Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CDPHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CDPHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the CDPHP Civil Rights Coordinator.

If you believe that CDPHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: CDPHP Civil Rights Coordinator, 500 Patroon Creek Blvd., Albany, NY 12206, 1-844-391-4803 (TTY/TDD: 711), Fax (518) 641-3401. You can file a grievance by mail, fax, or electronically at https://www.cdphp.com/customer-support/email-cdphp. If you need help filing a grievance, the CDPHP Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD 1-800-537-7697).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for CDPHP Flex (PPO) in several important areas. **Please note this is only a summary of changes**. A copy of the *Evidence of Coverage* is located on our website at https://www.cdphp.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
Monthly plan premium (See Section 1.1 for details.)	$0.00	$0.00
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: $5,500 From in-network and out-of-network providers combined: $10,000	From network providers: $5,500 From in-network and out-of-network providers combined: $10,000
Doctor office visits	**In-Network:** Enhanced Primary Care Physician visits: $0.00 per visit Primary care visits: $0.00 per visit Specialist visits: $40.00 per visit **Out-of-Network:** Primary care visits: $40.00 per visit Specialist visits: 30% per visit	**In-Network:** Enhanced Primary Care Physician visits: $0.00 per visit Primary care visits: $0.00 per visit Specialist visits: $40.00 per visit **Out-of-Network:** Primary care visits: $40.00 per visit Specialist visits: 30% 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 are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	**In-Network:** $310 per day for days 1-6 $0 per day after day 6 **Out-of-Network:** 30% coinsurance per day	**In-Network:** $310 per day for days 1-6 $0 per day after day 6 **Out-of-Network:** 30% coinsurance per day

Annual Notice of Changes for 2022
Table of Contents

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0.00	$0.00

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. These limits are called the "maximum out-of-pocket amounts." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.	$5,500	$5,500 Once you have paid $5,500 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	$10,000	$10,000 Once you have paid $10,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at https://www.cdphp.com/medicare/doctors. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2022 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2022 Evidence of Coverage*.

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
Chronic Condition Management Meal Program Benefit	**In-Network & Out-of-Network** Not covered.	**In-Network** This 6-week program provides eligible members 3 meals per day for no cost-share. Eligibility for the program include, but are not limited to, specific chronic conditions and engagement with care management. **Out-of-Network** Not covered.
Dental Restorative Services	**In-Network & Out-of-Network** Not covered.	**In-Network** You pay a $60-$595 copayment for restorative services performed by a provider in the Delta Dental Medicare Advantage Network for CDPHP. **Out-of-Network** If you visit a dentist that is not in the Delta Dental Medicare Advantage Network for CDPHP, you will be eligible to be reimbursed up to $250 for diagnostic, preventive, and restorative dental services per year. Teeth whitening not covered.
Eyewear	**In-Network & Out-of-Network** You have a $75 allowance for eyewear annually.	**In-Network & Out-of-Network** You have a $125 allowance for eyewear annually.

Cost	2021 (this year)	2022 (next year)
In-Home Support Services	**In-Network & Out-of-Network** Not covered.	**In-Network** No cost-share for 30 hours per year of assistance with Instrumental Activities of Daily Living (IADLs) from a CDPHP-approved partner. Members can either be supported in-home and/or virtually. **Out-of-Network** Not covered.
Medicare Part B Insulin	**In-Network** You pay a 20% coinsurance for Medicare Part B insulin.	**In-Network** You pay a $35 copayment for Medicare Part B insulin.
Over-the-counter (OTC) items	**In-Network & Out-of-Network** Not covered.	**In-Network** $25 allowance per quarter. **Out-of-Network** Not covered.
Skin Cancer Screenings	**In-Network** You pay a $40 copayment for skin cancer screenings.	**In-Network** You pay a $0 copayment for skin cancer screenings.
Virtual Cardiac Rehabilitation Services	**In-Network & Out-of-Network** Not covered.	**In-Network** Members will now have access to a virtual cardiac rehabilitation program for no cost-share from a CDPHP-approved partner. **Out-of-Network** Not covered.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in CDPHP Flex (PPO)

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 CDPHP Flex (PPO).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- -- *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. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Capital District Physicians' Health Plan, Inc. offers other Medicare health plans and Medicare prescription drug 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 CDPHP Flex (PPO).
    - To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from CDPHP Flex (PPO). 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 this (phone numbers are in Section 6.1 of this booklet).
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 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, 2022.

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

In certain situations, changes are also allowed at other times of the year. For example, 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 may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2022, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New York state, the SHIP is called Health Insurance Information Counseling & Assistance Program (HIICAP*)*.

Health Insurance Information Counseling & Assistance Program (HIICAP*)* is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Health Insurance Information Counseling & Assistance Program (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:

Albany County: Department for Aging, 162 Washington Ave., Albany, NY 12210, (518) 447-7198
Broome County: Broome County Office Building, 60 Hawley St., 4th Floor, P.O. Box 1766, Binghamton, NY 13902-1766, (607) 778-2411
Chenango County: County Office Building, 5 Court St., Norwich, NY 13815-1794, (607) 337-1770
Clinton County: 135 Margaret St., Suite 105, Plattsburgh, NY 12901, (518) 565-4620
Columbia County: Office for the Aging, 325 Columbia St., Hudson, NY 12534, (518) 828-4258
Delaware County: Office for the Aging, 97 Main St., Suite 2, Delhi, NY 13753, (607) 832-5750
Essex County: Office for the Aging PO Box 217, 132 Water Street Elizabethtown, New York 12932-0217 (518) 873-3695
Franklin County: 355 W. Main St., Ste. 447, Malone, NY 12953, (518) 481-1526
Fulton County: Office for Aging, 19 N. William St., Johnstown, NY 12095-2534, (518) 736-5650
Greene County: Department for the Aging, 411 Main St., Catskill, NY 12414, (518) 719-3555
Hamilton County: Warren/Hamilton Counties Office for the Aging, Human Services Building, 1340 State Route 9, Lake George, NY 12845, (518) 761-6347
Herkimer County: Office for the Aging, 109 Mary St., Suite 1101, Herkimer, NY 13350-2924, (315) 867-1121
Jefferson County: Office for the Aging 175 Arsenal St #2nd, Watertown, NY 13601 (315) 785-3191
Lewis County: P.O. Box 193, 5274 Outer Stowe St., Lowville, NY 13367 (315) 376-5313
Madison County: Office for the Aging, 138 Dominick Bruno Blvd., Canastota, NY 13032, (315) 697-5700

Montgomery County: Office for the Aging, 135 Guy Park Ave., Amsterdam, NY 12010, (518) 843-2300 Ext. 229
Oneida County: Office for Aging and Continuing Care, 120 Airline Street – Suite 201., Oriskany, NY 13424, (315) 798-5456
Otsego County: Meadows Office Complex, Suite 5, 140 County Highway 33W, Cooperstown, NY 13326, (607) 547-4232
Rensselaer County: Unified Family Services, Department for the Aging, 1600 Seventh Ave., 4th floor, Troy, NY 12180-3798, (518) 270-2730
Saratoga County: Office for the Aging, 152 W. High St., Ballston Spa, NY 12021-3528, (518) 884-4100
Schenectady County: Department of Senior and Long Term Care Services, Schaffer Heights, 107 Nott Terrace, Suite 202, Schenectady, NY 12308, (518) 382-8481
Schoharie County: Office for the Aging, 113 Park Place, Suite 3, Schoharie, NY 12157, (518) 295-2001
St. Lawrence County: Office for the Aging Human Service Center 80 State Highway 310 Suite 7, Canton, NY 13617 (315) 386-4730
Tioga County: Tioga Opportunities, Inc. – Aging Services, 9 Sheldon Guile Blvd., Owego, NY 13827, (607) 687-4120
Warren County: Warren/Hamilton Counties Office for the Aging, Human Services Building, 1340 State Route 9, Lake George, NY 12845, (518) 761-6347
Washington County: Washington County CARES, Office for Aging and Disability Resources, 383 Broadway, Fort Edward, NY 12828, (518) 746-2420

You can learn more about HIICAP by visiting their website (https://www.aging.ny.gov).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
    - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** New York state 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 (the name and phone numbers for this organization are in Section 4 of this booklet).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for

prescription cost-sharing assistance New York State AIDS Drug Assistance Program (ADAP, (518) 459-1641 or 1-800-542-2437 (in state only)).Note: 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.

- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. (518) 459-1641 or 1-800-542-2437

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (518) 459- 1641 or 1-800-542-2437.

SECTION 6 Questions?

Section 6.1 – Getting Help from CDPHP Flex (PPO)

Questions? We're here to help. Please call Member Services at (518) 641-3950 or 1-888-248-6522. (TTY only, call 711.) We are available for phone calls 8 a.m. – 8 p.m. seven days a week. From April 1 to September 30, our hours are Monday – Friday, 8 a.m. – 8 p.m. A voice messaging service is used after hours, weekends, and federal holidays. Calls will be returned within one business day. Member Services has free language-interpreter services available for non-English speakers. Calls to these numbers are free.

Read your 2022 *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 2022. For details, look in the 2022 *Evidence of Coverage* for CDPHP Flex (PPO). 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 https://www.cdphp.com. 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 https://www.cdphp.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.