



VNS CHOICE Medicare



Summary of Benefits



Introduction

VNS CHOICE Medicare Option 1 and Option 2 Summary of Benefits

Thank you for your interest in VNS CHOICE Medicare. Our plan is offered by VNS CHOICE, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria. All VNS CHOICE Medicare plans have been designed specifically for people with both Medicare and Medicaid.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call VNS CHOICE Medicare to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call VNS CHOICE Medicare and ask for the "Evidence of Coverage" for the specific plan you would like to learn about.

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare plan. Another option is a Medicare health plan, like VNS CHOICE Medicare Option 1 or VNS CHOICE Medicare Option 2. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible), you may decide to enroll or disenroll from the VNS CHOICE plans at any time. Generally, changes to enrollment status will take effect on the first day of the following month.

Please call VNS CHOICE Medicare at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY user should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.



HOW CAN I COMPARE MY OPTIONS?

You can compare the VNS CHOICE Medicare Advantage plans with the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer additional benefits, which may change from year to year.

WHERE ARE THE VNS CHOICE MEDICARE PLANS AVAILABLE?

The service area for this plan includes the five boroughs of New York City: Bronx, Kings, New York, Queens and Richmond counties in New York. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN ONE OF THE VNS CHOICE MEDICARE PLANS?

You can join VNS CHOICE Medicare Option 1 or VNS CHOICE Medicare Option 2 if you are entitled to Medicare Part A, enrolled in Medicare Part B, are a Medicaid recipient and live in the service area.

Please call VNS CHOICE Member Services to see if you are eligible to enroll.

CAN I CHOOSE MY DOCTORS?

VNS CHOICE has formed a network of doctors, specialists and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list, visit us at www.vnschoice.org. Our member services number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither VNS CHOICE Medicare nor the Original Medicare Plan will pay for these services.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

All of the VNS CHOICE Medicare plans cover Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

VNS CHOICE has formed a network of pharmacies. The network includes thousands of pharmacies across the United States. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network may change at any time. You can ask for a pharmacy directory or visit us at www.vnschoice.org. Our member services number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

All VNS CHOICE Medicare plans use a formulary. A formulary is a list of drugs covered by the plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make a formulary change that limits our member's ability to fill their prescriptions, we will notify you before the change is made. We will send a formulary to you and you can see our complete formulary on our web site at www.vnschoice.org.

If you are currently taking a drug that is not on our formulary or is subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition or exception policy.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

If you qualify for extra help with your Medicare prescription drug costs, your premium and costs at the pharmacy will be lower. Individuals with Medicaid are automatically eligible for extra help. When you join one of the VNS CHOICE Medicare plans, Medicare will tell us how much extra help you are getting. Then, we will let you know the amount you will pay. If you are not getting this extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of one of the VNS CHOICE Medicare plans, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a covered medical benefit or prescription drug, and the right to file a grievance.

You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy.

Your doctor must provide a statement to support your exception request.

If we deny coverage for your medical service(s) or prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us, or one of our providers or network pharmacies that does not involve coverage for a prescription drug.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact VNS CHOICE for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are

not limited to, the following types of drugs. Contact VNS CHOICE Medicare for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as the primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

Please call VNS CHOICE Medicare for more information about these plans.

Visit us at www.vnschoice.org or, call us:

Customer Service Hours:

Monday, Tuesday, Wednesday, Thursday, Friday from 8:00 AM to 8:00 PM Eastern Time

Current Members:

Call 1-866-783-1444 for questions related to the **Medicare Advantage** program. (TTY/TDD 1-888-844-5530)

Prospective Members:

Call 1-866-867-0047 for questions related to the **Medicare Advantage** program. (TTY/TDD 1-888-844-5530)

Current and Prospective Members:

Call 1-866-783-1444 for questions relating to the **Medicare Part D Prescription Drug** program. (TTY/TDD 1-888-844-5530)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

Benefits Comparison

VNS CHOICE Medicare Summary of Benefits

You can compare VNS CHOICE Medicare's plans and the Original Medicare plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plans cover and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer additional benefits, which may change from year to year.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
		<p>Because you are eligible for benefits from Medicaid, the State is required to cover Medicare cost-sharing amounts that you would otherwise be required to pay for VNS CHOICE Medicare Option 1 and Option 2 plans. These amounts may differ based on what kind of Medicaid benefits you have. The cost sharing amounts are listed below. In addition, you will have to pay the co-payment amounts listed below for Part D coverage. Contact VNS CHOICE for additional information.</p>	
<p>1. Premium and other important information</p>	<p>The Medicare cost-sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2009, the monthly Part B premium is \$0 or \$96.40 and the yearly Part B deductible is \$0 or \$135²</p>	<p>There is no monthly premium or yearly deductible for the following Medicare – covered plan services:</p> <ul style="list-style-type: none"> ■ Doctor Office Visits ■ Podiatry Services ■ Outpatient Services/Surgery ■ Home Health Care ■ Skilled Nursing Facility Services ■ Ambulance Services ■ Emergency Care <p><i>continued on next page</i></p>	<p>There is no monthly premium or yearly deductible for the following Medicare – covered plan services:</p> <ul style="list-style-type: none"> ■ Doctor Office Visits ■ Podiatry Services ■ Outpatient Services/Surgery ■ Home Health Care ■ Skilled Nursing Facility Services ■ Ambulance Services ■ Emergency Care <p><i>continued on next page</i></p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
		<ul style="list-style-type: none"> ■ Urgently Needed Care ■ Outpatient Rehabilitation Services ■ Durable Medical Equipment ■ Prosthetic Devices ■ Diabetes Self-Monitoring Training and Supplies ■ Diagnostic Tests, X-Rays, and Lab Services ■ Bone Mass Measurement ■ Colorectal Screening Exam ■ Immunizations ■ Mammograms (Annual Screenings) <p style="text-align: center;"><i>continued on next page</i></p>	<ul style="list-style-type: none"> ■ Urgently Needed Care ■ Outpatient Rehabilitation Services ■ Durable Medical Equipment ■ Prosthetic Devices ■ Diabetes Self-Monitoring Training and Supplies ■ Diagnostic Tests, X-Rays, and Lab Services ■ Bone Mass Measurement ■ Colorectal Screening Exam ■ Immunizations ■ Mammograms (Annual Screenings) <p style="text-align: center;"><i>continued on next page</i></p>

¹ Each year, you pay a total of one \$135 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
		<ul style="list-style-type: none"> ■ Pap Smears and Pelvic Exams ■ Prostate Cancer Screening Exams ■ Hearing Services ■ Comprehensive Outpatient Rehabilitation Facility (CORF) ■ Partial Hospitalization ■ Cardiac Rehabilitation Services ■ Renal Dialysis ■ Blood ■ Medicare Part B Prescription Drugs 	<ul style="list-style-type: none"> ■ Pap Smears and Pelvic Exams ■ Prostate Cancer Screening Exams ■ Hearing Services ■ Comprehensive Outpatient Rehabilitation Facility (CORF) ■ Partial Hospitalization ■ Cardiac Rehabilitation Services ■ Renal Dialysis ■ Blood ■ Medicare Part B Prescription Drugs
<p>2. Doctor and Hospital Choice <i>(For more information, see Sections #15 Emergency Care and #16 Urgently Needed Care.)</i></p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>You must go to network doctors, specialists, and hospitals, except for emergency and urgent care.</p> <p>You do NOT need a referral to go to network doctors, specialists, and hospitals.</p>	<p>You must go to network doctors, specialists, and hospitals, except for emergency and urgent care.</p> <p>You do NOT need a referral to go to network doctors, specialists, and hospitals.</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>3. Inpatient Hospital Care <i>(includes Substance Abuse and Rehabilitation Services)</i></p>	<p>In 2009, the amounts for each benefit period³, \$0 or:</p> <p>Day(s) 1-60: \$1,068 deductible</p> <p>Day(s) 61-90: \$267 per day</p> <p>Day(s) 91-150: \$534 per lifetime reserve day⁴</p>	<p>There is no deductible for services received at a network hospital.</p> <p>There is no copayment for a Medicare-covered stay at a network hospital.</p> <p>You are covered for 90 days each benefit period.</p> <p>You are covered for 60 lifetime reserve days. There is no copayment for lifetime reserve days.</p> <p>Except in an emergency, your provider must obtain authorization from VNS CHOICE.</p>	<p>There is no deductible for services received at a network hospital.</p> <p>There is no copayment for a Medicare-covered stay at a network hospital.</p> <p>You are covered for 90 days each benefit period.</p> <p>You are covered for 60 lifetime reserve days. There is no copayment for lifetime reserve days.</p> <p>Except in an emergency, your provider must obtain authorization from VNS CHOICE.</p>

¹ Each year, you pay a total of one \$135 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>4. Inpatient Mental Health Care</p>	<p>You pay the same deductible and copayment as inpatient hospital care (See “Inpatient Hospital Care” above).</p> <p>There is a 190-day limit in a Psychiatric Hospital.</p>	<p>There is no deductible for services received at a network hospital.</p> <p>There is no copayment for a Medicare-covered stay at a network hospital.</p> <p>Medicare beneficiaries may only receive 190 days in a psychiatric network hospital.</p> <p>Except in an emergency, your provider must obtain authorization from VNS CHOICE Medicare.</p>	<p>There is no deductible for services received at a network hospital.</p> <p>There is no copayment for a Medicare-covered stay at a network hospital.</p> <p>Medicare beneficiaries may only receive 190 days in a psychiatric network hospital.</p> <p>Except in an emergency, your provider must obtain authorization from VNS CHOICE Medicare.</p>
<p>5. Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009, the amounts for each benefit period³ after at least a 3-day covered hospital stay are:</p> <p>Day(s) 1-20: \$0</p> <p>Day(s) 21- 100: \$0 or \$133.50 per day</p>	<p>There is no copayment for a Medicare-covered stay at a Skilled Nursing Facility.</p> <p>A 3-day prior hospital stay is required.</p> <p>You are covered for a maximum of 100 days each benefit period.</p> <p><i>continued on next page</i></p>	<p>There is no copayment for a Medicare-covered stay at a Skilled Nursing Facility.</p> <p>A 3-day prior hospital stay is required.</p> <p>You are covered for a maximum of 100 days each benefit period.</p> <p><i>continued on next page</i></p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
	There is a limit of 100 days for each benefit period. ³	Authorization rules apply for services. Contact VNS CHOICE for details.	Authorization rules apply for services. Contact VNS CHOICE for details.
6. Home Health Care <i>(Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)</i>	There is no copayment for all covered home health visits.	There is no copayment for Medicare-covered home health visits. Authorization rules apply for services. Contact VNS CHOICE for details.	There is no copayment for Medicare-covered home health visits. Authorization rules apply for services. Contact VNS CHOICE for details.

OUTPATIENT CARE

7. Hospice	You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care. You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice. You do not need to disenroll if you are receiving Hospice care.	You must receive care from a Medicare-certified hospice. You do not need to disenroll if you are receiving Hospice care.
-------------------	--	---	---

¹ Each year, you pay a total of one \$135 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>8. Doctor Office Visits</p>	<p>You pay 0% or 20% coinsurance.</p>	<p>There is no copayment or deductible for each primary care doctor office visit for Medicare-covered services.</p> <p>There is no copayment for each specialist visit for Medicare-covered services.</p> <p>Authorization rules apply for certain services. Contact VNS CHOICE for details.</p> <p>See Section 33 – Physical Exams for more information.</p>	<p>There is no copayment or deductible for each primary care doctor office visit for Medicare-covered services.</p> <p>There is no copayment for each specialist visit for Medicare-covered services.</p> <p>Authorization rules apply for certain services. Contact VNS CHOICE for details.</p> <p>See Section 33 – Physical Exams for more information.</p>
<p>9. Chiropractic Services</p>	<p>Routine care is not covered.</p> <p>You pay 0% or 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>There is no copayment or deductible for Medicare covered visits (manual manipulation of the spine to correct subluxation).</p> <p>Authorization rules apply for services. Contact VNS CHOICE for details.</p>	<p>There is no copayment or deductible for Medicare covered visits (manual manipulation of the spine to correct subluxation).</p> <p>Authorization rules apply for services. Contact VNS CHOICE for details.</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>10. Podiatry Services</p>	<p>Routine care is not covered.</p> <p>You pay 0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>There is no copayment or deductible for each Medicare-covered visit (medically necessary foot care).</p> <p>You are covered for up to 4 routine visits every year.</p> <p>Authorization rules apply for services. Contact VNS CHOICE for details.</p>	<p>There is no copayment or deductible for each Medicare-covered visit (medically necessary foot care).</p> <p>You are covered for up to 4 routine visits every year.</p> <p>Authorization rules apply for services. Contact VNS CHOICE for details.</p>
<p>11. Outpatient Mental Health Care</p>	<p>You pay 0% or 50% coinsurance for most outpatient mental health services.</p>	<p>For Medicare-covered Mental Health Services, there is no copayment or deductible for each individual/group therapy visit.</p> <p>Authorization rules apply for services. Contract VNS CHOICE for details.</p>	<p>For Medicare-covered Mental Health Services, there is no copayment or deductible for each individual/group therapy visit.</p> <p>Authorization rules apply for services. Contract VNS CHOICE for details.</p>

¹ Each year, you pay a total of one \$135 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>12. Outpatient Substance Abuse</p>	<p>You pay 0% or 20% coinsurance for outpatient substance abuse.</p>	<p>For Medicare-covered services, there is no copayment or deductible for each individual/group therapy visit.</p> <p>Except in an emergency, your provider must obtain authorization from VNS CHOICE.</p>	<p>For Medicare-covered services, there is no copayment or deductible for each individual/group therapy visit.</p> <p>Except in an emergency, your provider must obtain authorization from VNS CHOICE.</p>
<p>13. Outpatient Services/Surgery</p>	<p>You pay 0% or 20% coinsurance for the doctor.</p> <p>You pay 0% or 20% of the outpatient facility charges.</p>	<p>There is no copayment or deductible for each Medicare-covered visit to an ambulatory surgical center.</p> <p>There is no copayment or deductible for each Medicare-covered visit to an outpatient hospital facility.</p> <p>Except in an emergency, your provider must obtain authorization from VNS CHOICE.</p> <p>Contact VNS CHOICE for details.</p>	<p>There is no copayment or deductible for each Medicare-covered visit to an ambulatory surgical center.</p> <p>There is no copayment or deductible for each Medicare-covered visit to an outpatient hospital facility.</p> <p>Except in an emergency, your provider must obtain authorization from VNS CHOICE.</p> <p>Contact VNS CHOICE for details.</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>14. Ambulance Services <i>(Medically necessary ambulance services)</i></p>	<p>You pay 0% or 20% coinsurance.</p>	<p>There is no copayment or deductible for Medicare-covered ambulance services.</p>	<p>There is no copayment or deductible for Medicare-covered ambulance services.</p>
<p>15. Emergency Care <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i></p>	<p>You pay 0% or 20% coinsurance for the doctor.</p> <p>You pay 0% or 20% of the facility charge.</p> <p>You do not have to pay the emergency room copayment if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S., except under limited circumstances.</p>	<p>There is no copayment or deductible for each Medicare-covered emergency room visit.</p> <p>Service is available outside of the U.S. (See Section #36 – World Wide Coverage for more details).</p>	<p>There is no copayment or deductible for each Medicare-covered emergency room visit.</p> <p>Service is available outside of the U.S. (See Section #36 – World Wide Coverage for more details).</p>

¹ Each year, you pay a total of one \$135 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

³ A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>16. Urgently Needed Care</p> <p><i>(This is NOT emergency care, and in most cases, is out of the service area.)</i></p>	<p>You pay 0% or 20% coinsurance.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>There is no copayment or deductible for each Medicare-covered urgently needed care visit.</p> <p>Service is available outside of the U.S. (See Section #36 – World Wide Coverage for more details).</p>	<p>There is no copayment or deductible for each Medicare-covered urgently needed care visit.</p> <p>Service is available outside of the U.S. (See Section #36 – World Wide Coverage for more details).</p>
<p>17. Outpatient Rehabilitation Services</p> <p><i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i></p>	<p>You pay 0% or 20% coinsurance.</p>	<p>There is no copayment or deductible for each Medicare-covered Occupational Therapy, Physical Therapy and/or Speech/Language Therapy visit.</p> <p>You do not need authorization for the first 8 treatments. After the 8th treatment, authorization rules apply.</p> <p>Contact VNS CHOICE for details.</p>	<p>There is no copayment or deductible for each Medicare-covered Occupational Therapy, Physical Therapy and/or Speech/Language Therapy visit.</p> <p>You do not need authorization for the first 8 treatments. After the 8th treatment, authorization rules apply.</p> <p>Contact VNS CHOICE for details.</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
18. Durable Medical Equipment <i>(includes wheel-chairs, oxygen, etc.)</i>	You pay 0% or 20% coinsurance.	There is no copayment or deductible for each Medicare-covered item. Authorization rules apply for certain services. Contact VNS CHOICE for details.	There is no copayment or deductible for each Medicare-covered item. Authorization rules apply for certain services. Contact VNS CHOICE for details.
19. Prosthetic Devices <i>(includes braces, artificial limbs and eyes, etc.)</i>	You pay 0% or 20% coinsurance.	There is no copayment for each Medicare-covered item. Authorization rules apply for services. Contact VNS CHOICE for details.	There is no copayment for each Medicare-covered item. Authorization rules apply for services. Contact VNS CHOICE for details.

¹ Each year, you pay a total of one \$135 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</p> <p><i>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</i></p>	<p>You pay 0% or 20% coinsurance.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietician or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>There is no copayment for Medicare-covered Diabetes self-monitoring training.</p> <p>There is no copayment for nutrition therapy for diabetes.</p> <p>There is no copayment for each Diabetes Supply item.</p>	<p>There is no copayment for Medicare-covered Diabetes self-monitoring training.</p> <p>There is no copayment for nutrition therapy for diabetes.</p> <p>There is no copayment for each Diabetes Supply item.</p>
<p>21. Diagnostic Tests, X-Rays and Lab Services</p>	<p>You pay 0% or 20% coinsurance for diagnostic tests and X-rays.</p> <p>You pay \$0 copayment for Medicare covered lab services.</p> <p><i>continued on next page</i></p>	<p>There is no copayment or deductible for each Medicare-covered:</p> <ul style="list-style-type: none"> ■ Clinical/diagnostic lab service ■ Radiation therapy service ■ X-Ray Visit <p><i>continued on next page</i></p>	<p>There is no copayment or deductible for each Medicare-covered:</p> <ul style="list-style-type: none"> ■ Clinical/diagnostic lab service ■ Radiation therapy service ■ X-Ray Visit <p><i>continued on next page</i></p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
	<p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendment (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>Authorization rules apply for services.</p> <p>Contact VNS CHOICE for details.</p>	<p>Authorization rules apply for services.</p> <p>Contact VNS CHOICE for details.</p>

¹ Each year, you pay a total of one \$135 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
<p>22. Bone Mass Measurement <i>(for people with Medicare who are at risk)</i></p>	<p>You pay 0% or 20% coinsurance.^{1,2}</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>There is no copayment for each Medicare-covered Bone Mass Measurement.</p>	<p>There is no copayment for each Medicare-covered Bone Mass Measurement.</p>
<p>23. Colorectal Screening Exams <i>(for people with Medicare age 50 and older)</i></p>	<p>You pay 0% or 20% coinsurance.</p> <p>Covered when you are at high risk or when you are age 50 and older.</p>	<p>There is no copayment for each Medicare-covered Colorectal Screening exam.</p>	<p>There is no copayment for each Medicare-covered Colorectal Screening exam.</p>
<p>24. Immunizations <i>(Flu vaccine, Hepatitis B vaccine for people with Medicare who are at risk, Pneumonia vaccine)</i></p>	<p>You pay \$0 copayment for Flu and Pneumonia vaccines.</p> <p>You pay 0% or 20% coinsurance for the Hepatitis B vaccine.</p> <p><i>continued on next page</i></p>	<p>There is no copayment for Pneumonia and Flu vaccines.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.</p> <p><i>continued on next page</i></p>	<p>There is no copayment for Pneumonia and Flu vaccines.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.</p> <p><i>continued on next page</i></p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
	<p>You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.</p>	<p>You pay \$0 to \$6.00 copayment for the cost for Hepatitis B vaccine.</p>	<p>You pay \$0 to \$6.00 copayment for the cost for Hepatitis B vaccine.</p>
<p>25. Mammograms <i>(Annual Screening for women with Medicare age 40 and older)</i></p>	<p>You pay 0% or 20% coinsurance.</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>There is no copayment for each Medicare-covered screening Mammogram.</p> <p>No referral necessary for Medicare-covered screenings.</p>	<p>There is no copayment for each Medicare-covered screening Mammogram.</p> <p>No referral necessary for Medicare-covered screenings.</p>

¹ Each year, you pay a total of one \$135 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>26. Pap Smears and Pelvic Exams <i>(for women with Medicare)</i></p>	<p>There is no copayment for Pap Smears.</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>You pay 0% or 20% coinsurance for Pelvic Exams.</p>	<p>There is no copayment for each Medicare covered Pap Smear.</p> <p>There is no copayment for each Medicare-covered Pelvic Exam.</p>	<p>There is no copayment for each Medicare covered Pap Smear.</p> <p>There is no copayment for each Medicare-covered Pelvic Exam.</p>
<p>27. Prostate Cancer Screening exams <i>(for men with Medicare age 50 and older)</i></p>	<p>You pay 0% or 20% coinsurance for the digital rectal exam.</p> <p>You pay \$0 for the PSA test; 0% or 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>There is no copayment for each Medicare-covered Prostate Cancer Screening Exam.</p>	<p>There is no copayment for each Medicare-covered Prostate Cancer Screening Exam.</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>28. End State Renal Disease</p>	<p>You pay 0% or 20% coinsurance for renal dialysis.</p> <p>You pay 0% or 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietician or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>You pay 0% or 20% of the cost for renal dialysis.</p> <p>You pay \$0 copayment for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>You pay 0% or 20% of the cost for renal dialysis.</p> <p>You pay \$0 copayment for Nutrition Therapy for End-Stage Renal Disease.</p>

¹ Each year, you pay a total of one \$135 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
------------------	-------------------	------------------------------	------------------------------

MEDICARE PRESCRIPTION DRUG COVERAGE

<p>29. Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs Covered Under Medicare Part B:</p> <ul style="list-style-type: none"> ■ \$0 yearly deductible for Part B covered drugs ■ 0% of the cost for Part B covered drugs (not including Part B covered chemotherapy drugs) ■ 0% of the cost for Part B covered chemotherapy drugs 	<p>Drugs Covered Under Medicare Part B:</p> <ul style="list-style-type: none"> ■ \$0 yearly deductible for Part B covered drugs ■ 0% of the cost for Part B covered drugs (not including Part B covered chemotherapy drugs) ■ 0% of the cost for Part B covered chemotherapy drugs
--------------------------------------	--	--	--

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
		<p>Drugs Covered Under Medicare Part D:</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.vnschoice.org on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • Have limited incomes, • Live in long term care facilities, or • Have access to Indian/Tribal/Urban (Indian Health Service). <p><i>continued on next page</i></p>	<p>Drugs Covered Under Medicare Part D:</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.vnschoice.org on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • Have limited incomes, • Live in long term care facilities, or • Have access to Indian/Tribal/Urban (Indian Health Service). <p><i>continued on next page</i></p>

¹ Each year, you pay a total of one \$135 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
		<p>The plan offers national in-network prescription coverage (i.e. this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside the plan’s service area (for instance when you travel.)</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan and Medicare.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization for certain drugs.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>	<p>The plan offers national in-network prescription coverage (i.e. this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside the plan’s service area (for instance when you travel.)</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan and Medicare.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization for certain drugs.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
Deductible	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.	<p>You pay a \$0 or \$60 annual deductible. (The amount depends on your income and institutional status.)</p> <p>People who have low incomes, who live in long term care facilities or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs.</p>	<p>You pay a \$0 or \$60 annual deductible. (The amount depends on your income and institutional status.)</p> <p>People who have low incomes, who live in long term care facilities or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs.</p>

¹ Each year, you pay a total of one \$135 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>Initial Coverage</p> <p>In-Network Retail Pharmacy</p>		<p>You may receive drugs from an in-network pharmacy for either one-month (30 day) or a three-month (90 day) supply.</p> <p>When you go to an in-network pharmacy, you will pay the following for your drugs depending on your income or institutional status:</p> <p style="text-align: center;"><i>continued on next page</i></p>	<p>You may receive drugs from an in-network pharmacy for either one-month (30 day) or a three-month (90 day) supply.</p> <p>When you go to an in-network pharmacy, you will pay the following for your drugs depending on your income or institutional status:</p> <p style="text-align: center;"><i>continued on next page</i></p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
		<ul style="list-style-type: none"> ■ \$0 copayment for generic drugs, including brand drugs treated as generic. ■ \$0 to \$6.00 copayment or 15% coinsurance for brand, preferred and specialty drugs. 	<ul style="list-style-type: none"> ■ \$0 to \$2.40 copayment or 15% coinsurance for generic drugs, including brand drugs treated as generic. ■ \$0 to \$6.00 copayment or 15% coinsurance for brand, preferred and specialty drugs.

¹ Each year, you pay a total of one \$135 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
Mail Order		<p>You may receive drugs from a mail-order pharmacy for a three-month (90-day) supply.</p> <p>When you order your drugs through the mail order pharmacy, you will pay:</p> <ul style="list-style-type: none"> ■ \$0 co-payment for generic drugs, including brand drugs treated as generic. ■ \$0 to \$6.00 or 15% of the cost for brand, preferred and specialty drugs. 	<p>You may receive drugs from a mail-order pharmacy for a three-month (90-day) supply.</p> <p>When you order your drugs through the mail order pharmacy, you will pay:</p> <ul style="list-style-type: none"> ■ \$0 to \$2.40 copayment or 15% coinsurance for generic drugs, including brand drugs treated as generic. ■ \$0 to \$6.00 or 15% of the cost for brand, preferred and specialty drugs.
Long Term Care Pharmacies		<p>Residents of a long-term care facility may access their covered prescription drugs through the facility's long-term care pharmacy or another network long-term care pharmacy. You may receive a one month (31-day) supply. You pay \$0 copayment for these drugs.</p>	<p>Residents of a long-term care facility may access their covered prescription drugs through the facility's long-term care pharmacy or another network long-term care pharmacy. You may receive a one month (31-day) supply. You pay \$0 copayment for these drugs.</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>Coverage After You Reach Your Initial Coverage Limit</p>		<p>When your yearly drug costs reach \$2,700 you will pay:</p> <ul style="list-style-type: none"> ■ \$0 copayment for generic drugs (including brand drugs treated as generic). <p>Depending on your income or institutional status, you pay:</p> <ul style="list-style-type: none"> ■ \$0 to \$6.00 or 15% coinsurance for brand, preferred and specialty drugs. 	<p>When your yearly drug costs reach \$2,700 you will pay the following for your drugs, depending on your income and institutional status:</p> <ul style="list-style-type: none"> ■ \$0 to \$2.40 copayment or 15% coinsurance supply generic drugs. ■ \$0 to \$6.00 copayment or 15% coinsurance for brand, preferred and specialty drugs.

¹ Each year, you pay a total of one \$135 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
Catastrophic		<p>When your yearly drug costs reach \$4,350, you will pay:</p> <ul style="list-style-type: none"> ■ \$0 copayment for generic drugs including brand drugs treated as generic. <p>Depending on your income or institutional status, you pay:</p> <ul style="list-style-type: none"> ■ \$0 to \$6.00 copayment for all brand, preferred and specialty drugs. 	<p>When your yearly drugs costs reach \$4,350, you will pay the following for your drugs, depending on your income and institutional status:</p> <ul style="list-style-type: none"> ■ \$0 to \$2.40 copayment for generic drugs; or ■ \$0 to \$6.00 copayment for brand, preferred and specialty drugs.
Out-of-Network Pharmacies		<p>Plan drugs may be covered in special circumstances, for instance, illness when travelling outside the plan's service area where there is no network pharmacy.</p> <p>You will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from VNS CHOICE Medicare.</p> <p>To learn more about what your costs will be, please contact VNS CHOICE Medicare for information.</p>	<p>Plan drugs may be covered in special circumstances, for instance, illness when travelling outside the plan's service area where there is no network pharmacy.</p> <p>You will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from VNS CHOICE Medicare.</p> <p>To learn more about what your costs will be, please contact VNS CHOICE Medicare for information.</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
------------------	-------------------	------------------------------	------------------------------

ADDITIONAL SERVICES

<p>30. Dental Services</p>	<p>Preventive dental services (such as cleaning) are not covered.</p>	<p>In general, you pay 100% for preventive and restorative dental services, including periodontic and endodontic services.</p> <p>Basic dental services may be covered by Medicaid.</p>	<p>Coverage includes: preventive and restorative dental services, including periodontic and endodontic services and extractions with no copayment.</p> <p>Services include root canals, periodontal services and fixed bridgework and do not include services normally covered by Medicaid.</p> <p>Annual plan limit of \$3,000.</p> <p>Contact VNS CHOICE Medicare for more information.</p>
-----------------------------------	---	---	---

¹ Each year, you pay a total of one \$135 deductible.
² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.
³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.
⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>31. Hearing Services</p>	<p>Routine hearing exams and hearing aids are not covered.</p> <p>You pay a 0% or 20% coinsurance for diagnostic hearing exams.</p>	<p>In general, you pay 100% for routine hearing exams and hearing aids.</p> <p>You pay 20% of Medicare-approved amounts for diagnostic hearing exams.^{1,2}</p>	<p>Hearing exams are limited to one every 3 years. Call the audiology provider for details.</p> <p>Fitting/evaluations are limited to one per ear every 3 years. Call the audiology vendor for details.</p> <p>There is no copayment for hearing aids. Hearing aids includes assisted devices, in addition to all types of hearing aid devices.</p> <p>A maximum of \$500 per hearing aid.</p> <p>Contact audiology provider for authorization.</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>32. Vision Services</p>	<p>You pay 0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses are not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screening is covered for people at risk.</p>	<p>There is no copayment for the following services:</p> <ul style="list-style-type: none"> ■ Medicare-covered eye exams (diagnosis and treatment for diseases and conditions of the eye) ■ One routine eye exam visit every year <p>There is no copayment for the following items:</p> <ul style="list-style-type: none"> ■ Medicare-covered eye wear (one pair of eye-glasses or contact lenses after each cataract surgery) ■ One pair of glasses (lenses and frames) or one pair of contact lenses every year <p style="text-align: center;"><i>continued on next page</i></p>	<p>There is no copayment for the following services:</p> <ul style="list-style-type: none"> ■ Medicare-covered eye exams (diagnosis and treatment for diseases and conditions of the eye) ■ One routine eye exam visit every year <p>There is no copayment for the following items:</p> <ul style="list-style-type: none"> ■ Medicare-covered eye wear (one pair of eye-glasses or contact lenses after each cataract surgery) ■ One pair of glasses (lenses and frames) or one pair of contact lenses every year <p style="text-align: center;"><i>continued on next page</i></p>

¹ Each year, you pay a total of one \$135 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
		<ul style="list-style-type: none"> ■ One set of frames or contact lenses limited to \$120 <p>Authorization rules apply for all eye wear. Contact your vision provider for authorization.</p>	<ul style="list-style-type: none"> ■ One set of frames or contact lenses limited to \$120 <p>Authorization rules apply for all eye wear. Contact your vision provider for authorization.</p>
<p>33. Physical Exams</p>	<p>0% or 20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage. When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>You are covered for one routine physical per year.</p> <p>There is no copayment or deductible for physical exams.</p>	<p>You are covered for one routine physical per year.</p> <p>There is no copayment or deductible for physical exams.</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>34. Health and Wellness Education Programs</p>	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay the coinsurance and the Part B deductible applies.</p>	<p>You are covered for the following:</p> <ul style="list-style-type: none"> ■ Written health education materials ■ Nursing Hotline available 24 hours a day, 7 days per week 	<p>You are covered for the following:</p> <ul style="list-style-type: none"> ■ Written health education materials ■ Nursing Hotline available 24 hours a day, 7 days per week

¹ Each year, you pay a total of one \$135 deductible.
² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.
³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.
⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>35. Health Club Membership</p>	<p>You pay 100%.</p>	<p>Not offered.</p>	<p>You will receive a Health Club membership, including fitness programs and wellness education.</p> <p>There is no additional cost for this service. Contact VNS CHOICE for details.</p>
<p>36. World Wide Coverage</p>	<p>You pay 100%.</p>	<p>You may receive up to \$1,200 per year of medically necessary services when you travel outside the United States.</p> <p>Contact VNS CHOICE for details.</p>	<p>You may receive up to \$1,200 per year of medically necessary services when you travel outside the United States.</p> <p>Contact VNS CHOICE for details.</p>
<p>37. Transportation (Routine)</p>	<p>You pay 100%.</p>	<p>Not offered.</p>	<p>There is no copayment for up to 4 round trip(s) to medical appointments every three month.</p> <p>Contact VNS CHOICE for details.</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
38. Over the Counter Health Items	You pay 100%.	<p>You are covered for up to \$20 per month for over-the-counter (OTC) products used for medical purposes.</p> <p>Examples of eligible OTC products include:</p> <ul style="list-style-type: none"> ■ Cold, flu, decongestant and sinus remedies ■ First aid medical supplies ■ Cough suppressants <p>Excluded OTC products include:</p> <ul style="list-style-type: none"> ■ Cosmetic Products ■ Dental Products ■ Ear Care ■ Herbal Supplements <p style="text-align: center;"><i>continued on next page</i></p>	<p>You are covered for up to \$65 per month for over-the-counter (OTC) products used for medical purposes.</p> <p>Examples of eligible OTC products include:</p> <ul style="list-style-type: none"> ■ Cold, flu, decongestant and sinus remedies ■ First aid medical supplies ■ Cough suppressants <p>Excluded OTC products include:</p> <ul style="list-style-type: none"> ■ Cosmetic Products ■ Dental Products ■ Ear Care ■ Herbal Supplements <p style="text-align: center;"><i>continued on next page</i></p>

¹ Each year, you pay a total of one \$135 deductible.

² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

³ A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can be used only once. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
		<ul style="list-style-type: none"> ■ Toiletries ■ Vitamins <p>For a complete list of covered OTC products, please review your Evidence of Coverage (EOC) or contact VNS CHOICE Medicare for more information.</p>	<ul style="list-style-type: none"> ■ Toiletries ■ Vitamins <p>For a complete list of covered OTC products, please review your Evidence of Coverage (EOC) or contact VNS CHOICE Medicare for more information.</p>

More Information

About VNS CHOICE

WHY SHOULD YOU JOIN A VNS CHOICE PLAN?

Because we know how to take care of you! VNS CHOICE Medicare is a health plan that is owned by the Visiting Nurse Service of New York. We know the health care needs of New York City residents and we are committed to promoting choice in health care and long-term care services. Our goal is to provide eligible members the health care coverage that they need through one of the plans that we offer. We want to help our members live as healthy as possible in their homes, and their community.

To reach that goal, we have designed several plan options for our members to choose from. The VNS CHOICE Medicare plans are available to residents in the five boroughs of New York City who have Medicare and Medicaid. In addition to the services outlined in this Summary of Benefits, the VNS CHOICE Medicare plan options also offer the following services:

- **A health risk assessment at the time you enroll.** We hope you will participate in the health risk assessment, because it can provide you with valuable information about your health needs. Based on your needs, we may offer additional services to help you stay as healthy as possible.
- **Care management programs.** All VNS CHOICE members are assigned to a nurse who will be your care manager. Your nurse will be available to help you with your health care needs. In some cases, your care manager will assist you if you need to receive care in the hospital or skilled nursing facility, or if your provider needs to obtain authorization for a specific service. Your care manager may also help you connect with the community resources that you need, or provide you with information on how to stay healthy by giving you educational guidance and by monitoring your specific health care needs. Whatever you need, our nurses are here to provide assistance.

- **Medical Prescription Drug Coverage.** All VNS CHOICE's Medicare plans include Medicare prescription drug coverage, so your medical care and prescriptions can be coordinated. As described above, VNS CHOICE uses a formulary, but we have taken steps to make using your prescription drug benefit as easy as possible. And in one of our Medicare options, there is no copayment for your generic drugs.
- **Nurse Hotline.** We know that you may have questions about your health at night or on weekends. VNS CHOICE has a Nurse Hotline that is available to you – 24 hours a day, 365 days a year – to answer your health questions or help you to get the services you need.
- **Customer Service Coordination.** As a person with both Medicare and Medicaid, it can sometimes be confusing to understand all of the services you are eligible for and which program pays for a specific service that you need. VNS CHOICE staff can help you coordinate the services you receive from Medicaid and can help you get other supportive services that you may be eligible for.

- **World Wide Coverage.** VNS CHOICE understands the importance of having an active quality of life, which means you sometimes may travel outside the United States. VNS CHOICE Medicare Option 1 and Option 2 provides you with World Wide coverage, so benefits will follow you no matter where you travel.



OTHER VNS CHOICE OPTIONS

VNS CHOICE has one other Medicare Plan called VNS CHOICE Managed Long Term Care Plus (or MLTC Plus). This plan is different from the two plans described in this Summary of Benefits because it was developed for individuals who have health care needs that make them eligible for placement in a nursing home, but would rather stay at home with assistance. This benefit plan combines your Medicare and Medicaid services under one insurance plan. This means you would only have to contact one plan, VNS CHOICE MLTC Plus, when you have questions about your Medicare and Medicaid services or health care coverage. This health plan has a broad range of services that includes all Medicare services, Medicare prescription drug coverage, and all home and community based, and facility-based long-term care services that are paid for by Medicaid.

Please contact VNS CHOICE at 1-866-867-0047, if you would like to learn more about this benefit.

ABOUT THE VISITING NURSE SERVICE OF NEW YORK (VNSNY)

Designed to bring quality health care to your community, VNS CHOICE Medicare plans are sponsored by the Visiting Nurse Service of New York (VNSNY). VNSNY is one of New York's largest, oldest and most respected not-for-profit health care providers. Founded in 1893 by Lillian Wald, a pioneer public-health nurse, VNSNY today provides services to thousands of people each day in the New York metropolitan area. VNSNY is a nationally recognized leader in caring for the elderly.

In 1998, VNSNY developed VNS CHOICE – its health insurance affiliate. VNS CHOICE has been successfully operating a Medicaid Managed Long Term Care Plan for over 10 years. Since 2007, VNS CHOICE is pleased to offer VNS CHOICE Medicare health plans for people who have both Medicare and Medicaid. VNS CHOICE is committed to helping our members access quality health care that is tailored to their needs and provided in their communities. VNS CHOICE's health plans offer innovative health care solutions that are beneficial, cost effective and serve each member's needs.





An Affiliate of the
Visiting Nurse Service of New York



1-866-VNS-0047 (1-866-867-0047)

TDD/TTY: 1-888-844-5530

1250 Broadway, 3rd Floor ■ New York, NY 10001

www.vnschoice.org