



## HEALTH PLANS

### VNS Health EasyCare (HMO)

A Medicare Advantage Plan

# 2023

## Summary of Benefits



# Benefits at a Glance

VNS Health EasyCare (HMO) is a Medicare Advantage plan that offers more than regular Medicare, including extra benefits that can make healthy living easier.

- **More benefits than regular Medicare**
- **\$0 monthly plan premium (Part C)**
- **As low as \$0 for monthly Part D premium\***
- **\$70/quarter for OTC (over-the-counter) items**
- **\$2,000/year for Preventive and Comprehensive Dental care**
- **\$200/year for Eye wear**
- **\$1,000/every three years, for Hearing aids**
- **Acupuncture, podiatry, and more**
- **11 round trips/year to approved healthcare locations**

\*Covered by LIS if you get Extra Help. If you lose Extra Help, your monthly premium may be \$25.

# VNS Health EasyCare (HMO) Summary of Benefits 2023


## Introduction

This document is a brief summary of the benefits and services covered by VNS Health EasyCare. 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. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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 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](https://vnshealthplans.org).

## VNS Health EasyCare (HMO) Summary of Benefits 2023

### Useful Information

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

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

### Non-Members

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

7 days a week, 8 am – 8 pm, **October 1, 2022 – March 31, 2023**

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

### Provider and Pharmacy Directory

The best way to find a doctor, specialist and/or pharmacy in the VNS Health EasyCare network is to visit [vnshealthplans.org/providers](https://vnshealthplans.org/providers). You may also call us at the number listed under **Your Care Team** in the blue box.

### Formulary (List of Covered Drugs)

The *Formulary* is a list of prescription drugs covered by VNS Health EasyCare. To search the *Formulary*, please visit, [vnshealthplans.org/formulary](https://vnshealthplans.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).

### 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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<p style="text-align: center;"><b>Do You Need Extra Financial Help?</b></p> <p style="text-align: center;">Medicare Beneficiaries that meet certain income and resource limits, may qualify for the following financial assistance programs:</p>			
	<p><b>Medicare Savings Programs (MSP)</b> Administered by NY state</p>	<p><b>Extra Help/Low Income Subsidy (LIS)</b> Administered by the Social Security Administration</p>	<p><b>Elderly Pharmaceutical Insurance Coverage Program (EPIC)</b> Administered by NY State</p>
<p><b>How this program helps pay for your health care costs</b></p>	<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>
<p><b>Are you eligible for other programs?</b></p>	<p>Beneficiaries with a MSP will automatically qualify for Extra Help</p> <p>Some beneficiaries with a MSP will also have incomes that qualify them for Medicaid</p>	<p>Some beneficiaries that get Extra Help, may qualify for Medicaid and/or MSPs</p>	<p>Some beneficiaries that get EPIC will also have incomes that qualify them for Extra Help</p>
<p><b>For more information, call VNS Health EasyCare</b></p> <p><b>1-866-783-1444</b> (TTY: 711)</p>	<p>NYC Human Resources Administration (HRA) <b>1-718-557-1399</b></p> <p>Westchester Department of Social Services: <b>1-914-995-3333</b></p> <p>Nassau Department of Social Services: <b>1-516-227-8519</b></p>	<p>Social Security Administration <b>1-800-772-1213</b></p>	<p>EPIC <b>1-800-332-3742</b> (TTY: 1-800-290-9138)</p>

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### Low Income Subsidy Table

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

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 (HMO)*
100%	\$0.00
75%	\$6.20
50%	\$12.50
25%	\$18.70

\*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 premium includes coverage for both medical services and prescription drug coverage.

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## VNS Health EasyCare (HMO) Summary of Benefits 2023

### Plan Overview

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

You can access the VNS Health EasyCare *Evidence of Coverage* electronically at [vnshealthplans.org/2023-ec](https://vnshealthplans.org/2023-ec) or call us at the number at the bottom of this page to receive a copy.

- VNS Health EasyCare is a plan for people who have both Medicare Part A and Part B and live in the 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.


If you are coming to VNS Health EasyCare from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get all your covered Medicare directly from VNS Health EasyCare. You will work with a team of providers who will help determine what services best meet your needs. When you enroll in VNS Health EasyCare, you and your Care Team will work together to develop a Care Plan to address your health and support your needs.

When you join our plan, if you are taking any Medicare Part D prescription drugs that VNS Health EasyCare does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for VNS Health EasyCare to cover your drug, if medically necessary. For more information, call your Care Team.

### Accessing Providers

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

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## VNS Health EasyCare (HMO) Summary of Benefits 2023


- Providers with an agreement with us are “in-network.” In most cases, you must use the providers in the VNS Health EasyCare network.
- If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the VNS Health EasyCare network. You may also use out-of-network providers when VNS Health EasyCare authorizes the use of out-of-network providers.
- 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 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 VNS Health EasyCare’s *Provider and Pharmacy Directory*. You can also visit our website at [vnshealthplans.org/providers](https://vnshealthplans.org/providers) for the most current listing.

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

You can read the *Medicare & You* Handbook. Every 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](https://www.medicare.gov)) or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **Medicaid**, call the New York State Department of Health (Social Services) Medicaid Helpline at 1-800-541-2831. TTY users should call 711.


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**A. 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.		
<b>Monthly Plan Premium including Part C and Part D Premium</b>	\$25.00	<p>There is a monthly premium of \$25*.</p> <p>*Covered by LIS if you get Extra Help. If you lose Extra Help, your monthly premium may be \$25.</p>
<b>Deductible</b>	\$505	There is a \$505 deductible per year for Part D prescription drugs.
<b>Maximum Out of Pocket (MOOP)</b>	\$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"> <li>• \$8,300 for services you receive from in-network providers.</li> </ul> <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.</p> <p>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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## 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)
<p><b>You need hospital care (This service is continued on next page)</b></p>	<p>Inpatient hospital care</p>	<p>\$400 copay per day for days 1 through 5</p> <p>You pay nothing per day for days 6 through 90</p> <p>You pay nothing per day for days 90 and beyond</p>	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital copay for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</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)
<b>You need hospital care (continued)</b>	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$200 copayment	Plan covers medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.
	Outpatient Observation Services	\$90 copayment	May require prior authorization.
	Ambulatory Surgery Center (ASC) services	\$200 copayment	Requires prior authorization.
<b>You want to see a health care provider (This service is continued on next page)</b>	Doctor (Primary Care Provider) visits to treat an injury or illness	\$10 copayment	
	Specialist care	\$40 copayment	
	Preventive care to keep you from getting sick, such as flu shots or vaccinations	\$0	

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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 emergency care (This service is continued on next page)</b></p>	<p>Emergency room services</p>	<p>\$90 copayment</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>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.</p>
	<p>Urgently needed care</p>	<p>\$60 copayment</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>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.</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)
<b>You need medical tests</b>	Diagnostic tests and procedures	\$50 copayment	Requires prior authorization.
	Lab tests, such as blood work	\$0 copayment	Requires prior authorization.
	X-ray Services	\$15 copayment	Requires prior authorization.
	MRIs, CT scans	\$110 copayment	Requires prior authorization.
	Medicare-covered Therapeutic Radiological Services	20% coinsurance	Requires prior authorization.
	Screening tests, such as tests to check for cancer	\$0 copayment	Requires prior authorization.
<b>You need hearing/auditory services (This service is continued on next page)</b>	Hearing exam	\$0	<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> No prior authorization is required.
	Hearing aids	\$0	<ul style="list-style-type: none"> <li>• Plan coverage limit is \$1,000 for hearing aids limited to \$500 per</li> </ul>

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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 hearing/auditory services (continued)</b></p>			<p>ear (one right, one left) every 3 years.</p> <ul style="list-style-type: none"> <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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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 dental care</b></p>	<p>Dental services, including preventive and comprehensive care</p>	<p>\$0</p>	<p>The plan covers preventive and comprehensive dental services with a maximum benefit of \$2,000 per year. Preventive services include</p> <ul style="list-style-type: none"> <li>• Oral exams</li> <li>• Dental x-ray(s)</li> <li>• Oral cleanings</li> <li>• Fluoride treatments</li> </ul> <p>No prior authorization is required.</p> <p>Comprehensive includes</p> <ul style="list-style-type: none"> <li>• 2 Diagnostic services</li> <li>• 2 Restorative services</li> <li>• 2 Prosthodontics/Other oral/maxillofacial surgery</li> <li>• 2 Extractions</li> </ul> <p>Prior authorization is 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)
<p><b>You need eye care (This service is continued on next page)</b></p>	<p>Eye exams</p> <p>Other vision care including diagnosis and treatment for diseases and conditions of the eye</p>	<p>\$0</p>	<ul style="list-style-type: none"> <li>• Routine eye exam (for up to 1 every year)</li> <li>• Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</li> <li>• Eye exam for the purpose of getting eyeglasses every two years</li> </ul>
	<p>Glasses or contact lenses</p>	<p>\$0</p>	<p>Eyeglasses or contact lenses limited to one pair every 12 months unless medically necessary.</p> <p>The cost of standard lenses and frames is limited to \$200 for one set of eyeglasses or contact lenses, but not both per year.</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</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)
<b>You need eye care (continued)</b>			Handbook ( <i>Evidence of Coverage</i> ) for more information. Plan covers yearly glaucoma screening.
<b>You have a mental health condition (This service is continued on next page)</b>	Mental or behavioral specialty services	\$0 copayment	Individual or Group Sessions Requires prior authorization.
	Inpatient care for people who need mental health services (voluntary or involuntary admissions)	<ul style="list-style-type: none"> <li>• \$300 copayment per day for days 1 through 5</li> <li>• You pay nothing per day for days 6 through 90</li> </ul>	Plan covers: 90 days for an inpatient hospital stay. Plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.  Requires prior authorization.  See Member Handbook ( <i>Evidence of Coverage</i> ) for more information.

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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)
<b>You have a mental health condition (continued)</b>	Outpatient care for people who need mental health services	<ul style="list-style-type: none"> <li>• Outpatient group therapy visit: \$40 copayment</li> <li>• Outpatient individual therapy visit: \$40 copayment</li> </ul>	May require prior authorization.
	Psychiatric Services	<ul style="list-style-type: none"> <li>• Individual session: \$40 copayment</li> <li>• Group session: \$40 copayment</li> </ul>	Requires prior authorization.
<b>You have a substance use disorder</b>	Substance use disorder services	\$40 copayment	Plan covers Outpatient Substance Abuse Care: <ul style="list-style-type: none"> <li>• (1) assessment from a network provider in a 12-month period for Outpatient Substance Abuse services</li> <li>• Medicare-covered Individual Sessions</li> <li>• Medicare-covered group sessions</li> </ul> Requires prior authorization.

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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 a place to live with people available to help you</b></p>	<p>Skilled nursing care</p>	<p>\$0 for the first 20 days of each benefit period.</p> <p>\$188 copayment per day for days 21- 100 of each benefit period.</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>No prior hospital stay is required. Plan covers up to 100 days in a skilled nursing facility per benefit period.</p> <p>Requires prior authorization.</p>
<p><b>You need therapy after a stroke or accident</b></p>	<p>Occupational, physical, or speech therapy</p>	<p>\$40 copayment</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 Care Team or read the <i>Evidence of Coverage</i> for more information.</p>
<p><b>You need help getting to health services (This service is continued on next page)</b></p>	<p>Ambulance services</p>	<p>\$250 copayment</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> <p>Authorization is required for non-emergency ambulance services.</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 (continued)</b></p>	<p>Transportation to health care services and health care</p>	<p>\$0</p>	<p>Plan covers 11 round trip transportation services per year to plan-approved locations for medical care and other health-related services.</p> <p>Coverage includes: taxi, rideshare services, bus/subway, van, medical transport, ambulette, and car service.</p> <p>Maximum benefit is \$100 per round trip.</p> <p>Prior authorization required.</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 (This service is continued on next page)</b></p>	<p>Medicare Part B prescription drugs</p>	<p>\$0 For drugs such as chemotherapy drugs</p> <p>\$0 For other Part B drugs</p>	<p>Read the <i>Evidence of Coverage and Formulary</i> for more information on these drugs.</p> <p>Requires prior authorization</p>

 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](https://vnshealthplans.org).


## VNS Health EasyCare (HMO) 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><b>You need drugs to treat your illness or condition (continued)</b></p>	<p>Part D Prescription Drug Coverage</p>	<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"> <li>• \$0 copay; or</li> <li>• \$1.45 copay; or</li> <li>• \$4.15 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>• \$4.30 copay; or</li> <li>• \$10.35 copay; or</li> <li>• 15% coinsurance</li> </ul>	<p>There may be limitations on the types of drugs covered. Please see VNS Health EasyCare's <i>List of Covered Drugs</i> at <a href="https://vnshealthplans.org/formulary">vnshealthplans.org/formulary</a> for more information.</p> <p>VNS Health EasyCare 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 for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling.</p> <p>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 (Drug List)</i>, and printed materials, as well as on the Medicare Prescription</p>

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## VNS Health EasyCare (HMO) 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><b>You need drugs to treat your illness or condition (continued)</b></p>		<p>Copays for prescription drugs may vary based on the level of Extra Help you get.</p> <p><b>Standard Retail and Mail Order Cost Sharing for 1-month supply</b></p> <p>Tier 1 - \$15 (Preferred Generic)</p> <p>Tier 2 - \$20 (Generic)</p> <p>Tier 3 - \$47 (Preferred Brand)</p> <p>Tier 4 - \$100 (Non-Preferred Brand)</p> <p>Tier 5 - 25% coinsurance (Specialty Tier)</p> <p>Tier 6 - \$0* (Select Care Drugs)</p> <p>*After \$505 deductible is met until the coverage gap phase.</p>	<p>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 three times the cost of a one-month (30-day) supply.</p> <p>Please see the Member Handbook (<i>Evidence of Coverage</i>) for information on Standard Retail and Mail Order cost sharing for 60- and 90-day supplies.</p>

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## VNS Health EasyCare (HMO) 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)
<b>You need help getting better or has special health needs</b>	Rehabilitation services	<p>\$0 copayment for cardiac rehabilitation services and intensive cardiac rehabilitation</p> <p>\$20 copayment for pulmonary rehabilitation services</p> <p>\$20 copayment for supervised exercise therapy (SET) for symptomatic peripheral artery disease (PAD)</p>	Requires prior authorization.
<b>You need foot care</b>	Podiatry services	<p>\$25 copayment 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>	Requires prior authorization.

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## VNS Health EasyCare (HMO) 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><b>You need durable medical equipment (DME) or supplies</b></p>	<p>Durable medical equipment (DME) or supplies</p>	<p>20% coinsurance</p>	<p>Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, Prosthetics, orthotics and orthopedic footwear, for example.</p> <p><b>(Note:</b> 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.)</p> <p>Requires prior authorization.</p>
<p><b>If you need end-of-life comfort care</b></p> <p><b>This service is continued on the next page</b></p>	<p>Hospice care</p>	<p>5% coinsurance for respite care and for prescription drugs and biologics.</p>	<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 the Member Handbook (Evidence of Coverage)</p> <p>Hospice Care Support Allowance: If you are eligible for and elect hospice with</p>

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## VNS Health EasyCare (HMO) 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><b>If you need end-of-life comfort care (continued)</b></p>			<p>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. Prior health plan approval for requested goods or services is required. 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 (HMO) 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)
<b>Additional Services</b> (This service is continued on next page)	Acupuncture	\$0	Plan covers up to 12 visit(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. See your Member Handbook for details. May require prior authorization.
	Additional Telehealth Services	\$0 to \$200 copayment. Telehealth services will match in-person visit copayments.	Covers the following services: <ul style="list-style-type: none"> <li>• Ambulatory Surgical Center (ASC) Services;</li> <li>• Diabetes Self-Management Training;</li> <li>• Group Sessions for Mental Health Specialty Services;</li> <li>• Group Sessions for Outpatient Substance Abuse;</li> <li>• Group Sessions for Psychiatric Services;</li> <li>• Home Health Services;</li> <li>• Individual Sessions for Mental Health Specialty Services;</li> </ul>

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## VNS Health EasyCare (HMO) 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)
<b>Additional Services (continued)</b>			<ul style="list-style-type: none"> <li>• Individual Sessions for Outpatient Substance Abuse;</li> <li>• Individual Sessions for Psychiatric Services;</li> <li>• Kidney Disease Education Services;</li> <li>• Occupational Therapy Services;</li> <li>• Opioid Treatment Program Services;</li> <li>• Outpatient Hospital Services;</li> <li>• Physician Specialist Services;</li> <li>• Physical Therapy and Speech-Language Pathology Services;</li> <li>• Primary Care Physician Services;</li> <li>• Urgently Needed Services</li> </ul> <p>Requires prior authorization.</p>
	Chiropractic services	\$20 copayment	<p>Plan covers manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).</p> <p>Requires prior authorization.</p>

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## VNS Health EasyCare (HMO) 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)
<b>Additional Services (continued)</b>	Diabetic supplies	20% coinsurance	<p>Ascensia/Bayer Diabetes Care is the plan's chosen brand for diabetes monitoring and testing supplies when obtained at an in-network retail pharmacy.</p> <p>Shoe inserts for diabetes-related conditions. Prior authorization is required.</p>
	Enhanced Disease Management	\$0	<p>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:</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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## VNS Health EasyCare (HMO) 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)
<b>Additional Services (continued)</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 visit the website at <a href="https://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>

 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](https://vnshealthplans.org).

## VNS Health EasyCare (HMO) 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)
<b>Additional Services (continued)</b>	Over-the-Counter (OTC) items	\$0	<p>The plan covers up to \$70 per quarter (\$280 per year) for Over-the-Counter (OTC) items. Refer to the program catalog for a list of CMS-approved items and participating locations.</p> <p>Balances left over at the end of the quarter do not carry over.</p> <p>For more information, please see the OTC Program Catalog at <a href="https://vnshealthplans.org/otc">vnshealthplans.org/otc</a> or call your Care Team.</p>

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## VNS Health EasyCare (HMO) Summary of Benefits 2023

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.

### Frequently Asked Questions (FAQ)


The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>What is a Medicare Advantage plan?</b>	Medicare Advantage plans combine Part A and Part B and often Part D into one plan with a network of providers. Medicare Advantage plans may also offer extra benefits, like vision, dental and hearing coverage and fitness programs like SilverSneakers.
<b>Will I get the same Medicare benefits in VNS Health EasyCare that I get now?</b>	<p>If you are coming to VNS Health EasyCare from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get all your covered Medicare directly from VNS Health EasyCare. You will work with a team of providers who will help determine what services best meet your needs. When you enroll in VNS Health EasyCare, you and your Care Team will work together to develop a Care Plan to address your health and support your needs.</p> <p>When you join our plan, if you are taking any Medicare Part D prescription drugs that VNS Health EasyCare does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for VNS Health EasyCare to cover your drug, if medically necessary. For more information, call your Care Team.</p>

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## VNS Health EasyCare (HMO) Summary of Benefits 2023


Frequently Asked Questions (FAQ)	Answers
<b>Can I go to the same health care providers I see now?</b>	<p>That is often the case. If your providers (including doctors and pharmacies) work with VNS Health EasyCare 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 VNS Health EasyCare network.</li><li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the VNS Health EasyCare network. You may also use out-of-network providers when VNS Health EasyCare authorizes the use of out-of-network providers.</li></ul> <p>To find out if your providers are in the plan’s network, call your Care Team or read VNS Health EasyCare’s <i>Provider and Pharmacy Directory</i>. You can also visit our website at <a href="https://vnshealthplans.org/providers">vnshealthplans.org/providers</a> for the most current listing.</p>
<b>What happens if I need a service but no one in VNS Health EasyCare’s 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, such as due to a shortage of staff with the necessary expertise and/or availability to provide services, VNS Health EasyCare will authorize and pay for the cost of an out-of-network provider.</p>

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## VNS Health EasyCare (HMO) Summary of Benefits 2023

Frequently Asked Questions (FAQ)	Answers
<b>What is service authorization or prior authorization?</b>	<p>Service authorization or prior authorization means that you must get approval from VNS Health EasyCare <b>before</b> you can get a specific service or drug or see an out-of-network provider. VNS Health EasyCare 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>

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## VNS Health EasyCare (HMO) Summary of Benefits 2023

### 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 (HMO) Summary of Benefits 2023

### Dental Benefit Summary

Preventive dental services include oral exams, cleanings, and x-rays and are covered at no cost to you. Comprehensive services include fillings, extractions, bridges, crowns and dentures. Certain procedures may require prior authorization. There is a maximum benefit coverage benefit up to \$2,000 per year.

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

Category	Covered Services	Copayment	Frequency
<b>Diagnostic &amp; Preventive</b>	Oral Exam	\$0	Once every 6 months
	Routine cleaning (Prophylaxis)	\$0	Once every 6 months
	Full Mouth Series or Panoramic X-Ray	\$0	Once every 3 years
	Bitewing Series (as needed)	\$0	Once every 6 months
	Single X-rays (periapical)	\$0	As needed
	Fluoride Treatment (Topical)	\$0	Once every 6 months
<b>Restorative</b>	Fillings (Silver or Tooth Colored)	\$0	Once every 12 months, per tooth
<b>Oral Surgery</b>	Extractions	\$0	Once per lifetime, per tooth
	Full Bony Impacted Extraction	\$0	Once per lifetime, per tooth
<b>Prosthetics</b>	*Single Crowns	\$0	Once every 5 years, per tooth
	<b>Crowns</b>	Post	\$0
	Recementation, Crown	\$0	
		\$0	
<b>Prosthetics</b>	*Complete Upper/Lower Denture	\$0	Once per 48 months
<b>Removable</b>	*Partial Upper/Lower Denture	\$0	Once every 4 years
	Denture Adjustments	\$0	Once per 3months
	Denture Repairs		Once per 12 months
	Denture Rebase/Relines	\$0	Once per 12 months

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## VNS Health EasyCare (HMO) 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](https://vnshealthplans.org) for a schedule of when cards will be issued in 2023.

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### 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 panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-783-1444, TTY/TDD 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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

**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.

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## VNS Health EasyCare (HMO) Summary of Benefits 2023

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

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

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

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


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

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

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

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

## VNS Health EasyCare (HMO) 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 *Evidence of Coverage, Provider and Pharmacy Directory* and the List of Covered Drugs **electronically**.

<b>Evidence of Coverage</b> (Downloadable PDF)	<a href="https://vnshealthplans.org/2023-ec">vnshealthplans.org/2023-ec</a>
<b>Formulary (List of Covered Drugs)</b> (Downloadable PDF and Online Search Tool)	<a href="https://vnshealthplans.org/formulary">vnshealthplans.org/formulary</a>
<b>Provider and Pharmacy Directory</b> (Online Search Tool)	<a href="https://vnshealthplans.org/providers">vnshealthplans.org/providers</a>

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

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


#### Your Care Team

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

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

Weekdays, 8 am – 8 pm (Apr. – Sept.)

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 If you have questions, please call us at 1-866-783-1444 (TTY: 711), 7 days a week 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](https://vnshealthplans.org).

## VNS Health EasyCare (HMO) 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-ec](https://vnshealthplans.org/2023-ec) 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*).

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 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](https://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