

Peak Advantage Vista (PPO) offered by Peak Health

Annual Notice of Changes for 2025

You are currently enrolled as a member of Peak Advantage Vista (PPO). 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 [medicare.peakhealth.org](https://www.medicare.peakhealth.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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

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

2. COMPARE: Learn about other plan choices

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

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

- If you don't join another plan by December 7, 2024, you will stay in Peak Advantage Vista (PPO).
- 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 Peak Advantage Vista (PPO).
- 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 1-855-962-7325 for additional information. (TTY users should call 711.) Hours are 10/1 - 3/31: 8 am - 8 pm EST, 7 days a week and 4/1 - 9/30: 8 am - 8 pm EST, Monday - Friday. This call is free.
- This document may be available in other formats such as braille, large print or other alternate formats.
- **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 Peak Advantage Vista (PPO)

- Peak Advantage Vista (PPO) is a PPO plan with a Medicare contract. Enrollment in Peak Health depends on contract renewal.
- When this document says "we," "us," or "our," it means Peak Health. When it says "plan" or "our plan," it means Peak Advantage Vista (PPO).

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Peak Advantage Vista (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p>	\$0	\$0
<p>Maximum out-of-pocket amounts</p> <p>This is the <u>most</u> you will pay out of pocket for your covered services. (See Section 1.2 for details.)</p>	<p>From network providers: \$7,000</p> <p>From network and out-of-network providers combined: \$10,500</p>	<p>From network providers: \$7,250</p> <p>From network and out-of-network providers combined: \$10,750</p>
<p>Doctor office visits</p>	<p>In-Network: Primary care visits: \$0 per visit. Specialist visits: \$25 per visit.</p> <p>Out-of-Network: 35% of the total cost.</p>	<p>In-Network: Primary care visits: \$0 per visit. Specialist visits: \$25 per visit.</p> <p>Out-of-Network: 35% of the total cost.</p>
<p>Inpatient hospital stays</p>	<p>In-Network: Medicare covers the first 2 days of your hospital stay. During this period, there is a \$0 copay.</p> <p>If you stay in the hospital longer than 2 days, you pay a \$225 copay per day for days 1-3 and a \$0 copay for days 4-90.</p> <p>Our plan provides a maximum of 60 Lifetime Reserve days. You pay a</p>	<p>In-Network: Medicare covers the first 2 days of your hospital stay. During this period, there is a \$0 copay.</p> <p>If you stay in the hospital longer than 2 days, you pay a \$225 copay per day for days 1-3 and a \$0 copay for days 4-90.</p> <p>Our plan provides a maximum of 60 Lifetime Reserve days. You pay a</p>

Cost	2024 (this year)	2025 (next year)
Inpatient hospital stays (continued)	\$800 copay per day for days 1-60. Out-of-Network: 35% of the total cost.	\$800 copay per day for days 1-60. Out-of-Network: 35% of the total cost.
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$15 per prescription (<i>Standard cost-sharing 30-day supply</i>) • Drug Tier 2: \$20 per prescription (<i>Standard cost-sharing 30-day supply</i>) \$0 per prescription (<i>Preferred cost-sharing 30-day supply</i>)	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$15 per prescription (<i>Standard cost-sharing 30-day supply</i>) • Drug Tier 2: \$20 per prescription (<i>Standard cost-sharing 30-day supply</i>) \$0 per prescription (<i>Preferred cost-sharing 30-day supply</i>)

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (continued)	<ul style="list-style-type: none"> <li data-bbox="704 323 1024 506">• Drug Tier 3: \$47 per prescription (<i>Standard cost-sharing</i> 30-day supply) <li data-bbox="748 533 1024 674"> \$42 per prescription (<i>Preferred cost-sharing</i> 30-day supply) <li data-bbox="748 701 1024 842"> You pay \$35 per month supply of each covered insulin product on this tier <li data-bbox="704 869 1024 1052">• Drug Tier 4: \$100 per prescription (<i>Standard cost-sharing</i> 30-day supply) <li data-bbox="748 1079 1024 1220"> \$95 per prescription (<i>Preferred cost-sharing</i> 30-day supply) <li data-bbox="748 1247 1024 1388"> You pay \$35 per month supply of each covered insulin product on this tier <li data-bbox="704 1415 1024 1598">• Drug Tier 5: 33% of the total cost (<i>Standard cost-sharing</i> 30-day supply) <li data-bbox="748 1625 1024 1766"> 33% of the total cost (<i>Preferred cost-sharing</i> 30-day supply) 	<ul style="list-style-type: none"> <li data-bbox="1073 323 1409 506">• Drug Tier 3: \$47 per prescription (<i>Standard cost-sharing</i> 30-day supply) <li data-bbox="1117 533 1409 674"> \$42 per prescription (<i>Preferred cost-sharing</i> 30-day supply) <li data-bbox="1117 701 1409 842"> You pay \$35 per month supply of each covered insulin product on this tier <li data-bbox="1073 869 1409 1052">• Drug Tier 4: \$100 per prescription (<i>Standard cost-sharing</i> 30-day supply) <li data-bbox="1117 1079 1409 1220"> \$95 per prescription (<i>Preferred cost-sharing</i> 30-day supply) <li data-bbox="1117 1247 1409 1388"> You pay \$35 per month supply of each covered insulin product on this tier <li data-bbox="1073 1415 1409 1598">• Drug Tier 5: 33% of the total cost (<i>Standard cost-sharing</i> 30-day supply) <li data-bbox="1117 1625 1409 1766"> 33% of the total cost (<i>Preferred cost-sharing</i> 30-day supply)

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (continued)	Catastrophic Coverage: <ul style="list-style-type: none">• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	Catastrophic Coverage: <ul style="list-style-type: none">• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Part B Premium Reduction	\$1.30	\$1.30

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

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

Medicare requires all health plans to limit how much you pay out of pocket for the year. These limits are called the maximum out-of-pocket amounts. 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 maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$7,000	\$7,250 Once you have paid \$7,250 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2024 (this year)	2025 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	\$10,500	\$10,750 Once you have paid \$10,750 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers 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. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

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

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory at medicare.peakhealth.org 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 at medicare.peakhealth.org 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)
Dental services (Medicare-covered)	You pay 50% of the total cost for Medicare-covered dental services.	You pay \$0 for Medicare-covered dental services.
Durable medical equipment (DME) and related supplies	<p>In-Network: You pay 15% of the total cost.</p> <p>Out-of-Network: You pay 35% of the total cost.</p>	<p>In-Network: You pay 20% of the total cost.</p> <p>Out-of-Network: You pay 30% of the total cost.</p>
Emergency care	You pay a \$90 copay per emergency visit.	You pay a \$95 copay per emergency visit.
Flexible Spending Debit Card	You have \$300 per year to apply towards approved health-related expenses.	You have \$525 per year to apply towards approved health-related expenses.
Medicare Part B prescription drugs	<p>In-Network: You pay 20% of the total cost for chemotherapy drugs and a \$0 copay for other Part B drugs.</p> <p>Out-of-Network: You pay 35% of the total cost. You will not pay more than \$35 for one-month's supply of insulin.</p>	<p>In-Network: You pay 20% of the total cost up to a maximum of \$35 per one month's supply of insulin.</p> <p>You pay 20% of the total cost for chemotherapy and other Part B drugs.</p> <p>Out-of-Network: You pay 20% coinsurance up to a maximum of \$35 per one month's supply of insulin.</p> <p>You pay 35% of the total cost for chemotherapy and other Part B drugs.</p>
Skilled nursing facility (SNF) care	<p>In-Network: You pay a \$196 copay per day for days 21-100.</p>	<p>In-Network: You pay a \$214 copay per day for days 21-100.</p>

Cost	2024 (this year)	2025 (next year)
Urgently needed services	You pay a \$25 copay per visit.	You pay a \$35 copay per visit.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

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

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

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

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

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

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

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

consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

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

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

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

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage	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 List. To see	Your cost for a one-month supply is:	Your cost for a one-month supply is:

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage (continued) if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you.</p>	<p>Tier 1: Preferred generic drugs: <i>Standard cost-sharing:</i> You pay \$15 per prescription. <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p>Tier 2: Generic drugs: <i>Standard cost-sharing:</i> You pay \$20 per prescription. <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p>Tier 3: Preferred brand drugs: <i>Standard cost-sharing:</i> You pay \$47 per prescription. <i>Preferred cost-sharing:</i> You pay \$42 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4: Non-preferred brand drugs: <i>Standard cost-sharing:</i> You pay \$100 per prescription. <i>Preferred cost-sharing:</i> You pay \$95 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Tier 1: Preferred generic drugs: <i>Standard cost-sharing:</i> You pay \$15 per prescription. <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p>Tier 2: Generic drugs: <i>Standard cost-sharing:</i> You pay \$20 per prescription. <i>Preferred cost-sharing:</i> You pay \$4 per prescription.</p> <p>Tier 3: Preferred brand drugs: <i>Standard cost-sharing:</i> You pay \$47 per prescription. <i>Preferred cost-sharing:</i> You pay \$42 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4: Non-preferred brand drugs: <i>Standard cost-sharing:</i> You pay \$100 per prescription. <i>Preferred cost-sharing:</i> You pay \$95 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage (continued)	<p>Tier 5: Specialty drugs: <i>Standard cost-sharing:</i> You pay 33% of the total cost.</p> <p><i>Preferred cost-sharing:</i> You pay 33% of the total cost.</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>Tier 5: Specialty drugs: <i>Standard cost-sharing:</i> You pay 33% of the total cost.</p> <p><i>Preferred cost-sharing:</i> You pay 33% of the total cost.</p> <hr/> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Catastrophic Coverage Stage

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

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

SECTION 2 Administrative Changes

The table below compares the administrative changes for next year:

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

Description	2024 (this year)	2025 (next year)
		<p>vary throughout the year (January – December).</p> <p>To learn more about this payment option, please contact us at 1-855-962-7325 or visit Medicare.gov.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Peak Advantage Vista (PPO)

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 Peak Advantage Vista (PPO).

Section 3.2 – If you want to change plans

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

Step 1: Learn about and compare your choices

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

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

As a reminder, Peak Health 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 Peak Advantage Vista (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Peak Advantage Vista (PPO).
- 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 West Virginia, the SHIP is called WV SHIP.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. WV 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 WV SHIP at 1-877- 987-4463. You can learn more about WV SHIP by visiting their website (www.wvship.org).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the West Virginia Office of Epidemiology and Prevention Services. 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 1-304-558-9100. 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 1-855-962-7325 or visit Medicare.gov.

SECTION 7 Questions?

Section 7.1 – Getting Help from Peak Advantage Vista (PPO)

Questions? We're here to help. Please call Member Services at 1-855-962-7325. (TTY only, call 711.) We are available for phone calls 10/1 - 3/31: 8 am - 8 pm EST, 7 days a week and 4/1 - 9/30: 8 am - 8 pm EST, Monday - Friday. 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 Peak Advantage Vista (PPO). 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 medicare.peakhealth.org. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at medicare.peakhealth.org. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read Medicare & You 2025

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website

(<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



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 [1-855-962-7325]. 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 [1-855-962-7325]. 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 [1-855-962-7325]。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 [1-855-962-7325]。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 [1-855-962-7325]. 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 [1-855-962-7325]. 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 [1-855-962-7325] 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 [1-855-962-7325]. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 [1-855-962-7325]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 [1-855-962-7325]. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على [1-855-962-7325]. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी परश्च के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया पराप्त करने के लिए, बस हमें [1-855-962-7325] 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 [1-855-962-7325]. Un nostro incaricato che parla Italiano vi 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 [1-855-962-7325]. 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 [1-855-962-7325]. 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 [1-855-962-7325]. 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、[1-855-962-7325]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。