Champion Advantage (HMO-POS CSNP) offered by Renal Payer Solutions, Inc. (doing business as Champion Health Plan)

Annual Notice of Changes for 2025

You are currently enrolled as a member of Champion Advantage (HMO C-SNP). 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 www.championhmo.com. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. 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 Champion Advantage (HMO-POS CSNP).
- 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 Champion Advantage (HMO C-SNP).
- 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 1-800-885-8000 for additional information. (TTY users should call 711). Hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 (except Thanksgiving and Christmas Day) and 8:00 a.m. to 8:00 p.m. Monday – Friday from April 1 – September 30. This call is free.
- The information is available in a different format, including Braille, large print, and audio tapes. Please call Member Services at the number listed above 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 Champion Advantage (HMO-POS CSNP)

- Champion Health Plan is an HMO-POS CSNP with a Medicare contract. Enrollment in Champion Health Plan depends on contract renewal.
- When this document says "we," "us," or "our," it means Renal Payer Solutions, Inc. (doing business as Champion Health Plan). When it says "plan" or "our plan," it means Champion Advantage (HMO-POS CSNP).

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Champion Advantage (HMO-POS CSNP) 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 3.1 for details.	$0	$0
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 3.2 for details.)	**In-Network:** $5,495.00	**In-Network and Out-of-Network/POS:** $499.00
Doctor office visits	**In-Network:** Primary care visits: $0 per visit Specialist visits: $0 per visit	**In-Network and Out-of-Network/POS:** Primary care visits: $0 per visit Specialist visits: $0 per visit
Inpatient hospital stays	**In-Network:** $0 copay per stay	**In-Network:** $0 copay per stay **Out-of-Network/POS:** Not covered
Part D prescription drug coverage (See Section 3.5 for details.)	Deductible: $0 Copayment or Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0	Deductible: $0 Copayment or Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0

Cost	2024 (this year)	2025 (next year)
	• Drug Tier 2: $8 You pay $8 per month supply of each covered insulin product on this tier. • Drug Tier 3: $47 You pay $20 per month supply of each covered insulin product on this tier. • Drug Tier 4: $100 You pay $20 per month supply of each covered insulin product on this tier. • Drug Tier 5: 33% You pay $20 per month supply of each covered insulin product on this tier. • Drug Tier 6: $0 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.	• Drug Tier 2: $3 You pay $3 per month supply of each covered insulin product on this tier. • Drug Tier 3: $47 You pay $20 per month supply of each covered insulin product on this tier. • Drug Tier 4: $100 You pay $20 per month supply of each covered insulin product on this tier. • Drug Tier 5: $33% You pay $20 per month supply of each covered insulin product on this tier. • Drug Tier 6: $0 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 We Are Changing the Plan's Name

On January 1, 2025, our plan name will change from Champion Advantage (HMO CSNP) to Champion Advantage (HMO-POS CSNP).

You will receive a new member ID card. If you do not receive your new card by December 31, 2024, please call our Member Services number on page 2 of this document.

Champion Advantage (HMO-POS C-SNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Point-of-Service option approved by Medicare and run by a private company. Point-of-Service means you can use providers outside the plan's network to obtain Medicare-covered Part A and Part B services, in most cases, at the same cost share. Additionally, some of your supplemental (additional) benefits that are not typically covered by Medicare, may be available under our POS benefit. Please see your Evidence of Coverage, Chapter 4, Section 2's Benefit Chart for the services available under the POS benefit. Prior Authorization and/or Referral may be required for the "Out-of-Network/POS" services.

When the using the POS benefit, make sure the out-of-network accepts Medicare and MediCal prior to receiving services. If your out-of-network provider is not participating in the Medicare program, your services will not be covered by Medicare or by our health plan.

SECTION 2 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Champion Advantage (HMO C-SNP) in 2025

The information in this document tells you about the differences between your current benefits in Champion Advantage (HMO C-SNP) and the benefits you will have on January 1, 2025 as a member of Champion Advantage (HMO-POS CSNP).

If you do nothing by December 7, 2024, we will automatically enroll you in our Champion Advantage (HMO-POS CSNP). This means starting January 1, 2025, you will be getting your medical and prescription drug coverage through Champion Advantage (HMO-POS CSNP). If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for "Extra Help," you may be able to change plans during other times.

SECTION 3 Changes to Benefits and Costs for Next Year

Section 3.1 – 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

- 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 3.2 – 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) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$5,495.00	$499.00 Once you have paid $499.00 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 3.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Updated directories are located on our website at www.championhmo.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 Directory* (www.championhmo.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 *Pharmacy Directory* (www.championhmo.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 3.4 – 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)
Medicare-covered Point-of-Service (POS) Option Cost share changes are listed in this chart for the individual benefits with changes, if any. *Prior Authorization and/or Referral may be required.*	Not covered	**These Medicare covered services are available under our POS Option**: • Acupuncture • Ambulatory Surgical Center (ASC) Services • Barium Enemas • Cardiac and Pulmonary Rehabilitation Services, including SET for PAD • Chiropractic Services • Diabetes Self-Management Training • Diabetic Supplies

Cost	2024 (this year)	2025 (next year)
Medicare-covered Point-of-Service (POS) Option (continued)		• Diabetic Therapeutic Shoes/Inserts • Diagnostic/Radiological/Therapeutic Procedures/Tests • Dialysis Services • Digital Rectal Exams • Durable Medical Equipment (DME) • EKG following Welcome Visit • Glaucoma Screening • Ground and Air Ambulance Services • Home Health Services • Individual and Group Sessions for Mental Health Specialty Services • Individual and Group Sessions for Outpatient Substance Abuse • Individual and Group Sessions for Psychiatric Services • Kidney Disease Education Services • Lab Services • Medical Supplies • Medicare Dental Services • Medicare Eye Exams and Eyewear • Medicare Hearing Exams • Medicare Part B Drugs • Medicare-covered Zero Dollar Preventive Services • Occupational Therapy Services

Cost	2024 (this year)	2025 (next year)
Medicare-covered Point-of-Service (POS) Option (continued)		• Opioid Treatment Program Services • Other Health Care Professional • Outpatient Blood Services • Outpatient Hospital Services and Observation Services • Outpatient X-Ray Services • Partial Hospitalization • Physical Therapy and Speech-Language Pathology Services • Physician Specialist Services • Podiatry Services • Primary Care Physician Services • Prosthetic Devices
Non-Medicare-covered Supplemental* (Additional) Benefits *These benefits do not count towards your maximum out-of-pocket (MOOP) amount Cost share changes are listed in this chart for the individual benefits with changes, if any. *Prior Authorization and/or Referral may be required.*	Not covered	**These Supplemental (Additional) Benefits are available under our POS Option**: • Annual Physical Exam • Health Education • Preventive and Comprehensive Dental Services • Routine Eye Exams and Eyewear • Routine Hearing Exams and Fitting/Evaluation for Hearing Aid • Support for Caregivers of Enrollees • Transportation Services - Plan Approved Health-related Location

Cost	2024 (this year)	2025 (next year)
Dental Services **Preventive and Comprehensive Dental Services*** *This benefit does not count towards your maximum out-of-pocket (MOOP) amount See the chart in Section 4 below for a full description of Champion Health Plan's new plan type (HMO-POS CSNP). *Prior Authorization and/or Referral may be required for comprehensive dental services both in-network and out-of-network.*	$3,000 maximum benefit limit for combined preventive and comprehensive services **In-Network:** <u>Preventive services</u> 0% coinsurance <u>Comprehensive services</u> • 20%-40% coinsurance for restorative services • 40% coinsurance for endodontics • 40% coinsurance for periodontics • 20% coinsurance for extractions • 20%-40% coinsurance for prosthodontics **Out-of-Network:** Not available.	$3,000 maximum benefit limit for combined preventive and comprehensive services **In-Network:** <u>Preventive services</u> 0% coinsurance <u>Comprehensive services</u> • 20% coinsurance for: o Restorative o Endodontics o Oral Surgery • 40% coinsurance for: o Periodontics o Prosthodontics o Maxillofacial prosthetics **Out-of-Network/POS:** <u>Preventive services</u> 20% coinsurance <u>Comprehensive services</u> • 30% coinsurance for: o Endodontics o Oral Surgery • 50% coinsurance for: o Restorative o Periodontics o Prosthodontics o Maxillofacial prosthetics

Cost	2024 (this year)	2025 (next year)
Emergency Care	$100 copay for each visit	$140 copay for each visit
Worldwide Emergency Care and Emergency Transportation* *This benefit does not count towards your maximum out-of-pocket (MOOP) amount	No Worldwide coverage offered.	$0 copay for worldwide emergency care and worldwide emergency transportation The plan covers emergency care and emergency transportation received worldwide up to a maximum benefit limit of $10,000 per year, not to exceed 60% of local Medicare rates. Maximum benefit limit includes worldwide urgently needed services. See Urgently Needed Services below in this chart. (Worldwide Emergency Care and Emergency Transportation refers to emergency care services received outside of the Unites States and its territories.)
Health and Wellness Education Program **Fitness Benefit*** *This benefit does not count towards your maximum out-of-pocket (MOOP) amount	Not covered	**In-Network:** $0 copay You are reimbursed up to $35 per month for fitness programs or memberships. **Out-of-Network/POS:** Not available.

Cost	2024 (this year)	2025 (next year)
Hearing Services **Routine Hearing Services and Hearing Aids*** *This benefit does not count towards your maximum out-of-pocket (MOOP) amount See the chart in Section 4 below for a full description of Champion Health Plan's new plan type (HMO-POS CSNP).	**In-Network:** $0 copay for: • Medicare-covered services • Routine hearing exam • Hearing aid fitting and evaluation $149 copay per hearing aid **Out-of-Network:** Not available.	**In-Network:** $0 copay for: • Medicare-covered services • Routine hearing exam • Hearing aid fitting and evaluation $149 copay per hearing aid **Out-of-Network/POS:** $0 copay for: • Medicare-covered services • Routine hearing exam • Hearing aid fitting and evaluation Hearing aids not covered.
Medicare Part B Prescription Drugs	**In-Network:** $0 - $20 for insulin depending on type	**In-Network and Out-of-Network/POS:** $0 copay for insulins on Tier 1. $24 copay for insulins on Tier 2.
Over the Counter (OTC)* *This benefit does not count towards your maximum out-of-pocket (MOOP) amount	**In-Network:** You receive $90 every three months	**In-Network:** You receive $300 every three months **Out-of-Network:** Not available.

Cost	2024 (this year)	2025 (next year)
Services to Treat Kidney Disease See the chart in Section 4 below for a full description of Champion Health Plan's new plan type (HMO-POS CSNP).	**In-Network:** $30 copay for Medicare-covered Dialysis services $0 copay for Medicare-covered kidney disease education *Prior authorization may be required* *Referral may be required* **Out-of-Network:** Not available.	**In-Network and Out-of-Network/POS:** $0 copay for Medicare-covered services including dialysis and kidney disease education *Prior authorization and/or Referral may be required for kidney disease education services.* **Out-of-Network/POS <u>Only</u>:** You are eligible for reimbursement at 80% of the Medicare rate up to a maximum allowance of $25,000 per year for dialysis services received in Mexico
Skilled Nursing Facility (SNF) Care	**In-Network:** $0 copay per day for Days 1-100	**In-Network:** $0 copay for Days 1 – 20 $214 copay for Days 21 – 100 **Out-of-Network:** Not available.

Cost	2024 (this year)	2025 (next year)
Support for Caregivers* *This benefit does not count towards your maximum out-of-pocket (MOOP) amount See the chart in Section 4 below for a full description of Champion Health Plan's new plan type (HMO-POS CSNP).	**In-Network:** $0 copay for covered services Limit of 12 days of respite care per year. **Out-of-Network:** Not available.	**In-Network and Out-of-Network/POS:** $0 copay for covered services Limit of 12 days of home dialysis treatments OR 12 4-hour respite care periods of coverage per year
Urgently Needed Services **Worldwide Urgently Needed Care*** *This benefit does not count towards your maximum out-of-pocket (MOOP) amount	$0 copay for each Medicare-covered visit No Worldwide coverage offered.	$0 copay for each Medicare-covered visit **Worldwide Urgently Needed Care** $0 copay The plan covers urgently needed care received worldwide up to a maximum benefit limit of $10,000 per year, not to exceed 60% of local Medicare rates. Maximum benefit limit includes worldwide emergency care and emergency transportation services. See Emergency Care above in this chart. (Worldwide Urgently Needed Care refers to urgent care received outside of the Unites States and its territories.)

Section 3.5 – 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 30, 2024, please call Member Services and ask for the *LIS Rider*.

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

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

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
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)
Stage 2: 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**. 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."	Your cost for a one-month supply is: **Tier 1 (Preferred Generic):** You pay $0 per prescription. You pay $0 per month supply of each covered insulin product on this tier.	Your cost for a one-month supply is: **Tier 1 (Preferred Generic):** You pay $0 per prescription. You pay $0 per month supply of each covered insulin product on this tier.

Stage	2024 (this year)	2025 (next year)
Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month mail-order prescription is $0.	Mail order is only available for extended day (100-day) supplies.
	Tier 2 (Generic):	**Tier 2 (Generic):**
	You pay $8 per prescription. You pay $8 per month supply of each covered insulin product on this tier.	You pay $3 per prescription. You pay $3 per month supply of each covered insulin product on this tier.
	Your cost for a one-month mail-order prescription is $0.	Mail order is only available for extended day (100-day) supplies.
	Tier 3 (Preferred Brand):	**Tier 3 (Preferred Brand):**
	You pay $47 per prescription. You pay $20 per month supply of each covered insulin product on this tier.	You pay $47 per prescription. You pay $20 per month supply of each covered insulin product on this tier.
	Your cost for a one-month mail-order prescription is $0.	Mail order is only available for extended day (100-day) supplies.
	Tier 4 (Non-Preferred Brand):	**Tier 4 (Non-Preferred Brand):**
	You pay $100 per prescription. You pay $20 per month supply of each covered insulin product on this tier.	You pay $100 per prescription. You pay $20 per month supply of each covered insulin product on this tier.
	Your cost for a one-month mail-order prescription is $0.	Mail order is only available for extended day (100-day) supplies.
	Tier 5 (Specialty):	**Tier 5 (Specialty):**
	You pay 33% per prescription. You pay $20 per month supply of each covered insulin product on this tier.	You pay 33% per prescription. You pay $20 per month supply of each covered insulin product on this tier.

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage (continued)	You pay $0 for a one-month mail-order prescription. **Tier 6 (Select Care):** You pay $0 per prescription. You pay $0 per month supply of each covered insulin product on this tier. You pay $0 for a one-month mail-order prescription _____ Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).	Mail order is not available. **Tier 6 (Select Care):** You pay $0 per prescription. You pay $0 per month supply of each covered insulin product on this tier. Mail order is only available for extended day (100-day) supplies. _____ 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.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

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

SECTION 4 Administrative Changes

In 2024, Champion Health Plan offered Champion Advantage (HMO C-SNP). In 2025, the type of plan has changed to Champion Advantage (HMO-POS CSNP). Champion Advantage (HMO-POS CSNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Point-of-Service option. Point-of-Service means you can use providers outside the plan's network. Some services may have a different out-of-network cost.

Description	2024 (this year)	2025 (next year)
Point-of-Service (POS) Option (also referred to as the "Out-of-Network/POS" option). See your *Evidence of Coverage*, Chapter 4, Section 2's Benefit Chart for details on Out-of-Network/POS coverage.	Not applicable	You can now access your benefits in more locations through the "**Out-of-Network/POS**" option. The "**Out-of-Network/POS**" option is clearly labeled in the *Evidence of Coverage*, Benefit Chart for each Medicare-covered benefit listed, providing you the flexibility to obtain services in other locations. Prior Authorization and/or Referral may be required for the "Out-of-Network/POS" services.
Champion Health Plan Administrative Office Location	19700 Fairchild Rd Suite 230 Irvine, CA 92612	5000 Airport Plaza Drive Suite 100 Long Beach, CA 90815
Customer Service Number	(844) 728-5730	(800) 885-8000
Website address	ChampionHealthPlan.com	championhmo.com

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 *[insert appropriate member services phone number]* or visit Medicare.gov.

SECTION 5 Deciding Which Plan to Choose

Section 5.1 – If you want to stay in Champion Advantage (HMO C-SNP)

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 Champion Advantage (HMO-POS CSNP).

Section 5.2 – 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 3.1 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 8), or call Medicare (see Section 9.2).

As a reminder, Renal Payer Solutions, Inc. (doing business as Champion Health Plan) offers other Medicare health plans and Medicare prescription drug 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 Champion Advantage (HMO-POS CSNP).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Champion Advantage (HMO-POS CSNP).
- 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 6 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 7 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 Nevada, the SHIP is called the Nevada Medicare Assistance Program (MAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. MAP 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 MAP at 1-800-434-0222. You can learn more about MAP by visiting their website (https://adsd.nv.gov).

SECTION 8 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 Nevada Office of HIV/AIDS. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call 1-775-684-3499 (TTY: 711). 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 *[insert appropriate member services phone number]* or visit Medicare.gov.

SECTION 9 Questions?

Section 9.1 – Getting Help from Champion Advantage (HMO-POS CSNP)

Questions? We're here to help. Please call Member Services at1-800-885-8000. (TTY only, call 711). We are available for phone calls 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 (except Thanksgiving and Christmas Day) and 8:00 a.m. to 8:00 p.m. Monday – Friday from April 1 – September 30. 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 Champion Advantage (HMO-POS CSNP). 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.championhmo.com. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. 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.championhmo.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs* (*Formulary/Drug List*).

Section 9.2 – 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.