



## EmblemHealth VIP Rx Carveout (HMO) offered by Health Insurance Plan of Greater New York (HIP)/EmblemHealth

### Annual Notice of Change for 2026

You're enrolled as a member of EmblemHealth VIP Rx Carveout (HMO).

This material describes changes to your 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 EmblemHealth VIP Rx Carveout (HMO).
- 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 [emblemhealth.com/medicare](http://emblemhealth.com/medicare) or call Customer Service at **1-877-344-7364** (TTY users call **711**) to get a copy by mail.

### More Resources

- This material is available for free in Spanish.
- Call Customer Service at **1-877-344-7364** (TTY users call **711**) for additional information. Hours are 8 a.m. to 8 p.m., seven days a week from October 1 to March 31, and 8 a.m. to 8 p.m. Monday – Saturday, April 1 to September 30. This call is free.
- We can also provide information in a way that works for you (information in alternate formats). Please call Customer Service at the number listed above if you need plan information in another format or language.

### About EmblemHealth VIP Rx Carveout (HMO)

- Health Insurance Plan of Greater New York (HIP) is an HMO plan with a Medicare contract. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company.
- When this material says “we,” “us,” or “our,” it means HIP/EmblemHealth. When it says “plan” or “our plan,” it means EmblemHealth VIP Rx Carveout (HMO).

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in** EmblemHealth VIP Rx Carveout (HMO). Starting January 1, 2026, you'll get your medical coverage through EmblemHealth VIP Rx Carveout (HMO). Your group may have different requirements. Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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## Table of Contents

<b>Summary of Important Costs for 2026.....</b>	<b>4</b>
<b>SECTION 1 Changes to Benefits &amp; Costs for Next Year.....</b>	<b>4</b>
Section 1.1 Changes to the Monthly Plan Premium.....	4
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount.....	4
Section 1.3 Changes to the Provider Network.....	4
Section 1.4 Changes to Benefits & Costs for Medical Services.....	5
<b>SECTION 2 Administrative Changes.....</b>	<b>6</b>
<b>SECTION 3 How to Change Plans.....</b>	<b>6</b>
Section 3.1 Deadlines for Changing Plans.....	6
Section 3.2 Are there other times of the year to make a change?.....	7
<b>SECTION 4 Get Help Paying for Prescription Drugs.....</b>	<b>7</b>
<b>SECTION 5 Questions?.....</b>	<b>8</b>
Get Help from EmblemHealth VIP Rx Carveout (HMO).....	8
Get Free Counseling about Medicare.....	8
Get Help from Medicare.....	9

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## Summary of Important Costs for 2026

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It is important to read the rest of this *Annual Notice of Changes* and review the *Evidence of Coverage* document to see if other benefit or cost changes affect you.

It is also important for you to review the *Cost Sharing Guide* that we will send you in the mail under separate cover. The *Cost Sharing Guide* will provide you with your benefit details and cost sharing amounts for 2026. A copy of the *Evidence of Coverage* is located on our website at [emblemhealth.com/medicare](https://emblemhealth.com/medicare). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

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

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### Section 1.1 Changes to the Monthly Plan Premium

Please contact your benefits administrator or see your *Cost Sharing Guide* for details on what your plan premium will be for 2026. (You must also continue to pay your Medicare Part B premium.)

### 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 (and other health services not covered by Medicare)] for the rest of the calendar year. (Your costs for covered medical services (such as copayment) **count** toward your maximum out-of-pocket amount.

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [emblemhealth.com/directories](https://emblemhealth.com/directories) 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 [emblemhealth.com/directories](https://emblemhealth.com/directories).
- Call Customer Service at **1-877-344-7364** (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 your plan during the year. If a mid-year change in our providers affects you, call Customer Service at **1-877-344-7364** (TTY users call **711**) for help.

## Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
<b>Ambulatory Surgery Centers</b>	Prior authorization is required.	Prior authorization is not required.
<b>Mental Health Services</b>	Prior authorization is required.	Prior authorization is not required.
<b>Outpatient Blood Services</b>	Prior authorization is required.	Prior authorization is not required.
<b>Outpatient Substance Abuse Services</b>	Prior authorization is required.	Prior authorization is not required.
<b>Psychiatric Services</b>	Prior authorization is required.	Prior authorization is not required.
<b>Worldwide Emergency Services</b>	No benefit limit	<b>\$50,000</b> annual limit combined with Worldwide Urgent Care and Worldwide Ground Ambulance
<b>Worldwide Ground Ambulance</b>	No benefit limit	<b>\$50,000</b> annual limit combined with Worldwide Emergency Care and Worldwide Urgent Care
<b>Worldwide Urgent Care</b>	No benefit limit	<b>\$50,000</b> annual limit combined with Worldwide Emergency Care and Worldwide Ground Ambulance

For details about the coverage and costs for your medical services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your 2026 Evidence of Coverage.

In addition, we will send you a Cost Sharing Guide in the mail under separate cover that will provide you with your benefit details and cost-sharing amounts for 2026.

## SECTION 2 Administrative Changes

	2025 this year	2026 next year
<b>Diabetes self-management training, diabetic services, and supplies</b>	Covered diabetic supplies are limited to Abbott Diabetes Care and LifeScan products.  Quantity limits apply to lancets and test strips (5 strips and lancets per day for insulin-users and 4 strips and lancets per day for non-insulin users).	Covered diabetic supplies are limited to Abbott Diabetes Care and Ascensia products.  Quantity limits apply to lancets and test strips (204 test strips and lancets per 30 days).
<b>Provider Network</b>	You have access to the ConnectiCare Medicare Choice network.	You do not have access to the ConnectiCare Medicare Choice network. See your new ID card for more information.

## SECTION 3 How to Change Plans

**To stay in EmblemHealth VIP Rx Carveout (HMO), you may not need to do anything.** Please contact your benefit administrator to find out if you will automatically be enrolled in our EmblemHealth VIP Rx Carveout (HMO).

If you want to change plans for 2026, please contact your benefits administrator for additional information.

### Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year. Your group may have different requirements.

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 separate Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) between January 1 – March 31, 2026. Your group may have different requirements.

If you want to change to a different plan or to Original Medicare for next year, please contact your benefits administrator for additional information.

## Section 3.2 Are there other times of the year to make a change?

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

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

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without 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. Your group may have different requirements.

## 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 or
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** New York State has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit [shiphelp.org](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 Uninsured HIV Care Program. 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 Uninsured HIV Care Program at **1-800-542-2437** (for New York State residents) or **1-518-459-1641** (for non-New York State residents) (for TTY please use **1-518-459-0121**), or write to the New York State Uninsured HIV Care Program, Empire Station, PO Box 2052, Albany, NY 12220-0052. Or, go to the web at [www.health.ny.gov/diseases/aids/general/resources/adap](http://www.health.ny.gov/diseases/aids/general/resources/adap). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

## SECTION 5 Questions?

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### Get Help from EmblemHealth VIP Rx Carveout (HMO)

- **Call Customer Service at 1-877-344-7364 (TTY only, call 711).**

We're available for phone calls 8:00 am to 8:00 pm, 7 days a week. 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, look in the *2026 Evidence of Coverage* for EmblemHealth VIP Rx Carveout (HMO). 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. Get the *Evidence of Coverage* on our website at [emblemhealth.com/medicare](http://emblemhealth.com/medicare) or Call Customer Service at **1-877-344-7364** (TTY users call **711**) to ask us to mail you a copy.

- **Visit [emblemhealth.com/medicare](http://emblemhealth.com/medicare)**

Our website has the most up-to-date information about our provider network (*Provider Directory*)

### Get Free Counseling about Medicare

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

Call HIICAP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call HIICAP at **1-800-701-0501**. Learn more about HIICAP by visiting (<http://www.aging.ny.gov>).



## Get Help from Medicare

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

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

- **Chat live with [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.