



MEDICARE HEALTH ADVANTAGE PLAN (HMO D-SNP)

Summary of Benefits

January 1, 2027 — December 31, 2027

2027 Summary of Benefits

VillageCareMAX Medicare Health Advantage Plan (HMO D-SNP)

This is a summary of Medicare health care and prescription drug coverage for VillageCareMAX Medicare Health Advantage Plan.

January 1 – December 31, 2027

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If you have questions, call VillageCareMAX at 1-855-296-8800, (TTY 711), 8:00 am to 8:00 pm, 7 days a week. The call is free. For more information, visit www.villagecaremax.org.

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Things to Know about VillageCareMAX

VillageCareMAX is a Managed Health Care Plan with nearly 40,000 members that serves Medicaid and Medicare individuals in New York.

Our parent organization, VillageCare, is a community-based not-for-profit organization that has served individuals with chronic care needs for over 45 years. We are guided by the core values of respect for those in our care and swift responsiveness to their individual needs.

Our members reside primarily in areas of the Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island), Westchester, Putnam.*

*Benefits and service areas vary by plan.



If you have questions, call VillageCareMAX at 1-855-296-8800, (TTY 711), 8:00 am to 8:00 pm, 7 days a week. The call is free. For more information, visit www.villagecaremax.org.



Helpful Words and Meanings

What is a prior authorization?

A prior authorization is approval from VillageCareMAX Medicare Health Advantage Plan you may need before we will cover a specific service, item, or drug or out-of network provider. VillageCareMAX Medicare Health Advantage Plan may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.

Refer to Chapter 3 of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the *Evidence of Coverage* to learn which services require a prior authorization.

What is Extra Help?

Extra Help is a program that helps people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and copays. We send members a document called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also known as the "Low Income Subsidy Rider" or the "LIS Rider"). This document tells you about your drug coverage and costs. If you don't have this document, please call Member Services and ask for the "LIS Rider."

What is a Deductible, Copay, and Coinsurance?

The **deductible** is the amount you must pay each year for your covered drugs and services before your Medicare drug plan pays its share.

Copays are the amounts you pay for your covered drugs or services after your deductible is paid. They are usually a fixed dollar amount based on the type of service.

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Coinsurance is similar to copay amounts. It is also a set amount you pay for covered drugs or services after your deductible is paid. Coinsurance, however, is a set percentage of costs.

Your deductible, copay, and coinsurance amounts are listed in the table in the *Premiums and Benefits* section below. The amounts depend on the level of assistance you receive.

What is a Maximum Out-Of-Pocket?

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount,” sometimes called the “MOOP.”

The amounts you pay count toward the maximum out-of-pocket amount. This does not include costs for prescription drugs. Your costs for covered medical services (such as copays and deductibles) count toward the maximum out-of-pocket amount. The yearly limit for this plan is listed in the table in the *Premiums and Benefits* section below.

Benefits at a Glance

	Primary Care	\$0
	Hearing	
	Eye Exam and Eyewear	
	Medicare & Medicaid Covered Behavioral/Mental Health Services	
	Preventative and Comprehensive Dental	
	Grocery items, rent/mortgage assistance, gas-at-the-pump, and home utilities including gas, electric, water, and internet/telecommunications	\$2,400/year (\$200/month)
	Pest control, indoor air quality products such as filters and purifiers, and public transportation	
	OTC allowance may now be used for items from participating retailers such as additional fitness center memberships, approved fitness equipment, and approved digital cognitive training program for memory fitness	

Cost sharing and deductibles may vary based on the level of Medicaid and Extra Help that the beneficiary receives. Food & produce (grocery items), gas-at-the-pump, utilities, rent/mortgage assistance, pest control, indoor air quality products, 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 condition, stroke, or other eligible conditions), and meet coverage criteria. Not all members may qualify. Some dental service limits and prior authorization requirements apply. VillageCareMAX is an HMO plan with Medicare contract. 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 discriminate based on 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).

If you have questions, call VillageCareMAX at 1-855-296-8800, (TTY 711), 8:00 am to 8:00 pm, 7 days a week. The call is free. For more information, visit www.villagecaremax.org.



Things to Know About VillageCareMAX Medicare Health Advantage Plan

What benefits are covered under VillageCareMAX Medicare Health Advantage Plan?

Members of the plan are covered for:

- Medicare benefits for inpatient and outpatient services covered under Medicare Part A & Part B
- Extra benefits that are not covered by Medicare, including additional coverage for hearing, dental, vision, fitness membership, and more. This document includes a summary of these benefits.
- Drug Coverage: Medicare Part D prescription drugs. In addition, you are covered for Medicare Part B drugs including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment.

You can see the complete *Formulary* (List of Covered Drugs) and any restrictions on our website at www.villagecaremax.org, or call Member Services for a copy.

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

- Call Member Services at 1-855-296-8800 (TTY: 711), 8:00 am to 8:00 pm, 7 days a week. This call is free.
- Write to us at 120 Broadway, Suite 2840, New York, NY 10271
- Visit our website: www.villagecaremax.org

Who can join VillageCareMAX Medicare Health Advantage Plan?

To join VillageCareMAX Medicare Health Advantage Plan, you must meet the following eligibility requirements:

- Have Medicaid and both Medicare Part A and Medicare Part B
- Live in our service area
 - Our service area includes the following counties in New York: Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island), Westchester, and Putnam.
- Must be a United States citizen or lawfully present in the United States

www.villagecaremax.org

1-855-296-8800 (TTY: 711)
8:00 am to 8:00 pm, 7 days a week.

There are different types of Medicare health plans. **VillageCareMAX Medicare Health Advantage Plan** 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 Plan is approved by Medicare and run by a not-for-profit company.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-855-296-8800 (TTY 711) and request the “Evidence of Coverage” or access it online at www.villagecaremax.org.

To join VillageCareMAX Medicare Health Advantage Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. You also must have Medicaid coverage and be a United States citizen or lawfully present in the United States.

Our service area includes these counties in : Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island), Westchester, and Putnam.

If you have questions, call VillageCareMAX at 1-855-296-8800, (TTY 711), 8:00 am to 8:00 pm, 7 days a week. The call is free. For more information, visit www.villagecaremax.org.

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 Plan.

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, read the Medicare & You 2026 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.

Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

Our plan provides language assistance services and appropriate auxiliary aids and services free of charge. Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities.

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)。

This document is available in other languages, including Spanish.

This document is also available in other formats such as Braille, large print or audio.

Upon enrollment, we will ask 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.

VillageCareMAX is an HMO plan with Medicare and New York State Medicaid contracts.

For more information, please call us at 1-855-296-8800 (TTY users should call 711), 7 days a week, 8 am to 8 pm, or visit us at www.villagecaremax.org.

Premiums and Benefits

This is a short list of benefits and cost sharing for our plan. In most cases, you are not covered for services you get from doctors or facilities that are not in our network. Prior Authorization required for some services. Please see the *Evidence of Coverage* on our website at www.villagecaremax.org or call Member Services for more information. **If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0 for Medicare-covered services. If you lose assistance under Medicaid you will be responsible for cost sharing and may be billed by your provider.**

Premiums and Benefits	VillageCareMAX Medicare Health Advantage Plan
Monthly Plan Premium (includes both medical and drugs)	You pay \$0 each month. You must continue to pay your Medicare Part B premium.
Medical Deductible	You pay \$0 for in-network medical benefits.
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	You pay no more than \$9,850 annually. Includes copays and other costs for in-network medical services for the year.
Inpatient Hospital You must continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.	For in-network inpatient hospital stays, you pay \$0 Services are not covered out-of-network.
Outpatient Hospital (such as outpatient surgery, some medical supplies like splints and casts, for example)	For services at an in-network outpatient hospital, you pay \$0 Services are not covered out-of-network.
Ambulatory Surgical Center (ASC)	You pay \$0 in-network. Services are not covered out-of-network.
Doctor Visits - Primary care provider - Specialists	You pay \$0 in-network. You pay \$0 in-network. Services are not covered out-of-network.

Premiums and Benefits	VillageCareMAX Medicare Health Advantage Plan
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing in-network. Select services are covered out-of-network.
Emergency Care	You pay \$0 per visit. ER cost sharing is waived if you are admitted to the hospital within 24 hours for the same condition.
Urgently Needed Services	You pay \$0.
Diagnostic Services /Labs /Imaging /Radiology • Diagnostic tests and procedures • Lab services • MRIs, CAT scans • X-rays • Therapeutic radiology services	You pay \$0 in-network. You pay \$0 in-network. You pay \$0 in-network. You pay \$0 in-network. You pay \$0 in-network. Services are not covered out-of-network.
Hearing Services • Medicare-covered hearing exam Supplemental Hearing Services • Routine hearing exam	You pay \$0 in-network. You pay \$0 copay in-network (1 exam every year).

Premiums and Benefits	VillageCareMAX Medicare Health Advantage Plan
Hearing Services Continued - Fitting and evaluation for hearing aids - Hearing aids	You pay \$0 copay in-network (unlimited visits every year). \$1,400 per year for hearing aids (maximum of \$700 per ear). You pay \$0 copay in-network for prescription hearing aids – all types. You pay \$0 copay for OTC hearing aids (unlimited hearing aids). OTC hearing aids can be purchased with the OTC card at approved retailers. Services or items are not covered out-of-network.
Dental Services - Medicare-covered dental services Supplemental Dental Services - Preventive, Comprehensive, Diagnostic dental services	You pay \$0 in-network. You receive diagnostic, preventive and comprehensive dental benefits as part of your standard plan.* Services are not covered out-of-network. *Please see the <i>Evidence of Coverage</i> for a full list of covered diagnostic, preventive, and comprehensive dental services including medical necessity requirements, limitations and exclusions, and prior authorization requirements.
Vision Services - Medicare-covered benefits Supplemental Vision Services - Routine eye exams	You pay \$0 in-network for an eye exam to diagnose and treat diseases and conditions of the eye. You pay \$0 in-network for one pair of eyeglasses or contact lenses after cataract surgery. You pay \$0 copay in-network (1 exam every year).

Premiums and Benefits	VillageCareMAX Medicare Health Advantage Plan
Vision Services (continued) Routine eyewear	\$350 maximum plan coverage amount every year for all non-Medicare-covered eyewear. You pay \$0 copay in-network for eyeglasses (1 pair every year). You pay \$0 copay in-network for contact lenses (unlimited pairs every year). Services or items are not covered out-of-network.
Mental Health Services - Outpatient therapy with a psychiatrist - Outpatient therapy with a mental health care professional (non-psychiatrist)	You pay \$0 in-network for individual or group sessions. You pay \$0 in-network for individual or group sessions. Services are not covered out-of-network.
Skilled Nursing Facility (SNF)	For in-network SNF stays, you pay \$0 for days 1–100 Services are not covered out-of-network.
Physical Therapy	You pay \$0 in-network. Services are not covered out-of-network.
Ambulance	You pay \$0 in-network for ground ambulance services. You pay \$0 in-network for air ambulance services. Services are not covered out-of-network.
Transportation	You pay \$0 copay for up to 36 one-way trips every year to plan-approved health-related locations using taxi, van, and ambulette and ambulette with 2 man assist. Non-Medical Transportation covered up to 16 round trips (32 one-way trips) per year under the Special Supplemental Benefit for the Chronically Ill (SSBCI). Services are not covered out of network. See the <i>Evidence of Coverage</i> for more details.

Premiums and Benefits	VillageCareMAX Medicare Health Advantage Plan
Medicare Part B Drugs The medical deductible does not apply to Part B Insulin.	You pay \$0 for in-network for Medicare Part B insulin drugs. You pay \$0 in-network for Medicare Part B chemotherapy and radiation drugs. You pay \$0 in-network for other Medicare Part B drugs. Services or items are not covered out-of-network.

Prescription Drugs

This is a summary of prescription drug coverage and cost sharing for our plan. For more information, see the *Evidence of Coverage* on our website at www.villagecaremax.org.

Outpatient Prescription Drugs		
Part D Deductible	\$700. You must pay the full cost of your Part D drugs until you reach this amount. Part D Deductible does not apply to covered insulin products and most adult Part D vaccines.	
Initial Coverage	Standard Retail Rx 30-day supply	Mail Order Rx 90-day supply
Tier 1: Preferred Generic	\$5 copay	\$15 copay
Tier 2: Generic	\$12 copay	\$36 copay
Tier 3: Preferred Brand	25% of the total cost	25% of the total cost
Tier 4: Non-Preferred Drug	32% of the total cost	32% of the total cost
Tier 5: Specialty Tier	25% of the total cost	Mail order is not available for drugs in Tier 5.
Tier 6: Select Care Drugs	\$0 copay	\$0 copay
Catastrophic Coverage (after you or others on your behalf pay \$2,400)	You pay nothing for Part D drugs.	

If you have questions, call VillageCareMAX at 1-855-296-8800, (TTY 711), 8:00 am to 8:00 pm, 7 days a week. The call is free. For more information, visit www.villagecaremax.org.

Outpatient Prescription Drugs

Costs may vary by pharmacy, days' supply, and level of assistance you receive.

The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).

To learn more about this payment option, please contact us at 1-855-296-8800 TTY:711 or visit [Medicare.gov](https://www.Medicare.gov).

Additional Benefits

This plan provides additional benefits. Prior Authorization required for some services. Please see the *Evidence of Coverage* on our website at www.villagecaremax.org or call Member Services for more information.

Additional Benefits	
Fitness Benefit	\$0 copay for the fitness benefit which includes a monthly membership to participating in-person fitness locations, access to online workout plans and a video library, home fitness kits, fitness equipment discounts, and coaching. Services are not covered out of network.
Home and Bathroom Safety Assessment, Devices, and Modifications \$150 maximum plan coverage amount every year for approved safety devices with supporting safety evaluation: • Shower Chair • Reach Stick • Raised Toilet Seat • Handheld Shower Device • Transfer Bench	\$0 copay for one home safety assessment per year. \$0 copay for home and bathroom safety devices. Services or items are not covered out of network.
Meals Immediately after surgery or inpatient hospitalization, you get 2 meals per day for up to 4 weeks, with a maximum of 56 meals per admission. There is no limit to the number of times you can use this benefit.	\$0 copay Services are not covered out of network.

Additional Benefits	
Over-The-Counter (OTC) Your OTC benefit is \$200 every month. Unused funds roll over month to month but expire at the end of the year. If you qualify, your OTC benefit is combined with the Special Supplemental Benefits for the Chronically III (SSBCI). Please see the row below for additional information.	You pay \$0 for this benefit. The Over-The-Counter (OTC) card can be used to buy: • non-prescription drugs and health-related items at participating locations or online for home delivery, • OTC hearing aids, and • items from participating retailers, such as monthly memberships at additional fitness centers, approved fitness equipment, and approved digital cognitive training program for memory fitness. Your OTC card will be mailed to you along with details on where and how to use your card. Call Member Services with any questions about your OTC card. Services or items are not covered out of network.
Supplemental Benefits for the Chronically III (SSBCI) Qualified members can use the \$200 monthly OTC amount for additional items including: • Food and produce (groceries) • Gas-at-the pump • Indoor air quality products • Pest control products • Rental or mortgage assistance • Transportation (for non-medical needs or bus/subway transit fare) • Utilities Unused funds roll over month to month but expire at the end of the year.	You pay \$0 for this benefit. Your funds can be used for: food & produce (grocery items), gas-at-the-pump, utilities, rent/mortgage assistance, pest control treatments or products, indoor air quality products, ride share, public transportation, transportation for non-medical needs. Food & produce (grocery items), gas-at-the-pump, utilities, rent/mortgage assistance, pest control, indoor air quality products, public transportation, transportation for non-medical needs are part of Special Supplemental Benefits for the Chronically III (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 condition, stroke, or other eligible conditions), and meet coverage criteria. Not all members may qualify. Services or items are not covered out of network.

Additional Benefits	
Worldwide Emergency and Urgently Needed Care Services \$50,000 coverage amount per year for emergency and urgent care, emergency and urgent transportation services outside of the United States and its territories.	\$0 copay
Nurse Line	\$0 copay Services are not covered out of network.

Medicaid 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 Plan. 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 Plan 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 Plan, 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 State Department of Health Medicaid Help Line at 1-800-541-2831. The business hours are Monday through Friday from 8:00 am to 8:00 pm, and Saturday from 9:00 am to 1:00 pm. TTY users should call 711.

You may also call VillageCareMAX Member Services for assistance at 1-855-296-8800, (TTY: 711), 8:00am to 8:00 pm, 7 days a week.

The following benefits are available to people who qualify for Medicaid benefits, and this may not be a complete list. **If you are in our Managed Long Term Care Plan, we will cover these services for you as well.** Otherwise, you may be receiving these services, if eligible, from a different Managed Care Plan.

- Adult Day Care
- Alcohol and Substance Abuse Services

If you have questions, call VillageCareMAX at 1-855-296-8800, (TTY 711), 8:00 am to 8:00 pm, 7 days a week. The call is free. For more information, visit www.villagecaremax.org.

- Audiology/Hearing Aids
- Consumer Directed Personal Assistance Services
- Chronic Renal Dialysis
- Durable Medical Equipment (DME)
 - Medical/Surgical Supplies
 - Parenteral Formula and Enteral Formula
 - Hearing Aid Batteries
 - Prosthetics
 - Orthotics and Orthopedic Footwear
- Emergency Transportation
- Family Planning Services
- Home Care
 - Nursing
 - Home Health Aide
 - Physical Therapy (PT)
 - Occupational Therapy (OT)
 - Speech Therapy (SP)
 - Medical Social Services
- Home Delivered Meals and/or Meals in a Group Setting
- Inpatient and Outpatient Hospital Services
- Laboratory and Radiology Services
- Nursing Home Care (Residential Health Care Facility)
- Nutrition
- Medical Social Services
- Mental Health Services
- Office for People With Developmental Disabilities (OPWDD) Services
- Outpatient Rehabilitation Services (Physical Therapy, Occupational Therapy, and Speech Therapy) that are ordered by a licensed professional and are covered as medically necessary.
- Prescription and Non-Prescription Drugs, Compounded Prescriptions
- Personal Care

If you have questions, call VillageCareMAX at 1-855-296-8800, (TTY 711), 8:00 am to 8:00 pm, 7 days a week. The call is free. For more information, visit www.villagecaremax.org.

- Personal Emergency Response System
- Physician Services including those in an office, facility, clinic or in the home
- Podiatry
- Private Duty Nursing
- Respiratory Therapy
- Rural Health Clinic Services
- Social Day Care
- Social Care Network
- Social and Environmental Supports
- Telehealth
- Veteran's Home Services
- All other services listed in New York State Medicaid Benefits Plan

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 1-855-296-8800 (TTY: 711).

Understanding the Benefits

- _____ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.villagecaremax.org or call 1-855-296-8800 (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.
- _____ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- _____ **Effect on Current Coverage.** Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.
- _____ 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, 2028.
- _____ 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).
- _____ For 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.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call VillageCareMAX Medicare Health Advantage Plan Member Services:

1-855-296-8800

Calls to this number are free. 8:00 am to 8:00 pm, 7 days a week

Member Services also has free language interpreter services available for non-English speakers.

TTY 711

This number requires special telephone equipment and is only available for people who have difficulties hearing or speaking.

Calls to this number are free. 8:00 am to 8:00 pm, 7 days a week

If you have questions about your health:

- Call your Primary Care Provider (PCP) or clinic, if opened. Follow the instructions for getting care when the office or clinic is closed.
- If your clinic or PCP office is closed, you can call Member Services or VillageCareMAX Medicare Health Advantage Plan's Physician Call Line. A doctor will listen to your problem and tell you how to get care. The numbers for the Physician Call Line are:

1-844-484-7362 - Calls to this number are free. 24 hours per day.

VillageCareMAX Medicare Health Advantage also has free language interpreter services available for non-English speakers.

TTY 711 - Calls to this number are free. 24 hours per day.

If you need immediate behavioral health care, call Carelon Behavioral Health Member Services:

1-866-599-1481

Calls to this number are free. 8:00 am to 6:00 pm, Monday through Friday. On Call Service is available after business hours.

VillageCareMAX Medicare Health Advantage Plan also has free language interpreter services available for non-English speakers.

TTY 711

This number requires special telephone equipment and is only available for people who have difficulties hearing or speaking.

Calls to this number are free. 8:00 am to 8:00 pm, 7 days a week



VILLAGECAREMAX

1-855-296-8800 Toll-free

TTY 711

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

www.villagecaremax.org