



HEALTH PLANS

VNS Health EasyCare Plus (HMO D-SNP)

2027

Summary of Benefits

Sales Representative

Telephone

Email



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*



\$200/month for OTC (over-the-counter), groceries, home utilities* and certain dental, hearing, or vision 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 9 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.) 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

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, 2026 – March 31, 2027

Weekdays, 8 am – 8 pm, April 1, 2027 – September 30, 2027

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: **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	• All programs pay for the Part B premium • Some programs pay Part A premium (if needed) • Some programs pay Medicare copays & coinsurances	• Pays Medicare Part D monthly premiums • Helps lower Medicare Part D copays or coinsurance	• Pays some Part D premiums & saves more money on your prescription drug costs
Are you eligible for other programs?	Beneficiaries with an MSP will automatically qualify for Extra Help Some beneficiaries with an MSP will also have incomes that qualify them for Medicaid	Some beneficiaries that get Extra Help, may qualify for Medicaid and/or MSPs	Some beneficiaries that get EPIC will also have incomes that qualify them for Extra Help

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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	Social Security Administration 1-800-772-1213	EPIC 1-800-332-3742 (TTY: 1-800-290-9138)
	Westchester Department of Social Services: 1-914-995-3333 Nassau Department of Social Services: 1-516-227-8519		

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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 ***
100%	\$0.00
0%	\$23.60

If you aren't getting Extra Help, you can see if you qualify by calling:

- a) **1-800-MEDICARE (1-800-633-4227) (TTY: 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: 1-800-325-0778) between Monday – Friday, 8 am – 7 pm**

***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 for 2027. 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-eoc**.

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, 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.
- Are a United States citizen or national, or an eligible non-citizen.

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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 [Medicare.gov](https://www.Medicare.gov) or request a copy by calling 1-800-MEDICARE (1-800-633-4227). (TTY: 1-877-486-2048).

You can get this document for free in other formats, such as large print, braille, or audio.

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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 \$23.60	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. *Members with Extra Help will have \$0 monthly premiums and a \$0 annual deductible. If you lose Extra Help, your monthly premium may be \$23.60.
Deductible	\$0 or \$700	Whether or not you pay a deductible for prescription drug coverage depends on your Medicaid eligibility. *Members with Extra Help will have a \$0 annual deductible. If you lose full Extra Help, your Part D deductible will be \$700.
Maximum Out of Pocket (MOOP)	\$9,850	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: • \$9,850 for services you receive from in-network providers. 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.



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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 on the next page)	0% coinsurance or: \$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. Your cost depends on your Medicaid eligibility. These are the 2026 cost-sharing amounts and may change for 2027.	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization is required for Medicare-covered inpatient hospital stays.



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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)	Updated rates will be posted at vnshealthplans.org/ecp when available.	
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.
Specialist care (Continued on the next page)	0% or 20% of the total cost	No prior authorization required for physician specialist services.



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Specialist care (Continued)	Your cost depends on your Medicaid eligibility.	
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.	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. No prior authorization required for emergency room services.
Urgently needed care (Continued on the next page)	0% or 20% of the total cost, up to a \$40 maximum Your cost depends on your Medicaid eligibility.	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. 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.



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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)		No prior authorization required for urgently needed care.
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 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	1 routine Medicare-covered exam per year 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.	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 caused by the loss or impairment of hearing. No prior authorization required for prescription hearing aids (all types).
Dental care (Continued on the next page)	\$0 copay	No maximum plan coverage amount for diagnostic and preventive dental services. \$2,750 maximum plan coverage amount every year for non-Medicare-covered comprehensive



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Dental care (Continued)		dental services. There is no annual service category deductible for Medicare-covered benefits. 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). You do not need a referral from your PCP to see a dentist. May require prior authorization. See page 36 for more information including preventive dental coverage.
Routine eye exam	\$0 copay Your cost depends on your Medicaid eligibility.	A routine eye exam to diagnose and treat diseases and conditions of the eye. 1 additional eye exam every 2 years when needed to help diagnose and treat eye diseases or conditions beyond a routine eye exam. No prior authorization required for routine eye exams.



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
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.
Mental or behavioral health services	0% or 20% of the total cost Your cost depends on your Medicaid eligibility.	Plan covers Medicare-covered Individual and Group Mental Health Sessions. See <i>Evidence of Coverage</i> for more information. No prior authorization required for mental or behavioral health services.



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Skilled nursing facility	\$0 for the first 20 days of each benefit period. \$217 copay per day for days 21-100 of each benefit period. You pay all costs for each day after day 100 of the benefit period. Your cost depends on your Medicaid eligibility. These are the 2026 cost-sharing amounts and may change for 2027. VNS Health EasyCare Plus will provide updated rates at vnshealthplans.org/ecp as soon as they are released.	Plan covers additional days beyond Medicare. No prior hospital stay is required. 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. Prior authorization is required for Medicare-covered SNF stays.
Occupational, physical, or speech therapy	0% or 20% of the total cost Your cost depends on your Medicaid eligibility.	Plan covers Medicare-covered: • Physical Therapy visits, • Speech Language Therapy visits, and • Occupational Therapy visits. Prior authorization required.



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
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.
Transportation to health care services	\$0 copay	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. Coverage includes: taxi, rideshare services, bus/subway, van and medical transport. Prior authorization is required for routine transportation services.
Medicare Part B prescription drugs	\$0 copay	Prior authorization is required for other Medicare Part B prescription drugs. Read the <i>Evidence of Coverage</i> for more information on these drugs.



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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 on the next page)	Your Part D costs are determined by the Part D Low-Income Cost-Share (LIS) (Extra Help) Level. Deductible: \$0 (if you have LIS) or \$700 (no LIS). You pay \$0 deductible for Tier 5. Copayment / Coinsurance during the Initial Coverage Stage: • Drug Tier 1: \$0, \$1.65, or \$5.80 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, \$5.00, or \$14.40 copay You pay the lesser of 25% coinsurance or \$35 copay	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. 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. This is called Step Therapy (ST). Some drugs have Quantity Limits (QL). Some drugs known as opioids (commonly used for pain), and few others (which are restricted by Medicare) may require additional prior authorizations to confirm diagnosis before coverage. 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 our website, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov You can get long-term supplies through mail order or at a retail pharmacy. The amount you



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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)	per month supply of each covered insulin product on this tier. • Drug Tier 3: \$0, \$5.00, or \$14.40 copay You pay the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier. • 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 You pay the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier. • Drug Tier 5: \$0 copay	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 your New York State Medicaid benefits. Requires prior authorization (PA) for certain drugs.



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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)	You pay \$0 copay per month supply of each covered insulin product on this tier.	
Routine Podiatry services	\$0 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. For routine foot care (up to 6 visits every year). No prior authorization required for routine podiatry services.
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 care services.
Durable medical equipment (DME) or supplies	0% or 20% of the total cost	The plan covers wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers,



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Durable medical equipment (DME) or supplies (Continued)	Your cost depends on your Medicaid eligibility.	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.
Additional Telehealth Services (Continued on the 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: • Ambulatory Surgical Center (ASC) Services; • Diabetes Self-Management Training; • Group Sessions for Mental Health Specialty Services; • Group Sessions for Outpatient Substance Abuse; • Group Sessions for Psychiatric Services;



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Telehealth Services (Continued)		• 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; • Opioid Treatment Program Services; • Outpatient Hospital Services; • Physician Specialist Services; • Physical Therapy and Speech-Language Pathology Services; • Primary Care Physician Services; • Urgently Needed Services. No prior authorization required.
Diabetic supplies (Continued on the next page)	0% or 20% of the total cost coinsurance	Ascensia/Bayer Diabetes Care is the plan's chosen brand for diabetes monitoring and



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Diabetic supplies (Continued)	Your cost depends on your Medicaid eligibility.	testing supplies when obtained at an in-network retail pharmacy. Shoes and inserts for diabetes-related conditions. Prior authorization is required for diabetic supplies and services.
Enhanced Disease Management	\$0 copay	Services include: • Home visits by a nurse to evaluate health, social, and home safety needs • Help finding doctors and making appointments • Help taking medicine the right way • Connections to community resources No prior authorization required for enhanced disease management services.
Gym Membership (Continued on the next page)	\$0 copay	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.



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Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Gym Membership (Continued)		For more information, please visit silversneakers.com .
Healthy Extras Card	\$0 copay	Get up to \$200 a month on your Healthy Extras Card for eligible OTC items, groceries*, utility bills*, and certain dental, hearing, or vision expenses. At the start of every month, your allowance is added to your card. Any unused balance expires at the end of the month. See the Healthy Extras Card Summary on page 37 for details. <i>*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.</i>



If you have questions, please call us at 1-866-783-1444 (TTY: 711), 7 days a week, 8 am – 8 pm (Oct. – Mar.) 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)
Meals (Post-Discharge)	\$0 copay	You can use this benefit to have meals delivered to your home after an acute inpatient hospital discharge. You are covered for 28 meals over a 2-week period for up to 3 inpatient hospital visits a year. No prior authorization required for the meals benefit.

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



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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	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.
Medical Social Services	Medical social services include assessing the need for, arranging for and providing aid for social problems related to the maintenance of a patient in the home where such services are performed by a qualified social worker and provided within a plan of care.
Nutrition	Medicaid covers the assessment of nutritional needs and food patterns, or the planning for the provision of foods and drink appropriate for the individual's physical and medical needs and environmental conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs. These services must be provided by a qualified nutritionist.
Personal Care Services	Medicaid coverage provided.
Personal Emergency Response Services (PERS)	Medicaid coverage provided.



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Benefit	New York State Medicaid Plan
Non-Medicare Covered Home Health Services	Medicaid-covered Medicare deductibles, copays, and coinsurances. Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals).
Home Delivered and Congregate Meals	Not covered
Social Day Care	Not covered
Social and Environmental Support Services	Not covered
Consumer Directed Personal Assistance Services	Medicaid coverage provided.



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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?	If your providers (including doctors and pharmacies) work with VNS Health EasyCare Plus and have a contract with us, you can keep going to them. • Providers with 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. To find out if your providers are in the plan’s network, call your Care Team or read the VNS Health EasyCare Plus <i>Provider and Pharmacy</i> Directory. You can also visit our website at vnshealthplans.org/providers for the most current listing.
What happens if I need a service but no one in the VNS Health EasyCare Plus network can provide it?	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.



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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, 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.
What is service authorization or prior authorization?	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. 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.



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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 it's 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

If you need additional services such as for implants, periodontics or replacement dentures, you will need a recommendation from your dentist to determine if it is medically necessary.



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L. Healthy Extras Card Summary

Your Healthy Extras Card gives you up to \$200 each month for eligible:

- OTC health items
- Grocery items*
- Home-delivered meals and produce
- Utility bills* (electric, gas, internet and phone)
- Dental, hearing, and vision expenses beyond your plan coverage



Each month, your allowance is added to your card. Any unused balance expires at the end of the month. See the OTC and Grocery catalog for a list of approved items and participating stores, pharmacies, grocery stores, and bodegas. You can also visit mybenefitscenter.com.

Here are a few examples of how your allowance may help cover dental, hearing, or vision costs:

- Your glasses break after you've used your vision benefit.
- You reach your dental benefit limit before treatment is complete.
- You need a replacement hearing aid before your plan will cover a new one.

Important to know:

- Your allowance can't be used for items or services that are not eligible.
- If you enroll after January 1, 2027, your monthly benefit amount will be based on when your coverage becomes effective.
- Call us if you have questions about whether an item or service is eligible.



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Healthy Extras Card Summary (Continued)

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.

Member Rewards Program

And there's more! You are automatically enrolled in our Member Rewards Program.

Earn rewards when you complete eligible health activities.

We verify completed activities through claims submitted by your providers. Rewards are loaded onto your **Healthy Extras Card** three times a year.

Your rewards will be available for use once your allowance is fully used each month.

Check your welcome kit to learn more about the rewards program.

** please see page 9 for disclaimer*



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M. Language Assistance Notice

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-866-783-1444 (TTY: 711).	English
ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-866-783-1444 (TTY: 711).	Spanish
请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 1-866-783-1444 (TTY: 711)。	Chinese
ملاحظة: خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم 1-866-783-1444 (TTY: 711).	Arabic
주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다. 1-866-783-1444 (TTY: 711) 번으로 연락해 주십시오.	Korean
ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру 1-866-783-1444 (TTY: 711).	Russian
ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il 1-866-783-1444 (TTY: 711).	Italian
ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le 1-866-783-1444 (TTY : 711).	French
ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele 1-866-783-1444 (TTY: 711).	French Creole
אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועלעבל פאר אייך אומזיסט. 1-866-783-1444 (TTY: 711) רופט.	Yiddish



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UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń: 1-866-783-1444 (TTY: 711).	Polish
ATENSYON: Available ang mga serbisyong tulong sa wika at iba pang tulong nang libre. Tumawag sa 1-866-783-1444 (TTY: 711).	Tagalog
মনোযোগ নামূল্যে ভাষা সহায়তা পরিষেবা এবং অন্যান্য সাহায্য আপনার জন্য উপলব্ধ। 1-866-783-1444 (TTY: 711)-এ ফোন করুন।	Bengali
VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas. Telefononi 1-866-783-1444 (TTY: 711).	Albanian
ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο 1-866-783-1444 (TTY: 711).	Greek
توجہ فرمائیں: زبان میں معاونت کی خدمات اور دیگر معاونتیں آپ کے لیے بلا معاوضہ دستیاب ہیں۔ کال کریں 1-866-783-1444 (TTY: 711) -	Urdu



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N. Member Resources

You can access the following 2027 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, please call us at 1-866-783-1444 (TTY: 711), 7 days a week, 8 am – 8 pm (Oct. – Mar.) 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 and Pharmacy 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 *Provider and 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, 2028.
- ☐ 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.



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

October 1, 2026 – March 31, 2027
7 days a week, 8 am – 8 pm

April 1, 2027 – September 30, 2027
Weekdays, 8 am – 8 pm

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