

H1365-004-003

Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties
in New Hampshire

Martin's Point Generations Advantage Access (PPO) offered by Martin's Point Generations Advantage, Inc.

Annual Notice of Changes for 2025

You are currently enrolled as a member of Martin's Point Generations Advantage Access. 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.MartinsPoint.org/EOC. 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 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 Martin's Point Generations Advantage Access.
- 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 Martin's Point Generations Advantage Access.
- 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 1-866-544-7504 for additional information. (TTY users should call 711.) Hours are 8am - 8pm, seven days a week from October 1 to March 31, and Monday through Friday the rest of the year. This call is free.
- This document may be available in other formats such as large print and braille. For more information, please call Member Services.
- **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 Martin's Point Generations Advantage Access

- Martin's Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, and Local PPO products. Enrollment in a Martin's Point Generations Advantage plan depends on contract renewal.
- When this document says "we," "us," or "our," it means Martin's Point Generations Advantage, Inc. When it says "plan" or "our plan," it means Martin's Point Generations Advantage Access.

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 Martin's Point Generations Advantage Access in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	\$29	\$0
Maximum out-of-pocket amounts 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.)	From network providers: \$5,900 From network and out-of-network providers combined: \$9,550	From network providers: \$4,900 From network and out-of-network providers combined: \$9,550
Doctor office visits	In-network: Primary care visits: \$5 per visit. Specialist visits: \$35 per visit. Out-of-network: Primary care visits: 30% per visit. Specialist visits: 30% per visit.	In-network: Primary care visits: \$0 per visit. Specialist visits: \$45 per visit. Out-of-network: Primary care visits: \$0 per visit. Specialist visits: \$45 per visit.
Inpatient hospital stays	In-network: Per admission: \$360 per day for days 1-7; \$0 per day for days 8+. Out-of-network: Per admission: 40% of the cost for a Medicare-covered hospital stay.	In-network: Per admission: \$395 per day for days 1-7; \$0 per day for days 8+. Out-of-network: Per admission: 40% of the cost for a Medicare-covered hospital stay.

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: \$275, except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance as applicable during the Initial Coverage Stage: Drug Tier 1: <i>Standard cost sharing:</i> You pay \$4 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription. Drug Tier 2: <i>Standard cost sharing:</i> You pay \$18 per prescription. <i>Preferred cost sharing:</i> You pay \$10 per prescription. Your cost for a one-month mail-order prescription is \$18. Drug Tier 3: <i>Standard cost sharing:</i> You pay \$47 per prescription. <i>Preferred cost sharing:</i> You pay \$40 per prescription. You pay \$35 per month supply of each covered	Deductible: \$200, except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance as applicable during the Initial Coverage Stage: Drug Tier 1: <i>Standard cost sharing:</i> You pay \$4 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription. Drug Tier 2: <i>Standard cost sharing:</i> You pay \$10 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription. Your cost for a one-month mail-order prescription is \$10. Drug Tier 3: <i>Standard cost sharing:</i> You pay 25% of the total cost per prescription. <i>Preferred cost sharing:</i> You pay 20% of the total cost per prescription. You pay \$35 per month supply of each covered

Cost	2024 (this year)	2025 (next year)
	insulin product on this tier.	insulin product on this tier.
	Your cost for a one-month mail-order prescription is \$47.	Your cost for a one-month mail-order prescription is 25% of the total cost.
	Drug Tier 4:	Drug Tier 4:
	<i>Standard cost sharing:</i> You pay \$100 per prescription.	<i>Standard cost sharing:</i> You pay 45% of the total cost per prescription.
	<i>Preferred cost sharing:</i> You pay \$95 per prescription.	<i>Preferred cost sharing:</i> You pay 40% of the total cost per prescription.
	Your cost for a one-month mail-order prescription is \$100.	Your cost for a one-month mail-order prescription is 45% of the total cost.
	Drug Tier 5:	Drug Tier 5:
	<i>Standard cost sharing:</i> You pay 29% of the total cost.	<i>Standard cost sharing:</i> You pay 30% of the total cost.
	<i>Preferred cost sharing:</i> You pay 29% of the total cost.	<i>Preferred cost sharing:</i> You pay 30% of the total cost.
	You pay \$35 per month supply of each covered insulin product on this tier.	You pay \$35 per month supply of each covered insulin product on this tier.
	Your cost for a one-month mail-order prescription is 29% of the total cost.	Your cost for a one-month mail-order prescription is 30% of the total cost.
	Drug Tier 6:	
	<i>Standard cost sharing:</i> You pay \$4 of the total cost.	

Cost	2024 (this year)	2025 (next year)
	<p data-bbox="716 327 1016 432"><i>Preferred cost sharing:</i> You pay \$0 of the total cost.</p> <p data-bbox="716 470 1057 575">Your cost for a one-month mail-order prescription is \$4.</p> <p data-bbox="716 613 1016 644">Catastrophic Coverage:</p> <ul data-bbox="716 682 1040 867" style="list-style-type: none">• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	<p data-bbox="1089 602 1390 634">Catastrophic Coverage:</p> <ul data-bbox="1089 672 1430 814" style="list-style-type: none">• During this payment stage, you pay nothing for your covered Part D drugs.

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.)	\$29	\$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 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 in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$5,900	\$4,900 Once you have paid \$4,900 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 plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	\$9,550	\$9,550 Once you have paid \$9,550 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.

An updated *Provider and Pharmacy Directory* is located on our website at www.MartinsPoint.org/MedicareMembers. 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 and Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 *Provider and Pharmacy Directory* to see which pharmacies are in our network.**

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

Section 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)
Acupuncture for low back pain	<p>In-network: You pay a \$5 copay for Medicare-covered acupuncture for low back pain when performed by a primary care physician.</p> <p>You pay a \$35 copay for Medicare-covered acupuncture for low back pain when performed by a specialist.</p> <p>Out-of-network: You pay 30% of the total cost.</p>	<p>In-network: You pay a \$0 copay for Medicare-covered acupuncture for low back pain when performed by a primary care physician.</p> <p>You pay a \$45 copay for Medicare-covered acupuncture for low back pain when performed by a specialist.</p> <p>Out-of-network: You pay a \$0 copay for Medicare-covered acupuncture for low back pain when performed by a primary care physician.</p> <p>You pay a \$45 copay for Medicare-covered acupuncture for low back pain when performed by a specialist.</p>
Dental Services (Medicare-covered)	<p>In-network: You pay a \$35 copay per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).</p> <p>Out-of-network: You pay 30% of the total cost.</p>	<p>In-network: You pay a \$50 copay per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).</p> <p>Out-of-network: You pay a \$50 copay per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).</p>
Emergency Care	<p>In-country and out-of-country: You pay a \$120 copay for each Medicare-covered emergency room visit. You do not have to pay this amount if you are admitted to a hospital within 24 hours for the same condition.</p>	<p>In-country and out-of-country: You pay a \$125 copay for each Medicare-covered emergency room visit. You do not have to pay this amount if you are admitted to a hospital within 24 hours for the same condition.</p>

Cost	2024 (this year)	2025 (next year)
Hearing Services (Medicare diagnostic)	In-network: You pay a \$35 copay per visit for Medicare-covered hearing services. Out-of-network: You pay 30% of the cost for Medicare-covered hearing services.	In-network: You pay a \$45 copay per visit for Medicare-covered hearing services. Out-of-network: You pay 30% of the cost for Medicare-covered hearing services.
Inpatient Hospital Care	In-network: You pay per Medicare-covered admission: \$360 copay per day for days 1-7; \$0 copay per day for days 8+. Out-of-network: You pay 40% of the total cost for a Medicare-covered hospital stay.	In-network: You pay per Medicare-covered admission: \$395 copay per day for days 1-7; \$0 copay per day for days 8+. Out-of-network: You pay 40% of the total cost for a Medicare-covered hospital stay.
Outpatient Diagnostic Tests and Procedures	In-network: You pay 15% of the cost for simple diagnostic radiology. Out-of-network: You pay 15% of the cost for simple diagnostic radiology.	In-network: You pay 20% of the cost for simple diagnostic radiology. Out-of-network: You pay 20% of the cost for simple diagnostic radiology.
Outpatient Hospital Observation	In-network: You pay a \$250 copay for Medicare-covered outpatient hospital observation. Out-of-network: You pay 30% of the cost for Medicare-covered outpatient hospital observation.	In-network: You pay a \$395 copay for Medicare-covered outpatient hospital observation. Out-of-network: You pay 30% of the cost for Medicare-covered outpatient hospital observation.
Outpatient Rehabilitation Services	In-network: You pay a \$35 copay for each Medicare-covered visit. Out-of-network: You pay 30% of the cost for each Medicare-covered visit.	In-network: You pay a \$30 copay for each Medicare-covered visit. Out-of-network: You pay 30% of the cost for each Medicare-covered visit.

Cost	2024 (this year)	2025 (next year)
Outpatient Surgery Services	<p>In-network: You pay for Medicare-covered services: \$150 copay for surgery services at an ambulatory surgical center.</p> <p>\$250 copay for surgery services at a hospital outpatient facility.</p> <p>Out-of-network: You pay 30% of the total cost for Medicare-covered surgery services.</p>	<p>In-network: You pay for Medicare-covered services: \$295 copay for surgery services at an ambulatory surgical center.</p> <p>\$395 copay for surgery services at a hospital outpatient facility.</p> <p>Out-of-network: You pay 30% of the total cost for Medicare-covered surgery services.</p>
PCP Visits	<p>In-network: You pay a \$5 copay for each Primary Care Physician (PCP) office visit.</p> <p>Out-of-network: You pay 30% of the total cost for each Primary Care Physician (PCP) office visit.</p>	<p>In-network: You pay a \$0 copay for each Primary Care Physician (PCP) office visit.</p> <p>Out-of-network: You pay a \$0 copay for each Primary Care Physician (PCP) office visit.</p>
Physician Specialist Visits	<p>In-network: You pay a \$35 copay for each specialist office visit.</p> <p>Out-of-network: You pay 30% of the total cost for each specialist office visit.</p>	<p>In-network: You pay a \$45 copay for each specialist office visit.</p> <p>Out-of-network: You pay a \$45 copay for each specialist office visit.</p>

Cost	2024 (this year)	2025 (next year)
Podiatry Services (Medicare-covered only)	<p>In-network: You pay a \$5 copay for each Primary Care Physician (PCP) office visit for Medicare-covered podiatry services.</p> <p>You pay a \$35 copay for each Medicare-covered podiatry specialist visit.</p> <p>Out-of-network: You pay 30% of the total cost for each Medicare-covered podiatry visit.</p>	<p>In-network: You pay a \$10 copay for each Primary Care Physician (PCP) office visit for Medicare-covered podiatry services.</p> <p>You pay a \$45 copay for each Medicare-covered podiatry specialist visit.</p> <p>Out-of-network: You pay 30% of the total cost for each Medicare-covered podiatry visit.</p>
Skilled Nursing Facility	<p>In-network: For each benefit period you pay: \$0 copay per day for days 1-20; \$203 copay per day for days 21-100.</p> <p>Out-of-network: You pay 30% of the total cost for days 1-100.</p>	<p>In-network: For each benefit period you pay: \$10 copay per day for days 1-20; \$214 copay per day for days 21-100.</p> <p>Out-of-network: You pay 30% of the total cost for days 1-100.</p>
Urgently Needed Services	<p>In-and-out-of-network: You pay a \$50 copay for each Medicare-covered urgent care visit when performed at an urgent care center.</p> <p>You pay a \$120 copay for each Medicare-covered urgent care visit when performed at an urgent care center outside of the United States and its associated territories.</p>	<p>In-and-out-of-network: You pay a \$55 copay for each Medicare-covered urgent care visit when performed at an urgent care center.</p> <p>You pay a \$125 copay for each Medicare-covered urgent care visit when performed at an urgent care center outside of the United States and its associated territories.</p>

Cost	2024 (this year)	2025 (next year)
Vision Services (Medicare-covered exam)	In-network: You pay a \$35 copay for non-routine Medicare-covered physician services. Out-of-network: You pay 30% of the total cost for non-routine Medicare-covered physician services.	In-network: You pay a \$45 copay for non-routine Medicare-covered physician services. Out-of-network: You pay 30% of the total cost for non-routine Medicare-covered physician services.
Vision Services (lenses, frames, and contact lenses)	The plan will cover \$250 each year for prescription lenses, frames, and contact lenses.	The plan will cover \$150 each year for prescription lenses, frames, and contact lenses.
Wellness Wallet	The plan will reimburse up to \$425 each year in total for Fitness, Naturopathic Services, Acupuncture, Nutrition/Dietary Education, Weight Management Programs, and Face Masks.	The plan will reimburse up to \$600 each year in total for Fitness, Naturopathic Services, Acupuncture, Nutrition/Dietary Education, Weight Management Programs, and Face Masks.

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 Part D prescription drugs may not apply to you.** We have included 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 30th, please call Member Services and ask for the *LIS Rider*.

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

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

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Tier 3, 4, and 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.	The deductible is \$275. During this stage, you pay \$0 or \$4 cost sharing for drugs on Tier 1, \$10 or \$18 cost-sharing for drugs on Tier 2, \$0 or \$4 cost-sharing for drugs on Tier 6, and the full cost of drugs on Tiers 3, 4, and 5 until you have reached the yearly deductible.	The deductible is \$200. During this stage, you pay \$0 or \$4 cost sharing for drugs on Tier 1, \$0 or \$10 cost-sharing for drugs on Tier 2, and the full cost of drugs on Tiers 3, 4, and 5 until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Tier 3 and Tier 4, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Please see the following chart for the changes from 2024 to 2025.

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost . For 2024 you paid a \$47 copayment for standard cost-sharing and a \$40 copayment for preferred cost-sharing for drugs on Tier 3. For 2025 you will pay a 25% coinsurance for standard cost-sharing and a 20% coinsurance for preferred cost-sharing for drugs on this tier. For 2024 you paid a \$100 copayment for standard cost-sharing and a \$95 copayment for preferred cost-sharing for drugs on Tier 4. For 2025 you	Your cost for a one-month supply: Drug Tier 1: <i>Standard cost sharing:</i> You pay \$4 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription. Drug Tier 2: <i>Standard cost sharing:</i> You pay \$18 per prescription.	Your cost for a one-month supply: Drug Tier 1: <i>Standard cost sharing:</i> You pay \$4 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription. Drug Tier 2: <i>Standard cost sharing:</i> You pay \$10 per prescription.

will pay a 45% coinsurance for standard cost-sharing and a 40% coinsurance for preferred cost-sharing for drugs on this tier.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

Most adult Part D vaccines are covered at no cost to you.

Preferred cost sharing:
You pay \$10 per prescription.

Your cost for a one-month mail-order prescription is \$18.

Drug Tier 3:

Standard cost sharing:
You pay \$47 per prescription.

Preferred cost sharing:
You pay \$40 per prescription.

You pay \$35 per month supply of each covered insulin product on this tier.

Your cost for a one-month mail-order prescription is \$47.

Drug Tier 4:

Standard cost sharing:
You pay \$100 per prescription.

Preferred cost sharing:
You pay \$95 per prescription.

Your cost for a one-month mail-order prescription is \$100.

Preferred cost sharing:
You pay \$0 per prescription.

Your cost for a one-month mail-order prescription is \$10.

Drug Tier 3:

Standard cost sharing:
You pay 25% of the total cost per prescription.

Preferred cost sharing:
You pay 20% of the total cost per prescription.

You pay \$35 per month supply of each covered insulin product on this tier.

Your cost for a one-month mail-order prescription is 25% of the total cost.

Drug Tier 4:

Standard cost sharing:
You pay 45% of the total cost per prescription.

Preferred cost sharing:
You pay 40% of the total cost per prescription.

Your cost for a one-month mail-order prescription is 45% of the total cost.

Stage	2024 (this year)	2025 (next year)
	<p>Drug Tier 5:</p> <p><i>Standard cost sharing:</i> You pay 29% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 29% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 29% of the total cost.</p> <p>Drug Tier 6:</p> <p><i>Standard cost sharing:</i> You pay \$4 of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0 of the total cost.</p> <p>Your cost for a one-month mail-order prescription is \$4.</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>Drug Tier 5:</p> <p><i>Standard cost sharing:</i> You pay 30% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 30% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 30% of the total cost.</p> <p>Drug Tier 6:</p> <p><i>Standard cost sharing:</i> You pay \$4 of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0 of the total cost.</p> <p>Your cost for a one-month mail-order prescription is \$4.</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.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.

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

Description	2024 (this year)	2025 (next year)
Eyewear Reimbursement Method	<ul style="list-style-type: none"> • Reimbursement Request by Mail • Online Reimbursement Request 	<ul style="list-style-type: none"> • Reimbursement Request by Mail • Online Reimbursement Request • Debit card <p>Debit card may be used for prescription lenses, frames, and contact lenses. Debit card is not eligible for purchases towards exam copays or eyewear accessories. Your debit card will be mailed separately from your Generations Advantage member ID card closer to your enrollment effective date. For more information, please visit www.MartinsPoint.org/eyewear</p>

Description	2024 (this year)	2025 (next year)
Wellness Wallet Reimbursement Method	<ul style="list-style-type: none"> • Reimbursement Request by Mail • Online Reimbursement Request 	<ul style="list-style-type: none"> • Reimbursement Request by Mail • Online Reimbursement Request • Debit card <p>Debit card may be used to purchase some reimbursable items at select merchants. Your debit card will be mailed separately from your Generations Advantage member ID card closer to your enrollment effective date. For more information, including a complete list of reimbursable items and services, please visit www.MartinsPoint.org/WellnessWallet</p>
Wellness Wallet Reimbursement Timeframe	Gym and/or golf membership fees reimbursable in full for current year of date of purchase, up to Wellness Wallet limit. Membership fees are not reimbursable for future dates of service.	Gym and/or golf membership fees reimbursable in full up to Wellness Wallet limit.
Medicare Prescription Payment Plan	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 monthly payments that vary throughout the year (January – December).</p> <p>To learn more about this payment option, please contact Caremark at 1-888-296-6961 or visit Medicare.gov.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Martin's Point Generations Advantage Access

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 Martin's Point Generations Advantage Access.

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 2.1 regarding a potential Part D late enrollment penalty.

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

As a reminder, Martin's Point Generations 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 Martin's Point Generations Advantage Access.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Martin's Point Generations Advantage Access.
- 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 New Hampshire, the SHIP is called ServiceLink Resource Center.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. ServiceLink Resource Center 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 ServiceLink Resource Center at 1-866-634-9412. You can learn more about ServiceLink Resource Center by visiting their website (www.dhhs.nh.gov/programs-services/adult-aging-care/servicelink).

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.
- **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 New Hampshire Ryan White CARE Program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call the New Hampshire Ryan White CARE Program at (603) 271-4502 or (800) 852-3345, ext. 4502 (toll-free within NH).
 - **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 Caremark at 1-888-296-6961 or visit Medicare.gov.

SECTION 7 Questions?

Section 7.1 – Getting Help from Martin's Point Generations Advantage Access

Questions? We're here to help. Please call Member Services at 1-866-544-7504. (TTY only, call 711.) We are available for phone calls 8am - 8pm, seven days a week from October 1 to March 31, and Monday through Friday the rest of the year. 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 Martin's Point Generations Advantage Access. 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.MartinsPoint.org/EOC. 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 www.MartinsPoint.org/MedicareMembers. 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.



Martin's Point Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Martin's Point Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Martin's Point Health Care:

- 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 the Martin's Point Generations Advantage Member Services Team.

If you believe that Martin's Point Health Care 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: Member Services, Martin's Point Generations Advantage, PO Box 9746, Portland, ME 04104, 1-866-544-7504, TTY: 711, Fax: 207-828-7847. (We're available 8 am–8 pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year.) You can file a grievance in person, by mail, or by fax. If you need help filing a grievance, the Martin's Point Generations Advantage Member Services Team 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 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, D.C. 20201
1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Form Approved
OMB# 0938-1421

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 1-877-553-7054 (TTY: 711). 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 1-877-553-7054 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-553-7054 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-553-7054 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-553-7054 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

Form CMS-10802 (Expires 12/31/25)

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 1-877-553-7054 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-553-7054 (TTY: 711) 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 Arzneimittelpflicht. Unsere Dolmetscher erreichen Sie unter 1-877-553-7054 (TTY: 711). 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 1-877-553-7054 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-553-7054 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-877-553-7054 (TTY: 711)**. سيقوم شخص ما يتحدث العربية 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 1-877-553-7054 (TTY: 711) 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 1-877-553-7054 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-553-7054 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-553-7054 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-553-7054 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-553-7054 (TTY: 711)にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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