



## MVP DualAccess with Part D (HMO D-SNP) offered by MVP Health Plan, Inc.

### Annual Notice of Changes for 2024

You are currently enrolled as a member of MVP DualAccess with Part D (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 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 [mvphealthcare.com](http://mvphealthcare.com). You may also call the MVP Member Services/Customer Care Center to ask us to mail you an *Evidence of Coverage*.

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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).
  - 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 2024 “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](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* 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, 2023, you will stay in MVP DualAccess with Part D (HMO D-SNP)
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with MVP DualAccess with Part D (HMO D-SNP)
- Look in section 3.2, page 18 to learn more about your choices.
- 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

- This document is available for free in Spanish.
- Please contact our MVP Member Services/Customer Care Center number at **1-866-954-1872** for additional information. (TTY users should call 711.) Hours are Monday – Friday, 8am – 8pm Eastern Time. From Oct 1, - Mar 31, call us seven days a week, 8am – 8pm. This call is free.
- This information is available in different format, including braille and large print. (Phone numbers are in Section 8 of this booklet). **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 MVP DualAccess with Part D (HMO D-SNP)**

- MVP Health Plan, Inc. is an HMO-POS/PPO/HMO D-SNP organization with a Medicare contract and a contract with the New York State Medicaid program. Enrollment in MVP Health Plan depends on contract renewal. When this document says “we,” “us,” or “our,” it means MVP Health Plan, Inc. When it says “plan” or “our plan,” it means MVP DualAccess with Part D (HMO D-SNP)

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## ***Annual Notice of Changes for 2024***

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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for MVP DualAccess with Part D (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b>	\$0	\$0
<b>Doctor office visits</b>	<p><b>Primary care visits:</b> You pay a \$0 copayment per visit.</p> <p><b>Specialist visits:</b> You pay a \$0 copayment per visit.</p>	<p><b>Primary care visits:</b> You pay a \$0 copayment per visit.</p> <p><b>Specialist visits:</b> You pay a \$0 copayment per visit.</p>
<b>Inpatient hospital stays</b>	You pay a \$0 copayment per Medicare-covered hospital stay.	You pay a \$0 copayment per Medicare-covered hospital stay.
<p><b>Part D prescription drug coverage</b> (See Section 2.5 for details.)</p>	<p><b>Deductible:</b> Your deductible amount is either \$0 or</p>	\$0 Deductible.

Cost	2023 (this year)	2024 (next year)
	<p>\$104 depending on the level of "Extra Help" you receive.</p> <ul style="list-style-type: none"> <li>• <b>Drug Tier 1:</b> \$0.00, \$1.45, \$4.15, or 15% per prescription*</li> <li>• <b>Drug Tier 2:</b> \$0.00, \$1.45, \$4.15, or 15% per prescription*</li> <li>• <b>Drug Tier 3</b> <u>For generic drugs:</u> \$0.00, \$1.45, \$4.15, or 15% per prescription* <u>For brand name:</u> drugs: \$0.00, \$4.30, \$10.35, or 15% per prescription*</li> <li>• <b>Drug Tier 4:</b> <u>For generic drugs:</u> \$0.00, \$1.45, \$4.15, or 15% per prescription* <u>For brand name:</u> drugs: \$0.00, \$4.30, \$10.35, or 15% per prescription*</li> <li>• <b>Drug Tier 5</b> <u>For generic drugs:</u> \$0.00, \$1.45, \$4.15,</li> </ul>	<p>You pay \$0 copayment for all covered Part D drugs.</p>

Cost	2023 (this year)	2024 (next year)
	or 15% per prescription* <u>For brand name drugs:</u> \$0.00, \$4.30, \$10.35, or 15% per prescription*	
<p><b>Maximum out-of-pocket amount</b></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 2.2 for details.)</p>	<p>\$0</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$0</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

## **SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in MVP DualAccess with Part D (HMO D-SNP) in 2024**

**If you do nothing in 2023, we will automatically enroll you in our MVP DualAccess with Part D (HMO D-SNP).** This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through MVP DualAccess with Part D (HMO D-SNP). If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2024.

## **SECTION 2 Changes to Benefits and Costs for Next Year**

### **Section 2.1 – Changes to the Monthly Premium**

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0

### **Section 2.2 – 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 services for the rest of the year.



Cost	2023 (this year)	2024 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p><b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b> You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copays count toward your maximum out-of-pocket amount.</p>	\$0	<p style="text-align: center;">\$0</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

## Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [mvphealthcare.com](http://mvphealthcare.com). You may also call the MVP Member Services/Customer Care Center for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *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 2024 *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 a part of your plan during the year. If a mid-year change in our providers affects you, please contact the MVP Member Services/Customer Care Center so we may assist.

## Section 2.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

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

Cost	2023 (this year)	2024 (next year)
<b>Chronic Condition Food and Produce Benefit</b>	Customers with an eligible chronic condition receive an allowance of \$50 per month towards the purchase of food and produce through the plan approved vendor. Food and produce is restricted to vendor catalog offerings and are home delivered to the members residence. Customer will attest to an eligible chronic condition to receive the food and produce benefit. Unused allowance does not rollover to the next month.	Customers with an eligible chronic condition receive an allowance of \$75 per month towards the purchase of food and produce through the plan approved vendor and/or retail location(s). Food and produce is restricted to vendor catalog offerings and are home delivered to the members residence, or through an approved retail location. Unused allowance does not rollover to the next month.

<b>Hearing Services</b>	<b>Hearing Exams:</b>	<b>Hearing Exams:</b>
	\$0 copayment- 1 routine hearing exam per year.	\$0 copayment- 1 routine hearing exam per year.
	<b>Hearing Aids:</b>	<b>Hearing Aids:</b>
	Not Covered	Up to two hearing aids (one per ear every 3 years). Benefit is limited to a limited formulary of hearing aids from major manufacturers (the "DSNP Formulary"). You must see a TruHearing provider to use this benefit.
		Hearing aid purchase includes:
		<ul style="list-style-type: none"> <li>• First year of follow-up provider visits</li> <li>• 60-day trial period</li> <li>• 3-year extended warranty</li> <li>• 80 batteries per aid for non-rechargeable models</li> </ul>
		Benefit does not include or cover any of the following:
		<ul style="list-style-type: none"> <li>• Over-the-counter (OTC) hearing aids</li> <li>• Ear molds</li> </ul>

Cost	2023 (this year)	2024 (next year)
		<ul style="list-style-type: none"> <li>• Hearing aid accessories</li> <li>• Additional provider visits</li> <li>• Additional batteries; batteries when a rechargeable hearing aid is purchased</li> <li>• Hearing aids that are not in the DSNP Formulary</li> <li>• Costs associated with loss &amp; damage warranty claims</li> </ul> <p>Costs associated with excluded items are the responsibility of the member and not covered by the plan.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Preventive and Comprehensive Dental</b></p>	<p><b>Preventive Dental:</b> You pay \$0, benefit is limited to 2 oral exams, 2 cleanings, and 2 sets of x-rays per calendar year.</p> <p>Payments are limited to an established fee schedule. Services above the limit are your responsibility.</p> <p><b>Comprehensive Dental:</b> Benefit is limited to a maximum of \$1,000 per calendar year.</p> <p>You pay no deductible and no cost share for the following covered services.</p> <ul style="list-style-type: none"> <li>• Diagnostic exams</li> <li>• X-rays</li> <li>• Simple extractions</li> <li>• Fillings</li> <li>• Oral surgery</li> <li>• Endodontics (root canals)</li> <li>• Periodontics</li> <li>• Prosthodontics (partial dentures, crowns)</li> </ul> <p>Orthodontics is not a covered benefit.</p>	<p>Annual Maximum Plan Benefit Coverage Amount: \$2,000 combined Preventive and Comprehensive services, per calendar year for benefits (services above the limit are your responsibility).</p> <p><b>Preventive Dental:</b> (Oral Exams, Prophylaxis, Fluoride, X-Rays)</p> <p>You pay a \$0 copayment.</p> <p><b>Comprehensive Dental:</b> (Diagnostic Services, Restorative Services, Endodontics, Periodontics, Extractions, Prosthodontics, Oral/Maxillofacial Surgery, Other Services)</p> <p>You pay a \$0 copayment.</p> <p>Payment limited to established Fee Schedule. Benefit available through in-network providers only. See the Evidence of Coverage for more information."</p>

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## Section 2.5 – Changes to Part D Prescription Drug Coverage

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### 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.

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, 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 the MVP Member Services/Customer Care Center for more information.

### Changes to Prescription Drug Costs

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.)

Stage	2023 (this year)	2024 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	The deductible is Your deductible amount is either \$0 or \$104, depending on the level of "Extra Help" you receive.	Because we have no deductible, this payment stage does not apply to you.

### Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b> Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <ul style="list-style-type: none"> <li>• <b>Tier 1 Preferred Generic Drugs:</b> \$0.00, \$1.45, \$4.15 or 15% per prescription*</li> <li>• <b>Tier 2- Generic Drugs:</b> \$0.00, \$1.45, \$4.15, or 15% per prescription*</li> <li>• <b>Tier 3 – Preferred Brand Drugs:</b> <ul style="list-style-type: none"> <li>• <u>For generic drugs:</u> \$0.00, \$1.45, \$4.15, or 15% per prescription*</li> <li>• <u>For brand name drugs:</u> \$0.00, \$4.30, \$10, or 15% per prescription*</li> </ul> </li> <li>• <b>Tier 4 – Non-Preferred Drugs:</b></li> </ul> <hr/>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: \$0</p> <p>You pay a \$0 copayment for all covered Part D drugs.</p> <hr/> <p>Once your total drug costs have reached \$5,030 you will move to the next stage (Coverage Gap Stage).</p>



Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage (continued)</b></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; at a network pharmacy that offers preferred cost sharing; 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>	<ul style="list-style-type: none"> <li>• <u>For generic drugs:</u> \$0.00, \$1.45, \$4.15, or 15% per prescription*</li> <li>• <u>For brand name drugs:</u> \$0.00, \$4.30, \$10, or 15% per prescription*</li> <li>• <b>Tier 5 – Speciality Drugs:</b></li> <li>• <u>For generic drugs:</u> \$0.00, \$1.45, \$4.15, or 15% per prescription*</li> <li>• <u>For brand name drugs:</u> \$0.00, \$4.30, \$10, or 15% per prescription*</li> </ul> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (Coverage Gap Stage).</p>	

**Changes to your VBID Part D Benefit**

MVP DualAccess with Part D (HMO D-SNP) has been approved to participate in the VBID Model Part D cost-sharing elimination for 2024. If you receive "Extra Help" to pay for your Part D prescription drugs, you will pay \$0 per prescription for drugs on all drug tiers in 2024.

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in MVP DualAccess with Part D (HMO D-SNP)

**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 MVP DualAccess with Part D (HMO D-SNP).

### 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 plans for 2024 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.

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 2024* handbook, call your State Health Insurance Assistance Program (see Section

As a reminder, MVP Health Plan, Inc. Medicare health 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 MVP DualAccess with Part D (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from MVP DualAccess with Part D (HMO D-SNP)
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll Contact the MVP Member Services/Customer Care Center 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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## SECTION 4 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, 2024.

### 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.

Because you have New York Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, 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, 2024.

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 and Medicaid**

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York, the SHIP is called Health Insurance Information Counseling and Assistance Program (HIICAP). 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 **1-800-701-0501**.

For questions about your New York Medicaid benefits, contact New York Medicaid at **1-800-541-2831**. TTY users should call 711. Ask how joining another plan or returning to Original Medicare affects how you get your New York Medicaid coverage.

## **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:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, 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 has a program called Elderly Pharmaceutical Insurance Coverage Program (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 State Department of Health HIV Uninsured Care Programs. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call **1-800-542-2437**.

## SECTION 7      Questions?

### Section 7.1 – Getting Help from MVP DualAccess with Part D (HMO D-SNP)

Questions? We’re here to help. Please call the MVP Member Services/Customer Care Center at 1-800-665-7924 (TTY only call 711). We are available for phone calls Monday - Friday, 8 am - 8 pm Eastern Time. From Oct. 1 - Mar. 31, call us seven days a week, 8 am

- 8 pm. Calls to these numbers are free. **Read your 2024 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 2024. For details, look in the 2024 Evidence of Coverage for MVP DualAccess with Part D (HMO D-SNP). 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 **mvphealthcare.com**. You may also call the MVP Member Services/Customer Care Center Member Services to ask us to mail you an *Evidence of Coverage*.

### **Visit our Website**

You can also visit our website at **mvphealthcare.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")*.

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## **Section 7.2 – Getting Help from Medicare**

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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 2024**

Read the *Medicare & You 2024* handbook. Every fall, this document 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.

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### **Section 7.3 – Getting Help from Medicaid**

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To get information from Medicaid you can call New York Medicaid at **1-800-541-2831**. TTY users should call 711.