

# Summary of Benefits



## Thank you for your interest in our Medicare Advantage plans

HealthSun Health Plans offers benefits to help you stay healthy while protecting you from unexpected costs. This plan includes your hospital, medical, and drug benefits in one plan.

### Medicare Advantage and Part D

**Plan year:** January 1 – December 31, 2025

#### Florida

Miami-Dade county

**HealthSun HealthAdvantage Plan (HMO)**

**HealthSun HealthAdvantage Plus (HMO)**

# HealthSun HealthAdvantage Plan (HMO) and HealthSun HealthAdvantage Plus (HMO)

HealthSun HealthAdvantage Plan (HMO) and HealthSun HealthAdvantage Plus (HMO)

Our service area includes this county in FL: Miami-Dade.

## Do you have questions?

You can learn more on our website, [www.healthsun.com](http://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 HealthAdvantage Plan (HMO) and HealthSun HealthAdvantage Plus (HMO) are Medicare Advantage Plans. They include hospital, medical, and prescription drug benefits. To join one of these plans, the following must apply to you:

- You're entitled to Medicare Part A.
- You're enrolled in Medicare Part B.
- 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 HealthAdvantage Plan (HMO) and HealthSun HealthAdvantage Plus (HMO)

## 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.

## These are Health Maintenance Organization (HMO) plans. 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 listed.

## How to find a provider/PCP in our plan:

- Go to [www.healthsun.com](http://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](http://www.healthsun.com).

Our plans offer 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](http://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, 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/medicare-and-you](http://www.medicare.gov/medicare-and-you)) 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 2025 medical benefits

**HealthSun HealthAdvantage Plan (HMO)**

**HealthSun HealthAdvantage Plus (HMO)**

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

**\$0.00** per month  
You must continue to pay your Medicare Part B premium.

**\$0.00** per month  
You must continue to pay your Medicare Part B premium.

**Medicare Part B premium reduction**

**\$0.00** per month

**\$174.70** per month

**How much is my deductible?**

This plan does not have a medical deductible.

This plan does not have a medical deductible.

This plan does not have a Part D 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)**

**\$1,500.00** per year from doctors and facilities in our plan

**\$3,450.00** 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.



<b>HealthSun HealthAdvantage Plan (HMO)</b>	<b>HealthSun HealthAdvantage Plus (HMO)</b>
<b>Inpatient Hospital<sup>1,2</sup></b>	
<p>Facilities in our plan: <b>\$0.00</b> copay per stay</p> <p>Our plan covers 93 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.</p>	<p>Facilities in our plan: <b>\$0.00</b> copay per stay</p> <p>Our plan covers 93 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.</p>
<b>Outpatient Hospital<sup>1,2</sup></b>	
<p>Doctors and facilities in our plan: <b>\$0.00</b> copay</p> <p>What you will pay may depend on the service and where you are treated.</p>	<p>Doctors and facilities in our plan: <b>\$75.00</b> copay</p>
<b>Ambulatory Surgical Center<sup>1,2</sup></b>	
<p>Doctors and facilities in our plan: <b>\$0.00</b> copay</p>	<p>Doctors and facilities in our plan: <b>\$0.00</b> copay</p>
<b>Doctor's Office Visits</b>	
<b>Primary care physician (PCP) visit:</b>	
<p>PCPs in our plan: <b>\$0.00</b> copay</p>	<p>PCPs in our plan: <b>\$0.00</b> copay</p>
<b>Specialist visit:<sup>1,2</sup></b>	
<p>Doctors in our plan: <b>\$0.00</b> copay</p>	<p>Doctors in our plan: <b>\$0.00</b> copay</p>

## HealthSun HealthAdvantage Plan (HMO)

## HealthSun HealthAdvantage Plus (HMO)

### Preventive Care Screenings

#### Preventive care screenings:<sup>1,2</sup>

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

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

#### Covered preventive care screenings:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Abdominal aortic aneurysm screening</li> <li><input type="checkbox"/> Alcohol misuse screenings and counseling</li> <li><input type="checkbox"/> Annual “wellness” visit</li> <li><input type="checkbox"/> Bone mass measurement</li> <li><input type="checkbox"/> Breast cancer screening (mammogram)</li> <li><input type="checkbox"/> Cardiovascular disease (behavioral therapy)</li> <li><input type="checkbox"/> Cardiovascular screening</li> <li><input type="checkbox"/> Cervical and vaginal cancer screening</li> <li><input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li><input type="checkbox"/> Depression screening</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Diabetes prevention program</li> <li><input type="checkbox"/> Diabetes screenings and monitoring</li> <li><input type="checkbox"/> HIV screening</li> <li><input type="checkbox"/> Lung cancer screenings</li> <li><input type="checkbox"/> Medical nutrition therapy services</li> <li><input type="checkbox"/> Obesity screenings and counseling</li> <li><input type="checkbox"/> Prostate cancer screenings (PSA)</li> <li><input type="checkbox"/> Sexually transmitted infections screenings and counseling</li> <li><input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li><input type="checkbox"/> Vaccines, including flu, hepatitis B, pneumococcal, and COVID-19 shots</li> <li><input type="checkbox"/> Vision care</li> <li><input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time)</li> </ul> |
|---|--|

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 HealthAdvantage Plan (HMO)	HealthSun HealthAdvantage Plus (HMO)	
<b>Emergency Care</b>		
<p><b>\$50.00</b> copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p><b>Emergency and Urgent Care Worldwide Coverage</b></p> <p>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 <b>\$100,000</b> per year.</p>	<p><b>\$120.00</b> copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p><b>Emergency and Urgent Care Worldwide Coverage</b></p> <p>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 <b>\$100,000</b> per year.</p>	
<b>Urgently Needed Services</b>		
\$0.00 copay	\$0.00 copay	
<b>Diagnostic Services, Labs, and Imaging<sup>1,2,5</sup></b>		
	<b>HealthSun HealthAdvantage Plan (HMO)</b>	<b>HealthSun HealthAdvantage Plus (HMO)</b>
<p><b>Diagnostic Radiology Services</b></p> <p>CT scans, MRI, MRA, PET at the Doctors' offices in our plan:</p> <p>CT scans, MRI, MRA, PET at Outpatient facilities in our plan:</p>	<p>\$0.00 copay</p> <p>\$0.00 copay</p>	<p>\$0.00 copay</p> <p>\$75.00 copay</p>

**HealthSun HealthAdvantage Plan (HMO)**

**HealthSun HealthAdvantage Plus (HMO)**

**Diagnostic Services, Labs, and Imaging<sup>1,2,5</sup>**

	<b>HealthSun HealthAdvantage Plan (HMO)</b>	<b>HealthSun HealthAdvantage Plus (HMO)</b>
Ultrasounds at the Doctors' offices in our plan:	\$0.00 copay	\$0.00 copay
Ultrasounds at Outpatient facilities in our plan:	\$0.00 copay	\$75.00 copay
<b>Diagnostic Tests and Procedures</b>		
Doctors' offices in our plan:	\$0.00 copay	\$0.00 copay
Outpatient facilities in our plan:	\$0.00 copay	\$75.00 copay
<b>Lab Services</b>		
Doctors' offices in our plan:	\$0.00 copay	\$0.00 copay
Outpatient facilities in our plan:	\$0.00 copay	\$0.00 copay
<b>Outpatient X-rays</b>		
Doctors' offices in our plan:	\$0.00 copay	\$0.00 copay
Outpatient hospitals or facilities in our plan:	\$0.00 copay	\$75.00 copay
Freestanding facility or at-home portable x-ray services in our plan:	\$0.00 copay	\$0.00 copay

**HealthSun HealthAdvantage  
Plan (HMO)**

**HealthSun HealthAdvantage  
Plus (HMO)**

**Diagnostic Services, Labs, and Imaging<sup>1,2,5</sup>**

	<b>HealthSun HealthAdvantage Plan (HMO)</b>	<b>HealthSun HealthAdvantage Plus (HMO)</b>
<p><b>Therapeutic Radiology Services (such as radiation treatment for cancer)</b></p> <p>Doctors and facilities in our plan:</p>	\$0.00 copay	\$0.00 copay - \$60.00 copay

**HealthSun HealthAdvantage Plan (HMO)**

**HealthSun HealthAdvantage Plus (HMO)**

**Hearing Services**

**Medicare-covered hearing services** (Exam to diagnose and treat hearing and balance issues):

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

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

**Routine hearing services:**

This plan covers 1 routine hearing exam every year. This plan covers 1 routine hearing aid fitting evaluation and a **\$2,000** 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.

This plan covers 1 routine hearing exam every year. This plan covers 1 routine hearing aid fitting evaluation and a **\$2,000** 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):<sup>1</sup>

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

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

## HealthSun HealthAdvantage Plan (HMO)

## HealthSun HealthAdvantage Plus (HMO)

### Dental Services

#### Preventive and Comprehensive<sup>1</sup> Dental Combined Allowance

This plan covers up to a **\$5,000** allowance for covered preventive and comprehensive dental services 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.

This plan covers up to a **\$2,000** allowance for covered preventive and comprehensive dental services 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 exams, 2 prophylaxis cleanings, 2 fluoride treatments, 2 periapical dental X-rays every year, 2 series of bitewing X-rays every year, and 1 panoramic X-ray every three years.

Dentists in our plan: **\$0.00** copay  
This plan covers: 2 exams, 2 prophylaxis cleanings, 2 fluoride treatments, 2 periapical dental X-rays every year, 2 series of bitewing X-rays every year, and 1 panoramic X-ray every three years.

**HealthSun HealthAdvantage  
Plan (HMO)**

**HealthSun HealthAdvantage  
Plus (HMO)**

**Dental Services**

**Comprehensive dental services:<sup>1</sup>**

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

This plan covers up to: 4 Amalgam or resin fillings every year, 2 crowns every year, 2 root canals every year, 1 periodontal scaling/root planing per each quadrant every year, 1 full mouth debridement every 24 consecutive months, 2 periodontal maintenance every year, 2 implants every year, 4 procedures including extractions or removal of residual tooth roots every year, 1 complete denture or partial denture of the upper jaw (per arch) every 3 years, and 1 complete denture or partial denture of the lower jaw (per arch) every 3 years. Other adjunctive general services, including local anesthesia in conjunction with operative or surgical procedures.

Please refer to the *Evidence of Coverage* for a full list of the dental benefits, limitations, and exclusions.

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

This plan covers up to: 4 Amalgam or resin fillings every year, 2 crowns every year, 2 root canals every year, 1 periodontal scaling/root planing per each quadrant every year, 1 full mouth debridement every 24 consecutive months, 2 periodontal maintenance every year, 4 procedures including extractions or removal of residual tooth roots every year, 1 complete denture or partial denture of the upper jaw (per arch) every 3 years, and 1 complete denture or partial denture of the lower jaw (per arch) every 3 years. Other adjunctive general services, including local anesthesia in conjunction with operative or surgical procedures.

Please refer to the *Evidence of Coverage* for a full list of the dental benefits, limitations, and exclusions.

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**.



**HealthSun HealthAdvantage Plan (HMO)**

**HealthSun HealthAdvantage Plus (HMO)**

**Vision Services**

**Medicare-covered vision services:**

**Exam to diagnose and treat diseases and conditions of the eye**

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

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

**Eyeglasses or contact lenses after cataract surgery**

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

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

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 **\$400** for eyeglasses or contact lenses every year.  
Doctors in our plan: **\$0.00** copay

This plan covers up to **\$200** for eyeglasses or contact lenses every year.  
Doctors in our plan: **\$0.00** copay

**Mental Health Care**

**Inpatient visit:<sup>1,2</sup>**

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

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

**HealthSun HealthAdvantage Plan (HMO)**

**HealthSun HealthAdvantage Plus (HMO)**

**Mental Health Care**

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.

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.

**Outpatient individual and group therapy services:<sup>1,2</sup>**

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

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

**Skilled Nursing Facility (SNF)<sup>1,2</sup>**

Doctors and facilities in our plan:  
Days 1 - 20: **\$0.00** per day / Days 21 - 100: **\$20.00** per day

Doctors and facilities in our plan:  
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.

HealthSun HealthAdvantage Plan (HMO)	HealthSun HealthAdvantage Plus (HMO)
<b>Physical Therapy<sup>1,2</sup></b>	
Doctors and facilities in our plan: <b>\$0.00</b> copay	Doctors and facilities in our plan: <b>\$0.00</b> copay- <b>\$15.00</b> copay
What you will pay will depend on where you are treated.	
<b>Ambulance<sup>1</sup></b>	
<b>Ground/Water Ambulance:</b>	
Emergency transportation services in our plan: <b>\$75.00</b> copay per trip	Emergency transportation services in our plan: <b>\$150.00</b> copay per trip
<b>Air Ambulance:</b>	
Emergency transportation services in our plan: <b>20%</b> coinsurance per trip	Emergency transportation services in our plan: <b>20%</b> coinsurance per trip
<b>Transportation<sup>1,2</sup></b>	
<b>\$0.00</b> copay. This plan offers coverage for unlimited routine transportation services every year. Trips are limited to 50 miles.	<b>\$0.00</b> copay. This plan offers coverage for unlimited routine transportation services every year. Trips are limited to 50 miles.
<b>Medicare Part B Drugs</b>	
<b>Insulin furnished through an insulin pump:</b>	
Drugs obtained from doctors and facilities in our plan: <b>\$0.00</b> copay - <b>\$35.00</b> copay	Drugs obtained from doctors and facilities in our plan: <b>\$0.00</b> copay - <b>\$35.00</b> copay

## HealthSun HealthAdvantage Plan (HMO)

## HealthSun HealthAdvantage Plus (HMO)

### Medicare Part B Drugs

#### Other Part B Drugs:<sup>1</sup>

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

#### Chemotherapy drugs:<sup>1</sup>

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

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 HealthAdvantage Plan (HMO)

## HealthSun HealthAdvantage Plus (HMO)

### Acupuncture

#### Medicare-covered acupuncture services:<sup>1,2</sup>

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

Available for people with chronic low back pain under certain circumstances. Please see the *Evidence of Coverage* for more information.

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

Available for people with chronic low back pain under certain circumstances. Please see the *Evidence of Coverage* for more information.

### Alternative Therapy: Platelet-Rich Plasma (PRP) for Osteoarthritis Pain Management<sup>1,2</sup>

**\$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.

**\$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<sup>1,2</sup>

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

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

## HealthSun HealthAdvantage Plan (HMO)

## HealthSun HealthAdvantage Plus (HMO)

### Chiropractic Care<sup>1,2</sup>

#### Medicare-covered chiropractic services:

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

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).

### 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 Tier 6 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.

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 Tier 6 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.

## HealthSun HealthAdvantage Plan (HMO)

## HealthSun HealthAdvantage Plus (HMO)

### Everyday Options Allowance

This benefit provides a combined spending allowance of **\$50** each month on your Benefits Mastercard® Prepaid Card for **assistive devices**, **eligible food items**<sup>6</sup>, and **utilities**<sup>6</sup>. You have a variety of convenient ways to use the benefit:

- Shop in-store at participating retailers near you (groceries only)
- Shop online on the approved vendor website
- Shop on the approved vendor mobile app
- Call to place an order
- Order by mail (assistive devices only)
- With your utility provider

Unused amounts expire at the end of each month.

Not Offered

### Foot Care (podiatry services)<sup>1</sup>

#### Medicare-covered podiatry:

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

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.

**HealthSun HealthAdvantage Plan (HMO)**

**HealthSun HealthAdvantage Plus (HMO)**

**Foot Care (podiatry services)<sup>1</sup>**

**Routine foot care:**

Doctors in our plan: **\$0.00** copay  
 This plan covers: 1 routine foot care visit(s) each quarter.

Doctors in our plan: **\$0.00** copay  
 This plan covers: 1 routine foot care visit(s) each quarter.

**Healthy Meals - Chronic Condition<sup>1,6</sup>**

**\$0.00** copay. If you have a diagnosed chronic condition, you are eligible for 1 meal a day for up to 20 meals per month to support your chronic condition nutritional needs.

**\$0.00** copay. If you have a diagnosed chronic condition, you are eligible for 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).

**\$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<sup>1,2</sup>**

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

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



**HealthSun HealthAdvantage Plan (HMO)**

**HealthSun HealthAdvantage Plus (HMO)**

**Home Health Care<sup>1,2</sup>**

**Medical Equipment/Supplies**

**Durable Medical Equipment (wheelchairs, oxygen, etc.):<sup>1</sup>**

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

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

**Medical supplies and prosthetic devices (braces, artificial limbs, etc.):<sup>1</sup>**

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

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

**Diabetic supplies and services:<sup>1</sup>**

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.

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):<sup>1,2</sup>**

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

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

**HealthSun HealthAdvantage  
Plan (HMO)**

**HealthSun HealthAdvantage  
Plus (HMO)**

**Outpatient Rehabilitation**

**Pulmonary (lung) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):<sup>1,2</sup>

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

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

**Occupational therapy visit:**<sup>1,2</sup>

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

Doctors and facilities in our plan:  
**\$15.00** copay

**Outpatient Substance Abuse**<sup>1,2</sup>

**Individual & Group therapy visit:**

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

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

**HealthSun HealthAdvantage Plan (HMO)**

**HealthSun HealthAdvantage Plus (HMO)**

**Over-the-Counter Products**

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **\$80** every month. Unused OTC amounts expire at the end of each 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. You can also visit **www.HealthSun.com** to find the list of covered OTC products.

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **\$55** every month. Unused OTC amounts expire at the end of each 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. You can also visit **www.HealthSun.com** to find the list of covered OTC products.

**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.

Not Offered

**Renal Dialysis<sup>1,2</sup>**

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

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

**HealthSun HealthAdvantage Plan (HMO)**

**HealthSun HealthAdvantage Plus (HMO)**

**SilverSneakers<sup>®†</sup> 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.

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.

<sup>†</sup>SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.

**24/7 Nurseline**

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

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.

Benefits with a 6: The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.



# Summary of 2025 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](http://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 HealthAdvantage Plan (HMO)**

**HealthSun HealthAdvantage Plus (HMO)**

**Stage 1: Yearly Deductible Stage**

This plan does not have a Part D deductible.

This plan does not have a Part D deductible.

**Stage 2: Initial Coverage Stage**

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 **\$2,000**. Total yearly drug costs are the total drug costs paid by both you or on your behalf by certain third parties, including payments for supplemental benefits provided by our Part D plan.

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 **\$2,000**. Total yearly drug costs are the total drug costs paid by both you or on your behalf by certain third parties, including payments for supplemental benefits provided by 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.

The amount you pay is determined by the covered Part D prescription and if you receive Extra Help low-income subsidy coverage. Please refer to your 2025 LIS Rider for the specific amount if you receive Extra Help.

**Important message about what you pay for vaccines and Insulin:**

This plan covers most Part D vaccines at no cost to you and you will not pay more than **\$35** for a one-month supply for any covered Insulin.

## Stage 2: Initial Coverage Stage

Cost Sharing	HealthSun HealthAdvantage Plan (HMO)	HealthSun HealthAdvantage Plus (HMO)
<b>Tier 1: Preferred Generic</b>  Preferred retail one-month supply  Standard retail one-month supply  Mail order three-month supply	\$0.00  \$0.00  \$0.00 <sup>100</sup>	\$0.00  \$0.00  \$0.00 <sup>100</sup>
<b>Tier 2: Generic</b>  Preferred retail one-month supply  Standard retail one-month supply  Mail order three-month supply	\$0.00  \$0.00  \$0.00	\$0.00  \$0.00  \$0.00

## Stage 2: Initial Coverage Stage

Cost Sharing	HealthSun HealthAdvantage Plan (HMO)	HealthSun HealthAdvantage Plus (HMO)
<p><b>Tier 3: Preferred Brand</b></p> <p>Preferred retail one-month supply</p> <p>Standard retail one-month supply</p> <p>Mail order three-month supply</p>	<p><b>\$0.00</b></p> <p><b>\$20.00</b></p> <p><b>Not available</b></p>	<p><b>\$10.00</b></p> <p><b>\$10.00</b></p> <p><b>Not available</b></p>
<p><b>Tier 4: Non-Preferred Drug</b></p> <p>Preferred retail one-month supply</p> <p>Standard retail one-month supply</p> <p>Mail order three-month supply</p>	<p><b>\$30.00</b></p> <p><b>\$35.00</b></p> <p><b>Not available</b></p>	<p><b>\$30.00</b></p> <p><b>\$35.00</b></p> <p><b>Not available</b></p>
<p><b>Tier 5: Specialty Tier</b></p> <p>Preferred retail one-month supply</p> <p>Standard retail one-month supply</p> <p>Mail order three-month supply</p>	<p><b>33%</b></p> <p><b>33%</b></p> <p><b>Not available</b></p>	<p><b>33%</b></p> <p><b>33%</b></p> <p><b>Not available</b></p>



## Stage 2: Initial Coverage Stage

Cost Sharing	HealthSun HealthAdvantage Plan (HMO)	HealthSun HealthAdvantage Plus (HMO)
<b>Tier 6: Supplemental Drugs</b>  Preferred retail one-month supply  Standard retail one-month supply  Mail order three-month supply	<p style="text-align: center;"><b>\$0.00</b></p> <p style="text-align: center;"><b>\$0.00</b></p> <p style="text-align: center;"><b>Not available</b></p>	<p style="text-align: center;"><b>\$0.00</b></p> <p style="text-align: center;"><b>\$0.00</b></p> <p style="text-align: center;"><b>Not available</b></p>

<sup>100</sup> The three-month supply for this tier on this plan is 100 days.

**HealthSun HealthAdvantage  
Plan (HMO)**

**HealthSun HealthAdvantage  
Plus (HMO)**

**Stage 3: Catastrophic Coverage Stage**

During this stage, you pay nothing for your covered Part D drugs.

During this stage, you pay nothing for your covered Part D drugs.

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.

Benefits with a 6: The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's *Evidence of Coverage*.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You have received this card as a gratuity without the payment of any monetary value or consideration.

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

