

## Elderplan Flex (HMO-POS) offered by Elderplan, Inc.

### Annual Notice of Changes for 2025

You are currently enrolled as a member of Elderplan Flex (HMO-POS). Next year, there will be changes to the plan's costs and benefits. *Please see page 7 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.elderplan.org](http://www.elderplan.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

---

### What to do now

#### 1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.

- Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
  - Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
  - Think about whether you are happy with our plan.

## 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

## 3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Elderplan Flex (HMO-POS).

- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Elderplan Flex (HMO-POS).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## Additional Resources

- This document is available for free in Spanish and Chinese.
- Please contact our Member Services number at 1-800-353-3765 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., 7 days a week. This call is free.
- This information is available in different formats, including braille and other alternate formats. Please call Member Services at the number listed above if you need plan information in another format or language.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

## About Elderplan Flex (HMO-POS)

- Elderplan is an HMO plan with a Medicare contract. Enrollment in Elderplan depends on contract renewal. Anyone entitled to Medicare Parts A and B may apply. Enrolled members must continue to pay their Medicare Part B premium.
  - When this document says “we,” “us,” or “our,” it means Elderplan, Inc.. When it says “plan” or “our plan,” it means Elderplan Flex (HMO-POS).
- 

H3347\_EP17729\_M

***Annual Notice of Changes for 2025***  
**Table of Contents**

**Summary of Important Costs for 2025.....7**

**SECTION 1 Changes to Benefits and Costs for  
Next Year .....19**

Section 1.1 – Changes to the Monthly Premium..... 19

Section 1.2 – Changes to Your Maximum Out-of-Pocket  
Amount ..... 20

Section 1.3 – Changes to the Provider and Pharmacy  
Networks ..... 22

Section 1.4 – Changes to Benefits and Costs for Medical  
Services ..... 22

Section 1.5 – Changes to Part D Prescription Drug  
Coverage ..... 36

**SECTION 2 Administrative Changes .....47**

**SECTION 3 Deciding Which Plan to Choose .....48**

Section 3.1 – If you want to stay in Elderplan Flex  
(HMO-POS) ..... 48

Section 3.2 – If you want to change plans ..... 48

**Elderplan Flex (HMO-POS) Annual Notice of  
Changes for 2025**

---

**6**

<b>SECTION 4</b>	<b>Deadline for Changing Plans .....</b>	<b>50</b>
<b>SECTION 5</b>	<b>Programs That Offer Free Counseling about Medicare .....</b>	<b>51</b>
<b>SECTION 6</b>	<b>Programs That Help Pay for Prescription Drugs.....</b>	<b>52</b>
<b>SECTION 7</b>	<b>Questions? .....</b>	<b>54</b>
	Section 7.1 – Getting Help from Elderplan Flex (HMO-POS).....	54
	Section 7.2 – Getting Help from Medicare .....	55

**Summary of Important Costs for 2025**

The table below compares the 2024 costs and 2025 costs for Elderplan Flex (HMO-POS) in several important areas. **Please note this is only a summary of costs.**

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Monthly plan premium*</b> * Your premium may be higher than this amount. See Section 1.1 for details.	You do not pay a Part D Premium.	You do not pay a Part D Premium.  There is no change for 2025.
<b>Plan B Deductible</b>	There is no Part B Deductible.	There is no Part B Deductible.  There is no change for 2025.

# Elderplan Flex (HMO-POS) Annual Notice of Changes for 2025

Cost	2024 (this year)	2025 (next year)
<p><b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out of pocket for your in-network and out-of-network combined covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p><b>In-Network and Out-of-Network combined</b>  \$7,550</p>	<p><b>In-Network and Out-of-Network combined</b>  \$7,550  There is no change for 2025.</p>



<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Doctor office visits</b>	<p><b>In-Network</b></p> <p>Primary care visits: You pay \$0 copayment per visit.</p> <p><b>In-Network and Out-of-Network</b></p> <p>Specialist visits: You pay \$35 copayment per visit.</p>	<p><b>In-Network</b></p> <p>Primary care visits: You pay \$0 copayment per visit.</p> <p>There is no change for 2025.</p> <p><b>In-Network and Out-of-Network</b></p> <p>Specialist visits: You pay \$35 copayment per visit.</p> <p>There is no change for 2025.</p>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<p><b>Inpatient hospital stays</b></p>	<p><b>In-Network:</b>                      The amounts for each benefit period are:                      Days 1-5: \$390 copayment each day.                      Days 6 and beyond: \$0 copayment each day.                      Authorization Required.</p>	<p><b>In-Network:</b>                      The amounts for each benefit period are:                      Days 1-5: \$390 copayment each day.                      Days 6 and beyond: \$0 copayment each day.                      Authorization Required.</p> <p>There is no change for 2025.</p>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p>Deductible: The Part D Deductible is \$375 for Tier 4: Non-Preferred Brand Drugs and Tier 5: Specialty Tier Drugs, except for covered insulin products and most adult Part D vaccines.</p> <hr/> <p><b>During the Initial Coverage Stage:</b></p> <p><b>Standard Retail Cost Sharing (In-Network) *</b></p> <p><b>Ω</b></p>	<p>Deductible: The Part D Deductible is \$375 for Tier 4: Non-Preferred Brand Drugs and Tier 5: Specialty Tier Drugs, except for covered insulin products and most adult Part D vaccines.</p> <hr/> <p><b>During the Initial Coverage Stage:</b></p> <p><b>Standard Retail Cost Sharing (In-Network) *</b></p> <p><b>Ω</b></p>

Cost	2024 (this year)	2025 (next year)
<p><b>Part D prescription drug coverage (continued)</b></p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing during the Initial Coverage Stage:</p> <p><b>Tier 1: Preferred Generic Drugs –</b> You Pay \$0 copayment.</p> <p><b>Tier 2: Generic Drugs –</b> You Pay \$10 copayment.</p> <p><b>Tier 3: Preferred Brand Drugs –</b> You Pay \$47 copayment.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing during the Initial Coverage Stage:</p> <p><b>Tier 1: Preferred Generic Drugs –</b> You Pay \$0 copayment.</p> <p><b>Tier 2: Generic Drugs –</b> You Pay \$10 copayment.</p> <p><b>Tier 3: Preferred Brand Drugs –</b> You Pay \$47 copayment.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Part D prescription drug coverage (continued)</b></p>	<p><b>Tier 4: Non-Preferred Drugs –</b>                      You Pay \$100 copayment.</p> <p><b>Tier 5: Specialty Tier Drugs –</b>                      You Pay 25% coinsurance.</p> <hr/> <p>Your cost for an extended supply (up to 90-days) †Ω filled at a network pharmacy with standard cost-sharing during the Initial Coverage Stage:</p>	<p><b>Tier 4: Non-Preferred Drugs –</b>                      You Pay \$100 copayment.</p> <p><b>Tier 5: Specialty Tier Drugs –</b>                      You Pay 28% coinsurance.</p> <hr/> <p>Your cost for an extended supply (up to 90-days) †Ω filled at a network pharmacy with standard cost-sharing during the Initial Coverage Stage:</p>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Part D prescription drug coverage (continued)</b>	<p><b>Tier 1:</b>  <b>Preferred Generic Drugs –</b></p>	<p><b>Tier 1:</b>  <b>Preferred Generic Drugs –</b></p>
	<p>Retail – You Pay \$0 copayment.</p>	<p>Retail – You Pay \$0 copayment.</p>
	<p>Mail Order – You Pay \$0 copayment.</p>	<p>Mail Order – You Pay \$0 copayment.</p>
	<p><b>Tier 2: Generic Drugs –</b></p>	<p><b>Tier 2: Generic Drugs –</b></p>
	<p>Retail – You Pay \$30 copayment.</p>	<p>Retail – You Pay \$30 copayment.</p>
	<p>Mail Order – You Pay \$20 copayment.</p>	<p>Mail Order – You Pay \$20 copayment.</p>
	<p><b>Tier 3:</b>  <b>Preferred Brand Drugs –</b></p>	<p><b>Tier 3:</b>  <b>Preferred Brand Drugs –</b></p>
	<p>Retail – You Pay \$141 copayment.</p>	<p>Retail – You Pay \$141 copayment.</p>
	<p>Mail Order – You Pay \$94 copayment.</p>	<p>Mail Order – You Pay \$94 copayment.</p>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Part D prescription drug coverage (continued)</b>	<p><b>Tier 4: Non-Preferred Drugs –</b>  Retail – You Pay \$300 copayment.  Mail Order – You Pay \$200 copayment.</p> <p><b>Tier 5: Specialty Tier Drugs –</b>  Retail – You Pay 25% coinsurance.  Mail Order – You Pay 25% coinsurance.</p>	<p><b>Tier 4: Non-Preferred Drugs –</b>  Retail – You Pay \$300 copayment.  Mail Order – You Pay \$200 copayment.</p> <p><b>Tier 5: Specialty Tier Drugs –</b>  Retail – You Pay 28% coinsurance.  Mail Order – You Pay 28% coinsurance.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Part D prescription drug coverage (continued)</b></p>	<p>*60-Days supply is also available for Standard Retail. †NDS – Non-Extended Days Supply. Certain Specialty drugs will be limited up to a 30-day supply per fill.</p> <p>†NDS – Non-Extended Days Supply. Certain Specialty drugs will be limited up to a 30-day supply per fill.</p>	<p>*60-Days supply is also available for Standard Retail. †NDS – Non-Extended Days Supply. Certain Specialty drugs will be limited up to a 30-day supply per fill.</p> <p>†NDS – Non-Extended Days Supply. Certain Specialty drugs will be limited up to a 30-day supply per fill.</p>



Cost	2024 (this year)	2025 (next year)
<p><b>Part D prescription drug coverage (continued)</b></p>	<p><b>Ω</b> – You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</p> <hr/> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>	<p><b>Ω</b> – You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</p> <hr/> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, you pay nothing for your covered Part D drugs.</li> </ul>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Part D prescription drug coverage (continued)</b>	If you get “Extra Help” paying for your drugs, you may be eligible for reduced cost-sharing. Please refer to your “Low Income Subsidy (LIS) Rider.”	If you get “Extra Help” paying for your drugs, you may be eligible for reduced cost-sharing. Please refer to your “Low Income Subsidy (LIS) Rider.”

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly premium</b>  (You must also continue to pay your Medicare Part B premium.)</p>	<p>You do not pay a Part D Premium.</p>	<p>You do not pay a Part D Premium.  There is no change for 2025.</p>

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

---

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

---

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<p><b>Maximum out-of-pocket amount</b>                      Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount in-network and out-of-network combined.</p>	<p><b>In-Network and Out-of-Network combined:</b>                      \$7,550                      Once you have paid \$7,550 out-of-pocket for In-Network and Out-of-Network combined covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>	<p><b>In-Network and Out-of-Network combined:</b>                      \$7,550                      Once you have paid \$7,550 out of pocket for In-Network and Out-of-Network combined covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p> <p>There is no change for 2025.</p>

---

**Section 1.3 – Changes to the Provider and Pharmacy  
Networks**

---

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

Updated directories are located on our website at [www.elderplan.org](http://www.elderplan.org). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers and pharmacies for next year. **Please review the 2025 *Provider and Pharmacy Directory* [www.elderplan.org](http://www.elderplan.org) to see if your providers (primary care provider, specialists, hospitals, etc.) and pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

---

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

---

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Dental Services - Supplemental Comprehensive Dental Services</b>	<p>You pay \$0 copayment for Supplemental Comprehensive Dental Services up to \$1,500 annually In-Network and Out-of-Network combined.</p> <p>Preventive Dental does not apply towards the annual maximum In-Network and Out-of-Network combined.</p> <p>Upon exhaustion of the \$1,500 annual benefit limit In-Network and Out-of-Network combined, the member will be responsible for the full cost.</p>	<p>You pay \$0 copayment for Supplemental Comprehensive Dental Services up to \$2,500 annually In-Network and Out-of-Network combined.</p> <p>Preventive Dental does not apply towards the annual maximum In-Network and Out-of-Network combined.</p> <p>Upon exhaustion of the \$2,500 annual benefit limit In-Network and Out-of-Network combined, the member will be responsible for the full cost.</p>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Dental Services - Supplemental Comprehensive Dental Services (continued)</b>	<p>Benefit frequency may be limited per ADA guidelines to 1 service per tooth/per arch/per quadrant.</p> <p><u>Restorative Services:</u> Select codes</p> <ul style="list-style-type: none"> <li>• \$0 copayment/ 1 every 6 months</li> <li>• \$0 copayment/ 1 every 24 months</li> <li>• \$0 copayment/ 1 every 60 months</li> </ul>	<p>Benefit frequency may be limited per ADA guidelines to 1 service per tooth/per arch/per quadrant.</p> <p><u>Restorative Services:</u> Select codes</p> <ul style="list-style-type: none"> <li>• \$0 copayment/ 1 every 6 months</li> <li>• \$0 copayment/ 1 every 24 months</li> <li>• \$0 copayment/ 1 every 60 months</li> </ul>



<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Dental Services - Supplemental Comprehensive Dental Services (continued)</b>	<u>Endodontic Services: Select codes</u> <ul style="list-style-type: none"> <li>• \$0 copayment/ 1 per lifetime</li> </ul>	<u>Endodontic Services: Select codes</u> <ul style="list-style-type: none"> <li>• \$0 copayment/ 1 per lifetime</li> </ul>
	<u>Periodontics Services: Select codes</u> <ul style="list-style-type: none"> <li>• \$0 copayment/ 1 every 36 months</li> <li>• \$0 copayment/ 1 every 60 months</li> </ul>	<u>Periodontics Services: Select codes</u> <ul style="list-style-type: none"> <li>• \$0 copayment/ 1 every 36 months</li> <li>• \$0 copayment/ 1 every 60 months</li> </ul>
	<u>Prosthodontics, Removable Services: Select codes</u> <ul style="list-style-type: none"> <li>• \$0 copayment/ 1 every 12 months</li> </ul>	<u>Prosthodontics, Removable Services: Select codes</u> <ul style="list-style-type: none"> <li>• \$0 copayment/ 1 every 12 months</li> </ul>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Dental Services - Supplemental Comprehensive Dental Services (continued)</b>	<ul style="list-style-type: none"> <li>• \$0 copayment/ 1 every 60 months</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copayment/ 1 every 60 months</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul>
	<p><u>Prosthodontics, Fixed Services:</u> Select codes</p>	<p><u>Prosthodontics, Fixed Services:</u> Select codes</p>
	<ul style="list-style-type: none"> <li>• \$0 copayment/ 1 every 60 months</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copayment/ 1 every 60 months</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Dental Services - Supplemental Comprehensive Dental Services (continued)</b>	<p><u>Oral and Maxillofacial Surgery Services:</u> Select codes</p> <ul style="list-style-type: none"> <li>• \$0 copayment/ 1 every 12 months</li> <li>• \$0 copayment/ 1 every lifetime</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul>	<p><u>Oral and Maxillofacial Surgery Services:</u> Select codes</p> <ul style="list-style-type: none"> <li>• \$0 copayment/ 1 every 12 months</li> <li>• \$0 copayment/ 1 every lifetime</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation</li> </ul>
	<p><u>Adjunctive General Services:</u> Select codes</p> <ul style="list-style-type: none"> <li>• Select codes are covered at \$0 copayment with no frequency limitation</li> </ul>	<p><u>Adjunctive General Services:</u> Select codes</p> <ul style="list-style-type: none"> <li>• Select codes are covered at \$0 copayment with no frequency limitation</li> </ul>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Durable Medical Equipment and related supplies</b>	<p><b>In-Network:</b> You pay 20% coinsurance for Medicare covered Durable Medical Equipment (DME) and Related Supplies.</p> <p>Authorization is only required for certain items that are like but not limited to high dollar, motorized, and custom equipment or items.</p>	<p><b>In-Network:</b> You pay 20% coinsurance for Medicare covered Durable Medical Equipment (DME) and Related Supplies.</p> <p>Authorization is only required for certain items that are like but not limited to high dollar, motorized, and custom equipment or items.</p>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Durable Medical Equipment and related supplies (continued)</b>		You pay \$0 copay for Freestyle Libre Continuous Glucose Monitors and supplies that are available at participating pharmacies.  Authorization is required

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Flex Card</b>	<p>There is no coinsurance or copayment for Flex Card.</p> <p>You will receive a \$500 allowance to use in 2024 on out-of-pocket costs for dental, vision, hearing, and/or fitness services.</p> <p>Any unused benefit dollars will expire at the end of the calendar year or if you disenroll from the plan.</p>	<p>There is no coinsurance or copayment for Flex Card.</p> <p>You will receive a \$500 allowance to use in 2025 on out-of-pocket costs for Emergency Services, Urgently Needed Services, Occupational Therapy Services, Physician Specialist Services, Mental Health Specialty Services (Individual &amp; Group), Podiatry Services, Other healthcare Professional, Psychiatric Services</p>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Flex Card (continued)</b>		<p>(Individual &amp; Group), Physical Therapy and Speech-Language Pathology Services, Diagnostic Procedures/Tests, Diagnostic Radiological services, Therapeutic Radiological services, Outpatient X-Rays, Routine Podiatry Services, dental, vision, hearing, and/or fitness services.</p> <p>Any unused benefit dollars will expire at the end of the calendar year or if you disenroll from the plan.</p>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<p><b>Hearing Services (Non-Medicare Covered Hearing Services)</b></p>	<p><b>In-Network</b></p> <p>There is no coinsurance, copayment for Non-Medicare Covered Routine Hearing Exam, Fitting/Evaluation for Hearing Aid, and Hearing Aids (all types) every year.</p> <p>Hearing Aids (all types) are covered up to \$1,000 maximum benefit every year for both ears combined (\$500 will be available per ear).</p> <p>\$0 copayment for Fitting/Evaluation for Hearing Aid every year.</p>	<p><b>In-Network</b></p> <p>There is no coinsurance, copayment for Non-Medicare Covered Routine Hearing Exam, Fitting/Evaluation for Hearing Aid, and Hearing Aids (all types) every year.</p> <p>Hearing Aids (all types) are covered up to \$1,500 maximum benefit every year for both ears combined (\$750 will be available per ear).</p> <p>\$0 copayment for Fitting/Evaluation for Hearing Aid every year.</p>



<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Hearing Services (Non-Medicare Covered Hearing Services) (continued)</b>	Authorization is required by a Physician or Specialist.	Authorization is required by a Physician or Specialist.
<b>Medicare Part B prescription drugs</b>	<p>You pay 20% coinsurance or copayment Medicare Part B prescription drugs.</p> <p>You pay up to \$35 for Medicare Part B Insulin Drugs.</p> <p>Medicare Part B Prescription Drugs may be subject to step therapy requirements.</p> <p>Authorization may be required for certain drugs.</p>	<p>You pay 20% coinsurance or copayment Medicare Part B prescription drugs.</p> <p>You pay up to \$35 for Medicare Part B Insulin Drugs.</p> <p>Medicare Part B Prescription Drug is NOT subject Step therapy requirements.</p> <p>Authorization may be required for certain drugs.</p>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<p><b>Supervised Exercise Therapy (SET)</b></p>	<p>You pay \$25 copayment for each Medicare-covered SET (for PAD) session.</p> <p>Authorization is required.</p>	<p>You pay \$20 copayment for each Medicare-covered SET (for PAD) session.</p> <p>Authorization is required.</p>
<p><b>Vision care – Supplemental Vision Care</b></p>	<p>\$0 Copayment for non-Medicare eyewear (\$250 annual maximum per calendar year) including contact lenses or eyeglasses (lenses and frames).</p>	<p>\$0 Copayment for non-Medicare eyewear (\$500 annual maximum per calendar year) including contact lenses or eyeglasses (lenses and frames).</p>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Worldwide Emergency / Emergency Transportation / Urgent Coverage and Travel Assistance</b>	<p>There is no coinsurance or copayment for Worldwide Emergency / Emergency Transportation / Urgent Coverage (maximum benefit amount is \$50,000).</p> <p>Worldwide Emergency Tavel Assistance services are not covered.</p>	<p>There is no coinsurance or copayment for Worldwide Emergency / Emergency Transportation / Urgent Coverage (maximum benefit amount is \$50,000).</p> <p>There is no coinsurance or copayment for Worldwide Emergency Travel Assistance services arranged by our worldwide emergency travel assistance provider.</p>

---

**Section 1.5 – Changes to Part D Prescription Drug  
Coverage**

---

<p><b>Changes to Our Drug List</b></p>
--

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

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

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

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website:

<https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>.

You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

**Changes to Prescription Drug Benefits and Costs**

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the *Evidence of Coverage Rider for People Who Get “Extra Help” Paying for Prescription Drugs* (also called the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Member Services and ask for the *LIS Rider*.

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

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

**Changes to the Deductible Stage**

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, you pay the full cost of your Tier 4: Non-Preferred Drugs and Tier 5: Specialty Tier Drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>	<p>There is no deductible for Tier 1: Preferred Generic Drugs, Tier 2: Generic Drugs, and Tier 3: Preferred Brand Drugs.</p> <p>The Part D Deductible is \$375 for Tier 4: Non-Preferred Drugs and Tier 5: Specialty Tier Drugs.</p> <p>During this stage, you pay the full cost of drugs on your Tier 4: Non-Preferred Drugs and Tier 5: Specialty Tier until you have reached the yearly deductible.</p>	<p>There is no deductible for Tier 1: Preferred Generic Drugs, Tier 2: Generic Drugs, and Tier 3: Preferred Brand Drugs.</p> <p>The Part D Deductible is \$375 for Tier 4: Non-Preferred Drugs and Tier 5: Specialty Tier Drugs.</p> <p>During this stage, you pay the full cost of drugs on your Tier 4: Non-Preferred Drugs and Tier 5: Specialty Tier until you have reached the yearly deductible.</p>

**Changes to Your Cost Sharing in the Initial Coverage Stage**

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b>                      Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p>	<p><b>Standard Retail Cost Sharing (In-Network) *Ω</b></p> <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing during the Initial Coverage Stage:</p> <p><b>Tier 1: Preferred Generic Drugs –</b>                      You Pay \$0 copayment.</p> <p><b>Tier 2: Generic Drugs –</b>                      You Pay \$10 copayment.</p>	<p><b>Standard Retail Cost Sharing (In-Network) *Ω</b></p> <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing during the Initial Coverage Stage:</p> <p><b>Tier 1: Preferred Generic Drugs –</b>                      You Pay \$0 copayment.</p> <p><b>Tier 2: Generic Drugs –</b>                      You Pay \$10 copayment.</p>



Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage (continued)</b></p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p><b>Tier 3: Preferred Brand Drugs –</b> You Pay \$47 copayment.</p> <p><b>Tier 4: Non-Preferred Drugs –</b> You Pay \$100 copayment.</p> <p><b>Tier 5: Specialty Tier Drugs –</b> You Pay 25% coinsurance.</p> <hr/> <p>Your cost for an extended supply (up to 90-days)†Ω filled at a network pharmacy with standard cost-sharing during the Initial Coverage Stage:</p>	<p><b>Tier 3: Preferred Brand Drugs –</b> You Pay \$47 copayment.</p> <p><b>Tier 4: Non-Preferred Drugs –</b> You Pay \$100 copayment.</p> <p><b>Tier 5: Specialty Tier Drugs –</b> You Pay 28% coinsurance.</p> <hr/> <p>Your cost for an extended supply (up to 90-days)†Ω filled at a network pharmacy with standard cost-sharing during the Initial Coverage Stage:</p>

<b>Stage</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<p><b>Stage 2: Initial Coverage Stage (continued)</b></p>	<p><b>Tier 1: Preferred Generic Drugs –</b>                      Retail – You Pay \$0 copayment.                      Mail Order – You Pay \$0 copayment.</p> <p><b>Tier 2: Generic Drugs –</b>                      Retail – You Pay \$30 copayment.                      Mail Order – You Pay \$20 copayment.</p> <p><b>Tier 3: Preferred Brand Drugs –</b>                      Retail – You Pay \$141 copayment.                      Mail Order – You Pay \$94 copayment.</p>	<p><b>Tier 1: Preferred Generic Drugs –</b>                      Retail – You Pay \$0 copayment.                      Mail Order – You Pay \$0 copayment.</p> <p><b>Tier 2: Generic Drugs –</b>                      Retail – You Pay \$30 copayment.                      Mail Order – You Pay \$20 copayment.</p> <p><b>Tier 3: Preferred Brand Drugs –</b>                      Retail – You Pay \$141 copayment.                      Mail Order – You Pay \$94 copayment.</p>

<b>Stage</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<p><b>Stage 2: Initial Coverage Stage (continued)</b></p>	<p><b>Tier 4: Non-Preferred Drugs –</b>                      Retail – You Pay \$300 copayment.                      Mail Order – You Pay \$200 copayment.</p> <p><b>Tier 5: Specialty Tier Drugs –</b>                      Retail – You Pay 25% coinsurance.                      Mail Order – You Pay 25% coinsurance.</p> <p>*60-Days supply is also available for Standard Retail.</p>	<p><b>Tier 4: Non-Preferred Drugs –</b>                      Retail – You Pay \$300 copayment.                      Mail Order – You Pay \$200 copayment.</p> <p><b>Tier 5: Specialty Tier Drugs –</b>                      Retail – You Pay 28% coinsurance.                      Mail Order – You Pay 28% coinsurance.</p> <p>*60-Days supply is also available for Standard Retail.</p>

<b>Stage</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<p><b>Stage 2: Initial Coverage Stage (continued)</b></p>	<p>†NDS – Non-Extended Days Supply. Certain Specialty drugs will be limited up to a 30-day supply per fill.</p> <p>Ω – You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</p>	<p>†NDS – Non-Extended Days Supply. Certain Specialty drugs will be limited up to a 30-day supply per fill.</p> <p>Ω – You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</p>

<b>Stage</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<p><b>Stage 2: Initial Coverage Stage (continued)</b></p>	<p>If you get “Extra Help” paying for your drugs, you may be eligible for reduced cost-sharing. Please refer to your “Low Income Subsidy (LIS) Rider.”</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p>If you get “Extra Help” paying for your drugs, you may be eligible for reduced cost-sharing. Please refer to your “Low Income Subsidy (LIS) Rider.”</p> <hr/> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

## **Changes to the Catastrophic Coverage Stage**

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

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

**SECTION 2 Administrative Changes**

Description	2024 (this year)	2025 (next year)
<p><b>Medicare Prescription Payment Plan</b></p>	<p>Not applicable</p>	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December).</p> <p>To learn more about this payment option, please contact us at 1-866-490-2102 (TTY: 711) or visit <a href="https://www.Medicare.gov">Medicare.gov</a>.</p>

---

**SECTION 3 Deciding Which Plan to Choose**

---

**Section 3.1 – If you want to stay in Elderplan Flex  
(HMO-POS)**

---

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Elderplan Flex (HMO-POS).

---

**Section 3.2 – If you want to change plans**

---

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

**Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).



As a reminder Elderplan Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

## Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Elderplan Flex (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Elderplan Flex (HMO-POS).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *OR* – Contact **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## **SECTION 4 Deadline for Changing Plans**

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

### **Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

**SECTION 5 Programs That Offer Free Counseling  
about Medicare**

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York State, the SHIP is called The Office for the Aging Health Insurance Information, Counseling and Assistance Program (HIICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HIICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HIICAP at 1-212-602-4180 Inside the NYC boroughs or 1-800-701-0501 Outside the NYC boroughs. You can learn more about HIICAP by visiting their website (<https://aging.ny.gov/health-insurance-information-counseling-and-assistance-programs>).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** New York State has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) 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.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New York AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program or, if you are currently enrolled, how to continue receiving assistance, call 1-800-542-2437. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug

plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-866-490-2102 (TTY: 711) or visit [Medicare.gov](https://www.Medicare.gov).

## **SECTION 7 Questions?**

### **Section 7.1 – Getting Help from Elderplan Flex (HMO-POS)**

Questions? We're here to help. Please call Member Services at 1-800-353-3765. (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m., 7 days a week. Calls to these numbers are free.

#### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Elderplan Flex (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.elderplan.org](https://www.elderplan.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [www.elderplan.org](https://www.elderplan.org). As a reminder, our website has the most up-to-date information about

our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

---

## **Section 7.2 – Getting Help from Medicare**

---

To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2025***

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Elderplan, Inc.**  
**Notice of Nondiscrimination – Discrimination is Against the Law**

Elderplan/HomeFirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Elderplan, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Elderplan/HomeFirst.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Civil Rights Coordinator. If you believe that Elderplan/HomeFirst has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

Elderplan, Inc.  
ATTN Civil Rights Coordinator  
55 Water Street  
New York NY 10041

Phone: 1-877-326-9978, TTY 711  
Fax: 1-718-759-3643

You may file a grievance in person or by mail, phone, or fax. If you need help filing a grievance, Civil Rights Coordinator, is available to help you.

You may also file a civil rights 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, 1-800-537-7697 (TDD)

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



## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-891-6447 (TTY: 711). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-891-6447 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Simplified:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-891-6447 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Traditional:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-891-6447 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-891-6447 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-891-6447 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-891-6447 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-891-6447 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-891-6447 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-891-6447 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة فوري، ليس عليك سوى الاتصال بنا على 1-877-891-6447 (TTY:711). سيقوم شخص ما يتحدث العربية مجاناً.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-891-6447 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-891-6447 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-891-6447 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-891-6447 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-891-6447 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-891-6447 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Albanian:** Ne ofrojmë shërbime interpretimi pa pagesë për t'ju përgjigjur çdo lloj pyetjeje që mund të keni rreth planit tonë të shëndetit ose të mjekimit. Për t'u lidhur me një interpret, telefononi në 1-877-891-6447 (TTY: 711). Një shqip folës mund t'ju ndihmojë. Ky shërbim është pa pagesë.

**Bengali:** আমাদের স্বাস্থ্য বা ওষুধপত্র বিষয়ক পরিকল্পনা সম্পর্কিত আপনার যে কোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যে দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, আমাদের কেবল 1-877-891-6447 (TTY: 711) নম্বরে কল করুন। বাংলা বলতে পারেন এমন কেউ আপনাকে সাহায্য করতে পারবেন। পরিষেবাটি বিনামূল্যে।

**Greek:** Διαθέτουμε υπηρεσία δωρεάν διερμηνείας προκειμένου να απαντούμε σε οποιοδήποτε απορίες σας σχετικά με το πρόγραμμα υγείας ή φαρμάκων που προσφέρουμε. Προκειμένου να χρησιμοποιήσετε την υπηρεσία διερμηνείας, επικοινωνήστε μαζί μας καλώντας το 1-877-891-6447 (TTY: 711). Θα λάβετε βοήθεια από ένα άτομο που μιλά ελληνικά. Αυτή είναι μια υπηρεσία που παρέχεται δωρεάν.

**Yiddish:** מיר האבן אומזיסטע דאלמעטשער סערוויסעס צו ענטפערן סיי וועלכע פראגעס וואס איר קענט מעגליך האבן וועגן אונזער העלט אדער דראג פלאן. צו באקומען א דאלמעטשער, רופט אונז אויף 1-877-891-6447 (TTY:711). איינער וואס רעדט אידיש/שפראך קען אייך העלפן. דאס איז אן אומזיסטע סערוויס.

**Urdu:** ہماری صحت یا دوا کے پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت مترجم کی خدمات موجود ہیں۔ مترجم حاصل کرنے کے لیے، ہمیں بس 1-877-891-6447 (TTY:711) پر کال کریں۔ اردو بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ ایک مفت خدمت ہے۔