



CDPHP® Basic Rx (HMO) offered by Capital District Physicians' Health Plan, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of CDPHP Basic Rx (HMO). Next year, there will be some changes to the plan's costs and benefits. *Please see page 4 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at cdphp.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital)
 - Review the changes to our drug coverage, including authorization requirements and costs
 - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.

- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in *CDPHP Basic Rx (HMO)*
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with *CDPHP Basic Rx (HMO)*
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Member Services number at (518) 641-3950 or 1-888-248-6522 for additional information. (TTY users should call 711.) Hours are 8 a.m. – 8 p.m. seven days a week October 1 through March 31. From April 1 to September 30, our hours are 8 a.m. – 8 p.m. Monday – Friday. 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 (phone numbers are in Section 6.1 of this booklet).
- This information is available in different formats, including large print. Please call Member Services if you need plan information in another format.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About CDPHP Basic Rx (HMO)

- CDPHP Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Capital District Physicians' Health Plan, Inc. When it says “plan” or “our plan,” it means CDPHP Basic Rx (HMO).

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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>.



Multi-language Interpreter Services

ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call 1-888-248-6522 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-248-6522 (TTY: 711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-248-6522 (TTY: 711)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-248-6522 (телетайп: 711)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-248-6522 (TTY: 711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-248-6522 (TTY: 711)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-248-6522 (TTY: 711)

טפֿור. לאצפא ופ יירפ סעסיוורעס פֿליה דארפֿש קייא ראפ וואהראפ וענעז, שידיא טדער ריא ביוא: סאזקרעמפיוא 1-888-248-6522 (TTY: 711).

लक्ष्य करुनः यदि आपनि बांग्ला, कथा बलते पारैन, तहले निःखरचाय भाषा सहायता परिषेबा उपलब्ध आछे। फोन करुन १-८८८-२४८-६५२२ (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-248-6522 (TTY: 711).

تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل برقم 1-888-248-6522 (رقم هاتف الصم والبكم: 711)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-248-6522 (ATS : 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-888-248-6522 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-248-6522 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-248-6522 (TTY: 711)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-248-6522 (TTY: 711)

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for CDPHP Basic Rx (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$31.00	\$31.00
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	\$6,700	\$6,700
<p>Doctor office visits</p>	<p>\$0 Enhanced Primary Care Physician copayment per visit.</p> <p>\$0 copayment per Primary Care Physician visit.</p> <p>\$45 Specialist copayment per visit.</p>	<p>\$0 Enhanced Primary Care Physician copayment per visit.</p> <p>\$0 copayment per Primary Care Physician visit.</p> <p>\$35 Specialist copayment per visit.</p>

Cost	2022 (this year)	2023 (next year)
<p>Inpatient hospital stays</p>	<p>\$335 per day for days 1 through 6, \$0 per day after day 6.</p>	<p>\$315 per day for days 1 through 6, \$0 per day after day 6.</p>
<p>Part D prescription drug coverage (See Section 1.6 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$3 for a 30-day supply that is filled at a network pharmacy. • Drug Tier 2: \$15 for a 30-day supply that is filled at a network pharmacy. • Drug Tier 3: \$45 for a 30-day supply that is filled at a network pharmacy. • Drug Tier 4: \$97 for a 30-day supply that is filled at a network pharmacy. • Drug Tier 5: 33% of total cost for a 30-day supply that is filled at a network pharmacy. 	<p>Deductible: \$0</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$3 for a 30-day supply that is filled at a network pharmacy. • Drug Tier 2: \$15 for a 30-day supply that is filled at a network pharmacy. • Drug Tier 3: \$45 for a 30-day supply that is filled at a network pharmacy. • Drug Tier 4: \$97 for a 30-day supply that is filled at a network pharmacy. • Drug Tier 5: 33% of total cost for a 30-day supply that is filled at a network pharmacy.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$31.00	\$31.00

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 5 regarding “Extra Help” from Medicare.

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

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$6,700	\$6,700 Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at cdphp.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a *directory*.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
Dental Services	You are covered for two oral exams, two cleanings and two dental x-rays per year and you pay a \$60-\$595 copayment for dental restorative services using providers in the Delta Dental Network. You also receive a \$500 reimbursement for dental services outside of the Delta Dental network per year.	You receive a \$725 reimbursement for any non-cosmetic dental services from any dental provider that hasn't opted out of Medicare. There will be no dental coverage through Delta Dental in 2023.
Diagnostic Testing and Procedures	You pay a \$45 copayment per each diagnostic test and procedure.	You pay a \$35 copayment per each diagnostic test and procedure.

Exams to diagnose and treat diseases and conditions of the eye	You pay a \$45 copayment for exams to diagnose and treat diseases and conditions of the eye.	You pay a \$35 copayment for exams to diagnose and treat diseases and conditions of the eye.
Eyewear	You have a \$125 allowance toward eyewear per year.	You have a \$215 allowance toward eyewear per year.
Inpatient Hospital Stay	You pay a \$335 copayment per day for days 1-6 for an inpatient hospital visit.	You pay a \$315 copayment per day for days 1-6 for an inpatient hospital visit.
Intensive Cardiac Rehabilitation Services	You pay a \$0 copayment per intensive cardiac rehabilitation session.	You pay a \$35 copayment per intensive cardiac rehabilitation session.
Lab Services	You pay a \$45 copayment per each lab service.	You pay a \$5 copayment per each lab service.

Mental Health -- Individual and Group Sessions	You pay a \$40 copayment per each mental health individual and/or group session.	You pay a \$35 copayment per each mental health individual and/or group session.
Medicare Part B Insulin	You pay a \$35 copayment for Medicare Part B insulin per 30, 60 and 90-day supply.	You pay a \$35 copayment for Medicare Part B insulin per 30-day supply.
Non-Routine Medical Covered Dental	You pay a \$45 copayment for non-routine medical covered dental services.	You pay a \$35 copayment for non-routine medical covered dental services.
Occupational Therapy Services	You pay a \$40 copayment per occupational therapy visit.	You pay a \$35 copayment per occupational therapy visit.
Other Health Care Professional Services	You pay a \$45 copayment per each other health care professional visit.	You pay a \$35 copayment per each other health care professional visit.
Outpatient Substance Abuse -- Individual and Group Sessions	You pay a \$40 copayment per each outpatient substance abuse individual and/or group session.	You pay a \$35 copayment per each outpatient substance abuse individual and/or group session.
Over-the-Counter Allowance	You have a \$50 allowance per quarter.	You have a \$75 allowance per quarter.

Physical and Speech-Language Pathology Services	You pay a \$40 copayment for physical and speech-language pathology services.	You pay a \$35 copayment for physical and speech-language pathology services.
Podiatry Services	You pay a \$45 copayment per each podiatry visit.	You pay a \$35 copayment per each podiatry visit.
Psychiatric Services -- Individual and Group Sessions	You pay a \$40 copayment per each psychiatric individual and/or group session.	You pay a \$35 copayment per each psychiatric individual and/or group session.
Routine Hearing Exams	You pay a \$45 copayment for routine hearing exams.	You pay a \$35 copayment for routine hearing exams.
Specialists Services	You pay a \$45 copayment per specialist visit.	You pay a \$35 copayment per specialist visit.
Telemedicine Services - All Other Providers	You pay a \$45 copayment per telemedicine visit with all other providers.	You pay a \$35 copayment per telemedicine visit with all other providers.
Urgent Care	You pay a \$65 copayment for urgently needed services.	You pay a \$60 copayment for urgently needed services.

Weight Management Reimbursement	You are reimbursed \$75 per year for weight management programs.	You are reimbursed \$100 per year for weight management programs.
X-Rays and Ultrasounds	You pay a \$40 copayment for x-rays and ultrasounds.	You pay a \$35 copayment for x-rays and ultrasounds.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” You can get the complete Drug List by calling Member Services (see the back cover) or visiting our website cdphp.com.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs does not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. Because you receive “Extra Help” and if you haven’t received this insert by September 30, please call Pharmacy Customer Care Center at 866-289-2319 and ask for the “LIS Rider.”

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 1: Yearly Deductible Stage</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1: You pay \$3 per prescription.</p> <p>Tier 2: You pay \$15 per prescription.</p> <p>Tier 3: You pay \$45 per prescription.</p> <p>Tier 4: You pay \$97 per prescription.</p> <p>Tier 5: You pay 33% of the total cost.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1: You pay \$3 per prescription.</p> <p>Tier 2: You pay \$15 per prescription.</p> <p>Tier 3: You pay \$45 per prescription.</p> <p>Tier 4: You pay \$97 per prescription.</p> <p>Tier 5: You pay 33% of the total cost.</p>

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p> <p>The costs in this row are for a one-month (30 day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>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.</p>	<p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call the Pharmacy Customer Care Center for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Getting Help from Medicare - If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

Additional Resources to Help – Please contact our Member Services number at (518) 641-3950 or 1-888-248-6522 for additional information. (TTY users should call 711.) Hours are 8 a.m. – 8 p.m. seven days a week October 1 through March 31. From April 1 to September 30, our hours are 8 a.m. – 8 p.m. Monday – Friday. A voice messaging service is used after hours, weekends, and federal holidays. Calls will be returned within one business day.

SECTION 2 Administrative Changes

CHANGE	2022	2023
Mail Order Vendor	CVS Caremark	Walmart

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in CDPHP Basic Rx (HMO)

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 Basic Rx.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

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

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 Basic Rx (HMO).
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from CDPHP Basic Rx (HMO).
- 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. Contact member services if you need more information on how to do so.
 - – *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 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

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.

If you enrolled in a Medicare Advantage plan for January 1, 2023, 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, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 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).

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. 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, 100 Court 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 Street, 2nd floor, Watertown, NY 13601 (315) 785-3191

Lewis County: P.O. Box 193, 7660 N. State Street, 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 12022, (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 ext 9-313

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 6 Programs That Help Pay for Prescription Drugs

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

OMB Approval 0938-1051 (Expires: February 29, 2024)

- **“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. 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 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; 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.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the *New York AIDS Drug Assistance Program (ADAP)*. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (518) 459-1641 or 1-800-542-2437 (in-state only).

SECTION 7 Questions?

Section 7.1 – Getting Help from CDPHP Basic Rx (HMO)

Questions? We’re here to help. Please call Member Services at (518) 641-3950 or 1-888-248-6522. (TTY only, call 711). From October 1 to March 31, 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 2023 *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 2023. For details, look in the 2023 *Evidence of Coverage* for CDPHP Basic Rx (HMO). 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) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (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

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every 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 document, you can get it at the Medicare website <https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf> 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.