



## AgeRight Advantage Premier Health Plan (HMO C-SNP) offered by MARQUIS ADVANTAGE, INC.

### Annual Notice of Changes for 2025

You are currently enrolled as a member of AgeRight Advantage Premier Health Plan (HMO C-SNP). Next year, there will be changes to the plan's costs and benefits. *Please see page 4 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 [AgeRightAdvantage.com](https://AgeRightAdvantage.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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

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#### What to do now

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

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

Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

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

Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2024, you will stay in AgeRight Advantage Premier Health Plan (HMO C-SNP).
- 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 AgeRight Advantage Premier Health Plan (HMO C-SNP).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

**Additional Resources**

- Please contact our Member Services number at 1-844-854-6885 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. This call is free.
- This document is also available in braille and in large print.
- **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 AgeRight Advantage Premier Health Plan (HMO C-SNP)**

- AgeRight Advantage Premier Health Plan (HMO C-SNP) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- When this document says "we," "us," or "our," it means MARQUIS ADVANTAGE, INC. . When it says "plan" or "our plan," it means AgeRight Advantage Premier Health Plan (HMO C-SNP).

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

The table below compares the 2024 costs and 2025 costs for AgeRight Advantage Premier Health Plan (HMO C-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$55.00	\$55.00
<p><b>Deductible</b></p>	<p>The Part A deductible is \$0.</p> <p>You pay the 2024 Original Medicare cost-sharing amounts.</p> <p>The Part B deductible is \$240.</p>	\$0
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	\$6,500 for in-network services	\$5,000 for in-network services

Cost	2024 (this year)	2025 (next year)
<b>Doctor office visits</b>	<p>Primary care visits: \$0 copayment</p> <p>Specialist visits: \$0-\$20 copayment \$0 copayment for cardiologist, endocrinologist, vascular surgery consultation, or cardiothoracic surgery consultation \$20 copayment for all other services Deductible applies. You pay these amounts until you reach the out-of-pocket maximum.</p>	<p>Primary care visits: \$0 copayment</p> <p>Specialist visits: \$0-\$20 copayment \$0 copayment for cardiologist, endocrinologist, vascular surgery consultation, or cardiothoracic surgery consultation \$20 copayment for all other services You pay these amounts until you reach the out-of-pocket maximum.</p>
<b>Inpatient hospital stays</b>	<p>\$277 copayment per day for days 1-7 \$0 copayment per day for days 8-90 Original Medicare benefit period applies. Cost-sharing is applied starting on the first day of admission and does not include the final day of discharge. You pay these amounts until you reach the out-of-pocket maximum.</p> <p><i>Prior authorization is required.</i></p>	<p>\$325 copayment per day for days 1-7 \$0 copayment per day for days 8-90 Original Medicare benefit period applies. Cost-sharing is applied starting on the first day of admission and does not include the final day of discharge. You pay these amounts until you reach the out-of-pocket maximum.</p> <p><i>Prior authorization is required.</i></p>
<b>Part D prescription drug coverage</b>	Deductible: \$300 except for covered insulin	Deductible: \$300 except for covered insulin

Cost	2024 (this year)	2025 (next year)
(See Section 1.5 for details.)	<p>products and most adult Part D vaccines.</p> <p>Cost-sharing during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 copayment</li> <li>• Drug Tier 2: \$15 copayment</li> <li>• Drug Tier 3: \$45 copayment</li> <li>• Drug Tier 4: \$95 copayment</li> <li>• Drug Tier 5: 28% coinsurance</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>	<p>products and most adult Part D vaccines.</p> <p>Cost-sharing during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 copayment</li> <li>• Drug Tier 2: \$15 copayment</li> <li>• Drug Tier 3: \$45 copayment</li> <li>• Drug Tier 4: \$95 copayment (You pay \$35 per month supply of each covered insulin product on this tier.)</li> <li>• Drug Tier 5: 29% coinsurance</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, you pay nothing for your covered Part D drugs.</li> </ul>

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

### Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$55.00	\$55.00

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

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

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

Cost	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$6,500 for in-network services	\$5,000 for in-network services  Once you have paid \$5,000 for in-network services out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

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

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

Updated directories are located on our website at [AgeRightAdvantage.com](https://AgeRightAdvantage.com). 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 ([AgeRightAdvantage.com](https://AgeRightAdvantage.com)) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 Pharmacy Directory ([AgeRightAdvantage.com](https://AgeRightAdvantage.com)) to see which pharmacies are in our network.**

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

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

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



Cost	2024 (this year)	2025 (next year)
<b>Deductible Changes</b>	Deductible applies to the following: <ul style="list-style-type: none"> <li>• Ambulatory Surgical Center (ASC) Services</li> <li>• Barium Enemas</li> <li>• Cardiac Rehabilitation Services</li> <li>• Chiropractic Services</li> <li>• Diabetes Self-Management Training</li> <li>• Diabetic Supplies</li> <li>• Diabetic Therapeutic Shoes/Inserts</li> <li>• Diagnostic Procedures/Tests</li> <li>• Diagnostic Radiological Services</li> <li>• Dialysis Services</li> <li>• Durable Medical Equipment (DME)</li> <li>• Eye Exams</li> <li>• Glaucoma Screening</li> <li>• Group Sessions for Mental Health Specialty Services</li> <li>• Group Sessions for Outpatient Substance Abuse</li> <li>• Group Sessions for Psychiatric Services</li> <li>• Hearing Exams</li> <li>• Individual Sessions for Mental Health Specialty Services</li> <li>• Individual Sessions for Outpatient Substance Abuse</li> <li>• Individual Sessions for Psychiatric Services</li> <li>• Kidney Disease Education Services</li> <li>• Lab Services</li> </ul>	Deductible does not apply to the following: <ul style="list-style-type: none"> <li>• Ambulatory Surgical Center (ASC) Services</li> <li>• Barium Enemas</li> <li>• Cardiac Rehabilitation Services</li> <li>• Chiropractic Services</li> <li>• Diabetes Self-Management Training</li> <li>• Diabetic Supplies</li> <li>• Diabetic Therapeutic Shoes/Inserts</li> <li>• Diagnostic Procedures/Tests</li> <li>• Diagnostic Radiological Services</li> <li>• Dialysis Services</li> <li>• Durable Medical Equipment (DME)</li> <li>• Eye Exams</li> <li>• Glaucoma Screening</li> <li>• Group Sessions for Mental Health Specialty Services</li> <li>• Group Sessions for Outpatient Substance Abuse</li> <li>• Group Sessions for Psychiatric Services</li> <li>• Hearing Exams</li> <li>• Individual Sessions for Mental Health Specialty Services</li> <li>• Individual Sessions for Outpatient Substance Abuse</li> <li>• Individual Sessions for Psychiatric Services</li> <li>• Kidney Disease Education Services</li> <li>• Lab Services</li> </ul>

Cost	2024 (this year)	2025 (next year)
<p><b>Deductible Changes (cont'd)</b></p>	<ul style="list-style-type: none"> <li>• Medical Supplies</li> <li>• Medicare Part B Chemotherapy/Radiation Drugs</li> <li>• Occupational Therapy Services</li> <li>• Other Health Care Professional</li> <li>• Other Medicare Part B Drugs</li> <li>• Outpatient Blood Services</li> <li>• Outpatient X-Ray Services</li> <li>• Partial Hospitalization</li> <li>• Physical Therapy and Speech-Language Pathology Services</li> <li>• Physician Specialist Services</li> <li>• Podiatry Services</li> <li>• Prosthetic Devices</li> <li>• Pulmonary Rehabilitation Services</li> <li>• Therapeutic Radiological Services</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Supplies</li> <li>• Medicare Part B Chemotherapy/Radiation Drugs</li> <li>• Occupational Therapy Services</li> <li>• Other Health Care Professional</li> <li>• Other Medicare Part B Drugs</li> <li>• Outpatient Blood Services</li> <li>• Outpatient X-Ray Services</li> <li>• Partial Hospitalization</li> <li>• Physical Therapy and Speech-Language Pathology Services</li> <li>• Physician Specialist Services</li> <li>• Podiatry Services</li> <li>• Prosthetic Devices</li> <li>• Pulmonary Rehabilitation Services</li> <li>• Therapeutic Radiological Services</li> </ul>
<p><b>Qualifications for Special Supplemental Benefits*</b></p> <p>Special supplemental benefits for the chronically ill (SSBCI) are only available to members with certain chronic conditions. These benefits are marked with an asterisk (*).</p>	<p>You may be eligible if you have one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Cardiovascular disorders</li> <li>• Chronic heart failure</li> <li>• Diabetes</li> </ul>	<p>You may be eligible if you have one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Cardiovascular disorders</li> <li>• Chronic heart failure</li> <li>• Diabetes</li> </ul>
<p><b>Acupuncture</b></p>	<p><u>Not</u> covered</p>	<p>\$25 copayment Limit 12 visits per year</p>

Cost	2024 (this year)	2025 (next year)
<b>Dental Services - Adjunctive General Services</b>	\$0 copayment Occlusal guard, analysis, and adjustments are covered once every three (3) years. Teledentistry covered two (2) every calendar years.	\$0 copayment Adjunctive General Services include Deep sedation, intravenous conscious sedation, consultation. Occlusal guard, analysis, and adjustments are covered once every three (3) years. Teledentistry covered two (2) every calendar years.
<b>Dental Services - Dental X-Rays</b>	\$0 copayment One bitewing radiograph is a covered benefit every year. One panoramic radiograph or One complete series is a covered benefit once every three years. Intraoral occlusal radiographs are a covered benefit twice every year.	\$0 copayment Two bitewing radiographs are covered benefit every year. One (1) panoramic radiograph or One (1) complete series is a covered benefit once every three years. Intraoral occlusal radiographs are a covered benefit twice every year.
<b>Dental Services - Fluoride Treatment</b>	<u>Not</u> covered	\$0 copayment Limit 1 visit every 6 months
<b>Dental Services - Oral Exams</b>	\$0 copayment Limit 1 visit every 6 months	\$0 copayment Limit 2 visits every year

Cost	2024 (this year)	2025 (next year)
<b>Dental Services - Oral and Maxillofacial Surgery</b>	\$0 copayment Simple and Surgical extractions are a covered benefit once per tooth per lifetime. The extraction of an impacted tooth is a covered benefit. Alveoloplasty services are covered once per site/quad per lifetime.	\$0 copayment Plan will cover Simple and Surgical extractions, and removal of impacted tooth one per tooth in a lifetime. Alveoloplasty services are covered once per site/quad in a lifetime. Bone replacement graft for ridge preservation, per site one (1) per site in a lifetime. Frenuloplasty one every 5 years. Incision and drainage of an abscess, Excision of benign lesion, Removal of benign odontogenic cyst/tumor.
<b>Dental Services - Other Diagnostic Dental Services</b>	\$0 copayment	\$0 copayment Plan will cover cone beam CT capture and interpretation, pulp vitality tests and caries risk assessments.
<b>Dental Services - Prophylaxis (cleaning)</b>	\$0 copayment Limit 1 visit every 6 months	\$0 copayment Limit 2 visits every year
<b>Dental Services - Prosthodontics, fixed</b>	<u>Not</u> covered	\$0 copayment Fixed prosthodontic services are a covered benefit once per tooth every five (5) years. One (1) pontic/retainer crown (bridge) per tooth every 5 calendar years.

Cost	2024 (this year)	2025 (next year)
<b>Eyewear</b>	\$225 every year for lenses, frames, contacts, or eyewear upgrades	\$330 every year for lenses, frames, contacts, or eyewear upgrades
<b>Fitness Benefit</b>	\$0 copayment  Members have access to Brain HQ, an online subscription for the year that offers brain/mental exercises and games.	<u>Not</u> covered
<b>Flex Card Benefit</b>	\$50 every month to spend towards OTC Products and Groceries*	\$65 every month to spend towards OTC Products and Groceries*
<b>Food and Produce*</b>	\$50 every month may be used towards Groceries; Included as part of Flex Card Benefit	\$65 every month may be used towards Groceries; Included as part of Flex Card Benefit
<b>Inpatient Hospital Psychiatric</b>	\$277 copayment per day for days 1-7 \$0 copayment per day for days 8-90 Original Medicare benefit period applies. Cost-sharing is applied starting on the first day of admission and does not include the final day of discharge. You pay these amounts until you reach the out-of-pocket maximum.  <i>Prior authorization is required.</i>	\$325 copayment per day for days 1-7 \$0 copayment per day for days 8-90 Original Medicare benefit period applies. Cost-sharing is applied starting on the first day of admission and does not include the final day of discharge. You pay these amounts until you reach the out-of-pocket maximum.  <i>Prior authorization is required.</i>

Cost	2024 (this year)	2025 (next year)
<b>Inpatient Hospital-Acute</b>	<p>\$277 copayment per day for days 1-7            \$0 copayment per day for days 8-90            Original Medicare benefit period applies.            Cost-sharing is applied starting on the first day of admission and does not include the final day of discharge.            You pay these amounts until you reach the out-of-pocket maximum.</p> <p><i>Prior authorization is required.</i></p>	<p>\$325 copayment per day for days 1-7            \$0 copayment per day for days 8-90            Original Medicare benefit period applies.            Cost-sharing is applied starting on the first day of admission and does not include the final day of discharge.            You pay these amounts until you reach the out-of-pocket maximum.</p> <p><i>Prior authorization is required.</i></p>
<b>Occupational Therapy Services</b>	<p>20% coinsurance            Deductible applies.            You pay these amounts until you reach the out-of-pocket maximum.</p>	<p>\$0 copayment</p>
<b>Outpatient Hospital Services</b>	<p>20% coinsurance            You pay these amounts until you reach the out-of-pocket maximum.</p> <p><i>Prior authorization is required.</i></p>	<p>\$0-\$225 copayment;            20% coinsurance</p> <p>\$0 copayment for diagnostic colonoscopy and polyp removal            20% coinsurance for surgery            \$225 copayment for all other services            You pay these amounts until you reach the out-of-pocket maximum.</p> <p><i>Prior authorization is required.</i></p>

Cost	2024 (this year)	2025 (next year)
<b>Over-the-Counter (OTC) Items</b>	\$50 every month may be used towards OTC Products; Included as part of Flex Card Benefit	\$65 every month may be used towards OTC Products; Included as part of Flex Card Benefit
<b>Physical Therapy and Speech-Language Pathology Services</b>	20% coinsurance Deductible applies. You pay these amounts until you reach the out-of-pocket maximum.	\$0 copayment
<b>Routine Chiropractic Care</b>	<u>Not</u> covered	\$25 copayment Limit 12 visits every year
<b>Skilled Nursing Facility (SNF)</b>	<p>You pay the 2024 Original Medicare cost-sharing amounts.</p> <p>\$0 copayment per day for days 1-20 \$204 copayment per day for days 21-100 You pay these amounts until you reach the out-of-pocket maximum.</p> <p><i>Prior authorization is required.</i></p>	<p>You pay the 2025 Original Medicare cost-sharing amounts. These are the 2024 cost-sharing amounts and may change for 2025. The plan will provide updated rates as soon as they are released.</p> <p>\$0 copayment per day for days 1-20 \$204 copayment per day for days 21-100 You pay these amounts until you reach the out-of-pocket maximum.</p> <p><i>Prior authorization is required.</i></p>

Cost	2024 (this year)	2025 (next year)
<b>Transportation Services - Plan Approved Health-related Location</b>	\$0 copayment Each ride is limited to 20 miles (and subject to \$650 limit)	\$0 copayment Limit 24 one-way rides every year Each ride is limited to 20 miles

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

### Changes to Our Drug List

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

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

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

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

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

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



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

<https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care

provider, prescriber, or pharmacist for more information.

### Changes to Prescription Drug Benefits and Costs

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

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

### Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Tier 2-5 drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>	<p>The deductible is \$300.</p> <p>During this stage, you pay \$0 cost sharing for drugs on Tier 1 (Preferred Generic) and the full cost of drugs on Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Brand) and Tier 5 (Specialty Tier) until you have reached the yearly deductible.</p>	<p>The deductible is \$300.</p> <p>During this stage, you pay \$0 cost sharing for drugs on Tier 1 (Preferred Generic) and the full cost of drugs on Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Brand) and Tier 5 (Specialty Tier) until you have reached the yearly deductible.</p>

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

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>The costs in this chart are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.</p> <p>For information about the costs for a long-term supply, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1 (Preferred Generic):</b> You pay \$0 per prescription.</p> <p><b>Tier 2 (Generic):</b> You pay \$15 per prescription.</p> <p><b>Tier 3 (Preferred Brand):</b> You pay \$45 per prescription.</p> <p><b>Tier 4 (Non-Preferred Brand):</b> You pay \$95 per prescription.</p> <p><b>Tier 5 (Specialty Tier):</b> You pay 28% of the total cost. Your cost for a one-month mail-order prescription is 28%.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1 (Preferred Generic):</b> You pay \$0 per prescription.</p> <p><b>Tier 2 (Generic):</b> You pay \$15 per prescription.</p> <p><b>Tier 3 (Preferred Brand):</b> You pay \$45 per prescription.</p> <p><b>Tier 4 (Non-Preferred Brand):</b> You pay \$95 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 5 (Specialty Tier):</b> You pay 29% of the total cost. Your cost for a one-month mail-order prescription is 29%.</p> <hr/> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage</p>

Stage	2024 (this year)	2025 (next year)
		(the Catastrophic Coverage Stage).

### Changes to the Catastrophic Coverage Stage

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

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

## SECTION 2 Administrative Changes

We are making certain administrative changes next year. The information below describes these changes.

Description	2024 (this year)	2025 (next year)
<b>Medicare Prescription Payment Plan</b>	Not applicable	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December).</p> <p>To learn more about this payment option, please contact us at 1-844-854-6885 or visit Medicare.gov.</p>

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in AgeRight Advantage Premier Health Plan (HMO C-SNP)

**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 AgeRight Advantage Premier Health Plan (HMO C-SNP).

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

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

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

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a

Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

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

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

## Step 2: Change your coverage

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

## SECTION 4 Deadline for Changing Plans

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

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

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

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

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug

plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior Health Insurance Benefits Assistance (SHIBA) 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 Senior Health Insurance Benefits Assistance (SHIBA) at 1-800-722-4134. (Plans may insert the following: You can learn more about Senior Health Insurance Benefits Assistance (SHIBA) by visiting their website

([https://www.oregon.gov/DCBS/shiba/get\\_help/Pages/helpnearlyou.aspx](https://www.oregon.gov/DCBS/shiba/get_help/Pages/helpnearlyou.aspx)).

## SECTION 6 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** Oregon has a program called CAREAssist that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the CAREAssist. For information on

eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call 1-971-673-0144. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-844-854-6885 or visit Medicare.gov.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from AgeRight Advantage Premier Health Plan (HMO C-SNP)

Questions? We're here to help. Please call Member Services at 1-844-854-6885. (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. Calls to these numbers are free.

#### **Read your 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 AgeRight Advantage Premier Health Plan (HMO C-SNP). 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 [AgeRightAdvantage.com](https://www.AgeRightAdvantage.com). 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 [AgeRightAdvantage.com](https://www.AgeRightAdvantage.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 List)*.

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## Section 7.2 – Getting Help from Medicare

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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.



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-854-6885. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-854-6885. 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 1-844-854-6885。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 1-844-854-6885。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 1-844-854-6885. 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 1-844-854-6885. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-854-6885 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-854-6885. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-854-6885번으로 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 1-844-854-6885. 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 . سيقوم شخص ما يتحدث العربية 1-844-854-6885 على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-854-6885 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-854-6885. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-854-6885. 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 1-844-854-6885. 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 1-844-854-6885. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-854-6885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。