

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

Annual Notice of Changes for 2023

You are currently enrolled as a member of MetroPlus UltraCare (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. 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 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 UltraCare (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 UltraCare (HMO-DSNP)
- Look in Section 4, page 11 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.
- We can also give you information in braille, large print, or other alternate format 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 for more information.

About MetroPlus UltraCare (HMO-DSNP)

- MetroPlus Health Plan is an HMO, HMO SNP plan with a Medicare contract and a contract with the New York State Medicaid program to coordinate your Medicaid benefits. 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 UltraCare (HMO-DSNP).

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for MetroPlus UltraCare (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>Monthly plan premium*</p> <p>* 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>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>\$7,550</p> <p>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</p> <p>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>Doctor office visits</p>	<p>Primary care visits: \$0 copayment per visit</p> <p>Specialist visits: \$0 copayment per visit</p>	<p>Primary care visits: \$0 copayment per visit</p> <p>Specialist visits: \$0 copayment per visit</p>

Cost	2022 (this year)	2023 (next year)
<p>Inpatient hospital stays 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>\$0 copayment for unlimited inpatient days as medically necessary.</p>	<p>\$0 copayment for unlimited inpatient days as medically necessary.</p>
<p>Part D prescription drug coverage (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: \$0 or \$99</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Generic drugs (including brand drugs treated as generic): <ul style="list-style-type: none"> ○ \$0 copay or ○ \$1.35 copay or ○ \$3.95 copay or up to ○ 15% coinsurance • All other drugs: <ul style="list-style-type: none"> ○ \$0 copay or ○ \$4.00 copay or ○ \$9.85 copay or up to ○ 15% coinsurance 	<p>Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts:</p> <p>Deductible: \$0 or 104</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Generic drugs (including brand drugs treated as generic): <ul style="list-style-type: none"> ○ \$0 copay or ○ \$1.45 copay or ○ \$4.15 copay or up to ○ 15% coinsurance • All other drugs: <ul style="list-style-type: none"> ○ \$0 copay or ○ \$4.30 copay or ○ \$10.35 copay or up to ○ 15% coinsurance

SECTION 1 Changes to Benefit and Cost for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (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

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. 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) count toward your maximum out-of-pocket amount. Your plan premium and 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.

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.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at metroplusmedicare.org. You may also call Member Services for updated provider and/or pharmacy information or to 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.

Section 1.4 – Changes to Benefits and Costs for Medical Services

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.

Important Messages:

- Effective 4/1/2023, coinsurance for certain Part B rebatable drugs will be reduced, if the drug’s price has increased at a rate faster than the rate of inflation.
- Effective 7/1/2023, insulin covered under Part B (for example, insulin administered via a pump that qualifies as an item of durable medical equipment (DME)) will not exceed \$35 total for a one month’s supply and the Medicare Part B deductible will not apply.

Cost	2022 (this year)	2023 (next year)
Over-the-Counter (OTC) items	Not covered	You pay \$0 copayment. Covered in full up to \$1,500 per year (\$375 per quarter) for MetroPlus approved non-prescription, over-the-counter items from a select catalogue.

Cost	2022 (this year)	2023 (next year)
Flex Card	Not Covered	<p>You pay \$0 copayment.</p> <p>Members will receive a \$400 flex card per year that can be used purchase home and bathroom safety devices and modification, phone equipment, services, and utility payments.</p>
Healthy Food Vouchers	Not Covered	<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>
Supplemental Preventive Dental	Not Covered	<p>You pay \$0 copayment.</p> <p>Members will be eligible for 1 visit every 6 months for following services: oral exams, prophylaxis, fluoride treatment, dental X-rays.</p> <p>Maximum benefit \$1,000 per year.</p>
Supplemental Comprehensive Dental	Not Covered	<p>You pay \$0 copayment.</p> <p>Members will be eligible for major restorative, prosthodontics, endodontics, periodontics, extractions and diagnostic services.</p> <p>Maximum benefit \$700 per year.</p>

Cost	2022 (this year)	2023 (next year)
Worldwide Emergency Room	Not Covered	You pay \$0 copayment.
Eyewear	Not Covered	<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>
Podiatry	Not Covered	<p>You pay \$0 copayment.</p> <p>Members will be eligible for routine footcare for up to 4 visits per year.</p>
Fitness Benefit	Not Covered	<p>You pay \$0 copayment.</p> <p>Members will be reimbursed up to \$250 every six months for membership to qualifying exercise facilities.</p>
Transportation (Routine/ Non-Emergency)	Not Covered	<p>You pay \$0 copayment.</p> <p>Members will be eligible for fourteen (14) one-way trips per year to a plan approved health-care location.</p>

Cost	2022 (this year)	2023 (next year)
Post-Discharge Meals	Not Covered	<p>You pay \$0 copayment.</p> <p>Members will be eligible for up to 10 meals delivered to your home for duration of 5 days after a discharge from inpatient setting to home.</p> <p>Members are eligible for home delivery of meals if they meet the following requirements:</p> <ul style="list-style-type: none"> - Needed due to an illness - Consistent with established treatment of the illness
Hearing Aids	Not Covered	<p>You pay \$0 copayment.</p> <p>Plan covers hearing aids for up to \$500 for both ears every 3 years.</p>
Inpatient Hospital Care	Referral is required.	Referral is not required.
Inpatient Mental Health Care	Referral is required.	Referral is not required.
Skilled Nursing Facility (SNF) Care	Referral is required.	Referral is not required.

Section 1.5 – Changes to Part D Prescription Drug Coverage

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 not 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.”

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible.

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>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$480.</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>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>Stage 2: Initial Coverage Stage</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 you pay your share of the cost.</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>Depending on your level of “Extra Help”, your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p>

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</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; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Generic drugs (including brand drugs treated as generic): You pay a</p> <ul style="list-style-type: none"> • \$0 copay or • \$1.35 copay or • \$3.95 copay or up to • 15% coinsurance <p>All other drugs: You pay a</p> <ul style="list-style-type: none"> • \$0 copay or • \$4.00 copay or • \$9.85 copay or up to • 15% coinsurance <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Generic drugs (including brand drugs treated as generic): You pay a</p> <ul style="list-style-type: none"> • \$0 copay or • \$1.45 copay or • \$4.15 copay or up to • 15% coinsurance <p>All other drugs: You pay a</p> <ul style="list-style-type: none"> • \$0 copay or • \$4.30 copay or • \$10.35 copay or up to • 15% coinsurance <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)
Dental Vendor	Your dental benefits are administered by HealthPlex.	Your dental benefits are being administered by DentaQuest.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in MetroPlus UltraCare (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 UltraCare (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.

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 5), 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 UltraCare (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 UltraCare (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 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).

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 Programs, 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 to 5:00pm.

SECTION 7 Questions?

Section 7.1 – Getting Help from MetroPlus UltraCare (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. Calls to these numbers are free.

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 UltraCare (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. 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. 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*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

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). 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.

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.

Section 7.3 – Getting Help from Medicaid

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 users should call 711.