



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

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 2027 MetroPlus Advantage Plan (HMO D-SNP) *Annual Notice of Change* (ANOC), a summary of the changes in benefits and coverage in your plan for the coming year.

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,

A handwritten signature in black ink that reads "Talya Schwartz".

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, 2026. 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 Change for 2027

You're enrolled as a member of MetroPlus Advantage Plan (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, 2026, you'll stay in MetroPlus Advantage Plan (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 2027* 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. You can also 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), for more information. Hours are 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 Advantage Plan (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.
- **MetroPlusHealth 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. 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). Our plan also has a written agreement with the New York Medicaid program to coordinate your Medicaid benefits.
- When this material 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).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in MetroPlus Advantage Plan (HMO D-SNP).** Starting January 1, 2027, you’ll get your medical and drug coverage through MetroPlus Advantage Plan (HMO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

Table of Contents

Summary of Important Costs for 2027	4
SECTION 1 Changes to Benefits & Costs for Next Year.....	9
Section 1.1 Changes to the Monthly Plan Premium.....	9
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount.....	9
Section 1.3 Changes to the Provider/Pharmacy Network	10
Section 1.4 Changes to Benefits & Costs for Medical Services	10
Section 1.5 Changes to Part D Drug Coverage	12
Section 1.6 Changes to Prescription Drug Benefits & Costs	13
SECTION 2 How to Change Plans	19
Section 2.1 Deadlines for Changing Plans.....	19
Section 2.2 Are there other times of the year to make a change?	19
SECTION 3 Get Help Paying for Prescription Drugs.....	20
SECTION 4 Questions?	21
Get Help from MetroPlus Advantage Plan (HMO D-SNP).....	21
Get Free Counseling about Medicare	22
Get Help from Medicare	22
Get Help from Medicaid	23

Summary of Important Costs for 2027

	2026 (this year)	2027 (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 \$58.80	Depending on your level of “Extra Help”: \$0 or up to \$40.50
Deductible	\$283 (except for insulin furnished through an item of durable medical equipment.) If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.	\$283* (except for insulin furnished through an item of durable medical equipment.) *These are 2026 cost-sharing amounts and can change for 2027. MetroPlus Advantage Plan (HMO D-SNP) will provide updated rates as soon as they’re released.
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. (Go to Section 1 for details.)	\$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.	\$9,850 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 or 20% per visit If you are eligible for Medicare cost-sharing help	\$0 or 20% per visit If you are eligible for Medicare cost-sharing

	2026 (this year)	2027 (next year)
	under Medicaid, you pay \$0 per visit	help under Medicaid, you pay \$0 per visit
Specialist office visits	0 or 20% per visit If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.	0 or 20% per visit If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	Per benefit period: \$0 or \$1,736 deductible* • Days 1-60: \$0 copayment per day • Days 61-90: \$434* copayment per day • 60 Lifetime Reserve Days: \$868* copayment per day *If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0	Per benefit period: \$0 or \$1,736 deductible*+ • Days 1-60: \$0 copayment per day • Days 61-90: \$434*+ copayment per day • 60 Lifetime Reserve Days: \$868*+ copayment per day +If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 * These are 2026 cost-sharing amounts and can change for 2027. MetroPlus Advantage Plan (HMO D-SNP) will provide updated rates as soon as they're released.
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible: \$615, except for covered insulin products and most adult Part D vaccines	Part D drug coverage deductible: \$700, except for covered insulin products and most adult Part D vaccines

	2026 (this year)	2027 (next year)
	Depending on your level of “Extra Help”, you may pay \$0 during this phase. Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts: Copayment/Coinsurance as applicable during the Initial Coverage Stage: Drug Tier 1 -2: \$0 copay Drug Tier 3: - For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.60 copay or \$5.10 copay or 25% coinsurance (if No Extra Help) - For brand drugs (including generic drugs treated as brand): \$0 copay or \$4.90 copay or \$12.65 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. Drug Tier 4:	Depending on your level of “Extra Help”, you may pay \$0 during this phase. Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts: Copayment/Coinsurance as applicable during the Initial Coverage Stage: Drug Tier 1 -2: \$0 copay Drug Tier 3: - For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.65 copay or \$5.80 copay or 25% coinsurance (if No Extra Help) - For brand drugs (including generic drugs treated as brand): \$0 copay or \$5.00 copay or \$14.40 copay or 25% coinsurance (if No Extra Help) You pay no more than \$35 per month supply of each covered insulin product on this tier

	2026 (this year)	2027 (next year)
	- For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.60 copay or \$5.10 copay or 27% coinsurance (if No Extra Help) - For brand drugs (including generic drugs treated as brand): \$0 copay or \$4.90 copay or \$12.65 copay or 27% coinsurance (if No Extra Help) You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: - For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.60 copay or \$5.10 copay or 25% coinsurance (if No Extra Help) - For brand drugs (including generic drugs treated as brand): \$0 copay or \$4.90 copay or	Drug Tier 4: - For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.65 copay or \$5.80 copay or 27% coinsurance (if No Extra Help) - For brand drugs (including generic drugs treated as brand): \$0 copay or \$5.00 copay or \$14.40 copay or 27% coinsurance (if No Extra Help) You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: - For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.65 copay or \$5.80 copay or 25% coinsurance (if No Extra Help)

	2026 (this year)	2027 (next year)
	\$12.65 copay or 25% coinsurance (if No Extra Help) You pay no more than \$35 per month supply of each covered insulin product on this tier. • Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs.	• For brand drugs (including generic drugs treated as brand): \$0 copay or \$5.00 copay or \$14.40 copay or 25% coinsurance (if No Extra Help) You pay no more than \$35 per month supply of each covered insulin product on this tier. • Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 – Changes to the Monthly Plan Premium

	2026 (this year)	2027 (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 \$58.80	Depending on your level of "Extra Help": \$0 or up to \$40.50

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.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by 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.	\$9,250	\$9,850 Once you've paid \$9,850 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.

	2026 (this year)	2027 (next year)
Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.		

Section 1.3 – Changes to the Provider/Pharmacy Network

Our network of providers and pharmacies has changed for next year. Review the 2027 *Provider/Pharmacy 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/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 provider information or to ask us to mail you a *Provider/Pharmacy 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 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 help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

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.

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 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 help.

Section 1.4 – Changes to Benefits & Costs for Medical Services

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

	2026 (this year)	2027 (next year)
Acupuncture (supplemental)	You pay a \$0 copay for 20 visits per year.	You pay a \$0 copay for unlimited visits per year.
Flex Card	You pay \$0 copayment. 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. This benefit will be part of the Combined Supplemental Benefits package. Unused flex card balances will expire at the end of each quarter.	You pay \$0 copayment. Members will receive a \$780 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, chiropractor visits and rent assistance (Rent assistance: Exclusively via the Visa network).* This benefit will be part of the Combined Supplemental Benefits package. Unused flex card balances will expire at the end of each quarter *Note: For food, utilities, pet supplies, and rent assistance, additional conditions apply. For further details, please see the statement on page 25.
Nutritional/Dietary Benefit	You pay a \$0 copay for 6 visits per year.	You pay a \$0 copay for unlimited visits per year.

Eyewear	You have a \$450 per year benefit.	You have a \$500 per year benefit.
Hearing Aids	\$500 per year (Both ears combined)	\$2,000 per year (Both ears combined)
Hearing routine exam	Not covered.	You pay a \$0 copay for 1 routine exam per year.
Hearing Aid fitting	Not covered.	You pay a \$0 copay for 1 routine fitting per year.
Podiatry Services: Routine Foot Care	You pay a \$0 copay for 8 visits per year.	You pay a \$0 copay for 12 visits per year.
Non-Emergency Transportation Services - Plan Approved Health-related Location	You pay a \$0 copay for 48 one-way trips per year.	You pay a \$0 copay for 50 one-way trips per year.

Section 1.5 – 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.

You can get the *complete Drug List* by calling 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 by visiting our website at metroplusmedicare.org.

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 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.

Section 1.6 – Changes to Prescription Drug Benefits & 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 you about your drug costs. If you get Extra Help and you don't get this material by **September 30, 2026**, 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 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***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 reach \$2,400.

- ***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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	\$615 Depending on your level of “Extra Help”, you may pay \$0 during this phase. During this stage, you pay \$0 cost sharing for drugs on Tiers 1 - 2 and the full cost of drugs on Tier 3 - 5 until you’ve reached the yearly deductible.	\$700 Depending on your level of “Extra Help”, you may pay \$0 during this phase. During this stage, you pay \$0 cost sharing for drugs on Tiers 1 - 2 and the full cost of drugs on Tier 3 - 5 until you’ve reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

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

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, go to Chapter 6 of your *Evidence of Coverage*.

Once you’ve paid \$2,400 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts: Copayment as applicable during the Initial Coverage Stage: \$0 copay	Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts: Copayment as applicable during the Initial Coverage Stage: \$0 copay

	2026 (this year)	2027 (next year)
Tier 2 We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts: Copayment as applicable during the Initial Coverage Stage: \$0 copay	Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts: Copayment as applicable during the Initial Coverage Stage: \$0 copay

	2026 (this year)	2027 (next year)
Tier 3 We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts: Copayment as applicable during the Initial Coverage Stage: For generic drugs (including brand drugs treated as generic): • \$0 copay or • \$1.60 copay or • \$5.10 copay or • 25% coinsurance (if No Extra Help) For brand drugs (including generic drugs treated as brand): • \$0 copay or • \$4.90 copay or • \$12.65 copay or • 25% coinsurance (if No Extra Help) You pay no more than \$35 per month supply of each covered insulin product on this tier.	Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts: Copayment as applicable during the Initial Coverage Stage: For generic drugs (including brand drugs treated as generic): • \$0 copay or • \$1.65 copay or • \$5.80 copay or • 25% coinsurance (if No Extra Help) For brand drugs (including generic drugs treated as brand): • \$0 copay or • \$5.00 copay or • \$14.40 copay or • 25% coinsurance (if No Extra Help) You pay no more than \$35 per month supply of each covered insulin product on this tier.

	2026 (this year)	2027 (next year)
Tier 4 We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.]	Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts: Copayment as applicable during the Initial Coverage Stage: For generic drugs (including brand drugs treated as generic): • \$0 copay or • \$1.60 copay or • \$5.10 copay or • 27% coinsurance (if No Extra Help) For brand drugs (including generic drugs treated as brand): • \$0 copay or • \$4.90 copay or • \$12.65 copay or • 27% coinsurance (if No Extra Help) You pay no more than \$35 per month supply of each covered insulin product on this tier.	Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts: Copayment as applicable during the Initial Coverage Stage: For generic drugs (including brand drugs treated as generic): • \$0 copay or • \$1.65 copay or • \$5.80 copay or • 27% coinsurance (if No Extra Help) For brand drugs (including generic drugs treated as brand): • \$0 copay or • \$5.00 copay or • \$14.40 copay or • 27% coinsurance (if No Extra Help) You pay no more than \$35 per month supply of each covered insulin product on this tier.

	2026 (this year)	2027 (next year)
Tier 5 We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts: Copayment as applicable during the Initial Coverage Stage: For generic drugs (including brand drugs treated as generic): • \$0 copay or • \$1.60 copay or • \$5.10 copay or • 25% coinsurance (if No Extra Help) For brand drugs (including generic drugs treated as brand): • \$0 copay or • \$4.90 copay or • \$12.65 copay or • 25% coinsurance (if No Extra Help) You pay no more than \$35 per month supply of each covered insulin product on this tier.	Depending on your level of “Extra Help”, you may pay the following cost-sharing amounts: Copayment as applicable during the Initial Coverage Stage: For generic drugs (including brand drugs treated as generic): • \$0 copay or • \$1.65 copay or • \$5.80 copay or • 25% coinsurance (if No Extra Help) For brand drugs (including generic drugs treated as brand): • \$0 copay or • \$5.00 copay or • \$14.40 copay or • 25% coinsurance (if No Extra Help) You pay no more than \$35 per month supply of each covered insulin product on this tier.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

SECTION 2 How to Change Plans

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

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from MetroPlus Advantage Plan (HMO D-SNP). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage**, you can enroll in a Part D plan, and you'll automatically be disenrolled from MetroPlus Advantage Plan (HMO D-SNP).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. 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) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (800.633.4227) and ask to be disenrolled. TTY users can call 877.486.2048.
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (800.633.4227). As a reminder, MetroPlus Health Plan, Inc. offers other Medicare health plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

Section 2.1 – 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, 2027, 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 – March 31, 2027.

Section 2.2 – 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 2 full months after the month you move out.

SECTION 3 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 at 800.772.1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. 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 AIDS Drug Assistance Program (ADAP). 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 1-800-542-2437 or 1-844-682-4058 (TTY 711), Monday - Friday, 9:00AM - 5:00PM. 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. 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 2027 you do not need to submit a new election request to continue participating in 2027. **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. 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 4 Questions?

Get Help from MetroPlus Advantage Plan (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 (after-hours answering service: 800.442.2560). Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for MetroPlus Advantage Plan (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: 711), Monday

to Friday, 8am to 8pm, and Saturday, 9am to 5pm (after-hours answering service: 800.442.2560) to ask us to mail you a copy. You can also review the *Evidence of Coverage* to see if other benefit 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 HIICAP at 800.701.0501. Learn more about HIICAP by visiting <https://aging.ny.gov>.

Get Help from Medicare

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

You can call 1-800-MEDICARE (800.633.4227), 24 hours a day, 7 days a week. TTY users 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 PO Box 1270, Lawrence, KS 66044

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

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

- Read *Medicare & You 2027*

The *Medicare & You 2027* 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 1-877-486-2048.

Get Help from Medicaid

To get information from Medicaid, you can call the New York State Medicaid Program at 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 ([health.ny.gov/health_care/medicaid](https://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/ldss .
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

This ombudsman can help enrollees in our Health and Recovery Plan (HARP) and in our Medicaid Managed Care (MMC) plan that get long-term services and supports

Call	1.844.61.-8800 Mon.-Fri. 9:00am - 5:00pm
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 fl.

	New York, NY 10017 email: ican@cssny.org
Website	www.icannys.org

Community Health Advocates (CHA) – contact information

Call	1.888.614.5400 Monday to Friday, 9am - 4pm
TTY	711 This number requires special telephone equipment and is only for people who have difficulties hearing or speaking.
Write	Community Health Advocates Community Service Society of New York 633 Third Ave, 10th fl. New York, NY 10017 email: cha@cssny.org
Website	www.communityhealthadvocates.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

All members receive a Flex Card; however, only members who qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use their Flex Card funds for food, utilities, pet supplies, and rent assistance. All members, even those that do not qualify, can use their Flex Card for OTC items, home and bathroom safety devices, chiropractic visits, and Personal Emergency Response System (PERS) services. To use your Flex Card for food, utilities, pet supplies, and rent assistance: 1) You must have a chronic condition, which includes but is not limited to: cardiovascular disorders, diabetes mellitus, kidney disease, cancer, or disabling mental health conditions, among other conditions not listed; 2) the plan must determine that you are “chronically ill;” and 3) these extra benefits must reasonably improve your health or function. Please note that additional conditions, limitations, and requirements may apply.

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NOTICE OF AVAILABILITY |

LANGUAGE SERVICES AND AUXILIARY AIDS AND SERVICES

ATTENTION: Language assistance services, and auxiliary aids and services, free of charge, are available to you. Call 1.866.986.0356 (TTY: 711).	English
ATENCIÓN: Tiene a su disposición, sin costo alguno, servicios de asistencia lingüística, y ayudas y servicios auxiliares. Llame al 1.866.986.0356 (TTY: 711).	Spanish
注意: 您可以獲得免費的語言援助服務以及輔助工具和服務。請致電: 1.866.986.0356 (聽力障礙電傳: 711)。	Chinese Cantonese
تنبيه: تتوفر خدمات المساعدة اللغوية، والوسائل المساعدة والخدمات الإضافية لك بشكل مجاني. اتصل على الرقم 1.866.986.0356 (الهاتف النصي: 711).	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스와 보조 지원 및 서비스를 무료로 이용하실 수 있습니다. 1.866.986.0356 (TTY: 711) 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ! Вы можете воспользоваться бесплатными услугами языковой помощи и вспомогательными устройствами/средствами для восприятия информации. Звоните по тел.: 1(866)986-0356 (телетайп: 711).	Russian
ATTENZIONE: sono disponibili gratuitamente per Lei servizi di assistenza linguistica, accanto ad altri ausili e servizi. Telefoni al numero 1.866.986.0356 (Per gli utenti TTY: telefoni al numero 711).	Italian
ATTENTION : Des services d'assistance linguistique ainsi que des aides et services auxiliaires sont mis gratuitement à votre disposition. Appelez le 1.866.986.0356 (TTY: 711).	French
ATANSYON: Sèvis asistans lang yo ak sèvis ak èd konplemantè yo gratis e disponib pou ou. Rele nan 1.866.986.0356 (TTY: 711).	French Creole
אכטונג: לרשותכם שירותי סיוע בשפה, ועזרים ושירותים גלויים ללא תשלום. רופט 1.866.986.0356 (TTY: 711).	Yiddish
UWAGA: Mogą Państwo bezpłatnie korzystać z pomocy językowej, pomocy dodatkowych oraz innych usług. Proszę dzwonić pod numer 1-866-986-0356 (TTY: 711).	Polish
PAUNAWA: Ang mga serbisyo ng tulong sa wika, at mga pantulong na tulong at serbisyo, na walang bayad, ay available sa iyo. Tumawag sa 1.866.986.0356 (TTY: 711).	Tagalog

মনোযোগ দিন: এখানে আপনার জন্য ভাষা সহায়তা পরিষেবা এবং অতিরিক্ত সাহায্য ও পরিষেবা বিনামূল্যে উপলভ্য রয়েছে। 1.866.986.0356 (TTY: 711)-তে কল করুন।	Bengali
VINI RE: Shërbime për ndihmë gjuhësore, si dhe ndihmë dhe shërbimet ndihmëse, janë në dispozicion për ju pa pagesë. Telefononi 1.866.986.0356 (TTY: 711).	Albanian
ΠΡΟΣΟΧΗ: Οι υπηρεσίες βοήθειας στη γλώσσα σας και τα βοηθήματα και οι υποστηρικτικές υπηρεσίες, διατίθενται δωρεάν σε εσάς. Καλέστε τον αριθμό 1.866.986.0356 (TTY: 711).	Greek
توجہ فرمائیں: آپ کو زبان کی معاونت کی خدمات اور اضافی امدادی آلات و خدمات، مفت فراہم کی جاتی ہیں۔ کال کریں 1.866.986.0356 (TTY: 711)	Urdu
LƯU Ý: Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ và các dịch vụ hỗ trợ khác, miễn phí cho quý vị. Hãy gọi 1.866.986.0356 (TTY: 711).	Vietnamese
BEACHTEN SIE: Es stehen Ihnen kostenlose Sprachdienste, Hilfen und Dienstleistungen zur Verfügung. Rufen Sie 1.866.986.0356 (TTY: 711) an.	German
注意：我们可为您提供免费的语言协助服务以及辅助工具和服务。请致电：1.866.986.0356（听力障碍电传：711）。	Chinese Mandarin
ध्यान दें: भाषा सहायता सेवाएँ, और सहायक सहायता एवं सेवाएँ आपके लिए निःशुल्क उपलब्ध हैं। 1.866.986.0356 (TTY: 711) पर कॉल करें।	Hindi
ATENÇÃO: Encontram-se disponíveis serviços de apoio linguístico gratuitos e ajudas e serviços auxiliares. Ligue para 1.866.986.0356 (TTY: 711).	Portuguese
注意：言語サポートサービスおよび補助器具・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