



MEDICARE TOTAL ADVANTAGE PLAN (HMO D-SNP)
Summary of Benefits

January 1, 2027 — December 31, 2027

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*.

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A. Disclaimers



This is a summary of health services covered by VillageCareMAX Medicare Total Advantage Plan for 2027. 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.

- ❖ VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) is an HMO plan with Medicare and New York State Medicaid Program 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 Mon.-Fri. 8:00 AM – 6:00 PM (TTY 711)
Web: www.icannys.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), gas-at-the-pump, utilities, rent/mortgage assistance, pest control, indoor air quality products, public transportation, transportation for non-medical needs are part of Special Supplemental Benefits for the Chronically Ill (SSBCI). In order to be eligible to receive SSBCI benefits, enrollees must be determined to be chronically ill, have a chronic condition (e.g., diabetes, chronic heart failure, cardiovascular disorder, chronic and disabling mental health condition, stroke, or other eligible conditions), and meet coverage criteria. Members enrolled in the VillageCareMAX Medicare Total Advantage plan will qualify.
- ❖ 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)



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

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or request a copy by calling 1-800- MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.

- ❖ **ATTENTION:** If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-296-8800 (TTY: 711) or speak to your provider. **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-296-8800 (TTY: 711). **注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-296-8800 (TTY: 711).
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-296-8800, TTY 711, 8:00 am to 8:00 pm, 7 days a week. The call is free.
- ❖ This Document is available for free in Spanish, Chinese, Arabic, Korean, Russian, Italian, French, French Creole, Yiddish, Polish, Tagalog, Bengali, Albanian, Greek, and Urdu.
 - 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 at the bottom of this page.



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B. Frequently asked questions

The following table lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What's a Medicaid Advantage Plus (MAP/HMO) + Dual Eligible Special Needs Plan (D-SNP) plan?	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. Our MAP plan is called VillageCareMAX Medicare Total Advantage Plan.
Will I get the same Medicare and Medicaid benefits in VillageCareMAX Medicare Total Advantage Plan that I get now?	If you're coming to VillageCareMAX Medicare Total Advantage Plan from Original Medicare or another Medicare plan, you may get benefits or services differently. You'll get almost all your covered Medicare and Medicaid benefits directly from VillageCareMAX Medicare Total Advantage Plan. 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're taking any Medicare Part D drugs that VillageCareMAX Medicare Total Advantage Plan doesn't normally cover, you can get a temporary supply, and we'll help you to transition to another drug or get an exception for VillageCareMAX Medicare Total Advantage Plan to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.



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Frequently Asked Questions (FAQ)	Answers
Can I use the same health care providers I use now?	That's 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. • 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. 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. If VillageCareMAX Medicare Total Advantage Plan is new for you, we'll 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, 2027, 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, 2027 by the same provider for the treatment of the same or related behavioral health condition.



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Frequently Asked Questions (FAQ)	Answers
What's 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).
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 can't 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's VillageCareMAX Medicare Total Advantage Plan available?	The service area for this plan includes: Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island), Nassau, Putnam, and Westchester, New York. You must live in one of these areas to join the plan.



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Frequently Asked Questions (FAQ)	Answers
What's prior authorization?	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. 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. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you written approval before you can use specialists or other providers in the plan's network. This can be done electronically however if you don't get approval, VillageCareMAX Medicare Total Advantage Plan may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists. VillageCareMAX Medicare Total Advantage Plan can provide you with a list of services that require you to get a referral from your PCP before the service is provided. For more information on when a referral is needed, call Member Services at the numbers listed at the bottom of this page or refer to Chapter 3, of the <i>Evidence of Coverage</i>.
Do I pay a monthly amount (also called a premium) under VillageCareMAX Medicare Total Advantage Plan?	No. Because you have Medical Assistance (Medicaid), you won't pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.



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Frequently Asked Questions (FAQ)	Answers
Do I pay a deductible as a member of VillageCareMAX Medicare Total Advantage Plan?	No. You don't pay deductibles in VillageCareMAX Medicare Total Advantage Plan.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of VillageCareMAX Medicare Total Advantage Plan?	There's 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.



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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	Prior authorization is required for Inpatient hospital care. Emergency care does not require prior authorization. However, the facility/health care provider must tell us of your emergency care admission. If you need to be admitted for inpatient hospital care a 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.



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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)
You want to use an outpatient health care provider	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.



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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)
You want to use a health care provider	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 don’t need prior authorization and you don’t have to be in-network. Emergency room services AREN’T 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 isn’t emergency care. You don’t need prior authorization and you don’t have to be in-network. Urgent care ISN’T covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.



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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)
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) Plan covers extra benefits.	\$0	Prior authorization is required for some hearing aids. You are covered up to \$625 per ear every year, with a maximum of \$1,250 for 2 hearing aids (1 per ear).
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)	\$0	Prior authorization and limitations apply to some services. Please reference the New York State Policy and Procedure Codes Manual at https://www.emedny.org/ProviderManuals/Dental/ for a full list of diagnostic, preventive, and comprehensive dental service details.



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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)
You need eye care	Vision services (including annual eye exams) <i>Plan covers extra benefits.</i>	\$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. Prior authorization is <u>not</u> required.
	Glasses or contact lenses	\$0	You are covered for: \$350 maximum plan coverage amount every year • Eyeglasses (lenses and frames): 1 pair every year • Eyeglasses lenses: 1 pair every year • Eyeglasses frames: 1 pair every year • Contact lenses: unlimited pairs every year 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.



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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)
Annual health related social needs screening and navigation to services	You can connect to organizations in your community that provide services to help with housing, transportation, and care management at no-cost to you, through a regional Social Care Network (SCN).	\$0	If you're interested, please call Member Services and we'll connect you to a SCN in your area. The Social Care Navigator will verify your eligibility, tell you more about these services, and help you get connected to them.
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 Centers (ATC), Inpatient addiction rehabilitation, Inpatient Medically Supervised Detox, or critical access hospital)	\$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)
You have a mental health condition (continued)	Adult outpatient mental health care Continuing Day Treatment (CDT) Partial hospitalization	\$0	Prior authorization is required.
	Adult outpatient rehabilitative mental health care Assertive Community Treatment (ACT) Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) Personalized Recovery Oriented Services (PROS)	\$0	Prior authorization may be required for some 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)
You have a mental health condition (continued)	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: Psychosocial Rehabilitation (PSR) Community Psychiatric Supports and Treatment (CPST) Empowerment services – peer supports Family Support and Training (FST)	\$0	Prior authorization may be required for some services.
	Adult mental health crisis services Comprehensive Psychiatric Emergency Program (CPEP) Mobile Crisis and Telephonic Crisis Services Crisis Residential Programs	\$0	Prior authorization may be required for some 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)
You have a mental health condition (continued)	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 isn't 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.
You're 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.



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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)
You have a mental health condition or a substance use disorder	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). (Note: For more information about CORE Services and to determine whether you're eligible for them, call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i>.)	\$0	CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE 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)
You have a substance use disorder	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) (Note: This isn't 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.)	\$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)
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	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. Prior authorization is required
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 not 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 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.



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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)
You need drugs to treat your illness or condition (continued)	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier 6: Select Care Drugs	\$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Refer to VillageCareMAX Medicare Total Advantage Plan's <i>Formulary</i> at www.villagecaremax.org for more information. 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. Some drugs have quantity limits. Your provider must get prior authorization from VillageCareMAX Medicare Total Advantage Plan for certain drugs.



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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)
You need drugs to treat your illness or condition (continued)			You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that can't be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>Formulary</i> at www.villagecaremax.org, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare. 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.
	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. Please refer to VillageCareMAX Medicare Total Advantage Plan's <i>List of Covered Drugs (Drug List)</i> for more information.



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VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 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 foot care	Podiatry services (including routine exams)	\$0	Prior authorization is required.
	Orthotic services	\$0	Prior authorization and limitations may apply.
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, roll about knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This isn't a complete list of covered DME or supplies. 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	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.



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VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 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	Acupuncture services that are covered by Standard Medicare, and Acupuncture extra benefit (beyond Medicare coverage): Prior authorization is required. • Extra benefit: Up to 40 visits per year (5 visits per month) with an \$80 benefit limit per visit. Services must be provided by a certified and licensed provider in the VillageCareMAX Medicare Total Advantage Plan network.
	Plan Care coordination	\$0	The plan helps to coordinate your care for better health outcomes. Your Care Manager will work with you and your providers to develop your care plan and coordinate your services.
	Chiropractic services	\$0	Chiropractic services that are covered by Standard Medicare Prior authorization is required.



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VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 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. Abbott and Dexcom are the preferred manufacturers for continuous glucose monitors 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.



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

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 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)	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. We will coordinate services with your hospice provider and cover room and board should you be in a SNF or hospice residence.
	Mammograms	\$0	Covered services include: • 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



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

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 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)	Managed Long-term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); and social adult day care)	\$0	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. MLTSS is available to all members; specific service authorization, including amount, is indicated in the member's individualized approved Plan of Care. Prior authorization is required for some services.
	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.



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

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 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)	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 Plan Member Services at 1-855-296-8800, TTY 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.villagecaremax.org.

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 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	You are covered for services to help you manage your disease(s) such as: • 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.

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 Summary of Benefits

D. Additional services VillageCareMAX Medicare Total Advantage Plan covers

This isn't 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
FLEX Benefit: \$645 per year, towards additional dental, vision, or hearing services. \$53.75 per month, unused amounts roll over monthly and expire at the end of the year.	\$0
Fitness Benefit: You are covered for free fitness membership at participating fitness centers and/or choice of fitness kit. Coaching sessions, on-demand workout videos, and online resources are also accessible to members.	\$0



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

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 Summary of Benefits

Additional services VillageCareMAX Medicare Total Advantage Plan covers	Your costs
Over-the-Counter (OTC) Health-Related Items: You are covered for up to \$305 per month on your OTC card to buy approved items: • Non-prescription drugs and health-related items at participating locations or online for home delivery • Non-prescription hearing aids • Items from participating retailers, such as additional fitness center memberships, approved fitness equipment, and approved digital cognitive training program for memory fitness Members eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI) may also use the OTC card for approved: • Grocery items at participating locations or online for home delivery • Utilities • Rent or Mortgage Assistance • Gasoline at the pump • Indoor air quality products • Pest Control • Bus/subway transit fare & rideshare Any unused benefit amount carries over from month to month but expires at the end of the year. Refer to your Evidence of Coverage for more details.	\$0 Food & produce (grocery items), gas-at-the-pump, utilities, rent/mortgage assistance, pest control, indoor air quality products, public transportation, transportation for non-medical needs are part of Special Supplemental Benefits for the Chronically Ill (SSBCI). In order to be eligible to receive SSBCI benefits, enrollees must be determined to be chronically ill, have a chronic condition (e.g., diabetes, chronic heart failure, cardiovascular disorder, chronic and disabling mental health conditions, stroke, or other eligible conditions), and meet coverage criteria. Members enrolled in the VillageCareMAX Medicare Total Advantage plan will qualify.



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

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 Summary of Benefits

Additional services VillageCareMAX Medicare Total Advantage Plan covers	Your costs
Social Care Network Services: Provide you help with housing, transportation, and care management at no-cost to eligible members. A Social Care Navigator can work with you to see if you qualify for services that can help with your health and well-being. Call Member Services to connect with a Social Care Network in your community.	\$0
Transportation for Non-Medical Needs for members with SSBCI: You are covered for 24 one-way trips (12 round trips) per year for non-medical appointments to plan approved locations via taxi, ambulette, or van.	\$0
Worldwide Emergency/Urgent Coverage and Emergency Transportation: Up to \$50,000 per year when you travel outside of the United States and its territories including review of all services.	\$0



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

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 Summary of Benefits

Additional services VillageCareMAX Medicare Total Advantage Plan covers	Your costs
Nurse Line after hours, on holidays, and on weekends to provide health guidance for any non-emergency situation	\$0



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

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 Summary of Benefits

E. Benefits covered outside of VillageCareMAX Medicare Total Advantage Plan

This isn't 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	\$0
Certified Community Behavioral Health Clinics (CCBHC)	\$0
Children's Crisis Residence Services Youth ages 18-20	\$0
Non-emergency Medical Transportation	\$0

F. Services that VillageCareMAX Medicare Total Advantage Plan, Medicare, and Medicaid don't cover

The following services aren't covered by our plan. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.



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

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 Summary of Benefits

Services VillageCareMAX Medicare Total Advantage Plan, Medicare, and Medicaid don't cover	
Cosmetic surgery if not medically necessary	
Experimental medical and surgical procedures, equipment and medications, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan.	
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.	

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

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

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 Summary of Benefits

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 can't be refused medically necessary treatment. You can use these rights without losing your health care services. We'll 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 aren't 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, 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
 - Names of health care providers and Care Managers
 - Your rights and responsibilities



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

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 Summary of Benefits

- **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 VillageCareMAX Medicare Total Advantage Plan 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're 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 doesn't 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 1-855-296-8800, TTY 711, 8:00 am to 8:00 pm, 7 days a week 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
- **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



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

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 Summary of Benefits

- 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 aren't 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're 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 Plan Member Services at 1-855-296-8800, TTY 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.villagecaremax.org.

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 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 the *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.

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 1-855-296-8800, TTY 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. You can file a complaint or appeal our decision.

You also have a right to contact the New York State Department of Health about your complaint. Contact the Department of Health by:

Phone: 1-866-712-7197

Mail: New York State Department of Health

Bureau of Consumer Services

99 Washington Ave/ One Commerce Plaza 16th Fl



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

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 Summary of Benefits

Albany, NY 12210

E-mail: mltccomplaints@health.ny.gov

For questions about complaints and appeals, you can read **Chapter 9** of the *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 and Part D Prescription Drugs Contact Information
CALL	1-855-296-8800 (TTY: 711) Calls to this number are free. Seven days a week from 8:00 am to 8:00 pm.
FAX	1-347-226-5180
WRITE	VillageCareMAX 120 Broadway, Suite 2840 New York, NY 10271

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 the numbers 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.
- Or, call the New York State Medicaid Program Fraud Hotline 1-877-87 FRAUD.

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

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP) | 2027 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 1-855-296-8800 (TTY: 711).

Understanding the Benefits

The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.villagecaremax.org or call 1-855-296-8800 (TTY: 711) to view a copy of the EOC.

Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Review the formulary to make sure your drugs are covered.

Understanding Important Rules

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

In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium unless Medicaid pays it for you. This premium is normally taken out of your Social Security check each month.

Benefits, premiums and/or copayments/co-insurance may change on January 1, 2028.

Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

For a dual-eligible special needs plan (D-SNP), your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call VillageCareMAX Medicare Total Advantage Plan Member Services: 1-855-296-8800

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

Member Services also has free language interpreter services available for non-English speakers: TTY 711

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

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

If you have questions about your health:

- Call your Primary Care Provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call the Nurse Line. A nurse will listen to your problem and tell you how to get care. The number for the Nurse Line is: 1-855-296-8800. Calls to this number are free. 24 hours per day.

VillageCareMAX Medicare Total Advantage Plan 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 Plan also has free language interpreter services available for non-English speakers: TTY 711 Calls to this number are free. 24 hours per day.

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

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

VILLAGECAREMAX

1-855-296-8800 Toll-free

TTY 711

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

www.villagecaremax.org