



CAPITAL HEALTH PLAN
PREFERRED ADVANTAGE (HMO)

2025 Annual Notice of Changes

Capital Health Plan Preferred Advantage (HMO) offered by Capital Health Plan

Annual Notice of Changes for 2025

You are currently enrolled as a member of Capital Health Plan Preferred Advantage. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.capitalhealth.com/Medicare. 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.**
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What to do now

1. ASK: Which changes apply to you

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

2. COMPARE: Learn about other plan choices

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

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

- If you don't join another plan by December 7, 2024, you will stay in Capital Health Plan Preferred Advantage.
- 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 Capital Health Plan Preferred Advantage.
- 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

- Please contact our Member Services number at 1-877-247-6512 for additional information. (TTY users should call 1-877-870-8943.) Hours are 8:00 a.m. to 8:00 p.m., seven days a week, between October 1 - March 31; and 8:00 a.m. to 8:00 p.m., Monday through Friday between April 1 and September 30. This call is free.
- This document may be available in other formats such as braille and large print. If you need plan information in another format please contact Member Services at the numbers above.
- Member Services has free language interpreter services available for non-English speakers.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Capital Health Plan Preferred Advantage

- Capital Health Plan Preferred Advantage is an HMO plan with a Medicare contract. Enrollment in Capital Health Plan Preferred Advantage, depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Capital Health Plan. When it says “plan” or “our plan,” it means Capital Health Plan Preferred Advantage.

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Annual Notice of Changes for 2025

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Capital Health Plan Preferred Advantage in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$86	\$86
Maximum out-of-pocket amount This is the <u>most</u> you will pay out of pocket for your covered services. (See Section 1.2 for details.)	\$3,850	\$5,500
Doctor office visits	Primary care visits: \$10 per visit. Specialist visits: \$25 per visit.	Primary care visits: \$0 per visit. Specialist visits: \$20 per visit.
Inpatient hospital stays	You pay a \$300 copay per admission. \$300 out-of-pocket limit every stay.	You pay a \$400 copay per admission. \$400 out-of-pocket limit every stay.
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: There is no deductible Copay/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> Drug Tier 1: \$0 copay per prescription for a one month (30-day) supply 	Deductible: \$200 except for covered insulin products and most adult Part D vaccines. Deductible apply to tiers 3, 4, and 5 only. Copay/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> Drug Tier 1: \$0 copay per prescription for a one month (30-day) supply

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (continued)	<ul style="list-style-type: none"> • Drug Tier 2: \$7 copay per prescription for a one month (30-day) supply • Drug Tier 3: \$45 copay per prescription for a one month (30-day) supply You pay \$35 per one month supply of each covered insulin product on this tier. • Drug Tier 4: \$95 copay per prescription for a one month (30-day) supply You pay \$35 per one month supply of each covered insulin product on this tier. • Drug Tier 5: 33% coinsurance per prescription for a one month (30-day) supply • Drug Tier 6: \$0 copay per prescription for a one month (30-day) supply <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. 	<ul style="list-style-type: none"> • Drug Tier 2: \$7 copay per prescription for a one month (30-day) supply • Drug Tier 3: \$45 copay per prescription for a one month (30-day) supply You pay \$35 per one month supply of each covered insulin product on this tier. • Drug Tier 4: \$95 copay per prescription for a one month (30-day) supply You pay \$35 per one month supply of each covered insulin product on this tier. • Drug Tier 5: 30% coinsurance per prescription for a one month (30-day) supply • Drug Tier 6: \$0 copay per prescription for a one month (30-day) supply <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$86	\$86

- 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.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

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

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

Cost	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3,850	\$5,500 Once you have paid \$5,500 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

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

Updated directories are located on our website at www.capitalhealth.com/Medicare. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* www.capitalhealth.com/Medicare to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 *Pharmacy Directory* www.capitalhealth.com/Medicare to see which pharmacies are in our network.**

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

Section 1.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2024 (this year)	2025 (next year)
Ambulance services	You pay a \$250 copay for each transport by ground or air ambulance. Prior authorization is <u>not</u> required for non-emergency ground ambulance services.	You pay a \$290 copay for each transport by ground or air ambulance. Prior authorization is required for non-emergency ground ambulance services.
Dental services	Referrals are <u>not</u> required for dental services. You pay a \$25 copay for Medicare-covered dental services.	Referrals are required for dental services. You pay a \$20 copay for Medicare-covered dental services.

Cost	2024 (this year)	2025 (next year)
Diabetes self-management training, diabetic services and supplies	<p>\$0 cost sharing is limited to preferred manufacturers Ascensia and Lifescan, including the meter, test strips and lancets.</p> <p>If other diabetic testing supplies are required your provider or an authorized representative can request a coverage determination; however, if approved for other manufacturers such as Dexcom and Freestyle you will pay 20% coinsurance for these products.</p>	<p>Lifescan/Ascensia copreferred: Diabetic testing supplies (meters, strips AND LANCETS) obtained through the pharmacy are limited to Ascensia branded products (Contour) and LifeScan branded products (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio, One Touch Verio IQ, OneTouch Ultra Mini and OneTouch Ultra 2). Prior approval will be required for all other diabetic testing supplies. All test strips will also be subject to a quantity limit of 204 per 30 days.</p> <p>Continuous Glucose Monitoring (CGM) products obtained through the pharmacy [are subject to Prior Authorization/Quantity Limits, and coverage.] Continuous Glucose Monitoring (CGM) preferred products are Dexcom G6, Dexcom G7 when used with a Dexcom Receiver, and Abbott Freestyle Libre and Freestyle Libre 2 products, and Freestyle Libre 3 when used with a Freestyle Libre receiver”</p>
Emergency care	You pay a \$135 copay for each Medicare-covered emergency care visit.	You pay a \$125 copay for each Medicare-covered emergency care visit.

Cost	2024 (this year)	2025 (next year)
Hearing services	You pay a \$25 copay Medicare-covered hearing exams/fitting services.	You pay a \$20 copay Medicare-covered hearing exams/fitting services.
Inpatient hospital care	You pay a \$300 copay per admission. \$300 out-of-pocket limit every stay.	You pay a \$400 copay per admission. \$400 out-of-pocket limit every stay.
Inpatient services in a psychiatric hospital	You pay a \$300 copay per admission. \$300 out-of-pocket limit every stay. You pay a \$25 copay for Medicare-covered individual and group psychiatric specialty services. Prior authorization is required for additional days for inpatient services in a psychiatric hospital.	You pay a \$400 copay per admission. \$400 out-of-pocket limit every stay. You pay a \$20 copay for Medicare-covered individual and group psychiatric specialty services. Prior authorization is required for additional days for inpatient services in a psychiatric hospital.
Medicare Part B prescription drugs	Prior authorization is required for Medicare Part B chemotherapy/radiation drugs. Prior authorization is required for other Medicare Part B drugs.	Prior authorization is <u>not</u> required for Medicare Part B chemotherapy/radiation drugs. Prior authorization is <u>not</u> required for other Medicare Part B drugs.
Opioid treatment program services	You pay a \$25 copay for each opioid treatment program service.	You pay a \$20 copay for each opioid treatment program service.
Outpatient substance abuse services	You pay a \$25 copay for Medicare-covered individual and group substance abuse services.	You pay a \$20 copay for Medicare-covered individual and group substance abuse services.

Cost	2024 (this year)	2025 (next year)
Physician/Practitioner services, including doctor's office visits	<p>You pay a \$10 copay for each Medicare-covered primary care physician service.</p> <p>You pay a \$25 copay for each Medicare-covered specialist visit.</p>	<p>You pay a \$0 copay for each Medicare-covered primary care physician service.</p> <p>You pay a \$20 copay for each Medicare-covered specialist visit.</p>
Podiatry services	You pay a \$25 copay for Medicare-covered podiatry services.	You pay a \$20 copay for Medicare-covered podiatry services.
Skilled nursing facility (SNF) care	<p>\$20 copay per day for days 1 through 20</p> <p>\$75 copay per day for days 21 through 100</p> <p>Your plan covers up to 100 days in a SNF</p>	<p>\$10 copay per day for days 1 through 20</p> <p>\$200 copay per day for days 21 through 100</p> <p>Your plan covers up to 100 days in a SNF</p>
Telehealth services	<p>You pay a \$25 copay for each additional telehealth service.</p> <p>Referrals are required for telehealth services.</p>	<p>You pay a \$20 copay for each additional telehealth service.</p> <p>Referrals are <u>not</u> required for telehealth services.</p>
Therapeutic radiological services	Prior authorization is <u>not</u> required for all therapeutic radiological services.	Prior authorization is required for all therapeutic radiological services.
Vision care	You pay a \$25 copay for Medicare-covered vision services when performed by a specialist.	You pay a \$20 copay for Medicare-covered vision services when performed by a specialist.
Worldwide emergency/urgent coverage	You pay a \$135 copay for each world-wide emergency care visit.	You pay a \$125 copay for each world-wide emergency care visit.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. You can get the Drug List by calling Member Services or visiting our website (www.capitalhealth.com/Medicare).

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.

Changes to Prescription Drug Benefits and Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get “Extra Help” Paying for Prescription Drugs* (also called the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2024, please call Member Services and ask for the *LIS Rider*.

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

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

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Tier 3, 4 and 5 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.	Because we have no deductible, this payment stage does not apply to you.	The deductible is \$200. During this stage, you pay either a \$0 or \$7 copay cost sharing for drugs on Tier 1, 2 and 6 and the full cost of drugs on Tier 3, 4 and 5 until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage 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 you pay your share of the cost . We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month supply is: Tier 1 (Preferred Generic Drugs): You pay \$0 per prescription. Tier 2 (Generic Drugs): You pay \$7 per prescription. Tier 3 (Preferred Brand Drugs): You pay \$45 per prescription for other drugs. You pay \$35 per one month supply of each covered insulin product on this tier. Tier 4 (Non-Preferred Drugs): You pay \$95 per	Your cost for a one-month supply is: Tier 1 (Preferred Generic Drugs): You pay \$0 per prescription. Tier 2 (Generic Drugs): You pay \$7 per prescription. Tier 3 (Preferred Brand Drugs): You pay \$45 per prescription for other drugs. You pay \$35 per one month supply of each covered insulin product on this tier. Tier 4 (Non-Preferred Drugs): You pay \$95 per

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage (continued)	<p>prescription for other drugs.</p> <p>You pay \$35 per one month supply of each covered insulin product on this tier.</p> <p>Tier 5 (Specialty Drugs): You pay 33% of the total cost.</p> <p>Tier 6 (Select Care Drugs): You pay \$0 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p>prescription for other drugs.</p> <p>You pay \$35 per one month supply of each covered insulin product on this tier.</p> <p>Tier 5 (Specialty Drugs): You pay 30% of the total cost.</p> <p>Tier 6 (Select Care Drugs): You pay \$0 per prescription.</p> <hr/> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

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)
Service area	Your service area is Calhoun, Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, and Wakulla.	Your service area is Calhoun, Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla.
Medicare Prescription Payment Plan	Not applicable	<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 monthly payments that vary throughout the year (January – December).</p> <p>To learn more about this payment option, please contact us at (877)247-6512 or visit Medicare.gov.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Capital Health Plan Preferred Advantage

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 Capital Health Plan Preferred Advantage.

Section 3.2 – If you want to change plans

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

Step 1: Learn about and compare your choices

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

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

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

SECTION 4 Deadline for Changing Plans

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

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

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

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

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

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-963-5337 (TTY 1-800-955-8770). You can learn more about SHINE by visiting their website (www.floridashine.org).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

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

- Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Florida Department of Health. 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 1-800-352-2437 (TTY 1-888-503-7118). 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 (877)247-6512 or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 7 Questions?

Section 7.1 – Getting Help from Capital Health Plan Preferred Advantage

Questions? We're here to help. Please call Member Services at 1-877-247-6512. (TTY only, call 1-877-870-8943.) We are available for phone calls 8:00 a.m. to 8:00 p.m., seven days a week between October 1 and March 31, and 8:00 a.m. to 8:00 p.m., Monday through Friday, between April 1 and September 30.

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 Capital Health Plan Preferred Advantage. 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.capitalhealth.com/Medicare. 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.capitalhealth.com/Medicare. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

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

Nondiscrimination and Accessibility Notice (ACA §1557)

Capital Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). Capital Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, or sex (including pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes).

Capital Health Plan 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 Member Services at one of the numbers listed below. If you believe that Capital Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Capital Health Plan's Compliance and Privacy Officer:

2140 Centerville Place
Tallahassee, FL 32308

Phone: Member Services 850-383-3311, 1-877-247-6512, TTY 850-383-3534 or 1-877-870-8943, Fax: 850-523-7419, Email: memberservices@chp.org. Medicare members or prospective members call 850-523-7441 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. - 8:00 p.m., seven days a week, October 1 - March 31; 8:00 a.m. - 8:00 p.m., Monday - Friday, April 1 - September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. - 7:00 p.m.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights select 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, DC 20201

800-368-1019, 800-537-7697 (TDD)

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

Have a disability? Speak a language other than English? Call to get help for free. 1-877-247-6512, TTY/TDD 850-383-3534 or 1-877-870-8943

Vous souffrez d'un handicap ? Vous parlez une autre langue que l'anglais ? Appelez pour obtenir une aide gratuite. 1 877 247 6512, Téléscripateur/ATME 850 383 3534 ou 1 877 870 8943

Hai una disabilità? Non parli inglese? Chiama uno di questi numeri per chiedere assistenza gratuita: 1-877-247-6512, TTY/TDD 850-383-3534 o 1-877-870-8943

جهاز الاتصال الهاتفي 1-877-247-6512 هل تعاني من إعاقة؟ هل تتحدث لغة غير اللغة الإنجليزية؟ اتصل للحصول على المساعدة المجانية. أو 1-877-870-8943 (TTY/TDD) 850-383-3534 للصم/الهاتف النصي

Haben Sie eine Behinderung? Möchten Sie mit uns in einer anderen Sprache als Englisch kommunizieren? Rufen Sie an, um kostenlos Unterstützung zu erhalten. 1-877-247-6512, TTY/TDD 850-383-3534 oder 1-877-870-8943

¿Tiene una discapacidad? ¿Habla algún otro idioma que no sea inglés? Llame para obtener ayuda gratis. 1-877-247-6512, TTY/TDD 850-383-3534 o al 1-877-870-8943

ها تماس بگيريد. ناتوانی خاصی دارید؟ به زبانی بجز انگلیسی صحبت می کنید؟ برای دریافت کمک رایگان با این شماره 1-877-870-8943 یا 850-383-3534 به شماره DDT/YTT یا 1-877-247-6512

અવગતિ છે? ઉપલિશ કરતી અન્ય ભાષા બોલો છો? વશુ િક મદદ મેળવવા કો િક કરો. 1-877-247-6512, TTY/TDD 850-383-3534 અથવા 1-877-870-8943 પર

Ou gen yon andikap? Ou pale yon lang ki pa Anglè? Rele pou jwenn èd pou gratis? 1-877-247-6512, TTY/TDD 850-383-3534 oswa 1-877-870-8943

장애가 있으십니까? 영어가 아닌 다른 언어를 사용하십니까? 전화하십시오. 무료로 도와드립니다. 1-877-247-6512, TTY/TDD 850-383-3534 또는 1-877-870-8943

Jesteś osobą niepełnosprawną? Mówisz w języku innym niż j. angielski? Zadzwoń, aby uzyskać bezpłatną pomoc. 1-877-247-6512, TTY/TDD 850-383-3534 lub 1-877-870-8943

Tem algum tipo de incapacidade? Fala outra língua que não o inglês? Ligue para obter ajuda gratuitamente. 1-877-247-6512, TTY/TDD 850-383-3534 ou 1-877-870-8943

Ваши возможности ограничены по состоянию здоровья? Вы не говорите по-английски? Обратитесь за бесплатной помощью по телефону: 1-877- 247-6512, TTY/TDD 850-383-3534 or 1-877-870-8943

您是残障人士吗？您不会说英语吗？请拨打电话以免免费获取帮助。电话号码：1-877-247-6512；TTY/TDD（听障人士）：850-383-3534 或 1-877-870-8943

Ikaw ba ay may kapansanan? Ikaw ba ay nakakapagsalita ng ibang wika maliban sa Ingles? Tumawag upang makakuha ng libreng tulong. 1-877-247-6512, TTY/TTD 850-383-3534 o sa 1-877-870-8943.

您是否是障礙人士？您是否不會講英語？請撥打電話以取得免費協助。1-877-247-6512，聽障者請使用 TTY/TDD 850-383-3534 或 1-877-870-8943

พการหรือเปล่า? พดภาษาอนทไมใชภาษาองกษหรือเปล่า? โทรเพขอความชวยเหลอฟรี 1-877-247-6512, TTY/TDD 850-383-3534 หรือ 1-877-870-8943

Quý vị có khuyết tật? Quý vị nói ngôn ngữ khác mà không phải tiếng Anh? Vui lòng gọi để được trợ giúp miễn phí. 1-877-247-6512, TTY/TDD 850-383- 3534 hoặc 1-877-870-8943

If you have any questions or concerns related to this, please call our Member Services Department, Monday through Friday 8:00 am – 5:00 pm at 850-383-3311 or 1-877-247-6512. Medicare members or prospective members call 850-523-7441 or 1-877-247- 6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. - 8:00 p.m., seven days a week, October 1 - March 31; 8:00 a.m. - 8:00 p.m., Monday - Friday, April 1 - September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. - 7:00 p.m. Capital Health Plan contact information is located on our website: <https://capitalhealth.com/contact>

Approved by Compliance Committee: 8/23/2016; Revised 5/3/17; Revised 11/14/17; Revised 8/21/18; Revised 7/17/19; Revised 2/22/23; Revised 8/22/24

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-247-6512. Someone who speaks English/Language 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 1-877-247-6512. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-247-6512。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-247-6512。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 1-877-247-6512. 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 1-877-247-6512. 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 1-877-247-6512 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 Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 1-877-247-6512. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-247-6512 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 1-877-247-6512. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-247-6512 سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-247-6512 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 1-877-247-6512. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-247-6512. 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 1-877-247-6512. 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 1-877-247-6512. 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、1-877-247-6512 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。