333</b> Nassau Department of Social Services: <b>1-516-227-8519</b>	NYC Human Resources Administration (HRA) <b>1-718-557-1399</b> Westchester Department of Social Services: <b>1-914-995-3333</b> Nassau Department of Social Services: <b>1-516-227-8519</b>	Social Security Administration <b>1-800-772-1213</b>	EPIC <b>1-800-332-3742 (TTY: 1-800-290-9138)</b>

# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

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## A. Disclaimers



This is a summary of health services covered by VNSNY CHOICE EasyCare Plus (HMO D-SNP) for 2022. Please read the *Evidence of Coverage* for the full list of benefits. If you don't have an *Evidence of Coverage*, call your CHOICE Care Team at the number at the bottom of this page to get one. Or, visit [www.vnsnychoice.org](http://www.vnsnychoice.org) to access the *Evidence of Coverage* electronically.

- ❖ VNSNY CHOICE Medicare is a Medicare Advantage organization with Medicare and Medicaid contracts, offering HMO D-SNP and HMO plans. Enrollment in VNSNY CHOICE Medicare depends on contract renewal.

VNSNY CHOICE EasyCare Plus (HMO D-SNP) is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you must be eligible for Medicare and Medicaid Benefits and:

- Must be 18 years of age or older
- Must reside in the plan's service area
- ❖ Under VNSNY CHOICE EasyCare Plus (HMO D-SNP), you can get your Medicare and Medicaid services in one health plan. Your CHOICE Care Team will help manage your health care needs.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* Handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) 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. 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.
- ❖ ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-783-1444 (TTY: 711).
- ❖ 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-783-1444（TTY: 711）。



**If you have questions**, please call the CHOICE Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [vnsnychoice.org](http://vnsnychoice.org).

## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

- ❖ You can get this document for free in Spanish or Chinese and in other formats, such as large print, braille, or audio. Call your CHOICE Care Team at the number at the bottom of this page.
- ❖ 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 CHOICE Care Team.



**If you have questions**, please call the CHOICE Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [vnsnychoice.org](https://vnsnychoice.org).



# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

## B. Frequently Asked Questions (FAQ)

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>Can you go to the same health care providers you see now?</b>	<p>That is often the case. If your providers (including doctors and pharmacies) work with VNSNY CHOICE EasyCare Plus (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"><li>• Providers with an agreement with us are “in-network.” In most cases, you must use the providers in the VNSNY CHOICE EasyCare Plus (HMO D-SNP) network.</li><li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the VNSNY CHOICE EasyCare Plus (HMO D-SNP) network. You may also use out-of-network providers when VNSNY CHOICE EasyCare Plus (HMO D-SNP) 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 CHOICE Care Team or read the VNSNY CHOICE EasyCare Plus (HMO D-SNP) <i>Provider and Pharmacy Directory</i>. You can also visit our website at <a href="http://www.vnsnychoice.org/providers">www.vnsnychoice.org/providers</a> for the most current listing.</p>
<b>What happens if you need a service but no one in the VNSNY CHOICE EasyCare Plus (HMO D-SNP) network can provide it?</b>	<p>Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, VNSNY CHOICE EasyCare Plus (HMO D-SNP) will authorize and pay for the cost of an out-of-network provider.</p>



**If you have questions**, please call the CHOICE Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [vnsnychoice.org](http://vnsnychoice.org).

# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Frequently Asked Questions (FAQ)	Answers
<b>What is a care manager?</b>	A care manager is your main contact person. This person helps manage all your providers and services and makes sure you get what you need.
<b>Where is VNSNY CHOICE EasyCare Plus (HMO D-SNP) available?</b>	The service area for this plan includes the following counties in New York: Bronx, Kings (Brooklyn), Nassau, New York (Manhattan), Queens, Richmond (Staten Island), Suffolk and Westchester. You must live in one of these counties to join the plan. Call your CHOICE Care Team for more information about whether the plan is available where you live.
<b>What is service authorization or prior authorization?</b>	<p>Service authorization or prior authorization means that you must get approval from VNSNY CHOICE EasyCare Plus (HMO D-SNP) <b>before</b> you can get a specific service or drug or see an out-of-network provider. VNSNY CHOICE EasyCare Plus (HMO D-SNP) may not cover the service or drug if you don't get approval. <b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</b></p> <p>See Chapter 3 of the <i>Evidence of Coverage</i> to learn more about service authorization or prior authorization. See the <i>Medical Benefits Chart</i> in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a service authorization or prior authorization.</p>
<b>Do I need a referral?</b>	Our plan is a direct access plan. This means you do not need to get a referral or plan approval to see network providers, including specialists.



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# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Frequently Asked Questions (FAQ)	Answers
<p><b>What is Extra Help?</b></p>	<p>Extra Help is a Medicare program that helps people with limited incomes and resources reduce their Medicare Part D prescription drug costs such as premiums, deductibles, and copayments/copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”</p> <p>Your prescription drug copayments under VNSNY CHOICE EasyCare Plus (HMO D-SNP) already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. These calls are free.</p>
<p><b>Do you pay a monthly amount (also called a premium) as a member of VNSNY CHOICE EasyCare Plus (HMO D-SNP)?</b></p>	<p>Because you have Medicaid, you will not pay any monthly premiums for your health coverage. 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. Your monthly premium for prescription drug coverage depends on your level of Medicaid eligibility.</p> <p>*If you lose full Extra Help, your monthly premium may be \$42.40. However, all members with full Extra Help will have \$0 monthly premiums and a \$0 annual deductible.</p>
<p><b>Do you pay a deductible as a member of VNSNY CHOICE EasyCare Plus (HMO D-SNP)?</b></p>	<p>You do not pay deductibles in VNSNY CHOICE EasyCare Plus (HMO D-SNP). Whether or not you pay a deductible for prescription drug coverage depends on your level of Medicaid eligibility.</p> <p>*Members with full Extra Help will have a \$0 annual deductible. If you lose full Extra Help, your Part D deductible may be \$480.</p>



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# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Frequently Asked Questions (FAQ)	Answers
<b>What is the maximum out-of-pocket amount that you will pay for medical services as a member of VNSNY CHOICE EasyCare Plus (HMO D-SNP)?</b>	Your maximum annual out-of-pocket costs will be \$7,550.

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## C. List of Covered Services

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



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# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need hospital care</b> (continued on next page)</p>	<p>Inpatient hospital care</p>	<p>\$0</p>	<p>In 2021 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> <li>• \$1,484 deductible for each benefit period.</li> <li>• Days 1-60: \$0 coinsurance per day of each benefit period.</li> <li>• Days 61-90: \$371 coinsurance per day of each benefit period.</li> <li>• Days 91 and beyond: \$742 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>These amounts may change for 2022.</p> <p>Depending on your level of income and Medicaid eligibility, you pay the following amounts for each benefit period:</p> <p>Except in an emergency, your health care provider must tell the plan of your hospital admission.</p> <p>May require prior authorization.</p>



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## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care</b> (Continued)	Outpatient hospital observation services (including outpatient treatment by a doctor or a surgeon)	0% to 20% coinsurance  Your cost depends on your level of 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.  Requires prior authorization.
	Ambulatory Surgery Center (ASC) services	0% to 20% coinsurance  Your cost depends on your level of Medicaid eligibility.	Requires prior authorization.
<b>You want to see a health care provider</b> (continued on the next page)	Doctor visits to treat an injury or illness	0% to 20% coinsurance  Your cost depends on your level of Medicaid eligibility.	



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## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want to see a health care provider</b> (continued)	Specialist care	0% to 20% coinsurance  Your cost depends on your level of Medicaid eligibility.	
	Preventive care to keep you from getting sick, such as flu shots or vaccinations	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	



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# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You want to see a health care provider</b> <i>(continued)</i></p>	<p>Additional Telehealth Services</p>	<p>0% to 20% coinsurance for some Telehealth Services</p> <p>Your cost depends on your level of Medicaid eligibility.</p>	<p>Covers the following services:</p> <ul style="list-style-type: none"> <li>• Urgently Needed Services;</li> <li>• Home Health Services;</li> <li>• Primary Care Physician Services;</li> <li>• Physician Specialist Services;</li> <li>• Individual Sessions for Mental Health Specialty Services</li> <li>• Group Sessions for Mental Health Specialty Services</li> <li>• Individual Sessions for Psychiatric Services;</li> <li>• Group Sessions for Psychiatric Services;</li> <li>• Physical Therapy and Speech-Language Pathology Services;</li> <li>• Opioid Treatment Program Services</li> </ul>



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## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You want to see a health care provider</b> <i>(continued)</i></p>	<p>Additional Telehealth Services</p>	<p>0% to 20% coinsurance for some Telehealth Services</p> <p>Your cost depends on your level of Medicaid eligibility.</p>	<ul style="list-style-type: none"> <li>• Outpatient Hospital Services;</li> <li>• Observation Services;</li> <li>• Ambulatory Surgical Center (ASC) Services;</li> <li>• Individual Sessions for Outpatient Substance Abuse;</li> <li>• Group Sessions for Outpatient Substance Abuse;</li> <li>• Kidney Disease Education Services;</li> <li>• Diabetes Self-Management Training</li> </ul> <p>Requires prior authorization. Call the CHOICE Care Team for information.</p>



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# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need emergency care</b></p>	<p>Emergency room services</p>	<p>0% to 20% coinsurance</p> <p>Your cost depends on your level of Medicaid eligibility.</p>	<p>You may go to any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network.</p> <p>The plan covers worldwide emergency coverage in any country outside of the United States and its territories. Coverage is limited to \$50,000 US per year.</p>
	<p>Urgently needed care</p>	<p>0% to 20% coinsurance</p> <p>Your cost depends on your level of Medicaid eligibility.</p>	<p>Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network.</p> <p>The plan covers worldwide urgent care in any country outside of the United States and its territories. Coverage is limited to \$50,000 US per year.</p>



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## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need medical tests</b>	Lab tests, such as blood work	0% to 20% coinsurance  Your cost depends on your level of Medicaid eligibility.	Requires prior authorization.
	X-rays or other pictures, such as CAT scans	0% to 20% coinsurance  Your cost depends on your level of Medicaid eligibility.	Requires prior authorization.
	Screening tests, such as tests to check for cancer	\$0	Requires prior authorization.
<b>You need hearing/auditory services</b> (continued on the next page)	Hearing screenings	0% to 20% coinsurance  Your cost depends on your level of Medicaid eligibility.	Plan covers: <ul style="list-style-type: none"> <li>• Exam to diagnose and treat hearing and balance issues</li> <li>• Routine hearing exam (for up to 1 every year)</li> </ul>



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## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need hearing/auditory services</b> (continued)</p>	<p>Hearing aids</p>	<p>\$0</p>	<p>Plan covers:</p> <ul style="list-style-type: none"> <li>• Hearing aid fitting/evaluation (for up to 2 every three years)</li> <li>• Plan coverage limit is \$1,400 for hearing aids limited to \$700 per ear (one right, one left) every three years.</li> <li>• Fitting/evaluation is limited to one per ear (one right, one left) every 3 years.</li> <li>• The plan covers hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing.</li> </ul> <p>Requires prior authorization.</p> <p>Please see the Member Handbook (<i>Evidence of Coverage</i>) for more information.</p>



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## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need eye care</b> (continued)</p>			<p>The cost of standard lenses and frames is limited to \$200 for one set of eye-glasses 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 Member Handbook (<i>Evidence of Coverage</i>) for more information.</p> <p>Plan covers yearly glaucoma screening.</p>



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## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a mental health condition</b></p>	<p>Mental or behavioral health services</p>	<p>0% to 20% coinsurance</p> <p>Your cost depends on your level of Medicaid eligibility.</p>	<p>Plan covers:</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p>Requires prior authorization.</p> <p>See Member Handbook (<i>Evidence of Coverage</i>) for more information.</p>
<p><b>You have a substance use disorder</b></p>	<p>Substance use disorder services</p>	<p>0% to 20% coinsurance</p> <p>Your cost depends on your level of Medicaid eligibility.</p>	<p>Plan covers Outpatient Substance Abuse Care:</p> <ul style="list-style-type: none"> <li>(1) assessment from a network provider in a 12-month period (you may self-refer) for Outpatient substance abuse services</li> </ul> <p>Requires prior authorization.</p>



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# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need a place to live with people available to help you</b></p>	<p>Skilled nursing care</p>	<p>0% to 20% coinsurance</p> <p>Your cost depends on your level of Medicaid eligibility.</p>	<p>Plan covers additional days beyond Medicare.</p> <p>In 2021 the amounts were:</p> <ul style="list-style-type: none"> <li>• \$0 for the first 20 days of each benefit period</li> <li>• \$185.50 per day for days 21-100 of each benefit period.</li> <li>• You pay all costs for each day after day 100 of the benefit period.</li> <li>• You pay \$0 to 20% coinsurance.</li> </ul> <p>These amounts may change in 2022.</p> <p>Your cost depends on your level of Medicaid eligibility.</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>



**If you have questions**, please call the CHOICE Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [vnsnychoice.org](https://vnsnychoice.org).



# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need therapy after a stroke or accident</b></p>	<p>Occupational, physical, or speech therapy</p>	<p>0% to 20% coinsurance</p> <p>Your cost depends on your level of Medicaid eligibility.</p>	<p>Plan covers Medicare-covered:</p> <ul style="list-style-type: none"> <li>• Physical Therapy visits,</li> <li>• Speech Language Therapy visits, and</li> <li>• Occupational Therapy visits.</li> </ul> <p>Requires prior authorization.</p> <p>Call your CHOICE Care Team or read the <i>Evidence of Coverage</i> for more information.</p>
<p><b>You need help getting to health services</b> (continued on next page)</p>	<p>Ambulance services</p>	<p>0% to 20% coinsurance</p> <p>Your cost depends on your level of Medicaid eligibility.</p>	<p>Ambulance services must be medically necessary. You do not need prior authorization for ambulance services, and you do not have to be in-network.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help getting to health services</b> (continued)</p>	<p>Transportation to health care services</p>	<p>\$0</p>	<p>Our plan covers 7 roundtrips to routine and non-emergent transportation services to plan-approved locations for medical care and other health-related services. There is a maximum benefit of \$100 per round trip. Coverage includes: ambulette, car service and public transportation.</p> <p>To schedule your transportation, call 48 hours in advance at 1-877-718-4219, (TTY: 711), 8 am – 8 pm, Monday – Friday.</p>
<p><b>You need drugs to treat your illness or condition</b> (continued on the next page)</p>	<p>Medicare Part B prescription drugs</p>	<p>0% to 20% coinsurance</p> <p>Your cost depends on your level of Medicaid eligibility.</p>	<p>Read the <i>Evidence of Coverage</i> and <i>Formulary</i> for more information on these drugs.</p> <p>Prior authorization required</p>



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# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b> <i>(continued)</i></p>	<p>Part D Prescription Drug Coverage</p>	<p>Deductible: \$0 to \$480, depending on your level of LIS</p> <p>Copayment/ Coinsurance during the Initial Coverage Stage:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$1.35 copay; or</li> <li>• \$3.95 copay; or</li> <li>• 15% coinsurance</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$4.00 copay; or</li> <li>• \$9.85 copay; or</li> <li>• 15% coinsurance</li> </ul>	<p>There may be limitations on the types of drugs covered. Please see VNSNY CHOICE EasyCare Plus (HMO D-SNP's) <i>List of Covered Drugs</i> at <a href="http://www.vnsnychoice.org/formulary">www.vnsnychoice.org/formulary</a> for more information.</p> <p>VNSNY CHOICE EasyCare Plus (HMO D-SNP) 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>Your provider must get prior authorization from VNSNY CHOICE EasyCare Plus (HMO D-SNP) for certain drugs.</p>



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# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b> (continued)</p>	<p>Part D Prescription Drug Coverage</p>	<p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov">www.medicare.gov</a>.</p> <p>The plan offers two ways to get long-term supplies of drugs: through mail order or at a retail pharmacy. Cost-sharing amount for long-term supplies (90-day) is the same amount of a one-month (30-day) supply.</p> <p>In addition to the drugs covered by Medicare, some prescription drugs are covered for you under your New York State Medicaid benefits. Call your CHOICE Care Team for more information.</p>



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## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help getting better or have special health needs</b> (continued on next page)</p>	<p>Enhanced Disease Management</p>	<p>\$0</p>	<p>A benefit that can provide you more support to take care of your health.</p> <p>Eligible members can participate to receive enhanced disease management. 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>May require prior authorization</p>



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# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help getting better or have special health needs</b> (continued)</p>	<p>Help with Certain Chronic Conditions</p>	<p>\$0</p>	<p>You may be eligible for the Palliative Care Program if you have a serious illness. Palliative Care is provided by a team of doctors, nurses and other specially trained people and continues alongside your regular medical care as added support. You will receive the following support through Care Management Services:</p> <ul style="list-style-type: none"> <li>• Comprehensive care assessment</li> <li>• Care planning and goals of care discussions</li> <li>• Access to social services and community resources</li> <li>• Coordination with your Primary Care Physician</li> </ul> <p>Please see the Member Handbook (<i>Evidence of Coverage</i>) or the Hospice benefit for more information.</p>



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# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help getting better or have special health needs</b> (continued)</p>	<p>Rehabilitation services</p>	<p>0% to 20% coinsurance</p> <p>Your cost depends on your level of Medicaid eligibility.</p>	<p>Plan covers Medicare-covered:</p> <ul style="list-style-type: none"> <li>• Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks).</li> <li>• Physical Therapy visits,</li> <li>• Speech Language Therapy visits, and</li> <li>• Occupational Therapy visits.</li> </ul> <p>Requires prior authorization.</p> <p>Call your CHOICE Care Team or see the Member Handbook (<i>Evidence of Coverage</i>) for more information.</p>
	<p>Medical equipment for home care</p>	<p>0% to 20% coinsurance</p> <p>Your cost depends on your level of Medicaid eligibility.</p>	<p>Requires prior authorization.</p>



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## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need foot care</b></p>	<p>Podiatry services</p>	<p>0% to 20% coinsurance</p> <p>Your cost depends on your level of Medicaid eligibility.</p>	<p>Requires prior authorization.</p> <p>Plan covers:</p> <ul style="list-style-type: none"> <li>• Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</li> <li>• Routine foot care (up to 6 visit(s) every year)</li> </ul>
	<p>Orthotic services</p>	<p>0% to 20% coinsurance</p> <p>Your cost depends on your level of Medicaid eligibility.</p>	<p>Shoe inserts for diabetes-related conditions</p> <p>Requires prior authorization.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need durable medical equipment (DME) or supplies</b></p>	<p>Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example</p> <p><b>(Note:</b> This is not a complete list of covered DME or supplies. Call your CHOICE Care Team or read the <i>Evidence of Coverage</i> for more information.)</p>	<p>0% to 20% coinsurance</p> <p>Your cost depends on your level of Medicaid eligibility.</p>	<p>Requires prior authorization.</p>



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## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>If you need end-of-life comfort care</b>	Hospice care	\$0	<p>You pay nothing for hospice care from a Medicare-certified hospice.</p> <p>There is no limit for this benefit as long as you continue to meet the eligibility criteria.</p> <p>If you are eligible but don't feel ready for hospice care, you can receive supportive services through the Palliative Care Program as outlined in <i>Help with Certain Chronic Conditions</i>.</p> <p>Please see the Member Handbook (<i>Evidence of Coverage</i>) for eligibility and more information.</p>
<b>Your caregiver needs some time off</b>	Respite care	\$0	May require prior authorization.
<b>You need interpreter services</b>	Spoken language interpreter	\$0	Call your CHOICE Care Team for assistance.
	Sign language interpreter	\$0	Call your CHOICE Care Team for assistance.



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## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional Services</b> (Continued on next page)	Acupuncture	\$0	Plan covers up to 30 visits(s) every year.  Requires prior authorization.
	Acupuncture for chronic low back pain	\$0	Up to 12 visits in 90 days are covered for Medicare beneficiaries meeting criteria.  May require prior authorization.
	Diabetic supplies	\$0 to 20% coinsurance  Your cost depends on your level of Medicaid eligibility.	Ascensia/Bayer Diabetes Care is the plan's chosen brand for diabetes monitoring and testing supplies when obtained at an in-network retail pharmacy. All other branded products will require prior authorization from the plan.



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## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional Services</b> (continued)	Over-the-Counter and Grocery Program	\$0	<p>The plan covers up to \$150 per month for Over-the-Counter (OTC) and Grocery items as well as home meal delivery 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>For more information, please see the OTC and Grocery Program Catalog, or call your CHOICE Care Team.</p>
	Prosthetic services	0% to 20% coinsurance  Your cost depends on your level of Medicaid eligibility.	<p>Plan covers:</p> <ul style="list-style-type: none"> <li>• Prosthetics, orthotics and orthopedic footwear.</li> <li>• There is no diabetic prerequisite for orthotics.</li> </ul> <p>Requires prior authorization.</p>



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## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional Services</b> (continued)	Special Supplemental Benefits for the Chronically Ill (SSBCI)	\$0	This benefit is combined with your Over-the-Counter (OTC) and Grocery Card to cover eligible grocery items. Please see your Member handbook (EOC) for more information.
<b>Fitness</b>	Gym Membership	\$0	<p>You are covered for a health club membership through SilverSneakers. This includes group exercise classes at participating health club facilities and online. This fitness membership program is designed for Medicare beneficiaries.</p> <p>For more information about this benefit you can visit the web site at <a href="http://silversneakers.com">silversneakers.com</a> or call toll free 1-866-584-7389 (TTY: 711), Monday through Friday from 8 am to 8 pm.</p>

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



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# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

## D. Services Covered by Medicaid

The benefits described below show what is covered by Medicaid. The benefits described in section C. *List of Covered Services*, are benefits covered by Medicare. For each benefit listed below, you can see what the New York State Medicaid Plan covers. What you pay for covered services depends on your Medicaid eligibility.

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

\*May require authorization

Benefit	New York State Medicaid Plan
Inpatient Hospital Coverage*	Medicaid covers Medicare deductibles, copays, and coinsurances.  Up to 365 days per year (366 days for leap year)
Outpatient Hospital Coverage*	Medicaid covers Medicare deductibles, copays, and coinsurances.
Ambulatory Surgery Center*	Medicaid covers Medicare deductibles, copays, and coinsurances.
Doctor Visits (Primary and Specialty)	Medicaid covers Medicare deductibles, copays, and coinsurances.
Preventative Care	No coverage.
Emergency Care	Medicaid covers Medicare deductibles, copays, and coinsurances.
Urgently Needed Services	Medicaid covers Medicare deductibles, copays, and coinsurances.



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Benefit	New York State Medicaid Plan
Diagnostic Services/ Labs/Imaging*	Medicaid covers Medicare deductibles, copays, and coinsurances.
Hearing Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing and selecting, fitting, and dispensing, hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings and replacement parts.</p>
Dental*	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covered dental services including necessary preventive, prophylactic and other routine dental care, services, and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.</p>



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Benefit	New York State Medicaid Plan
Vision Services*	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Services of Optometrists, Ophthalmologists, and Ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p>
Mental Health*	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p>
Skilled Nursing Facility (SNF)*	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covers additional days beyond Medicare 100-day limit.</p>
Rehabilitation Services*	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>There are no limits for medically necessary Occupational, Speech or Physical Therapy visits that are ordered by a doctor or other licensed professional.</p>
Ambulance Services*	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p>



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## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

\*May require authorization

Benefit	New York State Medicaid Plan
Transportation(Routine)*	Includes ambulette, invalid coach, taxi cab, livery, public transportation, or other means appropriate to the enrollee's medical condition
Medical Equipment/Supplies*	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. Must be ordered by a practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bar).</p>



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## VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

\*May require authorization

Benefit	New York State Medicaid Plan
Prosthetic Devices, Medical and Surgical Supplies, Enteral and Parenteral Formula*	<p>Medicaid covers prosthetics, orthotics, and orthopedic footwear. These items are generally considered to be one-time only use, consumable items routinely paid for under the Durable Medical Equipment category of fee-for-service Medicaid.</p> <p>Coverage of enteral formula and nutritional supplements are limited to coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding. Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to mitigating factors in growth and development. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein or which contain modified protein.</p>
Private Duty Nursing*	<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>



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Benefit	New York State Medicaid Plan
Prescription Drugs	Medicaid does not cover Part D covered drugs or copays. Medicaid Pharmacy Benefits allowed by State Law (select drug categories excluded from the Medicare Part D benefit). Certain Medical Supplies and Enteral Formula when not covered by Medicare.
Adult Day Health Care*	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. Adult day health care includes the following services: medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure time activities which are a planned program of diverse meaningful activities, dental, pharmaceutical, and other ancillary services.
Medical Social Services*	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.



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Benefit	New York State Medicaid Plan
Nutrition*	<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. In addition, these services may include the assessment of nutritional status and food preferences, planning for provision of appropriate dietary intake within the patient's home environment and cultural considerations, nutritional education regarding therapeutic diets as part of the treatment milieu, development of a nutritional treatment plan, regular evaluation and revision of nutritional plans, provision of in-service education to health agency staff as well as consultation on specific dietary problems of patients and nutrition teaching to patients and families. These services must be provided by a qualified nutritionist.</p>
Personal Care Services*	<p>Medicaid covers personal care services (PCS), which involve the provision of some or total assistance with personal hygiene, dressing and feeding and nutritional and environmental support (meal preparation and housekeeping). Personal care services must be medically necessary, ordered by a physician, and provided by a qualified person in accordance with a plan of care.</p>



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# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

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Benefit	New York State Medicaid Plan
Personal Emergency Response Services (PERS)*	Medicaid covers electronic devices which enable certain high-risk patients to secure help in the event of a physical, emotional, or environmental emergency. A variety of electronic alert systems now exist which employ different signaling devices. Such systems are usually connected to a patient's phone and signal a response center once a "help" button is activated. In the event of an emergency, the signal is received and appropriately acted upon by a response center.
Non-Medicare Covered Home Health Services*	Medicaid covered Medicare deductibles, copays, and coinsurances  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)
Home Delivered and Congregate Meals*	Not covered
Social Day Care*	Not covered
Social and Environmental Support Services*	Not covered
Consumer Directed Personal Assistance Services*	Medicaid coverage provided.



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# VNSNY CHOICE EasyCare Plus (HMO D-SNP) Summary of Benefits 2022

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## E. Your rights as a member of the plan

As a member of VNSNY CHOICE EasyCare Plus (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not limited to, the following:

### Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
  - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
  - Be free from any form of physical restraint or seclusion
  - Not be billed by network providers
  - Have your questions and concerns answered completely and courteously
  - Apply your rights freely without any negative effect on the way VNSNY CHOICE Total or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
  - VNSNY CHOICE EasyCare Plus (HMO D-SNP)
  - The services we cover



**If you have questions**, please call the CHOICE Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [vnsnychoice.org](https://vnsnychoice.org).

## VNSNY CHOICE Total (HMO D-SNP) Summary of Benefits 2022

- How to get services
- How much services will cost you
- Names of health care providers
- Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP). You can change your PCP at any time during the year. You can call 1-866-783-1444 (TTY 711) if you want to change your PCP.
  - See a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment as far as the law allows, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion about any health care that your PCP or your care team advises you to have. VNSNY CHOICE EasyCare Plus (HMO D-SNP) will pay for the cost of your second opinion visit.
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.



**If you have questions**, please call the CHOICE Total Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [www.vnsnychoice.org](http://www.vnsnychoice.org).

## VNSNY CHOICE Total (HMO D-SNP) Summary of Benefits 2022

- Have interpreters to help with communication with your doctors, other providers, and your health plan. Call 1-866-783-1444 (TTY 711) if you need help with this service
- Have your *Evidence of Coverage* and any printed materials from VNSNY CHOICE EasyCare Plus (HMO D-SNP) translated into your primary language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
- Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
  - See an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - Access an easy process to voice your concerns, and to expect follow up by VNSNY CHOICE EasyCare Plus (HMO D-SNP)
  - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers



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**If you have questions**, please call the CHOICE Total Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [www.vnsnychoice.org](http://www.vnsnychoice.org).



## VNSNY CHOICE Total (HMO D-SNP) Summary of Benefits 2022

- Get a detailed reason why services were denied

### Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness and dignity.** You should:
  - Treat your health care providers with dignity and respect
  - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
  - Tell your health care provider your health complaints clearly and provide as much information as possible
  - Tell your health care provider about yourself and your health history
  - Tell your health care provider that you are a VNSNY CHOICE EasyCare Plus (HMO D-SNP) member
  - Talk to your PCP, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)
  - Tell your PCP, or other appropriate person within 24 hours of any emergency or out-of-network treatment
  - Notify your CHOICE Care Team if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
  - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
  - Partner with your Care Management Team and work out treatment plans and goals together
  - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health



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**If you have questions**, please call the CHOICE Total Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [www.vnsnychoice.org](http://www.vnsnychoice.org).

## VNSNY CHOICE Total (HMO D-SNP) Summary of Benefits 2022

- **You have the responsibility to obtain your services from VNSNY CHOICE EasyCare Plus (HMO D-SNP).** You should:
  - Get all your health care from VNSNY CHOICE EasyCare Plus (HMO D-SNP), except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless VNSNY CHOICE EasyCare Plus (HMO D-SNP) provides a prior authorization for out-of-network care
  - Not allow anyone else to use your VNSNY CHOICE EasyCare Plus (HMO D-SNP) Member ID Cards to obtain health care services
  - Notify VNSNY CHOICE EasyCare Plus (HMO D-SNP) when you believe that someone has purposely misused VNSNY CHOICE EasyCare Plus (HMO D-SNP) benefits or services

For more information about your rights, you can read the VNSNY CHOICE EasyCare Plus (HMO D-SNP) *Evidence of Coverage*. If you have questions, you can also call your CHOICE Care Team.

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### F. How to file a complaint or appeal a denied service or drug

If you have a complaint or think VNSNY CHOICE EasyCare Plus (HMO D-SNP) should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the VNSNY CHOICE EasyCare Plus (HMO D-SNP) *Evidence of Coverage*. You can also call your CHOICE Care Team at 1-866-783-1444 (TTY 711), 7 days a week, 8 am – 8 pm



**If you have questions**, please call the CHOICE Total Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [www.vnsnychoice.org](http://www.vnsnychoice.org).

## VNSNY CHOICE Total (HMO D-SNP) Summary of Benefits 2022

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### G. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a health care provider, hospital or pharmacy is doing something wrong, please contact us.

- Call your CHOICE Care Team. Phone numbers are at the bottom of the page.
- Call VNSNY CHOICE EasyCare Plus (HMO D-SNP) Fraud Hot Line 1-888-634-1558 (TTY: 711).
- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the New York State Medicaid Fraud Hotline 1-877-87 FRAUD



**If you have questions**, please call the CHOICE Total Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [www.vnsnychoice.org](http://www.vnsnychoice.org).

# VNSNY CHOICE Total (HMO D-SNP) Summary of Benefits 2022

## 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.

**Short-term Respite Care** – Respite care is short-term inpatient care provided to you that allows a family caregiver or other persons who normally care for you at home a break from caregiving duties while you are cared for in a Medicare-certified facility for up to 5 days. Respite care cannot be provided if you reside in a facility, such as a long-term care facility.

**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.



**If you have questions**, please call the CHOICE Total Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [www.vnsnychoice.org](http://www.vnsnychoice.org).

## NOTICE OF NON-DISCRIMINATION

VNSNY CHOICE Health Plans complies with Federal civil rights laws. VNSNY CHOICE does not exclude people or treat them differently because of race, religion, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression.

VNSNY CHOICE provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call us at 1-866-783-1444. For TTY services, call 711.

If you believe that VNSNY CHOICE has not given you these services or treated you differently because of race, religion, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression you can file a grievance with VNSNY CHOICE by:

**Mail:** VNSNY CHOICE Health Plans  
220 East 42nd Street, 3rd Floor, New York, NY 10017

**Telephone:** 1-888-634-1558 (TTY: 711)

**In person:** 220 East 42nd Street, 3rd Floor, New York, NY 10017

**Fax:** 646-459-7729

**Email:** [CivilRightsCoordinator@vnsny.org](mailto:CivilRightsCoordinator@vnsny.org)

**Web:** [www.vnsny.ethicspoint.com](http://www.vnsny.ethicspoint.com)



**If you have questions**, please call the CHOICE Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 a.m. – 8 p.m. The call is free. **For more information**, visit [www.vnsnychoice.org](http://www.vnsnychoice.org).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](https://www.hhs.gov/ocr/office/file/index.html)

- Telephone: 1-800-368-1019 (TTY/TDD 800-537-7697)

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## Get help in your language

**ATTENTION:** Language assistance services, free of charge, are available to you.  
Call 1-866-783-1444 (TTY: 711).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-783-1444 (TTY: 711).

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-783-1444（TTY: 711）。

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-783-1444 (телетайп: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-783-1444 (TTY: 711)번으로 전화해 주십시오.

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-783-1444 (TTY: 711).



**If you have questions**, please call the CHOICE Total Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [www.vnsnychoice.org](http://www.vnsnychoice.org).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-783-1444 (TTY: 711).

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט  
1-866-783-1444 (TTY: 711).

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন  
1-866-783-1444 (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-783-1444 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-783-1444 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-783-1444 (ATS : 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-866-783-1444 (TTY: 711)۔

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-783-1444 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-783-1444 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-783-1444 (TTY: 711).



**If you have questions**, please call the CHOICE Total Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [www.vnsnychoice.org](http://www.vnsnychoice.org).

## Notice of Availability of Member Materials

Beginning **October 1, 2021**, you'll be able to access the 2022 VNSNY CHOICE Easy Care Plus *Evidence of Coverage, Provider and Pharmacy Directory* and the List of Covered Drugs **electronically**.

<b>Evidence of Coverage</b> (Downloadable PDF)	<a href="https://vnsnychoice.org/easycareplus-eoc">vnsnychoice.org/easycareplus-eoc</a>
<b>Formulary (List of Covered Drugs)</b> (Downloadable PDF and Online Search Tool)	<a href="https://vnsnychoice.org/formulary">vnsnychoice.org/formulary</a>
<b>Provider and Pharmacy Directory</b> (Online Search Tool)	<a href="https://vnsnychoice.org/providers">vnsnychoice.org/providers</a>

If you'd like to request a printed copy of any of the materials above, please call your CHOICE Care Team at the number below or email us at [CHOICECCMemberServices@vnsny.org](mailto:CHOICECCMemberServices@vnsny.org).

If you have questions about VNSNY CHOICE Easy Care Plus health plan benefits and covered drugs, or need help finding a network provider and/or pharmacy, please call your CHOICE Care Team at the number below.

### **CHOICE Care Team**

1-866-783-1444 (TTY: 711)  
8 am – 8 pm, 7 days a week



**If you have questions**, please call the CHOICE Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [www.vnsnychoice.org](http://www.vnsnychoice.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 a customer service representative at 1-866-783-1444 (TTY 711).

### Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [vnsnychoice.org/easycareplus-eoc](https://vnsnychoice.org/easycareplus-eoc) 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.

### 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, 2022.
- 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.



**If you have questions**, please call the CHOICE Care Team at 1-866-783-1444 (TTY 711), 7 days a week from 8 am – 8 pm. The call is free. **For more information**, visit [www.vnsnychoice.org](https://www.vnsnychoice.org).



**CHOICE**<sup>SM</sup>  
Health Plans

**Any questions? Call us toll-free at:**

1-866-783-1444 (TTY: 711)  
7 days a week, 8 am – 8 pm

220 East 42nd Street, 3rd Floor, New York, NY 10017  
[www.vnsnychoice.org](http://www.vnsnychoice.org)