

VillageCareMAX Medicare Total Advantage (HMO D-SNP): Summary of Benefits 2022

Introduction

This document is a brief summary of the benefits and services covered by VillageCareMAX Medicare Total Advantage (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of VillageCareMAX Medicare Total Advantage. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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If you have questions, please call VillageCareMAX Member Services 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 Total Advantage (HMO D-SNP): Summary of Benefits 2022

A. Disclaimers



This is a summary of health services covered by VillageCareMAX Medicare Total Advantage (HMO D-SNP) for 2022. Please read the *Evidence of Coverage* for the full list of benefits. If you don't have an *Evidence of Coverage*, call VillageCareMAX Medicare Total Advantage Member Services at the number at the bottom of this page to get one. You can also view the *Evidence of Coverage* on our website at www.villagecaremax.org.

- ❖ VillageCareMAX Medicare Total Advantage is a plan for people who need Medicaid home care and long-term care services and covers Medicare services for those who live in the service area and have both Medicare Part A and Part B and have Medicaid.
- ❖ This plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you:
 - Must be eligible for Medicare and Full Medicaid Benefits.
 - Must be capable, at the time of enrollment of returning to or remaining in your home and community without jeopardy to health and safety, based upon criteria provided by New York State Department of Health; and
 - Must be eligible for nursing home level of care (as of the time of enrollment)
 - Must require care management and be expected to need at least one of the following Community Based Long-Term Care services for a continuous period of more than 120 days from the effective date of enrollment:
 - a) nursing services in the home;
 - b) therapies in the home;
 - c) home health aide services;
 - d) personal care services in the home;
 - e) adult day health care;
 - f) private duty nursing; or



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g) Consumer Directed Personal Assistance Services

- Must be 18 years of age or older;
 - Must reside in the plan's service area
 - Are determined eligible for long term care services by the plan or an entity designated by the Department using the current NYS eligibility tool.
- ❖ Under VillageCareMAX Medicare Total Advantage you can get your Medicare and most of your Medicaid services in one health plan. A VillageCareMAX Medicare Total Advantage care manager will help manage your health care needs.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* Handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (<https://www.medicare.gov>) or 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. For more information about **Medicaid**, call New York State Department of Health (Social Services) Medicaid Helpline 1-800-541-2831 Medicaid Helpline. TTY users should call 711.
- ❖ 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.
- ❖ VillageCareMAX is an HMO plan with a 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.
- ❖ The State of New York has created a participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide members free, confidential assistance on any services offered by VillageCareMAX Medicare Total Advantage Plan. ICAN may be reached toll-free at 1-844-614-8800 or online at icannys.org (TTY users call 711, then follow the prompts to dial 844-614-8800.)



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- ❖ 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.

B. Frequently Asked Questions (FAQ)

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<p>Who should I contact if I have questions or need help?</p>	<p>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.</p> <p>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</p> <p>WRITE 112 Charles Street, New York NY 10014</p> <p>WEBSITE www.villagecaremax.org</p>



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Frequently Asked Questions (FAQ)	Answers
What is a Medicaid Advantage Plus (MAP/ HMO + D-SNP) plan?	<p>Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Special Needs Plan (D-SNP). Our plan combines your Medicaid home care and long-term care services and your Medicare services. It combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated health care system. It also has care managers to help you manage all of your providers and services. They all work together to provide the care you need.</p> <p>Our MAP plan is called VillageCareMAX Medicare Total Advantage (HMO D-SNP).</p>
Will I get the same Medicare and Medicaid benefits in VillageCareMAX Medicare Total Advantage that I get now?	<p>If you are coming to VillageCareMAX Medicare Total Advantage from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get all your covered Medicare and Medicaid benefits directly from VillageCareMAX Medicare Total Advantage. You will work with a team of providers who will help determine what services will best meet your needs. When you enroll in VillageCareMAX Medicare Total Advantage, you and your care team will work together to develop a Care Plan to address your health and support needs.</p> <p>When you join our plan, if you are taking any Medicare Part D prescription drugs that VillageCareMAX Medicare Total Advantage does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for VillageCareMAX Medicare Total Advantage to cover your drug, if medically necessary. For more information, call Member Services.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>Can I go to the same health care providers I see now?</p>	<p>That is often the case. If your providers (including doctors and pharmacies) work with VillageCareMAX Medicare Total Advantage and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” In most cases, you must use the providers in VillageCareMAX Medicare Total Advantage’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of VillageCareMAX Medicare Total Advantage’s network. You may also use out-of-network providers when VillageCareMAX Medicare Total Advantage authorizes the use of out-of-network providers <p>To find out if your providers are in the plan’s network, call Member Services or read VillageCareMAX Medicare Total Advantage’s <i>Provider and Pharmacy Directory</i>. You can also visit our website at www.villagecaremax.org for the most current listing.</p>
<p>What happens if I need a service but no one in VillageCareMAX Medicare Total Advantage’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, VillageCareMAX Medicare Total Advantage will authorize and pay for the cost of an out-of-network provider.</p>
<p>What is a care manager?</p>	<p>A care manager is your main contact person. This person helps manage all your providers and services and makes sure you get what you need.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>What are long-term services and supports?</p>	<p>Long-term services and supports are services that help people who need assistance doing everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services help you stay in your home so you don't need to move to a nursing home or hospital.</p>
<p>Where is VillageCareMAX Medicare Total Advantage available?</p>	<p>The service area for this plan includes the following counties in New York: Bronx, Kings (Brooklyn), New York (Manhattan), and Queens. You must live in one of these counties to join the plan. Call Member Services for more information about whether the plan is available where you live.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means that you must get approval from VillageCareMAX Medicare Total Advantage before you can get a specific service or drug or see an out-of-network provider. VillageCareMAX Medicare Total Advantage may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>See Chapter 3 of the <i>Evidence of Coverage</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p>
<p>Do I pay a monthly amount (also called a premium) as a member of VillageCareMAX Medicare Total Advantage?</p>	<p>No. Because you have Medicaid, you will not pay any monthly premiums for your health coverage. You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party.</p>



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Frequently Asked Questions (FAQ)	Answers
Do I pay a deductible as a member of VillageCareMAX Medicare Total Advantage?	No. You do not pay deductibles in VillageCareMAX Medicare Total Advantage.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of VillageCareMAX Medicare Total Advantage?	There is no cost-sharing for medical services in VillageCareMAX Medicare Total Advantage, so your annual out-of-pocket costs will be \$0.



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C. List of Covered Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.


Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need hospital care	Inpatient hospital care	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization is required.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	Prior authorization is required for some services.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization is required.
I want to see a health care provider	Doctor visits to treat an injury or illness	\$0	Prior authorization is not required for routine medical visits. Some procedures require prior authorization.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>(continued on the next page)</p> <p>I want to see a health care provider (continued)</p>	Specialist care	\$0	Prior authorization is not required for routine services.
	Wellness visits, such as a physical	\$0	Prior authorization is not required.
	Preventive care to keep you from getting sick, such as flu shots.	\$0	Prior authorization is not required for covered services from in-network and out-of-network providers.
	“Welcome to Medicare” preventive visit (one time only)	\$0	<p>You are covered for the “Welcome to Medicare” preventive visit only within the first 12 months you have Medicare Part B.</p> <p>Prior Authorization is not required for covered services from in-network and out-of-network providers.</p>
<p>I need emergency care (continued on the next page)</p>	Emergency room services	\$0	You may go to any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need emergency care (continued)	Urgently needed care	\$0	Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network.
I need medical tests	Lab tests, such as blood work	\$0	Prior authorization is required for some services.
	Tests that allow doctors to see inside your body such as X-ray, CT scan, MRI and ultrasound	\$0	Prior authorization is required for some services.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization is required for some services.
I need hearing services	Hearing screenings	\$0	Prior authorization is required for some services.
	Hearing aids	\$0	Prior authorization is required.
I need dental care (continued on the next page)	Dental services, including preventive and comprehensive care	\$0	You are also covered for extra dental services for comprehensive care including: <ul style="list-style-type: none"> • Prosthodontics services (like crowns) limited to one every 60 months per tooth



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need dental care (continued)			<ul style="list-style-type: none"> Endodontics (root canal) limited to 1 per lifetime per tooth <p>Prior authorization is required for some services.</p>
I need eye care (continued on the next page)	Eye exams	\$0	<p>You are covered for 1 routine eye exam every year.</p> <p>Prior authorization is not required.</p>
	Glasses or contact lenses	\$0	<p>You are covered for:</p> <ul style="list-style-type: none"> Up to \$350 per year for contact lenses or eyeglasses (lenses and frames) One pair of eyeglasses or contact lenses after each cataract surgery or contact lenses for certain conditions when eyeglasses will not work. <p>Prior authorization is required.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need eye care (continued)	Other vision care including diagnosis and treatment for diseases and conditions of the eye	\$0	You are covered for medically necessary care for people with certain diseases such as diabetes and glaucoma. Prior authorization is required.
I have a mental health condition	Mental or behavioral health services	\$0	Prior authorization is not required for outpatient mental health services for in-network and out-of-network providers.
	Inpatient care for people who need long-term mental health services	\$0	Prior authorization is required.
I have a substance use disorder	Substance use disorder services	\$0	You are covered for inpatient and outpatient services. Prior authorization is required.
I need a place to live with people available to help me	Skilled nursing care	\$0	There is no prior hospital stay required. Prior authorization is required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need therapy after a stroke or accident	Occupational physical, speech or therapy	\$0	You are covered for medically necessary Occupational Therapy (OT), Physical Therapy (PT), and Speech Therapy (ST) visits that are ordered by a doctor or other licensed professional. Prior authorization is required.
I need help getting to health services	Ambulance services	\$0	Ambulance services must be medically necessary. You do not need prior authorization for ambulance services, and you do not have to use an in-network provider.
	Emergency transportation	\$0	You do not need prior authorization for emergency transportation, and you do not have to use an in-network provider.
	Transportation to health care services and health care	\$0	Prior authorization is required 2 days in advance of trip.
	Transportation to other health services	\$0	Prior authorization is required 2 days in advance of trip.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need drugs to treat my illness or condition (continued on the next page)	Medicare Part B prescription drugs	\$0	Read the <i>Evidence of Coverage</i> Chapter 4 for more information on these drugs.
	Tier 1 Generic drugs (no brand name) and Tier 2 Brand drugs	\$0 for a 30-day supply	<p>There may be limitations on the types of drugs covered. Please see VillageCareMAX Medicare Total Advantage's <i>List of Covered Drugs</i> at www.villagecaremax.org for more information.</p> <p>VillageCareMAX Medicare Total Advantage may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from VillageCareMAX Medicare Total Advantage for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need drugs to treat my illness or condition (continued)			<p>education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p> <p>An extended day supply of a medication is available through retail and mail order pharmacies. The cost-sharing amount for these extended-day supplies is the same as for a one-month supply.</p>
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered.
	Diabetes medications	\$0	Prior authorization is required for some medications.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need help getting better or have special health needs	Rehabilitation services	\$0	Outpatient Occupational Therapy (OT), Physical Therapy (PT), and Speech Therapy (ST) are covered when medically necessary and ordered by a doctor or other licensed professional. Prior authorization is required.
	Medical equipment for home care	\$0	Prior authorization is required for some medical equipment.
I need foot care	Podiatry services	\$0	Prior authorization is not required.
	Orthotic services	\$0	Prior authorization is required for some orthotic services.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This is not a complete list of covered DME or supplies. Call Member Services or read the <i>Evidence of Coverage</i> for more information.)	\$0	Prior authorization is required for some DME items and supplies.
I need help living at home (continue on the next page)	Home health care services	\$0	Prior authorization is required.
	Personal care assistant	\$0	Prior authorization is required.
	Changes to your home, such as ramps and wheelchair access	\$0	Prior authorization is required.
	Home services, such as cleaning or housekeeping	\$0	Prior authorization is required.
	Meals brought to your home	\$0	Prior authorization is required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need help living at home (continued)	Adult day health care services or other support services	\$0	Prior authorization is required.
	Social day care	\$0	Prior authorization is required.
My caregiver needs some time off	Respite care	\$0	Prior authorization is required.
I need interpreter services	Spoken language interpreter	\$0	Call Member Services for more information.
	Sign language interpreter	\$0	Call Member Services for more information.
Additional services (continued on next page)	Over-the-Counter Health Items and Grocery Items	\$0	You are covered for up to \$2,700 per year (\$225 per month) on your OTC card to buy: <ul style="list-style-type: none"> • Approved non-prescription drugs and health-related items at participating locations • Approved grocery items at participating locations or delivered. Members must be eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI).



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			Please see your Evidence of Coverage (EOC) for details.
	Acupuncture	\$0	You are covered for up to 5 visits per month with a maximum of 50 visits per year (up to \$80 limit per visit). Services must be provided by a certified and licensed provider in the VillageCareMAX network. Prior authorization is not required.
	Wellness Programs <ul style="list-style-type: none"> » Fitness Membership » Member Newsletter 	\$0	You are covered for free fitness membership through the Silver&Fit Healthy Aging and Exercise program: <ul style="list-style-type: none"> » Access to fitness centers within the network » Home fitness kits if you are unable to visit a fitness center or prefer to work out at home
	Chiropractic services	\$0	You are covered for manual manipulation of the spine if medically necessary to correct subluxation. Prior authorization is required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Diabetic supplies	\$0	Prior authorization is required for some supplies.
	Prosthetic services	\$0	Prior authorization is required for some prosthetic services.
	Services to help manage your disease	\$0	You are covered for services to help you manage your diseases such as: <ul style="list-style-type: none"> • Care Management services • Medication Therapy Management Program • Kidney disease education services Your care manager can help you get services to help manage your disease.
	24/7 Physician Call Line	\$0	You are covered to speak to a doctor about your non-emergency health related concerns 24 hours per day.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Worldwide Emergency/Urgent Coverage		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.

This summary of benefits is provided for informational purposes only and is not a complete list of benefits. Call Member Services or read the *Evidence of Coverage* to find out about other covered services.

D. Services covered outside of VillageCareMAX Medicare Total Advantage

This is not a complete list. Call Member Services to find out about other services not covered by VillageCareMAX Medicare Total Advantage but available through Medicare.

Other services covered by Medicare	Your costs
Hospice services related to a terminal prognosis	\$0

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E. Services not covered by VillageCareMAX Medicare Total Advantage, Medicare, or Medicaid

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by VillageCareMAX Medicare Total Advantage, Medicare or Medicaid

Services considered not reasonable and necessary, according to the standards of Original Medicare.

Experimental medical and surgical procedures, equipment and medications, unless covered by Medicare or under a Medicare-approved clinical research study.

Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines.

Cosmetic surgery or procedures, except when it is medically needed.

A private room in a hospital, except when it is medically needed.

Surgical treatment for morbid obesity, except when it is medically needed.

Reversal of sterilization procedures and or nonprescription contraceptive supplies.

Naturopath services (uses natural or alternative treatments).



If you have questions, please call VillageCareMAX Member Services 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 Total Advantage (HMO D-SNP): Summary of Benefits 2022

F. Your rights as a member of the plan

As a member of VillageCareMAX Medicare Total Advantage, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not limited to, the following:

Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
 - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
 - Apply your rights freely without any negative effect on the way VillageCareMAX Medicare Total Advantage or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - VillageCareMAX Medicare Total Advantage
 - The services we cover
 - How to get services



If you have questions, please call VillageCareMAX Member Services 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 Total Advantage, HMO D-SNP: **Summary of Benefits**

- How much services will cost you
- Names of health care providers and Care Managers
- Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP). You can change your PCP at any time during the year. You can call 1-800-469-6292 (TTY: 711) if you want to change your PCP.
 - See a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment as far as the law allows, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. VillageCareMAX Medicare Total Advantage will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call 1-800-469-6292 (TTY: 711) if you need help with this service



If you have questions, please call VillageCareMAX Member Services at 1-800-469-6292, TTY 711, 8:00 AM to 8:00 PM, 7 days per week. The call is free. **For more information**, visit www.villagecaremax.org.

VillageCareMAX Medicare Total Advantage, HMO D-SNP: **Summary of Benefits**

- Have your *Evidence of Coverage* and any printed materials from VillageCareMAX Medicare Total Advantage translated into your primary language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
- Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - See an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - Access an easy process to voice your concerns, and to expect follow-up by VillageCareMAX Medicare Total Advantage
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
 - Ask for a State Appeal (State Fair Hearing)
 - Get a detailed reason why services were denied

Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness and dignity.** You should:
 - Treat your health care providers with dignity and respect



If you have questions, please call VillageCareMAX Member Services at 1-800-469-6292, TTY 711, 8:00 AM to 8:00 PM, 7 days per week. The call is free. **For more information**, visit www.villagecaremax.org.

VillageCareMAX Medicare Total Advantage, HMO D-SNP: **Summary of Benefits**

- Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
 - Tell your health care provider your health complaints clearly and provide as much information as possible
 - Tell your health care provider about yourself and your health history
 - Tell your health care provider that you are a VillageCareMAX Medicare Total Advantage member
 - Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)
 - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
 - Notify VillageCareMAX Medicare Total Advantage Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
 - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
 - Partner with your Care Team and work out treatment plans and goals together
 - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from VillageCareMAX Medicare Total Advantage.** You should:
 - Get all your health care from VillageCareMAX Medicare Total Advantage, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless VillageCareMAX Medicare Total Advantage provides a prior authorization for out-of-network care
 - Not allow anyone else to use your VillageCareMAX Medicare Total Advantage Member ID Cards to obtain healthcare services
 - Notify VillageCareMAX Medicare Total Advantage when you believe that someone has purposely misused VillageCareMAX Medicare Total Advantage benefits or services



If you have questions, please call VillageCareMAX Member Services at 1-800-469-6292, TTY 711, 8:00 AM to 8:00 PM, 7 days per week. The call is free. **For more information**, visit www.villagecaremax.org.

VillageCareMAX Medicare Total Advantage, HMO D-SNP: **Summary of Benefits**

For more information about your rights, you can read the VillageCareMAX Medicare Total Advantage *Evidence of Coverage*. If you have questions, you can also call VillageCareMAX Medicare Total Advantage Member Services.

G. How to file a complaint or appeal a denied service or drug

If you have a complaint or think VillageCareMAX Medicare Total Advantage should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the VillageCareMAX Medicare Total Advantage *Evidence of Coverage*. You can also call VillageCareMAX Medicare Total Advantage Member Services at 1-800-469-6292. TTY users call 711. 7 days a week from 8:00 am to 8:00 pm.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a health care provider, hospital or pharmacy is doing something wrong, please contact us.

- Call VillageCareMAX Medicare Total Advantage Member Services. Phone numbers are at the bottom of the page.
- Call VillageCareMAX Medicare Total Advantage Fraud Hot Line at 1-844-348-2664.
- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the New York State Medicaid Fraud Hotline 1-877-87 FRAUD



If you have questions, please call VillageCareMAX Member Services at 1-800-469-6292, TTY 711, 8:00 AM to 8:00 PM, 7 days per week. The call is free. **For more information**, visit www.villagecaremax.org.

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 for which 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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If you have questions, please call VillageCareMAX Member Services at 1-800-469-6292, TTY 711, 8:00 AM to 8:00 PM, 7 days per week. The call is free. **For more information**, visit www.villagecaremax.org.

VillageCareMAX Medicare Total Advantage, HMO D-SNP: **Summary of Benefits**

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

1-800-469-6292

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 for people who have difficulties with 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 it's open. Follow the instructions for getting care when the office or clinic is closed.
- If your clinic or PCP office is closed, you can also call VillageCareMAX Medicare Total Advantage'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 Total Advantage also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. 24 hours per day.