



**Medicare**  
50 Water St., 7th Floor • New York, NY 10004  
1.866.986.0356 • TTY: 711 • metroplusmedicare.org  
Hours of Operation: 24 Hours a Day, 7 Days a Week

Dear MetroPlusHealth Member,

As president of MetroPlusHealth, I thank you for being part of our family for another year. We are delighted to have you as a member.

Every year we review our Medicare benefits to provide you with the best available coverage and services. Enclosed you will find the *2023 MetroPlus Advantage Plan Annual Notice of Changes*, a document that summarizes the changes in benefits and coverage in your plan for the coming year.

For 2023, your plan features **valuable new benefits** like these at no cost to you:

**Flex Card** – The annual amount of this pre-paid card is doubled to \$400. Flex Card is now also good toward phone equipment and services, paid cable/satellite/radio services, and utility payments. And, you can still use FlexCard for bathroom safety devices and modifications.

**Groceries** – The quarterly allowance has increased to \$100.

**Supplemental Eyewear** – The maximum benefit is now \$350 each year, a \$250 increase.

**Supplemental Preventive Dental (NEW!)** – You will be eligible for 1 visit every 6 months for each of the following services: oral exams, prophylaxis (cleaning), fluoride treatment, and dental X-rays. The maximum annual benefit is \$1,000.

Along with these enhancements, your plan includes the same great additional vision benefits as before. And, you are covered for podiatry and telehealth visits, and reimbursed for gym membership costs. Please visit our website or call Member Services to learn more about everything your plan has to offer.

Keep in mind that, based on your level of Medicaid entitlement, you may be eligible to receive other benefits such as transportation services from Medicaid. Please call the New York State Department of Health Medicaid Program at 888.692.6116 or 718.557.1399 for more information.

If you have questions or concerns about your coverage, please call our 24/7 Help Line at 866.986.0356 (TTY: 711). You can also learn more on our website at [metroplusmedicare.org](https://metroplusmedicare.org).

Thank you again for being a MetroPlusHealth member!

Sincerely,

Dr. Talya Schwartz  
President and CEO  
MetroPlusHealth



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There are other documents available to help you understand your coverage, including:

- An *Evidence of Coverage* (EOC) that explains your benefits and how to get medical care and prescription drug coverage.
- *Provider/Pharmacy Directories*, which include all of the primary care physicians, specialists, hospitals, and other providers in our network. You should always check to make sure that a provider is in our network before receiving care.
- The *Formulary*, which includes all of the drugs that our plan covers.

You can easily view and print the most recent versions of these documents on our website at [metroplusmedicare.org](https://metroplusmedicare.org). These documents will be available on our website by October 15, 2022. You can also call our 24/7 Help Line at 866.986.0356 (TTY: 711) to request to have a printed copy mailed to you.

# MetroPlus Advantage Plan (HMO-DSNP) offered by MetroPlus Health Plan, Inc.

## Annual Notice of Changes for 2023

You are currently enrolled as a member of MetroPlus Advantage Plan (HMO-DSNP). Next year, there will be changes to the plan's costs and benefits. *Please see page 1 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [metroplusmedicare.org](http://metroplusmedicare.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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### What to do now

#### 1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital)
  - Review the changes to our drug coverage, including authorization requirements and costs
  - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

#### 2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [medicare.gov/plan-compare](http://medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

### 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in MetroPlus Advantage Plan (HMO-DSNP).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with MetroPlus Advantage Plan (HMO-DSNP).
- Look in Section 4, page 15 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

#### **Additional Resources**

- This document is available for free in Spanish and Chinese.
- Please contact our Member Services number at 866.986.0356 for additional information. (TTY users should call 711.) Hours are 24 hours a day, 7 days a week.
- ATENCIÓN: si habla español, cuenta con servicios de asistencia lingüística sin cargo disponibles para usted. Llame al 866.986.0356 (TTY: 711).
- We can also give you information in braille, large print, or other alternate formats upon request.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [irs.gov/Affordable-Care-Act/Individuals-and-Families](https://irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.**

#### **About MetroPlus Advantage Plan (HMO-DSNP)**

- MetroPlus Health Plan is an HMO, HMO SNP plan with a Medicare contract and a Coordination of Benefits Agreement with the New York State Department of Health. Enrollment in MetroPlus Health Plan depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means MetroPlus Health Plan, Inc. When it says “plan” or “our plan,” it means MetroPlus Advantage Plan (HMO-DSNP).

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**Summary of Important Costs for 2023**

The table below compares the 2022 costs and 2023 costs for MetroPlus Advantage Plan (HMO-DSNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2022 (this year)	2023 (next year)
<p><b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. (See Section 1.1 for details.)</p>	<p>Depending on your level of “Extra Help”:  \$0 or up to \$42.40</p>	<p>Depending on your level of “Extra Help”:  \$0 or up to \$38.90</p>
<p><b>Deductible</b></p>	<p>\$233  If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>\$233  If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.  These are 2022 cost-sharing amounts and may change for 2023. MetroPlus Advantage Plan (HMO-DSNP) will provide updated rates as soon as they are released.</p>
<p><b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and B services. (See Section 1.2 for details.)</p>	<p>\$7,550  If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$8,300  If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Doctor office visits</b></p>	<p>Primary care visits: 20% per visit</p> <p>Specialist visits: 20% per visit</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</p>	<p>Primary care visits: 20% per visit</p> <p>Specialist visits: 20% per visit</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</p>
<p><b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.</p>	<p>Per benefit period:</p> <ul style="list-style-type: none"> <li>• \$1,556 deductible</li> <li>• Days 1-60: \$0 copayment per day</li> <li>• Days 61-90: \$389 copayment per day</li> <li>• 60 Lifetime Reserve Days: \$778 copayment per day</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>Per benefit period:</p> <ul style="list-style-type: none"> <li>• \$1,556 deductible</li> <li>• Days 1-60: \$0 copayment per day</li> <li>• Days 61-90: \$389 copayment per day</li> <li>• 60 Lifetime Reserve Days: \$778 copayment per day</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p> <p>These are 2022 cost-sharing amounts and may change for 2023. MetroPlus Advantage Plan (HMO-DSNP) will provide updated rates as soon as they are released.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p>Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts:</p> <p>Deductible:</p> <p>\$0 or \$99</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Generic drugs (including brand drugs treated as generic):                             <ul style="list-style-type: none"> <li>○ \$0 copay or</li> <li>○ \$0 copay or</li> <li>○ \$0 copay or up to</li> <li>○ 0% coinsurance</li> </ul> </li> <li>• All other drugs:                             <ul style="list-style-type: none"> <li>○ \$0 copay or</li> <li>○ \$4.00 copay or</li> <li>○ \$9.85 copay or up to</li> <li>○ 15% coinsurance</li> </ul> </li> </ul>	<p>Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts:</p> <p>Deductible:</p> <p>\$0 or \$104</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Generic drugs (including brand drugs treated as generic):                             <ul style="list-style-type: none"> <li>○ \$0 copay or</li> <li>○ \$0 copay or</li> <li>○ \$0 copay or up to</li> <li>○ 0% coinsurance</li> </ul> </li> <li>• All other drugs:                             <ul style="list-style-type: none"> <li>○ \$0 copay or</li> <li>○ \$4.30 copay or</li> <li>○ \$10.35 copay or up to</li> <li>○ 15% coinsurance</li> </ul> </li> </ul>



**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2022 (this year)	2023 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	Depending on your level of “Extra Help”:  \$0 or up to \$42.40	Depending on your level of “Extra Help”:  \$0 or up to \$38.90

**Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount**

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b> If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.  Your costs for covered medical services (such as copays <b>and deductibles</b> ) count toward your maximum out-of-pocket amount. Your <b>plan premium and</b> your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$7,550	\$8,300  Once you have paid \$8,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

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### Section 1.3 – Changes to the Provider and Pharmacy Networks

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Updated directories are also located on our website at [metroplusmedicare.org](http://metroplusmedicare.org). You may also call Member Services for updated provider and/or pharmacy information or ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

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### Section 1.4 – Changes to Benefits and Costs for Medical Services

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Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and Medicaid benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
<b>Flex Card</b>	<p>You pay \$0 copayment.</p> <p>Members will receive a \$200 flex card per year that can be used to purchase home and bathroom safety devices and modifications, groceries, or over-the-counter (OTC) items.</p>	<p>You pay \$0 copayment.</p> <p>Members will receive a \$400 flex card per year that can be used to purchase home and bathroom safety devices and modifications, phone equipment, services, and utility payments.</p>

Cost	2022 (this year)	2023 (next year)
<b>Healthy Food Vouchers</b>	<p>You pay \$0 copayment.</p> <p>Qualifying members may get up to \$ 64 per quarter in food vouchers that can be used to purchase fresh healthy foods from participating vendors.</p>	<p>You pay \$0 copayment.</p> <p>Qualifying members may get up to \$100 per quarter in food vouchers that can be used to purchase fresh healthy foods from participating vendors.</p>
<b>Worldwide Emergency Room</b>	<p>Not Covered.</p>	<p>You pay \$0 copayment.</p>
<b>Eyewear</b>	<p>You pay \$0 copayment.</p> <p>Eyewear is covered up to a total of \$100 per year for: contact lenses, eyeglasses, eyeglass lenses, eyeglass frames, upgrades.</p>	<p>You pay \$0 copayment.</p> <p>Eyewear is covered up to a total of \$350 per year for: contact lenses, eyeglasses, eyeglass lenses, eyeglass frames, upgrades.</p>
<b>Supplemental Preventive Dental</b>	<p>Not Covered.</p>	<p>You pay \$0 copayment.</p> <p>Members will be eligible for 1 visit every 6 months for the following services: oral exams, prophylaxis, fluoride treatment, dental X-rays.</p> <p>Maximum benefit is \$1,000 per year.</p>
<b>Supplemental Comprehensive Dental</b>	<p>You pay \$0 copayment.</p>	<p>You pay \$0 copayment.</p> <p>Diagnostic services and Extractions were added to Supplemental Comprehensive Dental.</p> <p>Maximum benefit is \$700 per year.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Inpatient Hospital Stays</b></p>	<p>Per benefit period, you pay a:</p> <ul style="list-style-type: none"> <li>• \$1,556 deductible</li> <li>• Days 1-60: \$0 copayment per day</li> <li>• Days 61-90: \$389 copayment per day</li> <li>• 60 Lifetime Reserve Days: \$778 copayment per day</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p> <p>Referral is required except in an emergency. For emergency admissions, the admitting facility can notify MetroPlus Health Plan after the member is admitted.</p>	<p>Per benefit period, you pay a:</p> <ul style="list-style-type: none"> <li>• \$1,556 deductible</li> <li>• Days 1-60: \$0 copayment per day</li> <li>• Days 61-90: \$389 copayment per day</li> <li>• 60 Lifetime Reserve Days: \$778 copayment per day</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p> <p>Referral is not required.</p> <p>These are 2022 cost-sharing amounts and may change for 2023. MetroPlus Advantage Plan (HMO-DSNP) will provide updated rates as soon as they are released.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Inpatient Mental Health Care</b></p>	<p>Per benefit period, you pay a:</p> <ul style="list-style-type: none"> <li>• \$1,556 deductible</li> <li>• Days 1-60: \$0 copayment per day</li> <li>• Days 61-90: \$389 copayment per day</li> <li>• 60 Lifetime Reserve Days: \$778 copayment per day</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>	<p>Per benefit period, you pay a:</p> <ul style="list-style-type: none"> <li>• \$1,556 deductible</li> <li>• Days 1-60: \$0 copayment per day</li> <li>• Days 61-90: \$389 copayment per day</li> <li>• 60 Lifetime Reserve Days: \$778 copayment per day</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p> <p>Referral is not required.</p> <p>These are 2022 cost-sharing amounts and may change for 2023. MetroPlus Advantage Plan (HMO-DSNP) will provide updated rates as soon as they are released.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Skilled Nursing Facility</b></p>	<p>Per benefit period, you pay a:</p> <ul style="list-style-type: none"> <li>• \$0 copayment per day for days 1-20</li> <li>• \$194.50 copayment per day for days 21-100</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>	<p>Per benefit period, you pay a:</p> <ul style="list-style-type: none"> <li>• \$0 copayment per day for days 1-20</li> <li>• \$194.50 copayment per day for days 21-100</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p> <p>Referral is not required.</p> <p>These are 2022 cost-sharing amounts and may change for 2023. MetroPlus Advantage Plan (HMO-DSNP) will provide updated rates as soon as they are released.</p>
<p><b>Emergency Care</b></p>	<p>You pay \$0 or 20% coinsurance (up to \$90)</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay \$0 or 20% coinsurance (up to \$95)</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
<p><b>Urgently Needed Services</b></p>	<p>You pay \$0 or 20% coinsurance (up to \$65)</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay \$0 or 20% coinsurance (up to \$60)</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>

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## Section 1.5 – Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

### Changes to Prescription Drug Costs

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may apply to you.

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive Extra Help and you haven’t received this insert by **September 30, 2022**, please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Changes to the Deductible Stage**

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your brand name drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$480.</p> <p>During this stage, you pay a \$0 copay for generic drugs (including brand drugs treated as generic) and the full cost for all other drugs until you have reached the yearly deductible.</p> <p>Your deductible amount is either \$0 or \$99, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p>	<p>The deductible is \$505.</p> <p>During this stage, you pay a \$0 copay for generic drugs (including brand drugs treated as generic) and the full cost for all other drugs until you have reached the yearly deductible.</p> <p>Your deductible amount is either \$0 or \$104, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p>



**Changes to Your Cost Sharing in the Initial Coverage Stage**

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Depending on your level of “Extra Help”, your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Generic drugs (including brand drugs treated as generic):</b>                      You pay a</p> <ul style="list-style-type: none"> <li>• \$0 copay or</li> <li>• \$0 copay or</li> <li>• \$0 copay or up to</li> <li>• 0% coinsurance</li> </ul> <p><b>All other drugs:</b>                      You pay a</p> <ul style="list-style-type: none"> <li>• \$0 copay or</li> <li>• \$4.00 copay or</li> <li>• \$9.85 copay or up to</li> <li>• 15% coinsurance</li> </ul> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Depending on your level of “Extra Help”, your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Generic drugs (including brand drugs treated as generic):</b>                      You pay a</p> <ul style="list-style-type: none"> <li>• \$0 copay or</li> <li>• \$0 copay or</li> <li>• \$0 copay or up to</li> <li>• 0% coinsurance</li> </ul> <p><b>All other drugs:</b>                      You pay a</p> <ul style="list-style-type: none"> <li>• \$0 copay or</li> <li>• \$4.30 copay or</li> <li>• \$10.35 copay or up to</li> <li>• 15% coinsurance</li> </ul> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

## SECTION 2 Administrative Changes

Description	2022 (this year)	2023 (next year)
<b>Dental Vendor</b>	Your dental benefits are administered by HealthPlex.	Your dental benefits are administered by DentaQuest.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in MetroPlus Advantage Plan (HMO-DSNP)

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our MetroPlus Advantage Plan (HMO-DSNP).

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2023 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 7.2). As a reminder, MetroPlus Health Plan, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from MetroPlus Advantage Plan (HMO-DSNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from MetroPlus Advantage Plan (HMO-DSNP).

- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (800.633.4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 877.486.2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## SECTION 4 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York, the SHIP is called the Health Insurance Information, Counseling, and Assistance Program (HIICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HIICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HIICAP at 800.701.0501. You can learn more about HIICAP by visiting their website: [nyconnects.ny.gov/services/health-insurance-information-counseling-assistance-program-hiicap-791](https://nyconnects.ny.gov/services/health-insurance-information-counseling-assistance-program-hiicap-791).

For questions about your New York State Medicaid benefits, contact New York State Department of Health Medicaid Program at 888.692.6116 or 718.557.1399, Monday to Friday from 8:00am - 5:00pm. Ask how joining another plan or returning to Original Medicare affects how you get your New York State Medicaid coverage.

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (800.633.4227). TTY users should call 877.486.2048, 24 hours a day/7 days a week;
  - The Social Security Office at 800.772.1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 800.325.0778; or
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** New York has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the HIV Uninsured Care Program, ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 800.542.2437, Monday to Friday, from 8:00am - 5:00pm.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from MetroPlus Advantage Plan (HMO-DSNP)

Questions? We’re here to help. Please call Member Services at 866.986.0356. (TTY only, call 711). We are available for phone calls 24 hours a day, 7 days a week.

## Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for MetroPlus Advantage Plan (HMO-DSNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [metroplusmedicare.org](https://metroplusmedicare.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

### Visit our Website

You can also visit our website at [metroplusmedicare.org](https://metroplusmedicare.org). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

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## Section 7.2 – Getting Help from Medicare

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To get information directly from Medicare:

### Call 1-800-MEDICARE (800.633.4227)

You can call 1-800-MEDICARE (800.633.4227), 24 hours a day, 7 days a week. TTY users should call 877.486.2048.

### Visit the Medicare Website

Visit the Medicare website ([medicare.gov](https://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website ([medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (800.633.4227), 24 hours a day, 7 days a week. TTY users should call 877.486.2048.

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## Section 7.3 – Getting Help from Medicaid

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To get information from Medicaid, you can call the New York State Department of Health Medicaid Program at 888.692.6116 or 718.557.1399, Monday to Friday from 8:00am - 5:00pm (TTY: 711).



## NOTICE OF NON-DISCRIMINATION

**MetroPlus Health Plan** complies with Federal civil rights laws. **MetroPlus Health Plan** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**MetroPlus Health Plan** 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 **MetroPlus Health Plan** at 1-800-303-9626. For TTY/TDD services, call 711.

If you believe that **MetroPlus Health Plan** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **MetroPlus Health Plan** by:

Mail: 50 Water Street, 7<sup>th</sup> Floor, New York, NY 10004  
Phone: 1-800-303-9626 (for TTY/TDD services, call 711)  
Fax: 1-212-908-8705  
In person: 50 Water Street, 7<sup>th</sup> Floor, New York, NY 10004  
Email: [Grievancecoordinator@metroplus.org](mailto:Grievancecoordinator@metroplus.org)

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  
<https://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  
<http://www.hhs.gov/ocr/office/file/index.html>  
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

## Language Assistance

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-303-9626 (TTY: 711) .	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-303-9626 (TTY: 711).	Spanish
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 1-800-303-9626 (TTY: 711)。	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 1-800-303-9626 (TTY: 711) رقم هاتف الصم والبكم	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-800-303-9626 (TTY: 711) 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-303-9626 (телетайп: ТТУ: 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-303-9626 (TTY: 711).	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-303-9626 (TTY: 711).	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-303-9626 (TTY: 711).	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-303-9626 (TTY: 711).	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-303-9626 (TTY: 711)	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-303-9626 (TTY: 711).	Tagalog
লক্ষ্য করুনঃ যদি আপদন বা লক্ষ্যতা বলেত পাতেন, েহতল দনঃখেচায় ভাষা সহােয়া পদেতষবা উপলদ্ধ আতো ফান করুন ১-1-800-303-9626 (TTY: 711)	Benga
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-303-9626 (TTY: 711).	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-303-9626 (TTY: 711).	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-303-9626 (TTY: 711)	Urdu