Wellcare Giveback (HMO) *offered by* Health Net of Arizona, Inc. (Arizona Complete Health)

Annual Notice of Changes for 2025

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

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.wellcare.com/allwellAZ. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including coverage restrictions and cost sharing.
- Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.

☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.

☐ Think about whether you are happy with our plan.

2. **COMPARE**: Learn about other plan choices

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

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2024, you will stay in Wellcare Giveback (HMO).
- 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 Wellcare Giveback (HMO).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-800-977-7522 for additional information. (TTY users should call 711.) Hours are: Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day. This call is free.
- We must provide information in a way that works for you (in languages other than English, in braille, in audio, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Wellcare Giveback (HMO)

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Health Net of Arizona, Inc. When it says “plan” or “our plan,” it means Wellcare Giveback (HMO).

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Wellcare Giveback (HMO) in several important areas. **Please note this is only a summary of costs**.

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Deductible	$240 except for insulin furnished through an item of durable medical equipment.	$240 except for insulin furnished through an item of durable medical equipment. This is the 2024 Medicare-defined amount and may change for 2025. Please contact Member Services for more information.
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: $4,400	From network providers: $4,400
Doctor office visits	Primary care visits: $0 copay per visit Specialist visits: $40 copay per visit	Primary care visits: $0 copay per visit Specialist visits: $40 copay per visit
Inpatient hospital stays	For covered admissions, per admission: $350 copay per day, for days 1 to 6 and a $0 copay per day, for days 7 to 90 for each covered hospital stay	For covered admissions, per admission: $395 copay per day, for days 1 to 7 and a $0 copay per day, for days 8 to 90 for each covered hospital stay

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $545 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1 - Preferred Generic Drugs: Standard cost sharing: You pay a $15 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a $0 copay for a one-month (30-day) supply. • Drug Tier 2 - Generic Drugs: Standard cost sharing: You pay a $20 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a $15 copay for a one-month (30-day) supply. • Drug Tier 3 - Preferred Brand Drugs: Standard cost sharing: You pay a $47 copay for a one-month (30-day) supply. You pay $35 per month supply of each covered	Deductible: $420 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1 - Preferred Generic Drugs: Standard cost sharing: You pay a $5 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a $0 copay for a one-month (30-day) supply. • Drug Tier 2 - Generic Drugs: Standard cost sharing: You pay a $10 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a $0 copay for a one-month (30-day) supply. • Drug Tier 3 - Preferred Brand Drugs: Standard cost sharing: You pay 25% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered

Cost	2024 (this year)	2025 (next year)
	insulin product on this tier. Preferred cost sharing: You pay a $42 copay for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 4 - Non-Preferred Drugs: Standard cost sharing: You pay 32% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. Preferred cost sharing: You pay 32% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 5 - Specialty Tier: Standard cost sharing: You pay 25% of the total cost for a one-month (30-day) supply.	insulin product on this tier. Preferred cost sharing: You pay 25% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 4 - Non-Preferred Drugs: Standard cost sharing: You pay 37% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. Preferred cost sharing: You pay 35% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 5 - Specialty Tier: Standard cost sharing: You pay 28% of the total cost for a one-month (30-day) supply.

Cost	2024 (this year)	2025 (next year)
	You pay $35 per month supply of each covered insulin product on this tier. Preferred cost sharing: You pay 25% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 6 - Select Care Drugs: Standard cost sharing: You pay a $0 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a $0 copay for a one-month (30-day) supply. Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs **and for excluded drugs that are covered under our enhanced benefit**. You pay nothing.	Preferred cost sharing: You pay 28% of the total cost for a one-month (30-day) supply. • Drug Tier 6 - Select Care Drugs: Standard cost sharing: You pay a $0 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a $0 copay for a one-month (30-day) supply. Catastrophic Coverage: • During this payment stage, you pay nothing for your covered Part D drugs **and for excluded drugs that are covered under our enhanced benefit**.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0
Part B Premium Reduction	$96	$88.70

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

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

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

Cost	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$4,400	$4,400 Once you have paid $4,400 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

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 www.2025wellcaredirectories.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider & Pharmacy Directory* www.2025wellcaredirectories.com 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* www.2025wellcaredirectories.com to see which pharmacies are in our network.**

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

Section 1.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2024 (this year)	2025 (next year)
Routine dental services - Comprehensive dental services - Diagnostic and Preventive Dental Services	Diagnostic dental services are covered under comprehensive dental services.	Diagnostic dental services are covered under diagnostic and preventive dental services.
Routine dental services - Comprehensive dental services	Up to a $1,000 allowance for in-network covered comprehensive dental services every year.	Your plan has no maximum allowance for in-network covered comprehensive dental services. Periodicity limits may apply. Please see your Evidence of Coverage (EOC) for more information.

Cost	2024 (this year)	2025 (next year)
Routine dental services - Diagnostic and Preventive Dental Services - Other Diagnostic Services	You pay 40% of the total cost.	You pay a $0 copay.
Routine dental services - Diagnostic and Preventive Dental Services - Other Diagnostic Services	Limited to 1 other diagnostic service(s) every year.	Limited to 1 other diagnostic service(s) every date of service to 36 months depending on type of service.
Routine dental services - Comprehensive dental services - Endodontics	You pay 40% of the total cost.	Routine Dental services – Comprehensive dental services - Endodontics are not covered.
Routine dental services - Comprehensive dental services - Endodontics	Limited to 1 endodontic service(s) per tooth per lifetime.	Routine Dental services - Comprehensive dental services - Endodontics are not covered.
Routine dental services - Comprehensive dental services - Oral and Maxillofacial Surgery	You pay 40% of the total cost.	Routine dental services - Comprehensive dental services - Oral and Maxillofacial Surgeries are not covered.
Routine dental services - Comprehensive dental services - Oral and Maxillofacial Surgery	Limited to 12 to 60 months or per lifetime or once per tooth per lifetime depending on the type of covered services.	Routine Dental services - Comprehensive dental services - Oral and Maxillofacial Surgeries are not covered.
Routine dental services - Comprehensive dental services - Periodontics	You pay 40% of the total cost.	Routine Dental services – Comprehensive dental services - Periodontics are not covered.
Routine dental services - Comprehensive dental services - Periodontics	Limited to 1 periodontic service(s) every 6 to 36 months depending on type of service.	Routine Dental services - Comprehensive dental services - Periodontics are not covered.
Routine dental services - Comprehensive dental services - Restorative Services	You pay 40% of the total cost.	Routine Dental services - Comprehensive dental services - Restorative Services are not covered.

Cost	2024 (this year)	2025 (next year)
Routine dental services - Comprehensive dental services - Restorative Services	Limited to 1 restorative service(s) every 12 to 84 months per tooth depending on type of service.	Routine Dental services - Comprehensive dental services - Restorative Services are not covered.
Routine dental services - Diagnostic and Preventive Dental Services - Dental X-Rays	Limited to 1 set(s) every 12 to 36 months depending on type of service.	Limited to 1 set(s) Every date of service to 36 months depending on type of service.
Routine dental services - Comprehensive dental services - Adjunctive General Services	You pay 40% of the total cost.	You pay a $0 copay.
Routine dental services - Diagnostic and Preventive Dental Services - Other Preventive Dental services	Routine Dental services - Diagnostic and Preventive dental services - Other Preventive Dental Services are not covered.	You pay a $0 copay.
Routine dental services - Diagnostic and Preventive Dental Services - Other Preventive Dental services	Routine Dental services - Diagnostic and Preventive dental services - Other Preventive Dental Services are not covered.	Limited to 1 other preventive dental services(s) every date of service to 36 months depending on type of service.
Emergency services	You pay a $120 copay for each Medicare-covered service. Copayment is waived if you are admitted to a hospital within 24 hours.	You pay a $125 copay for each Medicare-covered service. Copayment is waived if you are admitted to a hospital within 24 hours.
Emergency care - Worldwide Emergency Coverage	You pay a $120 copay for each covered service. Copayment is not waived if you are admitted to the hospital.	You pay a $125 copay for each covered service. Copayment is not waived if you are admitted to the hospital.

Cost	2024 (this year)	2025 (next year)
Fitness Benefit	You pay a $0 copay for the fitness benefit. The fitness benefit includes a fitness center membership at a participating fitness center or a home fitness kit including a wearable fitness tracker. You can receive up to 1 kit per benefit year. Members also have access to a digital fitness program, the 1:1 Healthy Aging Coaching program and the Well-Being Club.	You pay a $0 copay for the fitness benefit. The fitness benefit includes a fitness center membership at a participating fitness center or a home fitness kit including a wearable fitness tracker. You can receive up to 1 kit per benefit year. Members also have access to digital fitness programs, the 1:1 Well-Being Coaching program and the Well-Being Club.
Inpatient hospital care	For covered admissions, per admission: You pay a $350 copay per day, for days 1 to 6 and a $0 copay per day, for days 7 to 90 for each covered hospital stay	For covered admissions, per admission: You pay a $395 copay per day, for days 1 to 7 and a $0 copay per day, for days 8 to 90 for each covered hospital stay
Inpatient services in a psychiatric hospital	For Medicare-covered admissions, per admission: You pay a $350 copay per day, for days 1 to 6 and a $0 copay per day, for days 7 to 90 for each Medicare-covered hospital stay	For Medicare-covered admissions, per admission: You pay a $325 copay per day, for days 1 to 7 and a $0 copay per day, for days 8 to 90 for each Medicare-covered hospital stay
Nutritional/dietary counseling benefit	You pay a $0 copay for each individual nutritional/dietary counseling visit.	Nutritional/dietary counseling visits are not covered.

Cost	2024 (this year)	2025 (next year)
Outpatient diagnostic tests and therapeutic services and supplies - Outpatient x-ray services	You pay a $0 copay for each Medicare-covered service.	You pay a $25 copay for each Medicare-covered service.
Outpatient mental health care - Non-psychiatric services - Group sessions	You pay a $25 copay for each Medicare-covered Group Session. Telehealth for this service is not covered.	You pay a $25 copay for each Medicare-covered Group Session. Telehealth for this service is covered.
Outpatient mental health care - Psychiatric services - Group sessions	You pay a $25 copay for each Medicare-covered Group Session. Telehealth for this service is not covered.	You pay a $25 copay for each Medicare-covered Group Session. Telehealth for this service is covered.
Outpatient rehabilitation services - Occupational therapy	You pay a $35 copay for each Medicare-covered service.	You pay a $40 copay for each Medicare-covered service.
Outpatient substance use disorder services - Group sessions	You pay a $25 copay for each Medicare-covered Group Session. Telehealth for this service is not covered.	You pay a $25 copay for each Medicare-covered Group Session. Telehealth for this service is covered.
Outpatient surgery - Outpatient hospital services	You pay a $0 copay for a Medicare-covered diagnostic colonoscopy. You pay a $250 copay for all other Medicare-covered outpatient hospital services.	You pay a $0 copay for a Medicare-covered diagnostic colonoscopy. You pay 20% of the total cost for Medicare-covered outpatient surgical services. You pay a $250 copay for Medicare-covered non-surgical services, including outpatient palliative care.

Cost	2024 (this year)	2025 (next year)
Outpatient surgery - Outpatient hospital observation	You pay a $120 copay for outpatient observation services when you enter observation status through an emergency room. You pay a $250 copay for outpatient observation services when you enter observation status through an outpatient facility.	You pay a $125 copay for outpatient observation services when you enter observation status through an emergency room. You pay 20% of the total cost for outpatient observation services when you enter observation status through an outpatient facility.
Partial hospitalization services	You pay a $85 copay per day for each Medicare-covered service.	You pay a $105 copay per day for each Medicare-covered service.
Skilled nursing facility (SNF) care	For Medicare-covered admissions, per admission: You pay a $0 copay per day, for days 1 to 20, a $203 copay per day, for days 21 to 50, and a $0 copay per day, for days 51 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs.	For Medicare-covered admissions, per admission: You pay a $0 copay per day, for days 1 to 20, a $214 copay per day, for days 21 to 50, and a $0 copay per day, for days 51 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs.
Additional Smoking Cessation	You pay a $0 copay for each covered service, up to 5 visit(s) every year.	Additional smoking cessation services are not covered.
Urgently needed services - Worldwide Urgent Care Coverage	You pay a $120 copay for each covered service. Copayment is not waived if you are admitted to a hospital.	You pay a $125 copay for each covered service. Copayment is not waived if you are admitted to a hospital.
Vision care - Additional routine eyewear	Vision care – Additional routine eyewear is not covered.	Up to a $100 combined credit every year for all additional eyewear.

Cost	2024 (this year)	2025 (next year)
Vision care - Additional routine eyewear - Contact lenses	Vision care – Additional routine eyewear – Contact lenses are not covered.	You pay a $0 copay
Vision care - Additional routine eyewear - Contact lenses	Vision care – Additional routine eyewear – Contact lenses are not covered	Unlimited contact lenses every year.
Vision care - Additional routine eyewear - Eyeglass frames	Vision care – Additional routine eyewear – Eyeglass frames are not covered.	You pay a $0 copay
Vision care - Additional routine eyewear - Eyeglass frames	Vision care – Additional routine eyewear – Eyeglass frames are not covered	Unlimited eyeglass frames every year.
Vision care - Additional routine eyewear - Eyeglass lenses	Vision care – Additional routine eyewear – Eyeglass lenses are not covered.	You pay a $0 copay
Vision care - Additional routine eyewear - Eyeglass lenses	Vision care – Additional routine eyewear – Eyeglass lenses are not covered	Unlimited eyeglass lenses every year.
Vision care - Additional routine eyewear - Eyeglasses (lenses and frames)	Vision care – Additional routine eyewear – Eyeglasses (lenses and frames) are not covered.	You pay a $0 copay.
Vision care - Additional routine eyewear - Eyeglasses (lenses and frames)	Vision care – Additional routine eyewear – Eyeglasses (lenses and frames) are not covered.	Unlimited eyeglasses (lenses and frames) every year.
Vision care - Additional routine eyewear - Upgrades	Vision care – Additional routine eyewear – Upgrades are not covered.	You pay a $0 copay

Cost	2024 (this year)	2025 (next year)
Social Support Platform	Social support platform is not a covered benefit.	You pay a $0 copay for each covered service. Unlimited social support platform services every year. Our plan provides an online social support platform to support your overall well-being. You have access to community, therapeutic activities, and plan-sponsored resources to help manage stress and anxiety. The platform makes it easy for you to join and stay involved to maintain a healthy behavioral health journey. It is available online 24/7, so you can use it whenever you want. Twill platform includes: • Tailored Well-Being Programs • Peer and Expert Support • Personalized Digital Health Tools Please refer to your Evidence of Coverage for more details.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

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

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.

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

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

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

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

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

Changes to Prescription Drug Benefits and Costs

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

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

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

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier) drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	The deductible is $545. During this stage, you pay either $15 or $0 cost sharing for drugs on Tier 1: Preferred Generic Drugs, either $20 or $15 cost sharing for drugs on Tier 2: Generic Drugs, and $0 cost sharing for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs, and Tier 5: Specialty Tier until you have reached the yearly deductible.	The deductible is $420. During this stage, you pay either $5 or $0 cost sharing for drugs on Tier 1: Preferred Generic Drugs, either $10 or $0 cost sharing for drugs on Tier 2: Generic Drugs, and $0 cost sharing for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs, and Tier 5: Specialty Tier until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

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

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.**	Your cost for a one-month supply is:	Your cost for a one-month supply is:

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage (continued)		
	Drug Tier 1 - Preferred Generic Drugs: *Standard cost sharing:* You pay a $15 copay per prescription. Your cost for a one-month mail-order prescription is $15. *Preferred cost sharing:* You pay a $0 copay per prescription.	**Drug Tier 1 - Preferred Generic Drugs:** *Standard cost sharing:* You pay a $5 copay per prescription. Your cost for a one-month mail-order prescription is $5. *Preferred cost sharing:* You pay a $0 copay per prescription.
	Drug Tier 2 - Generic Drugs: *Standard cost sharing:* You pay a $20 copay per prescription. Your cost for a one-month mail-order prescription is $20. *Preferred cost sharing:* You pay a $15 copay per prescription. Your cost for a one-month mail-order prescription is $15.	**Drug Tier 2 - Generic Drugs:** *Standard cost sharing:* You pay a $10 copay per prescription. Your cost for a one-month mail-order prescription is $10. *Preferred cost sharing:* You pay a $0 copay per prescription. Your cost for a one-month mail-order prescription is $0.

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage (continued)		
For 2024 you paid a $47 or $42 copayment for drugs on Tier 3: Preferred Brand Drugs. For 2025 you will pay 25% coinsurance for drugs on this tier.	**Drug Tier 3 - Preferred Brand Drugs:** *Standard cost sharing:* You pay a $47 copay per prescription. Your cost for a one-month mail-order prescription is $47. *Preferred cost sharing:* You pay a $42 copay per prescription. Your cost for a one-month mail-order prescription is $42.	**Drug Tier 3 - Preferred Brand Drugs:** *Standard cost sharing:* You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 25%. *Preferred cost sharing:* You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 25%.
	Drug Tier 4 - Non-Preferred Drugs: *Standard cost sharing:* You pay 32% of the total cost. Your cost for a one-month mail-order prescription is 32%. *Preferred cost sharing:* You pay 32% of the total cost. Your cost for a one-month mail-order prescription is 32%.	**Drug Tier 4 - Non-Preferred Drugs:** *Standard cost sharing:* You pay 37% of the total cost. Your cost for a one-month mail-order prescription is 37%. *Preferred cost sharing:* You pay 35% of the total cost. Your cost for a one-month mail-order prescription is 35%.

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage (continued)		
	Drug Tier 5 - Specialty Tier: *Standard cost sharing:* You pay 25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 25%. *Preferred cost sharing:* You pay 25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 25%.	**Drug Tier 5 - Specialty Tier:** *Standard cost sharing:* You pay 28% of the total cost. Insulin products are <u>not</u> covered on this tier. Your cost for a one-month mail-order prescription is 28%. *Preferred cost sharing:* You pay 28% of the total cost. Insulin products are <u>not</u> covered on this tier. Your cost for a one-month mail-order prescription is 28%.
	Drug Tier 6 - Select Care Drugs: *Standard cost sharing:* You pay a $0 copay per prescription. *Preferred cost sharing:* You pay a $0 copay per prescription.	**Drug Tier 6 - Select Care Drugs**: *Standard cost sharing:* You pay a $0 copay per prescription. *Preferred cost sharing:* You pay a $0 copay per prescription.
We changed the tier for some of the drugs on our "Drug List." To see if your drugs will be in a different tier, look them up on the "Drug List." Most adult Part D vaccines are covered at no cost to you.	Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).	Once you have paid $2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

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

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

SECTION 2 Administrative Changes

The information in the Administrative Changes grid below reflects year over year changes to your plan that do not directly impact benefits or cost-shares.

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not Applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). To learn more about this payment option, please contact us at 1-833-750-9969. (TTY only, call 1-800-716-3231.) We are available for phone calls 24 hours a day, 7 days a week, 365 days a year or visit Medicare.gov.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Wellcare Giveback (HMO)

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 Wellcare Giveback (HMO).

Section 3.2 – If you want to change plans

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

Step 1: Learn about and compare your choices

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

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

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Wellcare Giveback (HMO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Wellcare Giveback (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *OR*– Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Arizona, the SHIP is called Arizona State Health Insurance Assistance Program (SHIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Arizona State Health Insurance Assistance Program (SHIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Arizona State Health Insurance Assistance Program (SHIP) at 1-800-432-4040 (TTY users should call 711). You can learn more about Arizona State Health Insurance Assistance Program (SHIP) by visiting their website (https://des.az.gov/services/aging-and-adult/state-health-insurance-assistance-program-ship).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

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

Assistance Program (ADAP). 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 Arizona AIDS Drug Assistance Program (ADAP) at 1-800-334-1540 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan**. The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  "Extra Help" from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-833-750-9969 (TTY only, call 1-800-716-3231.) We are available for phone calls 24 hours a day, 7 days a week, 365 days a year or visit Medicare.gov.

SECTION 7 Questions?

Section 7.1 – Getting Help from Wellcare Giveback (HMO)

Questions? We're here to help. Please call Member Services at 1-800-977-7522. (TTY only, call 711). We are available for phone calls. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day. Calls to these numbers are free.

Read your *2025 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Wellcare Giveback (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.wellcare.com/allwellAZ. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.wellcare.com/allwellAZ. 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 (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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Multi-Language Insert
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-844-428-2224 (TTY: 711)**. Someone who speaks English/ Language can help you. This is a free service.

Spanish: Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-844-428-2224 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

Chinese (Mandarin): 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-844-428-2224（TTY：711）**。您将获得中文普通话口译员的帮助。这是一项免费服务。

Chinese (Cantonese): 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-844-428-2224 (TTY：711)**。會說廣東話的人員可以幫助您。此為免費服務。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-844-428-2224 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-844-428-2224 (TTY : 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-844-428-2224 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-844-428-2224 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다**.** 통역사가 필요한 경우**, 1-844-428-2224(TTY: 711)**번으로 당사에 연락해 주십시오**.** 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다**.** 통역 서비스는 무료로 제공됩니다**.**

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов**,** вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-844-428-2224 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-844-428-2224 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Form CMS-10802
(Expires 12/31/25)
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Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-844-428-2224 (TTY: 711)** पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक निःशुल्क सेवा है।

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il **1-844-428-2224 (TTY: 711)**. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número **1-844-428-2224 (TTY: 711)**. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan **1-844-428-2224 (TTY: 711)**. Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-844-428-2224 (TTY: 711)**. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-844-428-2224**（**TTY：711**）にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

Bengali: আমাদের স্বাস্থ্য বা ড্রাগ বিষয়ক পরিকল্পনা সম্পর্কে আপনার সম্ভাব্য যে কোন প্রশ্নের উত্তর দেওয়ার জন্য আমাদের কাছে বিনামূল্যে ইন্টারপ্রেটার পরিষেবা রয়েছে। একজন ইন্টারপ্রেটার পেতে, খালি আমাদের **1-844-428-2224 (TTY: 711)** নম্বরে কল করুন। বাংলা বলতে পারে এমন কেউ আপনাকে সাহায্য করতে পারে। এই পরিষেবাটির জন্য কোনও খরচ নেই।

Nepali: हाम्रा स्वास्थ्य वा औषधिसम्बन्धी प्लानहरूको सम्बन्धमा तपाईंसँग हुन सक्ने जुनसुकै प्रश्नको जवाफ दिन हामीसँग निःशुल्क दोभासे सेवाहरू छन्। कुनै दोभासेको सेवा प्राप्त गर्न तपाईंले **1-844-428-2224 (TTY: 711)** मा हामीलाई कल मात्र गरे पुग्छ। नेपाली भाषा बोल्ने कुनै व्यक्तिले तपाईंलाई मद्दत गर्नुहुने छ। यो एक निःशुल्क सेवा हो।

Swahili: Tuna huduma za mkalimani zisizolipiwa wa kujibu maswali yoyote ambayo unaweza kuwa nayo kuhusu mpango wetu wa afya au dawa. Ili kupata mkalimani, tupigie tu simu kupitia **1-844-428-2224 (TTY: 711)**. Mtu anayezungumza Kiswahili anaweza kukusaidia. Huduma hii ni ya bila malipo.

Tamil: எங்கள் உடல்நலம் அல்லது மருந்துத் திட்டம் பற்றி உங்களுக்கு ஏதேனும் கேள்விகள் இருந்தால் பதிலளிப்பதற்காக இலவச மொழிபெயர்ப்பாளர் சேவைகளை வழங்குகிறோம். ஒரு மொழிபெயர்ப்பாளரை அணுக, **1-844-428-2224 (TTY: 711)** என்ற எண்ணில் எங்களை அழைக்கவும். தமிழ் பேசத் தெரிந்த ஒருவர் உங்களுக்கு உதவுவார். இது ஒரு இலவச சேவையாகும்.