

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



Annual Notice of Change for 2027

You're enrolled as a member of CDPHP® Clear Rx (HMO).

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 CDPHP® Clear Rx (HMO).
- 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 <https://www.cdphp.com> or call Customer Care at 1-888-248-6522 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Care at 1-888-248-6522 (TTY users call 711) for more information. 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. This call is free.
- Customer Care 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 Customer Care if you need plan information in another format.

About CDPHP® Clear Rx (HMO)

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

- **If you do nothing by December 7, 2026, you'll automatically be enrolled in CDPHP® Clear Rx (HMO).** Starting January 1, 2027, you'll get your medical and drug coverage through CDPHP® Clear Rx (HMO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

Y0028_26_32583

Table of Contents

Summary of Important Costs for 2027	4
SECTION 1 Changes to Benefits & Costs for Next Year	7
Section 1.1 Changes to the Monthly Plan Premium	7
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount	7
Section 1.3 Changes to the Provider Network.....	8
Section 1.4 Changes to the Pharmacy Network	8
Section 1.5 Changes to Benefits & Costs for Medical Services.....	9
Section 1.6 Changes to Part D Drug Coverage.....	13
Section 1.7 Changes to Prescription Drug Benefits & Costs.....	14
SECTION 2 Administrative Changes	18
SECTION 3 How to Change Plans.....	19
Section 3.1 Deadlines for Changing Plans	19
Section 3.2 Are there other times of the year to make a change?	19
SECTION 4 Get Help Paying for Prescription Drugs	20
SECTION 5 Questions?	21
Get Help from CDPHP® Clear Rx (HMO)	21
Get Free Counseling about Medicare	22
Get Help from Medicare	22

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 1.1 for details.	\$100	\$100
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 1.2 for details.)	\$6,400	\$6,750
Primary care office visits	\$0 copayment per visit.	\$0 copayment per visit.
Specialist office visits	\$0-\$30 copayment per visit.	\$0-\$40 copayment 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.	\$375 per day for days 1 through 6, \$0 per day after day 6.	\$395 per day for days 1 through 6, \$0 per day after day 6.

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$250 for tiers 4,5 excluding covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: <i>Standard: \$5</i> <i>Preferred: \$0</i> Drug Tier 2: <i>Standard: \$18</i> <i>Preferred: \$2</i> Drug Tier 3: <i>Standard: 20%</i> <i>Preferred: 20%</i> Drug Tier 3, Insulin: Standard: \$35 Copayment, 20% Coinsurance Preferred: \$35 Copayment, 20% Coinsurance Drug Tier 4: <i>Standard: 37%</i> <i>Preferred: 37%</i> Drug Tier 4, Insulin: Standard: \$35 Copayment, 25% Coinsurance	Part D drug coverage deductible \$500 for tiers 3, 4 and 5 excluding covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: <i>Standard: \$5</i> <i>Preferred: \$0</i> Drug Tier 1, Insulin: Standard: \$5 Copayment, 25% Coinsurance Preferred: \$0 Copayment, 0% Coinsurance Drug Tier 2: <i>Standard: \$18</i> <i>Preferred: \$7</i> Drug Tier 2, Insulin: Standard: \$18 Copayment, 25% Coinsurance Preferred: \$7 Copayment, 25% Coinsurance Drug Tier 3: <i>Standard: 20%</i> <i>Preferred: 20%</i> Drug Tier 3, Insulin: Standard: \$35 Copayment, 20% Coinsurance

	2026 (this year)	2027 (next year)
	Preferred: \$35 Copayment, 25% Coinsurance Drug Tier 5: <i>Standard: 30%</i> <i>Preferred: 30%</i> Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Preferred: \$35 Copayment, 20% Coinsurance Drug Tier 4: <i>Standard: 35%</i> <i>Preferred: 28%</i> Drug Tier 4, Insulin: Standard: \$35 Copayment, 25% Coinsurance Preferred: \$35 Copayment, 25% Coinsurance Drug Tier 5: <i>Standard: 28%</i> <i>Preferred: 28%</i> Drug Tier 5, Insulin: Standard: \$35 Copayment, 25% Coinsurance Preferred: \$35 Copayment, 25% Coinsurance Catastrophic Coverage Stage: 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.)	\$100	\$100

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 3 for more information about 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'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 Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$6,400	\$6,750 Once you've paid \$6,750 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 Provider *Directory* <https://www.cdphp.com> to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at <https://www.cdphp.com>.
- Call Customer Care at 1-888-248-6522 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Care at 1-888-248-6522 (TTY users call 711) 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*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* <https://www.cdphp.com> to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at <https://www.cdphp.com>.
- Call Customer Care at 1-888-248-6522 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Care at 1-888-248-6522 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Additional sessions of Smoking and Tobacco Cessation Counseling	You pay nothing for this benefit.	Not covered.
Advanced Imaging (CT, MRI)	You pay a \$130 copayment for advanced imaging.	You pay a \$230 copayment for advanced imaging.
Eye Exams	You pay a \$30 copayment for Eye Exams.	You pay a \$40 copayment for Eye Exams.
Eye Exams- Routine Eye Exams	You pay a \$20 copayment for Eye Exams- Routine Eye Exams.	You pay a \$40 copayment for Eye Exams- Routine Eye Exams.
Eyewear Allowance	\$250 allowance towards covered eyewear purchases each year.	Not covered.
Eyewear Post-Cataract Surgery	You pay 20% coinsurance for Eyewear.	You pay a \$40 copayment for Eyewear.
Fitting Evaluation for Hearing Aid	You pay a \$0 minimum copayment for Fitting Evaluation for Hearing Aid. You pay a \$30 maximum copayment for Fitting Evaluation for Hearing Aid.	You pay a \$0 copayment for Fitting Evaluation for Hearing Aid. Must be performed by a TruHearing provider.

	2026 (this year)	2027 (next year)
Health Education	You pay nothing for this benefit.	Not covered.
Hearing Aids (all types)	You pay a \$599 minimum copayment for Hearing Aids. You pay a \$899 maximum copayment for Hearing Aids.	You pay a \$299 minimum copayment for Hearing Aids. You pay a \$799 maximum copayment for Hearing Aids.
Hearing Exams	You pay a \$30 copayment for Hearing Exams.	You pay a \$35 copayment for Hearing Exams.
In-Home Support Services	No cost-share for 60 hours per year of assistance with Instrumental Activities of Daily Living (IADLs) from a CDPHP-approved provider. Members can either be supported in-home and/or virtually.	Not covered.
Inpatient Hospital Services	You pay a \$375 copayment per day in an inpatient hospital setting for days 1-6.	You pay a \$395 copayment per day in an inpatient hospital setting for days 1-6.
Meal Benefit	Access to home-delivered meals following a inpatient hospitalization discharge or based on chronic condition management.	Not covered.
Medical-Covered Non-Routine Dental Services	You pay a \$30 copayment for Dental Services.	You pay a \$40 copayment for Dental Services.
Medicare-covered Additional Telehealth Services	You pay a \$0 minimum copayment for Medicare-covered Additional Telehealth	You pay a \$0 minimum copayment for Medicare-covered Additional

	2026 (this year)	2027 (next year)
	Services. You pay a \$30 maximum copayment for Medicare-covered Additional Telehealth Services.	Telehealth Services. You pay a \$40 maximum copayment for Medicare-covered Additional Telehealth Services.
Medicare-covered Diabetic Monitors	This service is not covered.	You pay a \$5 copayment for Medicare-covered Diabetic Monitors. You pay 20% coinsurance for Medicare-covered Diabetic Monitors.
Medicare-covered Diabetic Supplies	You pay a \$5 copayment for Medicare-covered Diabetic Supplies. Prior authorization is not required.	You pay a \$5 copayment for Medicare-covered Diabetic Supplies. You pay 20% coinsurance for Medicare-covered Diabetic Supplies. Prior authorization is required.
Medicare-covered Other Health Care Professional Services	You pay a \$30 copayment for Medicare-covered Other Health Care Professional Services. Prior authorization is required.	You pay a \$40 copayment for Medicare-covered Other Health Care Professional Services. Prior authorization is not required.
Medicare-covered Physician Specialist Services	You pay a \$30 maximum copayment for Medicare-covered Physician Specialist Services. Prior authorization is required.	You pay a \$40 maximum copayment for Medicare-covered Physician Specialist Services. Prior authorization is not required.

	2026 (this year)	2027 (next year)
Medicare-covered Podiatry Services	You pay a \$30 copayment for Medicare-covered Podiatry Services.	You pay a \$40 copayment for Medicare-covered Podiatry Services.
Nutritional Dietary Benefit	You pay nothing for this benefit.	Not covered.
Preventive Dental - Other Preventive Dental Services	This service is not covered.	You pay nothing for this benefit.
Remote Access Technologies (Nursing Hotline)	This service is not covered.	You pay nothing for this benefit.
Routine Hearing Exams	You pay a \$0 minimum copayment for Routine Hearing Exams. You pay a \$30 maximum copayment for Routine Hearing Exams.	You pay a \$0 copayment for Routine Hearing Exams. Must be performed by a TruHearing provider.
Therapeutic Radiological Services	Prior Authorization is not required.	Prior Authorization is required.
Transportation Services Plan-approved Location	You pay nothing for this benefit.	Not covered.
Virtual Physical Therapy	Not covered.	You pay nothing for this benefit.
Weight Management Programs	\$100 allowance towards weight management program each year.	Not covered.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically. **You can get the complete Drug List** by calling Customer Care at 1-888-248-6522 (TTY users call 711) or visiting our website at <https://www.cdphp.com>.

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 Customer Care at 1-888-248-6522 (TTY users call 711) for more information.

Starting in 2027, we can immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately move it to a different cost-sharing tier or add new restrictions or both.

For example: If you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: [FDA.gov/drugs/biosimilars/multimedia-education-materials-](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-)

[biosimilars#For%20Patients](#). You can also call Customer Care at 1-888-248-6522 (TTY users call 711) or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.7 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 does 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 didn't get this material by September 30, call Customer Care at 1-888-248-6522 (TTY users call 711) 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 tiers 3-5 drugs until you've reached the yearly deductible.

- **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 total drug 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 also pay nothing for excluded drugs that are covered under our enhanced benefit. 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	The deductible is \$250 During this stage, you pay \$0 for Tier 1 drugs at a preferred pharmacy and \$5 for Tier 1 drugs at a non-preferred pharmacy; \$2 for Tier 2 drugs at a preferred pharmacy and \$18 for Tier 2 drugs at a non-preferred pharmacy; 20% for Tier 3 drugs at a preferred pharmacy and 20% for Tier 3 drugs at a non-preferred pharmacy; and you pay the full cost of Tier 4 and Tier 5 until you've reached the yearly deductible.	The deductible is \$500 During this stage, you pay \$0 for Tier 1 drugs at a preferred pharmacy and \$5 for Tier 1 drugs at a non-preferred pharmacy; \$7 for Tier 2 drugs at a preferred pharmacy and \$18 for Tier 2 drugs at a non-preferred pharmacy and you pay the full cost of Tier 3, Tier 4 and Tier 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 (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

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. 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; at a network pharmacy that offers preferred cost sharing; 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 – Preferred Generic Drugs:	<i>Standard cost sharing:</i> You pay \$5 <i>Preferred cost sharing:</i> You pay \$0	<i>Standard cost sharing:</i> You pay \$5 <i>Preferred cost sharing:</i> You pay \$0 Insulin: Standard: You pay \$5 Copayment, 25% Coinsurance Preferred: You pay \$0 Copayment, 0% Coinsurance
Tier 2 – Generic Drugs:	<i>Standard cost sharing:</i> You pay \$18 <i>Preferred cost sharing:</i> You pay \$2 Your cost for a one-month mail-order prescription is \$2 per prescription.	<i>Standard cost sharing:</i> You pay \$18 <i>Preferred cost sharing:</i> You pay \$7 Your cost for a one-month mail-order prescription is \$7. Insulin: Standard: You pay \$18 Copayment, 25% Coinsurance Preferred: You pay \$7 Copayment, 25% Coinsurance

	2026 (this year)	2027 (next year)
Tier 3 – Preferred Brand Drugs:	<i>Standard cost sharing:</i> You pay 20% of the total cost <i>Preferred cost sharing:</i> You pay 20% of the total cost Insulin: Standard: You pay \$35 Copayment, 20% Coinsurance Preferred: You pay \$35 Copayment, 20% Coinsurance	<i>Standard cost sharing:</i> You pay 20% of the total cost <i>Preferred cost sharing:</i> You pay 20% of the total cost Insulin: Standard: You pay \$35 Copayment, 20% Coinsurance Preferred: You pay \$35 Copayment, 20% Coinsurance
Tier 4 – Non-Preferred Drug Drugs:	<i>Standard cost sharing:</i> You pay 37% of the total cost Your cost for a one-month mail-order prescription is 37% of the total cost. <i>Preferred cost sharing:</i> You pay 37% of the total cost Your cost for a one-month mail-order prescription is 37% of the total cost. Insulin: Standard: You pay \$35 Copayment, 25% Coinsurance	<i>Standard cost sharing:</i> You pay 35% of the total cost Your cost for a one-month mail-order prescription is 35% of the total cost. <i>Preferred cost sharing:</i> You pay 28% of the total cost Your cost for a one-month mail-order prescription is 28% of the total cost. Insulin: Standard: You pay \$35 Copayment, 25% Coinsurance

	2026 (this year)	2027 (next year)
	Preferred: You pay \$35 Copayment, 25% Coinsurance	Preferred: You pay \$35 Copayment, 25% Coinsurance
Tier 5 – Specialty Tier Drugs:	<i>Standard cost sharing:</i> You pay 30% of the total cost Your cost for a one-month mail-order prescription is 30% of the total cost. <i>Preferred cost sharing</i> You pay 30% of the total cost Your cost for a one-month mail-order prescription is 30% of the total cost.	<i>Standard cost sharing:</i> You pay 28% of the total cost Your cost for a one-month mail-order prescription is 28% of the total cost. <i>Preferred cost sharing:</i> You pay 28% of the total cost Your cost for a one-month mail-order prescription is 28% of the total cost. Insulin: Standard: You pay \$35 Copayment, 25% Coinsurance Preferred: You pay \$35 Copayment, 25% Coinsurance

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Pharmacy Benefit Manager Change	Capital Rx	Express Scripts

SECTION 3 How to Change Plans

To stay in CDPHP® Clear Rx (HMO), you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our CDPHP® Clear Rx (HMO).

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 CDPHP® Clear Rx (HMO). 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 Medicare separate drug coverage**, you can enroll in a Part D plan, and you'll automatically be disenrolled from CDPHP® Clear Rx (HMO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Customer Care at 1-888-248-6522 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4.3).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

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

If you enrolled in a Medicare Advantage plan for January 1, 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 3.2 Are there other times of the year to make a change?

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

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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 4 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 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 1-800-325-0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** 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 (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 New York 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 (518) 459-1641 or 1-800-542-2437 (in-state only). 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 1-866-289-2319 (TTY users call 711) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 5 Questions?

Get Help from CDPHP® Clear Rx (HMO)

- **Call Customer Care at 1-888-248-6522. (TTY users call 711.)**

We're 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. Customer Care has free language-interpreter services available for non-English speakers. 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 CDPHP® Clear Rx (HMO). 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 <https://www.cdphp.com>, or call Customer Care at 1-888-248-6522 (TTY users call 711) to ask us to mail you a copy.

- **Visit <https://www.cdphp.com>.**

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 state, the SHIP is called Health Insurance Information Counseling & Assistance Program (HIICAP).

Call Health Insurance Information Counseling & Assistance Program (HIICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Health Insurance Information Counseling & Assistance Program (HIICAP) at 1-800-701-0501. Learn more about Health Insurance Information Counseling & Assistance Program (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 (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **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 (1-800-633-4227). TTY users can call 1-877-486-2048.



Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc., CDPHP Universal Benefits, Inc., and Capital District Physicians' Healthcare Network, Inc. (collectively referred to as CDPHP®) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. CDPHP does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

CDPHP:

- Provides people with disabilities reasonable modifications and free, appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance 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, 6 Wellness Way, Latham, NY 12110, 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>.

This notice is available on the CDPHP website at <http://www.cdphp.com>.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-248-6522 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-248-6522 (TTY: 711) o hable con su proveedor.

Traditional Chinese: 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-888-248-6522 (TTY: 711) 或與您的提供者討論。

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-248-6522 (TTY: 711) или обратитесь к своему поставщику услуг.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-248-6522 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Korean: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-248-6522(TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-888-248-6522 (TTY: 711) o parla con il tuo fornitore.

Yiddish: נאטיון: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען און באַדינונגס פֿאַר פּראָוויידינג אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך בנימצא פריי. רופן 1-888-248-6522 (TTY: 711) אָדער רעדן מיט דיין טרעגער.

Bengali: মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহতা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-888-248-6522 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

Polish: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-888-248-6522 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-888-248-6522 (TTY: 711) أو تحدث إلى مقدم الخدمة.

French: ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-248-6522 (TTY: 711) ou parlez à votre fournisseur.

Urdu: توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: 711) 1-888-248-6522 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libheng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-248-6522 (TTY: 711) o makipag-usap sa iyong provider.

Greek: ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-888-248-6522 (TTY: 711) ή απευθυνθείτε στον πάροχό σας».

Albanian: VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shpesh për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-888-248-6522 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.