

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 is the 2025 MetroPlus Advantage Plan (HMO D-SNP) *Annual Notice of Changes*, a summary of the changes in benefits and coverage in your plan for the coming year.

For 2025, your plan features **valuable new benefits** like these, at no cost to you:

**Flex Card** (Supplemental Benefit Package) – \$475 per quarter (no rollover to next quarter) for over the counter (OTC) items, and utilities such as cable/satellite/phone service. You can also use the card for groceries, bathroom safety devices, and Personal Emergency Response Systems (PERS).

**Annual Physical Exams** (*NEW!*) – are also now a covered benefit for 2025.

You are also covered for **acupuncture, podiatry, gym membership costs, and nonemergency transportation!** Visit our website or call Member Services to learn more.

If you have questions or concerns about your coverage, please call us at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560. You can also learn more on our website at [metroplusmedicare.org](http://metroplusmedicare.org).

**Note:** If you prefer not to receive sales-related phone calls from MetroPlusHealth, please contact us at [help.memberexperience@metroplus.org](mailto:help.memberexperience@metroplus.org), or call 866.986.0356 (TTY: 711) to opt out. We are here Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560. Once you have opted out, you will be opted out indefinitely until you notify us of your intent to opt back in.

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, 2024. To request to have a printed copy mailed to you, please call us at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560.

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

### Annual Notice of Changes for 2025

You are currently enrolled as a member of MetroPlus Advantage Plan (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. *Please see page 5 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](https://metroplusmedicare.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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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 coverage restrictions and cost sharing.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
  - Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- 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 the [medicare.gov/plan-compare](https://medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

- 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, 2024, you will stay in MetroPlus Advantage Plan (HMO D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with MetroPlus Advantage Plan (HMO D-SNP).
- Look in Section 3, page 16 to learn more about your choices.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

**Additional Resources**

- This document is available for free in Spanish and Chinese
- Please contact our Member Services number at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560. This call is free.
- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866.986.0356 (TTY: 711). 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 866.986.0356 (TTY: 711)。
- ATENCIÓN: si habla español, cuenta con servicios de asistencia lingüística sin cargo disponibles para usted. Llame al 866.986.0356 (TTY: 711).
- MetroPlus Health Plan, Inc. is not affiliated with, endorsed by, or otherwise related to the federal government, CMS, HHS, and/or Medicare. MetroPlus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- MetroPlus Health Plan, Inc. provides free aids and services to people with disabilities to help you communicate with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats). If you need these services, call MetroPlus Health Plan at 866.986.0356. For TTY/TDD services, call 711.
- We also provide free language services to people whose first language is not English, such as qualified interpreters, and information written in other languages. Call New York Medicaid Choice at 800.505.5678 if you need interpreter services or program information in Braille or on CD. TTY users: 888.329.1541. Counselors are available to help explain or answer questions relating to enrollment.

- 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 D-SNP)

- MetroPlus Health Plan, Inc. is an HMO, HMO D-SNP plan with a Medicare contract. MetroPlus Health Plan, Inc. has a contract with New York State Medicaid for MetroPlus UltraCare (HMO D-SNP) and a Coordination of Benefits Agreement with the New York State Department of Health for the MetroPlus Advantage Plan (HMO D-SNP). **MetroPlusHealth is not affiliated with, endorsed by, or otherwise related to the federal government, CMS, HHS, and/or Medicare.** Enrollment in MetroPlus Health Plan, Inc. depends on contract renewal. MetroPlus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-986-0356 (TTY: 711). 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 1-866-986-0356 (TTY: 711).
- 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 D-SNP).

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## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for MetroPlus Advantage Plan (HMO D-SNP) 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	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium*</b></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”:</p> <p>\$0 or up to \$48.70</p>	<p>Depending on your level of “Extra Help”:</p> <p>\$0 or up to \$71.20</p>
<p><b>Deductible</b></p>	<p>\$240 except for insulin furnished through an item of durable medical equipment.*</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>\$240 except for insulin furnished through an item of durable medical equipment.*</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p> <p>These are 2024 cost-sharing amounts and may change for 2025.</p>
<p><b>Doctor office visits</b></p>	<p>Primary care visits: \$0 or 20% per visit.*</p> <p>Specialist visits: \$0 or 20% per visit.*</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>Primary care visits: \$0 or 20% per visit.*</p> <p>Specialist visits: \$0 or 20% per visit.*</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Inpatient hospital stays</b></p>	<p>Per benefit period: \$0 or</p> <ul style="list-style-type: none"> <li>• \$1,632 deductible*</li> <li>• Days 1-60: \$0 copayment per day*</li> <li>• Days 61-90: \$408 copayment per day*</li> <li>• 60 Lifetime Reserve Days: \$816 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: \$0 or</p> <ul style="list-style-type: none"> <li>• \$1,632 deductible*</li> <li>• Days 1-60: \$0 copayment per day*</li> <li>• Days 61-90: \$408 copayment per day*</li> <li>• 60 Lifetime Reserve Days: \$816 copayment per day*</li> </ul> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p> <p>These are 2024 cost-sharing amounts and may change for 2025.</p>
<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: \$0</p> <p>Copayment - as applicable 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>o \$0 copay or</li> <li>o \$0 copay or</li> <li>o \$0 copay</li> </ul> </li> <li>• All other drugs:                             <ul style="list-style-type: none"> <li>o \$0 copay or</li> <li>o \$4.60 copay or</li> <li>o \$11.20 copay</li> </ul> </li> </ul>	<p>Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts:</p> <p>Deductible: \$0</p> <p>Copayment 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>o \$0 copay or</li> <li>o \$0 copay or</li> <li>o \$0 copay</li> </ul> </li> <li>• All other drugs:                             <ul style="list-style-type: none"> <li>o \$0 copay or</li> <li>o \$4.80 copay or</li> <li>o \$12.15 copay</li> </ul> </li> </ul>



Cost	2024 (this year)	2025 (next year)
	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, you pay nothing for your covered Part D drugs.</li> </ul>
<p><b>Maximum out-of-pocket amount</b></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>\$8,850</p> <p>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>\$9,350</p> <p>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>

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

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

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</p>	<p>Depending on your level of “Extra Help”: \$0 or up to \$48.70</p>	<p>Depending on your level of “Extra Help”: \$0 or up to \$71.20</p>

**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	2024 (this year)	2025 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p><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.</p> <p>Your costs for covered medical services (such as copays and deductibles) 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.</p>	<p>\$8,850</p>	<p>\$9,350</p> <p>Once you have paid \$9,350 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.</p>

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

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Updated directories are located on our website at [metroplusmedicare.org](https://metroplusmedicare.org). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* at [metroplusmedicare.org](https://metroplusmedicare.org) 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 2025 *Pharmacy Directory* at [metroplusmedicare.org](https://metroplusmedicare.org) 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 a 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	2024 (this year)	2025 (next year)
<p><b>Flex Card</b></p>	<p>You pay \$0 copayment.</p> <p>Members will receive a \$155 flex card benefit <b>per month</b> that can be used to purchase Over the Counter (OTC) items, groceries, home utilities (water, gas, electricity, internet services), Personal Emergency Response System (PERS), and bathroom safety devices. This benefit will be part of the new Combined Supplemental Benefits package. Unused flex card balance will expire at the end of each month.</p>	<p>You pay \$0 copayment.</p> <p>Members will receive a \$475 <b>per quarter</b> (no rollover to next quarter) that can be used to purchase Over the Counter (OTC) items, groceries, home utilities (water, gas, electricity, internet services), Personal Emergency Response System (PERS), and bathroom safety devices. This benefit will be part of the Combined Supplemental Benefits package. Unused flex card balance will expire at the end of each quarter.</p>
<p><b>Annual Physical Exam</b></p>	<p>Not Covered.</p>	<p>Covered. You pay \$0 copayment.</p>
<p><b>Dental</b></p>	<p>Medicaid dental benefits are not covered under Medicare supplemental dental</p> <p>Comprehensive: \$700 Preventive: \$1,000</p>	<p>Medicaid dental benefits are covered under Medicare supplemental dental.</p> <p>Medicaid dental services include exams, cleanings, X-rays, extractions, restorations, dentures, crowns, root canals, as well as implants (in certain circumstances). Prior authorization rules might apply to some dental services.</p>

Cost	2024 (this year)	2025 (next year)
<b>Emergency Services</b>	0-20% coinsurance (Maximum per visit amount: \$100)*  *If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.	0-20% coinsurance (Maximum per visit amount: \$110)*  *If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.
<b>Urgently Needed Services</b>	0-20% coinsurance* (Maximum per visit amount: \$55)  *If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.	0-20% coinsurance* (Maximum per visit amount: \$45)  *If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.
<b>Inpatient Hospital Stays</b>	Per benefit period: \$0 or* <ul style="list-style-type: none"> <li>• \$1,632 deductible*</li> <li>• Days 1-60: \$0 copayment per day*</li> <li>• Days 61-90: \$408 copayment per day*</li> <li>• 60 Lifetime Reserve Days: \$816 copayment per day*</li> </ul> *If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.	Per benefit period: \$0 or* <ul style="list-style-type: none"> <li>• \$1,632 deductible*</li> <li>• Days 1-60: \$0 copayment per day*</li> <li>• Days 61-90: \$408 copayment per day*</li> <li>• 60 Lifetime Reserve Days: \$816 copayment per day*</li> </ul> *If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.  *These are 2024 cost-sharing amounts and may change for 2025.

Cost	2024 (this year)	2025 (next year)
<p><b>Inpatient Mental Health Care</b></p>	<p>Per benefit period: \$0 or*</p> <ul style="list-style-type: none"> <li>• \$1,632 deductible*</li> <li>• Days 1-60: \$0 copayment per day*</li> <li>• Days 61-90: \$408 copayment per day*</li> <li>• 60 Lifetime Reserve Days: \$816 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: \$0 or*</p> <ul style="list-style-type: none"> <li>• \$1,632 deductible*</li> <li>• Days 1-60: \$0 copayment per day*</li> <li>• Days 61-90: \$408 copayment per day*</li> <li>• 60 Lifetime Reserve Days: \$816 copayment per day*</li> </ul> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p> <p>*These are 2024 cost-sharing amounts and may change for 2025.</p>
<p><b>Skilled Nursing Facility</b></p>	<p>Per benefit period, you pay a: \$0 or*</p> <ul style="list-style-type: none"> <li>• \$0 copayment per day for days 1-20*</li> <li>• \$204 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: \$0 or*</p> <ul style="list-style-type: none"> <li>• \$0 copayment per day for days 1-20 *</li> <li>• \$204 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>*These are 2024 cost-sharing amounts and may change for 2025.</p>

## 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, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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.

We currently can remove a brand name drug on our Drug List immediately if we replace it with a new generic drug version with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately add new restrictions.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: [fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

**Changes to Prescription Drug Benefits and 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 does 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, 2024**, please call Member Services and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**Changes to the Deductible Stage**

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>	<p>The deductible is \$545.</p> <p>Depending on your level of “Extra Help,” you may pay \$0 during this phase.</p>	<p>The deductible is \$590.</p> <p>Depending on your level of “Extra Help,” you may pay \$0 during this phase.</p>



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

Stage	2024 (this year)	2025 (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>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Depending on your level of “Extra Help”, your cost for a one-month supply 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</li> </ul> <p><b>All other drugs:</b>                      You pay a</p> <ul style="list-style-type: none"> <li>• \$0 copay or</li> <li>• \$4.60 copay or</li> <li>• \$11.20 copay</li> </ul> <p>Once your total drug costs have reached \$5,030, 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 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</li> </ul> <p><b>All other drugs:</b>                      You pay a</p> <ul style="list-style-type: none"> <li>• \$0 copay or</li> <li>• \$4.80 copay or</li> <li>• \$12.15 copay</li> </ul> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

### Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your *Evidence of Coverage*.

**SECTION 2 Administrative Changes**

Description	2024 (this year)	2025 (next year)
<b>Medicare Prescription Payment Plan</b>	Not applicable.	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January - December).</p> <p>To learn more about this payment option, please contact us at 866.693.4615, or visit <a href="https://www.medicare.gov">medicare.gov</a>.</p>

**SECTION 3 Deciding Which Plan to Choose**

**Section 3.1 – If you want to stay in MetroPlus Advantage Plan (HMO D-SNP)**

**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 D-SNP).

**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 plans for 2025, 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 2025* handbook, call your State Health Insurance Assistance Program (see Section 4), 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 D-SNP).
- 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 D-SNP).
- 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 Deadline for 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, 2025.

### 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.

Because you have Medicaid, you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can also 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## 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 ([aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap](https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap))

For questions about your New York State Medicaid benefits, contact 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. 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.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, yearly deductibles, and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about “Extra Help,” 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 8am and 7pm, 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.
- **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. To be eligible for the ADAP operating in your State, 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. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call 800.542.2437, Monday to Friday, from 8am - 5pm. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 866.986.0356 (TTY: 711) or visit Medicare.gov.

## SECTION 7 Questions?

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

Questions? We’re here to help. Please call Member Services at 866.986.0356 (TTY: 711). Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560. Calls to these numbers are free.

**Read your 2025 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 2025. For details, look in the *2025 Evidence of Coverage* for MetroPlus Advantage Plan (HMO D-SNP). 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://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://medicare.gov/plan-compare).

### Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document 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://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 800.541.2831, Monday to Friday, 8am - 8pm, and Saturday, 9am - 1pm. TTY users should call 711.



## MULTI-LANGUAGE INSERT |

### MULTI-LANGUAGE INTERPRETER SERVICES

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 866.986.0356. Someone who speaks English and other languages can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 866.986.0356. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 866.986.0356。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 866.986.0356。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 866.986.0356. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 866.986.0356. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 866.986.0356 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 866.986.0356. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 866.986.0356 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 866.986.0356. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 866.986.0356. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 866.986.0356 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 866.986.0356. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 866.986.0356. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 866.986.0356. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 866.986.0356. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、866.986.0356 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。