

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.

Each year, we review our Medicare benefits to give you the best available coverage and services. Enclosed is the 2025 MetroPlus UltraCare (HMO D-SNP) *Annual Notice of Changes*, summarizing the changes in benefits and coverage in your plan for the coming year.

For 2025, your plan features all of these **valuable new benefits** 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.

Additionally, you are covered for **acupuncture, podiatry, gym memberships costs**, and **nonemergency transportation!** Please 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.

Note: If you prefer not to receive sales-related phone calls from MetroPlusHealth, please contact us at 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

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

Annual Notice of Changes for 2025

You are currently enrolled as a member of MetroPlus UltraCare (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. *Please see page 4 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*.

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 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 UltraCare (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 UltraCare (HMO D-SNP).
- Look in Section 4, page 14 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, cuenta con servicios de asistencia lingüística sin cargo disponibles para usted. Llame al 866.986.0356 (TTY: 711).
- 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).
- 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.
- We can also give you information in braille, large print, or other alternate formats upon request.
- 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.

- **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 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 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).
- 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 D-SNP).

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for MetroPlus UltraCare (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>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”:</p> <p>\$0 or up to \$48.70</p>	<p>Depending on your level of “Extra Help”:</p> <p>\$0 or up to \$72.30</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>
<p>Inpatient hospital stays</p>	<p>\$0 copayment for inpatient days as medically necessary.</p>	<p>\$0 copayment for 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</p> <p>Copayment/Coinsurance as applicable 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"> o \$0 copay or o \$1.55 copay or o \$4.50 copay 	<p>Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts:</p> <p>Deductible: \$0</p> <p>Copayment/Coinsurance as applicable 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"> o \$0 copay or o \$1.60 copay or o \$4.90 copay

Cost	2024 (this year)	2025 (next year)
	<p>You pay \$35 per monthly supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • All other drugs: <ul style="list-style-type: none"> o \$0 copay or o \$4.60 copay or o \$11.20 copay <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. 	<p>You pay \$35 per monthly supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • All other drugs: <ul style="list-style-type: none"> o \$0 copay or o \$4.80 copay or o \$12.15 copay <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.
<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 style="text-align: center;">\$8,850</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 style="text-align: center;">\$9,350</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>

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>Monthly premium (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 \$72.30</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>Maximum out-of-pocket amount</p> <p>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.</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>

Section 1.3 – Changes to the Provider and Pharmacy Networks

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. 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 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 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.

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.

Cost	2024 (this year)	2025 (next year)
<p>Flex Card</p>	<p>You pay \$0 copayment.</p> <p>Members will receive a \$155 flex card benefit per month 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 flex card benefit per quarter (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>Annual Physical Exam</p>	<p>Not Covered.</p>	<p>Covered. You pay \$0 copayment.</p>
<p>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)
<p>Emergency Services</p>	<p>0-20% coinsurance* (Maximum per visit amount: \$100)</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>0-20% coinsurance* (Maximum per visit amount: \$110)</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
<p>Urgently Needed Services</p>	<p>0-20% coinsurance* (Maximum per visit amount: \$55)</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>0-20% coinsurance* (Maximum per visit amount: \$45)</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</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 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, 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>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. 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>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>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>Generic drugs (including brand drugs treated as generic): You pay a</p> <ul style="list-style-type: none"> • \$0 copay or • \$1.55 copay or • \$4.50 copay <p>All other drugs: You pay a</p> <ul style="list-style-type: none"> • \$0 copay or • \$4.60 copay or • \$11.20 copay <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>Generic drugs (including brand drugs treated as generic): You pay a</p> <ul style="list-style-type: none"> • \$0 copay or • \$1.60 copay or • \$4.90 copay <p>All other drugs: You pay a</p> <ul style="list-style-type: none"> • \$0 copay or • \$4.80 copay or • \$12.15 copay <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)
Medicare Prescription Payment Plan	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 monthly payments that vary throughout the year (January - December).</p> <p>To learn more about this payment option, please contact us at 866.693.4615 or visit medicare.gov.</p>

SECTION 3 Deciding Which Plan to Choose

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

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](https://www.medicare.gov).

SECTION 7 Questions?

Section 7.1 – Getting Help from MetroPlus UltraCare (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 UltraCare (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. 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 (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 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://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 8am - 5pm. TTY users should call 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 1.866.986.0356. 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, 7th Floor, New York, NY 10004
Phone: 1-866-986-0356 (for TTY/TDD services, call 711)
Fax: 1-212-908-8705
In person: 50 Water Street, 7th Floor, New York, NY 10004
Email: 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

<p>ATTENTION: Language assistance services, free of charge, are available to you. Call 1.866.986.0356 (TTY: 711) .</p>	English
<p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.986.0356 (TTY: 711).</p>	Spanish
<p>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).</p>	Chinese Cantonese
<p>ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.866.986.0356 (TTY:711) (رقم هاتف الصم و البكم)</p>	Arabic
<p>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1.866.986.0356 (TTY: 711) 번으로 전화해 주십시오.</p>	Korean
<p>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.986.0356 (телетайп: TTY: 711).</p>	Russian
<p>ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.866.986.0356 (TTY: 711).</p>	Italian
<p>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.986.0356 (TTY: 711).</p>	French
<p>ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.866.986.0356 (TTY: 711).</p>	French Creole
<p>אכטונג: שפראך הילף סערוויסעס, פריי פון אפצאל, זענען אוועילעבל פאר אייך. רופט 1.866.986.0356 (TTY: 711).</p>	Yiddish
<p>UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.986.0356 (TTY: 711)</p>	Polish
<p>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.866.986.0356 (TTY: 711).</p>	Tagalog
<p>মনোযোগ দিন: এখানে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। কল করুন 1.866.986.0356 (TTY: 711).</p>	Benga
<p>KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.986.0356 (TTY: 711).</p>	Albanian
<p>ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1.866.986.0356</p>	Greek
<p>خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں - 1.866.986.0356 (TTY: 711)</p>	Urdu

LƯU Ý: Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ, miễn phí cho quý vị. Hãy gọi 1.866.986.0356 (TTY: 711).	Vietnamese
BEACHTEN SIE: Es stehen Ihnen kostenlose Sprachdienste zur Verfügung. Rufen Sie 1.866.986.0356 (TTY: 711) an.	German
收件人：我们可为您提供免费的语言协助服务。请致电 1.866.986.0356 (听力障碍电传：711)。	Chinese Mandarin
ध्यान दें: भाषा सहायता सेवाएँ, निःशुल्क, आपके लिए उपलब्ध हैं। 1.866.986.0356 (TTY: 711) पर कॉल करें।	Hindi
ATENÇÃO: Encontram-se disponíveis serviços de apoio linguístico gratuitos. Ligue para 1.866.986.0356 (TTY: 711).	Portuguese
注意：言語サポートサービスを無料にてご利用いただけます。 電話 1.866.986.0356 (TTY: 711)。	Japanese