HealthSun
HEALTH PLANS

Your 2026
Annual Notice of Change

HealthSun VitalCare (HMO C-SNP)

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

www.healthsun.com

HealthSun
HEALTH PLANS

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 2025 benefits to your new 2026 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 2026.
- ☐ Learn more. This document explains what will change in 2026 in general, but your Evidence of Coverage (EOC) has a detailed description of all your plan benefits. Your 2026 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 Open Enrollment Period that runs from October 15 through December 7, 2025. This is 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 VitalCare (HMO C-SNP) offered by HealthSun Health Plans

Annual Notice of Change for 2026

You're enrolled as a member of HealthSun VitalCare (HMO C-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in HealthSun VitalCare (HMO C-SNP).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.healthsun.com or call Member Services at 1-877-336-2069 (TTY users call 1-877-206-0500) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at 1-877-336-2069 (TTY users call 1-877-206-0500) for more information. 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.

About HealthSun VitalCare (HMO C-SNP)

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

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in HealthSun VitalCare (HMO C-SNP)**. Starting January 1, 2026, you'll get your medical and drug coverage through HealthSun VitalCare (HMO C-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0.00	$0.00
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$2,450.00	$2,450.00
Primary care office visits	$0.00 copay per visit	$0.00 copay per visit
Specialist office visits	$0.00 copay - $15.00 copay per visit	$0.00 copay - $15.00 copay per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	Days 1-5: $150.00 per day / Days 6-90: $0.00 per day	Days 1-5: $150.00 per day / Days 6-90: $0.00 per day
Part D drug coverage deductible (Go to Section 1.7 for details.)	Deductible: $0	Deductible: $0

	2025 (this year)	2026 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) 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.	Copays/coinsurance during the Initial Coverage Stage: **Preferred Retail Pharmacy:** • **Drug Tier 1**: Preferred Generic: $0.00 • **Drug Tier 2**: Generic: $0.00 • **Drug Tier 3**: Preferred Brand: $37.00 You pay $35.00 per month supply of each covered insulin product on this tier. • **Drug Tier 4**: Non-Preferred Drug: $85.00 • **Drug Tier 5**: Specialty Tier: 33% • **Drug Tier 6**: Supplemental Drugs: $0.00 Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs **and for excluded drugs that are covered under our enhanced benefit**.	Copays/coinsurance during the Initial Coverage Stage: **Preferred Retail Pharmacy:** • **Drug Tier 1**: Preferred Generic: $0.00 • **Drug Tier 2**: Generic: $0.00 • **Drug Tier 3**: Preferred Brand: $5.00 You won't pay more than $5.00 per month supply of each covered insulin product on this tier. • **Drug Tier 4**: Non-Preferred Drug: $50.00 • **Drug Tier 5**: Specialty Tier: 33% • **Drug Tier 6**: Supplemental Drugs: $0.00 Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs **and for excluded drugs that are covered under our enhanced benefit**.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0.00	$0.00
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$174.70 monthly	$185.00 monthly

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare 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've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments)	$2,450.00	$2,450.00 Once you've paid $2,450.00 out of pocket for covered Part A and Part B services, you'll pay nothing for your

	2025 (this year)	2026 (next year)
count toward your maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.		covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* www.healthsun.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.healthsun.com.
- Call Member Services at 1-877-336-2069 (TTY users call 1-877-206-0500) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-877-336-2069 (TTY users call 1-877-206-0500) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can 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.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* www.healthsun.com to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.healthsun.com.
- Call Member Services at 1-877-336-2069 (TTY users call 1-877-206-0500) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-877-336-2069 (TTY users call 1-877-206-0500) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Dental services (Supplemental)	You pay a **$0.00** copay. This plan covers up to a **$2,000** allowance for covered preventive and comprehensive dental services every year. Dental implant services are not covered. Please refer to Chapter 4 in the plan's Evidence of Coverage for more details on covered dental services. Some dental services require prior authorization to be covered. Other dental services may be subject to limitations.	You pay a **$0.00** copay. This plan covers up to a **$5,000** allowance for covered preventive and comprehensive dental services every year. Your dental allowance can be used towards covered dental services which includes dental implants. Please refer to Chapter 4 in the plan's Evidence of Coverage for more details on covered dental services. Some dental services require prior authorization to be covered. Other dental services may be subject to limitations.
Dialysis Services	You pay a **$0.00** copay for each Medicare-covered renal dialysis service: • Kidney dialysis when you use a provider in our plan or you are out of the	You pay a **20%** coinsurance for each Medicare-covered renal dialysis service: • Kidney dialysis when you use a provider in our plan or you are out of the

	2025 (this year)	2026 (next year)
	service area for a short time. • Dialysis equipment or supplies. • Dialysis home support services. • Self-dialysis training to learn how to take care of yourself if you need dialysis.	service area for a short time. • Dialysis equipment or supplies. • Dialysis home support services. • Self-dialysis training to learn how to take care of yourself if you need dialysis.
Durable Medical Equipment	You pay a **10%** coinsurance for Medicare-covered durable medical equipment. You pay a **10%** coinsurance for Medicare-covered Hyaluronic Acid services. You pay a **10%** coinsurance every billing cycle (rental period) for Medicare oxygen equipment. You pay a **$0.00** copay for Medicare-covered Continuous Glucose Monitors (CGM's) and their supplies.	You pay a **20%** coinsurance for Medicare-covered durable medical equipment. You pay a **20%** coinsurance for Medicare-covered Hyaluronic Acid services. You pay a **20%** coinsurance every billing cycle (rental period) for Medicare oxygen equipment. You pay a **$0.00** copay for Medicare-covered Continuous Glucose Monitors (CGM's) and their supplies.

	2025 (this year)	2026 (next year)
Emergency Care	You pay a **$90.00** copay for each covered emergency room visit. The copay is waived if you are admitted to the hospital within 24 hours.	You pay a **$150.00** copay for each covered emergency room visit. The copay is waived if you are admitted to the hospital within 24 hours.
Everyday Options Allowance	You pay a **$0.00** copay. This plan offers a spending allowance of **$50** 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 (Groceries)*** - 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*** - Use toward the payment of gas for your home, electric, water,	You pay a **$0.00** copay. This plan offers a spending allowance of **$40** 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*** - 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*** - Use toward the payment of gas for your home, electric, water, cable, internet, or cell phone services.

	2025 (this year)	2026 (next year)
	cable, internet, or cell phone services. *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 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.
Outpatient Hospital / Observation Room	**Outpatient observation room:** You pay a **$0.00** copay for each Medicare-covered outpatient observation room service in a hospital facility.	**Outpatient observation room:** You pay a **$200.00** copay for each Medicare-covered outpatient observation room service in a hospital facility.
Over the Counter (OTC) products	This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **$55** every month. Unused	This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **$65** every month. Unused

	2025 (this year)	2026 (next year)
	OTC amounts expire at the end of each month.	OTC amounts expire at the end of each month.
Prosthetics and Orthotic Devices and Related Supplies	You pay a **10%** coinsurance for Medicare-covered prosthetic devices and supplies.	You pay a **20%** coinsurance for Medicare-covered prosthetic devices and supplies.
Worldwide Coverage	You pay a **$90.00** copay for covered 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.	You pay a **$150.00** copay for covered 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.

Section 1.6 Changes to Part D 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 calendar 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're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-877-336-2069 (TTY users call 1-877-206-0500) for more information.

Starting in 2026, we can immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately move it to a different cost-sharing tier or add new restrictions or both.

For example: If you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You can also call Member Services at 1-877-336-2069 (TTY users call 1-877-206-0500) or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.**

We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Member Services at 1-877-336-2069 (TTY users call 1-877-206-0500) and ask for the *LIS Rider.*

Drug Payment Stages

There are **3 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 no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

  We have no deductible, so this payment stage doesn't apply to you.

- ***Stage 2: Initial Coverage***

  In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach $2,100.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our 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 don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	**2026 (next year)**
Yearly Deductible	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.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

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. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply, at a network pharmacy that offers preferred cost sharing, or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	**2026 (next year)**
Tier 1: Preferred Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	**Tier 1: Preferred Generic:** *Standard cost sharing:* You pay $0.00 per prescription. Your cost for a one-month mail-order prescription is $0.00. *Preferred cost sharing:* You pay $0.00 per prescription.	**Tier 1: Preferred Generic:** *Standard cost sharing:* You pay $0.00 per prescription. Your cost for a one-month mail-order prescription is $0.00. *Preferred cost sharing:* You pay $0.00 per prescription.
Tier 2: Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	**Tier 2: Generic:** *Standard cost sharing:* You pay $0.00 per prescription. Your cost for a one-month mail-order prescription is $0.00. *Preferred cost sharing:* You pay $0.00 per prescription.	**Tier 2: Generic:** *Standard cost sharing:* You pay $0.00 per prescription. Your cost for a one-month mail-order prescription is $0.00. *Preferred cost sharing:* You pay $0.00 per prescription.

	2025 (this year)	2026 (next year)
Tier 3: Preferred Brand We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	**Tier 3: Preferred Brand:** *Standard cost sharing:* You pay $42.00 per prescription. You pay $35.00 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is $37.00. *Preferred cost sharing:* You pay $37.00 per prescription. You pay $35.00 per month supply of each covered insulin product on this tier.	**Tier 3: Preferred Brand:** *Standard cost sharing:* You pay $5.00 per prescription. You won't pay more than $5.00 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is $5.00. *Preferred cost sharing:* You pay $5.00 per prescription. You won't pay more than $5.00 per month supply of each covered insulin product on this tier.
Tier 4: Non-Preferred Drug We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	**Tier 4: Non-Preferred Drug:** *Standard cost sharing:* You pay $90.00 per prescription. Your cost for a one-month mail-order prescription is $85.00. *Preferred cost sharing:* You pay $85.00 per prescription.	**Tier 4: Non-Preferred Drug:** *Standard cost sharing:* You pay $55.00 per prescription. Your cost for a one-month mail-order prescription is $50.00. *Preferred cost sharing:* You pay $50.00 per prescription.

	2025 (this year)	2026 (next year)
Tier 5: Specialty Tier We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	**Tier 5: Specialty Tier:** *Standard cost sharing:* You pay 33% of the total cost. Your cost for a one-month mail-order prescription is 33%. *Preferred cost sharing:* You pay 33% of the total cost.	**Tier 5: Specialty Tier:** *Standard cost sharing:* You pay 33% of the total cost. Your cost for a one-month mail-order prescription is 33%. *Preferred cost sharing:* You pay 33% of the total cost.
Tier 6: Supplemental Drugs We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	**Tier 6: Supplemental Drugs:** *Standard cost sharing:* You pay $0.00 per prescription. Your cost for a one-month mail-order prescription is $0.00. *Preferred cost sharing:* You pay $0.00 per prescription.	**Tier 6: Supplemental Drugs:** *Standard cost sharing:* You pay $0.00 per prescription. Your cost for a one-month mail-order prescription is $0.00. *Preferred cost sharing:* You pay $0.00 per prescription.

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.

Changes to the Catastrophic Coverage Stage

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, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-833-246-6565 (TTY users call 711) or visit www.Medicare.gov.

SECTION 3 How to Change Plans

To stay in HealthSun VitalCare (HMO C-SNP), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our HealthSun VitalCare (HMO C-SNP).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from HealthSun VitalCare (HMO C-SNP).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from HealthSun VitalCare (HMO C-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-877-336-2069 (TTY users call 1-877-206-0500) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit www.Medicare.gov, check the *Medicare & You* 2026 handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.

- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
- Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program (SPAP).** Florida has a program called Florida AIDS Drug Assistance Program (ADAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit www.shiphelp.org, or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through The AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, 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 payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **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 the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 1-833-246-6565 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from HealthSun VitalCare (HMO C-SNP)

- **Call Member Services at 1-877-336-2069. (TTY users call 1-877-206-0500.)**

  We're available for phone calls 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 2026 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for HealthSun VitalCare (HMO C-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.healthsun.com or call Member Services at 1-877-336-2069 (TTY users call 1-877-206-0500) to ask us to mail you a copy.

- **Visit www.healthsun.com**

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get 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).

Call Florida Serving Health Insurance Needs of Elders (SHINE) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Florida Serving Health Insurance Needs of Elders (SHINE) at 1-800-963-5337. Learn more about Florida Serving Health Insurance Needs of Elders (SHINE) by visiting http://www.floridashine.org/.

Get Help 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 can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

  You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

  The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

You can access your plan documents online.

Starting on **October 15, 2025, you can view your important plan documents online.** Simply log in or register for your online account at **www.healthsun.com** where you can access plan documents and information quickly and easily.

Check the Evidence of Coverage (EOC) in the Documents section of your online account to review details about your coverage and costs. The EOC includes benefits and explains your rights and responsibilities as a member.

Find out which prescriptions are covered under your plan by reviewing the Formulary in the Documents section of your online account. You can also check medication prices using the Price a Medication tool and View Prescriptions to verify your medication coverage.

Locate a doctor, an in-network doctor, or a pharmacy with the online Find Care tool. You can search by doctor name or specialty and pharmacy type or distance from your home.

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 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**.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the phone number on your member ID card or speak to your provider.

Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono que figura en su tarjeta de identificación del miembro o hable con su proveedor.

Arabic - تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجانا. اتصل برقم الهاتف الموجود على بطاقة ID هوية العضو الخاصة بك أو تحدث إلى مقدم الخدمة.

Chinese Simplified – 注意：如果您说简体中文，我们可以为您提供免费的语言协助服务。我们还免费提供适当的辅助工具和服务，以可访问的格式提供信息。请拨打您的会员 ID 卡上的电话号码或与您的提供者交谈。

Chinese Traditional – 注意：如果您說繁體中文，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打您的會員 ID 卡上的電話號碼或與您的提供者交談。

French – ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone figurant sur votre carte d'ID de membre ou appelez votre prestataire.

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Dienste zur sprachlichen Unterstützung zur Verfügung. Außerdem sind kostenlose Hilfsmittel und Dienste verfügbar, um Informationen in zugänglichen Formaten bereitzustellen. Rufen Sie die Telefonnummer auf Ihrer Mitglieds-ID-Karte an oder wenden Sie sich an Ihren Anbieter.

Gujarati – ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ વિના

મૂલ્યે ઉપલબ્ધ છે. તમારા સભ્ય ID કાર્ડ પર આપેલા ફોન નંબર પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Haitian Creole – ATANSYON: Si w pale kreyòl ayisyen, sèvis asistans lenguistik gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma ki aksesib disponib tou san w p ap peye. Rele nimewo telefòn ki sou kat ID manm ou an oswa pale ak founisè w la.

Hebrew – לתשומת לבך: אם הנך דובר/ת עברית, שירותי סיוע בשפה בחינם זמינים עבורך. אמצעי עזר ושירותים נלווים מתאימים, שנועדו לספק מידע בפורמטים נגישים, זמינים גם הם ללא תשלום. יש להתקשר למספר הטלפון המופיע על כרטיס החבר שלך או לפנות לספק השירות שלך.

Hindi – ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। पहुँच योग्य प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निशुल्क उपलब्ध हैं। अपने सदस्य ID कार्ड पर दिए गए फ़ोन नंबर पर कॉल करें या अपने प्रदाता से बात करें।

Italian – ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuita in italiano. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiamare il numero di telefono riportato sulla propria tessera associativa o rivolgersi al proprio fornitore.

Korean – 주의: 한국어를 구사하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 가입자 ID 카드에 기재된 전화 번호로 전화하시거나 담당 의료 제공자에게 문의해 주십시오.

Polish – UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dostępne są również nieodpłatnie odpowiednie pomoce i usługi zapewniające informacje w dostępnych formatach. Zadzwoń pod numer telefonu podany na karcie ID członka lub porozmawiaj ze swoim dostawcą.

Portuguese – ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone indicado no seu cartão de identificação de membro ou fale com o seu prestador.

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по номеру телефона, указанному на вашей ID-карте участника, или обсудите этот вопрос с вашим поставщиком услуг.

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, mayroong available na mga libreng serbisyo sa tulong sa wika para sa iyo. Ang naaangkop na mga karagdagang tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay available rin nang walang bayad. Tawagan ang numero ng telepono sa iyong ID card ng miyembro o makipag-usap sa iyong provider.

Thai – หมายเหตุ: หากคุณพูด ภาษาไทย เรามีบริการช่วยเหลือด้านภาษาฟรีสำหรับคุณ นอกจากนียังมีความช่วยเหลือและบริการเสริมทีเหมาะสม เพือให้ข้อมูลในรูปแบบทีเข้าถึง ได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โทรไปทีหมายเลขโทรศัพท์บนบัตรประจำตัวสมาชิกของคุณ หรือพูดคุยกับผู้ให้บริการของคุณ.

Ukrainian – УВАГА. Якщо ви розмовляєте українською here, вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби й послуги для надання інформації в доступних форматах також можна отримати безкоштовно. Зателефонуйте за номером, указаним на ідентифікаційній карті учасника, або зверніться до свого постачальника.

Vietnamese – CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại trên thẻ ID thành viên của quý vị hoặc nói chuyện với nhà cung cấp của quý vị.

Nondiscrimination Notice

Discrimination is against the law. That's why we comply with applicable Federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, sex, age or disability.

For people with disabilities, we offer free aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

For people whose primary language is not English, we offer free language assistance services, which may include:

- Qualified interpreters
- Information written in other languages

If you need these services, call Member Services (TTY: **711**) for help.

If you think we failed to offer these services or discriminated based on race, color, national origin, age, sex or disability, you can file a complaint, also known as a grievance. You can file a complaint with our Civil Rights Coordinator in writing to:

Civil Rights Coordinator
11430 NW 20th Street
Suite 300
Miami, FL 33172

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TTY: **1-800-537-7697**)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Notes:

Notes:

HealthSun Health Plans is an HMO C-SNP 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.