



Your 2025 Annual Notice of Changes

HealthSun HealthAdvantage Plan (HMO)

Member Services:

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

www.healthsun.com



Get the most out of your plan.

We know healthcare can be confusing. That's why we want to make sure you have the information and tools you need to make the best decisions for you.

Your Annual Notice of Changes compares your current 2024 benefits to your new 2025 benefits. It's important to read it so that you feel in control as you begin your new plan year.

Use this helpful checklist as you review:

- Read closely.** Review this document for any changes to your medical coverage and costs (as well as any changes to prescription drug coverage, if applicable). This will help you know what to expect as you begin your benefits in 2025.
- Learn more.** This document explains what will change in 2025 in general, but your Evidence of Coverage (EOC) has a detailed description of all your plan benefits. Your 2025 plan information, including your EOC, will be available online within your secure online account at www.healthsun.com on October 15. You can review it to prepare for the Annual Election Period that runs from October 15 through December 7, 2024. This is otherwise known as Open Enrollment - the period each year during which you may change your Medicare Advantage plan and/or Part D coverage, and/or return to Original Medicare. You can also contact Member Services for a printed copy.
- Contact us with questions.** We're ready to support you in your health care journey. You can call us at the phone number on the back of your member ID card.

Thanks again for choosing HealthSun. We're so glad you're here.



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

Annual Notice of Changes for 2025

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 5 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 coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- 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 the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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, 2024, 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, 2025**. This will end your enrollment with HealthSun HealthAdvantage Plan (HMO).
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 2025
Table of Contents

Summary of Important Costs for 2025 5

SECTION 1 Changes to Benefits and Costs for Next Year..... 8

Section 1.1 – Changes to the Monthly Premium 8

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount..... 8

Section 1.3 – Changes to the Provider and Pharmacy Networks..... 8

Section 1.4 – Changes to Benefits and Costs for Medical Services 9

Section 1.5 – Changes to Part D Prescription Drug Coverage..... 13

SECTION 2 Administrative Changes 19

SECTION 3 Deciding Which Plan to Choose 20

Section 3.1 – If you want to stay in HealthSun HealthAdvantage Plan (HMO)..... 20

Section 3.2 – If you want to change plans 20

SECTION 4 Deadline for Changing Plans 21

SECTION 5 Programs That Offer Free Counseling about Medicare..... 22

SECTION 6 Programs That Help Pay for Prescription Drugs 22

SECTION 7 Questions? 23

Section 7.1 – Getting Help from HealthSun HealthAdvantage Plan (HMO) 23

Section 7.2 – Getting Help from Medicare 23

Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for HealthSun HealthAdvantage Plan (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p>	\$0.00	\$0.00
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services.</p> <p>(See Section 1.2 for details.)</p>	\$3,450.00	\$3,450.00
<p>Doctor office visits</p>	<p>Primary care visits: In network \$0.00 copay per visit</p> <p>Specialist visits: In network \$0.00 copay per visit</p>	<p>Primary care visits: In network \$0.00 copay per visit</p> <p>Specialist visits: In network \$0.00 copay per visit</p>
<p>Inpatient hospital stays</p>	<p>In network Days 1-6: \$20.00 per day / Days 7-90: \$0.00 per day</p>	<p>In network Days 1-6: \$20.00 per day / Days 7-90: \$0.00 per day</p>

Cost	2024 (this year)	2025 (next year)
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment or Coinsurance during the Initial Coverage Stage:</p> <p>Preferred Retail Pharmacy:</p> <ul style="list-style-type: none"> • Drug Tier 1: Preferred Generic: \$0.00 • Drug Tier 2: Generic: \$0.00 • Drug Tier 3: Preferred Brand: \$15.00 <p>You pay \$15.00 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 4: Non-Preferred Brand: \$30.00 • Drug Tier 5: Specialty Tier: 33% • Drug Tier 6: Supplemental Drugs: \$0.00 <p>Standard Retail Pharmacy:</p> <ul style="list-style-type: none"> • Drug Tier 1: Preferred Generic: \$0.00 • Drug Tier 2: Generic: \$0.00 	<p>Deductible: \$0</p> <p>Copayment or Coinsurance during the Initial Coverage Stage:</p> <p>Preferred Retail Pharmacy:</p> <ul style="list-style-type: none"> • Drug Tier 1: Preferred Generic: \$0.00 • Drug Tier 2: Generic: \$0.00 • Drug Tier 3: Preferred Brand: \$15.00 <p>You pay \$15.00 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 4: Non-Preferred Drug: \$30.00 • Drug Tier 5: Specialty Tier: 33% • Drug Tier 6: Supplemental Drugs: \$0.00 <p>Standard Retail Pharmacy:</p> <ul style="list-style-type: none"> • Drug Tier 1: Preferred Generic: \$0.00 • Drug Tier 2: Generic: \$0.00

Cost	2024 (this year)	2025 (next year)
	<ul style="list-style-type: none"> • Drug Tier 3: Preferred Brand: \$20.00 You pay \$15.00 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 <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Drug Tier 3: Preferred Brand: \$20.00 You pay \$15.00 per month supply of each covered insulin product on this tier. • Drug Tier 4: Non-Preferred Drug: \$35.00 • Drug Tier 5: Specialty Tier: 33% • Drug Tier 6: Supplemental Drugs: \$0.00 <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

If your copay is greater than \$0.00, the amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program. For more information about the "Extra Help" program, please see Chapter 2, Section 7 of your *Evidence of Coverage*.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (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	2024 (this year)	2025 (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.	\$3,450.00	\$3,450.00 Once you have paid \$3,450.00 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

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may

offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

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 2025 *Provider and Pharmacy Directory* www.healthsun.com 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 2025 *Provider and Pharmacy Directory* www.healthsun.com 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	2024 (this year)	2025 (next year)
Dental services (Supplemental)	<p>This plan covers up to a \$5,000 allowance for covered preventive and comprehensive dental services every year.</p> <p>\$0.00 copay for covered supplemental dental services.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Two oral exams every year. • Two prophylaxis (cleanings) every year. 	<p>This plan covers up to a \$5,000 allowance for covered preventive and comprehensive dental services every year.</p> <p>\$0.00 copay for covered supplemental dental services.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Two oral exams every year. • Two prophylaxis (cleanings) every year.

Cost	2024 (this year)	2025 (next year)
	<ul style="list-style-type: none"> • Two fluoride treatments every year. • One series of bitewing dental x-rays two times every year. • One complete series of full-mouth x-rays (panoramic) every three years. <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> • Two implants every year. • Two crowns every year. • Two root canals every year. • Four fillings every year (four teeth). • Four extractions every year. • One periodontal scaling/root planing per each quadrant every year. • One full mouth debridement every 24 consecutive months. • One partial dentures every three years. • One total superior prosthesis (dentures) every three years. 	<ul style="list-style-type: none"> • Two fluoride treatments every year. • Two periapical dental x-rays every year. • Two bitewing dental x-rays every year. • One complete series of panoramic x-rays every three years. <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> • Two implants every year. • Two crowns every year. • Two root canals every year. • Four amalgam or resin fillings every year (once per tooth per surface every 36 months). • Four procedures including extractions or removal of residual tooth roots every year. • One periodontal scaling/root planing per each quadrant every year. • One full mouth debridement every 24 consecutive months. • Two periodontal maintenance every year.

Cost	2024 (this year)	2025 (next year)
	<ul style="list-style-type: none"> • One total inferior prosthesis (dentures) every three years. • Other oral/maxillofacial surgery and dental services when medically necessary. <p><i>Prior authorization may be required for comprehensive dental services.</i></p>	<ul style="list-style-type: none"> • One complete denture or partial denture of the upper jaw (per arch) every three years. • One complete denture or partial denture of the lower jaw (per arch) every three years. • Other adjunctive general dental services when medically necessary. <p><i>Prior authorization may be required for comprehensive dental services.</i></p>
Inpatient hospital care	This plan covers unlimited inpatient days.	This plan covers 93 inpatient days per benefit period and 60 extra “lifetime reserve days” per lifetime.
Over the Counter supplemental coverage	This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to \$75 every month. Unused OTC amounts do not roll over from month to month.	This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to \$82 every month. Unused OTC amounts expire at the end of each month.
In-Home Support	You pay a \$0.00 copay for in-home support.	In-Home Support is <u>not</u> covered.
Everyday Options Allowance	Everyday Options Allowance for Groceries*, Home and Pet Care Supplies*, and Utilities*	Everyday Options Allowance for Groceries*, Assistive Devices, and Utilities* \$0.00 copay

Cost	2024 (this year)	2025 (next year)
	<p>\$0.00 copay</p> <p>This plan offers a combined monthly spending allowance of \$25 on your Benefits Mastercard® Prepaid Card. You have the flexibility to choose how you want to spend your allowance on any of the following benefits:</p> <ul style="list-style-type: none"> • Groceries*: Food items like fresh meats, seafood, fruits, vegetables, dairy products, 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 gas for your home, electric, water, cable, internet, or cell phone services. <p>Unused amounts expire at the end of each month.</p> <p>*You may be eligible for special supplemental benefits</p>	<p>Home and Pet Care Supplies are <u>not</u> covered.</p> <p>This plan offers a combined monthly spending allowance of \$25 on your Benefits Mastercard® Prepaid Card. You have the flexibility to choose how you want to spend your allowance on any of the following benefits:</p> <ul style="list-style-type: none"> • Groceries*: Food items like fresh meats, seafood, fruits, vegetables, dairy products, pantry staples, and more. • Assistive Devices: ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more. • Utilities*: Use toward the payment of gas for your home, electric, water, cable, internet, or cell phone services. <p>Unused amounts expire at the end of each month.</p>

Cost	2024 (this year)	2025 (next year)
	for the chronically ill if you are diagnosed with the chronic condition(s) listed in Chapter 4 of your Evidence of Coverage and meet certain criteria.	*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.

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, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and 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, 2024, please call Member Services and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (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	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>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."</p>	<p>Your cost for a one-month supply is:</p> <p>Tier 1: Preferred Generic: <i>Standard cost sharing:</i> You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00. <i>Preferred cost sharing:</i> You pay \$0.00 per prescription.</p> <p>Tier 2: Generic: <i>Standard cost sharing:</i> You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00. <i>Preferred cost sharing:</i> You pay \$0.00 per prescription.</p>	<p>Your cost for a one-month supply is:</p> <p>Tier 1: Preferred Generic: <i>Standard cost sharing:</i> You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00. <i>Preferred cost sharing:</i> You pay \$0.00 per prescription.</p> <p>Tier 2: Generic: <i>Standard cost sharing:</i> You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00. <i>Preferred cost sharing:</i> You pay \$0.00 per prescription.</p>

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p>	<p>Tier 3: Preferred Brand: <i>Standard cost sharing:</i> You pay \$20.00 per prescription. You pay \$15.00 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$15.00. <i>Preferred cost sharing:</i> You pay \$15.00 per prescription. You pay \$15.00 per month supply of each covered insulin product on this tier.</p> <p>Tier 4: Non-Preferred Brand: <i>Standard cost sharing:</i> You pay \$35.00 per prescription. Your cost for a one-month mail-order prescription is \$30.00. <i>Preferred cost sharing:</i> You pay \$30.00 per prescription.</p> <p>Tier 5: Specialty Tier: <i>Standard cost sharing:</i> You pay 33% of the total cost. Your cost for a one-month mail-order prescription is 33%. <i>Preferred cost sharing:</i> You pay 33% of the total cost.</p>	<p>Tier 3: Preferred Brand: <i>Standard cost sharing:</i> You pay \$20.00 per prescription. You pay \$15.00 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$15.00. <i>Preferred cost sharing:</i> You pay \$15.00 per prescription. You pay \$15.00 per month supply of each covered insulin product on this tier.</p> <p>Tier 4: Non-Preferred Drug: <i>Standard cost sharing:</i> You pay \$35.00 per prescription. Your cost for a one-month mail-order prescription is \$30.00. <i>Preferred cost sharing:</i> You pay \$30.00 per prescription.</p> <p>Tier 5: Specialty Tier: <i>Standard cost sharing:</i> You pay 33% of the total cost. Your cost for a one-month mail-order prescription is 33%. <i>Preferred cost sharing:</i> You pay 33% of the total cost.</p>

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage (continued)	<p>Tier 6: Supplemental Drugs: <i>Standard cost sharing:</i> You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00.</p> <p><i>Preferred cost sharing:</i> You pay \$0.00 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Tier 6: Supplemental Drugs: <i>Standard cost sharing:</i> You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00.</p> <p><i>Preferred cost sharing:</i> You pay \$0.00 per prescription.</p> <hr/> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

If your copay is greater than \$0.00, the amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare’s “Extra Help” program. For more information about the “Extra Help” program, please see Chapter 2, Section 7 of the *Evidence of Coverage*.

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

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

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
<p>Prior Authorization and Referrals</p>	<p>Your plan may require referrals and/or prior authorizations for select services.</p>	<p>Your plan has removed and/or added referrals and some prior authorization requirements for select services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for referral and prior authorization requirements.</p>
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI) Criteria</p>	<p>You may be eligible for special supplemental benefits for the chronically ill if you are diagnosed with the chronic condition(s) listed in Chapter 4 of your Evidence of Coverage and meet certain criteria.</p>	<p>This plan will continue to offer special supplemental benefits for the chronically ill.</p> <p>You may still be eligible for special supplemental benefits for the chronically ill if you are diagnosed with one or more qualifying chronic condition(s) listed in your Evidence of Coverage and your condition(s):</p> <ul style="list-style-type: none"> (1) Is life threatening or significantly limits your overall health or function; (2) Has a high risk of hospitalization or other adverse health outcomes; and (3) Requires intensive care coordination

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). To learn more about this payment option, please contact us at 1-833-696-2087 (TTY users should call 711) or visit Medicare.gov.

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 2025 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 2025* 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, 2025.

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, 2025, 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, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 Florida 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. Florida 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 Florida 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 Florida 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, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a 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.
- **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. To be eligible for the ADAP operating in your State, 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 The AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call 1-850-245-4422. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment

option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-833-696-2087 (TTY users should call 711) or visit Medicare.gov.

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 2025 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 2025. For details, look in the *2025 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 2025*

Read the *Medicare & You 2025* 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, 2024, you can access your important plan documents online.

Log in to or register for your secure online account at www.healthsun.com.

Plan documents available on October 15, 2024:



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.

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 **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 quý 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 quý 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 대해 드리고자 무료 통역 서비스를 제 공하고 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 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 يتحدث العربية 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。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。

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.

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.

