

# 2024



## Annual Notice of Changes

Centers Plan for Nursing Home  
Care (HMO I-SNP)



## Language Assistance Services Notification

English	We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-940-9330 (TTY: 711). Someone who speaks English can help you. This is a free service.
Albanian	Ne kemi në dispozicion shërbime përkthimi për t'ju përgjigjur çdo pyetjeje që mund të keni lidhur me shëndetin tuaj apo me planin tuaj të mjekimit. Për të siguruar një përkthyes/e, na telefononi në 1-877-940-9330 (TTY: 711). Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim pa pagesë.
Arabic	لدينا خدمات ترجمة فورية مجانية للإجابة عن أي أسئلة قد تراودك بشأن خطتنا للصحة أو الأدوية. للحصول على مترجم فوري، اتصل بنا فحسب على الرقم 1-877-940-9330 (لمستخدمي الهاتف النصي: 711). يمكن لشخص يتحدث العربية مساعدتك. هذه خدمة مجانية.
Bengali	আমাদের স্বাস্থ্য বা ওষুধ পরিকল্পনা সম্পর্কে আপনার যে কোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যে দোভাষী পরিষেবা রয়েছে। দোভাষী পেতে হলে, আমাদের কেবল 1-877-940-9330 (TTY: 711) -এ কল করে যোগাযোগ করুন। বাংলাভাষী কেউ আপনাকে সাহায্য করতে পারেন। এটি বিনামূল্যে প্রাপ্ত পরিষেবা।
Chinese	我們可提供免費口譯服務，回答您在健康或藥物計劃方面的任何問題。如需翻譯服務，只需致電我們的電話：1-877-940-9330 (TTY: 711)。漢語說英語的工作人員可為您提供幫助。這是一項免費服務。
French	Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pouvez avoir sur notre régime d'assurance-maladie ou d'assurance-médicaments. Pour obtenir un interprète, il suffit de nous appeler au 1-877-940-9330 (TTY: 711). Une personne qui parle français peut vous aider. Il s'agit d'un service gratuit.
French Creole	Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen konsènan plan sante ak medikaman nou an. Pou w jwenn yon entèprèt, annik rele nou nan 1-877-940-9330 (TTY: 711). Yon moun ki pale Kreyòl Ayisyen ka ede w. Sèvis sa a gratis.
German	Wir bieten Ihnen einen kostenlosen Dolmetscherdienst, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Für einen Dolmetscher, rufen Sie uns einfach unter der Rufnummer 1-877-940-9330 (TTY: 711) an. Eine Person, die Deutsch spricht, kann Ihnen helfen. Dies ist ein kostenloser Dienst.
Greek	Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας για να απαντήσουμε σε τυχόν ερωτήσεις μπορεί να έχετε σχετικά με το πλάνο ιατρικής ή φαρμακευτικής περιθαλψής μας. Για να επικοινωνήσετε με διερμηνέα, απλώς καλέστε μας στο 1-877-940-9330 (TTY: 711). Κάποιος που μιλάει Ελληνικά μπορεί να σας βοηθήσει. Αυτή είναι μια δωρεάν υπηρεσία.
Hindi	हमारे स्वास्थ्य या ड्रग योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं हैं। दुभाषिया की सेवा प्राप्त करने के लिए, हमें 1-877-940-9330 (TTY: 711) पर कॉल करें। हिंदीअंग्रेज़ी जानने वाला कोई व्यक्ति आपकी सहायता कर सकता है। यह निशुल्क सेवा है।
Italian	Disponiamo di servizi di interpretariato gratuiti per eventuali domande sul nostro piano di assistenza sanitaria e farmaceutica. Per ricevere il supporto di un interprete, chiamare il numero 1-877-940-9330 (TTY: 711). Sarà disponibile qualcuno che parli italiano. Il servizio è gratuito.
Japanese	弊社の健康および薬品に対するプランについて、お客様がお尋ねになりたいすべてのご質問にお答えするため弊社は無料通訳サービスを用意しております。通訳サービスを受けるには、弊社までお電話ください：1-877-940-9330 (TTY: 711)。日本語が話せる方がお手伝いします。こうしたサービスは無料です。
Korean	귀하의 건강 또는 약품 플랜에 대한 질문에 답변해드리는 무료 통역 서비스를 제공합니다. 통역사를 구하려면 1-877-940-9330(TTY: 711) 번으로 전화하십시오. 한국어를 할 줄 아는 사람이 도와줄 수 있습니다. 이 서비스는 무료입니다.

Polish	Oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania dotyczące naszego planu zdrowotnego lub planu przyjmowania leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić pod numer 1-877-940-9330 (TTY: 711). Pomocy udzieli osoba mówiąca po Polskie. Usługa jest bezpłatna.
Portugese	Contamos com serviços gratuitos de interpretação para sanar suas dúvidas sobre o plano de saúde ou medicamentos. Para conseguir um intérprete, entre em contato conosco pelo 1-877-940-9330 (TTY: 711). Alguém que fala português irá ajudá-lo. Este serviço é gratuito.
Russian	Мы предоставляем бесплатные услуги переводчика, чтобы ответить на любые ваши вопросы о нашем плане медицинского обслуживания или программе лекарственных препаратов. Чтобы воспользоваться услугами переводчика, просто позвоните нам по телефону 1-877-940-9330 (TTY: 711). Вам может помочь русскоязычный человек. Это бесплатная услуга.
Spanish	Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para recibir la ayuda de un intérprete, llámenos al 1-877-940-9330 (TTY: 711). Alguien que hable español puede ayudarle. Éste es un servicio gratuito.
Tagalog	Mayroon kaming mga libreng serbisyo ng pag-interpret upang sagutin ang mga katanungan mo tungkol sa kalusugan o plano sa paggagamot. Para makakuha ng taga-interpret, tawagan kami sa 1-877-940-9330 (TTY: 711). Taong nagsasalita ng tagalog ang makakatulong sa iyo. Ito ay libreng serbisyo.
Urdu	ہمارے ہیلتھ یا ڈرگ پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت ترجمان کی خدمات ہیں۔ ترجمان حاصل کرنے کے لیے، ہمیں 1-877-940-9330 (TTY: 711) پر کال کریں۔ کوئی اردو بولنے والا آپ کی مدد کر سکتا ہے۔ یہ مفت خدمت ہے۔
Vietnamese	Chúng tôi có dịch vụ thông dịch miễn phí để trả lời mọi câu hỏi về chương trình bảo hiểm y tế hoặc thuốc của chúng tôi. Để yêu cầu người thông dịch, chỉ cần gọi cho chúng tôi theo số 1-877-940-9330 (TTY: 711). Ai đó nói tiếng Việt có thể giúp bạn. Đây là dịch vụ miễn phí.
Yiddish	מיר האבן אומזיסטע איבערזעצונג סערוויסעס צו ענטפערן סיי וועלכע פראגעס וואס איר קענט האבן וועגן אייער געזונטהייט אדער דראג פלאן. צו באקומען אן איבערזעצער, רופט אונז ביי 1-877-940-9330 (TTY: 711). איינער וואס רעדט אידיש קען אייך העלפן. דאס איז אן אומזיסטע סערוויס.

## Notice of Nondiscrimination

### Discrimination is Against the Law

Centers Plan for Healthy Living, LLC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Centers Plan for Healthy Living, LLC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Centers Plan for Healthy Living, LLC provides:

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

If you need these services, contact Member Services at 1-877-940-9330 (TTY users please call 711).

If you believe that Centers Plan for Healthy Living, LLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievances and Appeals Department:

By Mail:       Centers Plan for Healthy Living, LLC  
                  Attn: G&A Department  
                  75 Vanderbilt Avenue, 7<sup>th</sup> Floor  
                  Staten Island, NY 10304- 2604  
By Phone:     1-877-940-9330 (TTY users call 711)  
By Fax:        1-347-505-7089  
By Email:     [GandA@centersplan.com](mailto:GandA@centersplan.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services is available to help you seven days a week, from 8 am to 8 pm.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



**Centers Plan for Nursing Home Care (HMO I-SNP)  
offered by Centers Plan for Healthy Living, LLC.**

**Annual Notice of Changes for 2024**

You are currently enrolled as a member of Centers Plan for Nursing Home Care. 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.centersplan.com/isnp](http://www.centersplan.com/isnp). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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**What to do now**

**1. ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to medical care costs (doctor, hospital).
  - 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 Centers Plan for Nursing Home Care.
- To change to a **different plan**, 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 Member Services number at 1-877-940-9330 for additional information. (TTY users should call 711.) Hours are seven days a week, from 8 am to 8 pm. This call is free.



- This information is available in different formats including braille and large print. Please call Member Services at the number listed above if you need plan information in another format or language.
- **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 Centers Plan for Nursing Home Care**

- Centers Plan for Nursing Home Care (HMO I-SNP) is an HMO with a Medicare Contract. Enrollment in Centers Plan for Nursing Home Care depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Centers Plan for Healthy Living, LLC . When it says “plan” or “our plan,” it means Centers Plan for Nursing Home Care.

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**Summary of Important Costs for 2024**

The table below compares the 2023 costs and 2024 costs for Centers Plan for Nursing Home Care in several important areas. **Please note this is only a summary of costs.**

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<p><b>Monthly plan premium*</b> * Your premium may be higher than this amount. (See Section 1.1 for details.)</p>	<p>\$38.90 (Part D Premium)</p>	<p>\$48.70 (Part D Premium)</p>
<p><b>Deductible</b></p>	<p>\$226</p>	<p>\$240, except for insulin furnished through an item of durable medical equipment.</p>
<p><b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)</p>	<p>\$7,550</p>	<p>\$8,850</p>

**Centers Plan for Nursing Home Care (HMO I-SNP)  
Annual Notice of Changes for 2024**

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<b>Doctor office visits</b>	Primary care visits: \$0 per visit  Specialist visits: 20% coinsurance per visit	Primary care visits: \$0 per visit  Specialist visits: 20% coinsurance per visit
<b>Inpatient hospital stays</b>	The amounts you pay for each benefit period are: <ul style="list-style-type: none"> <li>• \$1,600 deductible;</li> <li>• \$0 per day for days 1 through 60;</li> <li>• \$400 per day for days 61 through 90;</li> </ul> \$800 per “lifetime reserve day” after day 90 (up to 60 days over your lifetime)	The amounts you pay per benefit period are: <ul style="list-style-type: none"> <li>• \$1,632 deductible;</li> <li>• \$0 per day for days 1 through 60;</li> <li>• \$408 per day for days 61 through 90;</li> </ul> \$816 per “lifetime reserve day” after day 90 (up to 60 days over your lifetime)

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<p><b>Inpatient hospital stays (cont.)</b></p>	<ul style="list-style-type: none"> <li>• Beyond lifetime reserve days, you pay all costs</li> </ul> <p>A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods.</p> <p><b>Authorization is required</b></p>	<ul style="list-style-type: none"> <li>• Beyond lifetime reserve days, you pay all costs</li> </ul> <p>A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods.</p> <p><b>Authorization is required</b></p>

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p><b>Deductible:</b> \$505, except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/ Coinsurance during the <b>Initial Coverage Stage:</b></p> <p>Generic Drugs: \$0, \$1.45, \$4.15 copay or no more than 25% coinsurance per prescription*</p> <p>All Other Drugs: \$0, \$4.30, \$10.35 copay or no more than 25% coinsurance per prescription*</p>	<p><b>Deductible:</b> \$545, except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/ Coinsurance during the <b>Initial Coverage Stage:</b></p> <p>Generic Drugs: \$0, \$1.55, \$4.50 copay or no more than 25% coinsurance per prescription*</p> <p>All Other Drugs: \$0, \$4.60, \$11.20 copay or no more than 25% coinsurance per prescription*</p> <p>You pay no more than \$35 per month supply of each covered insulin product.</p>

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<p><b>Part D prescription drug coverage (cont.)</b> (See Section 1.5 for details.)</p>	<p>*Cost sharing is based on your level of “Extra Help”</p> <p><b>Catastrophic Coverage:</b> During this payment stage, the plan pays most of the cost for your covered drugs.</p> <p>For each prescription, you pay whichever of these is larger: either a coinsurance of 5% of the cost of the drug; <b>or</b> \$4.15 for a generic drug or a drug that is treated like a generic drug, and \$10.35 for all other drugs.</p>	<p>*Cost sharing is based on your level of “Extra Help”</p> <p><b>Catastrophic Coverage:</b> During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>

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

### Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$38.90 Part D premium	\$48.70 Part D Premium

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket



amount. Once you 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> 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>\$7,550 Once you have paid \$7,550 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.</p>	<p>\$8,850 Once you have paid \$8,850 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.</p>

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### **Section 1.3 – Changes to the Provider and Pharmacy Networks**

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Updated directories are located on our website at [www.centersplan.com/isnp](http://www.centersplan.com/isnp). 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 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 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.

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## **Section 1.4 – Changes to Benefits and Costs for Medical Services**

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

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<b>Acupuncture for chronic low back pain</b>	You pay a 20% coinsurance for each Medicare-covered acupuncture treatment.  No more than 20 acupuncture treatments may be administered annually.	You pay a 20% coinsurance for each Medicare-covered acupuncture treatment.  No more than 20 acupuncture treatments may be administered annually.

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<b>Acupuncture for chronic low back pain (cont.)</b>	<b>Authorization is required</b>	<b>Visits 1-12 do not require an authorization.</b>  <b>Authorization is required for visits 13 through 20.</b>
<b>Hearing Aids</b>	Hearing aids, once every 3 years up to \$500 per ear	We pay up to \$1,000, per ear, for hearing aids, once every three (3) years.

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<b>Medicare Part B prescription drugs &amp; Home Infusion Drugs</b>	You pay a 20% coinsurance for Medicare-covered Part B prescription drugs.	<p>You pay a 0% to 20% coinsurance for Medicare-covered Part B prescription drugs.</p> <p>You won't pay more than \$35 for a one-month supply of each Part B insulin product covered by our plan.</p> <p><b>Authorization is required</b></p>
<b>Outpatient diagnostic tests and therapeutic services and supplies</b>	Authorization is required for all diagnostic and therapeutic radiology services except X-Rays.	<b>Authorization is required, except X-Rays</b>

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<b>Outpatient mental health care</b>	Authorization is required for outpatient mental health care provided by a doctor of medicine who specializes in the diagnosis, prevention, and treatment of mental disorder (e.g., a psychiatrist).	Referral is required for individual/group Psychiatric services.
<b>Transportation</b>	Not covered	<p>You pay \$0 for 4 one-way trips every month to plan-approved, health-related locations via bus, subway, van, or medical transport.</p> <p><b>Authorization is required</b></p>

Cost	2023 (this year)	2024 (next year)
<b>Urgently Needed Services</b>	You pay a 20% coinsurance for each Medicare-covered Urgent Care visit up to a maximum of \$60 per urgent care visit	You pay a 20% coinsurance for each Medicare-covered Urgent Care visit up to a maximum of \$55 per urgent care visit

## Section 1.5 – 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 (at [www.centersplan.com/isnp](http://www.centersplan.com/isnp)).

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 Member Services for more information.

### **Changes to Prescription Drug Costs**

**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 included 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 didn’t receive this insert with this packet, please call Member Services and ask for the LIS Rider.

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.)

**Changes to the Deductible Stage**

<b>Stage</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> 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 \$505</p>	<p>The deductible is \$545</p>



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

Please see the following chart for the changes from 2023 to 2024.

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></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 <b>you pay your share of the cost.</b></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:</p> <p>Generic Drugs: \$0, \$1.45, \$4.15 copay or no more than 25% coinsurance per prescription*</p> <p>All Other Drugs: \$0, \$4.30, \$10.35 copay or no more than 25% coinsurance per prescription*</p> <p>* Cost sharing is based on your level of “Extra Help”</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Generic Drugs: \$0, \$1.55, \$4.50 copay or no more than 25% coinsurance per prescription*</p> <p>All Other Drugs: \$0, \$4.60, \$11.20 copay or no more than 25% coinsurance per prescription*</p> <p>* Cost sharing is based on your level of “Extra Help”</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>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>You pay no more than \$35 per month supply of each covered insulin product.</p> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

**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 2      Deciding Which Plan to Choose**

### **Section 2.1 – If you want to stay in Centers Plan for Nursing Home Care**

**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 Centers Plan for Nursing Home Care plan.

### **Section 2.2 – If you want to change plans**

We hope to keep you as a member next year but if you want to change 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. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2). As a reminder, Centers Plan for Healthy Living, LLC offers other 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 Centers Plan for Nursing Home Care.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Centers Plan for Nursing Home Care.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## **SECTION 3 Deadline for Changing Plans**

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

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 4 Programs That Offer 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).

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. You can learn more about HIICAP by visiting their website (<https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap>).

## **SECTION 5 Programs That Help Pay for Prescription Drugs**

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 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 the Elderly Pharmaceutical Insurance Program 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. 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 AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-542-2437.

## **SECTION 6 Questions?**

### **Section 6.1 – Getting Help from Centers Plan for Nursing Home Care**

Questions? We're here to help. Please call Member Services at 1-877-940-9330. (TTY only, call 711). We are available for phone calls seven days a week, from 8 am to 8pm. 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 Centers Plan for Nursing Home Care. 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.centersplan/isnp](http://www.centersplan/isnp).

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.centersplan.com/isnp](http://www.centersplan.com/isnp). 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 6.2 – 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.







For More Information or to Enroll  
Call 1-877-940-9330 (toll free)

TTY Users call 711

Seven days a week, 8 am-8 pm

[MemberServices@centersplan.com](mailto:MemberServices@centersplan.com)

[www.centersplan.com/isnp](http://www.centersplan.com/isnp)