Summary of Benefits

HealthSun HEALTH PLANS

Thank you for your interest in our Medicare Advantage plans

HealthSun VitalCare (HMO C-SNP) is a special type of Medicare Advantage plan called a Chronic Condition Special Needs Plan (C-SNP). This C-SNP is designed for people living with diabetes mellitus, a cardiovascular disorder, and/or chronic heart failure. This plan offers extra benefits and services to support you.

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2024

Florida

Palm Beach county

HealthSun VitalCare (HMO C-SNP)

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HealthSun VitalCare (HMO C-SNP)

HealthSun VitalCare (HMO C-SNP)
Our service area includes this county in FL: Palm Beach.

Do you have questions?

You can learn more on our website, **www.healthsun.com**. Or call us toll-free **1-877-336-2069** (TTY: **711**). Hours of operation: 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.

The *Summary of Benefits* does not include every service, limit, or exclusion, but the *Evidence of Coverage* does. Just give us a call to request a copy.

HealthSun VitalCare (HMO C-SNP) is a Medicare Advantage Special Needs Plan. It includes hospital, medical, and prescription drug benefits. To join this plan, the following must apply to you:

- You're entitled to Medicare Part A.
- You're enrolled in Medicare Part B.
- You're diagnosed with diabetes mellitus, a cardiovascular disorder, and/or chronic heart failure.
- You live in our service area.

You need to visit doctors and facilities in this plan's network. This is very important. If you go outside the network, the services may not be covered.

HealthSun VitalCare (HMO C-SNP)

Medicare coverage that goes beyond Original Medicare

- Medicare Advantage plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — plus more.
- Medicare Advantage Prescription Drug Plans cover Medicare Part D drugs and Part B drugs.

This is a Health Maintenance Organization Special Needs Plan (HMO SNP). That means:

- You must choose a primary care physician (PCP) in the plan's network of doctors for covered services. Your PCP provides most of your medical care, including routine care and hospitalizations. They can help you save time and money by directing you to specialists when needed.
- Before you visit a specialist, we recommend you talk to your PCP first. They know your health history and can help you find the right care.

Is your PCP in our plan's network of doctors?

If you need to change your primary care physician (PCP), give us a call and we'll help. Doctors can join or leave the network at any time, so check if they're in-network with our Find a Provider tool online. Just follow the steps below.

How to find a provider/PCP in our plan:

- Go to **www.healthsun.com**

  1. Select **Find a Provider**.
  2. Enter your ZIP code.
  3. Fill in the details (Search by specialty, doctor's name, distance, etc.).
  4. Be sure to check that the doctor is "Accepting new patients".

- Or you can ask us for the *Provider Directory*. The phone number is on page 2.

Find a pharmacy

Our plans include the majority of pharmacies in America, so you're likely to find one near you. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in the plan (or find a new one) see the *Pharmacy Directory* on our website at **www.healthsun.com**.

Our plan offers preferred and standard pharmacies. You may go to either type of pharmacy to fill your covered prescription drugs.

How to check if your prescriptions (or an acceptable alternative) are covered:

- Visit **www.healthsun.com**
  1. Select **Plans & Coverage**
  2. Select **Prescription Drug Benefits**
  3. Scroll down to **Prescription Drug Formularies**
  4. Select **Prescription Drug Formulary**
  5. Locate your prescription
- You can also call us at the number on page 2 for a copy of the *Formulary*.

Don’t miss out on some Extra Help

Medicare offers Extra Help, a program with prescription drug assistance for people who qualify. Extra Help can cover prescription drug plan deductibles, premiums, copays, and coinsurance. Plus:

- The coverage gap stage will not apply to you.
- There are no late-enrollment penalties.

To find out if you qualify for Extra Help, call:

- Our helpful representatives at **1-877-336-2069** (TTY: **711**).
- **1-800-MEDICARE (1-800-633-4227)** (TTY: **1-877-486-2048**), 24 hours a day/7 days a week.
- The Social Security Administration at **1-800-772-1213** (TTY: **1-800-325-0778**) Monday to Friday, 8 a.m. to 7 p.m.
- Your state Medicaid office.

For more information about Medicare, you can read the *Medicare & You* handbook. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or request a copy 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.

Summary of 2024 medical benefits

HealthSun VitalCare (HMO C-SNP)

How much is my premium (monthly payment)**?**

$0.00 per month

You must continue to pay your Medicare Part B premium.

Medicare Part B premium reduction

$164.90 per month

How much is my deductible?

This plan does not have a medical deductible.

This plan does not have a Part D deductible.

Is there a limit on how much I will pay for my covered medical services? (does not include Part D drugs)

$2,450.00 per year from doctors and facilities in our plan

Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Services you receive from doctors or facilities in our plan go toward your yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year.

HealthSun VitalCare (HMO C-SNP)

Inpatient Hospital[1,2]

Facilities in our plan: Days 1-5: **$150.00** per day / Days 6-90: **$0.00** per day

Our plan covers an unlimited number of days for an inpatient hospital stay.

Per-day cost sharing applies to each new inpatient admission (Note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost sharing per day applies).

Outpatient Hospital[1,2]

Doctors and facilities in our plan: **$200.00** copay

What you will pay may depend on the service and where you are treated.

Ambulatory Surgical Center[1,2]

Doctors and facilities in our plan: **$75.00** copay

Doctor's Office Visits

Primary care physician (PCP) visit:

PCPs in our plan: **$0.00** copay

Specialist visit: [1,2]

Doctors in our plan: **$0.00** copay - **$15.00** copay

What you will pay may depend on the service and where you are treated.

HealthSun VitalCare (HMO C-SNP)

Preventive Care Screenings

Preventive care screenings: [1,2]

Doctors in our plan: **$0.00** copay

Covered preventive care screenings:

- ☐ Abdominal aortic aneurysm screening
- ☐ Annual “wellness” visit
- ☐ Bone mass measurement
- ☐ Breast cancer screening (mammogram)
- ☐ Cardiovascular disease (behavioral therapy)
- ☐ Cardiovascular screening
- ☐ Cervical and vaginal cancer screening
- ☐ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- ☐ Depression screening
- ☐ Diabetes prevention program
- ☐ Diabetes screenings and monitoring
- ☐ Hepatitis C Screening
- ☐ High Intensity Behavioral Counseling
- ☐ HIV screening
- ☐ Lung cancer screenings
- ☐ Medical nutrition therapy services
- ☐ Obesity screenings and counseling
- ☐ Prostate cancer screenings (PSA)
- ☐ Sexually transmitted infections screenings and counseling
- ☐ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- ☐ Vaccines, including flu, hepatitis B, pneumococcal, and COVID-19 shots
- ☐ “Welcome to Medicare” preventive visit (one-time)

Any extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in our plan, **100%** of the cost of preventive care screenings is covered.

HealthSun VitalCare (HMO C-SNP)

Emergency Care

$90.00 copay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.

Emergency and Urgent Care Worldwide Coverage

This plan covers urgent care and emergency services, including emergency transportation, when traveling outside of the United States for less than six months. This benefit is limited to **$100,000.00** per year.

Urgently Needed Services

$25.00 copay
If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for the urgently needed care visit.

Diagnostic Services, Labs, and Imaging[1,2,5]

Diagnostic Radiology Services (such as MRIs, CT scans)	
Doctors' offices in our plan:	$0.00 copay
Outpatient facilities in our plan:	$200.00 copay
Diagnostic Tests and Procedures	
Doctors' offices in our plan:	$0.00 copay
Outpatient facilities in our plan:	$200.00 copay

HealthSun VitalCare (HMO C-SNP)

Diagnostic Services, Labs, and Imaging[1,2,5]

Lab Services	
Doctors' offices in our plan:	$0.00 copay
Outpatient facilities in our plan:	$0.00 copay
Outpatient X-rays	
Doctors' offices in our plan:	$0.00 copay
Outpatient hospitals or facilities in our plan:	$200.00 copay
Freestanding facility or at-home portable x-ray services in our plan:	$0.00 copay
Therapeutic Radiology Services (such as radiation treatment for cancer)	
Doctors and facilities in our plan:	$0.00 copay - $60.00 copay

Hearing Services

Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues): [1,2]

Doctors in our plan: **$0.00** copay

Hearing Services

Routine hearing services: [1,2]

This plan covers 1 routine hearing exam every year. This plan covers 1 routine hearing aid fitting evaluation and a **$2,000.00** maximum plan benefit for 2 prescribed hearing aids every year.

Doctors in our plan: **$0.00** copay for routine hearing exam(s). **$0.00** copay for hearing aids up to the maximum plan benefit amount.

Hearing aids, and fittings or evaluations for hearing aids, do not require prior authorization or a referral.

Dental Services

Medicare-covered dental services (this does not include services for care, treatment, filling, removal or replacement of teeth): [1]

Doctors and dentists in our plan: **$0.00** copay

HealthSun VitalCare (HMO C-SNP)

Dental Services

Preventive and Comprehensive[1] Dental Combined Allowance

This plan covers up to a **$2,000** allowance for covered preventive and comprehensive dental services every year.

We cover more dental care than what Original Medicare covers. You can use our coverage for these comprehensive dental services and more: periodontal maintenance, dentures, tooth extractions, up to 4 fillings every year, up to 2 root canals every year (endodontics), and up to 2 dental crowns every year.

Any amount not used at the end of the calendar year will expire. Restrictions apply for Preventive and Comprehensive Services under the combined allowance.

Preventive dental services:

Dentists in our plan: **$0.00** copay

This plan covers 2 oral exam(s) every year, 2 cleaning(s) every year, 2 bitewing dental x-ray(s) every year, 1 panoramic x-ray(s) every three years, and 2 fluoride treatment(s) every year.

Comprehensive dental services:

Doctors and dentists in our plan: **$0.00** copay

To find a dental provider in our plan, follow the same steps as the "How to find a provider/ PCP in our plan" box at the beginning of this booklet. Then select **Dental** under **Search by specialty**.

Vision Services

Medicare-covered vision services:

Exam to diagnose and treat diseases and conditions of the eye

Doctors in our plan: **$0.00** copay

Vision Services

Eyeglasses or contact lenses after cataract surgery

Doctors in our plan: **$0.00** copay

Routine vision services:

Routine vision exam

This plan covers 1 routine eye exam(s) every year.
Doctors in our plan: **$0.00** copay

Routine eyewear (lenses and frames)

This plan covers up to **$300.00** for eyeglasses or contact lenses every year.
Doctors in our plan: **$0.00** copay

Mental Health Care

Inpatient visit: [1,2]

Doctors and facilities in our plan: **$0.00** copay per stay

Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

HealthSun VitalCare (HMO C-SNP)

Mental Health Care

Outpatient individual and group therapy services: [1,2]

Doctors and facilities in our plan: **$0.00** copay

Skilled Nursing Facility (SNF)[1,2]

Doctors and facilities in our plan: SNF Days 1 - 20: **$0.00** per day / Days 21 - 100: **$60.00** per day

Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).

Your copays for SNF benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or SNF and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a SNF after one benefit period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.

Physical Therapy[1,2]

Doctors and facilities in our plan: **$0.00** copay- **$25.00** copay

What you will pay will depend on where you are treated.

Ambulance[1]

Ground/Water Ambulance:

Emergency transportation services in our plan: **$250.00** copay per trip

Air Ambulance:

Emergency transportation services in our plan: **20%** coinsurance per trip

Transportation[1,2]

$0.00 copay. This plan offers coverage for unlimited routine transportation services every year.

Medicare Part B Drugs

Insulin furnished through an insulin pump:

Drugs obtained from doctors and facilities in our plan: **$0.00** copay - **$35.00** copay

Other Part B Drugs:[1]

Drugs obtained from doctors and facilities in our plan: **0%** coinsurance - **20%** coinsurance

Chemotherapy drugs:[1]

Drugs obtained from doctors and facilities in our plan: **0%** coinsurance - **20%** coinsurance

The minimum copay applies to select covered Medicare Part B insulin drugs, Medicare Part B chemotherapy/radiation drugs, and other Part B drugs administered by durable medical equipment, including mail order prescriptions, and provided at select locations for acute management of chronic disease.

The maximum cost-share applies to Medicare Part B insulin drugs, Medicare Part B chemotherapy/radiation drugs, and other Part B drugs administered at a doctor's office, pharmacy or hospital facility as an outpatient service.

You may see lower out-of-pocket costs for certain chemotherapy and Part B drugs with prices that have increased faster than the rate of inflation.

Additional benefits

HealthSun VitalCare (HMO C-SNP)

Alternative Therapy: Platelet-Rich Plasma (PRP) for Osteoarthritis Pain Management[1,2]

$0.00 copay for Platelet-Rich Plasma injections for treatment of an injury or illness applied to any one body part for no more than three consecutive months up to twice per year at plan approved locations.

Alternative Therapy: Therapeutic Massage[1,2]

$0.00 for 24 therapeutic massage visits every year at plan approved locations.

Chiropractic Care[1,2]

Medicare-covered chiropractic services:

Providers in our plan: **$0.00** copay

Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

HealthSun VitalCare (HMO C-SNP)

Enhanced Drug Coverage

Our plan offers additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan. Covered drugs include:

- Some drugs used for the relief of cough and cold symptoms.
- Some prescription vitamins, such as folic acid and Vitamin D 50000 IU.
- Some erectile dysfunction drugs, like Sildenafil, or Tadalafil, limit 6 tablets per month.

Please refer to your Tier 6: Supplemental Drugs copay later in this Summary of Benefits for how much you will pay. You pay your Initial Coverage Limit (ICL) cost-sharing for excluded drugs covered in Tier 6 during all the drug stages. Your plan's *Formulary* includes additional information about all drugs covered under this benefit.

Everyday Options Allowance for Groceries, Home and Pet Care Supplies, and Utilities

If you have a diagnosed chronic condition, this benefit provides a combined spending allowance of **$50.00** each month for eligible food items, home and pet care supplies, and utilities.
You have a variety of convenient ways to use the benefit:

- Shop in-store at participating retailers near you.
- Shop online on the approved vendor website.
- Shop on the approved vendor mobile app.
- Call to place an order.
- With your utility provider.

HealthSun VitalCare (HMO C-SNP)

Foot Care (podiatry services)[1]

Medicare-covered podiatry:

Doctors in our plan: **$0.00** copay

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.

Routine foot care:

Doctors in our plan: **$0.00** copay

This plan covers: 1 routine foot care visit(s) each quarter.

Healthy Meals - Chronic Condition

$0.00 copay for up to 1 meal a day for up to 20 meals per month to support your chronic condition nutritional needs.

Meals are provided at participating locations.

Healthy Meals - Post Discharge

$0.00 copay for up to 3 meals a day for 14 days following your discharge from the hospital or skilled nursing facility (SNF).

Maximum of two qualifying events per year.

Home Health Care[1,2]

Doctors and facilities in our plan: **$0.00** copay

HealthSun VitalCare (HMO C-SNP)

In Home Support

This benefit provides up to 30 hours per calendar year of companionship and support with independent activities of daily living such as light chores, errands, and more.

Medical Equipment/Supplies

Durable Medical Equipment (wheelchairs, oxygen, etc.):[1]

Suppliers in our plan: **10%** coinsurance

Medical supplies and prosthetic devices (braces, artificial limbs, etc.):[1]

Suppliers in our plan: **10%** coinsurance

Diabetic supplies and services:[1]

Suppliers in our plan: **$0.00** copay

Covered diabetic supplies include: glucose monitors, test strips, and lancets. See your *Evidence of Coverage* for all supplies covered.

Outpatient Rehabilitation

Cardiac (heart) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):[1,2]

Doctors and facilities in our plan: **$5.00** copay

Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):[1,2]

Doctors and facilities in our plan: **$5.00** copay

HealthSun VitalCare (HMO C-SNP)

Outpatient Rehabilitation

Occupational therapy visit:[1,2]

Doctors and facilities in our plan: **$25.00** copay

Outpatient Substance Abuse[1,2]

Individual & Group therapy visit:

Doctors and facilities in our plan: **$0.00** copay

Over-the-Counter Items

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **$50** every month. Unused OTC amounts do not roll over from month to month. Catalog orders are limited to one per month.

To review a list of covered over-the-counter items request a copy of the OTC Catalog from your sales representative, or call us at the number on page 2.

Personal Emergency Response System (PERS) coverage

Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

Renal Dialysis[1,2]

Doctors and facilities in our plan: **$0.00** copay

HealthSun VitalCare (HMO C-SNP)

SilverSneakers®† Fitness program

When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.

†The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. SilverSneakers is a registered trademark of Tivity Health, Inc.

24/7 Nurseline

24-hour access to a nurse line, seven days a week, 365 days a year

Services with a 1 may need prior authorization (preapproval) from the plan.
Services with a 2 may need a referral from your doctor or Primary Care Physician (PCP).
For Diagnostic Services, Labs, and Imaging with a 5, if there is a copay or coinsurance range, the minimum applies to doctor's offices and freestanding outpatient facilities. The maximum copay or coinsurance applies to a hospital facility as an outpatient service.

Summary of 2024 prescription drug coverage

Ways to save

1. Choose generic drugs on tiers 1 and 2 when available.

2. Use mail order.

3. Use a preferred pharmacy. To find a preferred pharmacy in this plan:

   - Visit **www.healthsun.com** and choose **Find a Pharmacy**. Preferred pharmacies are noted.
   - Give us a call and we will send you a copy of the *Pharmacy Directory*.

HealthSun VitalCare (HMO C-SNP)

Stage 1: How much is my deductible?

This plan does not have a Part D deductible.

Stage 2: Initial Coverage

After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach **$5,030**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your covered drugs at retail pharmacies and mail-order pharmacies in our plan. Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan. If you live in a long-term care facility, you pay the same as at a standard retail pharmacy.

If you qualify for low-income subsidy (LIS), also known as Medicare's Extra Help program, the amount you pay may be different in this Stage.

Stage 2: Initial Coverage

Cost Sharing	HealthSun VitalCare (HMO C-SNP)
Tier 1: Preferred Generic	
Preferred retail one-month supply	**$0.00**
Standard retail one-month supply	**$0.00**
Mail order three-month supply	**$0.00**[100]
Tier 2: Generic	
Preferred retail one-month supply	**$0.00**
Standard retail one-month supply	**$0.00**
Mail order three-month supply	**$0.00**
Tier 3: Preferred Brand and Covered Insulin Drugs	
Preferred retail one-month supply	**$37.00**
Preferred retail one-month Insulin supply	**$35.00**
Standard retail one-month supply	**$42.00**
Standard retail one-month Insulin supply	**$35.00**
Mail order three-month supply	**Not available**
Mail order three-month Insulin supply	**Not available**
Tier 4: Non-Preferred Drug	
Preferred retail one-month supply	**$85.00**
Standard retail one-month supply	**$90.00**

Stage 2: Initial Coverage	
Cost Sharing	**HealthSun VitalCare (HMO C-SNP)**
Mail order three-month supply	**Not available**
Tier 5: Specialty Tier	
Preferred retail one-month supply	**33%**
Standard retail one-month supply	**33%**
Mail order three-month supply	**Not available**
Tier 6: Supplemental Drugs	
Preferred retail one-month supply	**$0.00**
Standard retail one-month supply	**$0.00**
Mail order three-month supply	**Not available**

[100] The three-month supply for this tier on this plan is 100 days.

HealthSun VitalCare (HMO C-SNP)

Stage 3: Coverage Gap

After your total yearly drug costs reach **$5,030,** you will receive limited coverage by the plan on certain drugs. You will continue to pay your cost-share from the Initial Coverage Limit (ICL) stage for Tier 1 preferred generic drugs, Tier 2 generic drugs, and Tier 6 supplemental drugs in the coverage gap. You will pay no more than **25%** of the plan's cost for other formulary brand and generic drugs until your yearly out-of-pocket drug costs reach **$8,000.**

Stage 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs reach **$8,000,** the plan will pay all of your Medicare covered Part D drug costs for the rest of the year.

Hay disponibles servicios de traducción; póngase en contacto con el plan o su agente.

If you need emergency or urgent care, call 911 or go to the nearest doctor or facility that can help you. Most times, you must use doctors in our plan to receive covered medical care, except for emergencies and urgently needed care when doctors in our plan are not available or dialysis services when you are out of the service area. If you receive routine care from doctors outside our plan, neither Medicare nor HealthSun Health Plans will pay for it.

Some benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify.

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

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計劃的任何疑 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計劃可能存有疑問，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**)。我們講粵語的工作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 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-877-336-2069** (TTY: **1-877-206-0500**) 번으로 문의해 주십시오. 한국어를 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 الترجمة الفورية المجانية للإجابة عن أي أسئلة تتعلق بالخطة الصحية أو الأدوية. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-877-336-2069 (TTY: 1-877-206-0500)** يمكن لشخص يتحدث الإنجليزية أن يساعدك. 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 unservizio 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 usługajest 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。

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-877-336-2069** TTY: **1-877-206-0500**, 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.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **www.healthsun.com** or call **1-877-336-2069** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.