



**CHOICE<sup>SM</sup>**  
Health Plans

A Medicare Advantage and Medicaid Advantage Plus Program



## 2019 SUMMARY OF BENEFITS

**VNSNY CHOICE Total (HMO SNP)**

## Notice of Non-Discrimination

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.

VNSNY CHOICE provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call us at 1-866-783-1444. For TTY/TDD services, call 711.

If you believe that VNSNY CHOICE has not given you these services or treated you differently because of race, religion, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression you can file a grievance with VNSNY CHOICE by:

Mail: VNSNY CHOICE Health Plans  
220 East 42nd Street, 3<sup>rd</sup> Floor, New York, NY 10017

Telephone: 1-888-634-1558 (TTY/TDD: 711)

In person: 220 East 42<sup>nd</sup> Street, 3<sup>rd</sup> Floor, New York, NY 10017

Fax: 646-459-7729

Email: [CivilRightsCoordinator@vnsny.org](mailto:CivilRightsCoordinator@vnsny.org)

Web: [www.vnsny.ethicspoint.com](http://www.vnsny.ethicspoint.com)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)
- Telephone: 1-800-368-1019 (TTY/TDD 800-537-7697)

## Get help in your language

**ATTENTION:** Language assistance services, free of charge, are available to you. Call 1-866-783-1444 (TTY: 711).

**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)。

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-783-1444 (телетайп: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-783-1444 (TTY: 711)번으로 전화해 주십시오.

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-783-1444 (TTY: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-783-1444 (TTY: 711).

**אויפמערקזאם:** אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. 1-866-783-1444 (TTY: 711).

**লক্ষ্য করুন:** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-866-783-1444 (TTY: 711)।

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-783-1444 (TTY: 711).

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-783-1444 (رقم هاتف الصم والبكم: 711).

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-783-1444 (ATS : 711).

**خبردار:** اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-783-1444 (TTY: 711).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-783-1444 (TTY: 711).

**ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-783-1444 (TTY: 711).

**KUJDES:** Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-783-1444 (TTY: 711).

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## All-in-one long term care plan that brings Medicare and Medicaid benefits together.

VNSNY CHOICE Total (HMO SNP) combines all your Medicare and Medicaid benefits into one integrated plan, including, long term care, prescription drug, doctor and hospital coverage. Highlights include:

- **One plan instead of two** – with one phone number, one ID card and one care management team
- **\$0 cost to you for healthcare, like \$0 premiums and \$0 copays\***
- **Unlimited transportation** to medical appointments (to plan approved locations)
- **OTC (over-the-counter) items** – up to \$1,200/year (\$100/month)

**The long term services and supports** you need to live safely and independently in your home (such as Home Health Aide, nursing and social work and more)

## The Medicare Advantage and Medicaid Advantage Plus Plan from the Visiting Nurse Service of New York

\*Depending on your Medicaid eligibility. This information is not a complete description of benefits. Call 1-866-783-1444 (TTY: 711) for more information. For accommodations of persons with special needs at meetings call 1-866-783-1444 (TTY: 711). VNSNY CHOICE Total is an HMO SNP plan with a Medicare contract. The 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.

## Introduction to Summary of Benefits

VNSNY CHOICE Total (HMO SNP) is pleased to provide this Summary of Benefits booklet to give you an overview of the 2019 benefits. It shows what we cover and what you'd pay for some important services. Keep in mind that this summary does not include every service, limitation or exclusion. To get a complete list of services we cover, please see the "Evidence of Coverage". The Evidence of Coverage will be available by October 15 on our website at [www.vnsnychoice.org/2019materials](http://www.vnsnychoice.org/2019materials). If you would like a hard copy mailed to you, please call Member Services at 1-866-783-1444 (TTY: 711).

## Medicare Benefit choices

- 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 offered by a private company, such as VNSNY CHOICE Total (HMO SNP), offered by the Visiting Nurse Service of New York.

## Choosing a Medicare plan

This Summary of Benefits booklet gives you a summary of what **VNSNY CHOICE Total** covers and what you'd pay.

- You can compare our plan with other Medicare health plans by asking the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder online at [www.medicare.gov](http://www.medicare.gov).
- To compare our plans with Original Medicare, read your current "**Medicare & You**" handbook to learn more about the coverage and costs of Original Medicare. To learn more, please see page 6 of this booklet.

## Overview of VNSNY CHOICE Total (HMO SNP)

If you need long-term help with daily activities to live safely at home, it's no longer necessary to have separate Medicare and Medicaid plans to cover all of your benefits. VNSNY CHOICE Total combines all Medicare and Medicaid benefits into one integrated package.

Like all Medicare health plans, VNSNY CHOICE Total covers everything that Original Medicare covers – and more.

- **Our plan provides all the benefits of Original Medicare plus some benefits that Medicare does not typically cover.** Some of the extra benefits are outlined in this booklet.
- **We cover Part D drugs.** We also cover Part B drugs such as chemotherapy and other drugs administered by your provider.
- **Our plan members receive** long term services and supports based on their needs to live safely and independently at home (such supports may include **Home Health Aide, nursing, social work** and more).

When you join CHOICE Total, your CHOICE Total care team will work with you and your doctor to coordinate your care and help you get all of the benefits you are eligible for.

## Eligibility

To join **VNSNY CHOICE Total (HMO SNP)**, you must be:

- At least 18 years old.
- Eligible for full Medicaid.
- Eligible for Medicare Part A and Part B, or be enrolled in Part C coverage.
- In need of at least one of the following Community Based Long Term Care Services for more than 120 days, based on a functional assessment: nursing services in the home, therapies in the home, home health aide services, personal care services in the home, adult day health care, private duty nursing or Consumer Directed Personal Assistance Services (CDPAS).
- Eligible for nursing home level of care (at the time of enrollment).
- Capable, at the time of enrollment of returning to or remaining in your home and community without jeopardy to your health and safety, based upon criteria provided by the New York State Department of Health.
- Living within the service area of the plan. The service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and Westchester.

## **Provider Network**

VNSNY CHOICE Total has a network of doctors, hospitals, pharmacies and other providers. You should know that if you use providers that are not in our network, the plan may not pay for these services. Generally, you must use network pharmacies to fill your prescriptions for covered Part D drugs. To review our plan's provider and pharmacy directory, please visit [www.vnsnychoice.org/totalproviders](http://www.vnsnychoice.org/totalproviders). Or, call us and we'll send you a copy of the provider and pharmacy directories.

## **Prescription Drug Overview**

The amount you pay depends on the drugs you are taking and what stage of the benefit you have reached -- Initial Coverage, Coverage Gap, and Catastrophic Coverage. Later in this document, we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

## **Medicare and Medicaid Covered benefits**

In addition to the services covered by Original Medicare and VNSNY CHOICE Total, members who are eligible for Medicaid, receive additional coverage for certain health care services. You can find those benefits outlined in the section, Summary of Medicare Covered Benefits.

In addition to the many services covered by VNSNY CHOICE Total, Medicaid benefits continue to cover the costs of deductibles and copayments. The section, Summary of Medicaid Covered Benefits, provides helpful information about Medicaid coverage, and the services members can receive when they combine their Medicaid benefits with the services received from VNSNY CHOICE Total.



## **Useful Contacts**

Plan Name \_\_\_\_\_

Plan Effective Date \_\_\_\_\_

Name of Sales Representative \_\_\_\_\_

Sale Representative Phone number \_\_\_\_\_

Primary Care Provider \_\_\_\_\_

## **Website**

[www.vnsnychoice.org](http://www.vnsnychoice.org)

## **Member Services**

**1-866-783-1444 (TTY: 711)**

8 am – 8 pm, seven days a week

## **Non-Members**

**1-866-783-1444 (TTY: 711)**

8 am – 8 pm, seven days a week

## **Useful Information**

### **Provider/Pharmacy Directory**

The best way to find a doctor or specialist and pharmacy in the VNSNY CHOICE Total network is to visit [www.vnsnychoice.org/totalproviders](http://www.vnsnychoice.org/totalproviders). You may also call Member Services at the number listed on page 5.

### **Formulary**

The formulary is a list of prescription drugs covered by VNSNY CHOICE Total. To search the Formulary, please visit, [www.vnsnychoice.org/totalformulary](http://www.vnsnychoice.org/totalformulary).

### **Medicare & You**

Visit [www.medicare.gov](http://www.medicare.gov) to view the handbook online or order 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 also download a copy by visiting <https://www.medicare.gov/medicare-and-you/medicare-and-you.html>.

## SUMMARY OF MEDICARE COVERED BENEFITS

January 1, 2019 - December 31, 2019

### MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

	VNSNY CHOICE Total (HMO SNP)
<b>How much is the monthly premium?</b>	\$0 per month.
<b>How much is the deductible?</b>	<p>This plan does not have a deductible.</p> <p>This plan does not have a deductible for chemotherapy and other drugs administered in your doctor's office (Part B drugs).</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>
<b>Is there any limit on how much I will pay for my covered services?</b>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>In this plan, you will pay nothing for Medicare-covered services.</p> <p>Refer to the "<b>Medicare &amp; You</b>" handbook for Medicare-covered services. For New York State Medicaid-covered services, refer to the Medicaid Coverage section in this document.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
<b>Is there a limit on how much the plan will pay?</b>	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

## COVERED MEDICAL AND HOSPITAL BENEFITS

**NOTE: SERVICES WITH A <sup>1</sup> MAY REQUIRE PRIOR AUTHORIZATION.**

Care and Services	What you should know about Total (HMO SNP)
<p><b>Inpatient Hospital Care<sup>1</sup></b></p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>You pay nothing</p>
<p><b>Outpatient Hospital Care<sup>1</sup></b></p>	<p>Our plan covers medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.</p> <p>You pay nothing</p>
<p><b>Doctor's Office Visits<sup>1</sup></b> Primary Care and Specialists</p>	<p>You pay nothing</p>

## COVERED MEDICAL AND HOSPITAL BENEFITS

**NOTE: SERVICES WITH A <sup>1</sup> MAY REQUIRE PRIOR AUTHORIZATION.**

Care and Services	What you should know about Total (HMO SNP)
<p><b>Preventive Care</b></p>	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Annual physical exam</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• Glaucoma tests</li> <li>• Hepatitis C screening test</li> <li>• HIV screening</li> <li>• Lung cancer screening with low dose computed tomography</li> <li>• Obesity screening and counseling</li> <li>• Vaccines, including Flu shots, Hepatitis B shots</li> <li>• Pneumococcal shots</li> </ul>

**COVERED MEDICAL AND HOSPITAL BENEFITS**

**NOTE: SERVICES WITH A <sup>1</sup> MAY REQUIRE PRIOR AUTHORIZATION.**

<b>Care and Services</b>	<b>What you should know about Total (HMO SNP)</b>
<p><b>Preventive Care</b> <i>(continued)</i></p>	<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Medical nutrition therapy services</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screenings and counseling</li> <li>• Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Yearly “Wellness” visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>The plan also covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> <li>• Nursing Hotline- 24 hours a day, 7 days a week.</li> </ul>
<p><b>Emergency Care</b></p> <p>Worldwide coverage includes any country outside the United States and its territories. Coverage includes emergency and urgent care and is limited to \$50,000 US per year. Contact the plan for more information.</p>	<p>You pay nothing</p>

**COVERED MEDICAL AND HOSPITAL BENEFITS**

**NOTE: SERVICES WITH A <sup>1</sup> MAY REQUIRE PRIOR AUTHORIZATION.**

<b>Care and Services</b>	<b>What you should know about Total (HMO SNP)</b>
<p><b>Urgently needed Care</b></p> <p>Worldwide includes any country outside the United States and its territories. Coverage includes emergency and urgent care and is limited to \$50,000 US per year. Contact the plan for more information.</p>	<p>You pay nothing</p>
<p><b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b></p> <p><i>(Costs for these services may vary based on place of service)<sup>1</sup></i></p>	<p>Diagnostic radiology services (such as MRIs, CT scans): You pay nothing</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: You pay nothing</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing</p>

## COVERED MEDICAL AND HOSPITAL BENEFITS

**NOTE: SERVICES WITH A <sup>1</sup> MAY REQUIRE PRIOR AUTHORIZATION.**

<b>Care and Services</b>	<b>What you should know about Total (HMO SNP)</b>
<b>Hearing Services<sup>1</sup></b>	<p>Exam to diagnose and treat hearing and balance issues: You pay nothing</p> <p>Routine hearing exam (for up to 1 every year): You pay nothing</p> <p>Hearing aid fitting/evaluation (for up to 2 every three years): You pay nothing</p> <p>Hearing aid: You pay nothing</p> <p>Our plans coverage limit is \$1,000 for hearing aids limited to \$500 per ear (one right, one left) every three years.</p> <p>Fitting/evaluation is limited to one per ear (one right, one left) every 3 years.</p> <p>Additional coverage under Medicaid. See Summary of Medicaid Covered Benefits in this book.</p>
<b>Dental Services<sup>1</sup></b>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing</p> <p>Additional coverage under Medicaid. See Summary of Medicaid Covered Benefits in this book.</p>



## COVERED MEDICAL AND HOSPITAL BENEFITS

**NOTE: SERVICES WITH A <sup>1</sup> MAY REQUIRE PRIOR AUTHORIZATION.**

Care and Services	What you should know about Total (HMO SNP)
<p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>• Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</li> <li>• Routine eye exam (for up to 1 every year):</li> <li>• Contact lenses or Eyeglasses (frames and lenses) for up to 1 every year:</li> <li>• Eyeglasses or contact lenses after cataract surgery:</li> </ul>	<p>You pay nothing</p> <p>You pay nothing</p> <p>You pay nothing</p> <p>You pay nothing. The cost of standard lenses and frames is limited to \$200 for one set of eye-glasses or contact lenses, but not both.</p> <p>Standard lenses include single, bifocal, trifocal; does not include specialty lens (i.e. transition, tints, progressives, polycarbonate).</p> <p>Standard contact lenses include: extended daily wear, disposables, standard daily wear, toric, or rigid gas permeable.</p> <p>Additional coverage under Medicaid. See Summary of Medicaid Covered Benefits in this book.</p>

## COVERED MEDICAL AND HOSPITAL BENEFITS

**NOTE: SERVICES WITH A <sup>1</sup> MAY REQUIRE PRIOR AUTHORIZATION.**

Care and Services	What you should know about Total (HMO SNP)
<p><b>Mental Health Care<sup>1</sup></b></p>	<p>Inpatient visit:                      Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p style="padding-left: 40px;">You pay nothing</p> <p>Outpatient group therapy visit: You pay nothing</p> <p>Outpatient individual therapy visit: You pay nothing</p> <p>Additional coverage under Medicaid. See Summary of Medicaid Covered Benefits in this book.</p>
<p><b>Skilled Nursing Facility (SNF)<sup>1</sup></b></p>	<p>Our plan covers up to 100 days in a SNF.</p> <p style="padding-left: 40px;">You pay nothing</p> <p>Additional coverage under Medicaid. See Summary of Medicaid Covered Benefits in this book.</p>
<p><b>Physical Therapy (Outpatient Therapy)<sup>1</sup></b></p>	<p>Physical therapy visit:                      You pay nothing</p> <p>Occupational therapy visit:                      You pay nothing</p> <p>Speech and language therapy visit:                      You pay nothing</p>

## COVERED MEDICAL AND HOSPITAL BENEFITS

**NOTE: SERVICES WITH A <sup>1</sup> MAY REQUIRE PRIOR AUTHORIZATION.**

Care and Services	What you should know about Total (HMO SNP)
<p><b>Ambulance<sup>1</sup></b> Emergency and Non-Emergency</p>	<p>You pay nothing</p>
<p><b>Transportation</b></p>	<p>Not covered under Medicare.</p> <p>Your Medicaid benefit covers scheduled transportation that is necessary to get needed medical care and other health related services. Coverage includes ambulette, car service, and public transportation.</p> <p>To schedule your transportation, call member services 48 hours in advance.</p>
<p><b>Outpatient Substance Abuse<sup>1</sup></b></p>	<p>Group therapy visit: You pay nothing</p> <p>Individual therapy visit: You pay nothing</p>
<p><b>Outpatient Rehabilitation<sup>1</sup></b></p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing</p>
<p><b>Foot Care</b> <i>(podiatry services)<sup>1</sup></i></p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay nothing</p> <p>Routine foot care (for up to 4 visit(s) every year): You pay nothing</p>

**COVERED MEDICAL AND HOSPITAL BENEFITS**

**NOTE: SERVICES WITH A <sup>1</sup> MAY REQUIRE PRIOR AUTHORIZATION.**

<b>Care and Services</b>	<b>What you should know about Total (HMO SNP)</b>
<p><b>Durable Medical Equipment/Supplies</b> <i>(wheelchairs, oxygen, etc.)<sup>1</sup></i></p>	<p>You pay nothing</p> <p>Additional coverage under Medicaid. See Section IV Summary of Medicaid Covered Benefits in this book.</p>
<p><b>Prosthetic Devices</b> <i>(braces, artificial limbs, etc.)<sup>1</sup></i></p>	<p>Prosthetic Devices: You pay nothing</p> <p>Related medical supplies: You pay nothing</p> <p>Additional coverage under Medicaid. See Summary of Medicaid Covered Benefits in this book.</p>
<p><b>Diabetes Supplies and Services<sup>1</sup></b></p>	<p>Diabetes monitoring supplies: You pay nothing</p> <p>Ascensia/Bayer Diabetes Care is the plan’s chosen brand for diabetes monitoring and testing supplies when obtained at an in-network retail pharmacy.</p> <p>All other branded products will require plan approval for coverage when obtained at the pharmacy.</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: You pay nothing</p> <p>Additional coverage under Medicaid. See Summary of Medicaid Covered Benefits in this book.</p>

<b>PRESCRIPTION DRUG BENEFITS</b>	
	<b>VNSNY CHOICE Total (HMO SNP)</b>
<b>How much do I pay?</b>	<p>For Part B drugs such as chemotherapy drugs: You pay nothing</p> <p>Other Part B drugs: You pay nothing</p> <p>May require prior authorization</p>
<b>Initial Coverage</b>	<p>For Part D prescription drugs deductible: You pay nothing</p> <p>Depending on your level of Medicaid eligibility, your cost sharing amount may be one of the following: For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.25 copay; or \$3.40 copay; or up to 25% of the cost</p> <p>For all other drugs, either: \$0 copay; or \$3.80 copay; or \$8.50 copay ; or up to 25% of the cost</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy. Generally, we cover drugs filled at an out-of-network pharmacy only when you are not able to use a network pharmacy. There are circumstances when we would cover prescriptions filled at an out of network pharmacy. Please contact the plan for more information.</p>
<b>Catastrophic Coverage</b>	You pay nothing

## ADDITIONAL COVERED MEDICAL AND HOSPITAL BENEFITS

**NOTE: SERVICES WITH A <sup>1</sup> MAY REQUIRE PRIOR AUTHORIZATION.**

<b>Inpatient Care</b>	<b>VNSNY CHOICE Total (HMO SNP)</b>
<b>Acupuncture and Other Alternative Therapies<sup>1</sup></b>	For up to 10 visit(s) every year: You pay nothing
<b>Chiropractic Care<sup>1</sup></b>	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay nothing
<b>Home Health Care Agency<sup>1</sup></b>	You pay nothing Additional coverage under Medicaid. See Summary of Medicaid Covered Benefits in this book.
<b>Hospice</b>	You pay nothing for hospice care from a Medicare certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.
<b>Inpatient Mental Health Care</b>	For inpatient mental health care, see the “Mental Health Care” section of this booklet.
<b>Outpatient Surgery<sup>1</sup></b>	Ambulatory surgical center: You pay nothing  Outpatient hospital: You pay nothing

**ADDITIONAL COVERED MEDICAL AND HOSPITAL BENEFITS**

**NOTE: SERVICES WITH A <sup>1</sup> MAY REQUIRE PRIOR AUTHORIZATION.**

<b>Inpatient Care</b>	<b>VNSNY CHOICE Total (HMO SNP)</b>
<b>Over-the-Counter Items</b>	<p>Please visit our website to see our list of covered over-the-counter items.</p> <p>Coverage of Over-the-Counter (OTC) items up to \$100 per month that can be used to purchase health related items from the CMS approved product list.</p> <p>Balances left over at the end of the month do not carry over.</p> <p>Additional coverage under Medicaid. See Summary of Medicaid Covered Benefits in this book.</p>
<b>Renal Dialysis</b>	You pay nothing

## **SUMMARY OF MEDICAID-COVERED BENEFITS**

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what the New York State Medicaid Plan covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, VNSNY CHOICE Total will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to call: 1-866-783-1444 (TTY: 711).



## SUMMARY OF MEDICAID-COVERED BENEFITS

Benefit	New York State Medicaid Plan	VNSNY CHOICE Total (HMO SNP)
<p><b>Certain Mental Health Services including:</b></p> <ul style="list-style-type: none"> <li>• Intensive Psychiatric Rehabilitation</li> <li>• Treatment Programs</li> <li>• Day Treatment</li> <li>• Continuing Day Treatment</li> <li>• Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units)</li> <li>• Partial Hospitalizations</li> <li>• Assertive Community Treatment (ACT)</li> <li>• Personalized Recovery Oriented Services (PROS)</li> </ul>	<p>Covered by Medicaid</p>	<p>Not covered by plan</p>

## SUMMARY OF MEDICAID-COVERED BENEFITS

Benefit	New York State Medicaid Plan	VNSNY CHOICE Total (HMO SNP)
<p><b>Consumer Directed Personal Care Services</b></p>	<p>New York State Medicaid covers services provided by a consumer directed personal care assistant under the instruction, supervision and direction of the enrollee or the enrollee’s designated representative. The benefit includes personal care and/or skilled nursing services.</p> <p>There is no copayment for Medicaid covered services.</p>	<p>The Plan covers services provided by a consumer directed personal care assistant under the instruction, supervision and direction of the enrollee or the enrollee’s designated representative. The benefit includes personal care and/or skilled nursing services.</p> <p>There is no copayment for medically necessary Consumer Directed Personal Care Services.</p> <p>Authorization rules and member responsibilities apply. Contact VNSNY CHOICE for more information.</p>
<p><b>Dental</b></p>	<p>Covers Medicare deductibles, copays and coinsurances.</p> <p>Medicaid covers dental services including necessary preventive, prophylactic and other routine dental care, services, and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.</p>	<p>The plan covers Medicaid covered services and you are entitled to two yearly checkups including cleanings, x-rays, and basic restorative services such as fillings, extractions, and dentures.</p> <p>There is no copayment for dental services.</p>

**SUMMARY OF MEDICAID-COVERED BENEFITS**

Benefit	New York State Medicaid Plan	VNSNY CHOICE Total (HMO SNP)
<b>Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b>	Covers Medicare deductibles, copays and coinsurances	\$0 copayment for covered services.
<b>Diagnostic Tests, X-Rays, Lab Services and Radiology Services</b>	Covers Medicare deductibles, copays and coinsurances.	\$0 copayment for covered services.

## SUMMARY OF MEDICAID-COVERED BENEFITS

Benefit	New York State Medicaid Plan	VNSNY CHOICE Total (HMO SNP)
<p><b>Durable Medical Equipment (DME) and Medical Supplies</b></p>	<p>Covers Medicare deductibles, copays and coinsurances.</p> <p>Medicaid covered durable medical equipment, including devices and equipment other than medical/ surgical supplies, enteral formula, and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period of time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual’s use. DME must be ordered by a practitioner. There is no homebound prerequisite and includes non-Medicare DME Covered by Medicaid (e.g. tub stool; grab bars).</p>	<p>The plan covers durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period of time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual’s use. DME must be ordered by a qualified practitioner. There is no homebound prerequisite and includes non- Medicare DME covered by Medicaid (e.g. tub stool; grab bars).</p> <p>Medical/Surgical supplies, enteral/parenteral formula and supplements, and hearing aid batteries.</p> <p>There is no copayment for Durable Medical Equipment (DME) and Medical Supplies.</p>

## SUMMARY OF MEDICAID-COVERED BENEFITS

Benefit	New York State Medicaid Plan	VNSNY CHOICE Total (HMO SNP)
<p><b>Durable Medical Equipment (DME) and Medical Supplies</b> <i>(continued)</i></p>	<p>Medical/Surgical supplies, enteral/parenteral formula and supplements, and hearing aid batteries.</p> <p>There is no copayment for Medicaid-covered services.</p> <p>Coverage of enteral formula and nutritional supplements is limited to: individuals who are fed via nasogastric, gastrostomy or jejunostomy tube; individuals with inborn metabolic disorders; adults with a diagnosis of HIV infection, AIDS, or HIV-related illness, or other disease or condition, who are fed orally and who: require supplemental nutrition and have a body mass index under 18.5 or require supplemental nutrition and have a body mass index under 22 along with unintentional weight loss within the previous 6 month period or require total oral nutrition support when the placement of a feeding tube is contraindicated.</p>	<p>Coverage of enteral formula and nutritional supplements is limited to: individuals who are fed via nasogastric, gastrostomy or jejunostomy tube; individuals with inborn metabolic disorders; adults with a diagnosis of HIV infection, AIDS, or HIV-related illness, or other disease or condition, who are fed orally and who: require supplemental nutrition and have a body mass index under 18.5 or require supplemental nutrition and have a body mass index under 22 along with unintentional weight loss within the previous 6 month period or require total oral nutrition support when the placement of a feeding tube is contraindicated.</p>

## SUMMARY OF MEDICAID-COVERED BENEFITS

Benefit	New York State Medicaid Plan	VNSNY CHOICE Total (HMO SNP)
<p><b>Family Planning and Reproductive Health Services</b></p>	<p>Members may go to any provider for these services covered by Medicaid.</p>	<p>Not covered by the plan; VNSNY CHOICE Care Managers will assist members with obtaining access and coordinating these services.</p>
<p><b>Hearing Services</b></p>	<p>New York State Medicaid covers hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, hearing aid batteries, earmolds, special fittings and replacement parts.</p> <p>There is no copayment for Medicaid-covered services.</p>	<p>The plan covers hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, hearing aid batteries, earmolds, special fittings and replacement parts.</p> <p>There is no copayment for medically necessary hearing exams and hearing aids.</p>

**SUMMARY OF MEDICAID-COVERED BENEFITS**

Benefit	New York State Medicaid Plan	VNSNY CHOICE Total (HMO SNP)
<p><b>Home Delivered and Congregate Meals</b></p>	<p>Not covered by Medicaid.</p>	<p>The plan can provide you with home-delivered or congregate meals provided in accordance with your person centered service plan. Typically, one or two meals are provided per day for individuals who are unable to prepare meals and who do not have personal care services to assist with meal preparation.</p> <p>There is no copayment for Home Delivered and Congregate Meals.</p>

## SUMMARY OF MEDICAID-COVERED BENEFITS

Benefit	New York State Medicaid Plan	VNSNY CHOICE Total (HMO SNP)
<p><b>Home Health Services</b>  <i>(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i></p>	<p>New York State Medicaid covers home health services including the provision of skilled services not covered by Medicare (e.g. physical therapist to supervise maintenance program for patients who have reached their maximum restorative potential or a nurse to pre-fill syringes for disabled individuals with diabetes) and/or home health aide services as required by an approved plan of care developed by a certified home health agency.</p> <p>There is no copayment for Medicaid-covered services.</p>	<p>The plan covers medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals).</p> <p>There is no copayment for home health visits.</p>
<p><b>Immunizations</b></p>	<p>Covers Medicare deductibles, copays and coinsurances.</p>	<p>\$0 copayment for covered services.</p>



## SUMMARY OF MEDICAID-COVERED BENEFITS

Benefit	New York State Medicaid Plan	VNSNY CHOICE Total (HMO SNP)
<p><b>Mental Health Care</b></p>	<p>New York State Medicaid covers unlimited inpatient mental health days beyond the 190-day lifetime Medicare limit as medically necessary.</p> <p>There is no copayment for Medicaid-covered services.</p>	<p>The plan covers additional days beyond the Medicare 190-day lifetime limit.</p> <p>There are no deductibles or copayments for all inpatient mental health services, including voluntary or involuntary admissions for mental health services.</p>
<p><b>Nutrition</b></p>	<p>New York State Medicaid covers an assessment of nutritional status/ needs, development and evaluation of treatment plans, nutritional education and counseling, in-service education. Includes cultural considerations.</p> <p>There is no copayment for Medicaid-covered services.</p>	<p>A nutritionist will assess your dietary needs and make recommendations to help ensure that your diet is consistent with your personal needs.</p> <p>There is no copayment for Nutrition services.</p>
<p><b>Outpatient Care</b></p>	<ul style="list-style-type: none"> <li>• Directly Observed Therapy for Tuberculosis Disease</li> <li>• AIDS Adult Day Health Care</li> </ul> <p>Covered by Medicaid</p>	<p>Not covered by the plan; VNSNY CHOICE Care Managers will assist members with obtaining access and coordinating these services.</p>

## SUMMARY OF MEDICAID-COVERED BENEFITS

Benefit	New York State Medicaid Plan	VNSNY CHOICE Total (HMO SNP)
<p><b>Outpatient Mental Health Care</b></p>	<p>New York State Medicaid covers outpatient mental health care services.</p> <p>There is no copayment for Medicaid-covered services.</p>	<p>Enrollee may self-refer for one assessment from a network provider in a 12 month period.</p> <p>There is no copayment or deductible for each covered individual or group therapy visits, visit with a psychiatrist and partial hospitalization program services.</p> <p>Except in an emergency, authorization rules apply. Contact VNSNY CHOICE for more information.</p>
<p><b>Outpatient Rehabilitation Services</b></p>	<p>New York State Medicaid covers physical therapy (PT), occupational therapy (OT) and speech therapy (ST). OT and ST services are limited to (20) Medicaid visits per therapy and PT services are limited to (40) Medicaid visits per year, except for children under age 21 and the developmentally disabled.</p> <p>There is no copayment for Medicaid-covered services.</p>	<p>The plan covers physical therapy (PT), occupational therapy (OT) and speech therapy (ST). OT and ST services are limited to (20) Medicaid visits per therapy and PT services are limited to (40) Medicaid visits per year, except for children under age 21 and the developmentally disabled.</p>

## SUMMARY OF MEDICAID-COVERED BENEFITS

Benefit	New York State Medicaid Plan	VNSNY CHOICE Total (HMO SNP)
<p><b>Outpatient Substance Abuse Care</b></p>	<p>New York State Medicaid covers outpatient substance abuse care services.</p> <p>There is no copayment for Medicaid-covered services.</p>	<p>Enrollee may self-refer for one assessment from a network provider in a 12 month period.</p> <p>There is no copayment for outpatient substance abuse treatment services</p>
<p><b>Over-the-Counter Drugs</b></p>	<p>Certain Over the Counter medications are covered.</p>	<p>See “Summary of Medicare Covered Benefits” section, under “Additional Covered Medical and Hospital Benefits” of this booklet for more information.</p>
<p><b>Personal Care Services</b></p>	<p>New York State Medicaid covers medically necessary assistance with activities such as personal hygiene, dressing and feeding, and nutritional and environmental support function tasks.</p> <p>There is no copayment for Medicaid-covered services.</p>	<p>The plan will coordinate the provision of personal care services to help you with such activities as personal hygiene, dressing and eating, and environmental support function tasks. Personal care services must be medically necessary and approved by your physician.</p> <p>There is no copayment for Personal Care Services.</p>

## SUMMARY OF MEDICAID-COVERED BENEFITS

Benefit	New York State Medicaid Plan	VNSNY CHOICE Total (HMO SNP)
<p><b>Personal Emergency Response Services (PERS)</b></p>	<p>New York State Medicaid covers electronic devices that enable individuals to secure help in a physical, emotional or environmental emergency. There is no copayment for Medicaid-covered services.</p>	<p>The plan covers PERS, which is a system that enables an individual to call for help in an emergency by pushing a button. Once the “help” button is activated, a signal is sent to a response center and appropriate actions are taken to assist the individual. There is no copayment for PERS. Contact VNSNY CHOICE for prior authorization and more information.</p>
<p><b>Private Duty Nursing Services</b></p>	<p>New York State Medicaid covers private duty nursing upon a written physician’s order and an assessment indicating that the individual is in need of continuous nursing service which are beyond the scope of care available from a certified home health agency (CHHA) or when intermittent nursing services normally provided by a CHHA are unavailable. There is no copayment for medically necessary private duty nursing services.</p>	<p>The plan covers private duty nursing upon a written physician’s order and an assessment indicating that the individual is in need of continuous nursing service which are beyond the scope of care available from a certified home health agency (CHHA) or when intermittent nursing services normally provided by a CHHA are unavailable. There is no copayment for medically necessary private duty nursing services.</p>

**SUMMARY OF MEDICAID-COVERED BENEFITS**

<b>Benefit</b>	<b>New York State Medicaid Plan</b>	<b>VNSNY CHOICE Total (HMO SNP)</b>
<b>Prosthetic Devices</b>	<p>New York State Medicaid covers prosthetics, orthotics and orthopedic footwear.</p> <p>There is no copayment for Medicaid- covered services.</p>	<p>The Plan covers New York State Medicaid covered prosthetics, orthotics and orthopedic footwear.</p> <p>There is no diabetic prerequisite for orthotics.</p>
<b>Skilled Nursing Facility(SNF)</b>	<p>New York State Medicaid covers skilled nursing facility days provided by a licensed facility, in excess of the first 100 days in the Medicare Advantage benefit period.</p> <p>There is no copayment for Medicaid-covered services.</p>	<p>The plan covers additional days beyond Medicare 100-day limit.</p> <p>There is no copayment for the Skilled Nursing Facility benefit.</p>

<b>SUMMARY OF MEDICAID-COVERED BENEFITS</b>		
<b>Benefit</b>	<b>New York State Medicaid Plan</b>	<b>VNSNY CHOICE Total (HMO SNP)</b>
<b>Social and Environmental Supports</b>	Not covered by Medicaid.	<p>The plan will provide social and environmental items and services to support your medical needs. These services and items include but are not limited to the following: home maintenance tasks, homemaker/chore services, pest control, housing modifications to improve your safety, and respite care.</p> <p>There is no copayment for Social and Environmental Supports.</p>
<b>Social Day Care</b>	Not covered by Medicaid.	<p>The plan covers social day care programs that provide you with socialization, personal care and nutrition in a protective setting. You may also receive services such as enhancement of daily living skills, transportation, and caregiver assistance. If interested, your Care Manager can arrange for you to attend a Social Day Care facility.</p> <p>There is no copayment for Social Day Care.</p>

## SUMMARY OF MEDICAID-COVERED BENEFITS

Benefit	New York State Medicaid Plan	VNSNY CHOICE Total (HMO SNP)
<p><b>Substance Abuse Services</b></p>	<p>Methadone Maintenance Treatment Programs Covered by Medicaid</p>	<p>Not covered by the plan; VNSNY CHOICE Care Managers will assist members with obtaining access and coordinating these services.</p>
<p><b>Transportation (Non-Emergency routine)</b></p>	<p>New York State Medicaid covers transportation essential to obtain necessary medical care and services covered as part of the plan’s benefits and/or by fee-for-service Medicaid. Transportation services include transportation by ambulance, ambulette, taxicab, livery, public transportation, or other means appropriate to the enrollee’s medical condition; and a transportation attendant to accompany the enrollee, if necessary.</p> <p>There is no copayment for Medicaid-covered services.</p>	<p>You are covered for transportation that is necessary to get needed medical care and other health related services. Coverage includes: ambulette, car service and public transportation.</p> <p>There is no copayment per trip for medically necessary unlimited routine and non-emergent transportation services to plan-approved locations.</p> <p>Contact VNSNY CHOICE for more information.</p>

## SUMMARY OF MEDICAID-COVERED BENEFITS

Benefit	New York State Medicaid Plan	VNSNY CHOICE Total (HMO SNP)
<p><b>Vision Services</b></p>	<p>New York State Medicaid covers services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p> <p>There is no copayment for Medicaid-covered services.</p>	<p>The plan covers services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p> <p>There is no copayment for: Medicare-covered diagnostic vision exams, one routine eye exam, including glaucoma screening (every year), one pair of eyeglasses (lenses and frames) or contact lenses (every year).</p>



<b>SUMMARY OF NON-COVERED MEDICAID BENEFITS</b>		
<b>Benefit</b>	<b>New York State Medicaid Plan</b>	<b>VNSNY CHOICE Total (HMO SNP)</b>
<b>Directly Observed Therapy for Tuberculosis Disease</b>	Covered by Medicaid	Not covered by plan
<b>HIV COBRA Case Management</b>	Covered by Medicaid	Not covered by plan
<b>Services offered through the Office for People with Developmental Disabilities (OPWDD)</b>	Covered by Medicaid	Not covered by plan
<b>Rehabilitation Services Provided to Residents of Office of Mental Health Licensed Community Residences (CRs) and Family Based Treatment Programs</b>	Covered by Medicaid	Not covered by plan

## HELPFUL DEFINITIONS

**Hospice Care** – End of life comfort care is usually given in your home or another facility where you live, like a nursing home. To qualify, your doctor and a hospice doctor must certify that you are terminally ill with a life expectancy of six months or less. This also covers in-patient respite care for up to 5 days at a Medicare approved facility so that your usual care-giver (family member or friend) can rest.

**Home Health Services** – Includes a wide range of services that can be given in your home for an illness or injury. Examples of services include, skilled nursing care and/or physical, speech or occupational therapy and medical social services. A doctor must certify that you need these services in the home.

**Skilled Nursing Facility** – After being discharged from the hospital, you may need highly skilled care that's beyond what family or friends can provide. You can receive care in a skilled nursing facility for additional skilled nursing and/or rehabilitative services. To qualify, your doctor must certify that you need daily skilled care, for example, intravenous injections or physical therapy.

**Emergency Services** – You should go to the emergency room when you have a serious injury, a sudden illness or an illness that quickly gets much worse.

**Urgent Care** – If you have a minor injury or an illness that is not an emergency and cannot get a timely appointment with your primary care physician, an urgent care center can be a good option.

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.

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）。

This information is not a complete description of benefits. Call 1-866-783-1444 (TTY: 711) for more information.

For accommodations of persons with special needs at meetings call 1-866-783-1444 (TTY: 711).



**CHOICE<sup>SM</sup>**  
**Health Plans**

**Any questions? Call us toll-free at:**

1-866-783-1444 (TTY: 711)  
7 days a week, 8 am – 8 pm

220 East 42nd Street, 3rd Floor, New York, NY 10017  
[www.vnsnychoice.org](http://www.vnsnychoice.org)