**[D-SNP models]  
[2025 ANOC model]**

*[Plans may modify the language in the ANOC, as applicable, to address Medicaid benefits and cost sharing for its dual eligible population.]*

*[PPO plans may modify the model as needed to describe the plan’s rules and benefits.]*

*[Plans must revise references to Medicaid to use the state-specific name for the program throughout the ANOC. If the state-specific name does not include the word Medicaid, plans should add (Medicaid) after the name. Plans may use the general Medicaid terminology in instances where it is a multi-state Medicaid plan.]*

*[Where the model uses medical care, medical services, or health care services, plans may revise and/or add to include references to long-term services and supports (LTSS) and/or home and community-based services as applicable.]*

***[Insert 2025 plan name]* (*[insert plan type]*) offered by *[insert MAO name]*** ***[insert DBA names in parentheses, as applicable, after listing required MAO names]***

# Annual Notice of Changes for 2025

*[****Optional:*** *Insert member name]*  
*[****Optional:*** *Insert member addres*s*]*

You are currently enrolled as a member of *[insert 2024 plan name]*. 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 changesto your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at *[insert URL]*. [*Insert as applicable*: You can also review the attached OR enclosed OR separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.]You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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.

1. **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.

1. **CHOOSE:** Decide whether you want to change your plan

* If you don't join another plan by December 7, 2024, you will stay in *[insert plan name]*.
* 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 *[insert plan name]*.
* Look in section *[insert section number]*, page *[insert page number] [plans may insert additional reference, as applicable]* to learn more about your choices.
* 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

* [*Plans that meet the 5% alternative language threshold insert:* This document is available for free in *[insert languages that meet the 5% threshold. Fully integrated dual eligible special needs plans, highly integrated dual eligible special needs plans, and applicable integrated plans as defined at § 422.561 must also include languages required by the Medicaid translation standard as specified through their capitated Medicaid managed care contract.]*]
* Please contact our Member Services number at *[insert member services phone number]* for additional information. (TTY users should call *[insert TTY number]*.) Hours are *[insert days and hours of operation]*. This call is free.
* *[Plans must insert language about availability of alternate formats (e.g., braille, large print, audio).]*
* **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 *[insert 2025 plan name]*

* *[Insert Federal contracting statement.]* [*Insert if applicable:* The plan also has a written agreement with the *[insert state]* Medicaid program to coordinate your Medicaid benefits.]
* When this document says“we,” “us,” or “our,” it means *[insert MAO name] [insert Plan/Part D sponsor in parentheses, as applicable, after listing required MAO names throughout this document]*. When it says “plan” or “our plan,” it means *[insert 2025 plan name]*.

*[Insert Material ID: (H, R, S, or Y) number\_description of choice (M or C)]*

***Annual Notice of Changes* for 2025  
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Summary of Important Costs for 2025

The table below compares the 2024 costsand 2025 costs for *[insert 2025 plan name]* in several important areas. **Please note this is only a summary of costs**. [*Plans may add the following language in this paragraph rather than including it in each applicable row:* If you areeligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.]

[*If using Medicare FFS amounts (e.g., Inpatient and SNF cost sharing) the plan must insert the 2024 Medicare amounts and must insert:* These are 2024 cost-sharing amounts and may change for 2025. *[Insert plan name]* will provide updated rates as soon as they are released. *Member cost-sharing amounts may not be left blank.*]

| Cost | 2024 (this year) | 2025 (next year) |
| --- | --- | --- |
| Monthly plan premium\*  \* Your premium may be higher [*Plans with $0 premium should not include:* or lower] than this amount. See Section *[edit section number as needed]* 2.1 for details. | *[Insert 2024 premium amount]* | *[Insert 2025 premium amount]* |
| *[Plans with no deductible may delete this row.]*  Deductible | *[Insert 2024 deductible amount]* [*If an amount other than $0, add:* except for insulin furnished through an item of durable medical equipment.]  [*Plans that include both members who pay Parts A and B service cost sharing and members who do not pay Parts A and B service cost sharing insert:* If you areeligible for Medicare cost-sharing assistance under Medicaid, you pay $0.] | *[Insert 2025 deductible amount]* [*If an amount other than $0, add:* except for insulin furnished through an item of durable medical equipment.]  [*Plans that include both members who pay Parts A and B service cost sharing and members who do not pay Parts A and B service cost sharing insert:* If you areeligible for Medicare cost-sharing assistance under Medicaid, you pay $0.] |
| Doctor office visits | Primary care visits: *[insert 2024 cost sharing for PCPs]* per visit  Specialist visits: *[insert 2024 cost sharing for specialists]* per visit  [*Plans that include both members who pay Parts A and B service cost sharing and members who do not pay Parts A and B service cost sharing insert:* If you areeligible for Medicare cost-sharing assistance under Medicaid, you pay $0 per visit.] | Primary care visits: *[insert 2025 cost sharing for PCPs]* per visit  Specialist visits: *[insert 2025 cost sharing for specialists]* per visit  [*Plans that include both members who pay Parts A and B service cost sharing and members who do not pay Parts A and B service cost sharing insert:* If you areeligible for Medicare cost-sharing assistance under Medicaid, you pay $0 per visit.] |
| Inpatient hospital stays | *[Insert 2024 cost sharing]*  [*Plans that include both members who pay Parts A and B service cost sharing and members who do not pay Parts A and B service cost sharing insert:* If you areeligible for Medicare cost-sharing assistance under Medicaid, you pay $0.] | *[Insert 2025 cost sharing]*  [*Plans that include both members who pay Parts A and B service cost sharing and members who do not pay Parts A and B service cost sharing insert:* If you areeligible for Medicare cost-sharing assistance under Medicaid, you pay $0.] |
| Part D prescription drug coverage  (See Section *[edit section number as needed]* 2.5 for details.) | Deductible: *[Insert 2024 deductible amount]* [*If an amount other than $0,* add: except for covered insulin products and most adult Part D vaccines*.*]  *[Copayment/Coinsurance as applicable]* during the Initial Coverage Stage:   * Drug Tier 1: *[Insert 2024 cost sharing]*   [*Insert if insulin cost sharing differs from cost sharing for other drugs on the same tier*: You pay $[xx] per month supply of each covered insulin product on this tier.]   * *[Repeat for all drug tiers.]*   Catastrophic Coverage:   * [*Plans that do not cover excluded drugs under an enhanced benefit OR plans that do cover excluded drugs under an enhanced benefit but with the same cost sharing as covered Part D drugs in this stage, insert the following*: During this payment stage, the plan pays the full cost for your covered Part D drugs [*insert if applicable:* **and for excluded drugs that are covered under our enhanced benefit]***.* You pay nothing.] * [*Plans that cover excluded drugs under an enhanced benefit with cost sharing in this stage, insert the following 2 bullets:* During this payment stage, the plan pays the full cost for your covered Part D drugs. * You may have cost sharing for drugs that are covered under our enhanced benefit.] | Deductible: *[Insert 2025 deductible amount]* [*If an amount other than $0, add:* except for covered insulin products and most adult Part D vaccines*.*]  *[Copayment/Coinsurance as applicable]* during the Initial Coverage Stage:   * Drug Tier 1: *[Insert 2025 cost sharing]*   [*Insert if insulin cost sharing differs from cost sharing for other drugs on the same tier:* You pay $[xx] per month supply of each covered insulin product on this tier.]   * *[Repeat for all drug tiers.]*   Catastrophic Coverage:   * [*Plans that do not cover excluded drugs under an enhanced benefit, OR plans that do cover excluded drugs under an enhanced benefit but with the same cost sharing as covered Part D drugs in this stage, insert the following*: During this payment stage, you pay nothing for your covered Part D drugs [*insert if applicable:* **and for excluded drugs that are covered under our enhanced benefit**]*.* * [*Plans that cover excluded drugs under an enhanced benefit with cost sharing in this stage, insert the following 2 bullets:* During this payment stage, you pay nothing for your covered Part D drugs. * You may have cost sharing for drugs that are covered under our enhanced benefit.] |
| Maximum out-of-pocket amount  This is the most you will pay out of pocket for your covered [*insert if applicable:* Part A and Part B] services.  (See Section *[edit section number as needed]* 2.2 for details.) | *[Insert 2024 MOOP amount]*  [*Plans that only include members who do not pay Parts A and B service cost sharing insert:* You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.]  [*Plans that include both members who pay Parts A and B service cost sharing and members who do not pay Parts A and B service cost sharing insert:* If you areeligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.] | *[Insert 2025 MOOP amount]*  [*Plans that only include members who do not pay Parts A and B service cost sharing insert:* You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.]  [*Plans that include both members who pay Parts A and B service cost sharing and members who do not pay Parts A and B service cost sharing insert:* If you areeligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.] |

*[If Section 1 does not apply, plans should omit it and renumber remaining sections as needed.]*

SECTION 1 We Are Changing the Plan’s Name

[*Plans that are changing the plan name, as approved by CMS, include Section 1, using the section title above and the following text:*

On January 1, 2025, our plan name will change from *[insert 2024 plan name]* to *[insert 2025 plan name]*.

*[Insert language to inform members if they will receive new ID cards and how, as well as if the name change will impact any other member communication.]*]

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in *[insert 2025 plan name]* in 2025

[*If the member is being enrolled into another plan due to a consolidation or due to a transition from a D-SNP look-alike plan under 42 CFR 422.514, include Section 1, using the section title above and the text below. It is additionally expected that, as applicable throughout the ANOC, every plan/sponsor that crosswalks a member from a non-renewed plan to a consolidated renewal plan or transitions a member from a D-SNP look-alike plan to a renewal plan meeting the criteria in 42 CFR 422.514(e) will compare benefits and costs, including cost sharing for drug tiers, from that member’s previous plan to the consolidated plan or renewal plan. Every plan/sponsor that transitions a member from a D-SNP look-alike plan to a renewal plan, as indicated above, is encouraged to include language about the transition in a cover letter that accompanies the ANOC.*]

On January 1, 2025, *[insert MAO name] [insert Plan/Part D sponsor in parentheses, as applicable, after listing required MAO names throughout this document]* will be *[insert as applicable:* combining *[insert 2024 plan name]* with one of our plans, *[insert 2025 plan name] or* transitioning you from *[insert 2024 D-SNP look-alike plan name]* to *[insert 2025 renewal plan name]*. The information in this documenttells you about the differences between your current benefits in *[insert 2024 plan name]* and the benefits you will have on January 1, 2025 as a member of *[insert 2025 plan name]*.

**If you do nothing in 2024, we will automatically enroll you in our *[insert 2025 plan name]*.** This means starting January 1, 2025, you will be getting your medical and prescription drug coverage through *[insert 2025 plan name]*. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2025.

SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

*[Plans offering the following premiums must list separately in the table below: (1) Plan premium; (2) optional supplemental benefit premiums (only plans offering optional supplemental benefits during one or both of the comparison years); and (3) Part B premium reduction (only plans with Part B premium reductions during one or both of the comparison years.]*

| Cost | 2024 (this year) | 2025 (next year) |
| --- | --- | --- |
| Monthly premium  *[If there are no changes from year to year, plans may indicate in the column that there is no change for the upcoming benefit year. However, the premium must also be listed.]*  (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.) | *[Insert 2024 premium amount]* | *[Insert 2025 premium amount]* |

### Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

*[Plans that include the costs of supplemental benefits (e.g., POS benefits) in the MOOP limit may* *revise this information as needed.]*

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 [*insert if applicable:* Part A and Part B] services for the rest of the year.

| Cost | 2024 (this year) | 2025 (next year) |
| --- | --- | --- |
| Maximum out-of-pocket amount  **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** [*Plans that only include members who do not pay Parts A and B service cost sharing insert:* You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.]  [*Plans that include both members who pay Parts A and B service cost sharing and members who do not pay Parts A and B service cost sharing insert:* If you areeligible for Medicaid assistance with Part A and Part B copays [*insert if plan has a deductible:* and deductibles], you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.]  Your costs for covered medical services (such as copays [*insert if plan has a deductible:* and deductibles]) count toward your maximum out-of-pocket amount. *[Plans with no premium may modify the following sentence as needed.]* Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.  *[If there are no changes from year to year, plans may indicate in the column that there is no change for the upcoming benefit year.]* | *[Insert 2024 MOOP amount]* | *[Insert 2025 MOOP amount]*  Once you have paid *[insert 2025 MOOP amount]* out of pocket for covered [*insert if applicable:* Part A and Part B] services, you will pay nothing for your covered [*insert if applicable:* Part A and Part B] services for the rest of the calendar year. |

### Section 2.3 – 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. [*Insert if applicable:* Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.]

[*Insert if applicable:* We included a copy of our current *Provider and/or Pharmacy Directory* in the envelope with this document.] Updated directories are [*insert if applicable:* also] located on our website at *[insert URL]*. 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.

*[Insert applicable section: For a plan that does not have changes in its provider network]* There are no changes to our network of providers for next year.

*[Insert applicable section: For a plan that has changes in its provider network]* There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory*** *[insert URL]* **to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

*[Insert applicable section: For a plan that does not have changes in its pharmacy network]* There are no changes to our network of pharmacies for next year.

*[Insert applicable section: For a plan that has changes in its pharmacy network]* There are changes to our network of pharmacies for next year. **Please review the 2025 *Pharmacy Directory*** *[insert URL]***to see which pharmacies are in our network**.

*[All plans must insert the following]* It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a 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 2.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare [*as applicable:* and Medicaid] benefits and costs.

*[Plans may also describe any changes to the member’s Medicaid benefits for the following contract year and refer the member to additional information about those benefits in the Summary of Benefits and/or Evidence of Coverage.]*

[*If there are no changes in benefits or in cost sharing, revise heading to “*There are no changes to your benefits or amounts you pay for medical services*” and replace the rest of this section with:* Our benefits and what you pay for these covered medical services will be exactly the same in 2025 as they are in 2024.]

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

*[The table must include: (1) all new benefits that will be added or 2024 benefits that will end for 2025, including any new optional supplemental benefits (plans must indicate these optional supplemental benefits are available for an extra premium); (2) new/changing limitations or restrictions, including referrals, prior authorizations, and Step Therapy for Part B drugs for CY 2025 Part C benefits; and (3) all changes in cost sharing for 2025 for covered medical services, including any changes to service category, out-of-pocket maximums, and cost sharing for optional supplemental benefits (plans must indicate these optional supplemental benefits are available for an extra premium).]*

[*If using Medicare FFS amounts (e.g., Inpatient and SNF cost sharing) the plan must insert the 2024 Medicare amounts and must insert:* These are 2024 cost-sharing amounts and may change for 2025. *[Insert plan name]* will provide updated rates as soon as they are released. *Member cost-sharing amounts may not be left blank.*]

*[Instructions to plans offering Value-Based Insurance Design (VBID) Model benefits: VBID Model participating plans should update this section to reflect coverage for any new VBID Model benefits that will be added for CY 2025 benefits, and/or for previous CY 2024 VBID Model benefits that will end for CY 2025. As applicable, also include all changes in cost sharing for all VBID Model benefits for 2025.]*

| Cost | 2024 (this year) | 2025 (next year) |
| --- | --- | --- |
| *[Insert benefit name]* | [*For benefits that were not covered in 2024: [insert benefit name]* is not covered.]  [*For benefits with a copayment insert:* You pay a $*[insert 2024 copayment amount]* copay *[insert language as needed to accurately describe the benefit, e.g., per office visit].*] [*Plans that include both members who pay Parts A and B service cost sharing and members who do not pay Parts A and B service cost sharing insert:* If you areeligible for Medicare cost-sharing assistance under Medicaid, you pay a $0 copayment amount.]  [*For benefits with a coinsurance insert:* You pay *[insert 2024 coinsurance percentage]* % of the total cost *[insert language as needed to accurately describe the benefit, e.g., for up to one visit per year].*][*Plans that include both members who pay Parts A and B service cost sharing and members who do not pay Parts A and B service cost sharing insert:* If you areeligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.] | [*For benefits that are not covered in 2025: [insert benefit name]* is not covered.]  [*For benefits with a copayment insert:* You pay a $*[insert 2025 copayment amount]* copay *[insert language as needed to accurately describe the benefit, e.g., per office visit].*] [*Plans that include both members who pay Parts A and B service cost sharing and members who do not pay Parts A and B service cost sharing insert:* If you areeligible for Medicare cost-sharing assistance under Medicaid, you pay a $0 copayment amount.]  [*For benefits with a coinsurance insert:* You pay *[insert 2025 coinsurance percentage]* % of the total cost *[insert language as needed to accurately describe the benefit, e.g., for up to one visit per year].*] [*Plans that include both members who pay Parts A and B service cost sharing and members who do not pay Parts A and B service cost sharing insert:* If you areeligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.] |
| *[Insert benefit name]* | *[Insert 2024 cost/coverage, using format described above.]* | *[Insert 2025 cost/coverage, using format described above.]* |

### Section 2.5 – Changes to Part D Prescription Drug Coverage

#### Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is [*insert:* in this envelope] *OR* [*insert:* provided electronically]. [*If including an abridged formulary, add the following language:* The Drug List includes many—but not all—of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the *complete* Drug List** by calling Member Services (see the back cover) or visiting our website (*[insert URL]*).]

[*Plans with no changes to covered drugs, tier assignment, or restrictions may replace the rest of this section with:* We have not made any changes to our Drug List at this time for next 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 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 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.

[*Plan sponsors that previously implemented the option to immediately replace brand name drugs with their new generic equivalents and plan to maintain this option for 2025, please insert the following language, which provides notice of the expansion of this option for 2025:* 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 *[Plans that do not use tiers may omit “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. *[Plans that do not use tiers may omit “move it to a different cost-sharing tier or” and “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.]

[*Plan sponsors implementing for the first time in 2025 the option to immediately substitute brand name drugs with their new generic equivalents* *or authorized generics or to immediately substitute biological products with interchangeable biosimilars or unbranded biosimilars, that otherwise meet the requirements, should insert the following:* Starting in 2025, we may immediately remove brand name drugs or original biological products on our Drug List if, we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and *[Plans that do not use tiers may omit “on the same or a lower cost-sharing tier and.”]* with the same or fewer restrictions. Also, when adding a new version, we may decide to keep the brand name drug or original biological product on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both. *[Plans that do not use tiers may omit “move it to a different cost-sharing tier or” and “or both.”]*

This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before we make it or get a month’s supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or 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 the drug types that are discussed throughout this chapter, 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

*[Plans that are VBID Model participants and offer $0 cost sharing for all Part D drugs across all phases for all levels of LIS may delete the following paragraph.]* If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. *[Plans that enroll partial dual eligible beneficiaries should delete the following paragraph for QDWI beneficiaries.]* **Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs** [*insert as applicable:* **may** *OR* **does**] **not apply to you.** *[If not applicable, omit information about the LIS Rider.]* We [*insert as appropriate:* have included *OR* 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” [*if plan sends LIS Rider with ANOC, insert:* and didn’t receive this insert with this packet,] [*if plan sends LIS Rider separately from the ANOC, insert:* and you haven’t received this insert by *[insert date]*,] 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 [*insert as applicable:* Part D *OR* brand name *OR* *[tier name(s)]*] 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.  *[Plans with no deductible, omit text above*.*]* | The deductible is $*[insert 2024 deductible].*  [*Plans with no deductible replace the text above with:* Because we have no deductible, this payment stage does not apply to you.]  *[Plans with tiers excluded from the deductible in 2024 insert the following]* During this stage, you pay *[insert cost-sharing amount that a member would pay in a tier(s) that is exempted from the deductible]* cost sharing for drugs on *[insert name of tier(s) excluded from the deductible]* and the full cost of drugs on *[insert name of tier(s) where copayments apply]* until you have reached the yearly deductible. | The deductible is $*[insert 2025 deductible].*  [*Plans with no deductible replace the text above with:* Because we have no deductible, this payment stage does not apply to you.]  *[Plans with tiers excluded from the deductible in 2025 insert the following:]* During this stage, you pay *[insert cost-sharing amount that a member would pay in a tier(s) that is exempted from the deductible]* cost sharing for drugs on *[insert name of tier(s) excluded from the deductible]* and the full cost of drugs on *[insert name of tier(s) where copayments apply]* until you have reached the yearly deductible. |

Changes to Your Cost Sharing in the Initial Coverage Stage

[*Plans that are changing the cost sharing from coinsurance to copayment or vice versa from 2024 to 2025* *insert:* For drugs on *[insert name of tier(s)]*, your cost sharing in the Initial Coverage Stage is changing from [*insert whichever is appropriate:* a copayment to coinsurance *OR* coinsurance to a copayment.]Please see the following chart for the changes from 2024 to 2025.]

*[Plans must list all drug tiers in the table below and show costs for a one-month supply filled at a network retail pharmacy. Plans that have pharmacies that provide preferred cost sharing must provide information on both standard and preferred cost sharing using the second alternate chart. Plans without drug tiers may revise the table as appropriate.]*

| Stage | 2024 (this year) | 2025 (next year) |
| --- | --- | --- |
| Stage 2: Initial Coverage Stage  *[Plans with no deductible delete the first sentence.]* 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**. [*Plans that are changing the cost sharing from a copayment to coinsurance or vice versa from 2024 to 2025 insert for each applicable tier:* For 2024 you paid [*insert as appropriate* a $[*xx*] copayment *OR* [*xx*]% coinsurance] for drugs on *[insert tier name]*. For 2025 you will pay [*insert as appropriate* a $[*xx*] copayment *OR* [*xx*]% coinsurance] for drugs on this tier.]  The costs in this row are for a one-month (*[insert number of days in a one-month supply]*-day) supply when you fill your prescription at a network pharmacy. [*Plans that are changing the number of days in their one-month supply from 2024 to 2025 insert:* The number of days in a one-month supply has changed from 2024 to 2025 as noted in the chart.]  For information about the costs [*insert as applicable:* for a long-term supply; or at a network pharmacy that offers preferred cost sharing.], look in Chapter 6, Section 5 of your *Evidence of Coverage*.  [*Insert if applicable:* 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. | [*Plans that are changing the number of days in their one-month supply from 2024 to 2025 insert:* The number of days in a one-month supply is [*xx*].]  Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is $[*xx*].  ***[Insert name of Tier 1]*:**  You pay [*insert as applicable:* $[*xx*] per prescription *OR* [*xx*]% of the total cost.] [*Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier:* You pay $[*xx*] per month supply of each covered insulin product on this tier.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your cost for a one-month mail-order prescription is $[*xx*].]  ***[Insert name of Tier 2]*:**  You pay [*insert as applicable:* $[*xx*] per prescription *OR* [*xx*]% of the total cost.] [*Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier:* You pay $[xx] per month supply of each covered insulin product on this tier.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your cost for a one-month mail-order prescription is $[*xx*].]  *[Repeat for all tiers.]*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Once [*insert as applicable*: your total drug costs have reached $*[insert 2024 initial coverage limit],* you will move to the next stage (the Coverage Gap Stage). *OR* you have paid $*[insert 2024 out-of-pocket threshold]* out of pocketfor Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).] | [*Plans that are changing the number of days in their one-month supply from 2024 to 2025 insert:* The number of days in a one-month supply is [*xx*].]  Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is $[*xx*].  ***[Insert name of Tier 1]*:**  You pay [*insert as applicable:* $[*xx*] per prescription *OR* [*xx*]% of the total cost.] [*Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier:* You pay $[*xx*] per month supply of each covered insulin product on this tier.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your cost for a one-month mail-order prescription is $[*xx*].]  ***[Insert name of Tier 2]*:**  You pay [*insert as applicable:* $[*xx*] per prescription *OR* [*xx*]% of the total cost.] [*Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier:*  You pay $[xx] per month supply of each covered insulin product on this tier.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your cost for a one-month mail-order prescription is $[*xx*].]  *[Repeat for all tiers.]*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Once you have paid $*[insert 2025 out-of-pocket threshold]* out of pocketfor Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). |

*[Plans with pharmacies that offer standard and preferred cost sharing may replace the chart above with the one below to provide both cost-sharing rates.]*

| Stage | 2024 (this year) | 2025 (next year) |
| --- | --- | --- |
| Stage 2: Initial Coverage Stage  *[Plans with no deductible delete the first sentence.]* 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**. [*Plans that are changing the cost sharing from a copayment to coinsurance or vice versa from 2024 to 2025 insert for each applicable tier:* For 2024 you paid [*insert as appropriate:* a $[*xx*] copayment *OR* [*xx*]% coinsurance] for drugs on *[insert tier name]*. For 2025 you will pay [*insert as appropriate:* a $[*xx*] copayment *OR* [*xx*]% coinsurance] for drugs on this tier.]  The costs in this row are for a one-month (*[insert number of days in a one-month supply]*-day) supply when you fill your prescription at a network pharmacy. [*Plans that are changing the number of days in their one-month supply from 2024 to 2025 insert:* The number of days in a one-month supply has changed from 2024 to 2025 as noted in the chart.] For information about the costs [*insert as applicable:* for a long-term supply or for mail-order prescriptions], look in Chapter 6, Section 5 of your *Evidence of Coverage*.  [*Insert if applicable:* 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. | [*Plans that are changing the number of days in their one-month supply from 2024 to 2025 insert:* The number of days in a one-month supply is [*xx*].]  Your cost for a one-month supply at a network pharmacy is $[*xx*].  ***[Insert name of Tier 1]*:**  *Standard cost sharing:* You pay [*insert as applicable:* $[*xx*] per prescription *OR* [*xx*]% of the total cost.]  [*Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier:* You pay $[*xx*] per month supply of each covered insulin product on this tier.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your cost for a one-month mail-order prescription is $[*xx*].]  *Preferred cost sharing:* You pay [*insert as applicable:* $[*xx*] per prescription *OR* [*xx*]% of the total cost.]  [*Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier:* You pay $[*xx*] per month supply of each covered insulin product on this tier.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your cost for a one-month mail-order prescription is $[*xx*].]  ***[Insert name of Tier 2]*:**  *Standard cost sharing:* You pay [*insert as applicable:* $[*xx*] per prescription *OR* [*xx*]% of the total cost.]  [*Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier:* You pay $[xx] per month supply of each covered insulin product on this tier.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your cost for a one-month mail-order prescription is $[*xx*].]  *Preferred cost sharing:* You pay [*insert as applicable:* $[*xx*] per prescription *OR* [*xx*]% of the total cost.]  [*Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier:* You pay $[xx] per month supply of each covered insulin product on this tier.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your cost for a one-month mail-order prescription is $[*xx*].]  *[Repeat for all tiers.]*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Once [*insert as applicable*: your total drug costs have reached $*[insert 2024 initial coverage limit],* you will move to the next stage (the Coverage Gap Stage). *OR* you have paid $*[insert 2024 out-of-pocket threshold]* out of pocketfor Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).] | [*Plans that are changing the number of days in their one-month supply from 2024 to 2025 insert:* The number of days in a one-month supply is [*xx*].]  Your cost for a one-month supply at a network pharmacy is $[*xx*].  ***[Insert name of Tier 1]*:**  *Standard cost sharing:* You pay [*insert as applicable:* $[*xx*] per prescription *OR* [*xx*]% of the total cost.]  [*Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier:* You pay $[*xx*] per month supply of each covered insulin product on this tier.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your cost for a one-month mail-order prescription is $[*xx*].]  *Preferred cost sharing:* You pay [*insert as applicable:* $[*xx*] per prescription *OR* [*xx*]% of the total cost.]  [*Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier:* You pay $[*xx*] per month supply of each covered insulin product on this tier.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your cost for a one-month mail-order prescription is $[*xx*].]  ***[Insert name of Tier 2]*:**  *Standard cost sharing:* You pay [*insert as applicable:* $[*xx*] per prescription *OR* [*xx*]% of the total cost.]  [*Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier:* You pay $[xx] per month supply of each covered insulin product on this tier.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your cost for a one-month mail-order prescription is $[*xx*].]  *Preferred cost sharing:* You pay [*insert as applicable:* $[*xx*] per prescription *OR* [*xx*]% of the total cost.]  [*Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier*: You pay $[xx] per month supply of each covered insulin product on this tier.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your cost for a one-month mail-order prescription is $[*xx*].]  *[Repeat for all tiers.]*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Once you have paid $*[insert 2025 out-of-pocket threshold]* out of pocketfor Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). |

*[Insert section below if offering VBID Model Part D cost-sharing reduction or elimination and there are changes for CY2025.]*

**Changes to your VBID Part D Benefit**

*[VBID Model participating plans approved to offer Part D reduced or eliminated cost sharing should update this section to reflect coverage for any new VBID Model Part D cost-sharing reduction or elimination that will be added for CY 2025 benefits, and all Part D changes in cost-sharing reduction or elimination for all VBID Model benefits for 2025.]*

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.

[*Plans that have changed how they cover excluded drugs under an enhanced benefit in 2025, insert the following, as applicable:* **If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit*.***]

[*Plans that cover excluded drugs under an enhanced benefit with cost sharing in this stage, insert the following:* **If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.**]

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

SECTION 3 Administrative Changes

*[Insert this section if applicable: Plans with administrative changes that impact members (e.g., a change in options for paying the monthly premium, change in contract or PBP number, change in appeals and grievance procedures) may insert this section and include an introductory sentence that explains the general nature of the administrative changes. Plans that choose to omit this section should renumber the remaining sections as needed. Plans with $0 cost sharing may remove the “Medicare Prescription Payment Plan” information.]*

| Description | 2024 (this year) | 2025 (next year) |
| --- | --- | --- |
| *[Insert a description of the administrative process/item that is changing]* | *[Insert 2024 administrative description]* | *[Insert 2025 administrative description]* |
| *[Insert a description of the administrative process/item that is changing]* | *[Insert 2024 administrative description]* | *[Insert 2025 administrative description]* |
| **Medicare Prescription Payment Plan** | Not applicable | 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).  To learn more about this payment option, please contact us at [*insert appropriate member services phone number*] or visit Medicare.gov. |

SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – If you want to stay in *[insert 2025 plan name]*

**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 *[insert 2025 plan name]*.

### Section 4.2 – 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.

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 *[edit section number as needed]* 6), or call Medicare (see Section *[edit section number as needed]* 8.2).

[*Plans may choose to insert if applicable:* As a reminder, *[insert MAO name]* *[insert Plan/Part D sponsor in parentheses, as applicable, after listing required MAO names throughout this document]* offers other [*insert as applicable:* Medicare health plans *AND/OR* 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 *[insert 2025 plan name]*.
* To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from *[insert 2025 plan name]*.
* To **change to Original Medicare without a prescription drug plan**, you must either:
  + Send us a written requestto disenroll [*insert if organization has complied with CMS guidelines for online disenrollment:* or visit our website to disenroll online]. 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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 5 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.

Because you have [insert name of Medicaid program], you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

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

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can also 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 6 Programs That Offer Free Counseling about Medicare and Medicaid

*[Organizations offering plans in multiple states: Revise this section to use the generic name (State Health Insurance Assistance Program) when necessary, and include a list of names, phone numbers, and addresses for all SHIPs in your service area.]*

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In *[insert state]*, the SHIP is called *[insert state-specific SHIP name]*.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. *[Insert state-specific SHIP name]* 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 *[insert state-specific SHIP name]* at *[insert SHIP phone number]*. [*Plans may insert the following:* You can learn more about *[insert state-specific SHIP name]* by visiting their website (*[insert SHIP website]*).]

For questions about your *[insert state-specific name for Medicaid]* benefits, contact *[insert state-specific name of Medicaid program, toll-free number, TTY, and days and hours of operation]*. *[Insert any additional state-specific resources for assistance with questions about the member’s Medicaid benefits.]* Ask how joining another plan or returning to Original Medicare affects how you get your *[insert state-specific name for**Medicaid]* coverage.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. *[Plans in states without both SPAPs and ADAPs, delete the next sentence.]* Below we list different kinds of help:

* *[Plans with Qualified Working and Disabled Individual (QDWI) members should modify this section as needed.]* **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, yearly deductibles, and coinsurance. Because you qualify, you do not have a late enrollment penalty.If you have questions about “Extra Help,” 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.
* *[Plans without an SPAP in their state(s) should delete this bullet.] [Organizations offering plans in multiple states: Revise this bullet to use the generic name (State Pharmaceutical Assistance Program) when necessary, and include a list of names for all SPAPs in your service area.]* **Help from your state’s pharmaceutical** **assistance program.** *[Insert state name]* has a program called *[insert state-specific SPAP name]* 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.
* *[Plans with an ADAP in their state(s) that do NOT provide Insurance Assistance should delete this bullet.] [Plans with no Part D drug cost sharing should delete this section.]***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. 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 *[insert State-specific ADAP name and information].* For information on eligibility criteria, covered drugs, or how to enroll in the program, please call *[insert State-specific ADAP contact information].*
* *[Plans with $0 Part D drug cost sharing should delete this section.]* **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 *[insert appropriate member services phone number]* or visit Medicare.gov.

SECTION 8 Questions?

### Section 8.1 – Getting Help from *[insert 2025 plan name]*

Questions? We’re here to help. Please call Member Services at *[insert member services phone number].* (TTY only, call *[insert TTY number]*.) We are available for phone calls *[insert days and hours of operation]*. [*Insert if applicable:* 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 *[insert 2025 plan name].* 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 *[insert URL]*. [*Insert as applicable*: You can also review the attached OR enclosed OR separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.] 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 *[insert URL]*. 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 8.2 – 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.

### Section 8.3 – Getting Help from Medicaid

*[Plans may edit this section to use the state-specific name for the Medicaid program or the Medicaid managed care plan.]*

To get information from [*insert:* Medicaid *OR* your Medicaid managed care plan] you can call *[insert state-specific Medicaid agency OR Medicaid managed care plan name]* at *[insert Medicaid OR Medicaid managed care plan contact information]*. TTY users should call *[insert Medicaid OR Medicaid managed care TTY number]*.