

# Introduction

## VNS CHOICE Managed Long Term Care Plus (MLTC Plus) Summary of Benefits

Thank you for your interest in VNS CHOICE Managed Long Term Care Plus. Our plan is offered by VNS CHOICE, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. VNS CHOICE MLTC Plus is also a Medicaid Advantage Plus program that joins together coverage of your Medicare and Medicaid benefits in a single plan. This plan is designed for people who meet specific enrollment criteria.

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

This plan includes coverage of all cost sharing, except for Medicare prescription drug coverage, where copayments apply for most prescription drugs.

Please call VNS CHOICE Managed Long Term Care Plus 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 Managed Long Term Care Plus and ask for the "Evidence of Coverage."

## 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, or a plan that combines your Medicare and Medicaid benefits like VNS CHOICE Managed Long Term Care Plus. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

Enrollment in this plan is voluntary. You may decide to enroll or disenroll from VNS CHOICE MLTC Plus at any time. Generally, changes to enrollment status will take effect on the first day of the following month. Please call VNS CHOICE at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users 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 VNS CHOICE Managed Long Term Care Plus to the Original Medicare Plan and Medicaid 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 and Medicaid cover for a person who has both Medicare and Medicaid.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer additional benefits, including many of your Medicaid-covered services. Benefits may change from year to year.

## WHERE IS VNS CHOICE MLTC PLUS 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 VNS CHOICE MLTC PLUS?

You can join VNS CHOICE Managed Long Term Care Plus if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. You must also be enrolled in the New York State Medicaid program to join this plan.

In addition you must also meet the eligibility requirements of a Medicaid managed long-term care plan. Members who are eligible to enroll into this plan must have chronic health care needs, and require ongoing help with day-to-day activities, such as bathing, dressing, walking, or preparing food. You must be eligible for placement in a nursing home, but would

rather stay at home with assistance. If you are interested in joining, a VNS CHOICE nurse will assess your needs to determine if you meet the eligibility requirements. Please call VNS CHOICE at 1-866-597-6674 for more details about enrolling in this program. (TDD/TTY users should call 1-888-844-5530).

### **CAN I CHOOSE MY DOCTORS?**

VNS CHOICE has formed a network of doctors, specialists, hospitals, and other health care providers. 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](http://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 may be required to pay for these services yourself. Neither VNS CHOICE, the Original Medicare Plan, nor Medicaid will pay for these services.

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

All of the VNS CHOICE Medicare plans cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs. The prescription drug coverage offered by VNS CHOICE is only available for individuals who enroll in one of the VNS CHOICE plans.



## 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 call us to ask for a pharmacy directory or visit us at [www.vnschoice.org](http://www.vnschoice.org). Our member services number is listed at the end of this introduction.

## WHAT IS A PRESCRIPTION DRUG FORMULARY?

VNS CHOICE MLTC Plus uses 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 members' 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](http://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?

Because all members of VNS CHOICE MLTC Plus are eligible for Medicaid, you automatically qualify for extra help with your Medicare prescription drug plan coverage. See pages 26-30 for more information.

## 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 VNS CHOICE MLTC Plus, 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 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 prescription drug(s) or medical benefit, 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 if you have other types of problems with VNS CHOICE services that do not involve coverage for a prescription drug or medical benefit.

As a member of VNS CHOICE MLTC Plus, you also keep all your Medicaid rights and protections. This includes your right to a fair hearing if you do not agree with the plan's decision about a service that is normally covered by Medicaid, or the plan's decision about enrollment.

## 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 MLTC Plus 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 MLTC Plus 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.

In addition, there are certain prescription and over-the-counter drugs that are not covered by Medicare, but will continue to be available to you through Medicaid.



**Please call VNS CHOICE MLTC Plus for more information.**

Visit us at [www.vnschoice.org](http://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 1-866-587-6674 for questions related to the **Medicare Advantage** program.  
(TTY/TDD 1-888-844-5530)

**Prospective Members:**

Call 1-866-587-6674 for questions related to the **Medicare Advantage** program.  
(TTY/TDD 1-888-844-5530)

**Current and Prospective Members:**

Call 1-866-587-6674 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](http://www.medicare.gov) on the web.

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

# Benefits Comparison

## VNS CHOICE MLTC Plus Summary of Benefits

You can compare VNS CHOICE Managed Long Term Care Plus 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 plan covers and what the Original Medicare Plan covers. The chart also includes information about services that you receive from Medicaid.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer many benefits covered by Medicaid as well as additional benefits not covered by Original Medicare or Medicaid. The covered benefits may change from year to year.

## IMPORTANT INFORMATION

You must be eligible for full benefits from Medicaid and meet the enrollment eligibility requirements for VNS CHOICE MLTC Plus to be eligible to enroll. VNS CHOICE covers most of the cost sharing amounts that you would otherwise have to pay and includes additional services that are covered by Medicaid. The cost sharing amounts and additional services are listed below. Contact VNS CHOICE for more information.

Benefit Category	Original Medicare/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<p><b>1. Premium and other important information</b></p>	<p>In 2009, the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$135.<sup>2</sup></p> <p>Medicaid pays the Part B premium and deductible for individuals who have both Medicare and Medicaid.</p>	<p>There is no monthly premium or yearly deductible for the following plan services:</p> <ul style="list-style-type: none"> <li>■ Doctor Office Visits</li> <li>■ Podiatry Services</li> <li>■ Outpatient Services/Surgery</li> <li>■ Home Health Care</li> <li>■ Skilled Nursing Facility</li> <li>■ Ambulance Services</li> <li>■ Emergency Care</li> <li>■ Urgently Needed Care</li> <li>■ Outpatient Rehabilitation Services</li> <li>■ Durable Medicare Equipment</li> <li>■ Prosthetic Devices</li> <li>■ Diabetes Self-Monitoring Training and Supplies</li> </ul>

Benefit Category	Original Medicare/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
		<ul style="list-style-type: none"> <li>■ Diagnostic Test, X-Rays, and Lab Services</li> <li>■ Bone Mass Measurement</li> <li>■ Colorectal Screening</li> <li>■ Immunizations</li> <li>■ Mammograms (Annual Screenings)</li> <li>■ Pap Smears and Pelvic Exams</li> <li>■ Prostate Cancer Screening Exams</li> <li>■ Hearing Services</li> <li>■ Comprehensive Outpatient Rehabilitation Facility (CORF)</li> <li>■ Partial Hospitalization</li> <li>■ Cardiac Rehabilitation Services</li> <li>■ Renal Dialysis</li> <li>■ Blood</li> <li>■ Medicare Part B Prescription Drugs</li> </ul>

<sup>1</sup> Each year, you pay a total of one \$135 deductible.

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

<sup>3</sup> 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.

<sup>4</sup> 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/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<p><b>2. Doctor and Hospital Choice</b></p> <p><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>

**INPATIENT CARE**

<p><b>3. Inpatient Hospital Care</b></p> <p><i>(includes Substance Abuse and Rehabilitation Services)</i></p>	<p>You pay for each benefit period:<sup>3</sup></p> <p><b>Day(s) 1-60:</b> An initial deductible of \$1,068</p> <p><b>Day(s) 61-90:</b> \$267 each day</p> <p><b>Day(s) 91-150:</b> \$534 each lifetime reserve day<sup>4</sup></p> <p>Medicaid pays the deductible and daily copayment for individuals who have both Medicare and Medicaid.</p>	<p>There is no deductible for services received at a network hospital.</p> <p>There is no copayment for a covered stay at a network hospital.</p> <p>You are covered for up to 365 days per year (366 in a leap year) with no deductible or copayment.</p> <p>Except in an emergency, your provider must obtain authorization from VNS CHOICE.</p>
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Benefit Category	Original Medicare/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<p><b>4. Inpatient Mental Health Care</b></p>	<p>You pay the same deductible and copayments as inpatient hospital care (See “Inpatient Hospital Care” above).</p> <p>Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Medicaid covers the deductible and cost of days in excess of the Medicare 190-day lifetime maximum.</p>	<p>There is no deductible for services received at a network hospital.</p> <p>There is no copayment for a covered stay at a network hospital.</p> <p>You are covered up to 365 days per year (366 in a leap year).</p> <p>Except in an emergency, your provider must obtain authorization from VNS CHOICE.</p>
<p><b>5. Skilled Nursing Facility</b> <i>(in a Medicare-certified skilled nursing facility)</i></p>	<p>You pay for each benefit period,<sup>3</sup> following at least a 3-day covered hospital stay:</p> <p><b>Day(s) 1-20:</b> \$0 for each day</p> <p><b>Day(s) 21-100:</b> \$133.50 for each day</p> <p style="text-align: right;"><i>continued on next page</i></p>	<p>There is no copayment for a covered stay at a Skilled Nursing Facility.</p> <p>There is no prior hospital stay requirement.</p> <p style="text-align: right;"><i>continued on next page</i></p>

<sup>1</sup> Each year, you pay a total of one \$135 deductible.

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

<sup>3</sup> 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.

<sup>4</sup> 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/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
	<p>There is a limit of 100 days for each benefit period.<sup>3</sup></p> <p>Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</p> <p>Medicaid covers long term care in a skilled nursing facility.</p>	<p>There are 2 levels of care in a facility for which you are covered:</p> <ul style="list-style-type: none"> <li>■ Skilled Nursing and Rehabilitation Services</li> <li>■ Long Term Care</li> </ul> <p>Authorization rules apply for services. Contact VNS CHOICE for details.</p>
<p><b>6. Home Health Care</b> <i>(includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)</i></p>	<p>There is no copayment for all covered home health visits.</p>	<p>There is no copayment for covered home health visits.</p> <p>Authorization rules apply for services. Contact VNS CHOICE for details.</p>
<p><b>7. Hospice</b></p>	<p>You pay part of the cost for outpatient drugs.</p> <p>You must receive care from a Medicare-certified hospice.</p>	<p>You must receive care from a Medicare-certified hospice.</p> <p>You do not need to disenroll if you are receiving hospice care.</p>

Benefit Category	Original Medicare/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<b>OUTPATIENT CARE</b>		
<b>8. Doctor Office Visits</b>	<p>You pay 0% coinsurance.</p> <p>Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</p>	<p>There is no copayment for each primary care doctor office visit for covered services.</p> <p>There is no copayment for each specialist visit for 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>
<b>9. Chiropractic Services</b>	<p>Routine care is not covered.</p> <p>You pay 0% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it</p> <p style="text-align: right;"><i>continued on next page</i></p>	<p>There is no copayment for covered visits (manual manipulation of the spine to correct subluxation).</p> <p>Authorization rules apply for services. Contact VNS CHOICE for details.</p>

<sup>1</sup> Each year, you pay a total of one \$135 deductible.

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

<sup>3</sup> 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.

<sup>4</sup> 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/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
	<p>from a chiropractor or other qualified providers.</p> <p>Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</p>	
<p><b>10. Podiatry Services</b></p>	<p>Routine care is not covered.</p> <p>You pay 0% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</p>	<p>There is no copayment for each covered visit (medically necessary foot care).</p> <p>You are covered for up to 4 routine visits every year, with no authorization.</p> <p>Authorization rules apply for certain services. Contact VNS CHOICE for details.</p>
<p><b>11. Outpatient Mental Health Care</b></p>	<p>You pay 0% coinsurance for most outpatient mental health services.</p> <p>Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</p>	<p>There is no copayment for each individual/group therapy visit.</p> <p>Except in an emergency, authorization rules apply for services.</p> <p>Contract VNS CHOICE for details.</p>

Benefit Category	Original Medicare/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<b>12. Outpatient Substance Abuse Care</b>	<p>You pay 0% coinsurance for outpatient substance abuse.</p> <p>Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</p>	<p>There is no copayment for each individual/group therapy visit.</p> <p>Except in an emergency, your provider must obtain authorization from VNS CHOICE.</p>
<b>13. Outpatient Services/Surgery</b>	<p>You pay 0% coinsurance for the doctor.</p> <p>You pay 0% coinsurance for outpatient facility charges.</p> <p>Medicaid pays the copayments for individuals who have both Medicare and Medicaid.</p>	<p>There is no copayment for each 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>
<b>14. Ambulance Services</b> <i>(medically necessary ambulance services)</i>	<p>You pay 0% coinsurance.</p> <p>Medicaid pays the copayment for people who have both Medicare and Medicaid.</p>	<p>There is no copayment for covered ambulance services.</p> <p>No authorization is needed for ambulance services in an emergency.</p>

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

<sup>3</sup> 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.

<sup>4</sup> 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/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<p><b>15. Emergency Care</b></p> <p><i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i></p>	<p>You pay 0% coinsurance for the doctor.</p> <p>You pay 0% of the facility charge or 0% per emergency room visit.</p> <p>Medicaid pays the copayments for individuals who have both Medicare and Medicaid.</p> <p>The emergency room copayment does not apply 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 for each emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>
<p><b>16. Urgently Needed Care</b></p> <p><i>(This is NOT emergency care, and in most cases, is out of the service area.)</i></p>	<p>You pay 0% coinsurance.</p> <p>Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>There is no copayment for urgently needed care.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>

Benefit Category	Original Medicare/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<p><b>17. Outpatient Rehabilitation Services</b> <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i></p>	<p>You pay 0% coinsurance. Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</p>	<p>There is no copayment for each covered Occupational Therapy, Physical Therapy and/or Speech/Language Therapy visit. Authorization rules apply for services. Contact VNS CHOICE for details.</p>

## OUTPATIENT MEDICAL SERVICES AND SUPPLIES

<p><b>18. Durable Medical Equipment</b> <i>(includes wheelchairs, oxygen, etc.)</i></p>	<p>You pay 0% coinsurance. Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</p>	<p>There is no copayment for each covered item. Authorization rules apply for services. Contact VNS CHOICE for details.</p>
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<sup>1</sup> Each year, you pay a total of one \$135 deductible.

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

<sup>3</sup> 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.

<sup>4</sup> 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/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<p><b>19. Prosthetic Devices</b> <i>(includes braces, artificial limbs and eyes, etc.)</i></p>	<p>You pay 0% coinsurance. Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</p>	<p>There is no copayment for each covered item. Authorization rules apply for services. Contact VNS CHOICE for details.</p>
<p><b>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> <i>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</i></p>	<p>You pay 0% coinsurance. Medicaid covers the copayment for individuals who have both Medicare and Medicaid. 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 Diabetes self-monitoring training. There is no copayment for Nutrition Therapy for Diabetes. There is no copayment for each Diabetes Supply item. Contact VNS CHOICE for details.</p>

Benefit Category	Original Medicare/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<p><b>21. Diagnostic Tests, X-Rays and Lab Services</b></p>	<p>You pay 0% coinsurance for diagnostic texts and x-rays.</p> <p>You pay \$0 copayment for Medicare covered lab services.</p> <p>Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</p> <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>There is no copayment for:</p> <ul style="list-style-type: none"> <li>■ Clinical/diagnostic lab service</li> <li>■ Radiation therapy service</li> <li>■ X-ray visit</li> </ul> <p>Authorization rules apply for services.</p> <p>Contact VNS CHOICE for details.</p>

<sup>1</sup> Each year, you pay a total of one \$135 deductible.

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

<sup>3</sup> 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.

<sup>4</sup> 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/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<b>PREVENTIVE SERVICES</b>		
<p><b>22. Bone Mass Measurement</b> <i>(for people with Medicare who are at risk)</i></p>	<p>You pay 0% coinsurance. Medicaid pays the copayment for individuals who have both Medicare and Medicaid. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>There is no copayment for Bone Mass Measurement.</p>
<p><b>23. Colorectal Screening Exams</b> <i>(for people with Medicare age 50 and older)</i></p>	<p>You pay 0% coinsurance. Medicaid pays the copayment for individuals who have both Medicare and Medicaid. Covered when you are at high risk or when you are age 50 and older.</p>	<p>There is no copayment for Colorectal Screening exam.</p>
<p><b>24. Immunizations</b> <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. You pay 0% coinsurance for the Hepatitis B vaccine.</p> <p style="text-align: right;"><i>continued on next page</i></p>	<p>There is no copayment for Pneumonia and Flu vaccines. You may only need the Pneumonia vaccine once in your</p> <p style="text-align: right;"><i>continued on next page</i></p>

Benefit Category	Original Medicare/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
	<p>Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.</p>	<p>lifetime. Please contact your doctor for further details.</p> <p>The Hepatitis B vaccine is covered under Medicare Part D. There is no copayment for the Hepatitis B vaccine.</p>
<p><b>25. Mammograms (Annual Screening)</b> <i>(for women with Medicare age 40 and older)</i></p>	<p>You pay 0% coinsurance.</p> <p>Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</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 covered screening Mammogram.</p>

<sup>1</sup> Each year, you pay a total of one \$135 deductible.

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

<sup>3</sup> 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.

<sup>4</sup> 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/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<p><b>26. Pap Smears and Pelvic Exams</b> <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% coinsurance for Pelvic Exams.</p> <p>Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</p>	<p>There is no copayment for each covered Pap Smear.</p> <p>There is no copayment for each covered Pelvic Exam.</p>
<p><b>27. Prostate Cancer Screening Exams</b> <i>(for men with Medicare age 50 and older)</i></p>	<p>You pay 0% coinsurance for the digital rectal exam.</p> <p>You pay \$0 for the PSA test; 0% coinsurance for other related services.</p> <p>Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>There is no copayment for each covered Prostate Cancer Screening Exam.</p>

Benefit Category	Original Medicare/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<p><b>28. End State Renal Disease</b></p>	<p>You pay 0% coinsurance for renal dialysis.</p> <p>You pay 0% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</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 renal dialysis.</p> <p>There is no copayment for Nutrition Therapy for End-Stage Renal Disease.</p>

<sup>1</sup> Each year, you pay a total of one \$135 deductible.

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

<sup>3</sup> 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.

<sup>4</sup> 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/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
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**MEDICARE PRESCRIPTION DRUG COVERAGE**

<p><b>29. Prescription Drugs</b></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><b>Drugs Covered Under Medicare Part B:</b></p> <ul style="list-style-type: none"> <li>■ \$0 yearly deductible for Part B covered drugs</li> <li>■ 0% of the cost for Part B covered drugs (not including Part B covered chemotherapy drugs)</li> <li>■ 0% of the cost for Part B covered chemotherapy drugs</li> </ul> <p><b>Drugs Covered Under Medicare Part D:</b></p> <p>This plan uses a formulary. A formulary is a list of drugs covered by the plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits your ability to fill your prescriptions, we will notify you before the change is made.</p> <p style="text-align: right;"><i>continued on next page</i></p>
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Benefit Category	Original Medicare/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
		<p>We will send a formulary to you and you can see our complete formulary on <a href="http://www.vnschoice.org">www.vnschoice.org</a>.</p> <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance, when you travel).</p> <p>Certain prescription drugs will have maximum quantity limits.</p> <p>Your provider must get prior authorization from VNS CHOICE for certain drugs. Contact VNS CHOICE for details.</p>

<sup>1</sup> Each year, you pay a total of one \$135 deductible.

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

<sup>3</sup> 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.

<sup>4</sup> 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/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<p><b>Deductible</b></p>	<p>You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.</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 \$0 annual deductible.</p>
<p><b>Initial Coverage</b></p> <p><b>In-Network Retail Pharmacy</b></p> <p><i>(There is no initial coverage limit for individuals enrolled in this plan.)</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>You pay the following for your drugs when you go to an in-network pharmacy:</p> <ul style="list-style-type: none"> <li>■ \$0 to \$1.10 copayment copayment for generic drugs, including brand drugs treated as generic.</li> <li>■ \$0 to \$3.20 copayment for brand, preferred and specialty drugs.</li> </ul>

Benefit Category	Original Medicare/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
Mail Order		<p>You may receive drugs from a mail-order pharmacy for a three-month (90-day) supply.</p> <ul style="list-style-type: none"> <li>■ \$0 to \$1.10 copayment for generic drugs, including brand drugs treated as generic.</li> <li>■ \$0 to \$3.20 copayment for brand, preferred and specialty drugs.</li> </ul>
Catastrophic		<p>When your yearly drug costs reach \$4,350, you pay:</p> <ul style="list-style-type: none"> <li>■ \$0 copayment for all drugs.</li> </ul>

<sup>1</sup> Each year, you pay a total of one \$135 deductible.

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

<sup>3</sup> 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.

<sup>4</sup> 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/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<p><b>Out-of-Network Pharmacies</b></p>		<p>Covered Part D Drugs are available at out-of-network pharmacies in special circumstances, or while traveling outside of the plan's service area where there is no network pharmacy.</p> <p>To learn more about what your costs will be, please contact VNS CHOICE for more information.</p>

Benefit Category	Original Medicare/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<b>ADDITIONAL SERVICES</b>		
<b>30. Dental Services</b>	<p>Medicare does not provide coverage for preventive dental services (such as cleanings).</p> <p>Medicaid covers preventive and basic restorative dental services.</p>	<p>You receive covered dental services with no copayment.</p> <p>Certain ambulatory or inpatient surgical dental services require prior authorization.</p> <p>Contact VNS CHOICE for more information.</p>
<b>31. Hearing Services</b>	<p>Medicare does not cover routine hearing exams and hearing aids.</p> <p>Medicaid covers exams from an audiologist and hearing aids.</p> <p>You pay a 0% coinsurance for diagnostic hearing exams.</p>	<p>You receive medically necessary hearing exams, plus you may receive 1 visit every year for a routine hearing exam (diagnostic hearing exam) or for an evaluation for a hearing aid.</p> <p>You may receive covered services and products when medically necessary to alleviate disability</p> <p style="text-align: right;"><i>continued on next page</i></p>

<sup>1</sup> Each year, you pay a total of one \$135 deductible.

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

<sup>3</sup> 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.

<sup>4</sup> 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/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
		<p>caused by the loss or impairment of hearing, including hearing aids and hearing aid batteries.</p> <p>There is no copayment. Contact VNS CHOICE for details.</p>
<p><b>32. Vision Services</b></p>	<p>You pay 0% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses are not covered by Medicare.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screening is covered by Medicare for people at risk.</p> <p>Additional vision benefits are covered by Medicaid, including routine eye exams and eyeglasses.</p>	<p>There is no copayment for the following services:</p> <ul style="list-style-type: none"> <li>■ Eye exams (diagnosis and treatment for diseases and conditions of the eye).</li> <li>■ One routine eye exam every year</li> </ul> <p>There is no copayment for the following items:</p> <ul style="list-style-type: none"> <li>■ Covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery)</li> <li>■ One set of frames and lenses every year.</li> <li>■ Contact lenses are only covered when medically necessary.</li> </ul>

Benefit Category	Original Medicare/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<p><b>33. Physical Exams</b></p>	<p>You pay 0% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>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>Medicaid pays the copayment for individuals who have both Medicare and Medicaid.</p>	<p>There is no copayment for routine exams.</p> <p>Limited to 1 exam every year.</p>

<sup>1</sup> Each year, you pay a total of one \$135 deductible.

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<sup>3</sup> 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.

<sup>4</sup> 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/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<p><b>34. Health and Wellness Education Programs</b></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"> <li>■ Care management and coordination of your medical care and long term care services.</li> <li>■ Written health education materials</li> <li>■ Nursing Hotline available 24 hours a day, 7 days per week.</li> </ul>
<p><b>35. Transportation (Routine)</b></p>	<p>You pay 100%.</p>	<p>You are covered for scheduled transportation that is necessary to get needed medical care and other health related services. Coverage includes: ambulette, car service, and public transportation.</p> <p>Contact VNS CHOICE for details.</p>

Benefit Category	Original Medicare/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
<b>LONG TERM CARE SERVICES</b>		
<p><b>36. Home and Community Based Long Term Care Services</b></p>	<p>Medicare does not cover home and community based long-term care services.</p> <p>You may be eligible for other long term care options covered by fee-for-service Medicaid.</p>	<p>You are covered for medically necessary long term care services provided in your home and/or community-based organizations. These services are based on an individual plan of care developed by your care manager, working with you, your caregivers, and your physician. In addition to the services listed in other sections of this chart, your plan of care may include:</p> <ul style="list-style-type: none"> <li>■ Personal care services</li> <li>■ Nutritional services and nutritional supplements</li> <li>■ Medical Social Services</li> </ul> <p style="text-align: right;"><i>continued on next page</i></p>

<sup>1</sup> Each year, you pay a total of one \$135 deductible.

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

<sup>3</sup> 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.

<sup>4</sup> 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/ Fee for Service Medicaid	VNS CHOICE Managed Long Term Care (MLTC) Plus
		<ul style="list-style-type: none"> <li>■ Social and Environmental Supports, including home modifications</li> <li>■ Home Delivered Meals</li> <li>■ Adult Day Health Care</li> <li>■ Social Adult Day Services</li> <li>■ Personal Emergency Response System (PERS)</li> <li>■ Private Duty Nursing</li> </ul> <p>Authorization rules apply. Contact VNS CHOICE for details.</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 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, for as long as possible.

To reach that goal, we offer VNS CHOICE Managed Long Term Care Plus (or MLTC Plus), which joins together a Medicare Advantage Plan and a Medicaid Advantage Plus Program into a single comprehensive plan. This plan was developed for people who have chronic illnesses, need assistance with day-to-day activities, and would prefer to remain at home with assistance for as long as possible. People who enroll in this program receive a wide range of services that includes all Medicare services (including

Medicare prescription drug coverage), and most Medicaid services, including home-based, community-based, and facility-based long term care services. These services are listed in the right-hand column of the chart in the previous section of this booklet.

In addition to the services outlined in the Summary of Benefits, some of the other benefits that the VNS CHOICE MLTC Plus Plan offers include:

- **Health Risk Assessment.** Your care manager will complete a clinical assessment in your home, which will provide us with valuable information about your health needs. Based on your needs, we will develop a plan of care with services to help you stay as healthy as possible.
- **Care management programs.** All VNS CHOICE MLTC Plus members are assigned to a nurse or a social worker who will be your care manager. Your care manager works with other professionals (including nurses, social workers, rehabilitation therapists, and nutritionists) and will be available to help you with your long-term health care needs. This can include monitoring your health care status to help you stay as healthy as possible and supervising all the care that you receive in the home. Your care

manager will provide you with health information that is personalized to your needs, so that you are able to take better care of yourself. She/he is also available to provide you with information on resources that are available in your community. 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. Whatever you need, our team of professionals is here to help.

- **Medical Prescription Drug Coverage.** VNS CHOICE MLTC Plus includes your Medicare prescription drug coverage, so your medical care and prescriptions can be coordinated. As described above, VNS CHOICE uses a formulary. We have taken steps to make using your prescription drug benefit as easy as possible. (Please note that additional prescription and over-the-counter drugs that are not covered by Medicare will continue to be available to you through Medicaid.)
- **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. Our staff can help you coordinate the services you receive from Medicaid and Medicare, arrange for transportation to your medical appointments, and help you get other supportive services that you may be eligible for.

### A NOTE ABOUT ENROLLMENT

To enroll in the VNS CHOICE MLTC Plus program, you must live in one of the five boroughs of New York City, you must be eligible for Medicare and full Medicaid benefits, and you must also meet the following criteria:

- You must be eligible for nursing home care but choose to remain at home with assistance at the time you enroll. A VNS CHOICE Nurse will assess your needs to determine if you need ongoing help

with day-to-day activities, such as bathing, dressing, walking or preparing food.

- You must be expected to need long term care services from our program for at least 120 days. This includes the assistance of a care manager, along with home care or adult day services. A VNS CHOICE Nurse will meet with you to evaluate your needs.
- You must be living in the community at the time you enroll, and able to be safe in your home with assistance.
- Your enrollment must be approved by the New York City Human Resources Administration (HRA). Only people who are approved for this plan's Medicaid services can participate in this Medicare Advantage plan.

A registered nurse will visit you in your home to assess your needs in order to determine if you are eligible for this program. Please contact VNS CHOICE at 1-866-597-6674, if you would like to learn more about this benefit plan. (TTY/TDD users call 1-888-844-5530).

## OTHER VNS CHOICE OPTIONS

VNS CHOICE has two additional Medicare plans for people who have both Medicare and Medicaid. These health plans are available to residents of New York City. They include a broad range of services including prescription drug coverage, care management programs and customer service coordination. If you are not eligible for VNS CHOICE MLTC Plus, or wish to consider other options, you may want to learn more about these other VNS CHOICE plans. They are:

### VNS CHOICE Medicare Option 1

This plan offers a broad range of services and a drug plan that does not require a copayment for generic drugs. That means that you will not have to pay any out-of-pocket costs for a prescribed prescription drug, if a generic is available. This plan also includes coverage if you travel outside of the United States.

### VNS CHOICE Medicare Option 2

This plan offers a broad range of services and a health and wellness benefit that includes a Health Club Membership, exercise programs, and transportation to your medical appointments. This plan also includes coverage if you travel outside of the United States.

## ABOUT THE VISITING NURSE SERVICE OF NEW YORK (VNSNY)

Designed to bring quality health care to your community, VNS CHOICE Managed Long Term Care Plus is 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. VNS CHOICE is pleased to offer VNS CHOICE Managed Long Term Care Plus (MLTC Plus), a Medicare Advantage and Prescription Drug Plan that combines comprehensive Medicare coverage with Medicaid services including home and community based long term care services. 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.