



# **VillageCareMAX 2026 Medicare Plans Comparison**

**VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP)**  
**VillageCareMAX Medicare Health Advantage Plan (HMO D-SNP)**  
**VillageCareMAX Medicare Select Advantage Plan (HMO)**

# Plans Comparison

	VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP)	VillageCareMAX Medicare Health Advantage Plan (HMO D-SNP)
<b>Monthly Premium</b>	<b>\$0</b>	<b>\$0</b>
Over-the-Counter (OTC) Card, Grocery, Home Utilities, Gas-at-the-Pump, and Rent/ Mortgage Assistance, Pest Control Products, Indoor Air Quality Products, Public Transportation	Up to \$3,660 per year, \$305 per month (rolling over each month)	Up to \$2,640 per year, \$220 per month (rolling over each month)
<b>FLEX Benefits</b>	\$585 each year, distributed monthly (rolling over each month) towards additional dental, vision, or hearing	Not Covered
<b>Dental Services</b>	\$0, no allowance limit	\$0, no allowance limit
<b>Vision Services</b>	\$0 copay; \$350 for covered lenses and frames, limited to 1 pair per year	\$0 copay; \$350 for covered lenses and frames, limited to 1 pair per year
<b>Hearing Services</b>	\$625 per ear every year with a maximum of up to \$1,250 for 2 hearing aids (1 per ear)	1 routine hearing exam per year and up to \$1,500 per year for 2 hearing aids limited to \$750 per ear
<b>Primary Care Visit</b>	\$0 copay	\$0 copay
<b>Specialist Visit</b>		
<b>Preventive Care</b>		
<b>Prescription Drugs - Part D</b>	\$0 copay	Copay as low as \$0
<b>Non-Emergency Medical &amp; Non-medical Transportation</b>	Up to 24 non-medical trips (12 round trips)	36 one-way medical trips per year, up to 32 one-way trips (16 round trips) per year for non-medical trips
<b>Urgent Care</b>	\$0 copay	\$0 copay
<b>Emergency Care</b>		
<b>Worldwide Emergency / Urgent Care / Emergency Transportation Coverage</b>	Up to \$50,000 per year	Up to \$50,000 per year
<b>Mental Health and Substance Use Disorder Services</b>	Yes	Yes

**VillageCareMAX Medicare  
Select Advantage Plan (HMO)**

**\$0 to \$58.80**

**Up to \$33.33 per month  
(rolling over each month)**

**Not Covered**

**Up to \$1,800 per year combined for  
preventative and comprehensive dental,  
\$900 limit every 6 months**

**\$0 copay; \$300 for covered lenses  
and frames, limited to 1 pair per year**

**1 routine hearing exam per year and up  
to \$750 every 2 years for 2 hearing aids  
limited to \$375 per ear**

**\$0 copay**

**\$15 copay**

**\$0 copay**

**Copay as low as \$2 for generics  
and 23% for preferred brand names**

**Not Covered**

**\$40 copay**

**\$115 Copay**

**\$115 copay; up to \$50,000 per year**

**Yes**



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COMMUNITY CENTER  
798 Southern Blvd, Bronx, NY 10455**

**SEE WHAT'S POSSIBLE WHEN  
HEALTH CARE GETS PERSONAL.**

**FLUSHING  
COMMUNITY CENTER  
41-80 Main Street, Flushing, NY 11355**





# Additional Benefits

	VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP)	VillageCareMAX Medicare Health Advantage Plan (HMO D-SNP)
Personal Care	Yes	Not Covered
Consumer Directed Personal Assistance Services (CDPAS)	Yes	Not Covered
Social Day Care	Yes	Not Covered
Adult Day Health Care	Yes	Not Covered
Home Delivered Meals	Yes	Yes, following a qualifying medical event
Medical Supplies and Equipment	Yes	Yes
Rehabilitation Therapies	Yes	Yes
Home and Bathroom Safety Devices	Medicaid-covered devices	Up to \$150 per year (on covered devices) 1 safety evaluation at home per year (required to obtain safety device)
Acupuncture	\$0 copay; limited to 40 visits per year up to 5 visits per month (\$80 limit per visit)	Not Covered
Fitness Membership	\$0 copay	\$0 copay
Nurse Advice Line	\$0 copay	\$0 copay

## Who we are and how we help you live your best life

VillageCareMAX offers Medicare Advantage Plans that are Special Needs plans designed for individuals who are eligible for both Medicare and Medicaid. We work closely with your doctors, help set up appointments, arrange for your care, monitor your medications, and guide you and your family toward the best quality health care options available.

In addition, we offer a Medicare Advantage Prescription Drug Plan for individuals who have Medicare and may or may not get financial "Extra Help".

1-855-296-8800 Toll-free TTY 711 7 days a week, 8:00 am to 8:00 pm  
[www.villagecaremax.org](http://www.villagecaremax.org)

## VillageCareMAX Medicare Select Advantage Plan (HMO)

Not Covered

Not Covered

Not Covered

Not Covered

Not Covered

Yes

Yes

Not Covered

\$0 copay; limited to 12 visits per year up  
to 4 visits per month (\$80 limit per visit)

\$0 copay

\$0 copay



**BROOKLYN  
COMMUNITY CENTER**  
5315 8th Avenue, Brooklyn, NY 11220

## Member Rewards

When a member completes certain preventive measures that help maintain their health, such as receiving a flu vaccine, attending an annual wellness visit, or having a dental exam, they can earn a rewards that are loaded onto their OTC card. Reward amounts vary based on the measures completed. A portal is available to view the member rewards information as well as the ability to locate stores nearby to use rewards, online ordering, check order status, and view frequently asked questions.



### Rewards Benefit

\$15 - \$25 per completed  
preventative care activity\*



### Mobile App

Track OTC and Reward balances



### Wellness

Complete annual wellness  
activities to earn rewards\*

\* Members must qualify to receive rewards benefit.



# OTC & FLEX Coverage & Benefits

	VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP)	VillageCareMAX Medicare Health Advantage Plan (HMO D-SNP)	VillageCareMAX Medicare Select Advantage Plan (HMO)
Over-the-Counter (OTC) Allotment	\$3,660/year (\$305/month)	\$2,640/year (\$220/month)	(\$33.33/month)
FLEX Benefits	\$585/year (dist. monthly)	Not Covered	Not Covered

# Over-the-Counter (OTC)

	VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP)	VillageCareMAX Medicare Health Advantage Plan (HMO D-SNP)	VillageCareMAX Medicare Select Advantage Plan (HMO)
OTC Medications and Items	✓	✓	✓
Grocery Items	✓	✓	✓
Home Utilities	✓	✓	✓

## Using Your OTC Card

All of our plans include an OTC allowance to spend on eligible items.



Eligible items include, but are not limited to:

### Health Related Items

- Allergy and Sinus
- Cough, Cold, Flu
- Denture/Dental/Oral care (floss, toothbrushes, toothpaste, denture care)
- Daily Living Aids (blood pressure monitors, pill cases, pulse oximeter)
- Pain Relief (acetaminophen, ibuprofen, heating pad)

### Healthy Grocery Items

- Dairy (milk, cheese, butter)
- Dry Foods (beans, fruits, pasta)
- Fresh Produce (fruits and vegetables)
- Meat (poultry, beef, sausage, lunch meat)
- Rice, Whole Grains, Soups



### Utilities and Other

- Gas-at-the-Pump
- Rent/Mortgage Assistance
- Gas/Oil
- Water
- Electricity
- Internet/Telecommunications
- Pest Control Products (traps, insecticide sprays, ant bait)
- Indoor Air Quality Products (air filters, air purifiers, fans)
- Public Transportation (Uber, subway/bus transit fare)

# VILLAGECAREMAX

**1-855-296-8800** Toll-free

TTY 711

7 days a week, 8:00 am to 8:00 pm

**[www.villagecaremax.org](http://www.villagecaremax.org)**



Cost sharing and deductibles may vary based on the level of Medicaid & Extra Help that the beneficiary receives. Food & produce (grocery items), gas-at-the-pump, utilities, rent/mortgage assistance, pest control products, indoor air quality products, ride share, public transportation, transportation for non-medical needs are part of Special Supplemental Benefits for the Chronically Ill (SSBCI). In order to be eligible to receive SSBCI benefits, enrollees must be determined to be chronically ill, have a chronic condition (e.g., diabetes, chronic heart failure, cardiovascular disorder, chronic and disabling mental health conditions, stroke, or other eligible conditions), and meet coverage criteria. Not all Members enrolled in the VillageCareMAX Medicare Health Advantage or Medicare Select Advantage plans may qualify. Members enrolled in the VillageCareMAX Medicare Total Advantage plan will qualify. Some dental service limits and prior authorization requirements apply. VillageCareMAX is an HMO plan with Medicare and New York State Medicaid contracts. Enrollment in VillageCareMAX depends on contract renewal. For accommodations of persons with special needs at meetings, call 1-855-296-8800 (TTY: 711). VillageCareMAX complies with Federal civil rights laws and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-296-8800 (TTY: 711) or speak to your provider. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-296-8800 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-296-8800 (TTY: 711).