



HEALTH PLANS

VNS Health EasyCare Plus (HMO D-SNP)

2026

Summary of Benefits

Sales Representative

Telephone

Email

vnshealthplans.org



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.

\$0

\$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*



\$3,270/year for OTC (over-the-counter)/Grocery and Flex allowance – All on one card

- **\$235/month** for OTC and Grocery**
- **\$37.50/month** for Flex to help pay for utilities and other expenses**



\$2,750/year for comprehensive dental care and implants



\$300/year for eye wear



\$1,400/every three years for hearing aids



Acupuncture, podiatry, and more



7 round trips/year to approved health care locations

*For * and ** please see page 8 for disclaimer.*


? If you have questions, please call us at 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. 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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Useful Information

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.)



Plan Effective Date

Primary Care Provider (PCP)

Interested in enrolling? Call:

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

7 days a week, 8 am – 8 pm, October 1, 2025 – March 31, 2026

Weekdays, 8 am – 8 pm, April 1, 2026 – September 30, 2026

Provider and Pharmacy Directory

The best way to find a doctor, specialist and/or pharmacy in the plan's network is to visit vnshealthplans.org/providers

Formulary (List of Covered Drugs)

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

Medicare & You


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

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C. 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 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?	<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>

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Do You Need Extra Financial Help? Continued

	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
For more information, call VNS Health EasyCare Plus 1-866-783-1444 (TTY: 711)	NYC Department of Social Services: 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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D. Low Income Subsidy Table

Monthly plan premium for people who get Extra Help from Medicare to help pay for their prescription drug costs

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.

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
0%	\$51.60

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

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

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

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E. Disclaimers and Plan Overview


This is a summary of health services covered by VNS Health EasyCare Plus (HMO D-SNP) for 2026. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. If you'd like to request a printed copy of the *Evidence of Coverage*, call your Care Team at the numbers listed at the bottom of this page. Or to access it online visit, vnshealthplans.org/ecp.

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.

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.

To be eligible for our plan, you:

- Must be eligible for Medicare Part A and Part B.
- Eligible for Medicaid.
- Must live in the 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.
- Are a United States citizen or are lawfully present in the United States.

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For more information about **Medicare**, you can read the *Medicare & You Handbook*. Every year in the 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.

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.

This document 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。

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.

*Depending on your Medicaid eligibility

**Grocery and utility benefits are part of special supplemental benefits for the chronically ill and not all members qualify. Chronic illnesses include diabetes, dementia, heart failure, lung disorders, stroke, and other conditions. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.

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F. Overview of 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 \$51.60	<p>Your monthly premium for prescription drug coverage depends on your Medicaid eligibility. 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.</p> <p>*Members with Extra Help will have \$0 monthly premiums and a \$0 annual deductible. If you lose Extra Help, your monthly premium may be \$51.60.</p>
Deductible	\$0 or \$615	<p>Whether or not you pay a deductible for prescription drug coverage depends on your Medicaid eligibility.</p> <p>*Members with Extra Help will have a \$0 annual deductible. If you lose full Extra Help, your Part D deductible will be \$615.</p>
Maximum Out of Pocket (MOOP)	\$9,250	<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. Your yearly limit in this plan:</p> <ul style="list-style-type: none"> • \$9,250 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, covered hospital and medical services will be paid in full for the rest of the year by the plan. You will still need to pay your monthly premiums.</p>



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G. List of Covered Services

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Inpatient hospital care (continued next page)	<p>0% coinsurance or: \$1,676 deductible for each benefit period. Days 1-60: \$0 copay for each benefit period. Days 61-90: \$419 copay per day of each benefit period. Days 91 and beyond: \$838 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.</p> <p>Your cost depends on your Medicaid eligibility</p> <p>These are the 2025 cost-sharing amounts and may change for 2026.</p>	<p>Prior authorization is required for Medicare-covered inpatient hospital stays.</p> <p>Except in an emergency, your health care provider must tell the plan of your hospital admission.</p>



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Inpatient hospital care (continued)	VNS Health EasyCare Plus will provide updated rates at vnshealthplans.org/ecp as soon as they are released.	
Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	0% or 20% of the total cost Your cost depends on your 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. Prior authorization is required for outpatient hospital services.
Outpatient observation services	0% or 20% of the total cost Your cost depends on your Medicaid eligibility.	No prior authorization required for outpatient hospital observation services.
Ambulatory Surgical Center (ASC) services	0% or 20% of the total cost Your cost depends on your Medicaid eligibility.	Prior authorization is required for services at an ambulatory surgical center.
Doctor visits (including visits to Primary Care Providers)	0% or 20% of the total cost Your cost depends on your Medicaid eligibility.	No prior authorization required for doctor visits.



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Specialist care	0% or 20% of the total cost Your cost depends on your Medicaid eligibility.	No prior authorization required for physician specialist services.
Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0 copay	No prior authorization required for preventive services.
Emergency room services	0% or 20% of the total cost, up to a \$115 maximum Your cost depends on your Medicaid eligibility.	No prior authorization required for emergency room services. You may go to any emergency room when necessary. 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 outside of the United States and its territories.
Urgently needed care (continued next page)	0% or 20% of the total cost, up to a \$40 maximum Your cost depends on your Medicaid eligibility.	No prior authorization required for urgently needed care. Urgently needed services in and outside of the United States. Urgently needed care is NOT emergency care. You do not have to be in-network.



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Urgently needed care (continued)		You are covered for up to \$50,000 per year in emergency care and urgently needed services outside of the United States and its territories.
Diagnostic Services & Imaging	0% or 20% of the total cost Advanced Radiological Services (CT scan, MRI): 20% of the total cost Your cost depends on your Medicaid eligibility.	Prior authorization is required for outpatient diagnostic procedures and tests.
Lab tests, such as blood work	0% or 20% of the total cost Your cost depends on your Medicaid eligibility.	May require prior authorization.
Radiological Services	Outpatient X-ray: 0% or 20% of the total cost Your cost depends on your Medicaid eligibility.	Prior authorization is required.



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Screening tests, such as genetic tests to check for cancer	\$0 copay	May require prior authorization
Hearing exam	\$0 copay	Medicare-covered exam to diagnose and treat hearing and balance issues. No prior authorization required for Medicare-covered hearing exams.
Hearing aids	\$0 copay Plan coverage limit is \$1,400 for hearing aids limited to \$700 per ear (one right, one left) every 3 years.	<ul style="list-style-type: none"> 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 hearing disabilities. <p>No prior authorization required for prescription hearing aids (all types).</p> <p>Please see the <i>Evidence of Coverage</i> for more information.</p>



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Dental care	\$0 copay	<p>No maximum plan coverage amount for diagnostic and preventive dental services.</p> <p>\$2,750 maximum plan coverage amount every year for non-Medicare-covered comprehensive dental services. There is no annual service category deductible for Medicare-covered benefits.</p> <p>Dental services (including but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, root canals, dentures, implants and endodontic and periodontal care).</p> <p>You do not need a referral from your PCP to see a dentist.</p> <p>May require prior authorization.</p> <p>See page 36 for more information including preventive dental coverage.</p>



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Routine eye exam	\$0 copay Your cost depends on your Medicaid eligibility.	A routine eye exam is to diagnose and treat diseases and conditions of the eye. 1 additional exam every 2 years No prior authorization required for routine eye exams.
Glasses or contact lenses	\$0 copay	Eyeglasses or contact lenses limited to 1 pair every 12 months unless medically necessary. The cost of standard lenses and frames is limited to \$300 for one set of eyeglasses or contact lenses, but not both. Standard lenses include single, bifocal, trifocal; does not include specialty lens (i.e., transition, tints, progressives, polycarbonate). Standard contact lenses include extended daily wear, disposables, standard daily wear, Toric, or rigid gas permeable. Please see the <i>Evidence of Coverage</i> for more information. No prior authorization required for Medicare-covered eyewear.



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Mental or behavioral health services	0% or 20% of the total cost Your cost depends on your Medicaid eligibility.	No prior authorization required for mental or behavioral health services Plan covers Medicare-covered Individual and Group Mental Health Sessions. <i>See Evidence of Coverage for more information.</i>
Skilled nursing facility (continued next page)	<p>\$0 for the first 20 days of each benefit period.</p> <p>\$209.50 copay per day for days 21-100 of each benefit period.</p> <p>You pay all costs for each day after day 100 of the benefit period.</p> <p>Your cost depends on your Medicaid eligibility.</p> <p>These are the 2025 cost-sharing amounts and may change for 2026.</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>Prior authorization is required for Medicare-covered SNF stays.</p>



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Skilled nursing facility (continued)	VNS Health EasyCare Plus will provide updated rates at vnshealthplans.org/ecp as soon as they are released.	
Occupational, physical, or speech therapy	0% or 20% of the total cost Your cost depends on your Medicaid eligibility.	Plan covers Medicare-covered: <ul style="list-style-type: none"> • Physical Therapy visits, • Speech Language Therapy visits, and • Occupational Therapy visits. Prior authorization required Call your Care Team or read the <i>Evidence of Coverage</i> for more information.
Ambulance services	0% or 20% of the total cost Your cost depends on your Medicaid eligibility.	Ambulance services must be medically necessary. You do not have to be in-network. Prior authorization is required for non-emergency Medicare ground ambulance services.



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Transportation to health care services	\$0 copay	<p>Our plan covers 7 round trips every year to plan-approved health-related locations for medical care and services. There is a \$100 maximum plan coverage amount per round-trip for routine transportation services.</p> <p>Coverage includes: taxi, rideshare services, bus/subway, van and medical transport.</p> <p>Prior authorization is required for routine transportation services.</p>
Medicare Part B prescription drugs	\$0 copay	<p>Read the <i>Evidence of Coverage and Formulary</i> for more information on these drugs.</p> <p>Prior authorization is required for other Medicare Part B prescription drugs.</p>
Part D Prescription Drug Coverage (continued next page)	<p>Your Part D costs are determined by the Part D Low-Income Cost-Share (LICS) (Extra Help) Level.</p> <p>Deductible: \$0 (if you have LIS) or \$615 (no LIS).</p> <p>You pay \$0 deductible for Tier 5.</p>	<p>There may be limitations on the types of drugs covered. Please see the <i>VNS Health EasyCare Plus Formulary</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>



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Part D Prescription Drug Coverage (continued)	<p>Copayment / Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0, \$1.60, or \$5.10 copay You pay the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier. • Drug Tier 2: \$0, \$4.90, or \$12.65 copay You pay the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier. • Drug Tier 3: \$0, \$4.90, or \$12.65 copay You pay the lesser of 25% coinsurance or \$35 copay per month supply of each 	<p>This is called Step Therapy (ST). Some drugs have Quantity Limits (QL).</p> <p>Requires prior authorization (PA) for certain drugs.</p> <p>Some drugs known as opioids (commonly used for pain), and few a others (which are restricted by Medicare) may require additional prior authorizations to confirm diagnosis before coverage. Call your Care Team for more information.</p> <p>Some drugs require that you use certain pharmacies. These drugs are listed in the formulary as Specialty or Limited Distribution Drug (LDD). The formulary is posted on the plan's website, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p> <p>You can get long-term supplies through mail order or at a retail pharmacy. The amount you pay for long-term supplies (100-day) is the same for a one-month (30-day) supply. Some prescription drugs may also be covered under</p>



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Part D Prescription Drug Coverage (continued)	<p>covered insulin product on this tier.</p> <ul style="list-style-type: none"> 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 <p>You pay the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> Drug Tier 5: \$0 copay <p>You pay \$0 copay per month supply of each covered insulin product on this tier.</p>	your New York State Medicaid benefits. Call your us for more information
Routine Podiatry services	\$0 copay	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p>For routine foot care (up to 6 visits every year).</p>



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Podiatry services	0% or 20% of the total cost for Medicare-covered podiatry services. Your cost depends on your Medicaid eligibility.	Prior authorization is required for Medicare-covered podiatry services.
Durable medical equipment (DME) or supplies	0% or 20% of the total cost Your cost depends on your Medicaid eligibility.	The plan covers wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, oxygen equipment and supplies, prosthetics, orthotics and orthopedic footwear, etc. Note: For a complete list of DME or supplies call your Care Team or read the <i>Evidence of Coverage</i> . Prior authorization is required for durable medical equipment.
Acupuncture	\$0 copay	Up to 30 visits every year are covered. No prior authorization required for routine acupuncture services.
Acupuncture for chronic low back pain	20% of the total cost	Prior authorization is required for services provided by other health care professionals.



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Telehealth Services (continued next page)	0% coinsurance for Home Health Services 0% to 20% of the total cost for all other Telehealth Services Your cost depends on your 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; • 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; • Occupational Therapy Services; • Opioid Treatment Program Services; • Outpatient Hospital Services;



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Telehealth Services (continued)		<ul style="list-style-type: none"> • Physician Specialist Services; • Physical Therapy and Speech-Language Pathology Services; • Primary Care Physician Services; • Urgently Needed Services. <p>Prior authorization required.</p>
Diabetic supplies	<p>0% or 20% of the total cost coinsurance</p> <p>Your cost depends on your Medicaid eligibility.</p>	<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>Shoes and inserts for diabetes-related conditions.</p> <p>Prior authorization is required for diabetic supplies and services.</p>
Enhanced Disease Management (continued next page)	\$0 copay	<p>Services include:</p> <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



If you have questions, please call us at 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. For more information, visit vnshealthplans.org

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Enhanced Disease Management (continued)		<ul style="list-style-type: none"> Connections to community resources <p>No prior authorization required for enhanced disease management services.</p>
Gym Membership	\$0 copay	<p>You are covered for a health club membership through SilverSneakers®, a fitness program designed for Medicare beneficiaries. This includes group exercise classes at participating health club facilities and online.</p> <p>For more information, please visit silversneakers.com.</p>
Over-the-Counter (OTC), Grocery and Flex (continued next page)	\$0 copay	<p>The combined benefit package covers up to \$272.50 a month for OTC, Grocery and Flex. You'll get one preloaded debit card, called the Health Extras card, with separate allowances:</p> <ul style="list-style-type: none"> \$235/month for OTC and grocery; \$37.50/month for Flex** <p>At the start of every month, the above amounts will automatically be loaded onto your Healthy Extras card.</p>



If you have questions, please call us at 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. For more information, visit vnshealthplans.org

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Over-the-Counter (OTC), Grocery and Flex (continued)		<p>Use your OTC/Grocery allowance to buy health (like pain relievers, toothpaste, bandages, and more!) and grocery items. Home delivery of prepared meals and produce are also available. See the OTC and Grocery catalog for a list of plan-approved items and participating OTC network locations, such as, convenience stores, pharmacies, and grocery stores. Any remaining balance <u>will not</u> carry over, and all allowances must be used by the end of each month.</p> <p>Use your Flex allowance to help pay for certain utilities (electric, gas, internet, and phone). It may also be used to cover items or services above the maximum covered amount for Dental, Hearing, or Vision. Any remaining balances will carry over at the end of each month and all allowances must be used by the end of the calendar year (12/31/2026).</p> <p>Other types of services and goods are not eligible.</p>



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Over-the-Counter (OTC), Grocery and Flex (continued)		<p>**Grocery and utility benefits are part of a special supplemental program for the chronically ill and not all members qualify. Chronic illnesses include diabetes, dementia, heart failure, lung disorders, stroke, and other conditions. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.</p>
Meals (Post-Discharge)	\$0 copay	<p>You can use this benefit to have meals delivered to your home after an acute inpatient hospital discharge.</p> <p>You are covered for 28 meals over a 2-week period for up to 3 inpatient hospital visits a year.</p> <p>No prior authorization required for the meals benefit.</p> <p>See your <i>Evidence of Coverage</i> for more information.</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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H. Services Covered by Medicaid

The benefits described in section G. List of Covered Services, are covered by Medicare. The list below shows what benefits are covered by the New York State Medicaid Plan. What you pay for covered services depends on your Medicaid eligibility.

No matter what your Medicaid eligibility is, VNS Health EasyCare Plus will cover the benefits described in section G. List of Covered Benefits. If you have questions about your 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.
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.



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Benefit	New York State Medicaid Plan
Urgently Needed Services	Medicaid covers Medicare deductibles, copays, and coinsurances.
Diagnostic Services/Labs/Imaging	Medicaid covers Medicare deductibles, copays, and coinsurances.
Hearing Services	Medicaid covers Medicare deductibles, copays, and coinsurances. See the <i>Evidence of Coverage</i> for more information.
Dental	Medicaid covers Medicare deductibles, copays, and coinsurances. See the <i>Evidence of Coverage</i> for more information.
Vision Services	Medicaid covers Medicare deductibles, copays, and coinsurances. See the <i>Evidence of Coverage</i> for more information.
Mental Health	Medicaid covers Medicare deductibles, copays, and coinsurances.
Skilled Nursing Facility (SNF)	Medicaid covers Medicare deductibles, copays, and coinsurances. Medicaid covers additional days beyond Medicare 100-day limit.



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Benefit	New York State Medicaid Plan
Rehabilitation Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>
Ambulance Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>
Transportation (Routine)	<p>Includes ambulette, invalid coach, taxi cab, livery, public transportation, or other means appropriate to the enrollee's medical condition.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>
Medical Equipment/ Supplies	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>
Prosthetic Devices, Medical and Surgical Supplies, Enteral and Parenteral Formula	<p>Medicaid covers prosthetics, orthotics, and orthopedic footwear.</p>
Private Duty Nursing	<p>Medicaid covers medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>



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Benefit	New York State Medicaid Plan
Prescription Drugs	Medicaid does not cover Part D covered drugs or copays.
Adult Day Health Care	<p>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.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>
Medical Social Services	<p>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.</p>
Nutrition	<p>Medicaid covers the assessment of nutritional needs and food patterns, or the planning for the provision of foods and drink appropriate for the individual's physical and medical needs and environmental conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs. These services must be provided by a qualified nutritionist.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>
Personal Care Services	<p>Medicaid coverage provided.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>
Personal Emergency Response Services (PERS)	<p>Medicaid coverage provided.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>



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Benefit	New York State Medicaid Plan
Non-Medicare Covered Home Health Services	<p>Medicaid-covered Medicare deductibles, copays, and coinsurances.</p> <p>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).</p>
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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I. Frequently Asked Questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
Can I go to the same health care providers I see now?	<p>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 a contract 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 Provider and Pharmacy Directory. 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 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, with some limitations. Please see the <i>Evidence of Coverage</i> for more information.</p>



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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: 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.
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 Medical Benefits Chart 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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J. Helpful Definitions

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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K. Dental Benefit Summary

Preventive dental services include oral exams, cleanings, and x-rays and are covered. Comprehensive services include fillings, extractions, root canals, bridges, crowns, dentures, and implants. Certain procedures may require prior authorization†.

*Crowns and root canals will be covered in certain circumstances. If you need replacement dentures and implants, you will need a recommendation from your dentist to determine if its medically necessary.

Category	Covered Services	Copayment	Frequency
Diagnostic & Preventive	Oral Exam	\$0	Unlimited
	Full Mouth Series or Panoramic X-Ray	\$0	Unlimited
	Single X-rays (periapical)	\$0	Unlimited
	Bitewing Series	\$0	Unlimited
	Prophylaxis (cleaning)	\$0	Unlimited
	Fluoride treatment	\$0	Unlimited
Restorative	Fillings (Silver or Tooth Colored)	\$0	Up to 2 per year
Oral Surgery	Extractions	\$0	Up to 2 per year
Endodontics	†Root Canal Therapy: Anterior/Bicuspid/Molar	\$0	Up to 2 per year
Periodontics	†Periodontal Maintenance	\$0	Up to 2 per year
	†Scaling/Root Planing, per quadrant	\$0	Up to 2 per year
Prosthetics	†Single Crowns	\$0	Up to 2 per year
Crowns	Post	\$0	Up to 2 per year
	Recementation, Crown	\$0	Up to 2 per year
Prosthetics	†Complete Upper/Lower Denture	\$0	Up to 2 per year
Removable	†Partial Upper/Lower Denture	\$0	Up to 2 per year
	Denture Adjustments/Repairs	\$0	Up to 2 per year
	Denture Rebase/Relines	\$0	Up to 2 per year
	Implants	\$0	Up to 1 per year



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L. Healthy Extras Card Summary

The Healthy Extras Card is one preloaded debit card with separate allowances:

- **\$235/month for Over-the-Counter (OTC) and Grocery****
 - Any remaining OTC/Grocery balance will expire at the end of each month
- **\$37.50/month for Flex***
 - Any remaining Flex balance will carry over at the end of the month and must be used by the end of the calendar year (12/31/2026).

Use your OTC/Grocery allowance to buy wellness items (pain relievers, toothpaste, bandages) and healthy food. See the OTC and Grocery catalog for a list of approved items. For a list of participating stores and bodegas where you can buy grocery items, visit **mybenefitscenter.com**. You can also get home delivery of prepared meals and produce.

You can use your Flex allowance to help pay for certain utilities like **electric, gas, telephone, and internet** bills. It can also be used to pay for items or services above the maximum covered amount for dental, hearing, and vision.



* please see page 8 for disclaimer

(continued on the next page)

? If you have questions, please call us at 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. For more information, visit vnshealthplans.org

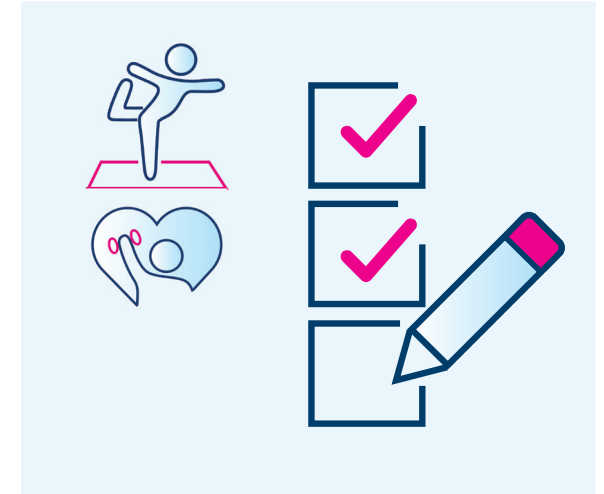
Healthy Extras Card Summary (Continued)

When to use Flex:

- You got glasses covered by your health plan, but they broke.
- You started dental work but you've reached the plan's payment limit before the work is done.
- You lost your hearing aid and have a year left before your plan will pay for a new one.

Important to know:

- Your Flex allowance can't be used for other kinds of items or services.
- If you enroll after 1/1/2026, your Flex benefit amount will be based on when your coverage becomes effective.
- Call us if you have questions about whether an item or service will be covered.




Member Rewards Program

You are automatically enrolled in our Member Rewards Program. Earn rewards when you complete eligible health activities!

How will I get my rewards?

We will confirm with your doctor that you have completed the health activity. Your rewards will be loaded onto your Healthy Extras card **three times a year** when you complete the health activities listed in your plan. Your rewards will be available for use once your OTC benefit is fully used each month.

** please see page 8 for disclaimer*

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M. Notice of Availability

Notice of Availability

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.



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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, TTY/TDD 711. 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.

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.



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Albanian: Kemi shërbime përkthimi falas për t'iu përgjigjur çdo pyetjeje që mund të keni lidhur me shëndetin ose planin e mjekimeve. Për të marrë një përkthyes, thjesht na telefononi në 1-866-783-1444, TTY/TDD 711. Dikush që flet anglisht/gjuhën mund t'ju ndihmojë. Ky është një shërbim falas.

Yiddish: מיר האבן אומזיסטע דאלמעטשער סערוויסעס צו ענטפערן סיי וועלכע פראגעס איר קענט האבן וועגן אונזער העלט אדער דראג פלאן. צו באקומען א דאלמעטשער, רופט אונז אויף 1-866-783-1444, TTY/TDD 711. אײנער וואס רעדט ענגליש/אידיש קען אײך העלפן. דאס איז א סערוויס וואס קאסט נישט קיין געלט.

Bengali: আমাদের স্বাস্থ্য বা ড্রাগ পরিকল্পনা সম্পর্কে আপনার যে কোনও প্রশ্নের উত্তর দেওয়ার জন্য আমাদের কাছে বিনামূল্যে দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, শুধু আমাদের কল করুন 1-866-783-1444, TTY/TDD 711 নম্বরে। বাংলা বলতে পারে এমন কেউ আপনাকে সাহায্য করতে পারে। এটি একটি বিনামূল্যের পরিষেবা।

Greek: Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας για να απαντήσουμε σε οποιεσδήποτε ερωτήσεις μπορεί να έχετε σχετικά με το πρόγραμμα ασφάλισης υγείας ή φαρμάκων. Για να βρείτε διερμηνέα, καλέστε μας στο 1-866-783-1444, TTY/TDD 711. Κάποιος που μιλάει ελληνικά θα σας βοηθήσει. Πρόκειται για μια δωρεάν υπηρεσία.

Urdu: ہمارے ہیلتھ یا ڈرگ پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت ترجمان کی خدمات ہیں۔ مترجم حاصل کرنے کے لیے، بس ہمیں کال کریں۔ 1-866-783-1444, TTY/TDD 711. اُردو بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔

N. Member Resources

You can access the following 2026 VNS Health EasyCare Plus member materials **electronically**.

Evidence of Coverage (Downloadable PDF)	vnshealthplans.org/ecp-eoc
Formulary (Downloadable PDF and Online Search Tool)	vnshealthplans.org/formulary
Provider and Pharmacy Directory (Online Search Tool)	vnshealthplans.org/providers
Joint HIPAA Notice of Privacy Practices (Downloadable PDF)	vnshealthplans.org/hipaa

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, 8 am – 8 pm (Oct. – Mar.) and weekdays 8 am – 8 pm (Apr. – Sept.). The call is free. For more information, visit vnshealthplans.org

O. 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/ecp-eoc or call 1-866-783-1444 (TTY: 711) to view a copy of the EOC.
- ☐ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ 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, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider and Pharmacy 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.
- ☐ **Effect on Current Coverage.** Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.



If you have questions, please call us at 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. For more information, visit vnshealthplans.org



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

October 1, 2025 – March 31, 2026
7 days a week, 8 am – 8 pm

April 1, 2026 – September 30, 2026
Weekdays, 8 am – 8 pm