



## ***PHP (HMO SNP) offered by AIDS Healthcare Foundation***

# **Annual Notice of Changes for 2025**

You are currently enrolled as a member of PHP (HMO SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules, please review the *Evidence of Coverage*, which is located on our website at [www.php-ca.org/for-members/publications](http://www.php-ca.org/for-members/publications). 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 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 [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 PHP.
- 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 PHP.
- 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 (800) 263-0067 for additional information. (TTY users should call 711). Hours are 8:00 a.m. to 8:00 p.m., seven days a week. This call is free.

- This information is available in other formats such as large print and in audio tapes.
- **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 PHP**

- PHP is an HMO plan with a Medicare contract. Enrollment in PHP depends on contract renewal.
- When this booklet says "we," "us," or "our," it means AIDS Healthcare Foundation. When it says "plan" or "our plan," it means PHP.

## **Discrimination Is Against the Law**

PHP (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PHP:

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

If you need these services, contact Member Services.

If you believe that PHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Member Services, P.O. Box 46160, Los Angeles, CA 90046, (800) 263-0067, TTY 711, Fax (888) 235-8552, email [php@positivehealthcare.org](mailto:php@positivehealthcare.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services is available to help you.

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

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-263-0067 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-263-0067 (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-263-0067 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-263-0067 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-263-0067 (TTY: 711) 번으로 전화해 주십시오.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-263-0067 (TTY (հեռատիպ)՝ 711):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-263-0067 (TTY: 711) تماس بگیرید.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-263-0067 (телетайп: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-263-0067 (TTY: 711) まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-263-0067 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-263-0067 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-263-0067 (TTY: 711)។

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-263-0067 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-263-0067 (TTY: 711) पर कॉल करें।

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-263-0067 (TTY: 711).

***Annual Notice of Changes for 2025***  
**Table of Contents**

**Summary of Important Costs for 2025 ..... 5**

**SECTION 1 Changes to Benefits and Costs for Next Year ..... 7**

Section 1.1 — Changes to the Monthly Premium ..... 7

Section 1.2 — Changes to Your Maximum Out-of-Pocket Amount ..... 7

Section 1.3 — Changes to the Provider and Pharmacy Networks ..... 8

Section 1.4 — Changes to Benefits and Costs for Medical Services ..... 8

Section 1.5 — Changes to Part D Prescription Drug Coverage ..... 16

**SECTION 2 Deciding Which Plan to Choose ..... 20**

Section 2.1 — If You Want to Stay in PHP ..... 20

Section 2.2 — If You Want to Change Plans ..... 21

**SECTION 3 Deadline for Changing Plans ..... 21**

**SECTION 4 Programs That Offer Free Counseling about Medicare ..... 22**

**SECTION 5 Programs That Help Pay for Prescription Drugs ..... 22**

**SECTION 6 Questions? ..... 24**

Section 6.1 — Getting Help from PHP ..... 24

Section 6.2 — Getting Help from Medicare ..... 24

## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for PHP 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 than this amount. See Section 1.1 for details.</p>	\$0	\$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>	\$5,000	\$5,000
<p><b>Doctor office visits</b></p>	<p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$0 copay per visit</p>	<p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$0 copay per visit</p>
<p><b>Inpatient hospital stays</b></p>	<ul style="list-style-type: none"> <li>• \$100 copay per day for days 1 through 6</li> <li>• \$0 copay per day for days 7 through 90</li> <li>• \$0 copay per day for "lifetime reserve days" 91 through 150</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 copay per day for days 1 through 6</li> <li>• \$0 copay per day for days 7 through 90</li> <li>• \$0 copay per day for "lifetime reserve days" 91 through 150</li> </ul>

Cost	2024 (this year)	2025 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p>Deductible: \$475, except for covered insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: 15% You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 2: 15% You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 3: 25%</li> <li>• Drug Tier 4: 25%</li> <li>• Drug Tier 5: 0%</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>Deductible: \$580, except for covered insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: 15% You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 2: 15% You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 3: 25%</li> <li>• Drug Tier 4: 25% You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: You pay nothing</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)
<p><b>Monthly premium</b></p> <p><b>There is no change for the upcoming benefit year.</b></p> <p>(You must continue to pay your Medicare Part B premium.)</p>	\$0	\$0

- 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 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)
<p><b>Maximum out-of-pocket amount</b></p> <p>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.</p> <p><b>There is no change for the upcoming benefit year.</b></p>	<p>\$5,000</p>	<p>\$5,000</p> <p>Once you have paid \$5,000 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.</p>

---

### 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 also located on our website at [www.php-ca.org/php-provider-find](http://www.php-ca.org/php-provider-find). 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 no changes to our network of providers for next year.

There are no changes to our network of pharmacies for next year.

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)
<p><b>Cardiac and Pulmonary Rehabilitation Services</b></p>	<p>You pay nothing for cardiac and pulmonary rehabilitation services. Referral required. Certain cardiac and pulmonary rehabilitation procedures require authorization.</p>	<p>You pay nothing for cardiac and pulmonary rehabilitation services. Referral required.</p>
<p><b>Diabetes Self-Management Training</b></p>	<p>You pay nothing for diabetes self-management training. Referral and authorization required.</p>	<p>You pay nothing for diabetes self-management training. Referral required.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Diagnostic Services/ Labs/Imaging</b></p>	<p>You pay nothing for the following services:</p> <ul style="list-style-type: none"> <li>• Diagnostic radiology services, e.g., MRI, CT, PET scans</li> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient x-rays</li> <li>• Colonoscopy, sigmoidoscopy, endoscopy</li> <li>• Radiation therapy</li> </ul> <p>Referral required. The following services require authorization:</p> <ul style="list-style-type: none"> <li>• Certain diagnostic procedures and tests</li> <li>• Certain diagnostic radiological services</li> <li>• Certain therapeutic radiological services</li> </ul> <p>The following services do not require authorization:</p> <ul style="list-style-type: none"> <li>• Lab</li> <li>• X-rays</li> </ul>	<p>You pay nothing for the following services:</p> <ul style="list-style-type: none"> <li>• Diagnostic radiology services, e.g., MRI, CT, PET scans</li> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient x-rays</li> <li>• Colonoscopy, sigmoidoscopy, endoscopy</li> <li>• Radiation therapy</li> </ul> <p>Referral required.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Emergency Services</b></p>	<p>You pay \$25 copay per emergency room visit.</p> <p>Cost sharing for necessary emergency services furnished out-of-network is the same as for such services furnished in-network.</p> <p>Emergency care is only covered within the United States.</p>	<p>You pay \$100 copay per emergency room visit.</p> <p>Cost sharing for necessary emergency services furnished out-of-network is the same as for such services furnished in-network.</p> <p>Emergency care is only covered within the United States.</p>
<p><b>Home and Bathroom Safety Devices and Modifications</b></p>	<p>Home and bathroom safety devices and modifications are <u>not</u> covered.</p>	<p>You pay nothing for home and bathroom safety devices and modifications that include, but are not limited to, temporary ramps over stairs, grab bars, shower chairs, high rise toilets or toilet seats, bed rails, etc. as necessary. Benefit includes minor home modifications to have covered items installed and/or doorways widened. Benefit is limited to \$5,000 per year. Referral and authorization required.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>In-Home Support Services (IHSS)</b></p>	<p>You pay nothing for up to 16 hours a week of IHSS for up to two (2) weeks. IHSS is available to members after inpatient discharge from an acute hospital or skilled nursing facility. Authorization required.</p>	<p>You pay nothing for up to 16 hours a week of IHSS for up to two (2) weeks. IHSS is available to members after inpatient discharge from an acute hospital or skilled nursing facility. Referral and authorization required.</p>
<p><b>Kidney Disease Education Services</b></p>	<p>You pay nothing for up to six (6) sessions of kidney disease education services per lifetime. Referral and authorization required.</p>	<p>You pay nothing for up to six (6) sessions of kidney disease education services per lifetime. Referral required.</p>
<p><b>Special Supplemental Benefits for the Chronically III</b></p>	<p>For members who have been diagnosed with AIDS-related neuropathy, you pay nothing for up to two (2) one (1)-hour therapeutic massages per month to increase blood circulation. Referral and authorization required.</p>	<p>For members who have been diagnosed with AIDS-related neuropathy, you pay nothing for up to two (2) one (1)-hour therapeutic massages per month to increase blood circulation. Referral and authorization required.</p> <p>For members who have been diagnosed with diabetes, you pay nothing for up to two (2) diabetic meals per day. Nutritious diabetic meals help members who have diabetes and do not have access to appropriate food to manage and control their disease. Referral and authorization required.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Special Supplemental Benefits for the Chronically Ill (continued)</b></p>		<p>For members who have been diagnosed with congestive heart failure (CHF), you pay nothing for up to two (2) low-sodium meals per day. Nutritious low-sodium meals help enrollees who have CHF and do not have access to appropriate food to manage and control their disease. Referral and authorization required.</p> <p>For members who have been diagnosed with asthma or chronic pulmonary conditions and live in a residence that is infested with cockroaches, mice or rats, you pay nothing for pest control services up to the annual benefit limit of \$1,000. Pest control for individuals who have asthma and other chronic pulmonary diseases reduces asthma symptoms. Referral and authorization required.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Special Supplemental Benefits for the Chronically Ill (continued)</b></p>		<p>For members who have been diagnosed with asthma or chronic pulmonary conditions and live in an environment whose air quality contributes to asthma and breathing problems, you pay nothing for an air filter device(s) and filter replacements up to the annual benefit limit of \$200. An air filter for individuals who have asthma and other chronic pulmonary diseases reduces asthma symptoms. Referral and authorization required.</p> <p>For members who need daily living assistance and hygiene support and are unable to do their own laundry, you pay nothing for laundry service up to the monthly benefit limit of \$156. Authorization required.</p>
<p><b>Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD)</b></p>	<p>You pay nothing for up to 36 sessions over a 12-week period if the SET program requirements are met. Referral and authorization required.</p>	<p>You pay nothing for up to 36 sessions over a 12-week period if the SET program requirements are met. Referral required.</p>



Cost	2024 (this year)	2025 (next year)
<p><b>Transportation</b></p>	<p>You pay nothing for unlimited round trips to plan-approved locations.</p> <p>Plan must authorize and book transportation and will verify that transportation requested is to and from provider offices or facilities.</p>	<p>You pay nothing for up to 24 round trips to plan-approved locations.</p> <p>Plan must authorize and book transportation and will verify that transportation requested is to and from provider offices or facilities.</p>
<p><b>Vision Care</b></p>	<p>You pay nothing for Medicare-covered vision care services. Referral and authorization required for the following:</p> <ul style="list-style-type: none"> <li>• Diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration.</li> <li>• For members who at high risk for glaucoma, one glaucoma screening each year.</li> <li>• For members with diabetes, one diabetic retinopathy screening each year.</li> <li>• One (1) pair of eyeglasses or contact lenses after cataract surgery that includes insertion of an intraocular lens.</li> </ul>	<p>You pay nothing for Medicare-covered vision care services. Referral required for the following services. Authorization required as noted below.</p> <ul style="list-style-type: none"> <li>• Diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Authorization required for treatments and procedures.</li> <li>• For members who at high risk for glaucoma, one glaucoma screening each year.</li> <li>• For members with diabetes, one diabetic retinopathy screening each year.</li> </ul>

Cost	2024 (this year)	2025 (next year)
<p><b>Vision Care (continued)</b></p>	<p>You pay nothing for supplemental vision care benefits. No referral or authorization required for the following:</p> <ul style="list-style-type: none"> <li>• One (1) routine eye exam every year.</li> <li>• One (1) pair of eyeglasses (lenses and frames or lenses) or contact lenses every year.</li> </ul> <p><b>\$250 plan coverage limit for eyewear every year.</b></p>	<ul style="list-style-type: none"> <li>• One (1) pair of eyeglasses or contact lenses after cataract surgery that includes insertion of an intraocular lens. Authorization required.</li> </ul> <p>You pay nothing for supplemental vision care benefits. No referral or authorization required for the following:</p> <ul style="list-style-type: none"> <li>• One (1) routine eye exam every year.</li> <li>• One (1) pair of eyeglasses (lenses and frames or lenses) or contact lenses every year.</li> </ul> <p><b>\$400 plan coverage limit for eyewear every year.</b></p>

---

## 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.

Starting in 2025, we may immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we may decide to keep the brand name drug or original biological product on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before we make it or get a month's supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

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

### Changes to Prescription Drug Benefits and Costs

**Note:** If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for your Part D prescription drugs does 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)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your generic, preferred brand, non-preferred brand and specialty 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 \$475</p> <p>During this stage, you pay no cost-sharing for drugs on Tier 5 (Select Care Drugs) and the full cost of drugs on Tier 1 (Generic Drugs), Tier 2 (Preferred Brand Drugs), Tier 3 (Non-Preferred Brand Drugs) and Tier 4 (Specialty Drugs) until you have reached the yearly deductible.</p>	<p>The deductible is \$580</p> <p>During this stage, you pay no cost-sharing for drugs on Tier 5 (Select Care Drugs) and the full cost of drugs on Tier 1 (Generic Drugs), Tier 2 (Preferred Brand Drugs), Tier 3 (Non-Preferred Brand Drugs) and Tier 4 (Specialty Drugs) 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>Generic Drugs (Tier 1):</b> You pay 15% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Preferred Brand Drugs (Tier 2):</b> You pay 15% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Non-Preferred Brand Drugs (Tier 3):</b> You pay 25% of the total cost.</p> <p><b>Specialty Drugs (Tier 4):</b> You pay 25% of the total cost.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>Generic Drugs (Tier 1):</b> You pay 15% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Preferred Brand Drugs (Tier 2):</b> You pay 15% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Non-Preferred Brand Drugs (Tier 3):</b> You pay 25% of the total cost.</p> <p><b>Specialty Drugs (Tier 4):</b> You pay 25% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2024 (this year)	2025 (next year)
<b>Stage 2: Initial Coverage Stage (continued)</b>	<b>Select Care Drugs (Tier 5):</b> You pay 0% of the total cost.  Once your total drugs costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).	<b>Select Care Drugs (Tier 5):</b> You pay nothing.  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 the Coverage Gap and Catastrophic Coverage Stages**

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 Deciding Which Plan to Choose**

**Section 2.1 — If You Want to Stay in PHP**

**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 PHP.

---

## Section 2.2 — 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 4), or call Medicare (see Section 6.2).

### Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from PHP.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from PHP.
- 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 3 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 4 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 California, the SHIP is called the California Department of Aging’s Health Insurance Counseling and Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HICAP 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 HICAP at (800) 434-0222. TTY users should call 711. You can learn more about HICAP by visiting their Web site ([www.aging.ca.gov/hicap](http://www.aging.ca.gov/hicap)).

## SECTION 5 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 a.m. and 7 p.m., 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 Medi-Cal 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 California Department of Public Health, Office of AIDS. 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 call center at (844) 421-7050 (TTY 711), Monday through Friday, 8:00 a.m. to 5:00 p.m. 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 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 (800) 263-0067 (TTY 711) or visit [Medicare.gov](https://www.Medicare.gov).

## SECTION 6 Questions?

### Section 6.1 — Getting Help from PHP

Questions? We're here to help. Please call Member Services at (800) 263-0067. (TTY only, call 711.) We are available for phone calls 8:00 a.m. to 8:00 p.m., seven days a week. 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 PHP. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.php-ca.org/for-members/publications](http://www.php-ca.org/for-members/publications). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Web site**

You can also visit our website at [www.php-ca.org](http://www.php-ca.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 6.2 — 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 Web site**

You can 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 booklet 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.