



Medicare
50 Water St., 7th Floor • New York, NY 10004
1.866.986.0356 • TTY: 711 • metroplusmedicare.org

< Date >

<Member name>
<Member address>

Dear <Member name>:

Thank you for being a member of our Medicaid Advantage Plus plan, MetroPlus UltraCare (HMO D-SNP). We are writing to let you know about an important change to your appeals process beginning on January 1, 2026.

Beginning on January 1, 2026, the way you request a Level 2 Appeal will change. You can find more information about this change in Section 2 of the enclosed *Annual Notice of Change for 2026*.

If you have any questions about this change, please call Member Services at 866.986.0356. (TTY users call 711.)

We are available for phone calls Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560. Calls to these numbers are free.

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, 2025. 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 Change for 2026

You're enrolled as a member of MetroPlus UltraCare (HMO D-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in MetroPlus UltraCare (HMO D-SNP).
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov), or review the list in the back of your *Medicare & You 2026* handbook.
- Note, this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [metroplusmedicare.org](https://www.metroplusmedicare.org) or call Member Services at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. To get a copy by mail, call our after-hours answering service at 800.442.2560. Calls to these numbers are free.

More resources

- This document is available for free in Spanish and Chinese
- 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. This call is free.
- ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 800.303.9626 (TTY: 711). ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 800.303.9626 (TTY: 711). 请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 800.303.9626 (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.

About MetroPlus UltraCare (HMO D-SNP)

- MetroPlus Health Plan, Inc. offers HMO and HMO D-SNP plans with contracts with Medicare and the New York State Medicaid program. Enrollment in MetroPlus Health Plan, Inc. depends on contract renewal.
- When this material 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).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in MetroPlus UltraCare (HMO D-SNP).** Starting January 1, 2026, you’ll get your medical and drug coverage through MetroPlus UltraCare (HMO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1 for details.	Depending on your level of “Extra Help”: \$0 or up to \$72.30	Depending on your level of “Extra Help”: \$0 or up to \$58.80
Maximum out-of-pocket amount This is the <u>most</u> you’ll pay out of pocket for covered Part A and Part B services. (See Section 1 for details.)	\$9,350 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.	\$9,250 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.
Primary care office visits	\$0 per visit	\$0 per visit
Specialist office visits	\$0 per visit	\$0 per visit
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’re formally admitted to the hospital with a doctor’s order. The day before you’re discharged is your last inpatient day.	\$0 copayment for unlimited inpatient days as medically necessary	\$0 copayment for unlimited inpatient days as medically necessary

	2025 (this year)	2026 (next year)
Part D drug coverage deductible (See Section 1 for details.)	\$590, except for covered insulin products and most adult Part D vaccines Depending on your level of “Extra Help”, you may pay \$0 during this phase.	\$615, except for covered insulin products and most adult Part D vaccines Depending on your level of “Extra Help”, you may pay \$0 during this phase.
Part D drug coverage (See Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance as applicable during the Initial Coverage Stage: <u>Generic drugs (including brand drugs treated as generic):</u> \$0 copay or \$1.60 copay or \$4.90 copay or 25% coinsurance You pay no more than \$35 per monthly supply of each covered insulin product on this tier. <u>All other drugs:</u> \$0 copay or \$4.80 copay or \$12.15 copay or 25% coinsurance Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Copayment/Coinsurance as applicable during the Initial Coverage Stage: Depending on your level of “Extra Help”: <u>Generic drugs (including brand drugs treated as generic):</u> \$0 copay or \$1.60 copay or \$5.10 copay or 25% coinsurance (if No Extra Help) You pay no more than \$35 per monthly supply of each covered insulin product on this tier. <u>All other drugs:</u> \$0 copay or \$4.90 copay or \$12.65 copay or 25% coinsurance (if No Extra Help) Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	Depending on your level of "Extra Help": \$0 or up to \$72.30	Depending on your level of "Extra Help": \$0 or up to \$58.80

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've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Because our members also get help 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 copayments and deductibles) count toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs <u>don't</u> count toward your maximum out-of-pocket amount.	\$9,350	\$9,250 Once you've paid \$9,250 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* at metroplusmedicare.org to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at metroplusmedicare.org
- 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), to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services for help at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm (After-hours answering service: 800.442.2560.) For more information on your rights when a network provider leaves our plan, see Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can 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.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* at metroplusmedicare.org to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at metroplusmedicare.org.
- 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), to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services for help at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. (After-hours answering service: 800.442.2560.)

Section 1.5 – Changes to Benefits and Costs for Medical Services

The *Annual Notice of Change* tells you about changes to your Medicare and Medicaid benefits and costs.

	2025 (this year)	2026 (next year)
Flex Card	<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.</p> <p>This benefit will be part of the Combined Supplemental Benefits package. Unused flex card balances will expire at the end of each quarter.</p>	<p>You pay \$0 copayment.</p> <p>Members will receive a \$500 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), bathroom safety devices, pet supplies, and chiropractor visits.</p> <p>This benefit will be part of the Combined Supplemental Benefits package. Unused flex card balances will expire at the end of each quarter.</p>
Vision (Eyewear)	<p>You pay \$0 copayment.</p> <p>Eyewear for up to \$450 per year</p>	<p>You pay \$0 copayment.</p> <p>Eyewear for up to \$500 per year</p>

	2025 (this year)	2026 (next year)
Podiatry Routine Visits	You pay \$0 copayment. 8 visits per year	You pay \$0 copayment. 12 visits per year
Non-Emergency Transportation	You pay \$0 copayment. 48 one-way trips per year	You pay \$0 copayment. Unlimited trips per year

Section 1.6 – Changes to Part D 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 calendar 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're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services for more information at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. (After-hours answering service: 800.442.2560.)

Section 1.7 – Changes to Prescription Drug Benefits and Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by **September 30, 2025**, 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), and ask for the *LIS Rider*.

Drug payment stages

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 no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you reach the yearly deductible. Depending on your level of "Extra Help", you may pay \$0 during this phase.

- ***Stage 2: Initial Coverage***

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs (drug costs) reach \$2,100.

- ***Stage 3: Catastrophic Coverage***

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Note: The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our 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 don't count toward out-of-pocket costs.

The following table shows your cost per prescription during the Yearly Deductible stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	\$590 Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts.	\$615 Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts.

Drug Costs in Stage 2: Initial Coverage

The following table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

	2025 (this year)	2026 (next year)
	<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>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>	<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>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 • \$5.10 copay • 25% coinsurance (if No Extra Help) <p>All other drugs: You pay a</p> <ul style="list-style-type: none"> • \$0 copay or • \$4.90 copay or • \$12.65 copay • 25% coinsurance (if No Extra Help) <p>Once you have paid \$2,100 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, see Chapter 6 of your *Evidence of Coverage*.

Once you’ve paid \$2,100 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

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

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	<p>The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January - December). You may be participating in this payment option.</p>	<p>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.</p> <p>To learn more about this payment option, 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), or visit Medicare.gov.</p>

	2025 (this year)	2026 (next year)
Level II appeals and grievance process		<p>Change from integrated appeals and grievances in CY 2025 to unified appeals and grievance procedures in CY 2026. As of January 1, 2026, MAP plans will follow bifurcated Level II appeals and grievance process pathways for Medicare and Medicaid.</p> <p>For additional details regarding this change, please refer to Chapter 9 of the MetroPlus UltraCare (HMO D-SNP) plan's CY2026 <i>Evidence of Coverage</i>, which can be found on our website, metroplusmedicare.org.</p> <p>You can also 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), or visit Medicare.gov.</p>

SECTION 3 How to Change Plans

To stay in MetroPlus UltraCare (HMO D-SNP), you don't need to do anything. Unless you sign up for a different plan, or change to Original Medicare by December 7, you'll automatically be enrolled in our MetroPlus UltraCare (HMO D-SNP).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from MetroPlus UltraCare (HMO D-SNP).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from MetroPlus UltraCare (HMO D-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. For more information on how to do this, 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.) Or, call **Medicare** at 1-800-MEDICARE (800.633.4227) and ask to be disenrolled. TTY users can call 877.486.2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (see Section 3).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [Medicare.gov](https://www.medicare.gov); check the *Medicare & You 2026* handbook; call your State Health Insurance Assistance Program (see Section 6); or call 1-800-MEDICARE (800.633.4227). As a reminder, MetroPlus Health Plan, Inc. offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 – Deadlines for changing plans

People with Medicare can make changes to their coverage from **October 15 - December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage), or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 and March 31, 2026.

Section 3.2 – Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs

- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- 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 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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) 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 (2) full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (800.633.4227). TTY users can call 877.486.2048, 24 hours a day, 7 days a week.
 - Social Security, for a representative at 800.772.1213, between 8am and 7pm, Monday - Friday. Automated messages are available 24 hours a day. TTY users can call 800.325.0778.
 - Your State Medicaid office.
- **Help from your state's pharmaceutical assistance program (SPAP).** 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 (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the HIV Uninsured Care Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, 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 payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan, by spreading them across the calendar year (January - December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **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 the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, 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), or visit [Medicare.gov](https://www.medicare.gov).

SECTION 5 Questions?

Get Help from MetroPlus UltraCare (HMO D-SNP)

- Call Member Services at 866.986.0356 (after-hours answering service: 800.442.2560). TTY users call 711. We're available for phone calls Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. Calls to these numbers are free.
- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for MetroPlus UltraCare (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at metroplusmedicare.org, or call Member Services at 866.986.0356 (TTY users call 711) to ask us to mail you a copy. You can also review the *Evidence of Coverage* to see if other benefits or cost changes affect you.

- Visit metroplusmedicare.org

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

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).

Call HIICAP to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call 800.701.0501. Learn more about HIICAP by visiting nyconnects.ny.gov.

Get Help 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 can call 877.486.2048.

- **Chat live with [Medicare.gov](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at P.O. Box 1270, Lawrence, KS 66044

- **Visit [Medicare.gov](https://www.medicare.gov)**

The official Medicare website has information about costs, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (800.633.4227). TTY users can call 877.486.2048.

Get Help from Medicaid

To get information from Medicaid, you can call the New York State Medicaid Program at 1.800.541.2831 (TTY: 711). Call Monday through Friday, 8:00am - 8:00pm, Saturday 9:00am - 1:00pm. You can also visit the New York Medicaid website (www.health.ny.gov/health_care/medicaid).

New York State's Medicaid Program – contact information

Call	1.800.541.2831 Monday to Friday, 8:00am - 8:00pm; Saturday, 9:00am - 1:00pm
TTY	711 This number requires special telephone equipment and is only for people who have difficulties hearing or speaking.
Write	You can write to your Local Department of Social Services (LDSS). Find the address for your LDSS here: www.health.ny.gov/health_care/medicaid .
Website	www.health.ny.gov/health_care/medicaid

The New York State ombudsman program helps people enrolled in Medicaid with service or billing problems. They can help you file a grievance or appeal with our plan.

Independent Consumer Advocacy Network (ICAN) – contact information

Call	1-844-614-8800 Mon.-Fri. 9:00 AM - 5:00 PM
TTY	711 This number requires special telephone equipment and is only for people who have difficulties hearing or speaking.
Write	Independent Consumer Advocacy Network (ICAN) Community Service Society of New York 633 Third Ave, 10th Floor New York, NY 10017 EMAIL: ican@cssny.org
Website	www.icannys.org

Community Health Access to Addiction and Mental Healthcare Project (CHAMP) – contact information

Call	1.888.614.5400, Monday to Wednesday, 9:00am - 7:00pm; Thursday to Friday, 9:00am - 4:00pm
TTY	711

	This number requires special telephone equipment and is only for people who have difficulties hearing or speaking.
Write	Community Health Access to Addiction and Mental Healthcare Project (CHAMP) Community Service Society of New York 633 Third Ave, 10th Floor New York, NY 10017 email: ombuds@oasas.ny.gov
Website	www.champny.org

The New York State Office of Long Term Care ombudsman program helps people get information about nursing homes and resolve problems between nursing homes and residents or their families.

The New York State Long Term Care Ombudsman Program – contact information

Call	1.855.582.6769, Monday to Friday, 9:00am – 5:00pm
Write	2 Empire State Plaza, 5th fl. Albany, NY 12223 email: ombudsman@aging.ny.gov
Website	www.aging.ny.gov/long-term-care-ombudsman-program

**Notification for MAP Member Handbook Insert
Regarding the Unified Plan-level Appeals and Grievance Process
LETTER FROM PLAN TO MEMBERS**

Dear MetroPlus UltraCare member:

This mailing is letting you know about an important update to your member handbook. The update will be available on our website at metroplusmedicare.org. Please read this update carefully. The MAP appeals and grievance process is changing. These changes take effect January 1, 2026.

The member handbook update tells you about:

1. What is changing between now and December 31, 2025?
2. What is changing on January 1, 2026?
3. Do I still get External Appeal rights for Medicaid covered benefits?
4. Where can I get more information?

A quick reference guide about these changes is attached. 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) if you:

- have any questions about this information;
- cannot access the internet to view the handbook update; or
- want to have the handbook update mailed to you.

Please keep this update with your **MetroPlus UltraCare (HMO D-SNP)** member handbook.

Sincerely,

MetroPlusHealth

Important Change for Medicaid Advantage Plus Member Appeals

What is changing between now and December 31, 2025?

There are no changes to the Level 2 Appeal process until the end of 2025. If we deny your Level 1 Appeal (also known as a Plan Level Appeal), your case will **automatically be sent for a Level 2 Appeal** with the Hearing Office.

What is changing on January 1, 2026?

The way you request a Level 2 Appeal will change. Beginning in January 2026, if you lose the Level 1 Plan appeal, your next appeal steps will depend on whether the service is covered by Medicare or Medicaid. We will send you a written notice called an “*Appeal Decision Letter*,” which will tell you that you lost your Level 1 Appeal.

If the service is covered by Medicaid:

A Level 2 Appeal for services covered by Medicaid is also known as a Fair Hearing. Starting on January 1, 2026, if you lose your Level 1 Appeal, and the benefit is covered by Medicaid, you or your authorized representative must ask the State for a Level 2 (Fair Hearing) Appeal. You will have 120 days to ask for a Level 2 Fair Hearing Appeal.

- **How have Level 2 Appeals changed?**

Prior to January 1, 2026 when your Level 1 Plan Appeal was denied, a Level 2 Appeal was automatically requested for you. You did not have to request a Level 2 Appeal yourself.

If we are reducing, suspending, or stopping the Medicaid services you are getting right now and you want your services to stay the same while you wait for a Level 2 Fair Hearing Appeal decision, you must ask for the Level 2 Fair Hearing Appeal within 10 calendar days from the Level 1 Appeal decision or by the date the appeal decision takes effect, whichever is later. Your services will stay the same until the Level 2 Fair Hearing Appeal decision. If you lose your Level 2 Fair Hearing Appeal, you may have to pay for services you got while waiting for the decision.

If the service is covered by Medicare:

If you lose your Level 1 Appeal, and the benefit is covered by Medicare, we will automatically send your case to Level 2 of the Medicare appeal process to be reviewed by an Independent Review Entity (IRE), as soon as your Level 1 appeal is complete.

If the service is covered by Medicare and Medicaid:

If you lose your Level 1 Appeal, and the benefit is covered by both Medicare and Medicaid, we will automatically send your case to the IRE and you can also ask for a Level 2 Fair Hearing Appeal.

Do I still get External Appeal rights for Medicaid covered benefits?

Yes, if we said the service is not medically necessary, experimental, or investigational, and not different from care you can get in our network or available from a participating provider who has the correct training and experience to meet your needs, then you can still ask the State for an External Appeal. You will have four months to ask for an External Appeal. If you ask for both a Fair Hearing and an External Appeal, the Fair Hearing decision will always be the final answer.

Where can I get more information?

Call Member Services at 866.986.0356 (TTY: 711). Hours are Monday through Friday, 8am to 8pm, and Saturday, 9am to 5pm. (After-hours answering service: 800.442.2560). See Chapter 9 of your *Evidence of Coverage* (EOC) for full information about your appeal rights and how to file an appeal.

You can call the Independent Consumer Advocacy Network (ICAN) to get free, independent advice about your coverage, complaints, and appeals' options. They can help you manage the appeal process. Contact ICAN to learn more about their services:

Phone: 844.614.8800 (TTY Relay Service: 711)

Web: icannys.org | **Email:** ican@cssny.org

Does this change to Member Appeals change my benefits or enrollment?

This change to Member Appeals does not change my benefits or enrollment.

LANGUAGE ASSISTANCE

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-800-303-9626 (TTY: 711).	English
ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-800-303-9626 (TTY: 711).	Spanish
请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 1-800-303-9626 (TTY: 711)。	Chinese Traditional
ملاحظة: خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم 1-800-303-9626 (TTY: 711).	Arabic
주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다. 1-800-303-9626 (TTY: 711) 번으로 연락해 주십시오.	Korean
ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру 1-800-303-9626 (TTY: 711).	Russian
ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il 1-800-303-9626 (TTY: 711).	Italian
ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le 1-800-303-9626 (TTY: 711).	French
ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele 1-800-303-9626 (TTY: 711).	French Creole
אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועילעבל פאר אייך אומזיסט. רופט 1-800-303-9626 (TTY: 711).	Yiddish
UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń: 1-800-303-9626 (TTY: 711).	Polish
ATENSYON: Available ang mga serbisyong tulong sa wika at iba pang tulong nang libre. Tumawag sa 1-800-303-9626 (TTY: 711).	Tagalog
মনোযোগ নামূল্যে ভাষা সহায়তা পরিষেবা এবং অন্যান্য সাহায্য আপনার জন্য উপলব্ধ। 1-800-303-9626 (TTY: 711)-এ ফোন করুন।	Bengali
VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas. Telefononi 1-800-303-9626 (TTY: 711).	Albanian
ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο 1-800-303-9626 (TTY: 711).	Greek
توجہ فرمائیں: زبان میں معاونت کی خدمات اور دیگر معاونتیں آپ کے لیے بلا معاوضہ دستیاب ہیں۔ کال کریں 1-800-303-9626 (TTY: 711)	Urdu
LƯU Ý: Có dịch vụ hỗ trợ ngôn ngữ và các hỗ trợ khác miễn phí cho quý vị. Vui lòng gọi 1-800-303-9626 (TTY: 711).	Vietnamese

LANGUAGE ASSISTANCE

ACHTUNG: Sprachassistenzen und andere Hilfen stehen Ihnen kostenlos zur Verfügung. Rufen Sie 1-800-303-9626 an (TTY: 711).	German
請注意：您可免費取得語言協助服務及其他輔助服務。請撥打 1-800-303-9626（TTY：711 聽障專線）。	Chinese Simplified
ध्यान दें: भाषा संबंधी सहायता सेवाएँ और अन्य सहायता आपके लिए मुफ्त में उपलब्ध हैं। 1-800-303-9626 (TTY: 711) पर कॉल करें।	Hindi
Estão disponíveis, gratuitamente, serviços de assistência linguística e outras formas de apoio. Ligue para 1-800-303-9626 (TTY: 711).	Portuguese
注意：無料の言語支援サービスやその他のサポートをご利用いただけます。1-800-303-9626（TTY：711）までお電話ください。	Japanese