

# 2025 VNS Health Medicare Plan Benefits (FMO)

Subject to Change: Waiting for Final Approval



# Training Agenda



## Our Medicare Plans

Service area, supplemental benefits, partners

## 2025 Plans & Benefits Highlights

All benefits are pending approval

## Plan Comparisons

## Dental Benefits

## Prescription Drug Coverage by Plan



# Our Medicare Plans

Meeting members' needs as they change over time.

## EasyCare (HMO)

- Medicare (LIS lowers Rx costs for those eligible)



## EasyCare Plus (HMO D-SNP)

- Medicare
- Medicaid



## Total (HMO D-SNP)

- Medicare
- Medicaid
- Long-term care



Plans include valuable supplemental benefits and personalized clinical support.

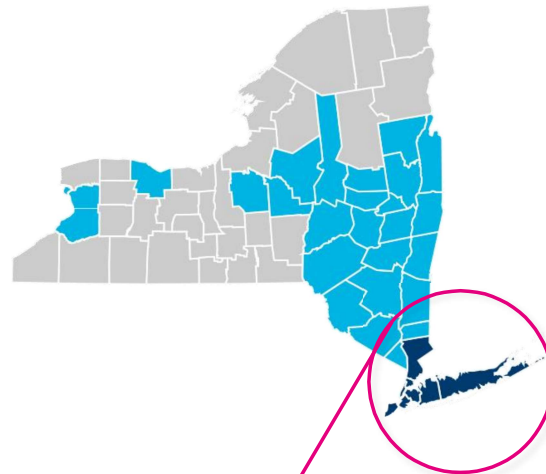




# 2025 Medicare Health Plans Service Area

## Medicare

- NYC
- Long Island
- Westchester
- Albany
- Rensselaer
- Schenectady
- Monroe (*pending approval*)
- Erie (*pending approval*)



New for 2025:  
**Monroe and Erie counties** *pending approval*  
for VNS Health Medicare Service Area!

Medicare Service Area



# 2025 Supplemental Benefits



Note: Total and EasyCare Plus also offer a Flex card for dental, vision, hearing and utilities.

# Key Partners



**MedImpact  
Pharmacy**



**Carelon (Formerly Beacon)  
Behavioral Health**



**HealthPlex  
Dental**



**Superior Vision  
Vision**



**SilverSneakers  
Fitness**



**Incomm (OTC Network)  
OTC/Grocery**





# 2025 Plans & Benefits Highlights

Subject to Change: Pending Final Approval





VNS Health  
Medicare

EasyCare  
HMO MAPD  
2025

# VNS Health EasyCare Plan HMO-MAPD





VNS Health  
Medicare

EasyCare  
HMO MAPD  
2025

## VNS Health EasyCare

- HMO Medicare Advantage Prescription Drug (MAPD) plan designed to make medical care more affordable.
- **\$25 Monthly Part D** premium. What a member pays depends on their level of Extra Help (Low Income Subsidy). Can be \$0 – 25 depending on level of Extra Help. (There is no Part C premium)
- **Those with Full Low-Income Subsidy will pay \$0 monthly Part D premium.**
- Includes extra benefits that **are not** covered by Medicare such as Dental, Vision, Fitness, Transportation and Quarterly Over-the-Counter (OTC) health items.



VNS Health  
Medicare

EasyCare  
HMO MAPD  
2025

## Eligibility

To be eligible for EasyCare, a beneficiary must have:

- Evidence of Medicare Part A & Part B coverage
- Live in the service area



VNS Health  
Medicare

EasyCare  
HMO MAPD  
2025

**Most of the benefits are the same from 2024 into 2025.**

**Here are the changes:**

Plan Premium / Service Copayments	2024	2025
Emergency Services	\$100	\$110
Urgent Care	\$55	\$45



VNS Health  
Medicare

**EasyCare**  
HMO MAPD  
2025

## 2025 **EasyCare** Supplemental Benefits

- **\$160 quarterly Over-the-Counter (OTC) Card for non-prescription drug items – *(increase from 2024)***
- **Silver Sneakers Fitness Benefit**
- **Routine eye exams and \$300 toward eyeglass frames and lenses or contact lenses every year *(increase)***
- **Routine podiatry visits (6 per year)**
- **\$2500 towards Comprehensive and Preventive Dental *(increase)***
- **Hearing - \$0 copay for exam, \$1500 towards hardware every 3 years, \$750 per ear *(increase)***
- **Acupuncture – 20 visits *(increase)***
- **11 round-trips or 22 one-way trips transportation visits to medical appointments per year**
- **\$50,000 annually for Worldwide Coverage for emergency services and urgent care**





VNS Health  
Medicare

EasyCare Plus  
HMO D-SNP  
2025

# VNS Health EasyCare Plus Plan D-SNP



VNS Health  
Medicare

**EasyCare Plus**  
HMO D-SNP  
2025

## EasyCare Plus

- HMO Special Needs Plan (D-SNP) designed to offer focused care management to individuals that have both **Medicare & Medicaid**.\*
- Includes extra benefits like coverage for over-the-counter (OTC) health items and groceries, Flex card (for utilities, additional dental, vision and hearing), acupuncture and more, all at \$0 cost.

*\* Plan is not integrated with Medicaid. Plan pays Medicare benefit first and Medicaid is secondary payer.*



VNS Health  
Medicare

**EasyCare Plus**  
HMO D-SNP  
2025

## Eligibility:

To be eligible for **EasyCare Plus**, a beneficiary must have:

- Evidence of Medicare Part A & Part B coverage
- Medicaid \*
- Live in the service area

*\*Medicaid benefits vary based on income and resources*





VNS Health  
Medicare

EasyCare Plus  
HMO D-SNP  
2025

## 2025 EasyCare Plus Supplemental Benefits

<b>Over the Counter (OTC) and Grocery Card</b>	<b>\$235/mo (increase from 2024)</b> Unused amounts <u>will</u> carry over into the next month.
<b>Flex Card</b>	<b>\$450/yr</b> for vision, dental, hearing, and utilities (increase)
<b>Vision</b>	One eye exam and \$300/eyeglasses or contact lenses every year (increase)
<b>Dental</b>	\$0 Copay Maximum plan coverage – \$2750 and preventative and comprehensive coverage*
<b>Hearing</b>	\$0 copay for exam, \$1400 for hardware every 3 years; \$700 per ear limit
<b>Fitness</b>	Silver Sneakers
<b>Transportation Benefit</b>	7 round-trips per year or 14 single-trips to approved healthcare locations
<b>Acupuncture</b>	30 visits per year at \$0 copay
<b>Podiatry</b>	6 routine visits per year
<b>Worldwide Coverage</b>	Up to \$50,000 per year for emergency and urgent care outside the United States and its territories.

\*Preventative dental benefits moved from Medicaid to Medicare



VNS Health  
Medicare

**EasyCare Plus**  
HMO D-SNP  
2025

## VNS Health **EasyCare Plus** 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.\*

*\* Deductibles and Co-insurance covered by Medicaid.*



VNS Health  
Medicare

**EasyCare Plus**  
HMO D-SNP  
2025

## 2025 EasyCare Plus Supplemental Benefits

- **\$235 monthly Over-the-Counter (OTC) and Grocery Card\*** *(Increase from 2024)*
- **\$450 Flex card** annual benefit; dental, vision, hearing and utilities *(Increase)*
- **Silver Sneakers Fitness**
- **Acupuncture** – 30 visits per year at \$0 copay
- Routine eye exams and **\$300 toward eyeglass frames and lenses or contact lenses every year**
- **\$2750 towards Preventative and Comprehensive Dental\***
- **Hearing** - \$0 copay for exam, **\$1400** for hardware every 3 years; **\$700** per ear limit
- **7 round-trip or 14 single transportation visits** to medical appointments per year
- **Routine podiatry** visits (6 per year)
- **\$50,000 annually** for Worldwide Coverage for emergency services and urgent care

*\*Preventative dental benefits moved from Medicaid to Medicare*



VNS Health  
Medicare

EasyCare Plus  
HMO D-SNP  
2025

## 2025 Supplemental Benefits Changes

EasyCare Plus Supplemental Benefits	2024	2025
<b>Over the Counter (OTC) and Grocery Card</b>	\$225/month for OTC items & healthy foods, including fresh produce and prepared meals.	<b>\$235/month</b> for OTC items & healthy foods, including fresh produce and prepared meals. <b>(Increase)</b>





VNS Health  
Medicare

**Total**  
HMO D-SNP  
2025

# VNS Health Total Plan 2025



VNS Health  
Medicare

**Total (MAP)**  
HMO D-SNP  
2025

## VNS Health Total

Total is a Medicare Advantage HMO Dual Special Needs Plan (D-SNP) for individuals who have both Medicare and Medicaid and **require long term services and supports (LTSS)** to remain safely in their homes. Total also is known as a **Medicaid Advantage Plus Plan (MAP)** which:

- Integrates the benefits of Medicaid long-term care services and a Medicare Advantage plan into one comprehensive program.
- Includes extra benefits like coverage for over-the-counter (OTC) health items and groceries, Flex card, acupuncture and more, all at \$0 cost.



VNS Health  
Medicare

**Total (MAP)**  
HMO D-SNP  
2025

## Eligibility:

To be eligible for Total, a beneficiary must:

- Have both Medicare and Medicaid
- Be 18 years of age or older
- Live in the service area
- Be able to stay safely at home at the time of enrollment
- Require care management and expected to need **Community Based Long term Care Services for more than 120 days from time of enrollment.**





VNS Health  
Medicare

**Total (MAP)  
HMO D-SNP  
2025**

2025 Total Supplemental Benefits	
Over the Counter (OTC) and Grocery Card	\$310/mo <i>(Increase)</i> Unused amounts <u>will</u> carry over into the next month.
Flex Card	\$780/yr for vision, dental, hearing, and utilities <i>(Increase)</i>
Vision	One eye exam and \$350/eyeglasses or contact lenses every year <i>(Increase)</i>
Dental	\$0 Copay Maximum plan coverage- \$3500 preventative and comprehensive coverage* <i>(Increase)</i>
Hearing	\$0 copay for exam, \$1500 for hardware every 3 years; \$750 per ear limit
Fitness	Silver Sneakers
Transportation Benefit	Unlimited to medical appointments
Acupuncture	30 visits per year at \$0 copay
Podiatry	6 routine visits per year
Worldwide Coverage	Up to \$50,000 per year for emergency and urgent care outside the United States and its territories.

*\*Preventative dental benefits moved from Medicaid to Medicare*



VNS Health  
Medicare

**Total (MAP)**  
HMO D-SNP  
2025

## 2025 Supplemental Benefits Changes

Total Supplemental Benefits	2024	2025
<b>OTC and Grocery Card</b>	\$266/month for OTC items & healthy foods, including fresh produce and prepared meals.	<i>(Increase)</i> \$310 / month
<b>Flex Card</b>	\$760 per year towards Dental, Vision, Hearing and Utilities.	<i>(Increase)</i> \$780 / year





## Medicaid Definitions

### Levels of Medicaid Eligibility based on Income and Resources

- Full Benefit Dual Eligible Beneficiaries (Full Medicaid) | **FBDE**
- Qualified Medicare Beneficiaries without Medicaid (aka Partial Medicaid)| **QMB**
- Qualified Medicare Beneficiaries with Full Medicaid | **QMB Plus**





# 2025 VNS Health Medicare Plans Comparison Chart

	VNS Heath EasyCare (HMO)	VNS Heath EasyCare Plus (HMO DSNP)	VNS Heath Total (HMO DSNP)
<b>Medicaid Levels</b>	n/a	FBDE, QMB, QMB+	FBDE, QMB, QMB+
<b>Monthly Plan Premium (Part C)</b>	\$0	\$0	\$0
<b>PCP visit</b>	\$0 Copay	0% or 20% Coinsurance*	\$0 Copay
<b>Annual Wellness Visit</b>	\$0 Copay	0% or 20% Coinsurance*	\$0 Copay
<b>Specialist</b>	\$35 Copay	0% or 20% Coinsurance*	\$0 copay
<b>Inpatient Hospital</b>	\$400 Days 1-5; \$0 6-90	Coinsurance & Medicare defined cost shares	\$0
<b>Emergency Care</b>	\$110 Copay <i>(Increase from 2024)</i>	0% or 20% Coinsurance*	\$0 Cost-Share/Copay
<b>Urgent Care</b>	\$45 Copay <i>(Decrease from 2024)</i>	0% or 20% Coinsurance*	\$0 Cost-Share/Copay
<b>Maximum out-of-pocket</b>			\$0
<b>Prescription Drug Premium (Part D)</b>	\$25**	\$0 (\$38.90*)	\$0
<b>Part D Deductible</b>	\$0 - \$145	\$0**	\$0





# 2025 VNS Health Medicare Plans Comparison Chart

	VNS Heath EasyCare (HMO)	VNS Heath EasyCare Plus (HMO DSNP)	VNS Heath Total (HMO DSNP)
<b>OTC/Grocery Card</b>	<b>\$160/quarter</b> for OTC items. Grocery benefit n/a <i>(increase from 2024)</i>	<b>\$235/month</b> for OTC items & healthy foods, including fresh produce and prepared meals.^ <i>(Increase from 2024)</i>	<b>\$310/month</b> for OTC items & healthy foods, including fresh produce and prepared meals.^ <i>(Increase from 2024)</i>
<b>Flex Card</b>	Not covered	<b>\$450</b> annual benefit; dental, vision, hearing and utilities; \$37.50/mo <i>(increase)</i>	\$780 annual benefit; dental, vision, hearing and utilities; \$65/mo
<b>Dental</b>	<b>\$2,500</b> annual benefit \$0 cost-share/copay for preventative & comprehensive coverage <i>(increase)</i>	<b>\$2,750</b> annual benefit \$0 cost-share/copay for comprehensive coverage	<b>\$3,500</b> annual benefit \$0 cost-share/copay for comprehensive coverage <i>(increase)</i>
<b>Vision</b>	\$0 for 2 routine eye exams/year; \$300 allowance for eyeglasses + standard lenses or \$300 for contact lenses <i>(increase)</i>	\$0 annual eye exam; \$300 allowance for eyeglasses + standard lenses or \$300 for contact lenses <i>(increase)</i>	\$0 annual eye exam; <b>\$350</b> allowance for eyeglasses + standard lenses or <b>\$350</b> for contact lenses <i>(increase)</i>
<b>Hearing</b>	\$0 routine hearing exams; \$0 copay for hearing aid(s) every 3 years; <b>\$1,500</b> for hearing aids limited to <b>\$750/ear</b> , every 3 years <i>(increase)</i>	\$0 routine hearing exams; \$0 copay for hearing aid(s) every 3 years; <b>\$1,400</b> for hearing aids limited to <b>\$700/ear</b> , every 3 years.	\$0 for routine hearing exams; \$0 copay for hearing aid(s) every 3 years; <b>\$1,500</b> for hearing aids limited to <b>\$750/ear</b> , every 3 years
<b>Fitness</b>	Silver Sneakers	Silver Sneakers	Silver Sneakers
<b>Transportation</b>	11 round-trips per year or 22 single-trips to approved healthcare locations	7 round-trips per year or 14 single-trips to approved healthcare locations	Unlimited to approved healthcare locations



# 2025 VNS Health Medicare Plans Comparison Chart

	VNS Heath EasyCare (HMO)	VNS Heath EasyCare Plus (HMO DSNP)	VNS Heath Total (HMO DSNP)
<b>Acupuncture</b>	20 visits <i>(increase from 2024)</i>	30 visits	30 visits
<b>Podiatry</b>	6 routine visits/year	6 routine visits/year	6 routine visits/year
<b>Chiropractic Services</b>	\$15 copay	0 or 20% Coinsurance*	\$0 Cost-Share/Copay
<b>Post Acute Hospital Meals</b>	28 Meals (2 weeks) for IP Acute only - up to 3x per year	28 Meals (2 weeks) for IP Acute only - up to 3x per year	28 Meals (2 weeks) for IP Acute only - up to 3x per year
<b>Worldwide Coverage</b>	\$50,000 limit every year for emergency care and urgently needed services outside the United States & territories	\$50,000 limit every year for emergency care and urgently needed services outside the United States & territories	\$50,000 limit every year for emergency care and urgently needed services outside the United States & territories



# VNS Health Dental Benefits

## VNS Health EasyCare:

- Preventative dental services are covered by the plan, including oral exams, cleanings and x-rays. Certain procedures, like root canal require prior authorization. EasyCare plan members have a \$2,500 annual benefit to cover all dental services.
- Implants are covered up to the maximum benefit.\*

## • VNS Health EasyCare Plus & VNS Health Total

- Preventative and routine dental services are covered by Medicaid (FBDE and QMB Plus only eligible beneficiaries).
- Comprehensive dental is covered by the plan, including fillings, extractions, bridges, crowns and dentures.
- EasyCare Plus plan members have a \$2,750 annual dental benefit
- Total plan members have a \$3,500 annual dental benefit
- Implants are covered up to the maximum benefit.\*

*\* Implants are typically more expensive than the maximum benefit, so out of pocket expenses may occur for implants.*



# Part D

# VNS Health Medicare Prescription Drug Coverage



# Part D

VNS Health Medicare  
**Prescription Drug Coverage**  
is currently administered by  
**MedImpact**



# Part D EasyCare

## VNS Health 2025 EasyCare Formulary (What a member pays **without** LIS)

Premium	\$25	No Change
Formulary (Plan Design)	Enhanced Basic	No Change
Deductible	\$145 *	No Change
Max Out of Pocket (MOOP)	\$2000**	<b>CHANGE</b>
OON Cost-Sharing Structure	Standard Retail \$0 Copay/Coinsurance	No Change
Tier 1		
Preferred Generic	\$15 (30-day supply)	No Change
Tier 2		
Generic	\$20 (30-day supply)	No Change
Tier 3		
Preferred Brand	\$47 (30-day supply)	No Change
Tier 4		
Non-Preferred Brand	\$100 (30-day supply)	No Change
Tier 5		
Specialty Drugs (Generic/Brand)	31% Coinsurance	No Change
Tier 6		
Select Care Drugs	\$0 Copay	No Change
Mail Order (3M Supply)	100 days for all tiers	No Change

\* Deductible applies only to Tiers 2 – 5. No deductible for Tiers 1 and 6

\*\* ICL eliminated for 2025 due to IRA





## Part D EasyCare Plus

# VNS Health 2025 **EasyCare Plus D-SNP** Formulary

**EasyCare Plus D-SNP** will have a formulary based on the **Defined Standard Benefit** (no drug tiers).

**Members with Low Income Subsidy will have \$0 out-of-pocket costs for 2025. (new!)**



# Part D Total

## VNS Health 2025 **Total** Formulary

In 2025, the Total formulary will be based on the **Defined Standard Benefit** (no drug tiers). Because members of this plan are **Full Benefits Dual Eligible (FBDE) Beneficiaries Receiving Home and Community Based Services**, they pay **\$0** for both Generic and Other drugs.





Thank you

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