



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

Annual Notice of Change for 2027

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, 2026, you'll stay in EmblemHealth VIP Rx Carveout (HMO).
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* 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 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 more information. Hours are 8 am to 8 pm 7 days a week from October 1 to March 31 and 8 am to 8 pm 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 HEALTH INSURANCE PLAN OF GREATER NEW YORK (HIP)/EmblemHealth. When it says "plan" or "our plan," it means EmblemHealth VIP Rx Carveout (HMO).

- **If you do nothing by December 7, 2026, you'll automatically be enrolled in EmblemHealth VIP Rx Carveout (HMO).** Starting January 1, 2027, you'll get your medical through EmblemHealth VIP Rx Carveout (HMO). Your group may have different requirements. Go to Section 2 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 that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2027

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 2027. A copy of the *Evidence of Coverage* is located on our website at emblemhealth.com/medicare. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

SECTION 1 Changes to Benefits & Costs for Next Year

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 2027. (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 for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* at emblemhealth.com/medicare 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/medicare.
- 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. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to Benefits & Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year.

	2026 (this year)	2027 (next year)
Specialist physicians	Referrals required	Referrals not required

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 2027 *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 2027.

SECTION 2 How to Change Plans

To stay in EmblemHealth VIP Rx Carveout (HMO), you don’t need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, 2026, you’ll automatically be enrolled in our EmblemHealth VIP Rx Carveout (HMO).

If you want to change plans for 2027, please contact your benefits administrator for additional information.

Section 2.1 Deadlines for Changing Plans

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

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, 2027, 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 separate drug coverage) between January 1 – March 31, 2027.

Section 2.2 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 separate Medicare drug coverage) or switch to Original Medicare (with or without separate 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 3 Get Help Paying for Prescription Drugs

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, 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 New York AIDS Drug Assistance 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 **1-800-542-2437**. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 4 Questions?

Get Help from EmblemHealth VIP Rx Carveout (HMO)

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

We're available for phone calls 8 am to 8 pm 7 days a week from October 1 to March 31 and 8 am to 8 pm Monday - Saturday, April 1 to September 30. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for EmblemHealth VIP Rx Carveout (HMO). 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 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**

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 [Medicare.gov](https://www.medicare.gov)**

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

- **Write to Medicare**

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

- **Visit [Medicare.gov](https://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 2027***

The *Medicare & You 2027* 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 [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.