CHOICE℠ Health Plans

2016 Medicare Benefits

VNSNY CHOICE *2016* Medicare Products

VNSNY CHOICE

is approved by **CMS**

(Center of Medicare & Medicaid Services)

to offer

6 **Medicare Advantage plans**

VNSNY CHOICE *2016* Medicare Products

Six Products:

1

2

3

4

5

New!
6

VNSNY CHOICE *2016* Medicare Products

Six Products:

VNSNY CHOICE Medicare

Preferred

2

3

4

5

New!
6

VNSNY CHOICE *2016* Medicare Products

Six Products:

VNSNY CHOICE Medicare Preferred

VNSNY CHOICE Medicare Maximum

3

4

5

New!
6

VNSNY CHOICE *2016* Medicare Products

Six Products:

VNSNY CHOICE Medicare **Preferred**

VNSNY CHOICE Medicare **Maximum**

VNSNY CHOICE Medicare **Total**

4

5

New!
6

VNSNY CHOICE *2016* Medicare Products

Six Products:

VNSNY CHOICE Medicare **Preferred**

VNSNY CHOICE Medicare **Maximum**

VNSNY CHOICE Medicare **Total**

VNSNY CHOICE Medicare **Enhanced**

5

New!

6

VNSNY CHOICE *2016* Medicare Products

Six Products:

- VNSNY CHOICE Medicare **Preferred**
- VNSNY CHOICE Medicare **Maximum**
- VNSNY CHOICE Medicare **Total**
- VNSNY CHOICE Medicare **Enhanced**
- VNSNY CHOICE Medicare **Classic**

New!

6

VNSNY CHOICE *2016* Medicare Products

Six Products:

- VNSNY CHOICE Medicare **Preferred**
- VNSNY CHOICE Medicare **Maximum** *
- VNSNY CHOICE **Total** *
- VNSNY CHOICE Medicare **Enhanced**
- VNSNY CHOICE Medicare **Classic**
- VNSNY CHOICE Medicare **Ultra**

*Approved by CMS and Department of Health (DOH)

First,
Some Basics

VNSNY CHOICE *2016* Medicare Products

Our Medicare Advantage (MA) plans are:

- Private insurance plans otherwise 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 *2016* Medicare Products

Service Area:

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

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

VNSNY CHOICE *2016* 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 *2016* Medicare Products

Beneficiaries get extra benefits not covered by Medicare such as:

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

Election Periods

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)

Election Periods

Annual Election Period (AEP)

October 15 - December 7

Can join, drop, or switch coverage

VNSNY CHOICE *2016* Medicare Products

Election Periods

When can a beneficiary switch plans?

MAPD

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 (MAPD)

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 *2016* 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

2016 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

CMS changes the rates for premiums and deductibles for MA plans yearly

2016 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.*

2016 VNSNY CHOICE Plans
&
Changes

What's New for 2016?

VNSNY CHOICE *2016* Medicare Products

- New monthly premium HMO-POS plan called ***Ultra*** that includes some out-of-network coverage
- Richer benefits for the ***Classic Plan***
- Higher OTC Benefit for the ***Maximum, Preferred and Total***
- OTC Benefit for ***Classic Plan***
- Increased Vision Benefit for ***Classic, Preferred, Maximum and Total***
- New pharmacy deductible for ***Enhanced Plan***
- New Nutritional Counseling benefit

VNSNY CHOICE
Medicare

Enhanced

2016 Enhanced Plan

VNSNY CHOICE Enhanced (HMO)

Plan Description:

HMO plan designed for non-duals (individuals with Medicare only). The benefits are designed to minimize out of pocket expenses

Medicare only plan. May have EPIC or Partial LIS to lower Prescription Drug costs.

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 Enhanced (HMO)

VNSNY CHOICE Enhanced covers

All services under Original Medicare including:

- No monthly premium
- No co-pay for Medicare covered services such as primary care doctor visits, home health care, vaccines
- $30 co-pay for some services such as specialist doctor visits & outpatient care; $30 copay for Mental Health Specialists/Outpatient Rehab Therapies (OT/ST/PT)

Some Supplemental benefits including:

- Routine eye exams and $200 toward eyeglass frames and lenses or contact lenses **every 2 years**
- $50,000 annually for Worldwide Coverage for emergency services and urgent care
- Preventive Dental Care for exam, x-rays and cleanings **once a year**
- Routine Hearing exam and up to $1,000 coverage limit for hearing aids every three years
- **Telephonic nutritional counseling via Independent Living Systems**
- Free Silver Sneakers Health Club Membership

VNSNY CHOICE Enhanced (HMO)

Benefit	2015	2016 Change
Emergency Room	$65 copay	$75 copay
SNF (Skilled Nursing Facility) Cost Sharing	$0/Day for Days 1-20 $150/Day for Days 21-100	$0/Day for Days 1-20 $160/Day for Days 21-100
Mental Health/Physical/Occupational and Speech Therapy Copay	$40-MH/Therapy Copay	$30-MH/Therapy Copay

VNSNY CHOICE Enhanced (HMO)

New for Enhanced Plan in 2016!

$360 Deductible for Prescription Drugs for Tiers 2, 3, 4 and 5

No changes in Tier Copays

VNSNY CHOICE Enhanced (HMO)

Prescription Drug Benefit	2015	2016 Change
Premium	**$0**	$0
Deductible	$0	$360 (Tiers 2, 3, 4 and 5)
Initial Coverage	T1: $0; T2: $9-27; T3: $45-135; T4: $95-285; S:33%	T1: $0; T2: $9-27; T3: $45-135; T4: $95-285; **S:25%**
Coverage Gap	45% of the cost of Brand 65% of the cost of Generic	45% of the cost of Brand 58% of the cost of Generic
Catastrophic Coverage	The Greater of 5% or $2.65 copay for Generic $6.60 copay for Brand	The Greater of 5% or $2.95 copay for Generic $7.40 copay for Brand

VNSNY CHOICE
Medicare

Classic

2016 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 of the amount 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)

New for Classic Plan in 2016!

OTC Card with $20 monthly value!

VNSNY CHOICE Classic (HMO)

VNSNY CHOICE Classic covers

All services under Original Medicare including:

- Monthly Premium of **$39.70**
- No co-pay for Medicare covered services such as primary care doctor visits, home health care, vaccines
- $10 co-pay for some services such as specialist doctor visits & outpatient care

Some Supplemental benefits include:

- **$20 Over the Counter (OTC) monthly benefit**
- $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
- **Telephonic nutritional counseling via Independent Living Systems**
- $50,000 annually for Worldwide Coverage for emergency services and urgent care

VNSNY CHOICE Classic (HMO)

Benefit	2015	2016 Change
Inpatient Facility cost sharing (Acute/MH)	$265-Days 1-6 Acute $250 Days 1-6-MH	$150 – Days 1 - 6 Acute $175 Days 1 -6 MH
Ambulance	$250 copay	$150 copay
SNF Cost Sharing	$0/Day for Days 1-20 $150/Day for Days 21-100	$0/Day for Days 1-20 $160/Day for Days 21-100
Specialist/Therapy Co Pay	$30- Specialist $30- MH/Therapy (PT/OT/ST)	$10 – Specialist $10 - MH/Therapy (PT/OT/ST)
Urgent Care	$20 copay	$10 copay

VNSNY CHOICE
Medicare

Preferred
HMO SNP

2016 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 including:

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

Some Supplemental benefits including:

- $85 Over the Counter (OTC) monthly benefit
- One Annual visit for Preventive Dental
- Free Silver Sneakers health club membership
- Routine eye exams and $200 toward eyeglass frames and lenses **or** contact lenses every year
- **Telephonic nutritional counseling via Independent Living Systems**
- **$**50,000 Worldwide Coverage for emergency & urgent care
- Acupuncture (12 visits per year)

VNSNY CHOICE Preferred (HMO SNP)

Benefit	2015	2016 Change
Over the Counter (OTC)	$75 monthly credit	$85 monthly credit
Vision	$120 coverage limit every year	$200 coverage limit every year
Dental	Covered by Medicaid	Preventive Services in addition to Medicaid Dental

VNSNY CHOICE
Medicare

Maximum

HMO SNP

2016 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)

Integrated with Medicare and Medicaid to 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*

VNSNY CHOICE Maximum (HMO SNP)

VNSNY CHOICE Medicare Maximum covers

All services under Original Medicare including:

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

Supplemental benefits including:

- $100 Over the Counter (OTC) monthly benefit
- 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)

Benefit	2015	2016 Change
Over the Counter (OTC)	$75 monthly credit	$100 monthly credit
Vision	$120 Coverage Limit every year	$200 Coverage Limit every year

VNSNY CHOICE
Medicare

Total
HMO SNP

2016 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*

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

Some Supplemental benefits including:

- $120 Over the Counter (OTC) monthly benefit
- Routine podiatry visits (4 per year)
- Routine Hearing exam and up to $1,000 coverage limit for hearing aids every three years
- 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)

Benefit	2015	2016
Over the Counter (OTC)	$85 monthly credit	$120 monthly credit
Vision	$120 Coverage Limit every year.	$200 Coverage Limit every year

2016 Medicare Plan Comparison*

Benefit	Medicare Maximum (HMO SNP)	Medicare Preferred (HMO SNP)	Medicare Total (HMO SNP)	Medicare Classic (HMO)	Medicare Enhanced (HMO)
Monthly Plan Premium	$0	$0	$0	$39.70	$0
PCP copays	$0 **	$0 **	$0	$0	$0
Specialist Doctor copays	$0 **	$0 **	$0	$10	$30
Hospital copays	$0 **	$0 **	$0	$150 Days 1 – 6 $0 Days 1 - 90	$265 Days 1 – 6 $0 Days 1 - 90
OTC Card	Yes $100/mo	Yes $85/mo	Yes $120/mo	$20/mo	No
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	Every 2 years/$200 limit for eyewear
Dental	Comprehensive Dental	$0 exam, x-rays/cleanings once a year	Comprehensive Dental	Yes ($1000/year) subject to copays	$0 exam, x-rays/cleanings once a year
Transportation	Yes (Unlimited to plan approved locations)	Yes/32 one way trips year (4 round trips/quarter)	Yes (Unlimited to plan approved locations)	No	No
Personal emergency alert	Yes	No	No	No	No
Hearing	$1000 Hearing Aids/3 yrs	Covered by Medicaid	$1000 Hearing Aids/3 yrs	$1000 Hearing Aids/3 yrs	$1000 Hearing Aids/3 yrs
Nutritional Counseling	Yes	Yes	No	Yes	Yes
Silver Sneakers Fitness	Yes	Yes	No	Yes	Yes
Worldwide Coverage	Yes	Yes	Yes	Yes	Yes
Acupuncture	Yes	Yes	No	No	No

* Does not include ***Ultra Plan***

** Copayments covered by Medicaid

VNSNY CHOICE
Medicare

Ultra

New for 2016!
Ultra Plan

VNSNY CHOICE Ultra (HMO POS)

Plan Description:

HMO POS (Point of Service) plan designed to make medical care more affordable for people with higher incomes who may currently be enrolled in Medicare Supplement Plans which have high monthly premiums.

Point of Service gives member some flexibility to get care out of network.

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 Ultra (HMO POS)

What is an HMO POS?

Medicare Advantage Plan that is a Health Maintenance Organization which provides some benefits for providers outside of the HMO network. A Member may have additional cost sharing for care from out-of-network providers.

VNSNY CHOICE Ultra (HMO POS)

VNSNY CHOICE Ultra covers

All services under Original Medicare and includes:

- Monthly premium of **$96.40**
- No co-pay for In-network primary care doctor visits/$30 for Out-of-Network PCP
- $10 co-pay for In-network Specialists/$50 for Out-of-Network Specialists

Some Supplemental benefits include:

- $1,000 of Comprehensive and Preventive dental care (subject to copays)
- Acupuncture (12 visits per year)
- Routine podiatry visits (4 per year)
- Free Silver Sneakers Health Club Membership
- Routine eye exams and $200 toward eyeglass frames and lenses or contact lenses every 2 years
- 32 one way trips per year with a maximum of 4 round trips per quarter transportation to doctors' appointments
- $50,000 annually for Worldwide Coverage for emergency services and urgent care

VNSNY CHOICE Ultra (HMO POS)

Ultra Medicare Benefits		
Benefit Category	**In Network**	**Out of Network**
Inpatient	Yes-$120-Days 1-6 Acute; $120 Days 1-6-MH	
Outpatient/ASC	$150	$250
Skilled Nursing Facility	Yes-$0/Day for Days 1-20; $157/Day for Days 21 - 100	Not Covered
Ambulance	$150	
ER	$65	
Urgent Care	$10	
PCP	$0	$30
Specialist	$10	$50
Professional - Mental Health	$10	Not Covered
Professional - Therapy (PT/OT/ST)	$10	Not Covered

VNSNY CHOICE Ultra (HMO POS)

Ultra Additional Benefits and Prescription Drugs		
Benefit Category	**In Network**	**Out of Network**
Maximum Out-of-pocket (MOOP)	$6,700	$10,000
Acupuncture	$0 copay/12 visits per year	Not covered
Hearing (Audiology)	$0 copay for hearing exams/$1000 max every three years for hearing aid	Not covered
Dental	$1000 max per year for comprehensive dental care; subject to copays	Not covered
Health Club	Silver Sneakers	Not covered
International Coverage	Emergency and Urgent Care only $50,000 maximum/year	
Podiatry **4 routine footcare visits per year**	$0	$50
Transportation	Yes/32 one way trips year(4 round trips/quarter)	
Vision	$200 coverage limit every 2 years	Not covered
Pharmacy	30 day supply : T1: $0; T2: $9; T3: $45; T4: $95; S:25%	
Nutritional Counseling	Telephonic nutritional counseling via Independent Living Systems	
Pharmacy Deductible	$0	
Monthly Member Premium	**$96.40**	

Supplemental Benefits Vendors

VNSNY CHOICE 2016

Vendors

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

** Formerly Block Vision*

Medicare Prescription Drug Coverage (Medicare Part D)

Medicare Prescription Drug Coverage
(Medicare Part D)

All VNSNY CHOICE Medicare plans **include**

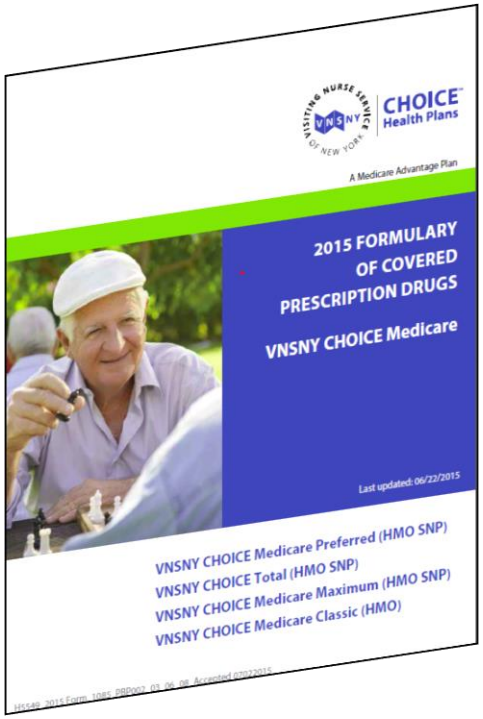
Prescription Drug Coverage

under **Medicare Part D**

Medicare Prescription Drug Coverage
(Medicare Part D)

VNSNY CHOICE Medicare **Prescription Drug Coverage** is currently administered by **MedImpact**

VNSNY CHOICE Medicare **Formulary**



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

Medicare Prescription Drug Coverage
(Medicare Part D)

- Generic and Brand Drugs
  - Generic are in small letters (Lower Case)
  - Brand Drugs are in CAPs (Upper Case)
- Drugs are placed into five (5) different tiers
- Each tier has a different cost for our **Enhanced** and **Ultra** plans.

2016 Drug Cost: Enhanced and ULTRA

Formulary Tier/Label	Tier 1 Preferred Generic	Tier 2 Non-Preferred Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
1-30 day supply	$0	$9	$45	$95	25%
31-60 day supply	$0	$18	$90	$190	25%
61-90 day supply	$0	$27	$135	$285	25%
Mail Order					
Formulary Tier/Label	**Tier 1 Preferred Generic**	**Tier 2 Non-Preferred Generic**	**Tier 3 Preferred Brand**	**Tier 4 Non-Preferred Brand**	**Tier 5 Specialty**
1-30 day supply	$0	$9	$45	$95	25%
31-60 day supply	$0	$18	$90	$190	25%
31-90 day supply	$0	$27	$135	$285	25%

2016 Drug Cost: **Enhanced**

Enhanced

$0 – Tier 1 (Preferred Generic)

Deductible - Annual Deductible is **$360** for Tiers 2, 3, 4 and 5

After deductible - Pays $9, $45, $95 or 25% of drug cost, depending on Drug Tier until total yearly drug costs reach $3,310.

2016 Drug Cost: Ultra

Ultra

No Deductible

$0 – Tier 1 (Preferred Generic)

Pays $9, $45, $95 or 25% of drug cost, depending on Drug Tier until total yearly drug costs reach $3,310.

2015 Drug Cost: **Classic**

Classic

***Deductible** - Annual deductible could be $0, $74 or $360 depending on the level of Extra Help (Low Income Subsidy).

After deductible – **Without any Extra Help**, will pay 25% of the cost of monthly prescription drug supply for generic and brand name drugs until total yearly drug costs reach **$3,310**. **With Extra Help will pay less**. How much depends on Level of Extra Help.

2016 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 **$4850** 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.

2016 Drug Cost: Preferred, Total and Maximum

Preferred, Total & Maximum

2016 Copays for Beneficiaries with Full Extra Help

Deductible - $0 (Covered by Extra Help)

For generic drugs (including brand drugs treated as generic), either:

- $0 copay
- $1.20 copay
- $2.95 copay

For all other drugs, either:

- $0 copay
- $3.60 copay
- $7.40 copay

Medicare Prescription Drug Coverage
(Medicare Part D)

Coverage Gap Cost Sharing in 2016

- Beneficiaries **without Extra Help** will pay **45%** for Brand and **58%** for Generic Drugs.
- Dual eligible members are not responsible for additional cost share during **Coverage Gap.**
- Medicare **Coverage Gap** will be gradually phased out as part of the 2010 Health Reform Law.

Prescription Drug Coverage: Enrollee's Rights

Medicare Prescription Drug Coverage:
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

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

- A one time up to 30-day supply of a non-formulary drug that is already being taken by the member
- 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
  - Continuous members that are impacted by the plan changing drugs in the formulary
- 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 2016 VNSNY CHOICE Medicare Benefits

e-learning module!