

# 2026

## Annual Notice of Change



# ElderServe MAP

(HMO D-SNP)

For more information, call us **1-800-362-2266** (TTY/ TDD 711)  
8 a.m. to 8 p.m. ET – 7 days a week.

[www.ElderServeHealth.org](http://www.ElderServeHealth.org)

## ***ElderServe MAP (HMO D-SNP) offered by ElderServe Health.***

# **Annual Notice of Change for 2026**

You're enrolled as a member of *ElderServe MAP (HMO D-SNP)*.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in ElderServe MAP (HMO D-SNP).
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [www.ElderServeHealth.org](http://www.ElderServeHealth.org) or call Member Services at 1-800-362-2266 (TTY users should call 711) to get a copy by mail.

### **More Resources**

- This material is available for free in Spanish, Chinese and Russian.
- Call Member Services at 1-800-362-2266 (TTY users call 711) for more information. Hours are 8:00 am to 8:00 pm ET, 7 days a week. This call is free.
- *You can get this information for free in other formats, such as large print braille or audio.*

### **About *ElderServe MAP (HMO D-SNP)***

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

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## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium can be higher or lower than this amount. Go to Section 1 for details.</p>	\$0 or 72.30 for your Part D Premium	\$0 or \$58.80 for your Part D Premium
<p><b>Part B Deductible</b></p>	<p>The Part B Deductible is \$ 257 except for insulin furnished through an item of durable medical equipment.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>The Part B Deductible is \$ 257 except for insulin furnished through an item of durable medical equipment.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p> <p>These are 2025 cost-sharing amounts and may change for 2026. ElderServe MAP will provide updated rates as soon as they are released.</p>
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)</p>	<p>\$8,900</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>\$9,250</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><b>Primary care office visits</b></p>	\$0 per visit	\$0 per visit

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
		If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.
<b>Specialist office visits</b>	\$0 per visit  If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.	\$0 per visit  If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	\$0 Coinsurance or Copayment  If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.	\$0 Coinsurance or Copayment  If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.
<b>Part D drug coverage deductible</b> (Go to Section 1.7 for details.)	\$590 except for covered insulin products and most adult Part D vaccines  *Depending on your level of Medicaid eligibility, you may not have any cost sharing responsibility. (Look at the separate inert, the "LIS Rider" for your deductible amount.)	\$615 except for covered insulin products and most adult Part D vaccines *Depending on your level of Medicaid eligibility, you may not have any cost sharing responsibility. (Look at the separate inert, the "LIS Rider" for your deductible amount.)

	<p style="text-align: center;"><b>2025 (this year)</b></p>	<p style="text-align: center;"><b>2026 (next year)</b></p>
<p><b>Part D drug coverage</b> (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)</p>	<p><i>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</i></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: Depending on your Medicaid eligibility you pay: For generic drugs (including brand drugs treated as generic): \$0 copay; or \$1.60 copay; or \$4.90 copay; or 25% of the cost. For all other drugs: \$0 copay; or \$4.80 copay; or \$12.15 copay; or 25% of the cost. You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul> <p>Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.</p>	<p><i>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</i></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: Depending on your Medicaid eligibility you pay: For generic drugs (including brand drugs treated as generic): \$0 copay; or \$1.60 copay; or \$5.10 copay; or 25% of the cost. For all other drugs: \$0 copay; or \$5.10 copay; or \$12.65 copay; or 25% of the cost. You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul> <p>Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.</p>

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

### Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<p><b>Monthly plan premium</b></p> <p>(You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)</p>	\$0 or \$72.30 for your Part D Premium	\$0 or \$58.80 for your Part D

### 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.

	2025 (this year)	2026 (next year)
<p>Maximum out-of-pocket amount</p> <p>Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum.</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>Your costs for covered medical services (such as copayments and deductibles) count toward your maximum out-of-pocket amount.</p>	<p>\$8,900</p> <p>Once you have paid \$8,900 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>	<p>\$9,250</p> <p>Once you've paid \$9,250 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [www.ElderServeHealth.org](http://www.ElderServeHealth.org) 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 [www.ElderServeHealth.org](http://www.ElderServeHealth.org).
- Call Member Services at 1-800-362-2266 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-800-362-2266 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

### Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* [www.ElderServeHealthPlans.org](http://www.ElderServeHealthPlans.org) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [www.ElderServeHealth.org](http://www.ElderServeHealth.org).
- Call Member Services at 1-800-362-2266 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-800-362-2266 (TTY users call 711) for help.

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

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

	2025 (this year)	2026 (next year)
<b>Emergency Services</b>	<p>You pay a \$110 copay per office visit.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a \$115 copay per office visit.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>
<b>Urgently Needed Services</b>	<p>You pay \$45 copay per visit.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a \$40 copay per visit.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
<b>Over-The-Counter (OTC) Items</b>	<p>\$218 per month. Any unused amount is <u>not</u> carried over to the next period.</p>	<p>\$302 per month. Any unused amount is <u>not</u> carried over to the next period.</p>

<p><b>Over-The-Counter (OTC) + Utility + Grocery Benefit</b></p>	<p>\$218 per month. You are allowed to spend 50% (\$109) of the OTC benefit amount towards food and produce.</p> <p>For eligible members (with certain chronic conditions) the Special Supplemental Benefits for Chronically Ill (grocery benefit) combines with the OTC benefit to cover certain grocery items as part of the monthly OTC allowance, which may only be purchased at select pharmacies and/or retailers.</p> <p>The benefits mentioned are a part of special supplemental program for the chronically ill. Some examples of conditions include <i>Cardiovascular Disorder, Hypertension, Osteoarthritis, Endocrine Disorder and Gastrointestinal Disorder</i>. Eligibility for this benefit cannot be guaranteed based solely on your condition. Eligible members will be notified and provided instructions on how to access this benefit.</p>	<p>\$302 per month.</p> <p>In addition, this benefit can be applied towards payment for utilities, food and produce. The benefit dollars cannot be carried over to the next month. The benefit cannot be converted to cash.</p> <p>For eligible members (with certain chronic conditions) the Special Supplemental Benefits for Chronically Ill (grocery benefit) combines with the OTC benefit to cover certain grocery items as part of the monthly OTC allowance, which may only be purchased at select pharmacies and/or retailers.</p> <p>The benefits mentioned are a part of special supplemental program for the chronically ill. Some examples of conditions include <i>Cardiovascular Disorder, Hypertension, Osteoarthritis, Endocrine Disorder and Gastrointestinal Disorder</i>. Eligibility for this benefit cannot be guaranteed based solely on your condition. Eligible members will be notified and provided instructions on how to access this benefit.</p>
<p><b>Acupuncture</b></p>	<p>30 visits per year</p>	<p>40 visits per year</p>

**Dental Services**Supplemental Preventive  
Dental Services:

You pay \$0 copayment for  
the following  
Supplemental Preventative  
Dental Services:

Oral Exams: 3 visits

Periodic Oral evaluation 1  
every 6 months.

## Dental X-Rays:

Intraoral, periapical  
(D0230, D0240) 6 times  
every 12 months. – Not  
Covered

Bitewings – 3 every 12  
months – Covered

Sialography -2 every week  
– Covered

Panoramic Radiographic  
image – 1 every 3 years –  
Not Covered

Fluoride Treatment:  
1 covered up to age of 20

Comprehensive Dental  
Services: Referral is  
Required

Supplemental Preventive  
Dental Services:

You pay \$0 copayment for  
the following  
Supplemental Preventative  
Dental Services:

Oral Exams: 1 visit

Periodic Oral evaluation 2  
every 6 months

## Dental X-Rays:

Intraoral, periapical  
(D0230, D0240) 6 times  
every 12 months. –  
Covered

Bitewings – 3 every 12  
months – Not Covered

Sialography -2 every week  
–Not Covered

Panoramic Radiographic  
image – 1 every 3 years –  
Covered

Fluoride Treatment:  
Every three months

Comprehensive Dental  
Services: Referral is **Not**  
Required

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically. **You can get the complete Drug List** by calling Member Services at 1-800-362-2266 (TTY users call 711) or visiting our website at ([www.ElderServeHealth.org](http://www.ElderServeHealth.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 calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-800-362-2266 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by *September 30th*, call Member Services at 1-800-362-2266 (TTY users call 711) and ask for the *LIS Rider*.

### Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

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

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

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
<b>Yearly Deductible</b>	\$590 Your deductible amount may be \$0, depending on the level of "Extra Help" you receive. (Look at the separate insert, the LIS Rider, for your deductible amount.)	\$615 Your deductible amount may be \$0, depending on the level of "Extra Help" you receive. (Look at the separate insert, the LIS Rider, for your deductible amount.)

### Drug Costs in Stage 2: Initial Coverage

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

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

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

	2025 (this year)	2026 (next year)
<b>Tier 1:</b>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is \$:</p> <p><b>For generic drugs (including brand drugs treated as generic):</b> \$0 copay; or \$1.60 copay; or \$4.90 copay; or 25% of the cost.</p> <p><b>For all other drugs:</b> \$0 copay; or \$4.80 copay; or \$12.15 copay; or 25% of the cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is \$:</p> <p><b>For generic drugs (including brand drugs treated as generic):</b> \$0 copay; or \$1.60 copay; or \$5.10 copay; or 25% of the cost.</p> <p><b>For all other drugs:</b> \$0 copay; or \$5.10 copay; or \$12.65 copay; or 25% of the cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Once you have paid \$2,100 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

## Changes to the Catastrophic Coverage Stage

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

## SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
<b>Medicare Prescription Payment Plan</b>	<p>The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.</p>	<p>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.</p> <p>To learn more about this payment option, call us at 1-800-362-2266 (TTY users call 711) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</p>

## SECTION 3 How to Change Plans

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

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

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from *ElderServe MAP (HMO D-SNP)*.

- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from *ElderServe MAP (HMO D-SNP)*.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-800-362-2266 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty.
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, *ElderServe Health* offers other Medicare prescription drug plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

### Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) between January 1 – March 31, 2026.

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

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

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

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

- Original Medicare *with* a separate Medicare prescription drug plan,

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

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## **SECTION 4 Get Help Paying for Prescription Drugs**

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
  - Your State Medicaid office.
- **Help from your state's pharmaceutical assistance program (SPAP).** 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 (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 HIV Uninsured Care Programs. For information

on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-800-542-2437. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-800-362-2266 (TTY users call 711) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5 Questions?

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### Get Help from *ElderServe MAP (HMO D-SNP)*

- **Call Member Services at 1-800-362-2266.** (TTY users 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, go to the 2026 *Evidence of Coverage for ElderServe MAP (HMO D-SNP)*. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [www.ElderServeHealth.org](http://www.ElderServeHealth.org) or call Member Services at 1-800-362-2266 (TTY users call 711) to ask us to mail you a copy.

- **Visit [www.ElderServeHealth.org](http://www.ElderServeHealth.org)**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

### Get Free Counseling about Medicare

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

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

## Get Help from Medicare

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

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

- **Chat live with [www.Medicare.gov](http://www.Medicare.gov)**

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

- **Write to Medicare**

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

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

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## Get Help from Medicaid

Call New York Medicaid Helpline at 1-800-541-2831 from 8:00 am to 5:00 pm, Monday through Friday. TTY users call 711 for help with Medicaid enrollment or benefit questions.

### ElderServe Health, Inc. Notice of Nondiscrimination

ElderServe Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). ElderServe Health, Inc. does not exclude people or treat them less favorable because of race, color, national origin, age, disability, or sex.

ElderServe Health, Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Civil Rights Coordinator. If you believe that ElderServe Health, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

ElderServe MAP (HMO D-SNP)  
ATTN Civil Rights Coordinator  
80 West 225th Street  
Bronx, NY, 10463  
Phone: 1-347-842-3660, TTY 711  
Fax: 1-888-341-5009

You may file a grievance in person or by mail, phone, or fax. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may 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, 1-800-537-7697 (TDD)

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

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**English ATTENTION:** If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **800-362-2266** (TTY: **711**); or speak to your provider.

**Español (Spanish) ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **800-362-2266**(TTY: **711**) o hable con su proveedor.

**中文 (Simplified Chinese) 注意:** 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 **800-362-2266** (文本电话: **711**) 或咨询您的服务提供商。

**РУССКИЙ (Russian) ВНИМАНИЕ:** Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **800-362-2266**(TTY: **711**) или обратитесь к своему поставщику услуг.

**Kreyòl Ayisyen (Haitian Creole) ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nan **800-362-2266**(TTY: **711**) oswa pale avèk founisè w la.

**한국어 (Korean) 주의:** [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **800-362-2266**(TTY: **711**) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Italiano (Italian) ATTENZIONE:** se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' **800-362-2266** (TTY: **711**) o parla con il tuo fornitore.

**(Yiddish) יידיש ש נאטיץ:** אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי .

צונעמען אידס און באדינונגס אלאר צראוויידינג אינאלארמאציע אין צוטריטלעך אלארמאטירונגען זענען אויך בנימצא פריי. רופן **711** (TTY: **800-362-2266**) אדער רעדן מיט דיין טרעגער .

**(Bengali)** ইংরেজিতে মনোযোগ: আপনি যদি অন্য ভাষা বলতে পারেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহায়তা এবং পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। 800-362-2266 (TTY: 711; অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

**POLSKI (Polish) UWAGA:** Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **800-362-2266**(TTY: **711**) lub porozmawiaj ze swoim dostawcą.

### العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **800-362-2266**(TTY: **711**) أو تحدث إلى مقدم الخدمة.

**Français (French) ATTENTION :** Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour

fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **800-362-2266**(TTY: **711**) ou parlez à votre fournisseur.

### اردو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: **800-362-2266** 711) پر کال کریں یا

اپنے فراہم کنندہ سے بات کریں۔

**Tagalog (Tagalog) PAALALA:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libheng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **800-362-2266**(TTY: **711**) o makipag-usap sa iyong provider.

**Ελληνικά (Greek) ΠΡΟΣΟΧΗ:** Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **800-362-2266**(TTY: **711**) ή απευθυνθείτε στον πάροχό σας.

**Hindi हिंदी ध्यान दें:** यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। **800-362-2266** (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।