

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, 2026

Florida

Broward, Miami-Dade counties

HealthSun MediSun Extra (HMO D-SNP)

HealthSun MediSun Extra (HMO D-SNP)

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Our service area includes these counties in FL: Broward, Miami-Dade.

Do you have questions?

You can learn more on our website, **healthsun.com**. Please call us toll-free **1-844-594-2422** (TTY: **1-877-206-0500**). 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.

This is a Dual Eligible Special Needs Plan (D-SNP)

HealthSun MediSun Extra (HMO D-SNP) is a Medicare Advantage plan. To join this plan, the following must apply to you[†]:

- ☐ You're entitled to Medicare Part A.
- ☐ You're enrolled in Medicare Part B and Agency for Healthcare Administration (the state's Medicaid program).
- ☐ You live in our service area.

Eligibility

To be enrolled in this plan, you must also receive some level of Medical Assistance from Agency for Healthcare Administration (the state Medicaid program) as described below:

[†] This plan is available to anyone who has both Medical Assistance from the State and Medicare.

HealthSun MediSun Extra (HMO D-SNP)

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- ☐ If you have **Qualified Disabled Working Individual (QDWI)** status, you are eligible for the Agency for Healthcare Administration program, which pays your Medicare Part A premium.
- ☐ If you have **Qualified Medicare Beneficiary (QMB)** status, you are eligible for the Agency for Healthcare Administration program, which pays your Medicare premiums, deductibles, and cost sharing, except for Medicare Part D.
- ☐ If you have **Specified Low-Income Medicare Beneficiary (SLMB)** status, you are eligible for the Agency for Healthcare Administration program. This pays your Medicare Part B premium.
- ☐ If you have **Qualifying Individual (QI)** status, you are eligible for the Agency for Healthcare Administration program. This pays your Medicare Part B premium.

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.
- ☐ If Medicaid eligibility changes, your cost may also change. You must recertify your Medicaid enrollment to keep receiving your Medicare cost-sharing coverage.

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 Doctor tool online. Just follow the steps listed.

How to find a provider/PCP in our plan:

- ☐ Go to **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 **healthsun.com**.

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



- ☐ Visit **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.

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 ([medicare.gov/medicare-and-you](https://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 2026 medical benefits

HealthSun MediSun Extra (HMO D-SNP)

How much is my premium (monthly payment)?

\$0.00 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)

\$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.

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-SNP)

Inpatient Hospital^{1,2}

Facilities in our plan: **\$0.00** copay per stay

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 Hospital^{1,2}

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

Ambulatory Surgical Center^{1,2}

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

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-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 risk reduction visit (therapy for cardiovascular disease)
- ☐ Cardiovascular disease screening tests
- ☐ Cervical and vaginal cancer screening
- ☐ Colorectal cancer screenings
- ☐ Depression screening
- ☐ Diabetes screening
- ☐ Diabetes self-management training, diabetic services, and supplies
- ☐ Health and wellness education programs
- ☐ HIV screening
- ☐ Immunizations
- ☐ Medical nutrition therapy
- ☐ Medicare Diabetes Prevention Program (MDPP)
- ☐ Obesity screening and therapy to promote sustained weight loss
- ☐ Pre-exposure prophylaxis (PrEP) for HIV prevention
- ☐ Prostate cancer screening exams
- ☐ Screening and counseling to reduce alcohol misuse
- ☐ Screening for Hepatitis C Virus infection
- ☐ Screening for lung cancer with low dose computed tomography (LDCT)
- ☐ Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- ☐ Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- ☐ Vision care
- ☐ "Welcome to Medicare" preventive visit (one-time)

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-SNP)

Preventive Care Screenings

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.

Emergency Care

\$0.00 copay

Emergency and Urgent Care Worldwide Coverage

\$0.00 copay

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** per year.

Urgently Needed Services

\$0.00 copay

Diagnostic Services, Labs, and Imaging^{1,2}

Diagnostic Radiology Services

CT scans, MRI, MRA, PET at a physician’s office or free-standing provider facilities in our plan:

\$0.00 copay

CT scans, MRI, MRA, PET at hospital outpatient facilities in our plan:

\$0.00 copay

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-SNP)

Diagnostic Services, Labs, and Imaging^{1,2}

Ultrasounds at a physician's office or free-standing provider facilities in our plan:

\$0.00 copay

Ultrasounds at hospital outpatient facilities in our plan:

\$0.00 copay

Diagnostic Tests and Procedures

Physician's office or free-standing provider facilities in our plan:

\$0.00 copay

Hospital outpatient facilities in our plan:

\$0.00 copay

Lab Services

Physician's office or free-standing provider facilities in our plan:

\$0.00 copay

Hospital outpatient facilities in our plan:

\$0.00 copay

Outpatient X-rays

Physician's office in our plan:

\$0.00 copay

Hospital outpatient facilities in our plan:

\$0.00 copay

Free-standing facility or at-home portable X-ray services in our plan:

\$0.00 copay

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-SNP)

Diagnostic Services, Labs, and Imaging^{1,2}

Therapeutic Radiology Services

(such as radiation treatment for cancer)

Physician’s office, free-standing provider, or hospital outpatient facilities in our plan:

\$0.00 copay

Hearing Services

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

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.

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

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-SNP)

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

Preventive and Comprehensive¹ 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 plan 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.

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-SNP)

Dental Services

Comprehensive dental services:¹

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 Chapter 4 in the plan's Evidence of Coverage for more details on prior authorizations, covered dental services, 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**.

Vision Services

Medicare-covered vision services:

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

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

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-SNP)

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 **\$400** for eyeglasses or contact lenses every year.

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

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-SNP)

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.

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: **\$0.00** copay per stay

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

Physical Therapy^{1,2}

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

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-SNP)

Ambulance¹

Ground/Water Ambulance:

Emergency transportation services in our plan: **\$0.00** copay per trip

Air Ambulance:

Emergency transportation services in our plan: **\$0.00** copay per trip

Transportation^{1,2}

Plan approved health related locations

\$0.00 copay. This plan offers coverage for unlimited routine transportation services every year. Trips are limited to 50 miles.

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: **\$0.00** copay - **20%** coinsurance

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-SNP)

Medicare Part B Drugs

Chemotherapy drugs:¹

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay - **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 a pharmacy or 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 or hospital facility as an outpatient service.

You may pay less than the maximum coinsurance for certain Part B and chemotherapy rebatable drugs. The list and the cost of each rebatable drug changes every quarter.

Note: If you are eligible for Medicare cost-sharing assistance under Medicaid, you do not pay anything for your Medicare Part B Drugs.

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

Additional benefits

HealthSun MediSun Extra (HMO D-SNP)

Acupuncture

Medicare-covered acupuncture services:^{1,2}

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^{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.

HealthSun MediSun Extra (HMO D-SNP)

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).

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.

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-SNP)

Everyday Options Allowance

This plan offers a spending allowance of **\$225 each month** for:

- **Assistive Devices:** ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more.

If you are eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI), you can also use the allowance for:

- **Healthy Foods:**⁶ Healthy food items that assist in meeting your nutritional needs such as dairy products, fresh fruits, vegetables, meat, seafood, and other healthy pantry staples.
- **Utilities:**⁶ Use toward the payment of gas for your home, electric, water, cable, internet, or cell phone services.

Unused amounts expire at the end of each month.

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.

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-SNP)

Healthy Meals - Chronic Condition^{1,6}

\$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).

Maximum of two qualifying events per year.

Home Health Care^{1,2}

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

Medical Equipment/Supplies

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

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

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

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

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-SNP)

Medical Equipment/Supplies

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: **\$0.00** 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: **\$0.00** copay

Occupational therapy visit:^{1,2}

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

Outpatient Substance Abuse^{1,2}

Individual & Group therapy visit:

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

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-SNP)

Over-the-Counter Products

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **\$128** 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.

Renal Dialysis^{1,2}

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

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

HealthSun MediSun Extra (HMO D-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 **silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.

^{††}SilverSneakers is a registered trademark of 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

Footnotes

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).

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.

NOTE: If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.



Summary of 2026 prescription drug coverage

HealthSun MediSun Extra (HMO D-SNP)

Stage 1: Yearly 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 move to the Initial Coverage Stage. In this stage, you pay the amounts listed in the table on the following pages, until your total year-to-date out-of-pocket costs reach **\$2,100**.

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.

Important message about what you pay for vaccines and insulin:

This plan covers most Part D vaccines at no cost to you. If you receive Extra Help, you pay **\$0.00 - \$10.00** for a one-month supply of any covered insulin. If you do not qualify for Extra Help, you will not pay more than **\$10.00** for a one-month supply of any covered insulin.

Stage 2: Initial Coverage	
Cost Sharing	HealthSun MediSun Extra (HMO D-SNP)
Tier 1: Preferred Generic Standard retail one-month supply Mail order three-month supply ¹⁰⁰	 \$0.00 \$0.00
Tier 2: Generic Standard retail one-month supply Mail order three-month supply	 \$0.00 \$0.00
Tier 3: Preferred Brand Standard retail one-month supply Mail order three-month supply	 \$0.00 - \$10.00 OR \$10.00[‡] Not available
Tier 4: Non-Preferred Drug Standard retail one-month supply Mail order three-month supply	 \$0.00 - \$12.65 OR \$50.00[‡] Not available
Tier 5: Specialty Tier Standard retail one-month supply Mail order three-month supply	 \$0.00 - \$12.65 OR 33%[‡] Not available
Tier 6: Supplemental Drugs Standard retail one-month supply Mail order three-month supply	 \$0.00 \$0.00

[‡] If you receive Extra Help, the amount you pay is determined by your Extra Help low-income subsidy (LIS) coverage and whether you use a generic or brand drug. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you will pay \$10 for Tier 3, \$50 for Tier 4, or 33% for Tier 5.

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

Stage 3: Catastrophic Coverage

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

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 D-SNP plan with a Medicare contract and a Medicaid contract with the State of Florida Agency for Health Care Administration. Enrollment in HealthSun Health Plans depends on contract renewal.