Your guide to your 2024 benefits

Annual Notice of Changes

HealthSun HealthAdvantage Plan (HMO)

Member Services:

1-877-336-2069 TTY: **1-877-206-0500**

www.healthsun.com

Your plan just got even better. Look inside to see what improvements were made.

No action is needed - your plan will auto-renew at the end of the year.

HealthSun
HEALTH PLANS

Thank you for being a valued member

We appreciate your continued trust in us as your healthcare partner. We're committed to providing affordable healthcare and helping our members to improve and maintain their health. Our focus is on delivering care that has the power to improve whole-person health so you can focus on the things you love.

You continue to be at the center of everything we do. This is why our Medicare Advantage plans are created to offer the benefits and services that members like you will find most useful to help be your healthiest.

This booklet makes it easier to understand next year's coverage. Your Annual Notice of Changes compares your 2023 benefits to your 2024 benefits. Your 2024 plan information will be available online within your secure online account at **www.healthsun.com** on October 15 in preparation for the Annual Election Period that runs from October 15 through December 7, 2023.

Your health plan has changed for the better and you now have access to better benefits. You don't have to do anything to keep your coverage with the new features. Your policy will automatically renew at the end of the year.

Thanks again for being a valued member. If you have any questions or need help understanding your plan's benefits, you can always call us at the phone number on the back of your member ID card.

HealthSun
HEALTH PLANS

HealthSun HealthAdvantage Plan (HMO) *offered by* HealthSun Health Plans

Annual Notice of Changes for 2024

You are currently enrolled as a member of HealthSun HealthAdvantage Plan (HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 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.healthsun.com. 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.**

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 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 HealthSun HealthAdvantage Plan (HMO).
   - To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with HealthSun HealthAdvantage Plan (HMO).
   - 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 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 1-877-336-2069 for additional information. (TTY users should call 1-877-206-0500.) Hours are 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. This call is free.
- This document is available to order in braille, large print and audio. To request this document in an alternate format, please call Member Services at the phone number printed on the front of this document.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About HealthSun HealthAdvantage Plan (HMO)

- HealthSun Health Plans is an HMO plan with a Medicare contract. Enrollment in HealthSun Health Plans depends on contract renewal.
- When this document says "we," "us," or "our", it means HealthSun Health Plans. When it says "plan" or "our plan," it means HealthSun HealthAdvantage Plan (HMO).

Annual Notice of Changes for 2024
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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for HealthSun HealthAdvantage Plan (HMO) in several important areas. **Please note this is only a summary of costs**.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0.00	$0.00
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$2,500.00	$2,500.00
Doctor office visits	Primary care visits: In network $0.00 copay per visit Specialist visits: In network $0.00 copay per visit	Primary care visits: In network $0.00 copay per visit Specialist visits: In network $0.00 copay per visit
Inpatient hospital stays	In network $0.00 copay	In network $0.00 copay per stay

Cost	2023 (this year)	2024 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $0 Copayment or Coinsurance during the initial coverage stage: Preferred Retail Pharmacy: • Drug Tier 1: Preferred Generic: $0.00 • Drug Tier 2: Generic: $0.00 • Drug Tier 3: Preferred Brand: $0.00 • Drug Tier 4: Non-Preferred Brand: $30.00 • Drug Tier 5: Specialty Tier: 33% • Drug Tier 6: Supplemental Drugs: $0.00 Standard Retail Pharmacy: • Drug Tier 1: Preferred Generic: $0.00 • Drug Tier 2: Generic: $0.00 • Drug Tier 3: Preferred Brand: $20.00 • Drug Tier 4: Non-Preferred Brand: $35.00	Deductible: $0 Copayment or Coinsurance during the initial coverage stage: Preferred Retail Pharmacy: • Drug Tier 1: Preferred Generic: $0.00 • Drug Tier 2: Generic: $0.00 • Drug Tier 3: Preferred Brand: $0.00 You pay $0.00 per month supply of each covered insulin product on this tier. • Drug Tier 4: Non-Preferred Brand: $30.00 • Drug Tier 5: Specialty Tier: 33% • Drug Tier 6: Supplemental Drugs: $0.00 Standard Retail Pharmacy: • Drug Tier 1: Preferred Generic: $0.00 • Drug Tier 2: Generic: $0.00

Cost	2023 (this year)	2024 (next year)
	• Drug Tier 5: Specialty Tier: 33% • Drug Tier 6: Supplemental Drugs: $0.00 Catastrophic Coverage: • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment ($4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs.)	• Drug Tier 3: Preferred Brand: $20.00 You pay $0.00 per month supply of each covered insulin product on this tier. • Drug Tier 4: Non-Preferred Brand: $35.00 • Drug Tier 5: Specialty Tier: 33% • Drug Tier 6: Supplemental Drugs: $0.00 Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing.

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)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0.00	$0.00

- 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.

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

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$2,500.00	$2,500.00 Once you have paid $2,500.00 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.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.healthsun.com. 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 and Pharmacy 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 *Provider and 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.

Section 1.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2023 (this year)	2024 (next year)
Air Ambulance	**$200.00** copay The copay is waived if you are admitted to the hospital, transferred between institutions or back to your home.	**20%** coinsurance The copay is not waived if you are admitted to the hospital, transferred between institutions or back to your home.
Ground or Water Ambulance	The copay is waived if you are admitted to the hospital, transferred between institutions or back to your home.	The copay is not waived if you are admitted to the hospital, transferred between institutions or back to your home.
Chiropractic services	This plan covers: • Medicare-covered services. • Up to 12 routine visits every year. Prior authorization and referral are not required.	This plan covers: • Medicare-covered services Routine visits are not covered. Prior authorization and referral are required.
Emergency Care	**$75.00** copay The copay is waived if you are	**$90.00** copay The copay is waived if you are

Cost	2023 (this year)	2024 (next year)
	admitted to the hospital within 24 hours.	admitted to the hospital within 24 hours.
Hearing services (Supplemental)	Prior authorization and referral may be required for Hearing Aids and the Fitting/Evaluation for Hearing Aids.	Prior authorization and referral are not required for Hearing Aids and the Fitting/Evaluation for Hearing Aids.
Outpatient Therapeutic Radiological Services	A referral is not required.	A referral is required.
X-Rays (Outpatient Setting)	A referral is not required.	A referral is required.
Diagnostic Radiological services (Outpatient Setting)	A referral is not required.	A referral is required.
Worldwide Coverage	**$75.00** copay for worldwide emergency care, including emergency transportation, and urgent care services. The copay is waived if you are admitted to the hospital.	**$90.00** copay for worldwide emergency care, including emergency transportation, and urgent care services. The copay is waived if you are admitted to the hospital.
Acupuncture (Supplemental)	This plan covers: • Medicare-covered services. • Up to 12 routine visits every year.	This plan covers: • Medicare-covered services Routine visits are not covered.

Cost	2023 (this year)	2024 (next year)
Special Supplemental Benefits for the Chronically Ill	**Healthy Groceries** **$0.00** copay Eligible members receive a **$50.00** allowance per month to buy approved healthy foods. **Healthy Meals – Chronic Condition** A referral is required. Required to meet the Special Supplemental Benefits for the Chronically Ill criteria outlined in Chapter 4 of the Evidence of Coverage.	**Everyday Options Allowance for Groceries, Home and Pet Care Supplies, and Utilities** **$0.00** copay For eligible members, this plan now offers a combined monthly spending allowance of **$50.00** on your Benefits Prepaid Card. You have the flexibility to choose how you want to spend your allowance on any of the following benefits: • **Groceries:** Food items like fresh meats, fruits, vegetables, pantry staples, and more. • **Home and Pet Care Supplies:** Certain approved paper products, food storage, household cleaning products and pet care items. • **Utilities:** Use toward the payment of natural/propane gas, electric, water, cable, internet, or cell phone services. Unused amounts do not roll over to the next month or calendar year. **Healthy Meals – Chronic Condition** A referral is not required.

Cost	2023 (this year)	2024 (next year)
		Required to meet the Special Supplemental Benefits for the Chronically Ill criteria outlined in Chapter 4 of the Evidence of Coverage.

Note: Beginning July 2023, cost sharing for insulin furnished through an item of Durable Medical Equipment (DME) is subject to a coinsurance cap of $35 for one-month's supply of insulin. For more information on cost sharing for insulin furnished through an item of DME, please refer to the Medical Benefits Chart in Chapter 4 of your *Evidence of Coverage*.

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. **You can get the *complete* "Drug List"** by calling Member Services (see the back cover) or visiting our website www.healthsun.com.

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 sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the

Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive "Extra Help" and you haven't received this insert by September 30, 2023, 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

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month supply at a network pharmacy:	Your cost for a one-month supply at a network pharmacy:
The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. We changed the tier for some of the drugs on our "Drug List." To see if your drugs will be in a different tier, look them up on the "Drug List."	**Tier 1: Preferred Generic:** *Standard cost sharing:* You pay $0.00 per prescription. *Preferred cost sharing:* You pay $0.00 per prescription.	**Tier 1: Preferred Generic:** *Standard cost sharing:* You pay $0.00 per prescription. *Preferred cost sharing:* You pay $0.00 per prescription.
	Tier 2: Generic: *Standard cost sharing:* You pay $0.00 per prescription. *Preferred cost sharing:* You pay $0.00 per prescription.	**Tier 2: Generic:** *Standard cost sharing:* You pay $0.00 per prescription. *Preferred cost sharing:* You pay $0.00 per prescription.

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage (continued)	**Tier 3: Preferred Brand:** *Standard cost sharing:* You pay $20.00 per prescription. *Preferred cost sharing:* You pay $0.00 per prescription.	**Tier 3: Preferred Brand:** *Standard cost sharing:* You pay $20.00 per prescription. You pay $0.00 per month supply of each covered insulin product on this tier. *Preferred cost sharing:* You pay $0.00 per prescription. You pay $0.00 per month supply of each covered insulin product on this tier.
	Tier 4: Non-Preferred Brand: *Standard cost sharing:* You pay $35.00 per prescription. *Preferred cost sharing:* You pay $30.00 per prescription.	**Tier 4: Non-Preferred Brand:** *Standard cost sharing:* You pay $35.00 per prescription. *Preferred cost sharing:* You pay $30.00 per prescription.
	Tier 5: Specialty Tier: *Standard cost sharing:* You pay 33% of the total cost. *Preferred cost sharing:* You pay 33% of the total cost.	**Tier 5: Specialty Tier:** *Standard cost sharing:* You pay 33% of the total cost. *Preferred cost sharing:* You pay 33% of the total cost.
	Tier 6: Supplemental Drugs: *Standard cost sharing:* You pay $0.00 per prescription. *Preferred cost sharing:* You pay $0.00 per prescription.	**Tier 6: Supplemental Drugs:** *Standard cost sharing:* You pay $0.00 per prescription. *Preferred cost sharing:* You pay $0.00 per prescription.

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage (continued)	_____ Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).	_____ Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).

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 and for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage.*

SECTION 2 Administrative Changes

Description	2023 (this year)	2024 (next year)
Additional Telehealth Services	Prior authorization and referral are not required.	Prior Authorization and referral are required.
Continuous Glucose Monitors	Prior Authorization is not required.	Prior authorization is required. Continuous Glucose Monitors are available as a covered benefit for diabetics who require the use of insulin and have difficulty controlling their blood sugar levels.

Description	2023 (this year)	2024 (next year)
Part D Tier 1 long-term supply	You can get up to a **90-day** supply for maintenance drugs on Tier 1.	You can get up to a **100-day** supply for maintenance drugs on Tier 1.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in HealthSun HealthAdvantage Plan (HMO)

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 HealthSun HealthAdvantage Plan (HMO).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 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), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from HealthSun HealthAdvantage Plan (HMO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from HealthSun HealthAdvantage Plan (HMO).
- 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 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 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 5 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 Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Serving Health Insurance Needs of Elders (SHINE) 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 Serving Health Insurance Needs of Elders (SHINE) at 1-800-96-ELDER (1-800-963-5337) (TTY 1-800-955-8770). You can learn more about Serving Health Insurance Needs of Elders (SHINE) by visiting their website (http://www.floridashine.org/).

SECTION 6 Programs That Help Pay for Prescription Drugs

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

- **"Extra Help" from Medicare.** 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).
- **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 Florida AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-352-2437 (1-800-FLA-AIDS) English 1-800-545-7432 (1-800-545-SIDA) Spanish.

SECTION 7 Questions?

Section 7.1 – Getting Help from HealthSun HealthAdvantage Plan (HMO)

Questions? We're here to help. Please call Member Services at 1-877-336-2069. (TTY only, call 1-877-206-0500.) We are available for phone calls from 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. 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 HealthSun HealthAdvantage Plan (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. A copy of the *Evidence of Coverage* is located on our website at www.healthsun.com. 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.healthsun.com. As a reminder, our website has the most up-to-date information about our provider network (Provider and Pharmacy Directory) and our *List of Covered Drugs (Formulary/"Drug List")*.

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read *Medicare & You 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.

You can access your plan documents online.

Beginning on October 15, 2023, you can access your important plan documents online two different ways:

1. Log in to or register for your secure online account at www.healthsun.com.
2. If you don't have a secure online account, visit www.healthsun.com and type in your ZIP Code. Find your plan and select plan documents.

Plan documents available on October 15, 2023:

Evidence of Coverage: For complete details about your coverage and costs.

- Visit www.healthsun.com. Under Membership Information, select Member Resources, then go to Forms & Documents and choose your plan name.

Formulary: For a list of prescriptions that are covered under your plan.

- Visit www.healthsun.com. Under Membership Information, select Prescription Drug Benefits, scroll to Prescription Drug Formularies and search the prescription name.

Provider/Pharmacy Directory: To find an in-network doctor or pharmacy.

- Visit www.healthsun.com. Select view under Provider or Pharmacy and type the zip code in the search.

If you need help or want these documents mailed to you, please call us at 1-877-336-2069 (TTY: **711**).

Opioid Disclaimer:

Using opioid medications to treat pain for more than seven days has serious risks like - addiction, overdose, or even death. If your pain continues, talk to your doctor about alternative treatments with less risk. Some choices to ask your doctor about are: Non opioid medications, acupuncture, or physical therapy to see if they are right for you. Find out how your plan covers these options by logging into your secure online account.

Protecting your privacy: Where to find our Notice of Privacy Practices

Your rights concerning your protected health information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law governing the privacy of individually identifiable health information. We are required by HIPAA to notify you of the availability of our Notice of Privacy Practices. The notice describes our privacy practices, legal duties, and your rights concerning your Protected Health Information. We must follow the privacy practices described in the notice while it is in effect (it will remain in effect unless and until we publish and issue a new notice).

We may use publicly and/or commercially available data about you to provide you with information about available health plan benefits and services. We, including our affiliates and/or vendors, may call or text you by using an automatic telephone dialing system and/or an artificial voice. But we only do this in accordance with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be contacted by phone, just let the caller know, and we won't reach out this way anymore, or call **1-877-336-2069 (TTY: 711)** to add your phone number to our Do Not Call list.

You may obtain a copy of our Notice of Privacy Practices on our website at www.healthsun.com or you may contact Member Services using the contact information on your identification card.

State Notice of Privacy Practices

As we indicate in our HIPAA Notice of Privacy Practices, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

Your personal information

We may collect, use, and share your nonpublic personal information (PI) as described in this notice. PI is information that identifies a person and is often gathered in an insurance matter.

If we use or disclose PI for underwriting purposes, we are prohibited from using or disclosing PI that is genetic information of an individual for such purposes.

We may collect PI about you from other persons or entities such as doctors, hospitals, or other carriers.

We may share PI with persons or entities outside of our company without your OK in some cases.

If we take part in an activity that would require us to give you a chance to opt-out of that activity, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity.

You have the right to access and correct your PI.

Because PI is defined as any information that can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career, and credit, we take reasonable safety measures to protect the PI we have about you.

A more detailed state notice is available upon request. Please call the phone number printed on your ID card. Or you may find more information at www.healthsun.com.

Form Approved
OMB# 0938-1421

Multi-Language Insert

Multi-Language Interpreter Services

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 **1-877-336-2069 (TTY: 1-877-206-0500)**. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-877-336-2069 (TTY: 1-877-206-0500)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-877-336-2069 (TTY: 1-877-206-0500)**。
我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-877-336-2069 (TTY: 1-877-206-0500)**。
我們講中文的人員將樂意為您提供幫助。 這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-877-336-2069 (TTY: 1-877-206-0500)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-877-336-2069 (TTY: 1-877-206-0500)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi **1-877-336-2069 (TTY: 1-877-206-0500)** sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-877-336-2069 (TTY: 1-877-206-0500)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제 공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-877-336-2069 (TTY: 1-877-206-0500)** 번으로 문의해 주십시오. 한국 어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-877-336-2069 (TTY: 1-877-206-0500)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم, فوري ليس عليك سوى الاتصال بنا على **1-877-336-2069 (TTY: 1-877-206-0500)**.
سيقوم شخص ما يتحدثالعربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-877-336-2069 (TTY: 1-877-206-0500)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-877-336-2069 (TTY: 1-877-206-0500)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-877-336-2069 (TTY: 1-877-206-0500)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-877-336-2069 (TTY: 1-877-206-0500)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-877-336-2069 (TTY: 1-877-206-0500)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、 **1-877-336-2069 (TTY: 1-877-206-0500)** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Notes:

Notes:

HealthSun Health Plans is an HMO plan with a Medicare contract. Enrollment in HealthSun Health Plans depends on contract renewal.

CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan.