



HEALTH PLANS

VNS Health EasyCare Plus (HMO D-SNP)

A Medicare Advantage Plan

2023

Summary of Benefits

vnshealthplans.org



Make Benefits at a Glance

VNS Health EasyCare Plus (HMO D-SNP) is a Medicare Advantage plan that offers more than regular Medicare, including extra benefits. Plus, it offers easy access to healthy living services, along with personal support from your Care Management Team. 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***
- **\$1,920/year (\$160/month) for OTC (over-the-counter) and Grocery items**
- **\$2,750/year for Comprehensive Dental care**
- **\$200/year for Eye wear**
- **\$1,400/every three years, for Hearing aids**
- **Acupuncture, podiatry, and more**
- **Long-term services and supports** you need to live safely and independently in your home (such as Home Health Aide, nursing, social work and more)
- **7 round trips/year to approved healthcare locations**

*Depending on your level of Medicaid eligibility



If you have questions, please call us at 1-866-783-1444 (TTY: 711), 7 days a week from 8 am – 8 pm (Oct. – Mar.) and weekdays, 8 am – 8 pm (Apr. – Sept.). The call is free. For more information, visit vnshealthplans.org.

Introduction

This document is a brief summary of the benefits and services covered by VNS Health EasyCare Plus. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of VNS Health EasyCare Plus. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

Useful Information

Plan Effective Date _____

Primary Care Provider (PCP) _____

Non-Members

1-866-414-6715 (TTY: 711)

7 days a week, 8 am – 8 pm (Oct. – Mar.)

Weekdays, 8 am – 8 pm (Apr. – Sept.)

Provider and Pharmacy Directory

The best way to find a doctor, specialist and/or pharmacy in the VNS Health EasyCare Plus network is to visit vnshealthplans.org/providers.

Formulary (List of Covered Drugs)

The *Formulary* is a list of prescription drugs covered by VNS Health EasyCare Plus. To search the *Formulary*, please visit, vnshealthplans.org/formulary.

Medicare & You

Visit 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.

Your Care Team

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

7 days a week, 8 am – 8 pm (Oct. – Mar.)

Weekdays, 8 am – 8 pm (Apr. – Sept.)



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Do You Need Extra Financial Help? Medicare Beneficiaries that meet certain income and resource limits, may qualify for the following financial assistance programs: | | | |
|---|---|---|--|
| | Medicare Savings Programs (MSP) Administered by NY state | Extra Help/Low Income Subsidy (LIS) Administered by the Social Security Administration | Elderly Pharmaceutical Insurance Coverage Program (EPIC) Administered by NY State |
| How this program helps pay for your health care costs | <ul style="list-style-type: none"> • All programs pay for the Part B premium • Some programs pay Part A premium (if needed) • Some programs pay Medicare copays & coinsurances | <ul style="list-style-type: none"> • Pays some or all of the Medicare Part D monthly premiums • Helps lower Medicare Part D copays or coinsurance | <ul style="list-style-type: none"> • Pays some Part D premiums & saves more money on your prescription drug costs |
| Are you eligible for other programs? | 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 |
| For more information, call VNS Health EasyCare Plus 1-866-783-1444 (TTY: 711) | NYC Human Resources Administration (HRA) 1-718-557-1399 Westchester Department of Social Services: 1-914-995-3333 Nassau Department of Social Services: 1-516-227-8519 | Social Security Administration 1-800-772-1213 | EPIC 1-800-332-3742 (TTY: 1-800-290-9138) |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

Low Income Subsidy Table

Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs

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.”

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our plan.

This table shows you what your monthly plan premium will be if you get extra help.

| Your level of Extra Help | Premium for VNS Health EasyCare Plus (HMO D-SNP)* |
|--------------------------|---|
| 100% | \$0.00 |
| 75% | \$9.70 |
| 50% | \$19.40 |
| 25% | \$29.20 |

*This does not include any Medicare Part B premium you may have to pay.

If you aren't getting extra help, you can see if you qualify by calling:

- a) 1-800-Medicare for TTY users call **1-877-486-2048** (24 hours a day/ 7 days a week),
- b) Your State Medicaid Office, or
- c) The Social Security Administration at **1-800-772-1213**. TTY users should call **1-800-325-0778** between 8 a.m. and 7 p.m., Monday through Friday

VNS Health EasyCare Plus premium includes coverage for both medical services and prescription drug coverage.



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

Plan Overview

This is a summary of health services covered by VNS Health EasyCare Plus for 2023. Please read the *Evidence of Coverage* for the full list of benefits.

You can access the VNS Health EasyCare Plus *Evidence of Coverage* electronically at vnshealthplans.org/2023-ecp or call us at the number at the bottom of this page to receive a copy.

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

You:

- Must be 18 years of age or older
- Must reside in the plan's service area. The service area for this plan includes: Bronx, Kings (Brooklyn), Nassau, New York (Manhattan), Queens, Richmond (Staten Island), Suffolk and Westchester, in New York State. You must live in one of these areas to join the plan.

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

Accessing Providers

If your providers (including doctors and pharmacies) work with VNS Health EasyCare Plus and have a contract with us, you can keep going to them.

- Providers with an agreement with us are “in-network.” In most cases, you must use the providers in the VNS Health EasyCare Plus network.
- If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the VNS Health EasyCare Plus network. You may also use out-of-network providers when VNS Health EasyCare Plus authorizes the use of out-of-network providers.



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

- Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, VNS Health EasyCare Plus will authorize and pay for the cost of an out-of-network provider.

To find out if your providers are in the plan's network, call your Care Team or read the VNS Health EasyCare Plus *Provider and Pharmacy Directory*. You can also visit our website at vnshealthplans.org/providers for the most current listing.

- ❖ VNS Health Medicare is a Medicare Advantage organization with Medicare and Medicaid contracts, offering HMO D-SNP and HMO plans. Enrollment in VNS Health Medicare depends on contract renewal.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-783-1444 (TTY: 711) 7 days a week, 8 am – 8 pm (Oct. – Mar.) and weekdays, 8 am – 8 pm (Apr. – Sept.). The call is free.
- ❖ During your welcome call, we will confirm your language and/or format preference for future mailings and communications. If at any time you need to request a change, please call your Care Team.

You can read the *Medicare & You* Handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **Medicaid**, call the New York State Department of Health (Social Services) Medicaid Helpline at 1-800-541-2831. TTY users should call 711.



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

A. Monthly premium, deductible, and limits on how much you pay for covered services.

| Monthly premium, deductible, and limits on how much you pay for covered services. | | |
|---|----------------|--|
| Monthly Plan Premium including Part C and Part D Premium | \$0 or \$38.90 | <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 \$38.90. However, all members with full Extra Help will have \$0 monthly premiums and a \$0 annual deductible.</p> |
| Deductible | \$0 or \$505 | <p>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 \$505.</p> |
| Maximum Out of Pocket (MOOP) | \$8,300 | <p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit in this plan:</p> <ul style="list-style-type: none"> ○ \$8,300 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

B. List of Covered Services

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

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|-------------------------|-------------------------------------|--|
| You need hospital care (This service is continued on next page) | Inpatient hospital care | \$0 | Depending on your level of income and Medicaid eligibility, you pay the following amounts for each benefit period: In 2022 the amounts for each benefit period are \$0 or: <ul style="list-style-type: none">• \$1,556 deductible for each benefit period.• Days 1-60: \$0 coinsurance per day of each benefit period.• Days 61-90: \$389 coinsurance per day of each benefit period.• Days 91 and beyond: \$778 coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime).• Beyond lifetime reserve days: all costs. |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--|---|---|
| You need hospital care (continued) | Inpatient hospital care (continued) | | These amounts may change for 2023. Requires prior authorization. Except in an emergency, your health care provider must tell the plan of your hospital admission. |
| | Outpatient hospital services and outpatient 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. May require prior authorization. |
| | Ambulatory Surgery Center (ASC) services | 0% to 20% coinsurance Your cost depends on your level of Medicaid eligibility. | Requires prior authorization. |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--|---|---|
| You want to see a health care provider | Doctor (Primary Care Provider) visits to treat an injury or illness | 0% to 20% coinsurance Your cost depends on your level of Medicaid eligibility. | |
| | 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 | |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--------------------------------|-------------------------|---|--|
| You need emergency care | Emergency room services | 0% to 20% coinsurance Your cost depends on your level of Medicaid eligibility. | 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. You are covered for up to \$50,000 per year in emergency care and urgently needed services when you travel outside of the United States and its territories. See “Worldwide Coverage” for more information. |
| | Urgently needed care | 0% to 20% coinsurance Your cost depends on your level of Medicaid eligibility. | Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network. 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. |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|-------------------------------|--|---|---|
| You need medical tests | Diagnostic tests and procedures | 0% to 20% Your cost depends on your level of Medicaid eligibility. | Requires prior authorization. |
| | 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. |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|-----------------------|---|--|
| You need hearing/auditory services (This service is continued on the next page) | Hearing exam | <p>0% to 20% coinsurance</p> <p>\$0 copay for routine hearing exam (for up to 1 every year)</p> <p>Your cost depends on your level of Medicaid eligibility.</p> | <p>Exam to diagnose and treat hearing and balance issues</p> <p>No prior authorization is required.</p> |
| | Hearing aids | \$0 | <ul style="list-style-type: none"> • Plan coverage limit is \$1,400 for hearing aids limited to \$700 per ear (one right, one left) every 3 years. • Fitting/evaluation is limited to one per ear (one right, one left) every 3 years. • The plan covers hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. <p>Requires prior authorization.</p> |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|-----------------------|-------------------------------------|--|
| You need hearing/auditory services (continued) | | | Please see the Member Handbook (<i>Evidence of Coverage</i>) for more information. |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|-----------------------------|---------------------------|-------------------------------------|---|
| You need dental care | Comprehensive dental care | \$0 | <p>The plan covers</p> <ul style="list-style-type: none"> • 2 Diagnostic services • 2 Restorative services • 2 Prosthodontics • 2 Other oral/maxillofacial surgery • Comprehensive oral evaluation, standard fillings, crowns and posts, dentures; extractions and local anesthesia with a maximum benefit of \$2,750 per year. <p>For preventative dental coverage under Medicaid, please see page 44 for more information.</p> |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|-----------------------|---|---|
| You need eye care (This service is continued on the next page) | Routine eye exam | 0-20% Your cost depends on your level of Medicaid eligibility. | <ul style="list-style-type: none"> • Routine eye exam (for up to 1 every year) • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) • Eye exam for the purpose of getting eyeglasses every two years. • Eyeglasses or contact lenses limited to one pair every 12 months unless medically necessary. <p>No prior authorization required.</p> |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|----------------------------------|-------------------------------------|---|
| <p>You need eye care (continued)</p> | <p>Glasses or contact lenses</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> <p>Prior authorization is not required.</p> |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--------------------------------------|--|---|
| You have a mental health condition | Mental or behavioral health services | <p>0% to 20% coinsurance</p> <p>Your cost depends on your level of Medicaid eligibility.</p> | <p>Up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Requires prior authorization.</p> <p>See Member Handbook (<i>Evidence of Coverage</i>) for more information.</p> <p>Plan covered Medicare-covered Individual and Group Mental Health Sessions</p> <p>Requires prior authorization.</p> |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|-----------------------------|--|---|
| <p>You need a place to live with people available to help you</p> | <p>Skilled nursing care</p> | <p>In 2022 the amounts are:</p> <ul style="list-style-type: none"> • \$0 for the first 20 days of each benefit period. • \$194.50 copayment per day for days 21-100 of each benefit period. <p>You pay all costs for each day after day 100 of the benefit period.</p> <p>These amounts may change for 2023.</p> <p>Your cost depends on your level of Medicaid eligibility.</p> | <p>Plan covers additional days beyond Medicare.</p> <p>No prior hospital stay is required.</p> <p>A “benefit period” starts the day you go into the hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care.</p> <p>Requires prior authorization.</p> |



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



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--|--|---|
| You need help getting to health services (continued) | Transportation to health care services | \$0 | <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.</p> <p>Coverage includes: taxi, rideshare services, bus/subway, van and medical transport. To schedule your transportation, call 48 hours in advance at 1-877-718-4219, (TTY: 711), 8 am – 8 pm, Monday – Friday.</p> <p>Prior authorization required.</p> |
| You need drugs to treat your illness or condition (This service is continued on the next page) | Medicare Part B prescription drugs | <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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| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|-----------------------------------|--|---|
| You need drugs to treat your illness or condition (continued) | Part D Prescription Drug Coverage | <p>Deductible: \$0 to \$505, 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"> • \$0 copay; or • \$1.45 copay; or • \$4.15 copay; or • 15% coinsurance <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$4.30 copay; or • \$10.35 copay; or or • 15% coinsurance | <p>There may be limitations on the types of drugs covered. Please see the VNS Health EasyCare Plus <i>List of Covered Drugs</i> at vnshealthplans.org/formulary for more information.</p> <p>VNS Health EasyCare Plus may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from VNS Health EasyCare Plus for certain drugs.</p> |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--|---|---|
| <p>You need drugs to treat your illness or condition (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 www.medicare.gov.</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 Care Team for more information.</p> |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---------------------------|-----------------------|---|---|
| You need foot care | Podiatry services | <p>0% to 20% coinsurance for foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</p> <p>\$0 copayment for routine foot care (up to 6 visit(s) every year)</p> <p>Your cost depends on your level of Medicaid eligibility.</p> | Requires prior authorization. |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|---|---|---|
| You need durable medical equipment (DME) or supplies | Durable medical equipment (DME) or supplies | 0% to 20% coinsurance Your cost depends on your level of Medicaid eligibility. | Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, Prosthetics, orthotics and orthopedic footwear, for example. (Note: This is not a complete list of covered DME or supplies. Call your Care Team or read the <i>Evidence of Coverage</i> for more information.) Requires prior authorization. |
| If you need end-of-life comfort care (This service is continued on next page) | Hospice care | 5% coinsurance for respite care and for prescription drugs and biologics. | You pay nothing for hospice care from a Medicare-certified hospice. There is no limit for this benefit as long as you continue to meet the eligibility criteria. 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 the Member Handbook (Evidence of Coverage). Hospice Care Support Allowance: If you are eligible for and elect hospice |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|-----------------------|-------------------------------------|---|
| <p>If you need end-of-life comfort care (continued)</p> | | | <p>with an in-network hospice provider, you may be eligible for a \$500 Hospice Care Support Allowance.</p> <p>The allowance is a supplemental benefit that allows for the purchase of goods or services that are not covered by your health plan's benefits. These goods or services should be related to providing comfort and improving your quality of life while receiving hospice care. Some examples include but are not limited to home and bathroom safety devices/ modifications; Support for caregivers of enrollees, etc.</p> <p>Prior health plan approval for requested goods or services is required.</p> <p>See your Member Handbook (<i>Evidence of Coverage</i>) for more information on the full list of services covered by the plan.</p> |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---------------------------------------|---|---|
| Additional Services (This service is 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% to 20% | Up to 12 visits in 90 days are covered for Medicare beneficiaries meeting criteria. See your Member Handbook for details. May require prior authorization. |
| | Additional Telehealth Services | 0% coinsurance for Home Health Services and 0% to 20% coinsurance for all other Telehealth Services Your cost depends on your level of Medicaid eligibility. | Covers the following services: <ul style="list-style-type: none"> • Ambulatory Surgical Center (ASC) Services; • Diabetes Self-Management Training; • Group Sessions for Mental Health Specialty Services; • Group Sessions for Outpatient Substance Abuse; • Group Sessions for Psychiatric Services; |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|-----------------------|---|---|
| Additional Services (continued) | | <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"> • Individual Sessions for Mental Health Specialty Services; • Individual Sessions for Outpatient Substance Abuse; • Individual Sessions for Psychiatric Services; • Home Health Services; • Kidney Disease Education Services; • Observation Services; • Opioid Treatment Program Services; • Outpatient Hospital Services; • Physician Specialist Services; • Physical Therapy and Speech-Language Pathology Services; • Primary Care Physician Services; • Urgently Needed Services <p>Requires prior authorization.</p> |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|-----------------------------|---|--|
| Additional Services (continued) | Diabetic supplies | 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. Shoe inserts for diabetes-related conditions Prior authorization is required. |
| | Enhanced Disease Management | \$0 | A benefit that can provide you more support to take care of your health. Eligible members can participate to receive enhanced disease management. Services include: <ul style="list-style-type: none"> • Home visits by a nurse to evaluate health, social, and home safety needs • Help finding doctors and making appointments • Help taking medicine the right way • Connections to community resources May require prior authorization. |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|-----------------------|-------------------------------------|---|
| Additional Services (continued) | 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 website at silversneakers.com or call toll free 1-866-584-7389 (TTY: 711), Monday through Friday from 8 am to 8 pm.</p> |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|--------------------------------------|-------------------------------------|---|
| Additional Services (continued) | Over-the-Counter and Grocery Program | \$0 | <p>The plan covers up to \$160 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>Eligibility for Special Supplemental Benefits for the Chronically Ill (SSBCI) is required for use of the grocery benefit.</p> <p>For more information, please see the OTC and Grocery Program Catalog, or call your Care Team.</p> |

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



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

C. Services Covered by Medicaid

The benefits described below show what is covered by Medicaid. The benefits described in section B. *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, VNS Health EasyCare Plus will cover the benefits described in section B. 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).

| 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. |
| Preventive 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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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| 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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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| 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 | Medicaid covers Medicare deductibles, copays, and coinsurances. |
| Skilled Nursing Facility (SNF) | <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covers additional days beyond Medicare 100-day limit.</p> |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Benefit | New York State Medicaid Plan |
|----------------------------|--|
| 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 | Medicaid covers Medicare deductibles, copays, and coinsurances. |
| 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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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| 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 | 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. |
| 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). Medicare covers certain Medical Supplies and Enteral Formula. |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Benefit | New York State Medicaid Plan |
|-------------------------|--|
| 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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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Benefit | New York State Medicaid Plan |
|------------------------|---|
| Nutrition | 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. |
| Personal Care Services | 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. |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| 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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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

D. Frequently Asked Questions (FAQ)

The following chart lists frequently asked questions.

| Frequently Asked Questions (FAQ) | Answers |
|--|---|
| Can I go to the same health care providers you see now? | <p>That is often the case. If your providers (including doctors and pharmacies) work with VNS Health EasyCare Plus and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” In most cases, you must use the providers in the VNS Health EasyCare Plus network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the VNS Health EasyCare Plus network. You may also use out-of-network providers when VNS Health EasyCare Plus authorizes the use of out-of-network providers. <p>To find out if your providers are in the plan’s network, call your Care Team or read the VNS Health EasyCare Plus <i>Provider and Pharmacy Directory</i>. You can also visit our website at vnshealthplans.org/providers for the most current listing.</p> |
| What happens if I need a service but no one in the VNS Health EasyCare Plus network can provide it? | <p>Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, such as due to a shortage of staff with the necessary expertise and/or availability to provide services, VNS Health EasyCare Plus will authorize and pay for the cost of an out-of-network provider.</p> |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

| Frequently Asked Questions (FAQ) | Answers |
|---|--|
| What is a Care Manager? | A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and makes sure you get what you need. |
| Where is VNS Health EasyCare Plus available? | 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 Care Team for more information about whether the plan is available where you live. |
| What is service authorization or prior authorization? | <p>Service authorization or prior authorization means that you must get approval from VNS Health EasyCare Plus before you can get a specific service or drug or see an out-of-network provider. VNS Health EasyCare Plus may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</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> |



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E. Helpful Definitions

Hospice Care – End-of-life comfort care is usually given in your home or another facility where you live, like a nursing home. To qualify, your doctor and a hospice must certify that you are terminally ill with a life expectancy of six months or less.

Home Health Services – Includes a wide range of services that can be given in your home for an illness or injury. Examples of services include, skilled nursing care and/or physical, speech or occupational therapy and medical social services. A doctor must certify that you need these services in the home.

Skilled Nursing Facility – After being discharged from the hospital, you may need highly skilled care that's beyond what family or friends can provide. You can receive care in a skilled nursing facility for additional skilled nursing and/or rehabilitative services. To qualify, your doctor must certify that you need daily skilled care, for example, intravenous injections or physical therapy.

Emergency Services – You should go to the emergency room when you have a serious injury, a sudden illness or an illness that quickly gets much worse.

Urgent Care – If you have a minor injury or an illness that is not an emergency and cannot get a timely appointment with your PCP, an urgent care center can be a good option.



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

Dental Benefit Summary

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

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

| Category | Covered Services | Copayment | Frequency |
|---------------------|------------------------------------|-----------|---------------------------------|
| Restorative | Fillings (Silver or Tooth Colored) | \$0 | Once every 12 months, per tooth |
| Oral Surgery | Extractions | \$0 | Once per lifetime, per tooth |
| | Full Bony Impacted Extraction | \$0 | Once per lifetime, per tooth |
| | | \$0 | |
| Prosthetics | *Single Crowns | \$0 | Once per 60 months, per tooth |
| Crowns | Post | \$0 | Once per 60 months, per tooth |
| | Recementation, Crown | \$0 | |
| | | | |
| Prosthetics | *Complete Upper/Lower Denture | \$0 | Once per 48 months |
| Removable | *Partial Upper/Lower Denture | \$0 | Once per 48 months |
| | Denture Adjustments | \$0 | Once per 3 months |
| | Denture Repairs | \$0 | Once per 12 months |
| | Denture Rebase | \$0 | Once per 36 months |
| | Denture Relines | \$0 | Once per 36 months |



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

Member Rewards Program

As a member of our plan, you are automatically enrolled in our Member Rewards Program where you can earn gift cards for completing health activities like getting your annual wellness visit and a flu shot.

How will I get my rewards?

We will track your progress using claims your doctor submits to verify that you completed the health activity. When you complete an eligible activity, you will earn a gift card as a reward. Visit vnshealthplans.org for a schedule of when cards will be issued in 2023.



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VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-783-1444, TTY/TDD 711. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-783-1444, TTY/TDD 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-783-1444, TTY/TDD 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-783-1444, TTY/TDD 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-783-1444, TTY/TDD 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-783-1444, TTY/TDD 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-783-1444, TTY/TDD 711. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-783-1444, TTY/TDD 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



If you have questions, please call us at 1-866-783-1444 (TTY: 711), 7 days a week from 8 am – 8 pm (Oct. – Mar.) and weekdays, 8 am – 8 pm (Apr. – Sept.). The call is free. For more information, visit vnshealthplans.org.

VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-783-1444, TTY/TDD 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-783-1444 (телетайп: TTY/TDD 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-783-1444. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-783-1444, TTY/TDD 711. पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-783-1444, TTY/TDD 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-783-1444, TTY/TDD 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-783-1444, TTY/TDD 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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

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



If you have questions, please call us at 1-866-783-1444 (TTY: 711), 7 days a week from 8 am – 8 pm (Oct. – Mar.) and weekdays, 8 am – 8 pm (Apr. – Sept.). The call is free. For more information, visit vnshealthplans.org.

VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

Notice of Availability of Member Materials

Beginning **October 15, 2022**, you'll be able to access the 2023 VNS Health EasyCare Plus *Evidence of Coverage, Provider and Pharmacy Directory* and the *Formulary (List of Covered Drugs)* **electronically**.

| | |
|---|---|
| Evidence of Coverage (Downloadable PDF) | vnshealthplans.org/2023-ecp |
| Formulary (List of Covered Drugs) (Downloadable PDF and Online Search Tool) | vnshealthplans.org/formulary |
| Provider and Pharmacy Directory (Online Search Tool) | vnshealthplans.org/providers |

If you'd like to request a printed copy of any of the materials above, please call your Care Team at the number below or email us at CareTeam@vnshealth.org

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

Your Care Team

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

7 days a week, 8 am – 8 pm (Oct. – Mar.)

Weekdays, 8 am – 8 pm (Apr. – Sept.)



If you have questions, please call us at 1-866-783-1444 (TTY: 711), 7 days a week from 8 am – 8 pm (Oct. – Mar.) and weekdays, 8 am – 8 pm (Apr. – Sept.). The call is free. For more information, visit vnshealthplans.org.

VNS Health EasyCare Plus (HMO D-SNP) Summary of Benefits 2023

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to your Care Team at 1-866-783-1444 (TTY: 711).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverages and services. It is important to review plan coverage costs, and benefits before you enroll. Visit vnshealthplans.org/2023-ecp or call 1-866-783-1444 (TTY: 711) to view a copy of the EOC.
- ☐ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- ☐ 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 us at 1-866-783-1444 (TTY: 711), 7 days a week from 8 am – 8 pm (Oct. – Mar.) and weekdays, 8 am – 8 pm (Apr. – Sept.). The call is free. For more information, visit vnshealthplans.org.



Any questions? Call us toll-free at:
1-866-783-1444 (TTY: 711)

October 1, 2023 – March 31, 2023
7 days a week, 8 am – 8 pm

April 1, 2023 – September 30, 2023
Weekdays, 8 am – 8 pm