

VillageCareMAX Medicare Health Advantage (HMO D-SNP): **Summary of Benefits**

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SUMMARY OF BENEFITS

January 1, 2022 – December 31, 2022

INTRODUCTION TO SUMMARY OF BENEFITS

This is a summary of health services covered by VillageCareMAX Medicare Health Advantage (HMO D-SNP) for 2022. There are different types of Medicare health plans. VillageCareMAX Medicare Health Advantage is a Dual Eligible Special Needs Plan (D-SNP), which is a Health Maintenance Organization (HMO) for people with Medicare and Medicaid. VillageCareMAX Medicare Health Advantage is approved by Medicare and run by a private company.

This booklet is only a summary. It does not list every service that we cover or every limitation or exclusion. Please read the Evidence of Coverage for the full list of benefits. You can view the Evidence of Coverage on our website at www.villagecaremax.org or call Member Services for a copy.

You have choices about how to get your Medicare Benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan like VillageCareMAX Medicare Health Advantage (HMO D-SNP).

Tips for comparing your Medicare choices

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



VillageCareMAX Medicare Health Advantage (HMO D-SNP): **Summary of Benefits**

- VillageCareMAX is an HMO plan with Medicare and New York State Medicaid contracts. Enrollment in VillageCareMAX depends on contract renewal.
- This information is not a complete description of benefits. Call 1-800-469-6292 (TTY: 711) for more information.
- **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-469-6292 (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1-800-469-6292 (TTY: 711)。
- You can get this document for free in languages other than English and in other formats, such as large print, braille, or audio. Call Member Services at the number at the bottom of this page. This document is available in Spanish and Chinese.
- Upon enrollment, we will request for the language and format that you prefer to get mailings and communications. We will keep your preference in your file as a standing request for future mailings and communications. You can make changes at any time by calling Member Services at the number listed at the bottom of this page.
- Out-of-network/non-contracted providers are under no obligation to treat VillageCareMAX Medicare Health Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.



If you have questions, please call VillageCareMAX at 1-800-469-6292 (TTY: 711), 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.villagecaremax.org.

VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

Things to Know About VillageCareMAX Medicare Health Advantage (HMO D-SNP)

Who should you contact if you have questions or need help?

- CALL** 1-800-469-6292
Calls to this number are free. 8:00 am to 8:00 pm, 7 days a week. On call service is available after business hours.
Member Services also has free language interpreter services available for people who do not speak English.
- TTY** 711
This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.
Calls to this number are free. 8:00 am to 8:00 pm, 7 days a week
- WRITE** 112 Charles Street, New York NY 10014
- WEBSITE** www.villagecaremax.org



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

Things to Know About VillageCareMAX Medicare Health Advantage (HMO D-SNP)

Who can join?

To join **VillageCareMAX Medicare Health Advantage**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, have Medicaid and live in our service area.

Our service area includes the following counties in New York: Bronx, Kings (Brooklyn), New York (Manhattan), and Queens.

You can enroll in VillageCareMAX Medicare Health Advantage if you are:

- **Full Benefit Dual Eligible (FBDE):** Payment of your Medicare Part B premiums, in some cases Medicare Part A premiums and full Medicaid benefits.
- **SLMB-Plus:** Payment of your Medicare Part B premiums and full Medicaid benefits.
- **Qualified Medicare Beneficiary (QMB Only):** Payment of your Medicare Part A and/or Part B premiums, deductibles, and cost sharing (excluding Part D copayments).
- **QMB-Plus:** Payment of your Medicare Part A and Part B premiums, deductibles, cost sharing (excluding Part D copayments), and full Medicaid benefits.

The QMB Program is a Medicaid benefit that pays Medicare premiums and cost sharing for certain low-income Medicare beneficiaries. Federal law prohibits Medicare providers and health plans from collecting Medicare Part A and Part B coinsurance, copayments, and deductibles from those enrolled in the QMB Program. However, if you are a QMB or QMB-Plus, you may be responsible for copayments for Part D covered prescription drugs.



VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

Things to Know About VillageCareMAX Medicare Health Advantage (HMO D-SNP)

Which doctors, hospitals, and pharmacies can I use?

VillageCareMAX has a large network of doctors, hospitals, pharmacies, and other providers. You must use in-network providers to get most of your medical care and services. The only exceptions are emergencies, urgently needed services, out-of-area dialysis, and cases in which VillageCareMAX Medicare Health Advantage authorizes use of out-of-network providers. Otherwise, if you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see the VillageCareMAX Provider & Pharmacy Directory on our website at www.villagecaremax.org. If you would like a copy of the Provider & Pharmacy Directory mailed to you, please call Member Services.

You do not need a referral from your Primary Care Provider (PCP) to see other providers in our network. However, you must follow plan rules to request prior authorization for some services.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and more.

- **Members of our plan get all of the benefits covered by Original Medicare.**
- **Members of our plan also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete VillageCareMAX Formulary (List of Covered Drugs) and any restrictions on our website at www.villagecaremax.org. If you would like a copy of the Formulary mailed to you, please call Member Services.



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

Things to Know About VillageCareMAX Medicare Health Advantage (HMO D-SNP)

How will I determine my drug costs?

The amount you pay for drugs depends on your level of Extra Help, the drug you are taking and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage. For more information, call Member Services or view the Evidence of Coverage and Formulary (List of Covered Drugs) on our website at www.villagecaremax.org.



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services | |
|--|--|
| How much is the monthly premium? | <p>\$0 to \$42.40 premium per month for Part D prescription drugs. You pay \$0 with full extra help.</p> <p>In addition, you must keep paying your Medicare Part B premium.</p> |
| How much is the deductible? | <p>\$0 to \$203 deductible per year for some in-network medical services. <i>This is the 2021 cost-sharing amount and may change for 2022. VillageCareMAX Medicare Health Advantage will provide updated rates as soon as they are released.</i></p> <p>\$0 to \$99 deductible per year for Part D prescription drugs.</p> |
| Is there any limit on how much I pay for my covered services? <i>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</i> | <p>Yes, but you may pay nothing for Medicare-covered services depending on your level of New York State Medicaid eligibility.</p> <p>The yearly limit that you would pay for copays, coinsurance and other costs for medical services is \$6,700 for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Refer to the "Medicare & You 2022" handbook for Medicare-covered services. Your copy of Medicare & You 2022 gives information about these costs. Everyone with Medicare receives a copy of Medicare & You each year in the fall.</p> <p>For New York State Medicaid-covered services, refer to the Medicaid Coverage section in this document.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

SUMMARY OF MEDICARE-COVERED BENEFITS

The following chart is a quick overview of benefits, your costs, and rules about the benefits. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for Medicare-covered services.

This section shows Medicare services and extra benefits covered by VillageCareMAX Medicare Health Advantage. This is not a complete list and description of benefits, view your Evidence of Coverage for more details.

| Benefits | What you pay | Benefit Rules |
|--|---|--|
| Inpatient Hospital Care | For each benefit period: \$0 or \$1,484 deductible \$0 copay for days 1-60 \$0 or \$371 copay per day for days 61-90 \$0 or \$742 copay per day for 60 lifetime reserve days <i>These are 2021 cost-sharing amounts and may change for 2022. VillageCareMAX Medicare Health Advantage will provide updated rates as soon as they are released.</i> | Prior authorization is required. |
| Outpatient Hospital Care <ul style="list-style-type: none"> » Observation services » Outpatient Surgery » Laboratory & diagnostic tests » Medical supplies » Certain drugs and biologicals | 0% or 20% of the cost for each Medicare-covered outpatient hospital services | Prior authorization is required for some services. |

VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | What you pay | Benefit Rules |
|---|--|---|
| Doctor Visits | 0% or 20% of the cost for each Medicare-covered primary care or specialist visit | Prior authorization is not required for in-network providers. |
| Preventive Care <ul style="list-style-type: none"> » Preventive care visits » Annual wellness visit » Depression screening » HIV screening » Flu shots, hepatitis B shots, pneumococcal shots » All other Medicare-covered preventive services | \$0 | Prior authorization is not required for covered services from in-network and out-of-network providers. Any additional preventive services approved by Medicare during the contract year will be covered. |
| Emergency Care <ul style="list-style-type: none"> » Coverage includes Worldwide Emergency/Urgent care | 0% or 20% of the cost | Prior authorization is not required. You pay \$0 if admitted to the hospital within 24 hours of the emergency room visit. You are also covered for up to \$50,000 per year for Worldwide Emergency/Urgent Coverage and Emergency Transportation when you travel outside of the United States and its territories. |

VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | What you pay | Benefit Rules |
|---|---|---|
| <p>Urgently Needed Services</p> <ul style="list-style-type: none"> » Coverage includes Worldwide Emergency/Urgent care | <p>0% or 20% of the cost</p> | <p>Prior authorization is not required.</p> <p>You are also covered for up to \$50,000 per year for Worldwide Emergency/Urgent Coverage and Emergency Transportation when you travel outside of the United States and its territories.</p> |
| <p>Diagnostic Tests/ Labs/ Imaging:</p> <ul style="list-style-type: none"> » Diagnostic tests and procedures » Diagnostic radiology services (MRIs, CT scans) » Lab Services » Outpatient X-ray » Therapeutic radiology services (such as radiation treatment for cancer) | <p>0% or 20% of the cost</p> | <p>Prior authorization is required for some services.</p> |
| <p>Hearing Services</p> <ul style="list-style-type: none"> » Diagnostic and routine hearing services » Hearing aids | <p>0% or 20% of the cost for Medicare-covered services diagnostic hearing services.</p> <p>\$0 for additional plan-covered benefits for routine hearing exam, fitting evaluation, and hearing aids.</p> | <p>Prior authorization is required for some services.</p> <p>You are covered for:</p> <ul style="list-style-type: none"> » 1 routine hearing exam and fitting for hearing aid per year » Up to \$1,500 per year for 2 hearing aids limited to \$750 per ear |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | What you pay | Benefit Rules |
|---|---|---|
| <p>Dental Services</p> <ul style="list-style-type: none"> » Diagnostic, preventive, and comprehensive dental care | <p>0% or 20% of the cost for Medicare-covered services.</p> <p>\$0 for additional plan-covered benefits for preventive & comprehensive dental services.</p> | <p>Prior authorization is required for some services.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> » One (1) oral exam every six (6) months » One (1) cleaning every six (6) months » One (1) fluoride treatment every six (6) months » One (1) dental X-ray every six (6) months <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> » Up to \$2,000 per year for covered comprehensive services such as non-routine care, extractions, fillings, implants, dentures, crowns, bridges, root canal and oral surgery. |
| <p>Vision Services</p> <ul style="list-style-type: none"> » Diagnostic eye care, eye exam and eyewear | <p>0% or 20% of the cost for Medicare-covered services.</p> <p>\$0 for additional plan-covered benefits for eye exam and eyewear.</p> | <p>Prior authorization is required for some services.</p> <p>You are covered for:</p> <ul style="list-style-type: none"> » One (1) eye exam per year » Up to \$350 per year for contact lenses or eyeglasses (lenses and frames) |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | What you pay | Benefit Rules |
|---------------------------------------|--|---|
| Mental Health Services | <p>Inpatient Mental Health for each benefit period:</p> <ul style="list-style-type: none"> » \$0 or \$1,484 deductible » \$0 copay for days 1-60 » \$0 or \$371 copay per day for days 61-90 » \$0 or \$742 copay per each “lifetime reserve day” after day 90 (up to 60 days over your lifetime) <p><i>These are 2021 cost-sharing amounts and may change for 2022. VillageCareMAX Medicare Health Advantage will provide updated rates as soon as they are released.</i></p> <p>Outpatient Group or Individual Therapy Visits: 0% or 20% of the cost</p> | <p>Prior authorization is required for inpatient mental health.</p> <p>Prior authorization is not required for outpatient mental health services for in-network and out-of-network providers.</p> |
| Skilled Nursing Facility (SNF) | <p>SNF for each benefit period:</p> <ul style="list-style-type: none"> » \$0 copay for days 1 through 20 » \$0 or \$185.50 copay per day for days 21-100 » All costs for each day after day 100 of the benefit period <p><i>These are 2021 cost-sharing amounts and may change for 2022. VillageCareMAX Medicare Health Advantage will provide updated rates as soon as they are released.</i></p> | <p>Prior authorization is required.</p> <p>Plan covers up to 100 days in each benefit period.</p> |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | What you pay | Benefit Rules |
|--|---|---|
| Rehabilitation Services <ul style="list-style-type: none"> » Physical therapy visits » Occupational therapy visits » Speech and language therapy visits » Cardiac rehabilitation services | 0% or 20% of the cost | Prior authorization is required. |
| Ambulance | 0% or 20% of the cost | Prior authorization is required for non-emergency ambulance trips. |
| Transportation (non-emergency services) | \$0 for non-emergency transportation by taxi or van | Prior authorization is required 2 days in advance of trip. <ul style="list-style-type: none"> » Up to 36 one-way trips per year to plan approved locations |
| Medicare Part B drugs | 0% or 20% of the cost of chemotherapy drugs and all other Medicare Part B drugs | Prior authorization is required for certain injectable drugs. |

VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| OUTPATIENT PRESCRIPTION DRUGS Depending on your income and institutional status, you pay the following: | | | | |
|---|---|---|---|---|
| Phase 1: Initial Coverage | Standard retail 30-day supply | Mail-order cost-sharing (up to a 90-day supply) | Long-term care (LTC) cost-sharing | In initial coverage phase you and plan share the costs. You pay your copays. You stay in this stage until your payments reach a total of \$7,050. For more information about your prescription drug coverage, please call us or view our Evidence of Coverage online at www.villagecaremax.org . |
| Tier 1: Generic Drugs | \$0 copay or \$1.35 copay or \$3.95 copay or Up to 15% of the cost | \$0 copay or \$1.35 copay or \$3.95 copay or Up to 15% of the cost | \$0 copay or \$1.35 copay or \$3.95 copay or Up to 15% of the cost | |
| Tier 2: Brand Drugs | \$0 copay or \$4.00 copay or \$9.85 copay or Up to 15% of the cost | \$0 copay or \$4.00 copay or \$9.85 copay or Up to 15% of the cost | \$0 copay or \$4.00 copay or \$9.85 copay or Up to 15% of the cost | |
| Phase 2: Catastrophic Coverage | \$0 copay | | | During this stage, the plan pays most of the costs for your drugs. You will stay in this payment stage until the end of the year. |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| ADDITIONAL HEALTH BENEFITS | | |
|---|--------------|---|
| Benefits | What you pay | Benefit Rules |
| Over-the-Counter Items | \$0 | You are covered for up to \$1,680 per year (\$140 per month) on your OTC card to purchase approved non-prescription drugs and health-related items at participating locations. |
| Acupuncture | \$0 | You are covered for up to 4 visits per month with a maximum of 34 visits per year (up to \$80 limit per visit). Services must be provided by a certified and licensed provider in the VillageCareMAX network. |
| Wellness Programs » Fitness Membership » Member Newsletter | \$0 | You are covered for free fitness membership through the Silver&Fit Healthy Aging and Exercise program: » Access to fitness centers within the network » Home fitness kits if you prefer to work out at home |
| 24/7 Physician Call Line | \$0 | You are covered for physician call line services 24 hours per day to speak to a doctor about non-emergency health-related concerns. |
| Worldwide Emergency/Urgent Coverage | \$0 | You are covered for up to \$50,000 per year for Worldwide Emergency/Urgent Coverage and Emergency Transportation when you travel outside of the United States and its territories. |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| ADDITIONAL HEALTH BENEFITS | | |
|---|-----------------------|--|
| Benefits | What you pay | Benefit Rules |
| Chiropractor Services | 0% or 20% of the cost | Prior authorization is required. |
| Home Health Care | \$0 | Prior authorization is required. |
| Diabetes Supplies and Services <ul style="list-style-type: none"> » Diabetes self-management training » Therapeutic shoes or inserts » Diabetic monitoring supplies | \$0 | Prior authorization is required for some services and items. Abbott is the preferred manufacturer for blood glucose, glucometers, and testing supplies. |
| Outpatient Surgery <ul style="list-style-type: none"> » Ambulatory Surgical Centers » Hospital outpatient facilities | 0% or 20% of the cost | Prior authorization is required. |
| Foot Care (Podiatry Services) | 0% or 20% of the cost | <p>Prior authorization is not required for in-network providers.</p> <p>You are covered for foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| ADDITIONAL HEALTH BENEFITS | | |
|--|---|--|
| Benefits | What you pay | Benefit Rules |
| Therapeutic Shoes (Diabetic Shoes) | \$0 for additional plan-covered benefits for Diabetic Shoes | Prior authorization is required. You are covered for 1 additional pair of custom-molded shoes above the Medicare limit per year, if you have diabetes and severe diabetic foot disease. |
| Durable Medical Equipment and related supplies » Wheelchairs, crutches, hospital bed, IV infusion pump, oxygen equipment, nebulizer, and walker. | 0% or 20% of the cost | Prior authorization is required for some items. |
| Meals (immediately following surgery or inpatient hospitalization) | \$0 | Prior authorization is required. You are covered for 2 meals per day for up to 4 weeks with a maximum of 56 meals per year. |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): **Summary of Benefits**

SUMMARY OF MEDICAID-COVERED BENEFITS

The benefits described in the previous section of the Summary of Benefits are Medicare-covered services and extra benefits covered by VillageCareMAX Medicare Health Advantage. The complete list of services is listed in your Evidence of Coverage. You can view the Evidence of Coverage on our website at www.villagecaremax.org or call Member Services for a copy.

If you qualify for both Medicare and Medicaid, you are eligible for benefits under both the federal Medicare Program and the New York State Medicaid Program. VillageCareMAX Medicare Health Advantage does not cover Medicaid benefits. The Plan covers your Medicare benefits and coordinates the benefits that you get under the New York State's Medicaid Program.

Coverage for Medicaid benefits described below depends on your level of Medicaid eligibility. If you lose Medicaid while enrolled in VillageCareMAX Medicare Health Advantage, we will continue to provide benefits covered under the Plan for a 3-month deemed eligibility period. During this period, the Plan will work with you to help you regain Medicaid coverage, if possible. If you have questions about your Medicaid eligibility and what benefits you are entitled to, you can call New York City Human Resources Administration at 1-718-557-1399 for the most current information. You may also call VillageCareMAX Member Services for assistance at 1-800-469-6292, (TTY: 711), 8:00am to 8:00 pm, 7 days a week.



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

The following benefits are available to people who qualify for Medicaid benefits. For each benefit listed below, you can see what VillageCareMAX Medicare Health Advantage covers and what is covered by Medicaid. The amount you pay for covered services depends on your level of Medicaid eligibility.

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|--|---|---|
| Ambulance Services | Medicaid covers Medicare deductibles, copays, and coinsurances. | 0% or 20% of the cost for each Medicare-covered trip |
| Cardiac and Pulmonary Rehabilitation Services | Medicaid covers Medicare deductibles, copays, and coinsurances. | 0% or 20% of the cost for Medicare-covered: <ul style="list-style-type: none"> » Cardiac rehabilitation services, and » Intensive cardiac rehabilitation services |
| Chiropractic Services | Medicaid covers Medicare deductibles, copays, and coinsurances. | 0% or 20% of the cost for Medicare-covered chiropractic services |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|------------------------|---|--|
| Dental Services | <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Dental services include, but shall not be limited to, preventive, prophylactic and other dental care, services, supplies, routine exams, prophylaxis, oral surgery (when not covered by Medicare), and dental prosthetic and orthotic appliances required to alleviate a serious health condition, including one which affects employability.</p> | <p>0% or 20% of the cost for Medicare-covered dental services.</p> <p>\$0 copay for additional benefits covered by the plan:</p> <p>Preventive dental services including:</p> <ul style="list-style-type: none"> » One (1) oral exam every six (6) months » One (1) cleaning every six (6) months » One (1) fluoride treatment every six (6) months » One (1) dental X-ray every six (6) months <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> » You are covered for up to \$2,000 per year for non-Medicaid comprehensive dental services such as non-routine care, extractions, fillings, implants, dentures, crowns, bridges, root canal and oral surgery. |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|---|---|--|
| Diabetes Programs and Supplies | Medicaid covers Medicare deductibles, copays, and coinsurances. | 0% or 20% of the cost for Medicare-covered services: <ul style="list-style-type: none"> » Diabetes self-management training » Therapeutic shoes or inserts » Diabetic monitoring supplies |
| Diagnostic Tests, X-Rays, Lab Services, and Radiology Services | Medicaid covers Medicare deductibles, copays, and coinsurances. | 0% or 20% of the cost for Medicare-covered services: <ul style="list-style-type: none"> » X-rays » Diagnostic and therapeutic radiological services » Diagnostic procedures and tests » Lab services |
| Doctor Office Visits | Medicaid covers Medicare deductibles, copays, and coinsurances. | 0% or 20% of the cost for Medicare-covered: Primary Care Provider (PCP) visits and Specialist visits |

VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|--|---|---|
| Durable Medical Equipment (DME) | <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>DME must be ordered by a practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bar).</p> | <p>0% or 20% of the cost for Medicare-covered durable medical equipment and supplies.</p> |
| Emergency Care | <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> | <p>0% or 20% (up to \$90) of the cost for each Medicare-covered emergency room visit.</p> <p>You pay \$0 if admitted to the hospital within 24 hours of the emergency room visit.</p> <p>You are covered for up to \$50,000 per year for Worldwide Emergency/Urgent Coverage and Emergency Transportation when you travel outside of the United States and its territories.</p> |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|-----------------------------|--|--|
| Hearing Services | <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations, and hearing aid repairs; audiology services, including examinations and testing, hearing aid evaluations, and hearing aid prescriptions; and hearing aid products, including hearing aids, ear molds, special fittings, and replacement parts.</p> | <p>0% or 20% of the cost for Medicare-covered hearing services.</p> <p>You pay nothing for additional plan-covered benefits:</p> <ul style="list-style-type: none"> » 1 routine hearing exam and fitting for hearing aid per year » Up to \$1,500 per year for 2 hearing aids limited to \$750 per ear |
| Home Health Services | <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services. Also includes non-Medicare-covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals, physical therapist to supervise maintenance program for patients who have reached their maximum restorative potential, or nurse to prefill syringes for disabled individuals with diabetes).</p> | <p>There is no copayment for each Medicare-covered home health visit</p> |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|--|---|--|
| Hospice | Medicaid covers Medicare deductibles, copays, and coinsurances. | When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not VillageCareMAX Medicare Health Advantage. |
| Inpatient Hospital Care – including Substance Abuse and Rehabilitation Services | <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Up to 365 days per year (366 days for leap year).</p> | <p>Our plan covers unlimited number of days for an inpatient stay. For each benefit period:</p> <ul style="list-style-type: none"> » \$0 or \$1,484 deductible » \$0 copay for days 1 -60 » \$0 or \$371 copay per day for days 61-90 » \$0 or \$742 copay per day for 60 lifetime reserve days <p><i>These are 2021 cost-sharing amounts and may change for 2022. VillageCareMAX Medicare Health Advantage will provide updated rates as soon as they are released.</i></p> |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|-------------------------------------|---|---|
| Inpatient Mental Health Care | <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>All inpatient mental health services, including voluntary or involuntary admissions for mental health services over the Medicare 190- Day Lifetime Limit.</p> | <p>For each benefit period:</p> <ul style="list-style-type: none"> » \$0 or \$1,484 deductible » \$0 copay for days 1 -60 » \$0 or \$371 copay per day for days 61-90 » \$0 or \$742 copay per day for 60 lifetime reserve days <p><i>These are 2021 cost-sharing amounts and may change for 2022. VillageCareMAX Medicare Health Advantage will provide updated rates as soon as they are released.</i></p> <p>You get up to 190 days of inpatient care in a psychiatric hospital in a lifetime (limit does not apply to care provided in a general hospital).</p> |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|---|---|---|
| <p>Outpatient Prescription Drugs</p> | <p>Medicaid does not cover Part D-covered drugs or copays.</p> <p>Medicaid Pharmacy Benefits allowed by State Law (select drug categories excluded from the Medicare Part D benefit and certain Medical Supplies and Enteral Formula when not covered by Medicare).</p> | <p>Drugs covered under Medicare Part B</p> <ul style="list-style-type: none"> » 0% or 20% of the cost of Medicare Part B chemotherapy drugs and other Medicare Part B drugs <p>Drugs covered under Medicare Part D</p> <p>Depending on your level of income and Medicaid eligibility, you pay the following:</p> <ul style="list-style-type: none"> » Initial Coverage phase: <ul style="list-style-type: none"> • For generic drugs: \$0 or \$1.35 or \$3.95 copay • For brand drugs: \$0 or \$4.00 or \$9.85 copay » Catastrophic Coverage phase: \$0 copay |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|---|--|--|
| Outpatient Rehabilitation Services | <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covers medically necessary occupational therapy, physical therapy and speech therapy visits that are ordered by a doctor or other licensed professional</p> | <p>0% or 20% of the cost for each Medicare-covered:</p> <ul style="list-style-type: none"> » Physical Therapy visits » Occupational Therapy visits » Speech Language Therapy visits |
| Outpatient Services/Surgery | <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> | <p>0% or 20% of the cost for each Medicare-covered:</p> <p>Ambulatory Surgical Center visit</p> <p>Outpatient Hospital services</p> |
| Outpatient Substance Abuse Care | <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covers substance abuse services.</p> | <p>0% or 20% of the cost for each Medicare-covered individual and group therapy session.</p> |
| Over-the counter items | <p>Medicaid covers certain over-the-counter medications.</p> | <p>VillageCareMAX Medicare Health Advantage (HMO D-SNP) provides an OTC card with a maximum limit of up to \$1,680 per year (\$140 per month) to purchase approved non-prescription drugs and health-related items at participating locations.</p> |

VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|---|---|--|
| Podiatry Services | Medicaid covers Medicare deductibles, copays, and coinsurances. | <p>0% or 20% of the cost for each Medicare-covered visit for podiatry services.</p> <p>Medicare-covered podiatry services are for medically necessary foot care.</p> |
| Preventive Services and Wellness/ Education Programs | Some preventive services covered under Medicaid. | <p>\$0 copay for preventive services covered under Original Medicare.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> |
| Transportation (non-emergency) | Non-emergency transportation services are covered. | \$0 copay for up to 36 one-way trips per year to plan approved locations. |
| Urgently Needed Care | Medicaid covers Medicare deductibles, copays, and coinsurances. | <p>0% or 20% of the cost (up to \$65) for Medicare-covered urgently needed care visits.</p> <p>You are also covered for up to \$50,000 per year for Worldwide Emergency/Urgent Coverage and Emergency Transportation when you Travel outside of the United States and its territories.</p> |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|---|--|--|
| <p>Prosthetic Devices, Medical and Surgical Supplies, Enteral and Parenteral Formula</p> | <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covers prosthetics, orthotics, and orthopedic footwear.</p> <p>These items are generally considered to be one-time only use, consumable items routinely paid for under the Durable Medical Equipment category of fee-for-service Medicaid.</p> <p>Coverage of enteral formula and nutritional supplements is limited to coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding. Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to mitigating factors in growth and development. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein, or which contain modified protein.</p> | <p>0% or 20% of the cost for each Medicare-covered:</p> <ul style="list-style-type: none"> » Prosthetic devices » Medical and surgical supplies » Enteral and parenteral formula <p>You pay nothing for additional plan-covered benefits:</p> <ul style="list-style-type: none"> » 1 additional pair of custom-molded diabetic shoes above the Medicare limit per year, if you have diabetes and severe diabetic foot disease. |

VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|---------------------------------------|---|--|
| Skilled Nursing Facility (SNF) | <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covers additional days beyond Medicare 100-day limit.</p> | <p>Plan covers up to 100 days each benefit period.</p> <p>For each benefit period:</p> <ul style="list-style-type: none"> » \$0 copay for days 1 through 20 » \$0 or \$185.50 copay per day for days 21-100 » All costs for each day after day 100 of the benefit period <p><i>These are 2021 cost-sharing amounts and may change for 2022. VillageCareMAX Medicare Health Advantage will provide updated rates as soon as they are released.</i></p> |
| Vision Services | <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covers services of optometrists, ophthalmologists, and ophthalmic dispensers, including eyeglasses, medically necessary contact lenses, and poly carbonate lenses, artificial eyes (stock or custom-made), low-vision aids, and low-vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged, or destroyed.</p> | <p>0% or 20% for Medicare covered services:</p> <ul style="list-style-type: none"> » 1 pair of eyeglasses or contact lenses after cataract surgery » Exams to diagnose and treat diseases and conditions of the eye <p>\$0 copay for additional benefits covered by the plan:</p> <ul style="list-style-type: none"> » Routine eye exam (1 per year) » Eyewear – up to \$350 per year for contact lenses or eyeglasses (lenses and frames) |

VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

The following benefits are not covered by VillageCareMAX Medicare Health Advantage but may be available through Medicaid depending on your level of Medicaid coverage. This is not a complete list. Call Member Services or New York City Human Resources Administration for more information.

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|-----------------------------------|---|---|
| AIDS Adult Day Health Care | Medicaid covers Adult Day Health Care Programs (ADHCP) designed to assist individuals with HIV disease to live more independently in the community or eliminate the need for residential health care services. | Covered under Medicaid through Fee-for-Service or a managed care plan |
| Adult Day Health Care | Adult day health care is care and services provided in a residential health care facility or approved extension site under the medical direction of a physician to a person who is functionally impaired, not homebound, and who requires certain preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services. Adult day health care includes the following services: medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure time activities which are a planned program of diverse meaningful activities, dental, pharmaceutical, and other ancillary services. | Covered under Medicaid through Fee-for-Service or a managed care plan |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|---------------------------------------|---|--|
| Assisted Living Services | New York State Medicaid covers personal care, housekeeping, supervision, home health aides, personal emergency response services, nursing, physical therapy, occupational therapy, speech therapy, medical supplies and equipment, adult day health care, a range of home health services, and the case management services of a registered professional nurse. Services are provided in an adult home or enriched housing setting. | Covered under Medicaid Fee-for-Service |
| Certain Mental Health Services | Medicaid coverage includes: <ul style="list-style-type: none"> » Intensive Psychiatric Rehabilitation Treatment Programs » Day Treatment Continuing Day Treatment » Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units) » Partial Hospitalizations » Assertive Community Treatment (ACT) » Personalized Recovery Oriented Services (PROS) | Covered under Medicaid Fee-for-Service |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|--|--|---|
| Comprehensive Medicaid Case Management | Medicaid covers Comprehensive Medicaid Case Management (CMCM), which provides “social work” case management referral services to a targeted population. A CMCM case manager will assist a client in accessing necessary services in accordance with goals outlined in a written case. | Covered under Medicaid Fee-for-Service |
| Consumer Directed Personal Assistance Services (CDPAS) | <p>Medicaid covers services to chronically ill or physically disabled individuals who have a medical need for help with activities of daily living (ADLs) or skilled nursing services. Services can include any of the services provided by a personal care aide (home attendant), home health aide, or nurse. Members who choose CDPAS have flexibility and freedom to choose their caregivers with some restrictions. A parent of an adult child (21 years of age or older) may serve as that adult child's CDPAS personal assistant. However, a parent of a child who is younger than 21 years of age cannot be hired as that minor child's CDPAS personal assistant.</p> <p>The member or the person acting on the member’s behalf is responsible for recruiting, hiring, training, supervising, and, if necessary, terminating caregivers providing CDPAS services.</p> | Covered under Medicaid through Fee-for-Service or Managed Care plan |
| Directly Observed Therapy for Tuberculosis (TB) Disease | Medicaid covers Tuberculosis Directly Observed Therapy (TB/DOT), which is the direct observation of oral ingestion of TB medications to assure patient compliance with the physician’s prescribed medication regimen. | Covered under Medicaid Fee-for-Service |

VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|---|--|---|
| Home-and-Community Based Waiver Program Services | Medicaid covers personal care services to a participant who requires assistance with personal care services tasks and whose health and welfare in the community is at risk because oversight and supervision of the participant is required when no personal care task is being performed. These services are provided under the direction and supervision of a Registered Professional Nurse. | Covered under Medicaid Fee-for-Service |
| Home Delivered or Congregate Meals | Medicaid covers meals provided at home or in congregate settings, e.g., senior centers to individuals unable to prepare meals or to have them prepared. | Covered under Medicaid through Fee-for-Service or managed care plan |
| Medicaid Pharmacy Benefits | Medicaid covers select drug categories excluded from the Medicare Part D benefit. For a full list of Medicaid reimbursable drugs, visit https://www.emedny.org/info/formfile.aspx . | Covered under Medicaid Fee-for-Service |
| Medical Social Services | Medical social services include assessing the need for, arranging for, and providing aid for social problems related to the maintenance of a patient in the home where such services are performed by a qualified social worker and provided within a plan of care. | Covered under Medicaid through Fee-for-Service or managed care plan |



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| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|--|---|---|
| Methadone Maintenance Treatment Programs (MMTP) | Medicaid covers MMTP, consisting of drug detoxification, drug dependence counseling, and rehabilitation services which include chemical management with methadone. | Covered under Medicaid Fee-for-Service |
| Nutrition | New York State Medicaid covers the assessment of nutritional needs and food patterns, or the planning for the provision of foods and drink appropriate for the individual's physical and medical needs and environmental conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs. In addition, these services may include the assessment of nutritional status and food preferences, planning for provision of appropriate dietary intake within the patient's home environment and cultural considerations, nutritional education regarding therapeutic diets as part of the treatment milieu, development of a nutritional treatment plan, regular evaluation and revision of nutritional plans, provision of in-service education to health agency staff, as well as consultation on specific dietary problems of patients and nutrition teaching to patients and families. These services must be provided by a qualified nutritionist. | Covered under Medicaid through Fee-for-Service or managed care plan |



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|---|---|---|
| Office of Mental Retardation and Developmental Disabilities (OMRDD) Services | Medicaid covers the following OMRDD services: Long Term Therapy Services Provided by Article 16-Clinic Treatment Facilities or Article 28 Facilities. Day Treatment. Medicaid Service Coordination (MSC). Home- and Community-Based Services Waivers (HCBS). Services Provided Through the Care At Home Program (OMRDD). | Covered under Medicaid Fee-for-Service |
| Personal Care Services | Medicaid covers personal care services (PCS), which involve the provision of some or total assistance with personal hygiene, dressing and feeding, and nutritional and environmental support (meal preparation and housekeeping). Personal care services must be medically necessary, ordered by a physician, and provided by a qualified person in accordance with a plan of care. | Covered under Medicaid through Fee-for-Service or Managed Care plan |
| Personal Emergency Response Services (PERS) | Medicaid covers electronic devices which enable certain high-risk patients to secure help in the event of a physical, emotional, or environmental emergency. A variety of electronic alert systems now exists which employ different signaling devices. Such systems are usually connected to a patient's phone and signal a response center once a "help" button is activated. In the event of an emergency, the signal is received and appropriately acted upon by a response center. | Covered under Medicaid through Fee-for-Service or Managed Care plan |



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VillageCareMAX Medicare Health Advantage (HMO D-SNP): Summary of Benefits

| Benefits | Medicaid State Plan | VillageCareMAX Medicare Health Advantage (HMO D-SNP) |
|---|--|---|
| Private Duty Nursing | Medicaid coverage provided for medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant, or certified nurse practitioner's written treatment plan. | Covered under Medicaid through Fee-for-Service or Managed Care plan |
| Rehabilitation Services Provided to Residents of OMH-Licensed Community Residences (CRs) and Family-Based Treatment Programs | Medicaid covers rehabilitation services provided to residents of the Office of Mental Health (OMH)-licensed community residences (CRs) and family-based treatment programs. | Covered under Medicaid Fee-for-Service |
| Social and Environmental Supports | Medicaid covers services and items that support the medical needs of the Enrollees and are included in an Enrollee's plan of care. These services and items include but are not limited to the following: home maintenance tasks, homemaker/chore services, housing improvement, and respite care. | Covered under Medicaid through Fee-for-Service or Managed Care plan |
| Social Day Care | Medicaid covers a structured Social Day Care program which provides functionally impaired individuals with socialization; supervision and monitoring; and nutrition in a protective setting during any part of the day, but for less than a 24-hour period. Additional services may include and are not limited to personal care maintenance and enhancement of daily living skills, transportation, caregiver assistance, and case coordination and assistance. | Covered under Medicaid through Fee-for-Service or Managed Care plan |



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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-469-6292 (TTY: 711).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.villagecaremax.org or call 1-800-469-6292 (TTY: 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium unless Medicaid pays it for you. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

VillageCareMAX is an HMO plan with Medicare and New York State Medicaid contracts. Enrollment in VillageCareMAX depends on contract renewal.

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