



Your 2027 Annual Notice of Change

HealthSun MediSun Full Dual Extra (HMO D-SNP)

Member Services:

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

www.healthsun.com



Take a look at your 2027 benefits.

The following pages include your Annual Notice of Change. It tells you what will change in your plan for 2027. Read it so you know what to expect in the new plan year.

- **Read this document closely.** Look for changes to your medical benefits and costs. If you have them, also review changes to your prescription drug, dental, vision, and other benefits. This will help you know what's changing in 2027.
- Please note that on January 1, 2027, your plan's brand name will change to HealthSun. This is only a new name. Our commitment to you and your health stays the same. We will mail you a new member ID card with the new brand name before the end of the year.
- **Review your Evidence of Coverage (EOC)** beginning October 15th at www.healthsun.com. It gives details about your plan benefits. If you would like to get a printed copy of the EOC, contact Member Services.
- **Contact us if you have questions.** We're here to help with your health care journey.

Next Steps

- **If you want to keep this plan,** you do not need to do anything.
- **If you want to choose a different plan, you can make changes during the Medicare Annual Enrollment Period (AEP) (October 15–December 7).** During AEP, you can typically:
 - o Change your Medicare Advantage or Part D coverage.
 - o Return to Original Medicare

Thank you for choosing HealthSun. We're glad you're here.



HealthSun MediSun Full Dual Extra (HMO D-SNP) offered by HealthSun Health Plans

Annual Notice of Change for 2027

You're enrolled as a member of Simply Integrated Platinum (HMO D-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, 2026, you'll stay in HealthSun MediSun Full Dual Extra (HMO D-SNP).
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* 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 MediSun Full Dual Extra (HMO D-SNP)

- 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. Our plan also

has a written agreement with the Florida Agency for Health Care Administration (AHCA) program to coordinate your Medicaid benefits.

- When this material says “we,” “us,” or “our,” it means HealthSun. When it says “plan” or “our plan,” it means HealthSun MediSun Full Dual Extra (HMO D-SNP).
- On January 1, 2027, Simply Healthcare will be transitioning you from Simply Integrated Platinum (HMO D-SNP) to HealthSun MediSun Full Dual Extra (HMO D-SNP). This material tells you about the differences between your current benefits in Simply Integrated Platinum (HMO D-SNP) and the benefits you’ll have on January 1, 2027, as a member of HealthSun MediSun Full Dual Extra (HMO D-SNP).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in HealthSun MediSun Full Dual Extra (HMO D-SNP).** Starting January 1, 2027, you’ll get your medical and drug coverage through HealthSun MediSun Full Dual Extra (HMO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

Table of Contents

	Summary of Important Costs for 2027	4
SECTION 1	Changes to Benefits & Costs for Next Year	8
	Section 1.1 Changes to the Monthly Plan Premium	8
	Section 1.2 Changes to Your Maximum Out-of-Pocket Amount	8
	Section 1.3 Changes to the Provider Network.....	9
	Section 1.4 Changes to the Pharmacy Network.....	9
	Section 1.5 Changes to Benefits & Costs for Medical Services.....	10
	Section 1.6 Changes to Part D Drug Coverage	14
	Section 1.7 Changes to Prescription Drug Benefits & Costs	15
SECTION 2	Administrative Changes.....	21
SECTION 3	How to Change Plans.....	21
	Section 3.1 Deadlines for Changing Plans	22
	Section 3.2 Are there other times of the year to make a change?	22
SECTION 4	Get Help Paying for Prescription Drugs.....	23
SECTION 5	Questions?	24
	Get Help from HealthSun MediSun Full Dual Extra (HMO D-SNP)	24
	Get Free Counseling about Medicare.....	24
	Get Help from Medicare.....	24
	Get Help from Florida Agency for Health Care Administration (AHCA).....	25

Summary of Important Costs for 2027

	2026 (this year)	2027 (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 <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$500.00 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$3,450.00 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
Primary care office visits	\$0.00 copay per visit	\$0.00 copay per visit
Specialist office visits	\$0.00 copay per visit	\$0.00 copay per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	\$0.00 copay per stay	\$0.00 copay per stay

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) *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.	Part D drug coverage deductible Deductible: If you receive Extra Help, this payment stage doesn't apply to you. If you do <u>not</u> qualify for Extra Help, the deductible is \$615.00 (Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier) except for covered insulin products and most adult Part D vaccines. If you receive Extra Help, Copayment during the Initial Coverage Stage: • Drug Tier 1 - Preferred Generic: \$0.00 per prescription. • Drug Tier 2 - Generic: \$0.00 - \$12.65* per prescription. • Drug Tier 3 - Preferred Brand: \$0.00 - \$12.65* per prescription. You pay \$0.00 - \$12.65* per month supply of each covered insulin product on this tier. • Drug Tier 4 - Non-Preferred Drug:	Part D drug coverage deductible Deductible: If you receive Extra Help, this payment stage doesn't apply to you. If you do <u>not</u> qualify for Extra Help, the deductible is \$700.00 (Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier) except for covered insulin products and most adult Part D vaccines. If you receive Extra Help, Copayment during the Initial Coverage Stage: • Drug Tier 1 - Preferred Generic: \$0.00 per prescription. • Drug Tier 2 - Generic: \$0.00 per prescription. • Drug Tier 3 - Preferred Brand: \$0.00 - \$5.00* per prescription. You pay \$0.00 - \$5.00* per month supply of each covered insulin product on this tier. • Drug Tier 4 - Non-Preferred Drug: \$0.00 - \$14.40* per prescription.

	2026 (this year)	2027 (next year)
	\$0.00 - \$12.65* per prescription. • Drug Tier 5 - Specialty Tier: \$0.00 - \$12.65* per prescription. • Drug Tier 6 - Supplemental Drugs: \$0.00 per prescription. If you do <u>not</u> qualify for Extra Help, Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: Preferred Generic: \$0.00 • Drug Tier 2: Generic: 25% • Drug Tier 3: Preferred Brand: 25% You pay no more than \$35.00 per month supply of each covered insulin product on this tier. • Drug Tier 4: Non-Preferred Drug: 25% • Drug Tier 5: Specialty Tier: 25% • Drug Tier 6: Supplemental Drugs: \$0.00	• Drug Tier 5 - Specialty Tier: \$0.00 - \$14.40* per prescription. • Drug Tier 6 - Supplemental Drugs: \$0.00 per prescription. If you do <u>not</u> qualify for Extra Help, Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: Preferred Generic: \$0.00 • Drug Tier 2: Generic: \$0.00 • Drug Tier 3: Preferred Brand: \$5.00 You pay no 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: 25% • Drug Tier 6: Supplemental Drugs: \$0.00

	2026 (this year)	2027 (next year)
	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.	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

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$0.00	\$0.00

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.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments)	\$500.00	\$3,450.00 Your plan provides coverage for Medicare cost sharing applied to covered services.

	2026 (this year)	2027 (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.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider / Pharmacy 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 / 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 provider information or to ask us to mail you a *Provider / Pharmacy 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. You may have a special enrollment period if your provider leaves the plan network. 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 of pharmacies has changed for next year. Review the 2027 *Provider / Pharmacy Directory* www.healthsun.com to see which pharmacies are in our network. Here’s how to get an updated *Provider / 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 *Provider / 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

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2026 (this year)	2027 (next year)
Dental services (Supplemental)	\$0.00 copay. This plan covers up to a \$1,500 allowance for covered preventive and comprehensive dental services every year. Dental implant services are <u>not</u> 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.	\$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.
Diabetes Training	A referral is <u>not</u> required.	A referral may be required.
Digital Rectal Exams	A referral is <u>not</u> required.	A referral may be required.
EKG following Welcome Visit	A referral is <u>not</u> required.	A referral may be required.
Everyday Options Allowance	\$0.00 copay. This plan offers a spending	\$0.00 copay. This plan offers a spending

	2026 (this year)	2027 (next year)
	allowance of \$200 each month for: • Assistive Devices - ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more. If you qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI), you may also be able to use this allowance on: • 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. This excludes the purchase of gift cards, tobacco, and alcohol. • Utilities* - Use toward the payment of gas for your home, electric, water, 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,	allowance of \$255 every month for: • Assistive Devices - ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more. If you qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI), you may also be able to use this allowance on: • 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. This excludes the purchase of gift cards, tobacco, alcohol, candy, prepared desserts, sodas, and some snack foods. Additional restrictions apply. Please see your Evidence of Coverage for complete details. • Utilities* - Use toward the payment of gas for your home, electric, water, cable, internet, or cell phone services. *The benefits mentioned are Special Supplemental

	2026 (this year)	2027 (next year)
	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.	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.
Glaucoma Screening	A referral is <u>not</u> required.	A referral may be required.
Health education	Prior authorizations and referrals are <u>not</u> required.	Prior authorizations and referrals may be required.
Healthy Meals – Chronic Condition	Healthy Meals-Chronic Condition is <u>not</u> covered.	\$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. The benefit mentioned is a 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,

	2026 (this year)	2027 (next year)
		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.
Healthy Meals-Post Discharge	\$0.00 copay for up to 1 meal a day for 10 days following your discharge from the hospital or skilled nursing facility (SNF).	\$0.00 copay for up to 3 meals a day for 14 days (maximum 42 meals) following your discharge from the hospital or skilled nursing facility (SNF).
LiveHealth Online	\$0.00 copay for video doctor visits using LiveHealth Online.	LiveHealth Online is <u>not</u> covered.
Nutritional/Dietary Counseling	Nutritional/dietary counseling is <u>not</u> covered.	\$0.00 copay for nutritional/dietary counseling sessions provided by licensed or certified staff to help you manage a medical condition or disease. Prior authorization and referrals may be required.
Outpatient Blood Services	Prior authorization is <u>not</u> required.	Prior authorization may be required.
Outpatient Hospital / Observation Room	Outpatient observation room: Prior authorization may be required.	Outpatient observation room: Prior authorization is <u>not</u> required.
Over the Counter (OTC) products	This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to	This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to

	2026 (this year)	2027 (next year)
	\$115 every month. Unused OTC amounts expire at the end of each month.	\$112 every month. Unused OTC amounts expire at the end of every month.
Physician Specialist	Prior authorization is <u>not</u> required.	Prior authorization may be required.
Podiatry services (Medicare-covered)	Prior authorization and referrals are <u>not</u> required.	Prior authorization and referrals may be required.
Podiatry services (Supplemental)	\$0.00 copay 12 routine foot care visit(s) each year. Prior authorization and referrals are <u>not</u> required.	\$0.00 copay 1 routine foot care visit(s) every quarter. Prior authorization and referrals may be required.
Transportation	Prior authorization and referrals are <u>not</u> required.	Prior authorizations and referrals may be required.

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. Posted online at www.healthsun.com. **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.

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, 2026, 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.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year.

If you receive Extra Help, this payment stage doesn't apply to you.

If you do not qualify for Extra Help, during this stage, **you pay the full cost** of your **Tier 3: Preferred Brand**, **Tier 4: Non-Preferred Drug**, and **Tier 5: Specialty Tier** drugs until you have reached the yearly deductible.

- **Stage 2: Initial Coverage**

If you receive Extra Help, 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 Out-of-Pocket costs reach \$2,400.

If you do not qualify for Extra Help, once you pay the yearly deductible you move to the Initial Coverage Stage. 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 Out-of-Pocket costs reach \$2,400.

- **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 also pay nothing for excluded drugs that are covered under our enhanced benefit. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	If you receive Extra Help, this payment stage doesn't apply to you. If you do <u>not</u> qualify for Extra Help, the deductible is \$615.00. During this stage, you pay \$0.00 cost sharing for drugs on Tier 1: Preferred Generic and Tier 6: Supplemental Drugs and the full cost of drugs on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier (if you do <u>not</u> qualify for Extra Help) until you have reached the yearly deductible.	If you receive Extra Help, this payment stage doesn't apply to you. If you do <u>not</u> qualify for Extra Help, the deductible is \$700.00. During this stage, you pay \$0.00 cost sharing for drugs on Tier 1: Preferred Generic, Tier 2: Generic, and Tier 6: Supplemental Drugs and the full cost of drugs on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier (if you do <u>not</u> qualify for Extra Help) until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

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 or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
	If you receive Extra Help:	If you receive Extra Help:
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: You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00.	Tier 1: Preferred Generic: You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00.
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: You pay \$0.00 - \$12.65* per prescription. Your cost for a one-month mail-order prescription is \$0.00 - \$12.65*.	Tier 2: Generic: You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00.
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: You pay \$0.00 - \$12.65* per prescription. You pay \$0.00 - \$12.65* per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$0.00 - \$12.65*.	Tier 3: Preferred Brand: You pay \$0.00 - \$5.00* per prescription. You pay \$0.00 - \$5.00* per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$0.00 - \$5.00*.

	2026 (this year)	2027 (next year)
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: You pay \$0.00 - \$12.65* per prescription. Your cost for a one-month mail-order prescription is \$0.00 - \$12.65*.	Tier 4: Non-Preferred Drug: You pay \$0.00 - \$14.40* per prescription. Your cost for a one-month mail-order prescription is \$0.00 - \$14.40*.
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: You pay \$0.00 - \$12.65* per prescription. Your cost for a one-month mail-order prescription is \$0.00 - \$12.65*.	Tier 5: Specialty Tier: You pay \$0.00 - \$14.40* per prescription. Your cost for a one-month mail-order prescription is \$0.00 - \$14.40*.
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: You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00.	Tier 6: Supplemental Drugs: You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00.

*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.

	2026 (this year)	2027 (next year)
	If you do <u>not</u> qualify for Extra Help:	If you do <u>not</u> qualify for Extra Help:
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: You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00.	Tier 1: Preferred Generic: You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00.
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: You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 25%.	Tier 2: Generic: You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00.
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: You pay 25% of the total cost. You pay no more than \$35.00 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 25%.	Tier 3: Preferred Brand: You pay \$5.00 per prescription. You pay no 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.

	2026 (this year)	2027 (next year)
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: You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 25%.	Tier 4: Non-Preferred Drug: You pay \$50.00 per prescription. Your cost for a one-month mail-order prescription is \$50.00.
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: You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 25%.	Tier 5: Specialty Tier: You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 25%.
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: You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00.	Tier 6: Supplemental Drugs: You pay \$0.00 per prescription. Your cost for a one-month mail-order prescription is \$0.00.

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.

SECTION 2

Administrative Changes

	2026 (this year)	2027 (next year)
Diabetic Monitors, Test Strips, and Lancets - Covered Manufacturers	Blood glucose monitors and test strips are limited to the following manufacturers: Accu-Chek (made by Roche Diagnostics) and Freestyle (made by Abbott). Lancets are limited to the following manufacturers: Freestyle, Trividia, Accu-Chek, HTL Strefa, Kroger and its affiliates, Prodigy, and Good Neighbor.	Blood glucose monitors, test strips, and lancets are limited to the following manufacturers: Precision, TrueMatrix, TrueTest, Contour Ascensia, and Freestyle. For more details, please check your plan's 2027 <i>Evidence of Coverage</i>.

SECTION 3

How to Change Plans

To stay in HealthSun MediSun Full Dual Extra (HMO D-SNP), you don’t need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you’ll automatically be enrolled in our HealthSun MediSun Full Dual Extra (HMO D-SNP).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You’ll be automatically disenrolled from HealthSun MediSun Full Dual Extra (HMO D-SNP). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can’t join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you’ll automatically be disenrolled from HealthSun MediSun Full Dual Extra (HMO D-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.

- **To learn more about Original Medicare and the different types of Medicare plans**, visit Medicare.gov, check the *Medicare & You* 2027 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, 2027, 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, 2027.

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

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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:
 - o 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - o 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.
 - o Your State Medicaid office.
- **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 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 1-844-381-2327. 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. 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 2027 you do not need to submit a new election request to continue participating in 2027. **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. To learn more about this payment option, call us at 1-833-246-6565 (TTY users call 711) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 5 Questions?

Get Help from HealthSun MediSun Full Dual Extra (HMO D-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 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for HealthSun MediSun Full Dual Extra (HMO D-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 and Medicaid 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 <https://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 Medicare.gov**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

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

- **Visit 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 2027***

The *Medicare & You 2027* 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 [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Florida Agency for Health Care Administration (AHCA)

Call Florida Agency for Health Care Administration (AHCA) at 1-877-711-3662. TTY users should call 1-866-467-4970 for help with Medicaid enrollment or benefit questions.

View plan documents online starting October 15, 2026

You can find important plan information online. Go to **www.healthsun.com** and log in or register.

Read your Evidence of Coverage (EOC)

Find your EOC in the Member Forms and Documents section. It tells you:



- What your plan covers
- What you may pay for care
- Your rights as a member
- What you need to do as a member

Check your drug coverage

In the Plans and Coverage section, choose Prescription Drug Benefits to find the Formulary. It lists the drugs your plan covers. You can also:



- Go to Formulary Search to see if your drug is covered
- Go to Prescription Drug Benefits for more drug coverage information

Find a doctor or pharmacy

Go to www.healthsun.com and choose Find a Provider or Find a Pharmacy to search by:



- Doctor name
- Doctor specialty
- Pharmacy type
- Distance from your home

Need help? Want paper copies of these documents? 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

English – ATTENTION: If you need help in your language, 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.

Español (Spanish) – ATENCIÓN: Si necesita ayuda en su idioma, 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.

አማርኛ (Amharic) – ያስተውሉ:- በቋንቋዎ እገዛ የሚፈልጉ ከሆኑ፣ ነጻ የቋንቋ እርዳታ አገልግሎቶች ለእርስዎ ይገኛሉ። መረጃን በተደራሽ ቅርጾች ለማቅረብ አግባብ የሆኑ ረዳት መርጃዎች እና አገልግሎቶችም በነጻ ይገኛሉ። በአባል ID ካርድዎ ላይ ያለውን ስልክ ቁጥር ይደውሉ።

العربية (Arabic) – تنبيه: إذا كنت تحتاج إلى المساعدة بلغتك، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجاناً. اتصل برقم الهاتف الموجود على بطاقة ID هوية العضو الخاصة بك.

简体中文 (Chinese Simplified) – 注意: 如果您在您的语言方面需要帮助, 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。

繁體中文 (Chinese Traditional) – 注意: 如果您在您的語言方面需要協助, 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 and 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。

فارسی (Farsi) – توجه: اگر نیاز به کمک به زبان خودتان دارید، خدمات کمک زبانی رایگان قابل ارائه به شما است. وسایل و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های دسترس‌پذیر نیز به‌صورت رایگان قابل ارائه است. با شماره تلفن مندرج روی کارت ID عضویت خود تماس بگیرید.

Français (French) – ATTENTION : Si vous avez besoin d'aide dans votre langue, 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.

Deutsch (German) – ACHTUNG: Wenn Sie Hilfe in Ihrer Sprache benötigen, 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.

ગુજરાતી (Gujarati) – ધ્યાન આપો: જો તમને તમારી ભાષામાં મદદની જરૂર છે, 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 કોલ કરો.

Kreyòl Ayisyen (Haitian Creole) – ATANSYON: Si w bezwen èd nan lang ou, sèvis asistans lengwistik gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm ki aksesib disponib tou san w p ap peye. Rele nimewo telefòn ki sou kat ID manm ou an.

‘Ōlelo Hawai‘i (Hawaiian) – HO ‘OLOHE MAI: Loa ‘a nā kōkua unuhi makuahine manuahi inā makemake ‘oe i kēia mau kōkua ‘ōlelo. Loa ‘a pū kekahi mau kōkua a me kāko ‘o kūpono manuahi nā ho ‘olako kōkua kōko ‘olua a me nā pono lako kōkua a me nā hulu launa uila ‘ē a ‘e kekahi. E kelepona mai i ka helu kelepona ma kāu kāleka ID lālā.

हिंदी (Hindi) – ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। पहुँच योग्य प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। अपने सदस्य ID कार्ड पर दिए गए फ़ोन नंबर पर कॉल करें।

Hmoob (Hmong) – CEEB TOOM: Yog koj xav tau kev pab ua koj yam lus, muaj kev pab txhais lus pab dawb rau koj. Muaj cov khoom pab cuam thiab kev pab cuam txog lus raws qhov tsim nyog kom muab tau tej ntaub ntawv ua cov qauv ntawv uas siv tau yam tsis sau nqi dab tsi. Hu rau tus xov tooj ntawm koj daim npav ID ua tswv cuab.

Igbo (Igbo) – NLEBA AMA: Ọ bụrụ na ịchọrọ enyemaka n'asụsụ gị, enyemaka asụsụ dị maka gị. E nwekwara ike inye aka na ọrụ enyemaka kwesiri ekwesị iji nye ozi n'ụdị dị mfe ịnweta n'efu. Kpọọ nọmba ekwentị dị na kaadị njirimara onye otu gị.

Ilocano (Ilocano) – PAKDAAR: No masapulmo ti tulong iti lengguahem, adda maalam a libre a serbisio a tulong iti lengguahe. Maipaay met a libre dagiti tumutop a katulungan a ramit ken serbisio tapno maited ti impormasion kadagiti pormat a nalaka a maala. Tawagan ti numero ti telepono iti ID card-mo kas miembro.

Italiano (Italian) – ATTENZIONE: se hai bisogno di supporto nella tua lingua, sono disponibili servizi di assistenza linguistica gratuita. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiamare il numero di telefono riportato sulla propria tessera associativa.

日本語 (Japanese) – 注意：ご使用の言語でのサポートが必要な場合には、無料の言語支援サービスをご提供しています。適切な補助器具・サービスも、利用者がアクセスしやすい方法でご提供しています。こちらも無料でご利用いただけます。必要な情報取得にお役立てください。会員 ID カードに記載されている電話番号にお電話ください。

ಕನ್ನಡ (Kannada) – ಗಮನಿಸಿ: ನಿಮ್ಮ ಭಾಷೆಯಲ್ಲಿ ಸಹಾಯ ಬೇಕಾದರೆ, ಉಚಿತ ಭಾಷಾ ಸಹಾಯ ಸೇವೆಗಳು ನಿಮಗೆ ಲಭ್ಯವಿವೆ. ಪ್ರವೇಶಿಸಬಹುದಾದ ಸ್ವರೂಪಗಳಲ್ಲಿ ಮಾಹಿತಿಯನ್ನು ಒದಗಿಸಲು ಸೂಕ್ತವಾದ ಸಹಾಯಕ ಸಾಧನಗಳು ಮತ್ತು ಸೇವೆಗಳೂ ಸಹ ಉಚಿತವಾಗಿ ಲಭ್ಯವಿವೆ. ನಿಮ್ಮ ಸದಸ್ಯರ ಗುರುತಿನ ಚೀಟಿಯಲ್ಲಿರುವ ಫೋನ್ ಸಂಖ್ಯೆಗೆ ಕರೆ ಮಾಡಿ.

ភាសាខ្មែរ (Khmer) – សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សេវាជំនួយភាសាឥតគិតថ្លៃ មានផ្តល់ជូនអ្នក។ មានផ្តល់ជូនដោយឥតគិតថ្លៃនូវសេវាកម្ម និងឧបករណ៍ជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ បែបបទដែលអាចចូលប្រើបានផងដែរ។ សូមហៅទូរសព្ទទៅលេខនៅលើកាត ID សមាជិករបស់អ្នក។

한국어(Korean) – 주의: 귀하의 언어로 도움이 필요하신 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 전화해 주십시오.

ພາສາລາວ (Laotian) – ເວົ້າໃຈໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ນອກຈາກນີ້ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມທີ່ເໝາະສົມໃນການໃຫ້ຂໍ້ມູນໃບຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທຫາເບີໂທລະສັບໃນ ບັດ ID ສະມາຊິກຂອງທ່ານ.

മലയാളം (Malayalam) - ശ്രദ്ധിക്കുക: നിങ്ങളുടെ ഭാഷയിൽ സഹായം ആവശ്യമുണ്ടെങ്കിൽ, സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ നിങ്ങൾക്ക് ലഭ്യമാണ്. ആക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകുന്നതിന് ഉചിതമായ പിന്തുണ സഹായങ്ങളും സേവനങ്ങളും സൗജന്യമായി ലഭ്യമാണ്. നിങ്ങളുടെ അംഗത്വ ഐഡി കാർഡിലെ ഫോൺ നമ്പറിൽ വിളിക്കുക.

मराठी (Marathi) – लक्ष या: जर तुम्हाला तुमच्या भाषेत मदतीची गरज असेल, तर तुमच्यासाठी मोफत भाषा सहाय्यता सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती देण्यासाठी योग्य पूरक साधने आणि सेवा देखील विनामूल्य उपलब्ध आहेत. तुमच्या सदस्य ओळखपत्रावरील फोन नंबरवर कॉल करा.

Diné (Navajo) – BAA'ÁKONÍNÍZIN: Nizaad k'ehjí shíka'adoowoł nínízingo, t'áá jiik'eh saad bee áka'aná'wo' bee áka'anída'awo'í ná dahóló. Bee baa dahane'í baa dahwiizt'í'ígí át'éego bee hada'dilyaaígíí bee níka'e'doowołgo t'áadoole'é binahjí' bee adahodooní'ígíí diné bich'í' anídahazt'í'í bee bika'aanída'awo'í ałdó' t'áá jiik'eh dahóló. Bee atah nil'íní ninaaltsoos nit'í'izí ID bine'déé' béeesh bee hane'í binámboo biká'ígíí bee hólne'.

नेपाली (Nepali) – ध्यान दिनुहोस्: तपाईंलाई आफ्नो भाषामा सहयोग चाहिएको छ भने तपाईंका लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। प्रयोग गर्न मिल्ने ढाँचामा जानकारी प्रदान गर्न उपयुक्त ढङ्गको सहयोगी यन्त्र र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्। आफ्नो सदस्य ID पत्रमा रहेको फोन नम्बरमा कल गर्नुहोस्।

Deutsch (Pennsylvania Dutch) – WICH DICH: Wann du Hilf brauchsch in dei eegni Schprooch, kenne mir dich helfe fer Sache verschteh, unni as es dich ennich eppes koschde zellt. Mir hen en latt differnti Wege fer dich helfe aa wann du Druwwel hoscht fer sehne odder heere, aa fer ken Koscht. Call der Number uf dei ID Card.

Polski (Polish) – UWAGA: Jeśli potrzebujesz pomocy w swoim języku, 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.

Português (Portuguese) – ATENÇÃO: Se necessita de ajuda no seu idioma, 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.

ਪੰਜਾਬੀ (Punjabi) – ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ID ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

Русский (Russian) – ВНИМАНИЕ: Если вам нужна помощь на вашем 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.

Gagana Samoa (Samoan) – FA‘ASILASILAGA TAUA: Afai e te mana‘omia se fesoasoani i lau gagana, e avanoa mo oe avaanaga fesoasoani i le gagana e aunoa ma se totogi. O loo avanoa fo‘i mea faigaluega ma avaanaga fesoasoani talafeagai e tuuina atu ai faamatalaga i fa‘atulagaga e mafai ona faigofie ona maua, e aunoa ma se totogi. Faamolemole valaau le numera o le telefoni o loo i luga o lau pepa ID a le sui usufono.

Српски (Serbian) – ПАЖЊА: Ако вам је потребна помоћ на вашем језику, доступне су вам бесплатне услуге помоћи за ваш језик. Бесплатно су вам доступна и одговарајућа помагала и услуге у доступним форматима како бисте добили информације које су вам потребне. Позовите број телефона на вашој чланској ID картици.

Soomaali (Somali) – FIIRO GAAR AH: Haddii aad u baahan tahay caawin luuqadaada ah, adeegyada caawinta luuqada oo bilaash ah waa lagu heli karaa. Gargaarada maqalka ku haboon iyo adeegyo lagu bixiyo warbixin qaabab la heli karo ayaa sidoo kale lagu helayaa si bilaash ah. Wac lambarka taleefanka ku qoran kaarkaaga Aqoonsiga (ID) xubinta.

Kiswahili (Swahili) – ANGALIZO: Ikiwa unahitaji msaada kwa lugha yako, huduma za usaidizi wa lugha zinapatikana kwako bila malipo. Vifaa na huduma saidizi vinavyofaa kwa ajili ya kutoa taarifa katika miundo inayopatikana kwa urahisi zinapatikana pia bila malipo. Piga nambari ya simu iliyo kwenye ID yako ya uanachama.

Tagalog (Tagalog) – PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, 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.

తెలుగు (Telugu) – గమనిక: మీకు మీ భాషలో సహాయం అవసరమైతే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉన్నాయి. అందుబాటులో ఉన్న ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక పరికరాలు, సేవలు కూడా ఉచితంగా లభిస్తాయి. మీ మెంబర్ ID కార్డులోని ఫోన్ నెంబర్కు కాల్ చేయండి.

ภาษาไทย (Thai) – หมายเหตุ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ เรามีบริการช่วยเหลือด้านภาษาฟรีสำหรับคุณ นอกจากนี้ยังมีความช่วยเหลือและบริการเสริมที่เหมาะสม เพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โทรไปที่หมายเลขโทรศัพท์บนบัตรประจำตัวสมาชิกของคุณ

Twi (Twi) – HYE NO NSO: Se wohia mmoa wo wo kasa mu a, kasa mu mmoa a wontua hwee wo ho ma wo. Nneema ne mmoa a eho hia nso wo ho a wode ma kwa senea ebeye a wobetumi anya nsem no wo okwan a eye mmerɛ se wobete ase. Frɛ fon nɔma no a ewɔ ID kaade no so no.

Українська (Ukrainian) – УВАГА. Якщо вам потрібна допомога рідною мовою, ви можете скористатися безкоштовними послугами мовної підтримки. Відповідні допоміжні засоби й послуги для надання інформації в доступних форматах також можна отримати безкоштовно. Зателефонуйте за номером, указаним на ідентифікаційній карті учасника.

اردو (Urdu) – توجہ دیں: اگر آپ کو اپنی زبان میں مدد کی ضرورت ہو، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون آلات اور خدمات بھی مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر موجود فون نمبر پر کال کریں۔

Tiếng Việt (Vietnamese) – CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, 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.

דיש (Yiddish) – אויפמערקזאמקייט: אויב איר דאַרפֿט הילף אין אייער שפּראַך, פֿריי שפּראַך הילף באַדינונגס זענען בנימצא צו איר. צונעמען אַגזיליערי אַידס און באַדינונגס צו צושטעלן אינפֿארמאַציע אין צוטריטלעך פֿאַרמאַטירונגען זענען אויך פֿריי. רופן די טעלעפֿאָן נומער אויף דיין מיטגליד ID קאַרט.

Yorùbá (Yoruba) – ÀKÍYÈSÍ: Tí o bá nílò ìrànṣẹ̀wọ́ ní èdè rẹ, àwọn isẹ̀ ìrànṣẹ̀wọ́ èdè ọfẹ́ wà fún ọ. Àwọn ohun èlò ìrànṣẹ̀wọ́ àti isẹ̀ ìrànṣẹ̀wọ́ tó yẹ láti pèsè ìwífún ní àwọn ọ̀nà tí a lè gbà tún ráàyèsì wà lófẹ́. Pe nọmbà fòònù tó wà lórí káàdì ìdánimọ ọmọ ẹgbẹ rẹ.

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: **1-877-206-0500**) 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/smartscreen/main.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/complaints/index.html>.

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. The plan also has a written agreement with the Florida Medicaid program to coordinate your Medicaid benefits.

CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan.

