2025
Annual Notice of Changes

CareFree Platinum Giveback (HMO-POS)
H1019-135

South Florida: Broward, Palm Beach
Broward and Palm Beach Counties

CarePlus HEALTH PLANS®

Thank you for being a CarePlus member.

We appreciate the trust you put in us for your healthcare needs. CarePlus is committed to offering benefits and services our members find the most useful to help them save money and be their healthiest.

This booklet is a comparison of your 2024 benefits to your 2025 benefits. If you would like to keep your current plan, you don't need to do anything.

The information you need is just a click away

Starting October 15, 2024, you can find these 2025 documents online at **CarePlusHealthPlans.com/Plans**:

- **Evidence of Coverage**
  Complete details of your CarePlus plan, including benefits and costs
- **Prescription Drug Guide (Drug List)**
  List of drugs covered in your plan
- **Provider Directory**
  List of doctors, pharmacies and other providers in your network

If you prefer to have a printed copy of these documents mailed to you, fill out our online request form at: **CarePlusHealthPlans.com/PrintRequest**. You can also call **1-800-794-5907 (TTY: 711)**. From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

CareFree Platinum Giveback (HMO-POS) offered by CarePlus Health Plans, Inc.

Annual Notice of Changes for 2025

You are currently enrolled as a member of CareFree Platinum (HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 6 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 ***CarePlusHealthPlans.com/Plans***. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including coverage restrictions and cost sharing.
- Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2025 "Drug Guide" 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 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 CareFree Platinum Giveback (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with CareFree Platinum Giveback (HMO-POS).

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

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-800-794-5907 for additional information. (TTY users should call 711.) From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day. This call is free.
- This information is available in different formats, including braille, large print, and audio. Please call Member Services at the number listed above if you need plan information in another format.
- **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 CareFree Platinum Giveback (HMO-POS)

- CareFree Platinum Giveback (HMO-POS) is an HMO plan with a Medicare contract. Enrollment in CarePlus depends on contract renewal.
- When this document says "we," "us," or "our," it means CarePlus Health Plans, Inc. When it says "plan" or "our plan," it means CareFree Platinum Giveback (HMO-POS).
- Out-of-network/non-contracted providers are under no obligation to treat CareFree Platinum Giveback (HMO-POS) members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

H1019_ANOC_MAPD_HMOPOS_135000_2025_M

OMB Approval 0938-1051 (Expires: August 31, 2026)

Annual Notice of Changes for 2025
Table of Contents

Summary of Important Costs for 2025

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

Cost	2024 (this year)		2025 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	**$0**		**$0**	
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	**$3,400**	Not Applicable	From network providers: **$3,400**	From network and out-of-network providers combined: **$3,400**
Doctor office visits	Primary care visits: **$0** copayment per visit Specialist visits: **$25** copayment per visit	Not Applicable Not Applicable	Primary care visits: **$0** copayment per visit Specialist visits: **$25** copayment per visit	Not Applicable Specialist visits: **$35** copayment per visit
Inpatient hospital stays	**$135** copayment per day for days 1 – 7 **$0** copayment per day for days 8 – 90	Not Applicable	**$225** copayment per day for days 1 – 7 **$0** copayment per day for days 8 – 90	**$275** copayment per day for days 1 – 7 **$0** copayment per day for days 8 – 90
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: **$0** Copayment/Coinsurance during the Initial Coverage Stage:		Deductible: **$0** Copayment/Coinsurance during the Initial Coverage Stage:	

Cost	2024 (this year)		2025 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	For a 30-day supply from a **retail pharmacy**: • Drug Tier 1: **$0** • Drug Tier 2: **$5** You pay **$5** per month supply of each covered insulin product on this tier. • Drug Tier 3: **$47** You pay **$35** per month supply of each covered insulin product on this tier. • Drug Tier 4: **$85** • Drug Tier 5: **33%** You pay **$35** per month supply of each covered insulin product on this tier.		For a 30-day supply from a **retail pharmacy**: • Drug Tier 1: **$0** • Drug Tier 2: **$0** You pay **$0** per month supply of each covered insulin product on this tier. • Drug Tier 3: **$30** You pay **$30** per month supply of each covered insulin product on this tier. • Drug Tier 4: **$85** • Drug Tier 5: **33%** You pay **$35** per month supply of each covered insulin product on this tier.	
	For a 90-day supply from a **mail-order pharmacy** with preferred cost-sharing: • Drug Tier 1: **$0** • Drug Tier 2: **$0** You pay **$0** per 3-month supply of each covered insulin product on this tier. • Drug Tier 3: **$131** You pay **$105** per 3-month supply of each covered insulin product on this tier. • Drug Tier 4: **$245** • Drug Tier 5: Not available		For a 100-day supply from a **mail-order pharmacy** with preferred cost-sharing: • Drug Tier 1: **$0** • Drug Tier 2: **$0** You pay **$0** per 3-month supply of each covered insulin product on this tier. • Drug Tier 3: **$60** You pay **$60** per 3-month supply of each covered insulin product on this tier. • Drug Tier 4: **$170** • Drug Tier 5: Not available	

Cost	2024 (this year)		2025 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	For a 90-day supply from a **mail-order pharmacy** with standard cost-sharing: • Drug Tier 1: **$0** • Drug Tier 2: **$36** You pay **$36** per 3-month supply of each covered insulin product on this tier. • Drug Tier 3: **$141** You pay **$105** per 3-month supply of each covered insulin product on this tier. • Drug Tier 4: **$300** • Drug Tier 5: Not available		For a 100-day supply from a **mail-order pharmacy** with standard cost-sharing: • Drug Tier 1: **$0** • Drug Tier 2: **$0** You pay **$0** per 3-month supply of each covered insulin product on this tier. • Drug Tier 3: **$90** You pay **$90** per 3-month supply of each covered insulin product on this tier. • Drug Tier 4: **$255** • Drug Tier 5: Not available	
	Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs **and for excluded drugs that are covered under our enhanced benefit**. You pay nothing.		Catastrophic Coverage: • During this payment stage, you pay nothing for your covered Part D drugs **and for excluded drugs that are covered under our enhanced benefit**.	

SECTION 1 We Are Changing the Plan's Name

On January 1, 2025, our plan name will change from CareFree Platinum (HMO) to CareFree Platinum Giveback (HMO-POS).

You will receive a new ID card in the mail with the new CarePlus plan name prior to your effective date. Any plan documents you receive after January 1, 2025 will use the new plan name.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 - 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.)	**$0** Your plan will reduce your monthly Medicare Part B premium by up to **$155**.	**$0** Your plan will reduce your monthly Medicare Part B premium by up to **$145**.

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

Section 2.2 - 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)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	**$3,400**	Not Applicable	**$3,400** Once you have paid **$3,400** 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.	**$3,400** combined in-network and out-of-network Once you have paid **$3,400** 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 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.

Updated directories are located on our website at **CarePlusHealthPlans.com/Directories.** 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* (CarePlusHealthPlans.com/Directories) 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 *Provider Directory* 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 2.4 - 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.

Services received at Rural Health Clinics, Federally Qualified Health Clinics, and Critical Access Hospitals may be subject to the Primary Care Physician or Specialist copay or coinsurance, as applicable, for 2025.

IMPORTANT NOTE: Out-of-network coverage described below is limited to providers in the plan's service area.

Cost	**2024** (this year)		**2025** (next year)	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Abdominal aortic aneurysm screening				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a freestanding radiology facility	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a hospital facility as an outpatient	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
Acupuncture for chronic low back pain	**$25** copayment for acupuncture for chronic low back pain visits up to 20 visit(s) per year.	Not Applicable	No Change	**$25** copayment for acupuncture for chronic low back pain visits up to 20 visit(s) per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
Allergy shots and serum				
• For Medicare-covered allergy shots and serum, you pay:				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**$0** copayment
Ambulance services				
• For each Medicare-covered emergency transportation by ground, you pay:	**$240** copayment per trip	Not Applicable	**$250** copayment per trip	**$250** copayment per trip
• For each Medicare-covered emergency transportation by air, you pay:	**20%** of the total cost	Not Applicable	No Change	**20%** of the total cost
• For each Medicare-covered non-emergency transportation by ground, you pay:	**$0** copayment per trip	Not Applicable	No Change	**$0** copayment per trip
• For each Medicare-covered non-emergency transportation by air, you pay:	**20%** of the total cost	Not Applicable	No Change	**20%** of the total cost

Cost	**2024** (this year)		**2025** (next year)	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Bone mass measurement				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a freestanding radiology facility	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a hospital facility as an outpatient	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
Breast cancer screening (mammograms)				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a freestanding radiology facility	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a hospital facility as an outpatient	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
Cardiac rehabilitation services				
– at a specialist's office	**$25** copayment	Not Applicable	No Change	**$35** copayment
– at a hospital facility as an outpatient	**$25** copayment	Not Applicable	No Change	**$35** copayment
Cardiovascular disease testing				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a freestanding laboratory facility	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a hospital facility as an outpatient	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
Cervical and vaginal cancer screening				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
Chiropractic services				
• For each Medicare-covered visit (manual manipulation of the spine to correct subluxation), you pay:				
– at a specialist's office	**$20** copayment	Not Applicable	No Change	**$35** copayment
Colorectal cancer screening				

Cost	2024 (this year)		2025 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a hospital facility as an outpatient	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at an ambulatory surgical center	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
Continuous Glucose Monitor				
– at a durable medical equipment provider	**10%** of the total cost	Not Applicable	**20%** of the total cost	**50%** of the total cost
– at a network retail pharmacy	**10%** of the total cost	Not Applicable	**20%** of the total cost	**50%** of the total cost
Dental services				
• For Medicare-covered dental services at a specialist's office, you pay:	**$25** copayment	Not Applicable	No Change	**$35** copayment
• Supplemental dental benefits:	**DEN508** **$0** copayment for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years. **$0** copayment for comprehensive oral evaluation or periodontal exam, occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years. **$0** copayment for bridge recementation, bridges, complete dentures, crown recementation, panoramic film or diagnostic x-rays, partial dentures up to 1 every 5 years. **$0** copayment for crown, root canal, root canal retreatment up to 1	Not Covered	**DEN103** **$0** copayment for comprehensive oral exam up to 1 every 3 years. **$0** copayment for partial or complete dentures up to 1 set(s) every 5 years. **$0** copayment for scaling and root planing (deep cleaning) up to 1 per quadrant per year. **$0** copayment for denture reline, panoramic film, root canal up to 1 per year. **$0** copayment for bitewing x-rays up to 2 set(s) per year. **$0** copayment for emergency diagnostic exam, oral surgery, periodic oral exam, prophylaxis	Not Covered

Cost	2024 (this year)		2025 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	per tooth per lifetime. **$0** copayment for bitewing x-rays, intraoral x-rays up to 1 set(s) per year. **$0** copayment for adjustments to dentures, denture rebase, denture reline, denture repair, emergency diagnostic exam, tissue conditioning up to 1 per year. **$0** copayment for emergency treatment for pain, fluoride treatment, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year. **$0** copayment for periodontal maintenance up to 4 per year. **$0** copayment for amalgam and/or composite filling, necessary anesthesia with covered service, simple or surgical extraction up to unlimited per year. **$2,500** maximum benefit coverage amount per year for all diagnostic/preventive and comprehensive benefits.		(cleaning) up to 2 per year. **$0** copayment for amalgam and/or composite filling, periodontal maintenance up to 4 per year. **$0** copayment for simple or surgical extraction up to 5 per year. **$0** copayment for extractions for dentures, necessary anesthesia with covered service up to unlimited per year. Unlimited extractions are covered only for the purpose of member receiving dentures, all other extractions are limited to 5 per year.	
Diabetes screening				

Cost	2024 (this year)		2025 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a freestanding laboratory facility	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a hospital facility as an outpatient	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
Diabetes self-management training, diabetic services and supplies				
• For Medicare-covered diabetes self-management training, you pay:				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a hospital facility as an outpatient	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
• For each Medicare-covered diabetic supply item, you pay:				
– at a diabetic supplier	**$0** copayment	Not Applicable	No Change	**$0** copayment
– at an out-of-network pharmacy	Not Applicable	Not Applicable	Not Applicable	**$0** copayment
• For each Medicare-covered diabetic shoes and inserts, you pay:				
– at a durable medical equipment provider	**$10** copayment	Not Applicable	No Change	**$10** copayment
– at a prosthetics provider	**$10** copayment	Not Applicable	No Change	**$10** copayment
Durable medical equipment (DME) and related supplies				
• For each high cost Medicare-covered item, you pay:	**20%** of the total cost for electric or customized wheelchairs, motorized scooters, bone growth stimulators, voice boxes, insulin pumps, liquid oxygen systems,	Not Applicable	No Change	**50%** of the total cost for electric or customized wheelchairs, motorized scooters, bone growth stimulators, voice boxes, insulin pumps, liquid oxygen systems,

Cost	2024 (this year)		2025 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	wearable cardioverter defibrillators, and high frequency chest wall oscillation devices.			wearable cardioverter defibrillators, and high frequency chest wall oscillation devices.
• For all other Medicare-covered items, you pay:	**10%** of the total cost	Not Applicable	**20%** of the total cost	**50%** of the total cost
EKG screening				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a hospital facility as an outpatient	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
Emergency care				
• For each Medicare-covered emergency room visit, you pay:	**$120** copayment waived if admitted within 24 hours.	Not Applicable	**$140** copayment waived if admitted within 24 hours.	**$140** copayment waived if admitted within 24 hours.
Hearing services				
• For Medicare-covered hearing services at a specialist's office, you pay:	**$25** copayment	Not Applicable	No Change	**$35** copayment
HIV screening				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a freestanding laboratory facility	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a hospital facility as an outpatient	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
Home health agency care				
• For Medicare-covered home health visits, you pay:	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
Immunizations				
– at all places of treatment	**$0** copayment	Not Applicable	No Change	**$0** copayment
Inpatient hospital care				
• For a Medicare-covered stay at a hospital, you pay:	**$135** copayment per day for days 1 - 7	Not Applicable	**$225** copayment per day for days 1 - 7	**$275** copayment per day for days 1 - 7

Cost	2024 (this year)		2025 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	$0 copayment per day for days 8 - 90		**$0** copayment per day for days 8 - 90	**$0** copayment per day for days 8 - 90
Inpatient mental health care				
• For a Medicare-covered stay at a hospital, you pay:	**$135** copayment per day for days 1 - 7 **$0** copayment per day for days 8 - 90	Not Applicable	**$225** copayment per day for days 1 - 7 **$0** copayment per day for days 8 - 90	**$275** copayment per day for days 1 - 7 **$0** copayment per day for days 8 - 90
• For a Medicare-covered stay at an inpatient psychiatric facility, you pay:	**$135** copayment per day for days 1 - 7 **$0** copayment per day for days 8 - 90	Not Applicable	**$225** copayment per day for days 1 - 7 **$0** copayment per day for days 8 - 90	**$275** copayment per day for days 1 - 7 **$0** copayment per day for days 8 - 90
Medical nutrition therapy				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a hospital facility as an outpatient	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
Medicare Diabetes Prevention Program (MDPP)				
– at a MDPP supplier	**$0** copayment	Not Applicable	No Change	**$0** copayment
Medicare Part B prescription drugs				
• For chemotherapy drugs and administration, you pay:				
– at a hospital facility as an outpatient	**20%** of the total cost	Not Applicable	No Change	**20%** of the total cost
– at a specialist's office	**20%** of the total cost	Not Applicable	No Change	**20%** of the total cost
• For Medicare Part B insulin drugs, you pay:				
– at a specialist's office	**20%** of the total cost **$35** maximum out-of-pocket per month	Not Applicable	No Change	**20%** of the total cost
– at a hospital facility as an outpatient	**20%** of the total cost **$35** maximum out-of-pocket per month	Not Applicable	No Change	**20%** of the total cost

Cost	2024 (this year)		2025 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
– at a network retail pharmacy	**20%** of the total cost **$35** maximum out-of-pocket per month	Not Applicable	No Change	**20%** of the total cost
• For other Medicare Part B prescription drugs, you pay:				
– at a specialist's office	**20%** of the total cost	Not Applicable	No Change	**20%** of the total cost
– at a hospital facility as an outpatient	**20%** of the total cost	Not Applicable	No Change	**20%** of the total cost
– at a network retail pharmacy	**20%** of the total cost	Not Applicable	No Change	**20%** of the total cost
Opioid treatment program services				
• For each Medicare-covered opioid treatment services visit, you pay:				
– at a specialist's office	**$25** copayment	Not Applicable	No Change	**$35** copayment
– at a hospital facility for partial hospitalization	**$25** copayment	Not Applicable	No Change	**$35** copayment
– at a hospital facility as an outpatient	**$25** copayment	Not Applicable	No Change	**$35** copayment
Outpatient diagnostic tests, therapeutic services and supplies				
• For diagnostic procedures and tests, you pay:				
– at a specialist's office	**$25** copayment	Not Applicable	No Change	**$35** copayment
– at a hospital facility as an outpatient	**$150** copayment	Not Applicable	**$25** copayment	**$35** copayment
– at an urgent care center	**$25** copayment	Not Applicable	No Change	**$35** copayment
• For advanced imaging services (MRI, MRA, PET, or CT Scan), you pay:				
– at your primary care provider's office	**$75** copayment	Not Applicable	**$175** copayment	Not Applicable
– at a specialist's office	**$75** copayment	Not Applicable	**$175** copayment	**$200** copayment

Cost	2024 (this year)		2025 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
– at a freestanding radiology facility	**$75** copayment	Not Applicable	**$175** copayment	**$200** copayment
– at a hospital facility as an outpatient	**$150** copayment	Not Applicable	**$225** copayment	**$275** copayment
• For basic radiological services, you pay:				
– at a specialist's office	**$25** copayment	Not Applicable	**$0** copayment	**$0** copayment
– at a hospital facility as an outpatient	**$75** copayment	Not Applicable	No Change	**$75** copayment
– at a freestanding radiology facility	**$50** copayment	Not Applicable	No Change	**$50** copayment
– at an urgent care center	**$25** copayment	Not Applicable	**$0** copayment	**$0** copayment
• For diagnostic mammography, you pay:				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**$0** copayment
– at a freestanding radiology facility	**$0** copayment	Not Applicable	No Change	**$0** copayment
– at a hospital facility as an outpatient	**$0** copayment	Not Applicable	No Change	**$0** copayment
• For radiation therapy, you pay:				
– at a specialist's office	**$25** copayment	Not Applicable	**$0** copayment	**$0** copayment
– at a freestanding radiology facility	**$65** copayment	Not Applicable	**$0** copayment	**$0** copayment
– at a hospital facility as an outpatient	**20%** of the total cost	Not Applicable	No Change	**20%** of the total cost
• For nuclear medicine services, you pay:				
– at a freestanding radiology facility	**$75** copayment	Not Applicable	**$175** copayment	**$175** copayment
– at a hospital facility as an outpatient	**$150** copayment	Not Applicable	**$225** copayment	**$275** copayment
• For sleep study services, you pay:				
– at a member's home	**$0** copayment	Not Applicable	No Change	**$0** copayment
– at a specialist's office	**$25** copayment	Not Applicable	**$0** copayment	**$0** copayment
– at a hospital facility as an outpatient	**$150** copayment	Not Applicable	**$25** copayment	**$25** copayment
• For wound care, you pay:				

Cost	2024 (this year)		2025 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
– at a hospital facility as an outpatient	**$25** copayment	Not Applicable	No Change	**$35** copayment
• For hyperbaric oxygen treatment, you pay:				
– at a hospital facility as an outpatient	**$150** copayment	Not Applicable	No Change	**$250** copayment
• For medical supplies, you pay:	**20%** of the total cost	Not Applicable	No Change	**20%** of the total cost
• For diagnostic colonoscopy, you pay:				
– at an ambulatory surgical center	**$0** copayment	Not Applicable	No Change	**$0** copayment
– at a hospital facility as an outpatient	**$0** copayment	Not Applicable	No Change	**$0** copayment
• For lab services, you pay:				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**$0** copayment
– at a freestanding laboratory facility	**$0** copayment	Not Applicable	No Change	**$25** copayment
– at a hospital facility as an outpatient	**$0** copayment	Not Applicable	No Change	**$25** copayment
– at an urgent care center	**$0** copayment	Not Applicable	No Change	**$0** copayment
Outpatient hospital observation				
• For each Medicare-covered observation services visit, you pay:				
– at a hospital facility as an outpatient	**$0** copayment	Not Applicable	No Change	**$0** copayment
Outpatient mental health care				
• For each Medicare-covered individual/group therapy visit, you pay:				
– at a specialist's office	**$25** copayment	Not Applicable	No Change	**$35** copayment
– for a virtual visit	**$0** copayment	Not Applicable	**$25** copayment	Not Applicable
– at a hospital facility for partial hospitalization	**$25** copayment	Not Applicable	No Change	**$35** copayment

Cost	2024 (this year)		2025 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
– at a hospital facility as an outpatient	**$25** copayment	Not Applicable	No Change	**$35** copayment
Outpatient rehabilitation services				
• For Medicare-covered physical therapy, you pay:				
– at a specialist's office	**$25** copayment	Not Applicable	No Change	**$35** copayment
– at a Comprehensive Outpatient Rehabilitation Facility (CORF)	**$25** copayment	Not Applicable	No Change	**$35** copayment
– at a hospital facility as an outpatient	**$25** copayment	Not Applicable	No Change	**$35** copayment
• For Medicare-covered occupational therapy or speech/language therapy, you pay:				
– at a specialist's office	**$25** copayment	Not Applicable	No Change	**$35** copayment
– at a Comprehensive Outpatient Rehabilitation Facility (CORF)	**$25** copayment	Not Applicable	No Change	**$35** copayment
– at a hospital facility as an outpatient	**$25** copayment	Not Applicable	No Change	**$35** copayment
Outpatient substance abuse services				
• For each Medicare-covered individual/group therapy visit, you pay:				
– at a specialist's office	**$25** copayment	Not Applicable	No Change	**$35** copayment
– for a virtual visit	**$0** copayment	Not Applicable	**$25** copayment	Not Applicable
– at a hospital facility for partial hospitalization	**$25** copayment	Not Applicable	No Change	**$35** copayment
– at a hospital facility as an outpatient	**$25** copayment	Not Applicable	No Change	**$35** copayment
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers				

Cost	2024 (this year)		2025 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
• For each Medicare-covered surgical services visit, you pay:				
– at a specialist's office	**$25** copayment	Not Applicable	No Change	**$35** copayment
– at an ambulatory surgical facility	**$75** copayment	Not Applicable	**$160** copayment	**$250** copayment
– at a hospital facility as an outpatient	**$135** copayment	Not Applicable	**$225** copayment	**$275** copayment
Over-the-counter (OTC) mail order	**$25** monthly allowance to buy approved over-the-counter health and wellness products available through our OTC Mail Order provider. Unused amount expires at the end of the month.	Not Covered	**$15** monthly allowance to buy approved over-the-counter health and wellness products available through our OTC Mail Order provider. Unused amount expires at the end of the month.	Not Covered
Podiatry services				
• For each Medicare-covered visit (medically necessary foot care), you pay:				
– at a specialist's office	**$25** copayment	Not Applicable	No Change	**$35** copayment
Prostate cancer screening exams				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
Prosthetic devices and related supplies				
– at a prosthetics provider	**20%** of the total cost	Not Applicable	No Change	**20%** of the total cost
Physician/Practitioner services, including doctor's office visits				
• For each office visit for Medicare-covered services, you pay:				
– at a specialist's office	**$25** copayment	Not Applicable	No Change	**$35** copayment
Pulmonary rehabilitation services				

Cost	2024 (this year)		2025 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
– at a specialist's office	**$20** copayment	Not Applicable	**$25** copayment	**$35** copayment
– at a hospital facility as an outpatient	**$20** copayment	Not Applicable	**$25** copayment	**$35** copayment
Screening for lung cancer with low dose computed tomography (LDCT)				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a freestanding radiology facility	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
– at a hospital facility as an outpatient	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
Services to treat kidney disease				
• For kidney disease education services, you pay:				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
• For renal dialysis services, you pay:				
– at a dialysis center	**20%** of the total cost	Not Applicable	No Change	**20%** of the total cost
– at a hospital facility as an outpatient	**20%** of the total cost	Not Applicable	No Change	**20%** of the total cost
Skilled nursing facility (SNF) care				
• For a Medicare-covered stay at a skilled nursing facility, you pay:	**$0** copayment per day for days 1 - 20 **$75** copayment per day for days 21 - 100	Not Applicable	No Change	**$0** copayment per day for days 1 - 20 **$75** copayment per day for days 21 - 100
Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
Supervised Exercise Therapy (SET)				
– at a specialist's office	**$25** copayment	Not Applicable	No Change	**$35** copayment

Cost	2024 (this year)		2025 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
– at a hospital facility as an outpatient	**$25** copayment	Not Applicable	No Change	**$35** copayment
Transportation	**$0** copayment for plan approved location up to 50 one-way trip(s) per year. This benefit offers unlimited miles per trip.	Not Covered	**$0** copayment for plan approved location up to 26 one-way trip(s) per year. This benefit offers unlimited miles per trip.	Not Covered
Urgently needed services				
• For Medicare-covered urgently needed services, you pay:				
– at a specialist's office	**$25** copayment	Not Applicable	No Change	**$35** copayment
– at an urgent care center	**$25** copayment	Not Applicable	No Change	**$25** copayment
Vision care				
• For Medicare-covered vision services at a specialist's office, you pay:	**$25** copayment	Not Applicable	No Change	**$35** copayment
• For glaucoma screening, you pay:				
– at a specialist's office	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
• For diabetic eye exam at all places of treatment, you pay:	**$0** copayment	Not Applicable	No Change	**50%** of the total cost
• For eyewear (post cataract surgery) at all places of treatment, you pay:	**$0** copayment	Not Applicable	No Change	**$0** copayment
Worldwide coverage				
• For each emergency room visit, you pay:	Not Applicable	**$120** copayment waived if admitted within 24 hours.	Not Applicable	**$140** copayment waived if admitted within 24 hours.

Section 2.5 - Changes to Part D Prescription Drug Coverage

Changes to Our Drug Guide

Our list of covered drugs is called a Formulary or Drug Guide. A copy of our Drug Guide is provided electronically. **You can also get the Drug Guide** by calling Member Services (see the back cover) or visiting our website (**CarePlusHealthPlans.com/DrugGuide**).

We made changes to our "Drug Guide," 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 Guide 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 Guide 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 Guide at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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

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

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

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We 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, 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	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	**2024** (this year)	**2025** (next year)
Stage 2: 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 Guide. To see if your drugs will be in a different tier, look them up on the Drug Guide. Most adult Part D vaccines are covered at no cost to you.	The number of days in a one-month supply is 30. Your cost for a one-month supply with standard cost sharing is:	The number of days in a one-month supply is 30. Your cost for a one-month supply with standard cost sharing is:
	Preferred Generic: You pay **$0** per prescription. Your cost for a one-month mail-order prescription is **$0**	**Preferred Generic:** You pay **$0** per prescription. Your cost for a one-month mail-order prescription is **$0**
	Generic: You pay **$5** per prescription. You pay **$5** per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is **$12**	**Generic:** You pay **$0** per prescription. You pay **$0** per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is **$0**

Stage	**2024** (this year)	**2025** (next year)
	Preferred Brand: You pay **$47** per prescription. You pay **$35** per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is **$47**	**Preferred Brand:** You pay **$30** per prescription. You pay **$30** per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is **$30**
	Non-Preferred Drug: You pay **$85** per prescription. Your cost for a one-month mail-order prescription is **$100**	**Non-Preferred Drug:** You pay **$85** per prescription. Your cost for a one-month mail-order prescription is **$85**
	Specialty Tier: You pay **33%** per prescription. You pay **$35** per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is **33%**	**Specialty Tier:** You pay **33%** per prescription. You pay **$35** per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is **33%**
	Once your total drug costs have reached **$5,030**, you will move to the next stage (the Coverage Gap Stage).	Once you have paid **$2,000** out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to your VBID Part D Benefit

Reduced cost sharing on select maintenance inhalers as part of the COPD Inhaler Support Program is **no** longer covered.

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.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

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

SECTION 3 Administrative Changes

Description	**2024** (this year)	**2025** (next year)
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 visit **CarePlusHealthPlans.com/RxCostHelp**, contact us at the Member Services number on the back of your CarePlus Member ID card or visit Medicare.gov.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 - If you want to stay in CareFree Platinum Giveback (HMO-POS)

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

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. If you do not enroll in a Medicare drug plan, please see Section 2.1 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 (SHIP) (see Section 6), or call Medicare (see Section 8.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CareFree Platinum Giveback (HMO-POS).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from CareFree Platinum Giveback (HMO-POS).

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

SECTION 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.

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 6 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.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. State Health Insurance Assistance Program (SHIP) 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 your State Health Insurance Assistance Program at the number listed in "Exhibit A" in the back of this document.

SECTION 7 Programs That Help Pay for Prescription Drugs

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

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
- The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office.

- **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 ADAP program. 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 the ADAP program (the name and phone numbers for this organization are in "Exhibit A" in the back of this document). 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 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 visit **CarePlusHealthPlans.com/RxCostHelp**, contact us at the Member Services number on the back of your CarePlus Member ID card or visit Medicare.gov.

SECTION 8 Questions?

Section 8.1 – Getting Help from CareFree Platinum Giveback (HMO-POS)

Questions? We're here to help. Please call Member Services at 1-800-794-5907. (TTY only, call 711.) We are available for phone calls from 8 a.m. to 8 p.m., seven days a week from Oct. 1 – Mar. 31 and 8 a.m. to 8 p.m. Monday-Friday from Apr. 1 – Sept. 30. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day. 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 CareFree Platinum Giveback (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at **CarePlusHealthPlans.com/Plans.** 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 **CarePlusHealthPlans.com.** 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 Guide)*.

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). 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.

Exhibit A- State Agency Contact Information

This section provides the contact information for the state agencies referenced in this Annual Notice of Changes. If you have trouble locating the information you seek, please contact Member Services at the phone number on the back cover of this booklet.

FLORIDA	
SHIP Name and Contact Information	Serving Health Insurance Needs of Elders (SHINE) Department of Elder Affairs 4040 Esplanade Way, Suite 270 Tallahassee, FL 32399-7000 1-800-963-5337 (toll free) 1-800-955-8770 (TTY) 1-850-414-2150 (fax) 1-800-963-5337 http://www.floridaSHINE.org
Quality Improvement Organization	Acentra Health 5201 W. Kennedy Blvd. Suite 900 Tampa, FL 33609 1-888-317-0751 711 (TTY) 1-844-878-7921 (Fax) https://www.keproqio.com/
State Medicaid Office	Florida Medicaid 2727 Mahan Drive Tallahassee, FL 32308-5407 1-888-419-3456 (toll free) 1-850-412-4000 (local) 1-850-922-2993 (fax) 1-800-955-8771 (TTY) https://ahca.myflorida.com
AIDS Drug Assistance Program	Florida AIDS Drug Assistance Program (ADAP) HIV/AIDS Section 4052 Bald Cypress Way Tallahassee, FL 32399 1-850-245-4422 1-800-545-7432 (1-800-545-SIDA) (Spanish) 1-800-2437-101 (1-800-AIDS-101) (Creole) 1-888-503-7118 (TTY) http://www.floridahealth.gov/diseases-and-conditions/aids/adap/index.html

Insurance ACE
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your personal and health information is important. You do not need to do anything unless you have a request or complaint.

This Notice of Privacy Practices applies to all entities that are part of the Insurance ACE, an Affiliated Covered Entity under HIPAA. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single covered entity for purposes of HIPAA. A complete list of the members of the ACE is available at https://huma.na/insuranceace

We may change our privacy practices and the terms of this notice at any time, as allowed by law, including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is nonpublic personal or health information?
Nonpublic personal or health information includes both medical information and personal information, like your name, address, telephone number, Social Security number, account numbers, payment information, or demographic information. The term "information" in this notice includes any nonpublic personal and health information. This includes information created or received by a healthcare provider or health plan. The information relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

How do we collect information about you?
We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus, and the Medical Information Bureau.

What information do we receive about you?
The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history, and your activity on our website. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.

How do we protect your information?
We have a responsibility to protect the privacy of your information in all formats including electronic, and oral information. We have administrative, technical, and physical safeguards in place to protect your information in various ways including:
- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our employees about our privacy program and procedures

How do we use and disclose your information?
We use and disclose your information:
- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services

We have the right to use and disclose your information:
- To a doctor, a hospital, or other healthcare provider so you can receive medical care.

- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments.
- For healthcare operation activities, including processing your enrollment, responding to your inquiries, coordinating your care, improving quality, and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform, plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations. For example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission, or your plan sponsor must certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or treatment alternatives that may be of interest to you. If you have opted out, we will not contact you.
- To your family and friends if you are unavailable to communicate, such as in an emergency.
- To your family and friends, or any other person you identify. This applies if the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm if the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation.
- To public health agencies, if we believe that there is a serious health or safety threat.
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process.
- For law enforcement purposes, to military authorities and as otherwise required by law.
- To help with disaster relief efforts.
- For compliance programs and health oversight activities.
- To fulfill our obligations under any workers' compensation law or contract.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.
- For research purposes in limited circumstances and provided that they have taken appropriate measures to protect your privacy.
- For procurement, banking, or transplantation of organs, eyes, or tissue.
- To a coroner, medical examiner, or funeral director.

Will we use your information for purposes not described in this notice?
We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing.
The following uses and disclosures will require your written permission:
- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of personal and health information

What do we do with your information when you are no longer a member?
Your information may continue to be used for purposes described in this notice. This includes when you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?
We are committed to responding to your rights request in a timely manner
- Access - You have the right to review and obtain a copy of your information that may be used to make decisions about you. You also may receive a summary of this health information. As required under applicable law, we will make this personal information available to you or to your designated representative.
- Adverse Underwriting Decision - If we decline your application for insurance, you have the right to be provided a reason for the denial.
- Alternate Communications - To avoid a life- threatening situation, you have the right to receive your information in a different manner or at a different place. We will accommodate your request if it is reasonable.
- Amendment - You have the right to request correction of any of this personal information through amendment

or deletion. Within 60 business days of receipt of your written request, we will notify you of our amendment or deletion of the information in dispute, or of our refusal to make such correction after further investigation. If we refuse to amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.*

- Disclosure - You have the right to receive a listing of instances in which we or our business associates have disclosed your information. This does not apply to treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- Notice - You have the right to request and receive a written copy of this notice any time.
- Restriction - You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

* This right applies only to our Massachusetts residents in accordance with state regulations.

If I believe that my privacy has been violated, what should I do?
If you believe that your privacy has been violated you may file a complaint with us by calling us at 1-866-861-2762 any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also e-mail your complaint to OCRComplaint@hhs.gov. If you elect to file a complaint, your benefits will not be affected and we will not punish or retaliate against you in any way.

We support your right to protect the privacy of your personal and health information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our office, and on our web site.

How do I exercise my rights or obtain a copy of this notice?
All of your privacy rights can be exercised by obtaining the applicable forms. You may obtain any of the forms by:

- Contacting us at 1-866-861-2762
- Accessing our website at **CarePlusHealthPlans.com/Privacy** and going to the Privacy Practices link
- Send completed request form to:

Humana Inc.
Privacy Office 003/10911
101 E. Main Street
Louisville, KY 40202

Notice of Non-Discrimination

CarePlus Health Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. CarePlus Health Plans, Inc.:

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

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **1-800-794-5907 (TTY: 711)**. If you believe that CarePlus Health Plans, Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with CarePlus Health Plans, Inc.'s Non-Discrimination Coordinator at P.O. Box 277810, Miramar, FL 33027, **1-800-794-5907 (TTY: 711)**, or **Accessibility1@CarePlus-HP.com**. If you need help filing a grievance, CarePlus Health Plans, Inc.'s Non-Discrimination Coordinator can help you.

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

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

This notice is available at **CarePlusHealthPlans.com/Multi-Language-Insert**.
GHHNDN2025CP

Multi-Language Insert

Multi-language Interpreter Services

Form Approved
OMB# 0938-1421

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 1-800-794-5907 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-794-5907 (TTY: 711). 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 1-800-794-5907 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese 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 1-800-794-5907 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-794-5907 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-794-5907 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-794-5907 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-794-5907 (TTY: 711). 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 제공하고있습니다 . 통역 서비스를 이용하려면 전화 1-800-794-5907 (TTY: 711) 번으로 문의해 주십시오 . 한국어를 하는 담당자가 도와 드릴 것입니다 . 이 서비스는 무료로 운영됩니다 .

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-794-5907 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (برقياً: 711) 1-800-794-5907. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه هي 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 1-800-794-5907 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिंदी 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 1-800-794-5907 (TTY: 711). 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 1-800-794-5907 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-794-5907 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-794-5907 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-794-5907 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Notes

CarePlus Health Plans, Inc.
P.O. Box 14098
Lexington, KY 40512-4098

H1019135000ANOC25

Important information about changes to your Medicare Advantage and prescription drug plan

Look inside

Here's a summary of what's different about your **CarePlus plan** that takes effect on Jan. 1, 2025.

Questions?

Call Member Services at
1-800-794-5907, (TTY:711)

CarePlus HEALTH PLANS®

CarePlusHealthPlans.com