

VNS Health EasyCare Plus (HMO D-SNP) offered by VNS Health Medicare

Annual Notice of Change for 2027

You're enrolled as a member of VNS Health EasyCare Plus.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in VNS Health EasyCare Plus.
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at vnshealthplans.org/ecp-eoc or call your Care Team at 1-866-783-1444 (TTY: 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish and Chinese.
Este documento está disponible sin cargo en inglés y chino.
本文件免費提供英文和西班牙文版本。
- Call your Care Team at 1-866-783-1444 (TTY: 711) for more information. Hours are 7 days a week, 8 am – 8 pm (Oct. – Mar.) Weekdays 8 am – 8 pm (Apr. – Sept.). This call is free.
- You can also get this document for free in other formats, such as large print, braille, or audio.

About VNS Health EasyCare Plus

- 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. Our plan also has a written agreement with the New York State Medicaid program to coordinate your Medicaid benefits.
- When this material says “we,” “us,” or “our,” it means VNS Health Medicare. When it says “plan” or “our plan,” it means VNS Health EasyCare Plus.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in VNS Health EasyCare Plus.** Starting January 1, 2027, you'll get your medical and drug coverage through VNS Health EasyCare Plus. Go to Section 3 for more information about how to change plans and deadlines for making a change.

H5549_2027 ECP ANOC_M_Accepted 08262026

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$51.60	\$23.60
Deductible	\$283 except for insulin furnished through an item of durable medical equipment. If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.	\$283 except for insulin furnished through an item of durable medical equipment. If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0. These are 2026 cost-sharing amounts and can change for 2027. VNS Health EasyCare Plus will provide updated rates as soon as they're released.
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$9,250 If you are eligible for Medicare cost-sharing help under Medicaid, you most likely are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$9,850 If you are eligible for Medicare cost-sharing help under Medicaid, you most likely are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
Primary care office visits	20% of the total cost per visit If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.	20% of the total cost per visit If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.

	2026 (this year)	2027 (next year)
Specialist office visits	20% of the total cost per visit If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.	20% of the total cost per visit If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	\$1,736 deductible for each benefit period. Days 1-60: \$0 copay for each benefit period. Days 61-90: \$434 copay per day of each benefit period. Days 91 and beyond: \$868 copay for each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs. If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0.	\$1,736 deductible for each benefit period. Days 1-60: \$0 copay for each benefit period. Days 61-90: \$434 copay per day of each benefit period. Days 91 and beyond: \$868 copay for each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs. These are 2026 cost-sharing amounts and can change for 2027. VNS Health EasyCare Plus will provide updated rates as soon as they're released. If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0.

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Sections 1.6 and 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$615 except for covered insulin products and most adult Part D vaccines. Depending on your level of Medicaid eligibility, you may not have any cost sharing responsibility. (Look at the separate insert, the “LIS Rider,” for your deductible amount. Copayment during the Initial Coverage Stage: Drug Tier 1: \$0, \$1.60, or \$5.10 copay Drug Tier 2: \$0, \$4.90, or \$12.65 copay Drug Tier 3: \$0, \$4.90, or \$12.65 copay Drug Tier 4: \$0, \$1.60, or \$5.10 copay for generic drugs in this tier, and \$0, \$4.90, or \$12.65 copay for brand drugs in this tier Drug Tier 5: \$0 copay Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Part D drug coverage deductible \$700 except for covered insulin products and most adult Part D vaccines. Depending on your level of Medicaid eligibility, you may not have any cost sharing responsibility. (Look at the separate insert, the “LIS Rider,” for your deductible amount. Copayment during the Initial Coverage Stage: Drug Tier 1: \$0, \$1.65, or \$5.80 copay Drug Tier 2: \$0, \$5.00, or \$14.40 copay Drug Tier 3: \$0, \$5.00, or \$14.40 copay Drug Tier 4: \$0, \$1.65, or \$5.80 copay for generic drugs in this tier, and \$0, \$5.00, or \$14.40 copay for brand drugs in this tier Drug Tier 5: \$0 copay Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$51.60	\$23.60

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services (and other health services not covered by Medicare) for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid help with Part A and Part B copayments and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-	\$9,250	\$9,850 Once you've paid \$9,850 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider and Pharmacy Directory* vnshealthplans.org/providers to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here’s how to get an updated *Provider and Pharmacy Directory*:

- Visit our website at vnshealthplans.org/providers.
- Call your Care Team at 1-866-783-1444 (TTY: 711) to get current provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call your Care Team at 1-866-783-1444 (TTY: 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Provider and Pharmacy Directory* vnshealthplans.org/providers to see which pharmacies are in our network. Here’s how to get an updated *Provider and Pharmacy Directory*:

- Visit our website at vnshealthplans.org/providers.
- Call your Care Team at 1-866-783-1444 (TTY: 711) to get current pharmacy information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call your Care Team at 1-866-783-1444 (TTY: 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2026 (this year)	2027 (next year)
Over-the-Counter Items (OTC, Grocery and Flex)	\$235 each month for OTC and Grocery items. Any unused balance expires at the end of the month. \$37.50 each month in Flex benefits for utility bills and certain dental, hearing or vision expenses. Balance expires on 12/31/26. Unused amount does not carry over to the next period.	\$200 each month in one combined allowance on your Healthy Extras Card for eligible OTC items, groceries, utility bills, and certain dental, hearing, or vision expenses. You can choose how to use the allowance among these eligible items and expenses based on your needs. Any unused balance expires at the end of the month.
Telehealth Benefits (additional)	<u>In-Network</u> Prior authorization is required for additional telehealth benefits.	<u>In-Network</u> No prior authorization required for additional telehealth benefits.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically and posted online at vnshealthplans.org/formulary.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call your Care Team at 1-866-783-1444 (TTY: 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We have included a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and didn't get this material with this packet, call your Care Team at 1-866-783-1444 (TTY: 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,400.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You also pay nothing for excluded drugs that are covered under our enhanced benefit. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	Your deductible is either \$0 or \$615 depending on the level of “Extra Help” you receive. Look at the separate “LIS Rider,” for your deductible amount.	Your deductible is either \$0 or \$700 depending on the level of “Extra Help” you receive. Look at the separate “LIS Rider,” for your deductible amount.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you’ve paid \$2,400 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Generic:	\$0, \$1.60, or \$5.10 copay	\$0, \$1.65, or \$5.80 copay
Preferred Brand:	\$0, \$4.90, or \$12.65 copay	\$0, \$5.00, or \$14.40 copay
Non-Preferred Brand:	\$0, \$4.90, or \$12.65 copay	\$0, \$5.00, or \$14.40 copay
Specialty Tier:	\$0, \$1.60, or \$5.10 copay for generic drugs in this tier, and \$0, \$4.90, or \$12.65 copay for brand drugs in this tier	\$0, \$1.65, or \$5.80 copay for generic drugs in this tier, and \$0, \$5.00, or \$14.40 copay for brand drugs in this tier
Select Care Drugs:	\$0 copay	\$0 copay

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Member Rewards Program	The member rewards program has activities and reward amounts effective January 1, 2026 – December 31, 2026.	<i>The member rewards program will include a new health activity and updated reward amounts effective January 1, 2027.</i>
Service Area	Albany, Bronx, Erie, Kings (Brooklyn), Monroe, Nassau, New York (Manhattan), Queens, Rensselaer, Richmond (Staten Island), Schenectady, Suffolk, and Westchester Counties in New York State. You must live in one of these areas to join the plan.	<i>Albany, Bronx, Dutchess, Erie, Kings (Brooklyn), Monroe, Nassau, New York (Manhattan), Niagara, Onondaga, Orange, Queens, Rensselaer, Richmond (Staten Island), Rockland, Saratoga, Schenectady, Suffolk, Sullivan, and Westchester Counties in New York State. You must live in one of these areas to join the plan.</i>

SECTION 3 How to Change Plans

To stay in VNS Health EasyCare Plus, you don't need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our VNS Health EasyCare Plus.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from VNS Health EasyCare Plus. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage**, you can enroll in a Part D plan, and you'll automatically be disenrolled from VNS Health EasyCare Plus.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call your Care Team at 1-866-783-1444 (TTY: 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048.

- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have New York State Medicaid Program, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
 - Your State Medicaid office.
- **Help from your state's pharmaceutical assistance program (SPAP).** New York State has a program called Elderly Pharmacy Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE (1-800-633-4227).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the New York State Uninsured Care Programs (including ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call New York State Uninsured Care Programs (including ADAP) at 1-800-542-2437. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-866-783-1444 (TTY: 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from VNS Health EasyCare Plus

- **Call your Care Team at 1-866-783-1444. (TTY: 711.)**

We're available for phone calls 7 days a week, 8 am – 8 pm (Oct. – Mar.) Weekdays 8 am – 8 pm (Apr. – Sept.). Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the *2027 Evidence of Coverage* for VNS Health EasyCare Plus. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at vnshealthplans.org/ecp-eoc or call your Care Team at 1-866-783-1444 (TTY: 711) to ask us to mail you a copy.

- **Visit vnshealthplans.org**

Our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York State, the SHIP is called Health Insurance Information Counseling and Assistance Program (HIICAP).

Call Health Insurance Information Counseling and Assistance Program (HIICAP) to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call Health Insurance Information Counseling and Assistance Program (HIICAP) at 1-800-701-0501.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with [Medicare.gov](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

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

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

- Call New York State Medicaid Program at 1-800-541-2831 (TTY: 711) for help with Medicaid enrollment or benefit questions.
- You can write to your Local Department of Social Services (LDSS). Find the address for your LDSS at: www.health.ny.gov/health_care/medicaid/ldss.
- The New York State Medicaid website is www.health.ny.gov/health_care/medicaid.
- Independent Consumer Advocacy Network (ICAN)
Community Service Society of New York
633 Third Ave, 10th Floor
New York, NY 10017
- Email: ICAN@cssny.org
- Website: www.icannys.org