



CHOICESM
Health Plans

2018 Medicare Benefits

VNSNY CHOICE 2018 Medicare Products

VNSNY CHOICE

is approved by **CMS**

(Center of Medicare & Medicaid Services) to offer

4 Medicare Advantage plans

VNSNY CHOICE *2018* Medicare Products

Four Products:

1

2

3

4

VNSNY CHOICE 2018 Medicare Products

Four Products:



2

3

4

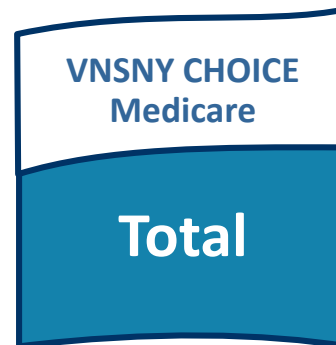
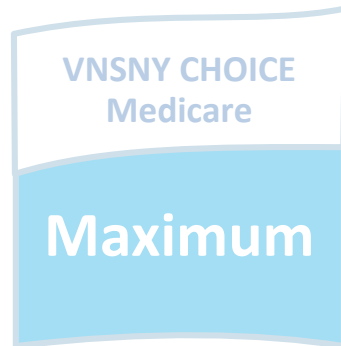
VNSNY CHOICE 2018 Medicare Products

Four Products:



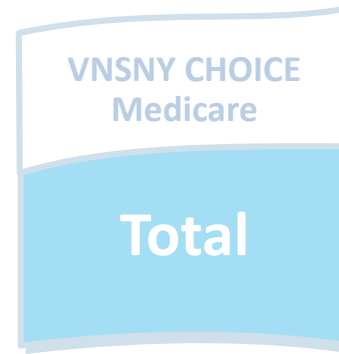
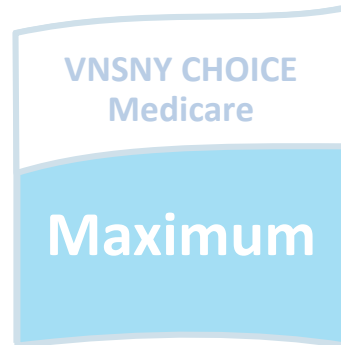
VNSNY CHOICE 2018 Medicare Products

Four Products:



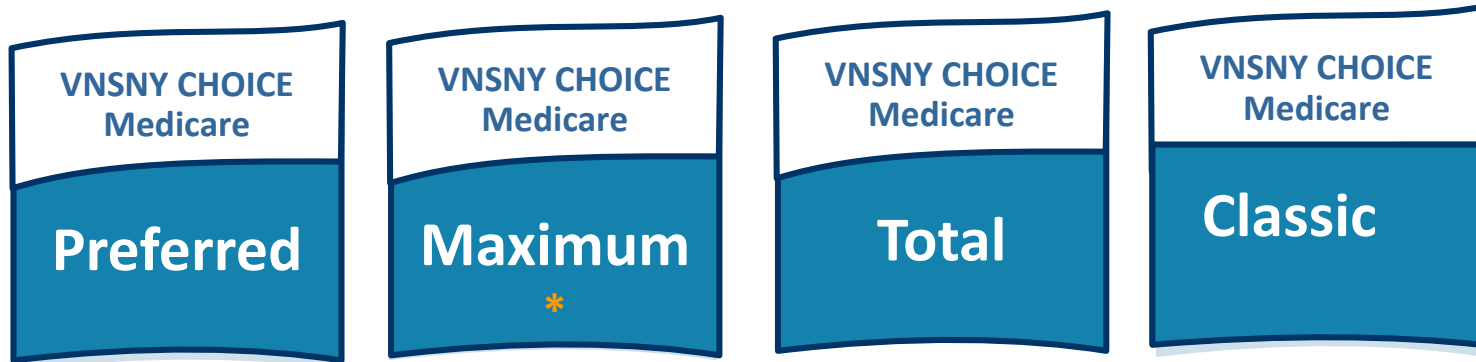
VNSNY CHOICE 2018 Medicare Products

Four Products:



VNSNY CHOICE 2018 Medicare Products

Four Products:



* Approved by CMS and Department of Health (DOH)



First, Some Basics

VNSNY CHOICE 2018 Medicare Products

Our Medicare Advantage (MA) plans are:

- Private insurance plans also known as Medicare Part C
- Offered to beneficiaries eligible for Original Medicare (Part A & Part B) who live in our service area.
- Beneficiaries **cannot** have End Stage Renal disease to join a Medicare Advantage plan

VNSNY CHOICE 2018 Medicare Products

Service Area:

- Bronx
- Kings
- Manhattan
- Nassau
- Queens
- Richmond
- Suffolk
- Westchester
- Saratoga*
- Schenectady*
- Albany*
- Rensselaer*

** This service area does not include Maximum or Total Plans*

VNSNY CHOICE *2018* Medicare Products

**Beneficiaries
get Medicare
Coverage
through
one MA plan:**

- Medicare Part A
(Hospital/Inpatient)
- Medicare Part B
(Medical/Outpatient)
- Medicare Part D
(Prescription Drug Coverage)

VNSNY CHOICE 2018 Medicare Products

**Beneficiaries
get extra
benefits
not covered
by Medicare
such as:**

- Vision
- Over the Counter (OTC) Health Products
- Health and Wellness Education
- Worldwide Coverage
- Health Club
- Acupuncture
- Dental
- Hearing (Audiology)
- Nutritional Counseling



Election Periods

VNSNY CHOICE 2018 Medicare Products

Election Periods

Initial Election Period (IEP)

Applies to those New to Medicare:
Can join a Medicare Advantage Prescription Drug Plan (MA-PD) or Stand Alone Part D Prescription Drug Plan (PDP)

A 7-month period from 3 months before the month you turn 65 to 3 months after



VNSNY CHOICE *2018* Medicare Products

Election Periods

Annual Election Period (AEP)

October 15 - December 7

Can join, drop, or switch coverage

VNSNY CHOICE 2018 Medicare Products

Election Periods

When can
a beneficiary
switch
plans?

MADP

In the new year from Jan 1 – Feb 14, a beneficiary can dis-enroll, but can only go back to **Original Medicare**. This is the Medicare Advantage Disenrollment Period (MADP)

Lock-In

If the member does not disenroll, he/she is “locked-in” from Feb 15th until Dec 31st

Note: There are “special conditions” that permit a beneficiary to change plans outside of AEP, giving the beneficiary a “Special Election Period.”

Election Periods

Special Election Period (SEP)

Dual Eligible beneficiaries (those with Medicare and Medicaid) and those with **Low Income Subsidy** who are not Dual Eligible have a continuous Special Election Period, meaning they can change their plan every month during the year.



VNSNY CHOICE Network

VNSNY CHOICE 2018 Medicare Products

Network Requirement

VNSNY CHOICE Medicare covers services obtained from our comprehensive network of providers—doctors and other medical professionals, hospitals and other health care facilities within the **VNSNY CHOICE Medicare Advantage** service area. Cost sharing applied accordingly.



Changes to Benefits

2018 Medicare Advantage Benefits

Medicare
benefits
change
on an
annual
basis

The plan may change the benefits under CMS guidelines to:

- Change or reduce the cost-sharing for some benefits
- Add/Remove supplemental benefits

Rates for premiums and deductibles and Supplemental benefits for MA plans change yearly.

2018 Medicare Advantage Benefits

Annual Notice of Change (ANOC)

The plan mails an ANOC to enrollees in September of each year that includes any changes in coverage, costs, or service area that will be effective in January. Mailing also includes:

- **Evidence of Coverage (Member Handbook)**
Total members receive Summary of Benefits in September. Member Handbook is mailed in December.
- **Formulary**
- **Evidence of Coverage for Extra Help (if applicable)**

Note: *Provider Directories are no longer mailed with the ANOC but are available online and mailed upon request.*



2018 VNSNY CHOICE Plans & Changes

VNSNY CHOICE
Medicare

**Preferred
HMO SNP**

2018 Preferred Plan

VNSNY CHOICE Preferred (HMO SNP)

Plan Description:

HMO Special Needs Plan (SNP) designed to offer focused care management to dual eligibles (individuals with Medicare & Medicaid)

Not integrated with Medicaid

Eligibility:

- Evidence of Medicare Part A & Part B coverage
- Medicaid Beneficiary
- Live in the service area
- No End Stage Renal Disease (ESRD)
 - *Unless have been an existing member of our Medicare Advantage plan when their dialysis began*

The type of Medicaid benefits vary based on income and resources

VNSNY CHOICE Preferred (HMO SNP)

VNSNY CHOICE Medicare Preferred covers all services under Original Medicare and includes:

- 0%* or 20% co-insurance for Medicare covered Outpatient services such as doctor visits, care, home health care, vaccines.
- Deductibles and Co-insurance for In-Patient services.*

** Co-insurance and deductibles covered by Medicaid.*

VNSNY CHOICE Preferred (HMO SNP)

VNSNY CHOICE Medicare Preferred covers:

Additional benefits

- **\$70 Over the Counter (OTC) monthly benefit (Does not roll over)**
- **Transportation –16 one way trips per year with a maximum of 2 round trips per quarter**
- Preventive Dental visits, one every six months plus \$500 per year towards Comprehensive Dental (no copays) – **Additional Dental covered by Medicaid**
- Free Silver Sneakers health club membership
- Routine eye exams and \$200 toward eyeglass frames and lenses **or** contact lenses every year
- Telephonic nutritional counseling via Independent Living (3 one-on-one sessions)
- \$50,000 Worldwide Coverage for emergency & urgent care
- Acupuncture (12 visits per year) at \$0 copay

VNSNY CHOICE Preferred (HMO SNP)

Benefit	2017	2018
Over the Counter (OTC)	\$77 monthly credit	\$70 monthly credit
Transportation	24 trips per year (3 round trips per quarter)	16 trips per year (2 round trips or 4 one way trips per quarter)

VNSNY CHOICE
Medicare

Maximum
HMO SNP

2018 Maximum Plan

VNSNY CHOICE Maximum (HMO SNP)

Plan Description:

HMO Special Needs Plan (SNP) designed to offer focused care management to dual eligibles (individuals with Medicare and Medicaid)

Medicare and Medicaid are integrated in one plan and combine the benefits of a Medicaid Advantage plan with a Medicare Advantage plan

Eligibility:

- Evidence of Medicare Part A & Part B coverage
- Full Medicaid coverage
- Lives in the service area*
- No End Stage Renal Disease (ESRD)
 - *Unless have been an existing member of our Medicare Advantage plan when their dialysis began*

**Does not include Saratoga, Schenectady, Albany and Rensselaer*

VNSNY CHOICE Maximum (HMO SNP)

VNSNY CHOICE Medicare Maximum covers:

Additional I benefits

- **\$70 Over the Counter (OTC) monthly benefit (does not roll over)**
- Unlimited transportation
- Comprehensive Dental
- Acupuncture (12 visits per year)
- Routine podiatry visits (4 per year)
- Routine eye exams and \$200 toward eyeglass frames and lenses **or** contact lenses every year
- Routine Hearing exam and up to \$1,000 coverage limit for hearing aids every three years
- \$50,000 for Worldwide Coverage for emergency services and urgent care
- PERS (Personal Emergency Alert Device)
- Telephonic nutritional counseling via Independent Living Systems
- Free Silver Sneakers Health Club Membership

VNSNY CHOICE Maximum (HMO SNP)

2018 Changes

Benefit	2017	2018
Over the Counter (OTC)	\$88 monthly credit	\$70 monthly credit

VNSNY CHOICE
Medicare

Total
HMO SNP

2018 Total Plan

VNSNY CHOICE Total (HMO SNP)

Plan Description:

HMO Special Needs Plan (SNP) designed for individuals with long-term needs who require day-to-day assistance to remain safely at home. Assessment is performed by a nurse to determine long term care needs.

Fully integrates the benefit of our Managed Long Term Care (MLTC) plan and a Medicare Advantage plan into one comprehensive program

Eligibility:

- Evidence of Medicare Part A & Part B coverage
- Full Medicaid coverage
- Lives in the service area*
- Must be 18 years of age or older
- **Must be eligible for nursing home level of care**
- No End Stage Renal Disease (ESRD)

— Unless have been an existing member of our Medicare Advantage plan when their dialysis began

**Does not include Saratoga, Schenectady, Albany and Rensselaer*

Note: This plan is also known as Medicare Advantage and **Medicaid Advantage Plus Program.**

VNSNY CHOICE Total (HMO SNP)

VNSNY CHOICE Total covers

All services under Original Medicare including:

No co-pay for Medicare covered services including doctor visits, inpatient/outpatient care, home health care, vaccines

Additional benefits include:

- **Acupuncture – 12 visits per year**
- **\$94 Over the Counter (OTC) monthly benefit (Does not roll over)**
- Free Silver Sneakers Health Club Membership
- Routine podiatry visits (4 per year)
- Routine Hearing exam and up to \$1,000 coverage limit for hearing aids every three years, limited to \$500 maximum per ear (one right, one left)
- Routine eye exams and \$200 toward eyeglass frames and lenses **or** contact lenses every year
- \$50,000 for Worldwide Coverage for emergency services and urgent care

VNSNY CHOICE Total (HMO SNP)

2018 Changes

Benefit	2017	2018
Acupuncture	Not covered	12 visits per year
Over the Counter (OTC)	\$97 monthly credit	\$94 monthly credit

VNSNY CHOICE
Medicare

Classic

2018 Classic Plan

VNSNY CHOICE Classic (HMO)

Plan Description:

HMO plan designed to make medical care more affordable for people with limited income and resources

Monthly plan premium a member pays depends on their level of Extra Help (Low Income Subsidy)

Eligibility:

- Evidence of Medicare Part A & Part B coverage
- Lives in the service area
- No End Stage Renal Disease (ESRD)
 - *Unless have been an existing member of our Medicare Advantage plan when their dialysis began*

VNSNY CHOICE Classic (HMO)

VNSNY CHOICE Classic covers all services under Original Medicare and includes:

- **Monthly Premium of \$39.00**
- No copay for Medicare covered services such as primary care doctor visits, home health care, vaccines
- \$25 copay for specialists
- \$20 copay for some services such as therapy outpatient visits (Mental Health, Physical, Occupational and Speech Therapy visits)
- \$50 copay for MRI / CAT / PET / Other Diagnostic Procedures & Tests

VNSNY CHOICE Classic (HMO)

VNSNY CHOICE Classic covers:

Additional benefits

- **\$5 Over the Counter (OTC) monthly benefit (no roll over)**
- \$1,000 of Comprehensive and Preventive dental care (subject to copays)
- Free Silver Sneakers Health Club Membership
- Routine eye exams and \$200 toward eyeglass frames and lenses or contact lenses every year.
- Routine Hearing exam and up to \$1,000 coverage limit for hearing aids every three years, limited to \$500 maximum per ear (one right, one left)
- \$50,000 annually for Worldwide Coverage for emergency services and urgent care

Benefit	Medicare Maximum* (HMO SNP)	Medicare Preferred (HMO SNP)	Medicare Total* (HMO SNP)	Medicare Classic (HMO)
Monthly Plan Premium	\$0	\$0	\$0	\$39.00
PCP copays	\$0	\$0 **	\$0	\$0
Specialist Doctor copays	\$0	\$0 **	\$0	\$25
Hospital copays	\$0	\$0 **	\$0	\$295-Days 1-6 Acute; \$265 Days 1-6-MH
OTC Card	\$70/month	Yes \$70/month	Yes \$94/month	\$5/month
Annual eye exam/eyeglasses	Every year/\$200 limit for eyewear	Every year/\$200 limit for eyewear	Every year/\$200 limit for eyewear	Every year/\$200 limit for eyewear
Dental	Comprehensive Dental	\$0 exam, x-rays/cleanings every 6 months \$500 max per year for comprehensive dental care; no copays	Comprehensive Dental	Yes (\$1000/year) subject to copays
Transportation	Yes (Unlimited to plan approved locations)	Yes/16 one way trips year (2 round trips or 4 one way trips/quarter)	Yes (Unlimited to plan approved locations)	No
Personal emergency alert	Yes	No	No	No
Hearing	\$1000 Hearing Aids/3 yrs	Covered by Medicaid	\$1000 Hearing Aids/3 yrs	\$1000 Hearing Aids/3 yrs
Nutritional Counseling	Yes	Yes	No	No
Silver Sneakers Fitness	Yes	Yes	Yes	Yes
Worldwide Coverage	Yes	Yes	Yes	Yes
Acupuncture	up to 12 visits per year	up to 12 visits per year	up to 12 visits per year	Not covered

* VNSNY CHOICE Medicare Maximum is a New York State Medicaid Advantage Plan

** Copayments covered by Medicaid

VNSNY CHOICE 2018

Additional Benefits Vendors

VNSNY CHOICE 2018

Vendors

- **MedImpact** (Pharmacy)
- **Vision** (Superior Vision)
- **Hearing Aids** (Hear USA)
- **Dental** (Healthplex)
- **OTC** (Medagate)
- **Fitness** (Silver Sneakers)
- **Acupuncture and Chiropractic** (Evicore)
- **Nutritional Counseling** (Independent Living Systems)

VNSNY CHOICE 2018

Vendors

**Preferred Vendor for
Diabetic Supplies**

VNSNY CHOICE 2018

Vendors

Ascensia/Bayer

- VNSNY CHOICE chosen brand for diabetes monitoring and testing supplies when obtained at an **in network** pharmacy
- All other branded products **will require** plan approval for coverage at the pharmacy.

Medicare Prescription Drug Coverage (Medicare Part D)

**Medicare
Prescription Drug
Coverage
(Medicare Part D)**

Medicare Prescription Drug Coverage (Medicare Part D)

Part D

**All VNSNY CHOICE Medicare plans
include **Prescription Drug Coverage**
under **Medicare Part D****

Medicare Prescription Drug Coverage (Medicare Part D)

Part D

VNSNY CHOICE Medicare
Prescription Drug Coverage
is currently administered by
MedImpact

Medicare Prescription Drug Coverage (Medicare Part D)

Part D

Coverage Gap Cost Sharing in 2018

- Medicare **Coverage Gap** is being gradually phased out as part of the 2010 Health Reform Law.
- Beneficiaries **without Extra Help*** whose **Total Drug costs reach \$3750** will pay for **35%** of plan's cost Brand Drugs and **44%** for Generic Drugs in the Coverage Gap.
- **Dual eligible** members or those with **Full LIS** are not responsible for additional cost share during Coverage Gap.

** Also known as LIS (Low Income Subsidy)*

2018 Drug Cost: Preferred, Total and Maximum

Preferred, Total & Maximum

These plans are designed for Dual Eligible beneficiaries (Medicare and Medicaid) with **Full Extra Help** to help pay for their Prescription Drugs.

- Member pays small copays during the Initial Coverage.
- There is **no** Coverage Gap for these members.
- When the member reaches a total of **\$5,000** of out- of-pocket costs (what the member pay plus what Extra Help pays), the member pays \$0 for their drugs until the end of the calendar year.

2018 Drug Cost: Preferred, Total and Maximum

Preferred, Total & Maximum

2018 Copays for Beneficiaries with Full Extra Help

Deductible - \$0 (Covered by Extra Help)

For generic drugs (including brand drugs treated as generic), one of the following copays:

- \$0 copay **OR**
- \$1.25 copay **OR**
- \$3.35 copay

For brand and all other drugs, one of the following copays:

- \$0 copay **OR**
- \$3.70 copay **OR**
- \$8.35 copay

VNSNY CHOICE Medicare Formulary

- List of prescription drugs covered by our plans
- Beneficiaries must use in-network pharmacies

2018 VNSNY CHOICE Medicare Formulary

Preferred and Maximum

In 2018, there will be a 5 tiered Formulary **for the Preferred and Maximum** plans. Because members of these plans have Full Extra Help, they will continue to pay small copays for their prescription drugs based on whether the drug is Generic or Brand:

- **Generic** drugs will be listed in **lower case**
- **Brand name** drugs will be listed in **upper case** in the formulary.

2018 VNSNY CHOICE Medicare Formulary

Preferred and Maximum

Tiers	Copays (Based on Level of Extra Help)	
Tier 1 Preferred Generic	\$0 \$1.25 \$3.35	
Tier 2 Generic	\$0 \$1.25 \$3.35	
Tier 3 Preferred Brand	\$0 \$3.70 \$8.35	
Tier 4 Non-Preferred Brand	\$0 \$3.70 \$8.35	
Tier 5 Specialty Drugs Includes Generic and Brand	Generic Specialty \$0 \$1.25 \$3.35	Brand Specialty \$0 \$3.70 \$8.35

2018 Drug Cost: Classic

Classic

2018 Costs depend on Level of Extra Help

Premium – \$39.00 (May be covered fully or partially depending on Level of Extra Help)

Deductible - \$405 (May be covered fully or partially depending on Level of Extra Help)

2018 Drug Cost: Classic

Classic

2018 Costs depend on Level of Extra Help

Initial Coverage

(Begins after the Deductible and ends when **Total Drug Costs** reach **\$3,750**)

- Copays vary depending on level of Extra Help
- **Without Extra Help** - Member pays 25% of the plan's cost of the drug.

2018 Drug Cost: Classic

Classic

2018 Costs depend on Level of Extra Help

Coverage Gap

(Begins if total drug costs reach **\$3750** and ends when **out-of-pocket costs reach \$5000**)

- No Coverage Gap if receiving Extra Help
- **Without Extra Help**
 - ✓ Brand name drugs – 35% of the plan's cost
 - ✓ Generic drugs – 44% of the plan's cost

2018 Drug Cost: Classic

Classic

2018 Costs depend on Level of Extra Help

Catastrophic Coverage

- \$0 copay with Full Extra Help
- **Without Extra Help** - Greater of 5%
OR
 - ✓ \$3.35 for generic drugs
 - ✓ \$8.35 for brand name



Prescription Drug Coverage: Enrollee's Rights

Medicare Prescription Drug Coverage: Enrollee's Rights

Enrollee's Rights

Coverage Determination consists of determinations for:

- Formulary exception to cover a drug that is not on the formulary list
- Drugs requiring Prior Authorization, Step Therapy or Quantity Limits
- Providing a non-preferred drug at a lower copayment

Medicare Prescription Drug Coverage: Enrollee's Rights

Enrollee's Rights

Formulary Exception

- Members and providers can request formulary exception
- Plan is contacted to ask for a coverage determination
- Providers must provide supporting evidence for request
- Decision for standard requests are made within 72 hours; 24 hours for urgent requests

Medicare Prescription Drug Coverage:

Enrollee's Rights

Transition Period

Allows access to non-formulary drugs and formulary drugs requiring prior approval so that the member has sufficient time to work with prescriber & plan to switch to a formulary drug or request an authorization if required or a formulary exception.


- A new member's transition period is the first **90** days from their enrollment effective date.
- Level of care changes in which a beneficiary is changing from one treatment setting to another, for example, a discharge from a facility to a home.

Medicare Prescription Drug Coverage: Enrollee's Rights

Transition Fill

- Up to a **30 day** supply of a non-formulary drug that is already being taken by the member or a drug that is on formulary but is subject to coverage limitations such as PA, ST, or QL.
- Unless drug was removed for safety reasons, all Medicare Part D drug plans must cover transition fills for:
 - New members that have been taking a drug that is not listed on the formulary or a drug that is on formulary but is subject to coverage limitations such as PA, ST, or QL.
 - Continuous members that are impacted by the plan removing drugs in the formulary or adding a coverage restriction (such as PA, ST or QL)
- Plans are required to mail members a written notice within three business days of the transition fill

Note: rules are different for individuals in a nursing home



You can learn a lot more about our
Medicare plans and benefits by visiting
our website at:

<http://www.vnsnychoice.org/>





Thank you for completing the **2017 VNSNY CHOICE**
Medicare Benefits e-learning module!