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

## Annual Notice of Changes for 2023

You are currently enrolled as a member of CDPHP Choice (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](http://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.**
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### 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)
  - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check to see if your primary care doctors, specialists, hospitals and other providers 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](http://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 Choice (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 Choice (HMO)*.

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- 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. 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About CDPHP Choice (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 Choice (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).

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৮৮-২৪৮-৬৫২২ (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 Choice (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$39.90	\$39.90
<b>Maximum out-of-pocket amount</b> 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.)	\$5,000	\$6,100
<b>Doctor office visits</b>	You pay a \$0 copayment per Enhanced Primary Care Physician visit.  \$0 copayment per Primary Care Physician visit.  \$30 specialist copayment per visit.	You pay a \$0 copayment per Enhanced Primary Care Physician visit.  \$0 copayment per Primary Care Physician visit.  \$25 specialist copayment per visit.
<b>Inpatient hospital stays</b>	\$260 per day for days 1 through 6, \$0 per day after day 6.	\$260 per day for days 1 through 6, \$0 per day after day 6.

## 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)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$39.90	\$39.90

### 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)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium toward your maximum out-of-pocket amount.	\$5,000	\$6,100 Once you have paid \$6,100 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 Network

An updated *Provider Directory* is located on our website at [cdphp.com](http://cdphp.com). You may also call Member Services for updated provider information or to ask us to mail you a *Provider Directory*. **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 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.** 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. 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)
<b>Diagnostic Testing and Procedures</b>	You pay a \$30 copayment per each diagnostic test and procedure.	You pay a \$25 copayment per each diagnostic test and procedure.
<b>Exams to diagnose and treat diseases and conditions of the eye</b>	You pay a \$30 copayment for exams to diagnose and treat diseases and conditions of the eye.	You pay a \$25 copayment for exams to diagnose and treat diseases and conditions of the eye.
<b>Eyewear</b>	You have a \$200 allowance toward eyewear per year.	You have a \$250 allowance toward eyewear per year.
<b>Intensive Cardiac Rehabilitation Services</b>	You pay a \$0 copayment per intensive cardiac rehabilitation session.	You pay a \$25 copayment per intensive cardiac rehabilitation session.
<b>Lab Services</b>	You pay a \$30 copayment per each lab service.	You pay a \$5 copayment per each lab service.
<b>Mental Health -- Individual and Group Sessions</b>	You pay a \$30 copayment per each mental health individual and/or group session.	You pay a \$25 copayment per each mental health individual and/or group session.



<b>Medicare Part B Insulin</b>	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.
<b>Non-Routine Medical Covered Dental</b>	You pay a \$30 copayment for non-routine medical covered dental services.	You pay a \$25 copayment for non-routine medical covered dental services.
<b>Occupational Therapy Services</b>	You pay a \$30 copayment per occupational therapy visit.	You pay a \$25 copayment per occupational therapy visit.
<b>Other Health Care Professional Services</b>	You pay a \$30 copayment per each other health care professional visit.	You pay a \$25 copayment per each other health care professional visit.
<b>Outpatient Substance Abuse -- Individual and Group Sessions</b>	You pay a \$30 copayment per each outpatient substance abuse individual and/or group session.	You pay a \$25 copayment per each outpatient substance abuse individual and/or group session.
<b>Over-the-Counter Allowance</b>	You have a \$50 allowance per quarter.	You have a \$75 allowance per quarter.
<b>Physical and Speech-Language Pathology Services</b>	You pay a \$30 copayment for physical and speech-language pathology services.	You pay a \$25 copayment for physical and speech-language pathology services.
<b>Podiatry Services</b>	You pay a \$30 copayment per each podiatry visit.	You pay a \$25 copayment per each podiatry visit.

<b>Psychiatric Services -- Individual and Group Sessions</b>	You pay a \$30 copayment per each psychiatric individual and/or group session.	You pay a \$25 copayment per each psychiatric individual and/or group session.
<b>Routine Hearing Exams</b>	You pay a \$30 copayment for routine hearing exams.	You pay a \$25 copayment for routine hearing exams.
<b>Specialists Services</b>	You pay a \$30 copayment per specialist visit.	You pay a \$25 copayment per specialist visit.
<b>Telemedicine Services - All Other Providers</b>	You pay a \$30 copayment per telemedicine visit with all other providers.	You pay a \$25 copayment per telemedicine visit with all other providers.
<b>Urgent Care</b>	You pay a \$55 copayment for urgently needed services.	You pay a \$50 copayment for urgently needed services.
<b>Weight Management Reimbursement</b>	You are reimbursed \$75 per year for weight management programs.	You are reimbursed \$100 per year for weight management programs.
<b>X-Rays and Ultrasounds</b>	You pay a \$30 copayment for x-rays and ultrasounds.	You pay a \$25 copayment for x-rays and ultrasounds.

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in CDPHP Choice (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 Choice (HMO).

### 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 2023 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, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://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 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 Choice (HMO).
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from CDPHP Choice (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 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 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, 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. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

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 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).

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) 832-5755

**Essex County:** Office for the Aging PO Box 217, 100 Court Street 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

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- 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 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. 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 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.
- **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 Choice (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 Choice (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).

### 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**

Visit the Medicare website ([www.medicare.gov](http://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](http://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.