

VILLAGECARE MAX

MEDICARE TOTAL ADVANTAGE PLAN (HMO D-SNP)

Summary of Benefits

January 1, 2024

—
December 31, 2024



VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2024 Summary of Benefits

H2168_MKT24-06_M

Approved by NYSDOH on 9/8/2023

Introduction

This document is a brief summary of the benefits and services covered by VillageCareMAX Medicare Total Advantage Plan. 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 Plan. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

Table of Contents

- A. Disclaimers2
- B. Frequently asked questions4
- C. Overview of services.....8
- D. Additional services VillageCareMAX Medicare Total Advantage Plan covers26
- E. Benefits covered outside of VillageCareMAX Medicare Total Advantage Plan28
- F. Services that VillageCareMAX Medicare Total Advantage Plan, Medicare, and Medicaid do not cover29
- G. Your rights and responsibilities as a member of the plan30
- H. How to file a complaint or appeal a denied service34
- I. What to do if you suspect fraud35



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) | 2024 Summary of Benefits

A. Disclaimers



This is a summary of health services covered by VillageCareMAX Medicare Total Advantage Plan for 2024. This is only a summary. 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 to request a copy. The number for Member Services is listed at the bottom of this page.

- ❖ 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)。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-469-6292; TTY/TDD 711.

- ❖ VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) is an HMO plan with Medicare and New York State Medicaid contracts. Enrollment in VillageCareMAX Medicare Total Advantage Plan depends on contract renewal. The plan also has a written agreement with the New York Medicaid program to coordinate your Medicaid benefits.
- ❖ You can call the Independent Consumer Advocacy Network (ICAN) to get free, independent advice about your coverage, complaints, and appeals' options. They can help you manage the appeal process. Contact ICAN to learn more about their services:

Independent Consumer Advocacy Network (ICAN)
Community Service Society of New York
633 Third Ave, 10th Floor
New York, NY 10017
Phone: 1-844-614-8800 (**TTY Relay Service:** 711)
Web: www.icannys.org | **Email:** ican@cssny.org

- ❖ 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.
- ❖ Food & Produce (grocery items) and Transportation for Non-Medical Needs are a part of Special Supplemental Benefits for the Chronically Ill (SSBCI). and not all members may qualify. Generally, members enrolled in VillageCareMAX Medicare Total Advantage Plan meet the definition of chronically ill and will qualify.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or request 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.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-800-469-6292 (TTY: 711), 8:00 am to 8:00 pm, 7 days a week. The call is free.
- ❖ This Document is available for free in Chinese or Spanish.
- ❖ 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 to your preference and contact information at any time by calling Member Services. The number for Member Services is listed at the bottom of this page.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) | 2024 Summary of Benefits

B. Frequently asked questions

The following table lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicaid Advantage Plus (MAP/HMO) + Dual Eligible Special Needs Plan (D-SNP) plan?	<p>Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicaid and Medicare) 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, behavioral health care (mental health and substance use/addiction services), 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 Plan.</p>
Will I get the same Medicare and Medicaid benefits in VillageCareMAX Medicare Total Advantage Plan that I get now?	<p>If you are coming to VillageCareMAX Medicare Total Advantage Plan from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and Medicaid benefits directly from VillageCareMAX Medicare Total Advantage Plan.</p> <p>When you enroll in VillageCareMAX Medicare Total Advantage Plan, you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that VillageCareMAX Medicare Total Advantage Plan does not normally cover, you can get a temporary supply, and we will help you to transition to another drug or get an exception for VillageCareMAX Medicare Total Advantage Plan to cover your drug if medically necessary.</p>



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
Can I use the same health care providers I use now?	<p>That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with VillageCareMAX Medicare Total Advantage Plan 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.” You must use the providers in VillageCareMAX Medicare Total Advantage Plan’s network.• If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you can use providers outside of VillageCareMAX Medicare Total Advantage Plan’s network. You may also use out-of-network providers when VillageCareMAX Medicare Total Advantage Plan authorizes the use of out-of-network providers. <p>To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read VillageCareMAX Medicare Total Advantage Plan’s <i>Provider and Pharmacy Directory</i>. You can also visit our website at www.villagecaremax.org for the most current listing.</p> <p>If VillageCareMAX Medicare Total Advantage Plan is new for you, we will work with you to develop an individualized plan of care (ICP) to address your needs. You can keep using the providers you use now for 90 days or until your ICP is completed. Further, members who enroll on or after January 1, 2023, can continue to use their same behavioral health providers for up to 24 months as part of a continuous episode of care. “Continuous Behavioral Health Episode of Care” means a course of ambulatory behavioral health treatment, other than ambulatory detoxification and withdrawal services, which began prior to the effective date of the behavioral health benefit inclusion into MAP in the geographic service area in which services had been provided to an enrollee at least twice during the six months preceding January 1, 2023 by the same provider for the treatment of the same or related behavioral health condition.</p>



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
What is a Care Manager?	A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need. Members may have a Care Manager who works for the Plan as well as a specialized Health Home/Health Home Plus Care Manager (refer to Section E. Benefits covered outside of VillageCareMAX Medicare Total Advantage Plan on page 28.
What are Managed Long Term Services and Supports (MLTSS)?	Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.
What happens if I need a service but no one in VillageCareMAX Medicare Total Advantage Plan's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, such as due to shortage of staff with necessary expertise and/or availability to provide services, VillageCareMAX Medicare Total Advantage Plan will cover services provided by an out-of-network provider.
Where is VillageCareMAX Medicare Total Advantage Plan available?	The service area for this plan includes: Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island), Nassau and Westchester, New York. You must live in one of these areas to join the plan.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
What is prior authorization?	<p>Prior authorization means that you must get approval from VillageCareMAX Medicare Total Advantage Plan before VillageCareMAX Medicare Total Advantage Plan will cover a specific service, item, or drug or out-of-network provider. VillageCareMAX Medicare Total 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 behavioral health crisis services or out-of-area dialysis services, you don't need to get approval first. VillageCareMAX Medicare Total Advantage Plan can provide you with a list of services or procedures that require you to get prior authorization from VillageCareMAX Medicare Total Advantage Plan before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p>
Do I pay a monthly amount (also called a premium) under VillageCareMAX Medicare Total Advantage Plan?	<p>No. You will not pay any monthly premiums to VillageCareMAX Medicare Total Advantage Plan for your health coverage.</p> <p>Additionally, Medicaid will pay your Medicare Part B premium for you.</p>
Do I pay a deductible as a member of VillageCareMAX Medicare Total Advantage Plan?	<p>No. You do not pay deductibles in VillageCareMAX Medicare Total Advantage Plan.</p>
What is the maximum out-of-pocket amount that I will pay for medical services as a member of VillageCareMAX Medicare Total Advantage Plan?	<p>There is no cost sharing (copays or deductibles) for medical services in VillageCareMAX Medicare Total Advantage Plan, so your annual out-of-pocket costs will be \$0.</p>
Do I have a coverage gap for drugs?	<p>No. Because you have Medicaid you will not have a coverage gap stage for your drugs.</p>



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) | 2024 Summary of Benefits

C. Overview of services

The following table is a quick overview of what services you may need 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)
You 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.
You want to use an outpatient health care provider (This service is continued on the next page)	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	Prior authorization is <u>not</u> required for routine visits.
	Visits to treat an injury or illness	\$0	Prior authorization is <u>not</u> required for routine visits.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to use a health care provider (continued)	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0	Prior authorization is <u>not</u> required for covered services from in-network and out-of-network providers.
	Wellness visits, such as a physical	\$0	Prior authorization is <u>not</u> required.
	“Welcome to Medicare” preventive visit (one time only)	\$0	Prior authorization is <u>not</u> required for covered services from in-network and out-of-network providers.
You need emergency care	Emergency room services, including mental health emergencies at Comprehensive Psychiatric Emergency Programs (CPEPs) <i>Plan covers extra benefits. See “Worldwide Emergency/Urgent Coverage” in Section D.</i>	\$0	You may use any emergency room or CPEP if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are NOT covered outside of the U.S. and its territories except under limited circumstances. Contact the plan for details.
	Urgent care <i>Plan covers extra benefits. See “Worldwide Emergency/Urgent Coverage” in Section D.</i>	\$0	Urgent care is not emergency care. You do not need prior authorization and you do not have to be in-network. Urgent care is NOT covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization is required for some services.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization is required for some services.
	Screenings, such as tests to check for cancer	\$0	Prior authorization is required for some services.
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	Prior authorization is <u>not</u> required.
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	Prior authorization is required.
You need dental care	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care) Plan covers extra benefits.	\$0	You are covered for up to \$2,000 per year (\$1000 every 6 months) for additional comprehensive dental services. This is limited to the dental procedure codes covered by the plan. Any unused portion of the 6 month maximum will carry over to the following 6 months within the calendar year. Any unused dollars will expire at the end of the calendar year. Prior authorization and limitations apply to some services.
You need eye care (This service is continued on the next page)	Vision services (including annual eye exams) Plan covers extra benefits.	\$0	You are covered for one routine eye exam per year. Coverage includes annual glaucoma and diabetic screenings for members who meet certain clinical requirements.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued)	Glasses or contact lenses <i>Plan covers extra benefits.</i>	\$0	You are covered for: <ul style="list-style-type: none"> • Contact lenses • Up to \$350 per year for eyewear (lenses and frames) • One pair of eyeglass lenses • One eyeglass frames Prior authorization is required.
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	Prior authorization may be required for some services.
You have a mental health condition (This service is continued on the next page)	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), State Operated Addiction Treatment Center's (ATC), Inpatient addiction rehabilitation, Inpatient Medically Supervised Detox, or critical access hospital)	\$0	Prior authorization is required.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition (continued)	Adult outpatient mental health care <ul style="list-style-type: none"> Continuing Day Treatment (CDT) Partial hospitalization 	\$0	Prior authorization is required.



VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition (continued)	Adult outpatient rehabilitative mental health care <ul style="list-style-type: none"> • Assertive Community Treatment (ACT) • Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) • Personalized Recovery Oriented Services (PROS) 	\$0	Prior authorization is <u>not</u> required.
	Adult outpatient rehabilitative mental health and addiction services for members who meet clinical requirements. These are also known as Community Oriented Recovery and Empowerment (CORE) services. CORE services: <ul style="list-style-type: none"> • Psychosocial Rehabilitation (PSR) • Community Psychiatric Supports and Treatment (CPST) • Empowerment services – peer supports • Family Support and Training (FST) 	\$0	Prior authorization is <u>not</u> required.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition (continued)	Adult mental health crisis services <ul style="list-style-type: none"> • Comprehensive Psychiatric Emergency Program (CPEP) • Mobile Crisis and Telephonic Crisis Services • Crisis Residential Programs 	\$0	Prior authorization is <u>not</u> required.
	Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication management, family psychoeducation, and intensive outpatient models of care) (Note: This is not a complete list of the plan's expanded outpatient mental health services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)	\$0	Services may be provided by any OMH licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws. Prior authorization may be required for some services.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You are having a mental health or substance use crisis	Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises)	\$0	Any approved mobile crisis or licensed crisis residence provider in New York State.
You have a mental health condition or a substance use disorder	<p>CORE Services (which are person-centered, recovery-oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence).</p> <p>(Note: For more information about CORE Services and to determine whether you are eligible for them, call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i>.)</p>	\$0	CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a substance use disorder	<p>Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment)</p> <p>(Note: This is not a complete list of the plan's expanded substance use disorder services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)</p>	\$0	Prior authorization is required for some services.
You need a place to live with people available to help you	Skilled nursing care	\$0	Prior authorization is required.
	Nursing home	\$0	Prior authorization is required.
	Custodial care (long-term care in a Nursing Facility)	\$0	<p>Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.</p> <p>Prior authorization is required.</p>



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy (outpatient or in-home)	\$0	Prior authorization is required.
You need help getting to health services	Emergency transportation	\$0	Prior authorization is <u>not</u> required from in-network and out-of-network providers.
You need drugs to treat your illness or condition (This service is continued on the next page)	Medicare Part B prescription drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0	Read the <i>Evidence of Coverage</i> for more information on these drugs. Prior authorization is required for some injectable drugs.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Medicare Part D prescription drugs</p> <p>Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Refer to VillageCareMAX Medicare Total Advantage Plan’s <i>Formulary (List of Covered Drugs)</i> at www.villagecaremax.org for more information.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan’s <i>List of Covered Drugs</i> (Formulary). Our plan covers most Part D vaccines at no cost to you.</p> <p>VillageCareMAX Medicare Total Advantage Plan 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 Plan for certain drugs.</p>



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			<p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, (Formulary, <i>List of Covered Drugs</i>), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare.</p> <p>An extended supply of "maintenance" drugs is available through retail and mail order pharmacies. Maintenance drugs are drugs taken on a regular basis, for a chronic or long-term medical condition.</p>
	Over-the-counter (OTC) drugs <i>Plan covers extra benefits. See "Over the-Counter (OTC) Health-Related Items" in Section D.</i>	\$0	There may be limitations on the types of drugs covered.
	Diabetes medications	\$0	Prior authorization and limitations may apply.
You need foot care	Podiatry services (including routine exams)	\$0	Prior authorization is <u>not</u> required.
	Orthotic services	\$0	Prior authorization and limitations may apply.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) or supplies	<p>Wheelchairs, nebulizers, crutches, roll about knee walkers, walkers, and oxygen equipment and supplies, for example.</p> <p>(Note: This is not a complete list of covered DME or supplies. Call Member at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)</p>	\$0	Prior authorization is required for some DME items and supplies.
You need interpreter services	Spoken language interpreter	\$0	Interpreter services are available for non-English speaking individuals.
	Sign language interpreter	\$0	Communication services are available for individuals who are deaf and hard of hearing.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (This service is continued on the next page)	Acupuncture <i>Plan covers extra benefits.</i>	\$0	<p>Acupuncture for chronic low back pain:</p> <ul style="list-style-type: none"> Up to 20 acupuncture treatments per year for members who meet certain clinical requirements. Prior authorization is required. <p>Acupuncture (beyond Medicare coverage):</p> <ul style="list-style-type: none"> Up to 54 visits per year (5 visits per month). \$80 limit per visit. Prior authorization is required for some services. <p>Services must be provided by a certified and licensed provider in the VillageCareMAX Medicare Total Advantage Plan network.</p>
	Plan Care coordination	\$0	The plan helps to coordinate your care for better health outcomes. Your Care Manager will work you and your providers to develop your care plan and coordinate your services.
	Chiropractic services	\$0	<p>You are covered for manual manipulation of the spine to correct subluxation (partial dislocation or misalignment).</p> <p>Prior authorization is required.</p>



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Diabetic supplies	\$0	Abbott is the preferred manufacturer for blood glucose, glucometers, and testing supplies. Prior authorization may be required for some supplies.
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	\$0	EPSDT is for members under 21 years of age.
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$0	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 Total Advantage Plan.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Mammograms	\$0	<p>Covered services include:</p> <ul style="list-style-type: none"> • One baseline mammogram between the ages of 35 and 39 • One screening mammogram every 12 months for women age 40 and older • Clinical breast exams once every 24 months
	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); social adult day care; and transportation)	\$0	<p>MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting.</p> <p>MLTSS is available to all members; specific service authorization, including amount, is indicated in the member's individualized approved Plan of Care.</p> <p>Prior authorization is required for some services.</p>



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living. Prior authorization is required.
	Personal Care Assistance (PCA) (assistance with daily activities such as bathing, dressing, using the bathroom, shopping, cooking, including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	\$0	Prior authorization is required.
	Prosthetic services	\$0	Coverage includes prosthetic appliances and devices which replace any missing part of the body. Prior authorization and limitations apply.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Services to help manage your disease	\$0	<p>You are covered for services to help you manage your disease(s) such as:</p> <ul style="list-style-type: none"> Care Management services including education on various diseases and getting you access to needed services Kidney disease education services Wellness events that provide education and preventive screenings Medication Therapy Management (MTM) program that helps eligible members manage their medications Drug Management Program (DMP) that helps members safely use their opioid medications

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read VillageCareMAX Medicare Total Advantage Plan’s *Evidence of Coverage*. If you have questions, you can also call VillageCareMAX Medicare Total Advantage Plan Member Services at the numbers listed at the bottom of this page.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) | 2024 Summary of Benefits

D. Additional services VillageCareMAX Medicare Total Advantage Plan covers

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* to find out about other covered services.

Additional services VillageCareMAX Medicare Total Advantage Plan covers	Your costs
<p><i>Fitness Membership:</i> You are covered for free fitness membership through the Silver&Fit Healthy Aging and Exercise program:</p> <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 • Telephone coaching	\$0
<p><i>Over-the-Counter (OTC) Health-Related Items and Food & Produce (grocery items):</i> You are covered for up to \$250 per month on your OTC card to buy approved:</p> <ul style="list-style-type: none">• Non-prescription drugs and health-related items at participating locations or online for home delivery.• COVID-19 tests• Hearing aids• Members eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI):<ul style="list-style-type: none">o Grocery items at participating locations or online for home deliveryo Utilities <p>Refer to your <i>Evidence of Coverage</i> for further details.</p> <p>Any unused benefit amount carries over from month to month but expires at the end of the year.</p>	\$0



VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2024 Summary of Benefits

Additional services VillageCareMAX Medicare Total Advantage Plan covers	Your costs
<i>Transportation for Non-Medical Needs:</i> You are covered for 12 one- way trips (6 round trips) per year for non-medical appointments to plan approved locations via taxi, van, and rideshare services.	\$0
<i>Worldwide Emergency/Urgent Coverage and Emergency Transportation:</i> Up to \$50,000 per year when you travel outside of the United States and its territories.	\$0



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

E. Benefits covered outside of VillageCareMAX Medicare Total Advantage Plan

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other services not covered by VillageCareMAX Medicare Total Advantage Plan but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
CSS (Community Support Services)	\$0
Health Home (HH) and Health Home Plus (HH+) Care Management services	\$0
Certified Community Behavioral Health Clinics (CCBHC)	\$0
Crisis Intervention Services for Youth ages 18-20	\$0



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) | 2024 Summary of Benefits

F. Services that VillageCareMAX Medicare Total Advantage Plan, Medicare, and Medicaid do not cover

The following services are not covered by our plan. This is not a complete list. Call Member Services at the numbers in the footer of this document to find out about other excluded services.

Services VillageCareMAX Medicare Total Advantage Plan, Medicare, and Medicaid do not cover
Cosmetic surgery if not medically needed.
Experimental medical and surgical procedures, equipment and medications, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan.
Hospice services related to a terminal prognosis,
Naturopath services (uses natural or alternative treatments).
Personal and Comfort items.
Private room in a hospital, except when it is medically needed.
Reversal of sterilization procedures and or nonprescription contraceptive supplies.
Routine Chiropractic care (other than manual manipulation of the spine consistent with Medicare coverage guidelines.
Services considered not reasonable and necessary, according to the standards of Original Medicare.
Services of a provider that is not part of the plan, unless the plan sends you to that provider.



VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2024 Summary of Benefits

G. Your rights and responsibilities as a member of the plan

As a member of VillageCareMAX Medicare Total Advantage Plan, you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused medically necessary treatment. You can 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, read the *Evidence of Coverage*.

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 Plan 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 Plan
 - Description of the services we cover
 - How to get services
 - How much services will cost you



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

- 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) and 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.
 - Use 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 Plan 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
 - Have your Evidence of Coverage and any printed materials from VillageCareMAX Medicare Total Advantage Plan translated into your primary language, and/or 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



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) | 2024 Summary of Benefits

- **You have the right to 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
 - Use 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 Plan
 - 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
 - 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 Plan 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



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

- Notify VillageCareMAX Medicare Total Advantage Plan 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 Plan.** You should:
 - Get all your health care from VillageCareMAX Medicare Total Advantage Plan, except in cases of emergency, urgent care, behavioral health crisis services, out-of-area dialysis services, or family planning services, unless VillageCareMAX Medicare Total Advantage Plan provides a prior authorization for out-of-network care
 - Not allow anyone else to use your VillageCareMAX Medicare Total Advantage Plan Member ID Card to obtain healthcare services
 - Notify VillageCareMAX Medicare Total Advantage Plan when you believe that someone has purposely misused VillageCareMAX Medicare Total Advantage Plan benefits or services

For more information about your rights, you can read VillageCareMAX Medicare Total Advantage Plan's *Evidence of Coverage*. If you have questions, you can also call VillageCareMAX Medicare Total Advantage Plan Member Services at the numbers listed at the bottom of this page.



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) | 2024 Summary of Benefits

H. How to file a complaint or appeal a denied service

If you have a complaint or think VillageCareMAX Medicare Total Advantage Plan should cover something we denied, call VillageCareMAX Medicare Total Advantage Plan at 1-800-469-6292 (TTY:711). You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of VillageCareMAX Medicare Total Advantage Plan's *Evidence of Coverage*. You can also call VillageCareMAX Medicare Total Advantage Plan Member Services at the numbers listed at the bottom of this page.

The contact information for Grievances and Appeals is listed below:

Method	Grievances & Appeals for Medical Care Contact Information
CALL	1-800-469-6292 (TTY: 711) Calls to this number are free. Seven days a week from 8:00 am to 8:00 pm.
FAX	Grievances: 1-347-226-5180 Appeals: 718-517-2709
WRITE	VillageCareMAX 112 Charles Street, New York, NY 10014
Method	Grievances & Appeals for Part D Prescription Drugs Contact Information
CALL	1-888-807-6806 (TTY: 711) Calls to this number are free. 24 hours a day, 7 days a week.
FAX	1-858-790-6060
WRITE	MedImpact Healthcare Systems, Inc. Attention: Appeals/Grievance Department, 10181 Scripps Gateway Ct, San Diego, CA 92131



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) | 2024 Summary of Benefits

I. 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 doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at VillageCareMAX Medicare Total Advantage Plan Member Services. Phone numbers are listed at the bottom of this page.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may 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, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

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

- ☐ 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 1-800-469-6292 (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.
- ☐ 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, 2025.
- ☐ 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 Medicare Total Advantage Plan (HMO D-SNP) is an HMO plan with Medicare and New York State Medicaid contracts. Enrollment in VillageCareMAX Medicare Total Advantage Plan depends on contract renewal.
H2168_MBR24-132_C



If you have questions, call VillageCareMAX Medicare Total Advantage 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 Plan (HMO D-SNP) |

2024 Summary of Benefits

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call VillageCareMAX Medicare Total Advantage Plan 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). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call VillageCareMAX Medicare Total Advantage Plan Member Services during business hours and after hours for on call service. We will listen to your problem and tell you how to get care. The numbers for VillageCareMAX Medicare Total Advantage Plan Member Services and On Call Services are:

1-800-469-6292

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

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

TTY: 711

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

If you need immediate behavioral health care, call Carelon 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 Total Advantage Plan also has free language interpreter services available for non-English speakers.

TTY: 711

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



If you have questions, call VillageCareMAX Medicare Total Advantage 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.

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 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 PCP's office is closed, you can also call VillageCareMAX Member Services during business hours and after hours for on call service. We will listen to your problem and tell you how to get care. The numbers for VillageCareMAX Member Services and On Call Services are:

1-800-469-6292 - Calls to this number are free. 8:00am to 8:00 pm, 7 days a week.

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.

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 Total Advantage also has free language interpreter services available for non-English speakers.

TTY: 711

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

800-469-6292 Toll-free

TTY 711

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

www.villagecaremax.org