

SERVING COUNTIES

Bay
Calhoun
Clinton
Eaton
Gratiot
Huron
Ingham
Ionia
Jackson
Kalamazoo
Livingston
Montcalm
Saginaw
Sanilac
Shiawassee
Tuscola
Washtenaw

Annual Notice of Change

University of Michigan Health Advantage Flex (PPO)
CY2025

University of Michigan Health Advantage Flex (PPO) offered by University of Michigan Health Plan.

Annual Notice of Changes for 2025

You are currently enrolled as a member of PHP Medicare Advantage, on January 1, 2025, the Plan's name is changing to University of Michigan Health Advantage Flex. 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. 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.**

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.

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 University of Michigan Health Advantage Flex.
- 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 University of Michigan Health Advantage Flex.
- 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.

About University of Michigan Health Advantage Flex

- University of Michigan Health Advantage Flex is a PPO 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 University of Michigan Health Advantage Flex.
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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for University of Michigan Health Advantage Flex in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 2.1 for details.</p>	\$0	\$0
<p>Maximum out-of-pocket amounts</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	<p>In-Network From network providers: \$5,500 maximum out-of-pocket amount.</p> <p>Combined Out-of-Network From network and out-of-network providers: \$5,500 maximum out-of-pocket amount.</p>	<p>In-Network From network providers: \$5,500 maximum out-of-pocket amount.</p> <p>Combined Out-of-Network From network and out-of-network providers: \$5,500 maximum out-of-pocket amount.</p>
<p>Doctor office visits</p>	<p>In-Network Primary care visits: \$0 per visit Specialist visits: \$45 per visit</p> <p>Out-of-Network Primary care visits: \$25 per visit Specialist visits: \$55 per visit</p>	<p>In-Network Primary care visits: \$0 per visit Specialist visits: \$35 per visit</p> <p>Out-of-Network Primary care visits: \$25 per visit Specialist visits: \$40 per visit</p>
<p>Inpatient hospital stays</p>	<p>In-Network \$350 copay per day, per stay: Days 1-5 \$0 copay per day, per stay: Days 6 and beyond</p>	<p>In-Network \$350 copay per day, per stay: Days 1-5 \$0 copay per day, per stay: Days 6 and beyond</p>

Cost	2024 (this year)	2025 (next year)
<p>Inpatient hospital stays (continued)</p>	<p>Out-of-Network 40% 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>Out-of-Network 30% 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>Part D prescription drug coverage (See Section 2.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copays/Coinsurance during the Initial Coverage Stage:</p> <p>Preferred Pharmacy 30-day Supply</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copay, including a month supply of each covered insulin product on this tier. • Drug Tier 2: \$0 copay, including a month supply of each covered insulin product on this tier. • Drug Tier 3: \$42 copay You pay \$35 per month supply of each covered insulin product on this tier. 	<p>Deductible: \$0</p> <p>Copays/Coinsurance during the Initial Coverage Stage:</p> <p>Preferred Pharmacy 30-day Supply</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copay, including a month supply of each covered insulin product on this tier. • Drug Tier 2: \$10 copay, including a month supply of each covered insulin product on this tier. • Drug Tier 3: \$47 copay You pay \$35 per month supply of each covered insulin product on this tier.

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

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (continued)	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. • You may have cost-sharing for drugs that are covered under our enhanced benefit. 	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 We Are Changing the Plan’s Name

On January 1, 2025, our plan name will change from PHP Medicare Advantage to University of Michigan Health Advantage Flex.

We will be sending new membership ID cards for plan year 2025 to you in the mail and member communication for 2025 will reference University of Michigan Health Plan.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium	\$0	\$0
<p>There is no change for the upcoming benefit year.</p> <p>(You must also continue to pay your Medicare Part B premium.)</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.

Section 2.2 – 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)
<p>In-network maximum out-of-pocket amount</p> <p>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.</p>	\$5,500	<p>\$5,500</p> <p>Once you have paid \$5,500 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.</p>
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	\$5,500	<p>\$5,500</p> <p>Once you have paid \$5,500 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.</p>

Section 2.3 – 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. 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 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 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 2.4 – 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 chronic low back pain	<p>In-Network You pay a \$45 copay for each Medicare-covered acupuncture visit.</p> <p>Out-of-Network You pay a \$55 copay for each Medicare-covered acupuncture visit.</p>	<p>In-Network You pay a \$35 copay for each Medicare-covered acupuncture visit.</p> <p>Out-of-Network You pay a \$40 copay for each Medicare-covered acupuncture visit.</p>
Cardiac rehabilitation services	<p>Out-of-Network You pay a 40% coinsurance for Medicare-covered cardiac rehabilitation services (based on the Medicare allowable amount).</p> <p>You pay a 40% coinsurance for Medicare-covered intensive cardiac rehabilitation services (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for Medicare-covered cardiac rehabilitation services (based on the Medicare allowable amount).</p> <p>You pay a 30% coinsurance for Medicare-covered intensive cardiac rehabilitation services (based on the Medicare allowable amount).</p>
Chiropractic services	<p>Out-of-Network You pay a 40% coinsurance for Medicare-covered chiropractic services (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for Medicare-covered chiropractic services (based on the Medicare allowable amount).</p>
Dental services	<p><u>Medicare-covered</u> In-Network You pay a \$45 copay for Medicare-covered dental services.</p> <p>Out-of-Network You pay a \$55 copay for Medicare-covered dental services.</p>	<p><u>Medicare-covered</u> In-Network You pay a \$35 copay for Medicare-covered dental services.</p> <p>Out-of-Network You pay a \$40 copay for Medicare-covered dental services.</p>

Cost	2024 (this year)	2025 (next year)
<p>Dental services (continued)</p>	<p><u>Routine dental In-Network Comprehensive</u> You pay a 50% coinsurance, after deductible, for amalgam and resin fillings, endodontics, perio surgical and non-surgical procedures, simple and surgical extractions, repair of, or replacement of full or partial denture, removable complete, partial, immediate, overdentures or fixed dentures including retainer crowns.</p>	<p><u>Routine dental In-Network Comprehensive</u> You pay a 40% coinsurance, after deductible, for amalgam and resin fillings, endodontics, perio surgical and non-surgical procedures, simple and surgical extractions, repair of, or replacement of full or partial denture. You pay a 50% coinsurance, after deductible, for removable complete, partial, immediate, overdentures or fixed dentures including retainer crowns, bridges or brush biopsy.</p>
	<p>You pay a 70% coinsurance, after deductible, for inlays/onlays, crown and associated services.</p>	<p>You pay a 40% coinsurance, after deductible, for inlays/onlays. You pay 50% coinsurance for crown and crown repairs.</p>
	<p>You pay a 50% coinsurance, after deductible, for perio surgical/non-surgical following active therapy and emergency palliative treatment.</p>	<p>You pay a 40% coinsurance, after deductible, for perio surgical following active therapy. You pay a 0% coinsurance for emergency palliative treatment.</p>
	<p><u>Out-of-Network</u> You pay a 85% coinsurance, after deductible, for inlays/onlays, crown and associated services.</p>	<p><u>Out-of-Network</u> You pay a 75% coinsurance for removable complete, partial, immediate, overdentures or fixed dentures including retainer crowns, bridges and brush biopsy. You pay a 75% coinsurance, after deductible, for inlays/onlays, crown and associated services.</p>

Cost	2024 (this year)	2025 (next year)
<p>Diabetes self-management training, diabetic services and supplies</p>	<p>Out-of-Network You pay a 40% coinsurance for Medicare-covered diabetes monitoring supplies (based on the Medicare allowable amount).</p> <p>You pay a 40% coinsurance for Medicare-covered diabetic therapeutic custom-molded shoes or inserts (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for Medicare-covered diabetes monitoring supplies (based on the Medicare allowable amount).</p> <p>You pay a 30% coinsurance for Medicare-covered diabetic therapeutic custom-molded shoes or inserts (based on the Medicare allowable amount).</p>
<p>Durable medical equipment (DME) and related supplies</p>	<p>Out-of-Network You pay a 40% coinsurance for Medicare-covered durable medical equipment (based on the Medicare allowable amount).</p> <p>Your cost-sharing for Medicare oxygen equipment coverage is a 40% coinsurance every month. After 36 months of rental payments, your cost-sharing becomes a 40% coinsurance of the maintenance fee.</p> <p>If prior to enrolling in PHP Medicare Advantage you had made 36 months of rental payment for oxygen equipment coverage, your cost-sharing in PHP Medicare Advantage is a 40% coinsurance of the maintenance fee.</p>	<p>Out-of-Network You pay a 30% coinsurance for Medicare-covered durable medical equipment (based on the Medicare allowable amount).</p> <p>Your cost-sharing for Medicare oxygen equipment coverage is a 30% coinsurance every month. After 36 months of rental payments, your cost-sharing becomes a 30% coinsurance of the maintenance fee.</p> <p>If prior to enrolling in University of Michigan Health Advantage Flex you had made 36 months of rental payment for oxygen equipment coverage, your cost-sharing in University of Michigan Health Advantage Flex is a 30% coinsurance of the maintenance fee.</p>

Cost	2024 (this year)	2025 (next year)
Emergency care	<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 \$125 copay for Medicare-covered emergency care within the U.S.</p> <p>You pay a \$125 copay for emergency care outside the U.S.</p>
Flexible Spending Card	<p>Flexible Spending Card is not covered.</p>	<p>There is a quarterly credit of \$105 via the Flexible Spending Card that may be used for over-the-counter (OTC) items. The Flexible Spending Card may also be used for covered medical cost-shares across the following Medicare-covered categories: acupuncture for chronic low back pain services, additional telehealth services, chiropractic services, occupational therapy services, opioid treatment program services, outpatient diagnostic tests and therapeutic services and supplies, outpatient mental health services and substance use disorder services (excluding intensive outpatient services), physical therapy and/or speech and language pathology services, physician specialist services (excluding psychiatric services), podiatry services, primary care physician services, and urgently needed services.</p> <p>Please refer to Chapter 4, Section 2.2 in your 2025 Evidence of Coverage for specific details on the Flexible Spending Card.</p>

Cost	2024 (this year)	2025 (next year)
Hearing services	<p>Out-of-Network You pay a 40% coinsurance for a Medicare-covered hearing exam (based on the Medicare allowable amount).</p> <p>You pay a 40% coinsurance for routine hearing exam (based on the Medicare allowable amount).</p> <p>You pay a 40% coinsurance for one fitting/evaluation for hearing aids every two calendar years (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for a Medicare-covered hearing exam (based on the Medicare allowable amount).</p> <p>You pay a 30% coinsurance for routine hearing exam (based on the Medicare allowable amount).</p> <p>You pay a 30% coinsurance for one fitting/evaluation for hearing aids every two calendar years (based on the Medicare allowable amount).</p>
Home health agency care	<p>Out-of-Network You pay a 40% coinsurance for Medicare-covered home health visits (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for Medicare-covered home health visits (based on the Medicare allowable amount).</p>
Inpatient hospital care	<p>Out-of-Network You pay a 40% coinsurance for each Medicare-covered inpatient hospital stay (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for each Medicare-covered inpatient hospital stay (based on the Medicare allowable amount).</p>
Inpatient services in a psychiatric hospital	<p>Out-of-Network You pay a 40% coinsurance for each Medicare-covered inpatient mental health stay (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for each Medicare-covered inpatient mental health stay (based on the Medicare allowable amount).</p>
Meal benefit	<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>

Cost	2024 (this year)	2025 (next year)
<p>Medicare Part B prescription drugs</p>	<p>Out-of-Network You pay a 40% coinsurance or the adjusted beneficiary coinsurance amount as provided by CMS, whichever is less, for Medicare Part B covered drugs (other than Part B insulin).</p> <p>You pay a 40% coinsurance with a maximum monthly cost of \$35 for a one-month supply of Medicare Part B insulin.</p>	<p>Out-of-Network You pay a 30% coinsurance or the adjusted beneficiary coinsurance amount as provided by CMS, whichever is less, for Medicare Part B covered drugs (other than Part B insulin).</p> <p>You pay a 20% coinsurance with a maximum monthly cost of \$35 for a one-month supply of Medicare Part B insulin.</p>
<p>Opioid treatment program services</p>	<p>Out-of-Network You pay a 40% coinsurance for Medicare-covered opioid treatment program services (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for Medicare-covered opioid treatment program services (based on the Medicare allowable amount).</p>

Cost	2024 (this year)	2025 (next year)
<p>Outpatient diagnostic tests and therapeutic services and supplies</p>	<p>In-Network You pay a \$10 copay for Medicare-covered lab services.</p> <p>Out-of-Network You pay a 40% coinsurance for Medicare-covered x-rays (based on the Medicare allowable amount).</p> <p>You pay a 40% coinsurance for Medicare-covered therapeutic radiology services (based on the Medicare allowable amount).</p> <p>You pay a 40% coinsurance for Medicare-covered lab services (based on the Medicare allowable amount).</p> <p>You pay a 40% coinsurance for other Medicare-covered diagnostic radiology services (not including x-rays) (based on the Medicare allowable amount).</p> <p>You pay a 40% coinsurance for other Medicare-covered diagnostic procedures and tests (based on the Medicare allowable amount).</p>	<p>In-Network You pay a \$0 copay for Medicare-covered lab services.</p> <p>Out-of-Network You pay a 30% coinsurance for Medicare-covered x-rays (based on the Medicare allowable amount).</p> <p>You pay a 30% coinsurance for Medicare-covered therapeutic radiology services (based on the Medicare allowable amount).</p> <p>You pay a 30% coinsurance for Medicare-covered lab services (based on the Medicare allowable amount).</p> <p>You pay a 30% coinsurance for other Medicare-covered diagnostic radiology services (not including x-rays) (based on the Medicare allowable amount).</p> <p>You pay a 30% coinsurance for other Medicare-covered diagnostic procedures and tests (based on the Medicare allowable amount).</p>
<p>Outpatient hospital observation</p>	<p>Out-of-Network You pay a 40% coinsurance per stay for Medicare-covered outpatient hospital observation services (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance per stay for Medicare-covered outpatient hospital observation services (based on the Medicare allowable amount).</p>
<p>Outpatient hospital services</p>	<p>Out-of-Network You pay a 40% coinsurance per stay for Medicare-covered outpatient hospital services (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance per stay for Medicare-covered outpatient hospital services (based on the Medicare allowable amount).</p>

Cost	2024 (this year)	2025 (next year)
<p>Outpatient mental health care</p>	<p>Out-of-Network You pay a 40% coinsurance for Medicare-covered outpatient mental health care (based on the Medicare allowable amount).</p> <p>You pay a 40% coinsurance for Medicare-covered intensive outpatient services (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for Medicare-covered outpatient mental health care (based on the Medicare allowable amount).</p> <p>You pay a 30% coinsurance for Medicare-covered intensive outpatient services (based on the Medicare allowable amount).</p>
<p>Outpatient rehabilitation services</p>	<p>Out-of-Network You pay a 40% coinsurance for Medicare-covered outpatient rehabilitation services (based on the Medicare allowable amount).</p> <p>You pay a 40% coinsurance for Medicare-covered physical therapy and/or speech and language pathology visit (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for Medicare-covered outpatient rehabilitation services (based on the Medicare allowable amount).</p> <p>You pay a 30% coinsurance for Medicare-covered physical therapy and/or speech and language pathology visit (based on the Medicare allowable amount).</p>
<p>Outpatient substance abuse services</p>	<p>Out-of-Network You pay a 40% coinsurance for Medicare-covered outpatient substance abuse services (based on the Medicare allowable amount).</p> <p>You pay a 40% coinsurance for Medicare-covered intensive outpatient services (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for Medicare-covered outpatient substance abuse services (based on the Medicare allowable amount).</p> <p>You pay a 30% coinsurance for Medicare-covered intensive outpatient services (based on the Medicare allowable amount).</p>
<p>Outpatient surgery, including services provided at a hospital outpatient facilities and ambulatory surgery centers</p>	<p>Out-of-Network You pay a 40% coinsurance for each Medicare-covered surgery at an ambulatory surgical center (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for each Medicare-covered surgery at an ambulatory surgical center (based on the Medicare allowable amount).</p>

Cost	2024 (this year)	2025 (next year)
Outpatient surgery, including services provided at a hospital outpatient facilities and ambulatory surgery centers (continued)	You pay a 40% coinsurance for each Medicare-covered surgery at an outpatient hospital facility (based on the Medicare allowable amount).	You pay a 30% coinsurance for each Medicare-covered surgery at an outpatient hospital facility (based on the Medicare allowable amount).
Over-the-counter items	<p>Quarterly credit of \$90.</p> <p>Online or telephone orders with Convey are limited to 1 per quarter.</p> <p>No rollover of dollars from quarter to quarter.</p>	<p>Quarterly credit of \$105 via the Flexible Spending Card.</p> <p>The Flexible Spending Card provides coverage as part of combined benefits totaling \$105 per quarter to be used across certain medical copays and over-the-counter benefits.</p> <p>Online or telephone orders with Convey are limited to 2 per quarter.</p> <p>No rollover of dollars from quarter to quarter.</p> <p>Please refer to Chapter 4, Section 2.2 in your 2025 Evidence of Coverage for specific details on the Flexible Spending Card.</p>
Partial hospitalization services and Intensive outpatient services	<p>Out-of-Network</p> <p>You pay a 40% coinsurance for Medicare-covered partial hospitalization (based on the Medicare allowable amount).</p>	<p>Out-of-Network</p> <p>You pay a 30% coinsurance for Medicare-covered partial hospitalization (based on the Medicare allowable amount).</p>

Cost	2024 (this year)	2025 (next year)
Physician/ Practitioner services, including doctor's office visits	<p>In-Network You pay a \$45 copay for each Medicare-covered specialist visit.</p> <p>Out-of-Network You pay a \$55 copay for each Medicare-covered specialist visit.</p> <p>You pay a \$25 copay or 40% coinsurance for virtual/telehealth visits.</p>	<p>In-Network You pay a \$35 copay for each Medicare-covered specialist visit.</p> <p>Out-of-Network You pay a \$40 copay for each Medicare-covered specialist visit.</p> <p>You pay a \$25 copay or 30% coinsurance for virtual/telehealth visits.</p>
Podiatry services	<p>In-Network You pay a \$45 copay for each Medicare-covered podiatry service.</p> <p>Out-of-Network You pay a \$55 copay for each Medicare-covered podiatry service.</p>	<p>In-Network You pay a \$35 copay for each Medicare-covered podiatry service.</p> <p>Out-of-Network You pay a \$40 copay for each Medicare-covered podiatry service.</p>
Prosthetic devices and related supplies	<p>Out-of-Network You pay a 40% coinsurance for Medicare-covered prosthetic devices and related supplies (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for Medicare-covered prosthetic devices and related supplies (based on the Medicare allowable amount).</p>
Pulmonary rehabilitation services	<p>Out-of-Network You pay a 40% coinsurance per day for Medicare-covered pulmonary rehabilitation services (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance per day for Medicare-covered pulmonary rehabilitation services (based on the Medicare allowable amount).</p>
Service to treat kidney disease	<p>Out-of-Network You pay a 40% coinsurance for Medicare-covered renal dialysis (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for Medicare-covered renal dialysis (based on the Medicare allowable amount).</p>

Cost	2024 (this year)	2025 (next year)
Skilled nursing facility (SNF) care	<p>Out-of-Network You pay a 40% coinsurance for Medicare-covered skilled nursing facility (SNF) stay (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for Medicare-covered skilled nursing facility (SNF) stay (based on the Medicare allowable amount).</p>
Supervised Exercise Therapy (SET)	<p>Out-of-Network You pay a 40% coinsurance for Medicare-covered Supervised Exercise Therapy (SET) services (based on the Medicare allowable amount).</p>	<p>Out-of-Network You pay a 30% coinsurance for Medicare-covered Supervised Exercise Therapy (SET) services (based on the Medicare allowable amount).</p>
Transportation – non-emergent	<p>In-Network You pay a \$0 copay for 20 one-way trips to plan-approved locations every year, provided by the network transportation provider (MTM).</p>	<p>In-Network You pay a \$0 copay for 20 one-way trips to plan-approved locations every year, provided by the network transportation provider (<u>Kaizen Health</u>).</p>
Urgently needed services	<p>In-Network You pay a \$60 copay for Medicare-covered urgently needed care within the U.S.</p>	<p>In-Network You pay a \$55 copay for Medicare-covered urgently needed care within the U.S.</p>
	<p>Out-of-Network You pay a \$90 copay for urgently needed care outside the U.S.</p>	<p>Out-of-Network You pay a \$125 copay for urgently needed care outside the U.S.</p>

Cost	2024 (this year)	2025 (next year)
<p>Vision care</p>	<p><u>Medicare-covered In-Network</u> You pay a \$45 copay for each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits.</p> <p>The plan covers up to \$200 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><u>Out-of-Network</u> You pay a \$55 copay for each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits.</p> <p>You pay a 40% coinsurance for 1 pair of Medicare-covered eyeglass frames or 1 pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery (based on the Medicare allowable amount).</p> <p><u>Routine vision care Out-of-Network</u> You pay a \$0 copay for 1 routine eye exam every calendar year.</p>	<p><u>Medicare-covered In-Network</u> You pay a \$35 copay for each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits.</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><u>Out-of-Network</u> You pay a \$40 copay for each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits.</p> <p>You pay a 30% coinsurance for 1 pair of Medicare-covered eyeglass frames or 1 pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery (based on the Medicare allowable amount).</p> <p><u>Routine vision care Out-of-Network</u> You pay a 30% coinsurance for 1 routine eye exam every calendar year.</p>

Section 2.5 – 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 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:

<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)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</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>Preferred Generic: <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>Generic: <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 \$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>Preferred Generic: <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>Generic: <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)
<p>Stage 2: Initial Coverage Stage (continued)</p>	<p>Preferred Brand: <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 \$42. <i>Preferred cost sharing:</i> You pay \$42 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Non-Preferred Brand: <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>	<p>Preferred Brand: <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 \$47. <i>Preferred cost sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Non-Preferred Brand: <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 \$100. <i>Preferred cost sharing:</i> You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage (continued)	<p>Specialty Tier: <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>Specialty Tier: <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 3 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 Late Enrollment Penalties.

Description	2024 (this year)	2025 (next year)
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 us at 1.866.845.1803 (TTY: 1.800.716.3231) or visit Medicare.gov.</p>
Late Enrollment Penalties	To be made payable to: PHP Medicare.	To be made payable to: University of Michigan Health Plan.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in University of Michigan Health Advantage Flex

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 University of Michigan Health Advantage Flex.

Section 4.2 – 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 ([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 6), or call Medicare (see Section 8.2).

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 University of Michigan Health Advantage Flex.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from University of Michigan Health Advantage Flex.
- 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 5 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 6 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.

SECTION 7 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 8 Questions?

Section 8.1 – Getting Help from University of Michigan Health Advantage Flex

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 University of Michigan Health Advantage Flex. 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 8.2 – 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。

تذکرہ: اگر آپ عربی بولتے ہیں، تو مفت زبان کی مدد کی خدمات دستیاب ہیں۔ مناسب معاونت کے آلات اور خدمات بھی مفت فراہم کی جاسکتی ہیں۔ اپنی ID کارڈ پر درج کردہ نمبر پر رابطہ کریں یا فراہم کنندہ سے بات کریں۔

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. Ndhimat 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 također 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[‡]

PO Box 7119, Troy, MI 48007

[‡] 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.

University of Michigan Health Advantage Flex is a PPO plan with a Medicare contract. Enrollment in University of Michigan Health Advantage Flex 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). [‡]

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