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# Annual Notice of Change

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Covenant Advantage Plus (HMO-POS)  
CY2025



A University of Michigan Health Plan (HMO-POS)

## Covenant Advantage Plus (HMO-POS) *offered by University of Michigan Health Plan.*

### Annual Notice of Changes for 2025

You are currently enrolled as a member of Covenant Advantage Plus. 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 [MyMedicarePortal.org](http://MyMedicarePortal.org). You may also call Customer Service 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 [Medicare.gov/plan-compare](https://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 Covenant Advantage Plus.
- 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 Covenant Advantage Plus.
- 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 Customer Service number at 844.529.3757 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day. 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 [IRS.gov/Affordable-Care-Act/Individuals-and-Families](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About Covenant Advantage Plus

- Covenant Advantage Plus is an HMO-POS plan with a Medicare contract. Enrollment in University of Michigan Health Plan depends on contract renewal.
  - When this document says "we," "us," or "our," it means University of Michigan Health Plan. When it says "plan" or "our plan," it means Covenant Advantage Plus.
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***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 Covenant Advantage Plus 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>	\$25	\$25
<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>	<p><b>In-Network</b> \$3,600</p> <p><b>Out-Of-Network</b> \$5,000 out-of-network only, not combined with in-network maximum out-of-pocket amount.</p>	<p><b>In-Network</b> \$3,900</p> <p><b>Out-Of-Network</b> \$5,000 out-of-network only, not combined with in-network maximum out-of-pocket amount.</p>
<p><b>Doctor office visits</b></p>	<p><b>In-Network</b> Primary care visits: \$0 per visit</p> <p>Specialist visits: \$30 per visit</p> <p><b>Out-Of-Network</b> Primary care visits: Not covered</p> <p>Specialist visits: 20% coinsurance</p>	<p><b>In-Network</b> Primary care visits: \$0 per visit</p> <p>Specialist visits: \$30 per visit</p> <p><b>Out-Of-Network</b> Primary care visits: Not covered</p> <p>Specialist visits: 20% coinsurance</p>
<p><b>Inpatient hospital stays</b></p>	<p><b>In-Network</b> \$200 copay per day: Days 1-7 for each stay.</p> <p>\$0 copay per day: Days 8 and beyond for each stay.</p>	<p><b>In-Network</b> \$175 copay per day: Days 1-7 for each stay.</p> <p>\$0 copay per day: Days 8 and beyond for each stay.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Inpatient hospital stays (continued)</b></p>	<p><b>Out-Of-Network</b> 20% coinsurance for each Medicare-covered inpatient hospital stay (based on the Medicare allowable amount).</p> <p>If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at an in-network hospital.</p>	<p><b>Out-Of-Network</b> 20% coinsurance for each Medicare-covered inpatient hospital stay (based on the Medicare allowable amount).</p> <p>If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at an in-network hospital.</p>
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copay/Coinsurance during the Initial Coverage Stage:</p> <p><b><u>Preferred Retail Pharmacy 30-day Supply</u></b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 2: \$0 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 3: \$40 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul>	<p>Deductible: \$0</p> <p>Copay/Coinsurance during the Initial Coverage Stage:</p> <p><b><u>Preferred Retail Pharmacy 30-day Supply</u></b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 2: \$10 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 3: \$45 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul>

Cost	2024 (this year)	2025 (next year)
<p><b>Part D prescription drug coverage (continued)</b></p>	<ul style="list-style-type: none"> <li>• Drug Tier 4: \$90 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 33% coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Tier 4: \$95 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 33% coinsurance</li> </ul>
	<p><b><u>Standard Retail Pharmacy 30-day Supply</u></b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$5 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 2: \$10 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 3: \$45 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: \$95 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 33% coinsurance</li> </ul>	<p><b><u>Standard Retail Pharmacy 30-day Supply</u></b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$5 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 2: \$20 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 3: \$47 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: \$100 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 33% coinsurance</li> </ul>

Cost	2024 (this year)	2025 (next year)
<p><b>Part D prescription drug coverage (continued)</b></p>	<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.</li> <li>• You may have cost-sharing for drugs that are covered under our enhanced benefit.</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>There is no change for the upcoming benefit year.</p> <p>(You must also continue to pay your Medicare Part B premium.)</p>	<p>\$25</p>	<p>\$25</p>

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



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

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

Cost	2024 (this year)	2025 (next year)
<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 plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p><b>In-Network</b> \$3,600</p>	<p><b>In-Network</b> \$3,900</p> <p>Once you have paid \$3,900 out of pocket for covered <b>In-Network</b> Part A and Part B services, you will pay nothing for your covered <b>In-Network</b> Part A and Part B services for the rest of the calendar year.</p>
	<p><b>Out-of-Network</b> \$5,000 out-of-network only, not combined with in-network maximum out-of-pocket amount.</p>	<p><b>Out-of-Network</b> \$5,000 out-of-network only, not combined with in-network maximum out-of-pocket amount.</p> <p>Once you have paid \$5,000 out of pocket for covered <b>Out-of-Network</b> Part A and Part B services, you will pay nothing for your covered <b>Out-of-Network</b> 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. 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 [MyMedicarePortal.org](http://MyMedicarePortal.org). You may also call Customer Service 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/Pharmacy Directory*** (located on our website at [MyMedicarePortal.org](http://MyMedicarePortal.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 *Provider/Pharmacy Directory*** (located on our website at [MyMedicarePortal.org](http://MyMedicarePortal.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 Customer Service so we may assist.

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

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

Cost	2024 (this year)	2025 (next year)
<b>Dental services</b>	<p><b>In-Network Comprehensive dental services</b> \$100 deductible must be met before benefits for comprehensive dental services are available.</p> <p><u>Endodontics:</u> You pay a 50% coinsurance for endodontic services.</p>	<p><b>In-Network Comprehensive dental services</b> \$75 deductible must be met before benefits for comprehensive dental services are available.</p> <p><u>Endodontics:</u> You pay a 20% coinsurance for endodontic services.</p>

Cost	2024 (this year)	2025 (next year)
<b>Emergency care</b>	<p>You pay a \$90 copay for Medicare-covered emergency care within the U.S.</p> <p>You pay a \$90 copay for emergency care outside the U.S.</p>	<p>You pay a \$140 copay for Medicare-covered emergency care within the U.S.</p> <p>You pay a \$140 copay for emergency care outside the U.S.</p>
<b>Inpatient hospital care</b>	<p><b>In-Network</b> You pay a \$200 copay per day, per stay: Days 1-7.</p> <p>You pay a \$0 copay per day, per stay: Days 8 and beyond.</p>	<p><b>In-Network</b> You pay a \$175 copay per day, per stay: Days 1-7.</p> <p>You pay a \$0 copay per day, per stay: Days 8 and beyond.</p>
<b>Inpatient services in a psychiatric hospital</b>	<p><b>In-Network</b> You pay a \$200 copay per day, per stay: Days 1-7.</p> <p>You pay a \$0 copay per day, per stay: Days 8 and beyond.</p>	<p><b>In-Network</b> You pay a \$175 copay per day, per stay: Days 1-7.</p> <p>You pay a \$0 copay per day, per stay: Days 8 and beyond.</p>
<b>Meal benefit</b>	<p>Benefit covers 28 meals (2 meals per day for 14 days) delivered directly to the home after each discharge from an inpatient acute or a skilled nursing facility stay. Annual limit of 2 discharges for a total of 56 meals per year. You must use GA Foods.</p>	<p>Meal benefit is <u>not</u> covered.</p>
<b>Outpatient diagnostic tests and therapeutic services and supplies</b>	<p><b>In-Network</b> You pay a \$10 copay for Medicare-covered lab services.</p>	<p><b>In-Network</b> You pay a \$0 copay for Medicare-covered lab services.</p>

Cost	2024 (this year)	2025 (next year)
<b>Over-the-counter items</b>	<p><b>In-Network</b> Quarterly credit of \$112.</p> <p>Online or telephone orders with Convey are limited to 1 per quarter.</p>	<p><b>In-Network</b> Quarterly credit of \$120.</p> <p>Online or telephone orders with Convey are limited to 2 per quarter.</p>
<b>Transportation – non-emergent</b>	<p><b>In-Network</b> You pay a \$0 copay for 30 one-way trips to plan-approved locations every year, provided by the network transportation provider (MTM).</p>	<p><b>In-Network</b> You pay a \$0 copay for 30 one-way trips to plan-approved locations every year, provided by the network transportation provider (<u>Kaizen Health</u>).</p>
<b>Urgently needed services</b>	<p>You pay a \$90 copay for urgently needed care visits outside the U.S.</p>	<p>You pay a \$140 copay for urgently needed care visits outside the U.S.</p>
<b>Vision care</b>	<p>The plan covers up to \$400 for 1 pair of Medicare-covered eyeglasses or 1 pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery.</p> <p><b><u>Routine vision care</u></b> <b>Out-of-Network</b> The Plan will reimburse up to \$30 for routine eye exams.</p>	<p>The plan covers the cost of 1 pair of Medicare-covered eyeglasses or 1 pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery.</p> <p><b><u>Routine vision care</u></b> <b>Out-of-Network</b> You pay a 20% coinsurance for 1 routine eye exam every calendar year. The Plan will reimburse up to \$30 for routine eye exams.</p>

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

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<b>Changes to Our Drug List</b>
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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 Customer Service 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: [FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Customer Service or ask your healthcare 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 October 15, 2024, please call Customer Service 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)
<b>Stage 1: Yearly Deductible Stage</b>	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)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>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>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:</p> <p><b>Preferred Generic:</b>  <i>Standard cost sharing:</i>                      You pay \$5 per prescription, including a month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is \$0.</p> <p><i>Preferred cost sharing:</i>                      You pay \$0 per prescription, including a month supply of each covered insulin product on this tier.</p> <p><b>Generic:</b>  <i>Standard cost sharing:</i>                      You pay \$10 per prescription, including a month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is \$0.</p> <p><i>Preferred cost sharing:</i>                      You pay \$0 per prescription, including a month supply of each covered insulin product on this tier.</p>	<p>Your cost for a one-month supply:</p> <p><b>Preferred Generic:</b>  <i>Standard cost sharing:</i>                      You pay \$5 per prescription, including a month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is \$0.</p> <p><i>Preferred cost sharing:</i>                      You pay \$0 per prescription, including a month supply of each covered insulin product on this tier.</p> <p><b>Generic:</b>  <i>Standard cost sharing:</i>                      You pay \$20 per prescription, including a month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is \$10.</p> <p><i>Preferred cost sharing:</i>                      You pay \$10 per prescription, including a 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>	<p><b>Preferred Brand:</b>  <i>Standard cost sharing:</i>            You pay \$45 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 \$45.  <i>Preferred cost sharing:</i>            You pay \$40 per prescription.            You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Non-Preferred Brand:</b>  <i>Standard cost sharing:</i>            You pay \$95 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 \$95.  <i>Preferred cost sharing:</i>            You pay \$90 per prescription.            You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p><b>Preferred Brand:</b>  <i>Standard cost sharing:</i>            You pay \$47 per prescription.            You pay \$35 per month supply of each covered insulin product on this tier.            Your cost for a one-month mail-order prescription is \$45.  <i>Preferred cost sharing:</i>            You pay \$45 per prescription.            You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Non-Preferred Brand:</b>  <i>Standard cost sharing:</i>            You pay \$100 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 \$95.  <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)
<b>Stage 2: Initial Coverage Stage (continued)</b>	<p><b>Specialty Tier:</b>  <i>Standard cost sharing:</i>            You pay 33% of the total cost.</p> <p>Your cost for a one-month mail-order prescription is 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><b>Specialty Tier:</b>  <i>Standard cost sharing:</i>            You pay 33% of the total cost.</p> <p>Your cost for a one-month mail-order prescription is 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.

**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**

In plan year 2025 there will be a Medicare Prescription Payment Plan, and a change to the payee name when mailing checks or utilizing online banking for automated payments of Plan Premium payments. The table below describes those changes. Please contact Customer Service for more information.

Description	2024 (this year)	2025 (next year)
<b>Medicare Prescription Payment Plan</b>	Not applicable	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December).</p> <p>To learn more about this payment option, please contact us at 1.866.845.1803 (TTY: 1.800.716.3231) or visit <a href="https://www.Medicare.gov">Medicare.gov</a>.</p>
<b>Plan Premium</b>	To be made payable to: PHP Medicare.	To be made payable to: University of Michigan Health Plan.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Covenant Advantage Plus

**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 Covenant Advantage Plus.

### 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 ([Medicare.gov/plan-compare](https://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, University of Michigan Health Plan 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 Covenant Advantage Plus.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Covenant Advantage Plus.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service 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 Michigan, the SHIP is called Michigan Medicare/Medicaid Assistance Program (MMAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Michigan Medicare/Medicaid Assistance Program (MMAP) 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.

In Michigan, you can call MMAP at 800.803.7174 (TTY: 711). You can learn more about MMAP by visiting their website [MMAPINC.org](http://MMAPINC.org).

## 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 help pay for your drug costs including monthly prescription drug premiums, annual 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 Michigan Drug Assistance 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 Michigan ADAP at 888.826.6565. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

Attn: Michigan Drug Assistance Program  
HIV Care Section  
Division of HIV and STI Programs  
Michigan Department of Health and Human Services  
P.O. Box 30727  
Lansing, MI 48909  
Phone: 888.826.6565 (toll-free) (Monday-Friday, 9 a.m. – 5 p.m.)  
Fax: 517.335.7723
- **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 1.866.845.1803 (TTY: 1.800.716.3231) or visit [Medicare.gov](https://www.Medicare.gov).

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Covenant Advantage Plus

Questions? We’re here to help. Please call Customer Service at 844.529.3757. (TTY only, call 711) We are available for phone calls seven days a week from 8 a.m. to 8 p.m. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day. Calls to this number 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 Covenant Advantage Plus. 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 [MyMedicarePortal.org](https://www.MyMedicarePortal.org). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [MyMedicarePortal.org](https://www.MyMedicarePortal.org). As a reminder, our website has the most up-to-date information about our provider network (*Provider/Pharmacy 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 ([Medicare.gov](https://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 [Medicare.gov/plan-compare](https://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 ([Medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](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.

## Notice of Availability of Language Assistance Services and Auxiliary Aids

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the number on your Member ID card or speak to your provider.

ATENCIÓN: Si habla español, los servicios de asistencia con el idioma están disponibles para usted sin cargo. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al número que figura en la tarjeta de identificación de miembro o hable con su proveedor.

تنبيه: إذا كنت تتحدث العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم الموجود على بطاقة ID هوية العضو الخاصة بك أو تحدث مع مقدم الخدمة الخاص بك.

請注意：如果您說中文，您可以免費獲得語言協助服務。另免費提供適當的輔助工具和服務並以無障礙格式提供資訊。請致電您的會員 ID 卡上的電話號碼或聯絡您的提供者。

请注意：如果您说中文，您可以免费获得语言协助服务。另免费提供适当的辅助工具和服务并以无障碍格式提供信息。请致电您的会员 ID 卡上的电话号码或联系您的提供者。

تنبیه: اگر شما فارسی صحبت می‌کنید، خدمات کمک‌های زبانی رایگان در دسترس است. همچنین ابزارها و خدمات کمکی مناسبی برای ارائه اطلاعات در قالب‌های قابل دسترس نیز به صورت رایگان در دسترس است. با شماره تلفن موجود بر روی کارت شناسایی عضو خود تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí sẽ có sẵn cho quý vị. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Hãy gọi số trên thẻ ID Thành viên của quý vị hoặc nói chuyện với nhà cung cấp của quý vị.

KINI PARASYSH: Nëse flisni shqip, ofrohen shërbime falas të ndihmës gjuhësore. Ndihamat dhe shërbimet e përshtatshme ndihmëse për të ofruar informacion në formate të aksesueshme janë gjithashtu të disponueshme pa pagesë. Telefononi numrin në kartën tuaj të identitetit të Anëtarit ose flisni me ofruesin tuaj të shërbimit.

주의 사항: 한국어를 구사하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 액세스 가능한 형식으로 정보를 제공하기 위해 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 가입자 ID 카드에 기재된 전화번호로 연락하시거나 귀하의 의료 제공자에게 문의하시길 바랍니다.

মনোযোগ: আপনি যদি ভাষা সন্নিবেশ করান কথা বলেন তবে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সাহায্য এবং পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। আপনার সদস্য আইডি কার্ডের নম্বরে কল করুন বা আপনার প্রদানকারীর সাথে কথা বলুন।



**UWAGA:** Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Odpowiednie materiały pomocnicze i usługi zapewniające informacje w dostosowanych formatach są również dostępne bezpłatnie. Należy zadzwonić pod numer podany na karcie członkowskiej lub porozmawiać z lekarzem prowadzącym.

**HINWEIS:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie die Nummer auf Ihrer Versichertenkarte an oder sprechen Sie mit Ihrem Dienstleister.

**ATTENZIONE:** Se parli Italiano, sono a tua disposizione servizi gratuiti di assistenza linguistica. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero sulla tua tessera ID membro o parla con il tuo fornitore.

注意：言語を挿入を話せる場合は、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助手段やサービスも無料をご利用いただけます。会員 ID カードに記載されている番号に電話するか、プロバイダーにお問い合わせください。

**ВНИМАНИЕ:** если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также можно получить бесплатно. Позвоните по номеру, указанному на вашей идентификационной карточке участника плана, или обратитесь к своему врачу.

**PAŽNJA:** Ako govorite srpski, dostupne su vam besplatne usluge jezičke pomoći. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima takođe su dostupne besplatno. Pozovite broj sa vaše članske ID kartice ili razgovarajte sa vašim operaterom.

**BIGYANG-PANSIN:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Ang mga naaangkop na pantulong na suporta at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang libre. Tawagan ang numero sa iyong card ng Member ID o makipag-usap sa iyong provider.

**MyMedicarePortal.org**

**Toll-free: 844-529-3757 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week<sup>‡</sup>**

**PO Box 7119, Troy, MI 48007**

<sup>‡</sup> You may reach a messaging service on weekends from April 1 through Sept. 30 and holidays. Please leave a message and your call will be returned the next business day.

Covenant Advantage is an HMO-POS plan with a Medicare contract. Enrollment in Covenant Advantage depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat University of Michigan Health Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the costsharing that applies to out-of-network services.

University of Michigan Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-529-3757 (TTY: 711). <sup>‡</sup>

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 844-529-3757 (رقم هاتف الصم والبكم: 711).