



VNSNY CHOICE Total (HMO SNP)

Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

Your level of extra help	Premium for VNSNY CHOICE Total (HMO SNP)*
100%	\$0.00
75%	\$9.80
50%	\$19.60
25%	\$29.50

*This does not include any Medicare Part B premium you may have to pay.

VNSNY CHOICE Total’s premium includes coverage for both medical services and prescription drug coverage.

If you aren’t getting extra help, you can see if you qualify by calling:

- 1-800-Medicare for TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member Service Toll-free at 1-866-783-1444, (TTY users should call 711 Toll-free) from 8 am to 8 pm, 7 days a week, Eastern Standard Time.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Premiums may change on January 1 of each year.

VNSNY CHOICE Total is an HMO SNP plan with a Medicare contract. This plan is also a Medicaid Advantage Plus plan, with a contract with the New York State Department of Health. Enrollment in VNSNY CHOICE Total depends on contract renewal.

VNSNY CHOICE Health Plans complies with Federal civil rights laws. VNSNY CHOICE does not exclude people or treat them differently because of race, religion, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-783-1444 (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 1-866-783-1444 (TTY: 711)。