



A Medicare
Advantage Plan

VNS CHOICE[®] Medicare

SUMMARY OF BENEFITS

 VNS CHOICE Medicare

An affiliate of
Visiting Nurse Service Of New York[®]

A Medicare Advantage Plan

*January 1 – December 31, 2008
Bronx, Kings, New York,
Queens and Richmond County*

Introduction

VNS CHOICE Medicare Option 1 and Option 2 Summary of Benefits

Thank you for your interest in VNS CHOICE, an affiliate of the Visiting Nurse Service of New York. VNS CHOICE offers three Medicare Advantage and prescription drug plans with a Medicare contract designed for people who meet specific enrollment criteria. All VNS CHOICE Medicare plans have been designed specifically for people with both Medicare and Medicaid.

The names of the plans that are described in this Summary of Benefits are called VNS CHOICE Medicare Option 1 and VNS CHOICE Medicare Option 2.

Please call VNS CHOICE to find out if you are eligible to join. Our number is 1-866-867-0047 (TTY/TDD 1-888-844-5530).

This Summary of Benefits tells you some features of these plans. 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 and ask for the "Evidence of Coverage" for the specific plan you would like to learn about. In addition to the plans described in this booklet, we also offer the VNS CHOICE Managed Long Term Care Plus plan, which is designed for people who need in-home supportive long-term care services. If you would like information about this plan, please call us at 1-866-867-0047 (TTY/TDD 1-888-844-5530).

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, your health care is still provided by the Medicare Program.

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 the 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 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 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.

WHERE ARE THE VNS CHOICE MEDICARE PLANS AVAILABLE?

The service area for the plans includes all five boroughs of New York City: Bronx, Kings, New York, Queens, and Richmond Counties, NY. You must live in one of these places to join any one of the plans.

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

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

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. You may change your physician at any time. You can ask for a current Provider Directory, by calling us at 1-866-783-1444 or visiting us at www.vnschoice.org.

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

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

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

All 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 Medicare Advantage Plans.

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

VNS CHOICE has contracted with a network of pharmacies. The number of pharmacies in the network is expansive and reaches across the United States. You must use a network pharmacy to receive plan benefits. The VNS CHOICE network includes retail pharmacies, mail order pharmacies, long term care pharmacies, and home infusion pharmacies, in order to meet your needs. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. You can ask for a current Pharmacy Network List or visit us at www.vnschoice.org. Our customer service 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, 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. All VNS CHOICE Medicare plans use the same formulary. We will send you a copy of our formulary or you can view 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 by requesting an exception or switching 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 plan costs, your premium and costs at the pharmacy will be lower. 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 prescription drug or medical service, 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 drugs or any other VNS CHOICE service, you have the right to appeal and ask for 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 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 notified of eligibility. Contact VNS CHOICE for more details.

Please call VNS CHOICE Medicare for more information about this plan.

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

Customer Service Hours:

Monday, Tuesday, Wednesday, Thursday, Friday,
8:00 am – 9:00 pm Eastern

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 related 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.

*January 1 – December 31, 2008
Bronx, Kings, New York,
Queens and Richmond County*

Benefits Comparison

VNS CHOICE Summary of Benefits

You can compare VNS CHOICE's Medicare 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>You pay the Medicare Part B premium of \$96.40 each month.</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 may pay more.

³ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can only be used once.

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 Out-patient 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 Out-patient Rehabilitation Facility (CORF) ■ Partial Hospitalization ■ Cardiac Rehabilitation Services ■ Renal Dialysis ■ Blood ■ Medicare Part B Prescription Drugs

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<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>
<p>3. Inpatient Hospital Care <i>(includes Substance Abuse and Rehabilitation Services)</i></p>	<p>You pay for each benefit period³</p> <p>Day(s) 1-60: An initial deductible of \$1,024</p> <p>Day(s) 61-90: \$256 each day</p> <p>Day(s) 91-150: \$512 each lifetime reserve day⁴</p>	<p>There is no deductible for services received at a network hospital.</p> <p>There is no co-payment for a Medicare-covered stay at a network hospital.</p> <p>You are covered for 90 days each benefit period.</p> <p style="text-align: right;"><i>continued on next page</i></p>	<p>There is no deductible for services received at a network hospital.</p> <p>There is no co-payment for a Medicare-covered stay at a network hospital.</p> <p>You are covered for 90 days each benefit period.</p> <p style="text-align: right;"><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 may pay more.

³ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can only be used once.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
		<p>You are covered for 60 lifetime reserve days. There is no co-payment for lifetime reserve days.</p> <p>Except in an emergency, your provider must obtain authorization from VNS CHOICE.</p>	<p>You are covered for 60 lifetime reserve days. There is no co-payment for lifetime reserve days.</p> <p>Except in an emergency, your provider must obtain authorization from VNS CHOICE.</p>
<p>5. Skilled Nursing Facility (in a Medicare-certified facility)</p>	<p>You pay for each benefit period (3), following at least a 3-day covered hospital stay:</p> <ul style="list-style-type: none"> ■ Day(s) 1-20: \$0 for each day ■ Day(s) 21-100: \$128 for each day <p>There is a limit of 100 days for each benefit period.³</p>	<p>There is no co-payment 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>Authorization rules apply for services. Contact VNS CHOICE for details.</p>	<p>There is no co-payment 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>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>6. Home Health Care <i>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i></p>	<p>There is no co-payment for all covered home health visits.</p>	<p>There is no co-payment for Medicare-covered home health visits.</p> <p>Authorization rules apply for services. Contact VNS CHOICE for details.</p>	<p>There is no co-payment for Medicare-covered home health visits.</p> <p>Authorization rules apply for services. Contact VNS CHOICE for details.</p>
<p>7. Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</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 must receive care from a Medicare-certified hospice.</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 may pay more.

³ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can only be used once.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
OUTPATIENT CARE			
<p>8. Doctor Office Visits</p>	<p>You pay 20% of Medicare-approved amounts.^{1,2}</p>	<p>There is no co-payment for each primary care doctor office visit for Medicare-covered services.</p> <p>There is no co-payment 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 28 – Physical Exams for more information.</p>	<p>There is no co-payment for each primary care doctor office visit for Medicare-covered services.</p> <p>There is no co-payment 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 28 — Physical Exams for more information.</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>9. Chiropractic Services</p>	<p>You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers.</p> <p>You pay 100% for routine care.</p> <p>You pay 20% of Medicare-approved amounts.^{1,2}</p>	<p>There is no co-payment 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 co-payment 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>10. Podiatry Services</p>	<p>You pay 20% of Medicare-approved amounts.^{1,2}</p> <p>You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p style="text-align: center;"><i>continued on next page</i></p>	<p>There is no co-payment for each Medicare-covered visit (medically necessary foot care).</p> <p>You are covered for up to 4 routine visits every year.</p> <p style="text-align: center;"><i>continued on next page</i></p>	<p>There is no co-payment for each Medicare-covered visit (medically necessary foot care).</p> <p>You are covered for up to 4 routine visits every year.</p> <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 may pay more.

³ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can only be used once.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
	You pay 100% for routine care.	Authorization rules apply for services. Contact VNS CHOICE for details.	Authorization rules apply for services. Contact VNS CHOICE for details.
11. Outpatient Mental Health Care	You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you pay 20% of approved charges. ^{1,2}	For Medicare-covered Mental Health services, there is no co-payment for each individual / group therapy visit. Authorization rules apply for services. Contact VNS CHOICE for details.	For Medicare-covered Mental Health services, there is no co-payment for each individual / group therapy visit. Authorization rules apply for services. Contact VNS CHOICE for details.
12. Outpatient Substance Abuse	You pay 20% of Medicare-approved amounts. ^{1,2}	For Medicare-covered services, there is no co-payment for each individual/group therapy visit. Except in an emergency, your provider must obtain authorization from VNS CHOICE.	For Medicare-covered services, there is no co-payment for each individual/group therapy visit. Except in an emergency, your provider must obtain authorization from VNS CHOICE.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>13. Outpatient Services/ Surgery</p>	<p>You pay 20% of Medicare-approved amounts for the doctor.^{1,2}</p> <p>You pay 20% of outpatient facility charges.^{1,2}</p>	<p>There is no co-payment for each Medicare-covered visit to an ambulatory surgical center.</p> <p>There is no co-payment 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 co-payment for each Medicare-covered visit to an ambulatory surgical center.</p> <p>There is no co-payment 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>14. Ambulance Services <i>(medically necessary ambulance services)</i></p>	<p>You pay 20% of Medicare-approved amounts or applicable fee schedule charge.^{1,2}</p>	<p>There is no co-payment for Medicare-covered ambulance services.</p>	<p>There is no co-payment for Medicare-covered ambulance services.</p>

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

³ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

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Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<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 20% of the facility charge or applicable co-payment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.^{1,2}</p> <p>You pay 20% of doctor charges.^{1,2}</p> <p>NOT covered outside of the U.S. except under limited circumstances.</p>	<p>There is no co-payment for each Medicare-covered emergency room visit.</p> <p>Service is available outside of the U.S. (See Section #37 – World Wide Coverage for more details).</p>	<p>There is no co-payment for each Medicare-covered emergency room visit.</p> <p>Service is available outside of the U.S. (See Section #37 – World Wide Coverage for more details).</p>
<p>16. Urgently Needed Care <i>(This is NOT emergency care, and in most cases, is out of the service area.)</i></p>	<p>You pay 20% of Medicare-approved amounts or applicable Co-payment.^{1,2}</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>There is no co-payment for each Medicare-covered urgently needed care visit.</p> <p>Service is available outside of the U.S. (See Section #37 – World Wide Coverage for more details).</p>	<p>There is no co-payment for each Medicare-covered urgently needed care visit.</p> <p>Service is available outside of the U.S. (See Section #37 – World Wide Coverage for more details).</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>17. Outpatient Rehabilitation Services <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i></p>	<p>You pay 20% of Medicare-approved amounts.^{1,2}</p>	<p>There is no co-payment for each Medicare-covered Occupational Therapy, Physical Therapy and/or Speech/Language Therapy visit.</p> <p>Authorization rules apply for services.</p> <p>Contact VNS CHOICE for details.</p>	<p>There is no co-payment for each Medicare-covered Occupational Therapy, Physical Therapy and/or Speech/Language Therapy visit.</p> <p>Authorization rules apply for services.</p> <p>Contact VNS CHOICE for details.</p>

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

<p>18. Durable Medical Equipment <i>(includes wheel-chairs, oxygen, etc.)</i></p>	<p>You pay 20% of Medicare-approved amounts.^{1,2}</p>	<p>There is no co-payment for each Medicare-covered item.</p> <p>Authorization rules apply for services.</p> <p>Contact VNS CHOICE for details.</p>	<p>There is no co-payment for each Medicare-covered item.</p> <p>Authorization rules apply for services.</p> <p>Contact VNS CHOICE for details.</p>
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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 may pay more.

³ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can only be used once.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>19. Prosthetic Devices <i>(includes braces, artificial limbs and eyes, etc.)</i></p>	<p>You pay 20% of Medicare-approved amounts.^{1,2}</p>	<p>There is no co-payment for each Medicare-covered item.</p> <p>Authorization rules apply for services. Contact VNS CHOICE for details.</p>	<p>There is no co-payment for each Medicare-covered item.</p> <p>Authorization rules apply for services. Contact VNS CHOICE for details.</p>
<p>20. Diabetes Self-Monitoring Training and Supplies <i>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</i></p>	<p>You pay 20% of Medicare-approved amounts.^{1,2}</p>	<p>There is no co-payment for Medicare-covered Diabetes self-monitoring training.</p> <p>There is no co-payment for each Diabetes Supply item.</p> <p>Authorization rules apply for services.</p> <p>Contact VNS CHOICE for details.</p>	<p>There is no co-payment for Medicare-covered Diabetes self-monitoring training.</p> <p>There is no co-payment for each Diabetes Supply item.</p> <p>Authorization rules apply for services.</p> <p>Contact VNS CHOICE for details.</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>21. Diagnostic Tests, X-Rays, and Lab Services</p>	<p>You pay 20% of Medicare-approved amounts, except for approved lab services.^{1,2}</p> <p>There is no co-payment for Medicare-approved lab services.</p>	<p>There is no co-payment for each Medicare-covered:</p> <ul style="list-style-type: none"> ■ Clinical/diagnostic lab service ■ Radiation therapy service ■ X-ray visit <p>Authorization rules apply for services.</p> <p>Contact VNS CHOICE for details.</p>	<p>There is no co-payment for each Medicare-covered:</p> <ul style="list-style-type: none"> ■ Clinical/diagnostic lab service ■ Radiation therapy service ■ X-ray visit <p>Authorization rules apply for services.</p> <p>Contact VNS CHOICE for details.</p>

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

<p>22. Bone Mass Measurement <i>(for people with Medicare who are at risk)</i></p>	<p>You pay 20% of Medicare-approved amounts.^{1,2}</p>	<p>There is no co-payment for each Medicare-covered Bone Mass Measurement.</p>	<p>There is no co-payment for each Medicare-covered Bone Mass Measurement.</p>
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² If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

³ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

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Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>23. Colorectal Screening Exams <i>(for people with Medicare age 50 and older)</i></p>	<p>You pay 20% of Medicare-approved amounts.^{1,2}</p>	<p>There is no co-payment for each Medicare-covered Colorectal Screening exam.</p>	<p>There is no co-payment 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>There is no co-payment for the Pneumonia and Flu vaccines.</p> <p>You pay 20% of Medicare-approved amounts for the Hepatitis B vaccine.^{1,2}</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.</p>	<p>There is no co-payment for the Pneumonia and Flu vaccines.</p> <p>There is no co-payment for the Hepatitis B vaccine.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.</p>	<p>There is no co-payment for the Pneumonia and Flu vaccines.</p> <p>There is no co-payment for the Hepatitis B vaccine.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>25. Mammograms <i>(Annual Screening for women with Medicare age 40 and older)</i></p>	<p>You pay 20% of Medicare-approved amounts.²</p> <p>No referral necessary for Medicare-covered screenings.</p>	<p>There is no co-payment for each Medicare-covered screening Mammogram.</p> <p>No referral necessary for Medicare-covered screenings.</p>	<p>There is no co-payment for each Medicare-covered screening Mammogram.</p> <p>No referral necessary for Medicare-covered screenings.</p>
<p>26. Pap Smears and Pelvic Exams <i>(for women with Medicare)</i></p>	<p>There is no co-payment for a Pap Smear once every 2 years or annually for beneficiaries at high risk.²</p> <p>You pay 20% of Medicare-approved amounts for Pelvic Exams.²</p>	<p>There is no co-payment for each Medicare-covered Pap Smear.</p> <p>There is no co-payment for each Medicare-covered Pelvic Exam.</p>	<p>There is no co-payment for each Medicare-covered Pap Smear.</p> <p>There is no co-payment for each Medicare-covered Pelvic Exam.</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 may pay more.

³ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

⁴ Lifetime reserve days can only be used once.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>27. Prostate Cancer Screening exams <i>(for men with Medicare age 50 and older)</i></p>	<p>There is no co-payment for approved lab services and a co-payment of 20% of Medicare-approved amounts for other related services.^{1,2}</p>	<p>There is no co-payment for each Medicare-covered Prostate Cancer Screening Exam.</p>	<p>There is no co-payment for each Medicare-covered Prostate Cancer Screening Exam.</p>
<p>28. Physical Exams</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage.</p> <p>This will not include laboratory tests. You pay 20% of the Medicare-approved amount.^{1,2}</p>	<p>You are covered for one routine physical per year.</p> <p>There is no co-payment for physical exams.</p>	<p>You are covered for one routine physical per year.</p> <p>There is no co-payment for physical exams.</p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
MEDICARE PRESCRIPTION DRUG COVERAGE			
<p>29. Prescription Drugs Covered Under Part D</p>	<p>You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.</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. We will send a formulary to you and you can see our complete formulary on www.vnschoice.org.</p> <p style="text-align: right;"><i>continued on next page</i></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. We will send a formulary to you and you can see our complete formulary on www.vnschoice.org.</p> <p style="text-align: right;"><i>continued on next page</i></p>

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Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
		<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 Medicare for certain drugs.</p> <p>Contact VNS CHOICE Medicare for details.</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 Medicare for certain drugs.</p> <p>Contact VNS CHOICE Medicare for details.</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 \$0 or \$56 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 \$0 or \$56 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>

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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:</p> <ul style="list-style-type: none"> ■ \$ 0 co-payment for generic drugs, including brand drugs treated as generic. <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> <ul style="list-style-type: none"> ■ \$0 to \$5.60 co-payment or 15% co-insurance for brand, preferred and specialty drugs. 	<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> <ul style="list-style-type: none"> ■ \$0 to \$2.25 co-payment or 15% co-insurance for generic drugs, including brand drugs treated as generic. ■ \$0 to \$5.60 co-payment or 15% co-insurance for brand, preferred and specialty drugs.

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>Mail Order</p>		<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 \$5.60 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 \$2.25 co-payment or 15% co-insurance for generic drugs, including brand drugs treated as generic. ■ \$0 to \$5.60 or 15% of the cost for brand, preferred and specialty drugs.

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³ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

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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 \$2,510, you will pay:</p> <ul style="list-style-type: none"> ■ \$ 0 co-payment for generic drugs (including brand drugs treated as generic). <p>Depending on your income or institutional status, you will pay:</p> <ul style="list-style-type: none"> ■ \$0 to \$5.60 or 15% co-insurance for brand or non-generic drugs. 	<p>When your yearly drug costs reach \$2,510, you will pay the following for your drugs, depending on your income and institutional status:</p> <ul style="list-style-type: none"> ■ \$0 or \$2.25 co-payment or 15% co-insurance supply generic drugs. ■ \$0 or \$5.60 co-payment or 15% co-insurance for brand, preferred and specialty drugs.
<p>Catastrophic</p>		<p>When your yearly drug costs reach \$4,050, you will pay:</p> <ul style="list-style-type: none"> ■ \$ 0 co-payment for generic drugs including brand drugs treated as generic. <p>Depending on your income or institutional status, you pay:</p> <p style="text-align: right;"><i>continued on next page</i></p>	<p>When your yearly drug costs reach \$4,050, you will pay the following for your drugs, depending on your income and institutional status:</p> <ul style="list-style-type: none"> ■ \$0 - \$2.25 co-payment for generic drugs; or <p style="text-align: right;"><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 to \$5.60 co-payment for all brand, preferred and specialty drugs. 	<ul style="list-style-type: none"> ■ \$0 to \$5.60 co-payment for brand, preferred and specialty drugs.
<p>Out-of-Network Pharmacies</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 Medicare for more information.</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 Medicare for more information.</p>

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Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
ADDITIONAL SERVICES			
<p>30. Dental Services</p>	<p>In general, you pay 100% for preventive dental services.</p>	<p>In general, you pay 100% for preventive and restorative dental services, including periodontic and endodontic services.</p>	<p>You receive preventive and restorative dental services, including periodontic and endodontic services, with no co-payment.</p> <p>Authorization rules apply.</p> <p>Contact VNS CHOICE for more information.</p>
<p>31. Hearing Services</p>	<p>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>You may receive 1 visit every 3 years for a hearing exam (diagnostic hearing exams) or for an evaluation for a hearing aid.</p> <p>You may receive 1 hearing aid every 3 years for each ear.</p> <p>A maximum of \$1,500 per hearing aid every 3 years applies to this benefit.</p> <p><i>continued on next page</i></p>	<p>You may receive 1 visit every 3 years for a hearing exam (diagnostic hearing exam) or for an evaluation for a hearing aid.</p> <p>You may receive 1 hearing aid every 3 years for each ear.</p> <p>A maximum of \$1,500 per hearing aid every 3 years applies to this benefit.</p> <p><i>continued on next page</i></p>

Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
		<p>There is no co-payment.</p> <p>Authorization rules apply. Contact VNS CHOICE for details.</p>	<p>There is no co-payment.</p> <p>Authorization rules apply. Contact VNS CHOICE for details.</p>
<p>32. Vision Services</p>	<p>You are covered for one pair of eyeglasses or contact lenses after each cataract surgery.^{1,2}</p> <p>For people with Medicare who are at risk, you are covered for annual glaucoma screenings.^{1,2}</p> <p>You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye.^{1,2}</p> <p style="text-align: center;"><i>continued on next page</i></p>	<p>There is no co-payment 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 co-payment for the following items:</p> <p style="text-align: center;"><i>continued on next page</i></p>	<p>There is no co-payment 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 co-payment for the following items:</p> <p style="text-align: center;"><i>continued on next page</i></p>

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Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
	<p>You pay 100% for routine eye exams and glasses.</p>	<ul style="list-style-type: none"> ■ Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery) ■ One pair of glasses every year or one pair of contact lenses every year ■ Lenses ■ One set of frames every year, up to \$120. <p>Additional vision benefits are available.</p>	<ul style="list-style-type: none"> ■ Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery) ■ One pair of glasses every year or one pair of contact lenses every year ■ Lenses ■ One set of frames every year, up to \$120. <p>Additional vision benefits are available.</p>
<p>33. Health / Wellness Education</p>	<p>You pay 100%.</p>	<p>You are covered for the following:</p> <ul style="list-style-type: none"> ■ Written health education materials, including newsletters ■ Nursing Hotline available 24 hours a day, 7 days per week. <p><i>continued on next page</i></p>	<p>You are covered for the following:</p> <ul style="list-style-type: none"> ■ Written health education materials, including newsletters ■ Nursing Hotline available 24 hours a day, 7 days per week. <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"> Assistance in accessing entitlement benefits including Medicaid re-certification, Medicare Savings Program, Low Income Subsidy applications, housing and social programs. 	<ul style="list-style-type: none"> Assistance in accessing entitlement benefits including Medicaid re-certification, Medicare Savings Program, Low Income Subsidy applications, housing and social programs.
<p>34. Health Club Membership</p>	<p>You pay 100%</p>	<ul style="list-style-type: none"> Not offered. 	<p>You will receive a Health Club membership, including fitness programs and wellness education.</p> <p>In addition, this benefit includes 12 alternative medicine visits per year including massage, personal trainer, chiropractic and acupuncture disciplines.</p> <p style="text-align: right;"><i>continued on next page</i></p>

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Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
			There is no additional cost for this service. Contact VNS CHOICE for details.
35. Transportation (Routine)	You pay 100%	There is no co-payment for up to 4 round trip(s) to a Plan-approved location every three months. Contact VNS CHOICE for details.	There is no co-payment for up to 4 round trip(s) to a Plan-approved location every three months. Contact VNS CHOICE for details.
36. Health Ambassador Program	You pay 100%	The Health Ambassador Program provides one in-home professional visit every 6 months at the member's request and is arranged by the plan. There is no co-payment for each Health Ambassador visit.	The Health Ambassador Program provides one in-home professional visit every 6 months at the member's request and is arranged by the plan. There is no co-payment for each Health Ambassador visit.

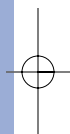
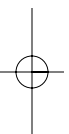
Benefit Category	Original Medicare	VNS CHOICE Medicare Option 1	VNS CHOICE Medicare Option 2
<p>37. World Wide Coverage</p>	<p>You pay 100%</p>	<p>You may receive up to \$1,200 every 6 months of medically necessary services when you travel outside the United States.</p> <p>Contact VNS CHOICE for details.</p>	<p>You may receive up to \$1,200 every 6 months of medically necessary services when you travel outside the United States.</p> <p>Contact VNS CHOICE for details.</p>

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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, for as long as possible.

To reach that goal, we have designed different 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 us 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 only 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. Other times, your care manager may 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 ongoing assistance.
- **Medicare 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 co-payment 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 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 a quality of life, which means you sometimes need to travel outside of the United States. VNS CHOICE Medicare Option 1 and Option 2 provides you with World Wide coverage, so your 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 who 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 these benefit plans.

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 healthcare 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 now pleased to be offering three 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.





VNS CHOICE[®] Medicare

 **VNS CHOICE Medicare**

An affiliate of
VisitingNurseService Of NewYork[®]

A Medicare Advantage Plan

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