



## MVP DualAccess Complete (HMO D-SNP) offered by MVP HEALTH PLAN, INC.

### Annual Notice of Change for 2026

You're enrolled as a member of MVP DualAccess Complete (HMO D-SNP).

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, 2025, you'll stay in MVP DualAccess Complete (HMO D-SNP).
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* 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 [mvphealthcare.com](http://mvphealthcare.com) or call Member Services at 1-866-954-1872 (TTY users call 711) to get a copy by mail.

#### More Resources

- This document is available for free in Spanish.
- Per the final rule CMS-4205-F released on April 4, 2024, §§ 422.2267(e)(31)(ii) and 423.2267(e)(33)(ii), plans must provide a Notice of Availability of language assistance services and auxiliary aids and services that at a minimum states that our plan provides language assistance services and appropriate auxiliary aids and services free of charge. Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication
- Call MVP Member Services/Customer Care Center at 1-866-954-1872 (TTY users call 711) for more information. Hours are Monday -Friday, 8am – 8pm Eastern Time. From October 1st – March 31st, call us seven days a week, 8am – 8pm. This call is free.
- This information is available in a different format, including braille and large print (phone numbers are available in Section 7 of this booklet).

**About MVP DualAccess Complete (HMO D-SNP)**

- MVP Health Plan is an HMO-POS/PPO/HMO D-SNP organization with a Medicare contract and a contract with New York State Medicaid program. Enrollment in MVP DualAccess Complete (HMO D-SNP) depends on contract renewal. Our plan also has a written agreement with the New York Medicaid program to coordinate your Medicaid benefits.
- When this material says “we,” “us,” or “our,” it means MVP HEALTH PLAN, INC. When it says “plan” or “our plan,” it means MVP DualAccess Complete (HMO D-SNP).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in MVP DualAccess Complete (HMO D-SNP)..** Starting January 1, 2026, you’ll get your medical and drug coverage through MVP HEALTH PLAN, INC.. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<b>Monthly plan premium*</b> *. Go to Section 1.1 for details.	\$0	\$0
<b>Maximum out-of-pocket amount</b> 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.)	\$0  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.	\$0  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.
<b>Primary care office visits</b>	You pay a \$0 copayment per visit.	You pay a \$0 copayment per visit.
<b>Specialist office visits</b>	You pay a \$0 copayment per visit.	You pay a \$0 copayment per visit.
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	You pay a \$0 copayment per Medicare covered hospital stay.	You pay a \$0 copayment per Medicare covered hospital stay.
<b>Part D drug coverage deductible</b> (Go to Section 1.7 for details.)	\$0	\$0
<b>Part D drug coverage</b>		

	2025 (this year)	2026 (next year)
<p>(Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)</p> <p><b>Drug Tiers 1-5:</b></p>	<p>Copayment during the Initial Coverage Stage:</p> <p>You pay a \$0 copayment for all covered Part D drugs.</p>	<p>Copayment during the Initial Coverage Stage:</p> <p>For generic drugs (including brand drugs treated as generic), you pay:</p> <ul style="list-style-type: none"> <li>- \$0 copay or</li> <li>- \$1.60 copay or</li> <li>- \$5.10 copay</li> </ul> <p>For all other drugs, you pay:</p> <ul style="list-style-type: none"> <li>- \$0 copay or</li> <li>- \$4.90 copay or</li> <li>- \$12.65 copay</li> </ul> <p>per prescription, including each covered insulin product on these tiers. Cost sharing is based on your level of Extra Help.</p>
<p><b>Drug Tier 6:</b></p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Tier 6 is a new drug tier in 2026.</p>	<p>You pay \$0 per prescription for Select Care Drugs on this tier.</p>

## SECTION 1 Changes to Benefits & Costs for Next Year

### Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0

### 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.

Cost	2025 (this year)	2026 (next year)
<b>Maximum out-of-pocket amount</b> Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum. 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. Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount.	\$0  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.	\$0  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.

## Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [mvphealthcare.com/findadoctor](https://mvphealthcare.com/findadoctor) 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 [mvphealthcare.com](https://mvphealthcare.com).
- Call MVP Member Services/Customer Care Center at 1-866-954-1872 (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 MVP Member Services/Customer Care Center at 1-866-954-1872 (TTY users call 711) for help. 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 of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* [mvphealthcare.com](https://mvphealthcare.com) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [mvphealthcare.com](https://mvphealthcare.com).
- Call MVP Member Services/Customer Care Center at 1-866-954-1872 (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 MVP Member Services/Customer Care Center at 1-866-954-1872 (TTY users call 711) for help.

## Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2025 (this year)	2026 (next year)
<b>Chronic Condition Food and Produce Benefit</b>	See "VBID Additional Benefits - Food and Produce and General Supports for Living Flexible Benefit Card" in this section for further information.	<p>\$95 per month allowance for Food and Produce, and/or General Supports for Living; (utility payments for electricity, water, heat, internet and/or telephone). Unused allowance amount does not carry over from month to month. Benefit allowance is combined with the Over-the-Counter (OTC) monthly allowance for eligible members.</p> <p>Food and produce can be purchased through the plan approved vendor and/or select retail locations.</p> <p>Not all plan members qualify. The benefits mentioned are part of special supplemental benefits for MVP Health Plan Medicare Advantage plan members living with cancer, cardiovascular disorders, chronic heart failure, dementia, diabetes, chronic lung disorders and chronic and disabling mental health conditions. A chronic condition alone does not guarantee eligibility. All applicable eligibility requirements must be met before the benefits are provided. Review the</p>



	2025 (this year)	2026 (next year)
		Evidence of Coverage for more detailed information.
<b>Eye Exams</b> (non-Medicare covered routine)	<b>In-Network</b>  Not Covered	<b>In-Network</b>  You pay a \$0 copayment for a non-Medicare covered routine eye exam through a plan participating provider. Benefit is limited to 1 exam per year.
<b>Hearing Aids</b> (non-Medicare covered)	<b>In-Network</b> You receive a \$2,000 maximum allowance every 3 years. 1 per ear (\$1,000 per aid), both ears combined. Must utilize a TruHearing provider and choose a hearing aid through the TruHearing catalog.	<b>In-Network</b> You receive a \$1,100 maximum allowance every 3 years. 1 per ear (\$550 per aid), both ears combined. Must utilize a TruHearing provider and choose a hearing aid through the TruHearing catalog.
<b>Over-the-counter (OTC)</b>	\$175 flexible benefit allowance per month.  Monthly allowance can be used towards eligible over-the-counter medicine and health-related purchases from select pharmacies or by mail order. Allowance amount does not carry over from month to month.  The monthly allowance is a combined benefit with the VBIID Additional Benefits -	\$25 allowance per month.  Monthly allowance can be used towards eligible over-the-counter medicine and health-related purchases from select pharmacies or by mail order. Allowance amount does not carry over from month to month.  Eligible members can combine the monthly allowance with the Chronic Condition Food and Produce

	2025 (this year)	2026 (next year)
	<p>Food and Produce and General Supports for Living.</p> <p>See "VBID Additional Benefits - Food and Produce and General Supports for Living Flexible Benefit Card" in this section for further information.</p>	<p>and General Supports for Living benefit.</p> <p>See " Chronic Condition Food and Produce and General Supports for Living Benefit " in this section for further information.</p>
<b>Transportation Benefit (non-emergency)</b>	<p><b>In-Network</b> You pay a \$0 copayment of the cost of eligible trips</p> <p>36 One-way Rides, 30 miles max per year to a plan approved health-related location via taxi, rideshare services, van or medical transport.</p>	<p><b>In-Network</b> You pay a \$0 copayment of the cost of eligible trips</p> <p>24 One-way Rides, 30 miles max per year to a plan approved health-related location via taxi, rideshare services, van or medical transport.</p>
<b>Vision Care – extra benefits</b>	<p><b>In-Network</b> Allowance of \$200 toward non-Medicare covered eyewear (such as eyeglass frames and lenses and/or contact lenses) annually</p>	<p><b>In-Network</b> Allowance of \$175 toward non-Medicare covered eyewear (such as eyeglass frames and lenses and/or contact lenses) annually through plan participating providers.</p>

	2025 (this year)	2026 (next year)
<b>VBID Additional Benefits - Food and Produce and General Supports for Living Flexible Benefit Card</b>	<p>\$175 flexible benefit allowance per month. Allowance can be used towards the purchase of food and produce through the plan approved vendor and/or retail location(s), or for utility payments for electricity, water, heat, internet and/or telephone. Allowance amount does not carry over from month to month.</p> <p>This is a combined benefit with the Over-the-Counter (OTC) monthly allowance.</p> <p>See the Evidence of Coverage for more information.</p> <p><i>Medicare approved MVP Health Plan, Inc. to provide these benefits as part of the Value-Based Insurance Design Program. This program lets Medicare try new ways to improve Medicare Advantage plans.</i></p>	<p>See " Chronic Condition Food and Produce Benefit " in this section for further information.</p>

## 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.

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 MVP Member Services/Customer Care Center at 1-866-954-1872 (TTY users call 711) 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 may 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 about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Member Services at 1-866-954-1872 (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. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

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 \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

**Drug Costs in Stage 2: Initial Coverage**

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

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 or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage)

	2025 (this year)	2026 (next year)
<b>Drug Tiers 1-5:</b>	<p>For generic drugs (including brand drugs treated as generic), you pay: \$0 copay</p> <p>For all other drugs, you pay: - \$0 copay per prescription, including each covered insulin product on these tiers.</p>	<p>For generic drugs (including brand drugs treated as generic), you pay: \$0 copay or \$1.60 copay or \$5.10 copay</p> <p>For all other drugs, you pay: - \$0 copay or \$4.90 copay or \$12.65 copay per prescription, including each covered insulin product on these tiers. Cost sharing is based on your level of Extra Help.</p>
<b>Drug Tier 6:</b>	Tier 6 is a new drug tier in 2026.	You pay \$0 per prescription for Select Care Drugs on this tier.
<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>		

### Changes to your VBIID Part D Benefit

In 2025, this plan participated in the Value-Based Insurance Design (VBIID) model, and you paid \$0 cost-sharing for Medicare-covered Part D drugs. In 2026, your cost shares in the Initial Coverage Stage will be based on your level of Extra Help.

### Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	Not Applicable	<p>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 2026.</p> <p>To learn more about this payment option, call us 1-866-954-1872 (TTY users call 711) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</p>

## SECTION 3 How to Change Plans

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**To stay in MVP DualAccess Complete (HMO D-SNP), you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our MVP DualAccess Complete (HMO D-SNP).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from MVP DualAccess Complete (HMO D-SNP).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from MVP DualAccess Complete (HMO D-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call MVP Member Services/Customer Care Center at 1-866-954-1872 (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 5).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, MVP Health Plan, Inc. offers other Medicare health plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

### 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, 2026, 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 Medicare drug coverage) between January 1 – March 31, 2026.



### 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

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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 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

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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. New York State Medicaid Program at 1-800-541-2831 Monday -Friday between 8 a.m. and 8 p.m., Saturday between 9 a.m. and 1 p.m. TTY users can call 711.
- **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 (SHIP). To get the phone number for your state, visit [shiphelp.org](http://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 State Department of Health HIV Uninsured Care Programs. 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 New York State Department of Health HIV Uninsured Care Programs at **1-800-542-2437**. 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 **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. All members are eligible to participate the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-866-954-1872. (TTY users call 711.) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5 Questions?

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### Get Help from MVP DualAccess Complete (HMO D-SNP)

- Call MVP Member Services/Customer Care Center at 1 866-954-1872. (TTY users call 711.)

We're 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 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for MVP DualAccess Complete (HMO D-SNP). 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 [mvphealthcare.com](http://mvphealthcare.com) or call MVP Member Services/Customer Care Center at 1 866-954-1872 (TTY users call 711) to ask us to mail you a copy.

- **Visit [mvphealthcare.com](http://mvphealthcare.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, the SHIP is called Health Insurance Information Counseling and Assistance Program (HIICAP).

Call New York Health Insurance Information Counseling and Assistance Program (HIICAP) to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call New York Health Insurance Information Counseling and Assistance Program (HIICAP) at 1-800-701-0501.

## 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 [www.Medicare.gov](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](http://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 2026***

The *Medicare & You 2026* 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 [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## Get Help from Medicaid

Call New York State Medicaid Program at 1-800-541-2831 Monday -Friday between 8 a.m. and 8 p.m., Saturday between 9 a.m. and 1 p.m. (TTY users can call 711) for help with Medicaid enrollment or benefit questions. You can visit the New York State Medicaid Program website at: [www.health.ny.gov/health\\_care/medicaid](http://www.health.ny.gov/health_care/medicaid). You can write to your Local Department of Social Services (LDSS). Find the address for your LDSS at: [www.health.ny.gov/health\\_care/medicaid/ldss](http://www.health.ny.gov/health_care/medicaid/ldss).