

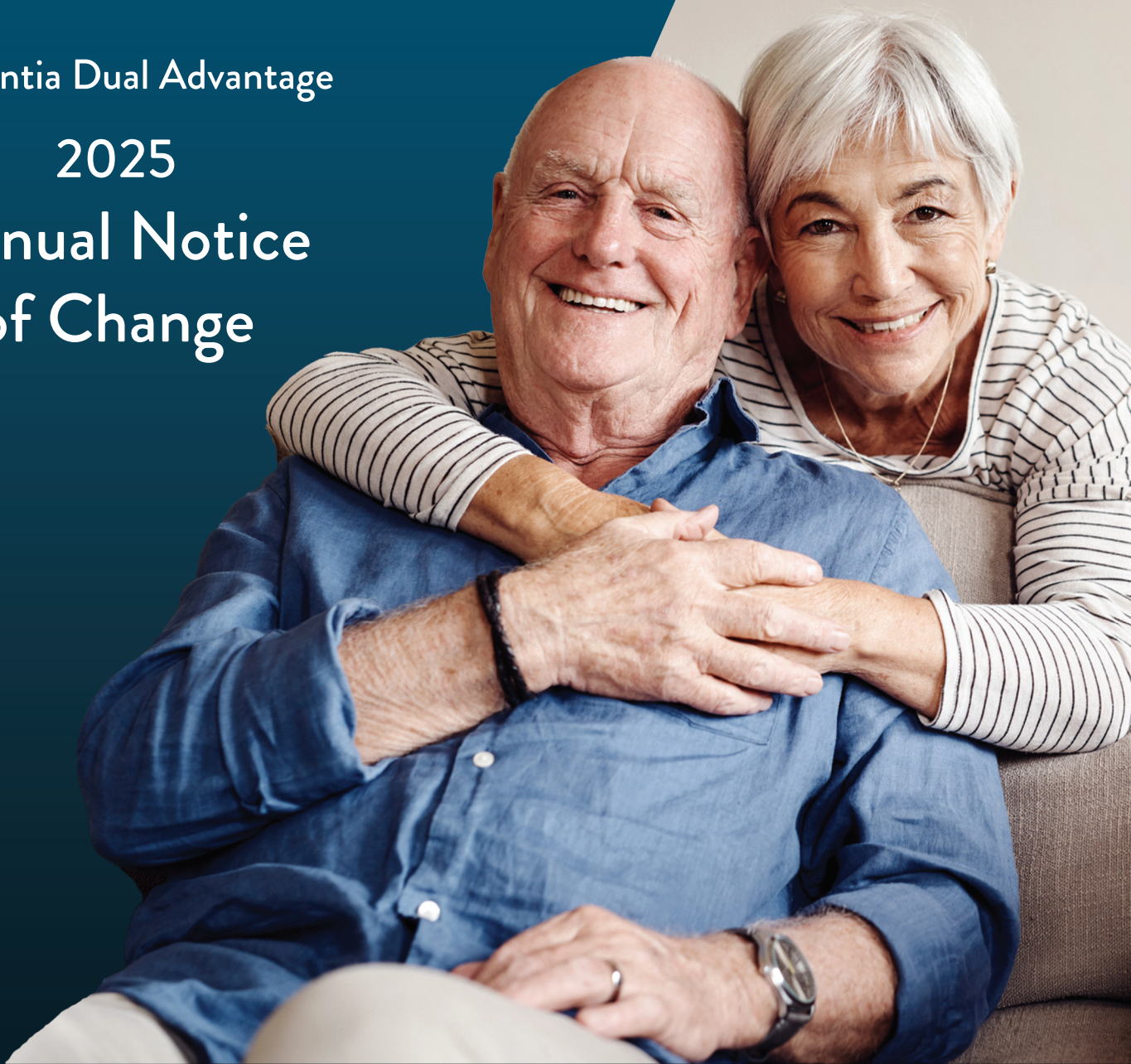
Nascentia HealthPLUS

TOMORROW'S HEALTHCARE TODAY

Nascentia Dual Advantage

2025

Annual Notice of Change



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Annual Notice of Change

September 2024

Dear Member,

Thank you for being a valued member of Nascentia Health Plus for 2024. Included in this packet is our annual notice of change (ANOC), which explains changes to benefits and coverage that will take effect on January 1, 2025.

We also increased the allowances for hearing aids and vision. We're always working hard to find ways to serve you better and these are just some of the enhancements we've made.

Your Evidence of Coverage (EOC) and other member documents can be found at nascentiahealthplus.org by October 15. If you prefer a hard copy of this material, or have questions about anything else, please call us at 1-888-477-0090 (TTY 771).

Thank you again for trusting your healthcare to Nascentia Health! We're a nonprofit provider who has been based in Upstate New York since 1890, delivering healthcare to our community continuously for more than 130 years.

We look forward to serving you,



Kate Rolf

President and Chief Executive Officer

2025 Benefit Highlights



\$2,700 Food and OTC

every year (\$225 per month) for healthy groceries like fruits and vegetables, dairy, bread, and meat; and healthcare products such as cough and allergy medications, first aid supplies, and more—available at your favorite stores.



\$1,200 Utility Bills

every year (\$100 per month) to help cover utility costs



\$4,000 Hearing Aids

for both ears annually.



\$700 Vision Upgrade for frames, lenses, and contact lenses, plus yearly eye exam



Dental Coverage for

comprehensive and preventive care, 2 exams and cleanings, and annual x-rays. Covered with prior authorization.



Fitness Pass gives you

access to hundreds of gyms and online health and wellness classes

Nascentia Dual Advantage (DSNP) offered by Nascentia Health Plus

Annual Notice of Changes for 2025

You are currently enrolled as a member of Nascentia Dual Advantage. 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 www.nascentiahealthplus.org. Select the For Members tab and choose the Member Documents option. You can also review the separately mailed Evidence of Coverage to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an Evidence of Coverage. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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 coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- 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 the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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, 2024, you will stay in Nascentia Dual Advantage.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Nascentia Dual Advantage.
- Look in section 3.2, page 18 to learn more about your choices.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our Member Services number at 1-888-477-0090 for additional information. (TTY users should call 711.) Hours are 8:00 am-8:00 pm, 7 days a week, October 1- March 31. On weekends and certain holidays from April 1 to September 30, your call may be handled by our automated phone system. This call is free.
- Our plan has people and free interpreter services available to answer questions from disabled and non-English speaking members. We can also give you information in braille, in large print, or other alternate formats at no cost if you need it. We are required to give you information about the plan's benefits in a format that is accessible and appropriate for you. To get information from us in a way that works for you, please call Member Services (phone numbers are printed on the back cover 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 for more information.

About Nascentia Dual Advantage

- Nascentia Health Plus is an HMO SNP plan with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in Nascentia Health Plus depends on contract renewal. This information is not a complete description of benefits. For more information, call 1-888-477-0090 (TTY 711), 8 am – 8

pm, 7 days a week, from October 1-March 31 and Monday-Friday for the rest of the year. Assistance services for other languages are available, free of charge at the number above. This information is not a complete description of benefits. Contact the plan for more information.

- When this document says “we,” “us,” or “our,” it means Nascentia Health Plus. When it says “plan” or “our plan,” it means Nascentia Dual Advantage.
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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Nascentia Dual Advantage 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	2024 (this year)	2025 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher See Section 2.1 for details.</p>	<p>\$0 - \$48.70</p>	<p>\$0 - \$72.34</p>
<p>Doctor office visits</p>	<p>Primary care visits: \$0 copayment per visit</p> <p>Specialist visits: \$0 copayment per visit</p>	<p>Primary care visits: \$0 copayment per visit</p> <p>Specialist visits: \$0 copayment per visit</p>
<p>Inpatient hospital stays</p>	<p>\$0 copayment for each Medicare covered hospital stay for unlimited days</p>	<p>\$0 copayment for each Medicare covered hospital stay for unlimited days</p>
<p>Part D prescription drug coverage (See Section 2.5 for details.)</p>	<p>If you are enrolled in Medicare Parts A and B and receive assistance under Medicaid, depending on income and level of “Extra Help”, you pay one of the following amounts:</p> <p>Coinsurance during the Initial Coverage Stage:</p>	<p>If you are enrolled in Medicare Parts A and B and receive assistance under Medicaid, depending on income and level of “Extra Help”, you pay one of the following amounts:</p> <p>Coinsurance during the Initial Coverage Stage:</p>

Cost	2024 (this year)	2025 (next year)
	<p>Drug Tier 1: 25%</p> <p>For generic drugs (including brand drugs treated as generic), either \$0 copay; or \$1.55 copay; or \$4.50 copay; or 15%</p> <p>For all other drugs, either \$0 copay; or \$4.60 copay; or \$11.20 copay; or 15%</p> <p>Except for covered insulin products and most adult Part D vaccines</p>	<p>Drug Tier 1: 25%</p> <p>For generic drugs (including brand drugs treated as generic), either \$0 copay; or \$1.60 copay; or \$4.80 copay</p> <p>For all other drugs, either \$0 copay; or \$4.90 copay; or \$12.15 copay</p> <p>Except for covered insulin products and most adult Part D vaccines</p>
<p>Maximum out-of-pocket amount</p> <p>This is the most 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 Nascentia Dual Advantage in 2025

If you do nothing in 2024, we will automatically enroll you in our Nascentia Dual Advantage. This means starting January 1, 2025, you will be getting your medical and prescription drug coverage through Nascentia Dual Advantage. 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, 2025.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0 - \$48.70	\$0 - \$72.34

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 Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<p>Maximum out-of-pocket amount</p> <p>Because our members also get assistance 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.</p> <p>Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$0</p>	<p>\$0</p>

Section 2.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may 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.

Updated directories are located on our website at www.nascentiahealthplus.org. You may also call Member Services 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 2025 *Provider Directory* www.nascentiahealthplus.org 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 2025 *Pharmacy Directory* www.nascentiahealthplus.org 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 Member Services 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 and Medicaid benefits and costs.

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

Cost	2024 (this year)	2025 (next year)
Dental	Maximum Covered Amount: \$2,000	Maximum Covered Amount: No Maximum Authorization Required Comprehensive dental benefits are subject to prior authorization and will be covered based on a determination of medical necessity by Nascentia.
Emergency Services	Maximum per visit amount: \$100	Maximum per visit amount: \$110
Medicare Part B Chemotherapy and other Part B Drugs	Prior Authorization required for Medicare Part B chemotherapy drugs and other Part B drugs.	Prior Authorization required for Medicare Part B chemotherapy drugs and other Part B drugs. A 20% coinsurance applies to all other covered Part B drugs, except for rebatable drugs under the Inflation Reduction Act (IRA). Drug-specific reduced coinsurance amounts below 20% apply to these IRA rebatable drugs.

Cost	2024 (this year)	2025 (next year)
Member Annual Rewards and Incentives	Preventive Visits including doctor, eye, dental exams, and a flu shot.	Not Offered
Naloxone Coverage under Part C OTC Benefit	Not Covered	Covered
Over-The-Counter (OTC) Items	<p>\$200/Month</p> <p>Includes OTC catalog items and healthy and nutritious foods and is a shared amount with the Food and Product allowance permitted to members under Special Supplemental Benefits for the chronically ill. Funds to be used in the month, will not carry forward.</p>	<p>\$225/Month</p> <p>Includes OTC catalog items and healthy and nutritious foods and is a shared amount with the Food and Product allowance permitted to members under Special Supplemental Benefits for the chronically ill. Funds to be used in the same quarter, will not carry forward.</p>
Prescription Hearing Aid Coverage	<p>1 hearing aid every year \$2,500 maximum benefit amount for both ears combined</p> <p>No Coinsurance</p> <p>No Authorization</p>	<p>1 hearing aid every year \$4,000 maximum benefit amount for both ears combined</p> <p>No Coinsurance</p> <p>No Authorization</p>
Transportation	48 One-way Trips	Not Covered
Urgently Needed Services	Maximum per visit amount: \$55	Maximum per visit amount: \$45
Utilities	Use up to \$100 every month to pay utilities. Funds to be used in the month, will not carry forward.	Use up to \$100 every month to pay utilities. Funds to be used in the quarter , will not carry forward.

Cost	2024 (this year)	2025 (next year)
Vision	Yearly Eye Exam \$600 Upgrade for frames, lenses or contacts	Yearly Eye Exam \$700 Upgrade for frames, lenses or contacts

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically. If you don't see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Member Services (see the back cover) or visiting our website (www.nascentiahealthplus.org).

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 plan 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 are taking, we will send you a notice about the change.

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

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before

we make it or get a month’s supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Changes to Prescription Drug Benefits and Costs

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get “Extra Help” Paying for Prescription Drugs* (also called the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2024, please call Member Services and ask for the *LIS Rider*.

Beginning in 2025, there are three **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 will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the 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 do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>	<p>The deductible is \$0</p>	<p>The deductible is \$0</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>The costs in this row are for a one-month 30 day) supply when you fill your prescription at a network pharmacy.</p> <p>For information about the costs, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>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 is \$35.</p> <p>If you are enrolled in Medicare Parts A and B and receive assistance under Medicaid, depending on income and level of “Extra Help”, you pay one of the following amounts:</p> <p>Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: 25%</p> <p>For generic drugs (including brand drugs treated as generic), either</p> <p>\$0 copay; or</p> <p>\$1.55 copay; or</p> <p>\$4.50 copay; or</p> <p>15%</p> <p>For all other drugs, either</p> <p>\$0 copay; or</p> <p>\$4.60 copay; or</p> <p>\$11.20 copay; or 15%</p> <p>Except for covered insulin products and most adult Part D vaccines.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is \$35.</p> <p>If you are enrolled in Medicare Parts A and B and receive assistance under Medicaid, depending on income and level of “Extra Help”, you pay one of the following amounts:</p> <p>Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: 25%</p> <p>For generic drugs (including brand drugs treated as generic), either</p> <p>\$0 copay; or</p> <p>\$1.60 copay; or</p> <p>\$4.80 copay</p> <p>For all other drugs, either</p> <p>\$0 copay; or</p> <p>\$4.90 copay; or</p> <p>\$12.15 copay</p> <p>Except for covered insulin products and most adult Part D vaccines.</p>

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

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, look at Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Nascentia Dual Advantage

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 Nascentia Dual Advantage

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 2025 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), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Nascentia Health Plus offers other Medicare health plans AND/OR Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Nascentia Dual Advantage
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Nascentia Dual Advantage
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

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 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

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 State Medicaid, you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- 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 enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can also 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, 2025.

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 (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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 State, the SHIP is called The Health Insurance Information Counseling and Assistance Program (HIICAP) State Health Insurance Assistance Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The Health Insurance Information Counseling and Assistance Program (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 The Health Insurance Information Counseling and Assistance Program (HIICAP) at 1-800-701-0501. You can learn more about The Health Insurance Information Counseling and Assistance Program (HIICAP) by visiting their website <https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap>.

For questions about your New York Medicaid benefits, contact New York's Medicaid Program at 1-800-541-2831 (TTY users please call 1-800-662-1220) Monday through Friday from 9:00 am to 5:00 pm. Ask how joining another plan or returning to Original Medicare affects how you get your New York Medicaid benefits 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, yearly deductibles, and coinsurance. Because you qualify, you do not have a 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.
- **Help from your state’s pharmaceutical assistance program.** New York has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) that helps people pay for

prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New York Department of Health's AIDS Institute. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call 1-800-541-2137 or visit New York Department of Health's AIDS Institute website at <https://www.health.ny.gov/diseases/aids/>. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 7 Questions?

Section 7.1 – Getting Help from Nascentia Dual Advantage

Questions? We're here to help. Please call Member Services at 1-888-477-0090. (TTY only, call 711.) We are available for phone calls 8:00 am-8:00 pm, 7 days a week, October 1- March 31. On weekends and certain holidays from April 1 to September 30, your call may be handled by our automated phone system. Calls to these numbers are free.

Read your 2025 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 2025. For details, look in the *2025 Evidence of Coverage* for Nascentia Dual Advantage. 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 www.nascentiahealthplus.org. Select the For Members tab and choose the Member Documents option. You can also review the separately mailed Evidence of Coverage to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an Evidence of Coverage. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.nascentiahealthplus.org. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

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

Read *Medicare & You 2025*

Read the *Medicare & You 2025* 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.

Section 7.3 – Getting Help from Medicaid

To get information from about Medicaid or your Medicaid managed care plan you can call 1-855-355-5777 or visit their website at www.benefits.gov.

Materials Available Online

Visit the Nascentia Health Plus website at nascentiahealthplus.org to view:

- Evidence of Coverage (available starting October 15, 2024)
- Provider and Pharmacy Directories
- Comprehensive Formulary (list of covered drugs)

If you need help finding a network provider, network pharmacy, medication, your Evidence of Coverage, or if you would like hard copies of any of these materials mailed to you, please call 1-888-477-0090 (TTY 711) from 8am–8pm, 7 days a week, October 1–March 31. On weekends and certain holidays from April 1 to September 30, your call may be handled by our automated phone system.



Nondiscrimination Notice

Nascentia Health Plus complies with federal civil rights laws. Nascentia Health Plus does not exclude people or treat them differently because of race, color, national origin, disability, age or sex.

Nascentia Health Plus provides the following:

- › Aids and services to people with disabilities to help communicate with us, such as:
 - › Qualified sign language interpreters
 - › Written information in other formats (large print, audio, accessible electronic formats, other formats)
- › Language services to people whose first language is not English, such as:
 - › Qualified interpreters
 - › Information written in other languages

If you need these services, call Nascentia Health Plus at 1-888-477-0090 (TTY 711)

If you believe that Nascentia Health Plus has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Nascentia Health Plus by:

Phone: 1-888-477-0090 (TTY 711)

Fax: 1-315-870-7788

Mail: Nascentia Health Plus
Attn: Corporate Compliance
1050 West Genesee Street
Syracuse, NY 13204

You can also file a civil rights complaint with the U.S. Department of Health and Human services, Office for Civil Rights by:

Web: Office for Civil rights Complaint Portal at
ocrportal.hhs.gov/ocr/portal/lobby.jsf

Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201

Complaint forms available at
hhs.gov/ocr/office/file/index.html

Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-888-477-4663 TTY/TDD 711 .	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-477-4663 TTY/TDD 711.	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-477-4663 TTY/TDD 711.	Chinese
مؤرب أصتا. ناچملا ب كل رفاوتت ذى وغللا اذعاسم لا تامدخ ناف، ةغللا ا ركذا تدرحتت تنك اذا: ةظوحلم 1-888-477-4663 مقرر (TTY/TDD 711) مكبل او مصلا فتاه	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1- 888-477-4663 TTY/TDD 711 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-477-4663 (телетайп: 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-477-4663 TTY/TDD 711.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-477-4663 TTY/TDD 711.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-477-4663 TTY/TDD 711.	French Creole
אופ יירפ סעסיוורעס ףליה ךארפש ךייא ראפ ןארהראפ ןענעז, שידיא טדער ריא ביוא :םאזקרעמפיוא טפור .לאצפא< 1-888-477-4663 TTY/TDD 711	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-477-4663 TTY/TDD 711	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-477-4663 TTY/TDD 711.	Tagalog
মনোযোগ: বিনামূল্যে ভাষা সহায়তা পরিষেবাদি আপনার জন্য উপলব্ধ to 1-888-477-4663 টিটিওয়াই / টিডিডি 711 কল করুন।	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-477-4663 TTY/TDD 711.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-477-4663 TTY/TDD 711.	Greek
ک (711: TTY) لاکسی ہیہ ایٹس دن یم ت فم ت امد خ یک ددم ی کن ا بز و ک پ اوت، یر یرت لوب و در اپا: رادر ب خ 1-888-477-4663	Urdu