

VNS Health EasyCare (HMO) offered by VNS Health Medicare

Annual Notice of Change for 2027

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

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.
- 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/ec-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

- 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.
- 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.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in VNS Health EasyCare.** Starting January 1, 2027, you'll get your medical and drug coverage through VNS Health EasyCare. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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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.	\$25	\$25
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	\$9,850
Primary care office visits	\$0 copay per visit	\$0 copay per visit
Specialist office visits	\$35 copay per visit	\$35 copay 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.	Days 1-5: \$400 copay per day of each benefit period. Days 6-90: \$0 copay per day of each benefit period.	Days 1-5: \$490 copay per day of each benefit period. Days 6-90: \$0 copay per day of each benefit period.

	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 \$500 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: \$0 copay • Drug Tier 2: \$20 copay • Drug Tier 3: \$47 copay You pay no more than \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: \$100 copay You pay no more than \$35 per month supply of each covered insulin product on this tier.	Part D drug coverage deductible \$650 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: \$0 copay • Drug Tier 2: \$20 copay • Drug Tier 3: \$47 copay You pay no more than \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: \$100 copay You pay no more than \$35 per month supply of each covered insulin product on this tier.
	• Drug Tier 5: 27% of the total cost You pay no more than \$35 per month supply of each covered insulin product on this tier. • Drug Tier 6: \$0 copay Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	• Drug Tier 5: 26% of the total cost You pay no more than \$35 per month supply of each covered insulin product on this tier. • Drug Tier 6: \$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.)	\$25	\$25 There is no change for the upcoming benefit year.

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

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 for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) 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.	\$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.

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

	2026 (this year)	2027 (next year)
Acupuncture	<u>In-Network</u> \$0 copay for each routine acupuncture visit (20 visits every year).	<u>In-Network</u> \$0 copay for each routine acupuncture visit (10 visits every year).

	2026 (this year)	2027 (next year)
Ambulance Services	<u>In-Network</u> \$250 copay for each one-way Medicare-covered ground ambulance service. \$250 copay for each one-way Medicare-covered air ambulance service.	<u>In-Network</u> \$300 copay for each one-way Medicare-covered ground ambulance service. \$300 copay for each one-way Medicare-covered air ambulance service.
Hearing Services	\$750 maximum plan coverage amount every 3 years (per ear) for prescription hearing aids.	\$500 maximum plan coverage amount every 3 years (per ear) for prescription hearing aids.
Inpatient Hospital Care	<u>In-Network</u> For Medicare-covered inpatient hospital stays, Days 1-5: \$400 copay per day of each benefit period. Days 6-90: \$0 copay per day of each benefit period.	<u>In-Network</u> For Medicare-covered inpatient hospital stays, Days 1-5: \$490 copay per day of each benefit period. Days 6-90: \$0 copay per day of each benefit period.
Inpatient Services in a Psychiatric Hospital	<u>In-Network</u> For Medicare-covered inpatient mental health stays, Days 1-5: \$300 copay per day of each benefit period. Days 6-90: \$0 copay per day of each benefit period.	<u>In-Network</u> For Medicare-covered inpatient mental health stays, Days 1-5: \$400 copay per day of each benefit period. Days 6-90: \$0 copay per day of each benefit period.

	2026 (this year)	2027 (next year)
Outpatient Diagnostic Tests and Therapeutic Services and Supplies	<u>In-Network</u> For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), \$110 copay.	<u>In-Network</u> For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), \$145 copay.
Over-the-Counter Items	\$107 maximum plan coverage amount every 3 months for OTC items.	\$50 maximum plan coverage amount every 3 months for OTC items.
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.
Transportation Services (routine)	<u>In-Network</u> \$0 copay for routine transportation services (11 round trips every year to plan-approved health-related locations) using taxi, rideshare services, bus/subway, van and medical transport.	<u>In-Network</u> \$0 copay for routine transportation services (5 round trips every year to plan-approved health-related locations) using taxi, rideshare services, bus/subway, van and medical transport.
Vision Care	\$300 maximum plan coverage amount every year for all non-Medicare-covered eyewear.	\$200 maximum plan coverage amount every year for all non-Medicare-covered eyewear.

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 Tier 2 Generic, Tier 3 Preferred Brand, Tier 4 Non-Preferred Brand, and Tier 5 Specialty Tier drugs until you've reached 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 total drug 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	\$500 During this stage, you pay \$0 copay cost sharing for drugs on Tier 1 Preferred Generic, Tier 6 Select Care Drugs and the full cost of drugs on Tier 2 Generic, Tier 3 Preferred Brand, Tier 4 Non-Preferred Brand, Tier 5 Specialty Tier until you’ve reached the yearly deductible.	\$650 During this stage, you pay \$0 copay cost sharing for drugs on Tier 1 Preferred Generic, Tier 6 Select Care Drugs and the full cost of drugs on Tier 2 Generic, Tier 3 Preferred Brand, Tier 4 Non-Preferred Brand, Tier 5 Specialty Tier until you’ve reached the yearly deductible.

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.

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. 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)
Preferred Generic: 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.	\$0 copay	\$0 copay
Generic:	\$20 copay	\$20 copay
Preferred Brand:	\$47 copay	\$47 copay
Non-Preferred Brand:	\$100 copay	\$100 copay
Specialty Tier:	27% of the total cost	26% of the total cost
Select Care Drugs:	\$0 copay	\$0 copay

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>

SECTION 3 How to Change Plans

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

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. 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 Medicare separate drug coverage**, you can enroll in a Part D plan, and you'll automatically be disenrolled from VNS Health EasyCare.
- **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. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1).
- **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

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.
 - **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

- **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. 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/ec-eoc or call your Care Team at 1-866-783-1444 (TTY: 711) to ask us to mail you a copy.

- **Visit vnshealthplans.org/ec-eoc**

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 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**

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 or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.