VillageCareMAX

Are you getting the most out of your Medicare plan?

# MEDICARE SELECT ADVANTAGE PLAN (HMO)

# Summary of Benefits

January 1, 2026 — December 31, 2026

# 2026 Summary of Benefits

## VillageCareMAX Medicare Select Advantage Plan (HMO)

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

January 1 – December 31, 2026

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# Things to Know about VillageCareMAX

VillageCareMAX is a Managed Health Care Plan with over 38,000 members that serves Medicaid and Medicare individuals in New York.

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

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

*Benefits and service areas vary by plan.

# Helpful Words and Meanings

**What is a prior authorization?**

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

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

**What is Extra Help?**

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

**What is a Deductible, Copay, and Coinsurance?**

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

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

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

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

**What is a Maximum Out-Of-Pocket?**

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

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

# Benefits at a Glance

| | |
|---|---|
| Primary Care<br>Acupuncture (above Medicare coverage)<br>Hearing<br>Eye Exam and Eyewear<br>Medicare & Medicaid Covered Behavioral/Mental Health Services<br>Preventative and Comprehensive Dental | $58.80/ month |
| **NEW OTC BENEFITS!**<br>Pest control products, indoor air quality products such as filters and purifiers, and public transportation<br>Grocery items, rent/mortgage assistance, gas-at-the-pump, and home utilities including gas, electric, water, and internet/telecommunications<br>Over-the-Counter (OTC) items & non-prescription drugs including OTC COVID-19 tests and OTC hearing aids | $33.33/ month |

Cost sharing and deductibles may vary based on the level of Medicaid & Extra Help that the beneficiary receives Food & produce (grocery items), gas-at-the-pump, utilities, rent/mortgage assistance, pest control products, indoor air quality products, ride share, public transportation, transportation for non-medical needs. 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. Not all members may qualify. Some dental service limits and prior authorization requirements apply. VillageCareMAX is an HMO plan with Medicare contract. Enrollment in VillageCareMAX depends on contract renewal. For accommodations of persons with special needs at meetings, call 1-855-296-8800 (TTY: 711). VillageCareMAX complies with Federal civil rights laws and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-296-8800 (TTY: 711) or speak to your provider. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-296-8800 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-296-8800 (TTY: 711).

# Things to Know About VillageCareMAX Medicare Select Advantage Plan

**What benefits are covered under VillageCareMAX Medicare Select Advantage Plan?**

Members of the plan are covered for:

- Medicare benefits for inpatient and outpatient services covered under Medicare Part A & Part B

- Extra benefits that are not covered by Medicare, including additional coverage for hearing, dental, vision, fitness membership, and more. This document includes a summary of these benefits.

- Drug Coverage: Medicare Part D prescription drugs. In addition, you are covered for Medicare Part B drugs including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment.

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

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

- Call Member Services at 1-855-296-8800 (TTY: 711), 8:00 am to 8:00 pm, 7 days a week. This call is free.

- Write to us at 112 Charles Street, New York, NY 10014

- Visit our website: www.villagecaremax.org

**Who can join VillageCareMAX Medicare Select Advantage Plan?**

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

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

www.villagecaremax.org

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

There are different types of Medicare health plans. **VillageCareMAX Medicare Select Advantage Plan** is a Special Needs Plan (D-SNP), which is a Health Maintenance Organization (HMO) for people with Medicare. **VillageCareMAX Medicare Select Advantage Plan** is approved by Medicare and run by a not-for-profit company.

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

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

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

**You have choices about how to get your Medicare Benefits**

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

**Tips for comparing your Medicare choices**

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on https://www.medicare.gov.

- If you want to know more about the coverage and costs of Original Medicare, read the Medicare & You 2026 handbook. View it online at https://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the costsharing that applies to out-of-network services.

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

This document is available in other languages, including Spanish, Chinese, Arabic, Korean, Russian, Italian, French, French Creole, Yiddish, Polish, Tagalog, Benga, Albanian, Greek, and Urdu.

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

Upon enrollment, we will ask for the language and format that you prefer to get mailings and communications. We will keep your preference in your file as a standing request for future mailings and communications. You can make changes at any time by calling Member Services at the number listed at the bottom of this page.

VillageCareMAX is an HMO plan with Medicare contract. Enrollment in VillageCareMAX depends on contract renewal.

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

# Premiums and Benefits

This is a short list of benefits and cost sharing for our plan. In most cases, you are not covered for services you get from doctors or facilities that are not in our network. Please see the *Evidence of Coverage* on our website at www.villagecaremax.org or call Member Services for more information.

| Premiums and Benefits | VillageCareMAX Medicare Select Advantage Plan |
|---|---|
| **Monthly Plan Premium** (includes both medical and drugs) | You pay $58.80 each month.<br>You must continue to pay your Medicare Part B premium. |
| **Deductible** | You pay $0 for in-network medical benefits.<br>You pay $615 for Part D benefits. |
| **Maximum Out-of-Pocket Responsibility** (does not include Part D prescription drugs) | You pay no more than $9,250 annually.<br>Includes copays and other costs for in-network medical services for the year. |
| **Inpatient Hospital**<br><br>You must continue to pay your Medicare Part B premium unless it is paid for you by Medicaid. | For in-network inpatient hospital stays, you pay:<br>$410 copay per day for days 1-4; $0 copay per day for days 5-90<br>Not covered out-of-network. |
| **Outpatient Hospital**<br>(such as outpatient surgery, some medical supplies like splints and casts, for example) | For services at an in-network outpatient hospital, you pay 20% of the total cost.<br>Not covered out-of-network. |
| **Ambulatory Surgical Center (ASC)** | You pay $200 copay in-network.<br>Not covered out-of-network. |
| **Doctor Visits**<br>• Primary care provider<br>• Specialists | You pay $0 copay in-network.<br>Not covered out-of-network.<br><br>You pay $15 in-network.<br>Not covered out-of-network. |
| **Preventive Care**<br>(e.g., flu vaccine, diabetic screenings) | You pay nothing in-network.<br>Not covered out-of-network.<br>Select services are coverd out-of-network |

| Premiums and Benefits | VillageCareMAX Medicare Select Advantage Plan |
|---|---|
| **Emergency Care** | You pay $115 copay per visit. ER cost sharing is waived if you are admitted to the hospital within 24 hours for the same condition. |
| **Urgently Needed Services** | You pay $40 copay per visit. |
| **Diagnostic Services /Labs /Imaging /Radiology** | |
| • Diagnostic tests and procedures | You pay $0 copay in-network.<br>Not covered out-of-network. |
| • Lab services | You pay $0 copay in-network.<br>Not covered out-of-network. |
| • MRIs, CAT scans | You pay 20% of the total cost in-network.<br>Not covered out-of-network. |
| • X-rays | You pay $0 copay in-network.<br>Not covered out-of-network. |
| • Therapeutic radiology services | You pay 20% of the total cost in-network.<br>Not covered out-of-network. |
| **Hearing Services** | |
| • Medicare-covered hearing exam | You pay 20% of the total cost in-network.<br>Not covered out-of-network. |
| | **Supplemental Hearing Services** |
| • Routine hearing exam | You pay $0 copay in-network (1 exam every year).<br>Not covered out-of-network. |
| • Fitting and evaluation for hearing aids | You pay $0 copay in-network (unlimited visits every year).<br>Not covered out-of-network. |

| Premiums and Benefits | VillageCareMAX Medicare Select Advantage Plan |
|---|---|
| **Hearing Services Continued**<br>• Hearing aids | $750 every 2 years for hearing aids (maximum of $375 per ear). Unused portion carries over from month to month but expires at the end of the year.<br>You pay $0 copay in-network for prescription hearing aids – all types.<br>Not covered out-of-network.<br>You pay $0 copay for OTC hearing aids (unlimited hearing aids). OTC hearing aids can be purchased with the OTC card at approved retailers. |
| **Dental Services**<br>• Medicare-covered dental services<br>• Preventive, Comprehensive, Diagnostic dental services | You pay 20% of the total cost in-network.<br>Not covered out-of-network.<br>**Supplemental Dental Services**<br>You receive diagnostic, preventive and comprehensive dental benefits as part of your standard plan.<br>Please see the *Evidence of Coverage* for a full list of covered diagnostic, preventive, and comprehensive dental services including medical necessity requirements, limitations and exclusions, and prior authorization requirements. $1800 annual limit ($900 every 6 months). Does not cover dental implants. |
| **Vision Services**<br>Medicare-covered benefits<br>• Routine eye exams | You pay 20% of the total cost in-network for an eye exam to diagnose and treat diseases and conditions of the eye.<br>Not covered out-of-network.<br>You pay 20% of the total cost in-network for one pair of eyeglasses or contact lenses after cataract surgery.<br>Not covered out-of-network.<br>**Supplemental Vision Services**<br>You pay $0 copay in-network (1 exam every year).<br>Not covered out-of-network. |

| Premiums and Benefits | VillageCareMAX Medicare Select Advantage Plan |
|---|---|
| **Mental Health Services**<br>• Outpatient therapy with a psychiatrist<br><br>• Outpatient therapy with a mental health care professional (non-psychiatrist) | You pay $25 copay in-network for individual sessions.<br>Not covered out-of-network.<br>You pay $25 copay in-network for group sessions.<br>Not covered out-of-network.<br><br>You pay $25 copay in-network for individual sessions.<br>Not covered out-of-network.<br>You pay $25 copay in-network for group sessions.<br>Not covered out-of-network. |
| **Skilled Nursing Facility (SNF)** | For in-network SNF stays, you pay $0/Day for Days 1-20 & $218/Day for Days 21-100<br>Not covered out-of-network. |
| **Physical Therapy** | You pay $25 copay in-network.<br>Not covered out-of-network. |
| **Ambulance** | You pay $250 copay in-network for ground ambulance services.<br>Not covered out-of-network.<br>You pay $250 copay in-network for air ambulance services.<br>Not covered out-of-network. |
| **Medicare Part B Drugs**<br><br>Deductible does not apply to Part B Insulin. | You pay $35 for in-network for Medicare Part B insulin drugs.<br>Not covered out-of-network.<br>You pay 0% to 20% of the total cost in-network for Medicare Part B chemotherapy and radiation drugs.<br>Not covered out-of-network.<br>You pay 0% to 20% of the total cost in-network for other Medicare Part B drugs.<br>Not covered out-of-network. |

# Prescription Drugs

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

| Outpatient Prescription Drugs | | |
|---|---|---|
| **Deductible** | $615. You must pay the full cost of your Part D drugs until you reach this amount. Part D Deductible does not apply to covered insulin products and most adult Part D vaccines. | |
| **Initial Coverage** | **Standard Retail Rx** 30-day supply | **Mail Order Rx** 90-day supply |
| Tier 1: Preferred Generic | $2 copay | $6 copay |
| Tier 2: Generic | $8 copay | $24 copay |
| Tier 3: Preferred Brand | 23% of the total cost | 23% of the total cost |
| Tier 4: Non-Preferred Drug | 32% of the total cost | 32% of the total cost |
| Tier 5: Specialty Tier | 25% of the total cost | Mail order is not available for drugs in Tier 5. |
| Tier 6: Select Care Drugs | $0 copay | $0 copay |
| **Catastrophic Coverage** (after you or others on your behalf pay $2,100) | You pay nothing for Part D drugs.<br>For excluded drugs covered under our enhanced benefit, you pay the $2 copay based on income subsidy level. | |
| Costs may vary by pharmacy, days' supply, and level of Extra Help assistance you receive.<br>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).<br>To learn more about this payment option, please contact us at 1-855-296-8800 TTY:711 or visit Medicare.gov. | | |

# Additional Benefits

This plan provides additional benefits. For more information, see the *Evidence of Coverage* on our website at www.villagecaremax.org.

| Additional Benefits | |
|---|---|
| **Fitness Benefit** | $0 copay for the fitness benefit which includes a monthly membership to participating in-person fitness locations, and more. |
| **Over-The-Counter (OTC)**<br><br>Your OTC benefit is $33.33 combined with your Special Supplemental Benefits for the Chronically Ill. Please see the row below for additional information. | You pay $0 for this benefit.<br><br>The Over-The-Counter (OTC) card can be used to purchase approved health-related items, like OTC hearing aids, OTC reading glasses, incontinence supplies, blood pressure monitors, and more at approved retailers.<br><br>Your OTC card will be mailed to you along with details on where and how to use your card. Call Member Services with any questions about your OTC card. |
| **Supplemental Benefits for the Chronically Ill**<br><br>$33.33 maximum plan coverage amount every month for OTC items.<br>Unused funds roll over month to month but expire at the end of the year.<br>• Includes OTC drugs, groceries, gas, rental assistance, utilities, indoor air quality products, pest control products, bus/subway transit fare, and OTC hearing aids. | You pay $0 for this benefit.<br><br>Food & produce (grocery items), gas-at-the-pump, utilities, rent/mortgage assistance, pest control products, indoor air quality products, ride share, public transportation, transportation for non-medical needs. 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. Not all members may qualify. |

| Additional Benefits | |
|---|---|
| **Worldwide Emergency and Urgently Needed Care Services**<br>$50,000 coverage amount per year for emergency and urgent care, emergency and urgent transportation services outside of the United States and its territories. | $115 copay |
| **Nurse Advice Line** | $0 Copay per call |
| **Acupuncture** | $0 Copay, 12 visits per year, 4 max per month. $80 benefit limit per visit |

# 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, 2027.

_____ 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).

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VillageCareMAX is an HMO plan with Medicare. 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 Select Advantage Member Services:**
1-855-296-8800
Calls to this number are free. 8:00 am to 8:00 pm, 7 days a week
Member Services also has free language interpreter services available for non-English speakers.
TTY 711
This number requires special telephone equipment and is only available for people who have difficulties hearing or speaking.
Calls to this number are free. 8:00 am to 8:00 pm, 7 days a week

**If you have questions about your health:**

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

1-844-484-7362 - Calls to this number are free. 24 hours per day.
VillageCareMAX Medicare Select 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 CareIon 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 Select Advantage also has free language interpreter services available for non-English speakers.
TTY 711
This number requires special telephone equipment and is only available for people who have difficulties hearing or speaking.
Calls to this number are free. 8:00 am to 8:00 pm, 7 days a week

VILLAGECAREMAX

**1-855-296-8800** Toll-free
TTY **711**
7 days a week, 8:00 am to 8:00 pm
**www.villagecaremax.org**