Instructions to Health Plans

* [*Plans may include the ANOC in the 2025 Member Handbook (Evidence of Coverage) or provide it to members separately*.]
* [*Plans may modify the language in the ANOC, as applicable, to address Medicaid benefits and cost-sharing for its dual eligible population*.]
* [*Plans must use “DC Medicaid” in references to “Medicaid” in any plan-customized language throughout the ANOC*.]
* [*Throughout the document update language based on how the integrated program is described in the District as instructed by the District (i.e. one name for the plan, “District Dual Choice”)*.]
* [*Where the ANOC uses “medical care,” “medical services,” or “health care services” to explain services provided, plans may revise and/or add references to long-term services and supports and/or home and community-based services as applicable*.]
* [*Plans may change references to terms such as “member,” “customer,” “beneficiary,” “enrollee,” “member services,” “care coordinator,” “primary care provider,” “prior authorization (PA)” based on plan preference and update them consistently throughout the ANOC*.]
* [*Where the model material instructs inclusion of a plan phone number, plans must ensure it is a toll-free number and include a toll-free TTY number and days and hours of operation*.]
* [*Throughout the ANOC, plans must follow the applicable style rules of the District, if any. For instance, where the model material instructs inclusion of a date or time, plans must use the specific format requested by the District’s Medicaid program. Other items covered by a District-specific style guide or similar document should also be updated accordingly*.]
* [*Plans should refer to the Member Handbook as needed using the appropriate chapter number and section letter. For example, "refer to* ***Chapter 9****,* ***Section A****." An instruction* [*insert reference, as applicable*] *appears with many cross references throughout the ANOC and Member Handbook. Plans may always include additional references to other sections, chapters, and/or member materials when helpful to the reader.*]
* [*Plans must include the OMB approval information in the footer of the first page of the document as noted in this model.*]
* [*Wherever possible, plans are encouraged to adopt good formatting practices that make information easier for English-speaking and non-English-speaking enrollees to read and understand. The following are based on input from beneficiary interviews:*
* *Format a section, chart, table, or block of text to fit onto a single page. In instances where plan-customized information causes an item or text to continue on the following page, enter a blank return before right aligning with clear indication that the item continues (for example, similar to the Benefits Chart in* ***Chapter 4*** *of the Member Handbook, insert:* **This section is continued on the next page***).*
* *Ensure plan-customized text is in plain language and complies with reading level requirements established in the contract with the District.*
* *Break up large blocks of plan-customized text into short paragraphs or bulleted lists and give a couple of plan-specific examples as applicable.*
* *Spell out an acronym or abbreviation before its first use in a document or on a page (for example, Long-term services and supports (LTSS) or low-income subsidy (LIS)). Plans may choose to spell out terms each time they are used.*
* *Include the meaning of any plan-specific acronym, abbreviation, or key term with its first use.*
* *Avoid separating a heading or subheading from the text that follows when paginating the model.*
* *Use universal symbols or commonly understood pictorials.*
* *Draft and format plan-customized text and terminology in translated models to be culturally and linguistically appropriate for non-English speakers.*
* *Consider using regionally appropriate terms or common dialects in translated models.*
* *Include instructions and navigational aids in translated models in the translated language rather than in English*.]

**<Plan name> <plan type> offered by <sponsor name>**

*Annual Notice of Changes* for 2025

[*Optional: insert member name*]

[*Optional: insert member address*]

Introduction

[*If there are any changes to the plan for 2025, insert:* You are currently enrolled as a member of our plan. Next year, there will be some changes to our [*insert as applicable*: benefits, coverage, rules, [and] costs]. This [*insert as applicable:* section **or** *Annual Notice of Changes*] tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at <URL>. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.]

[*If there are no changes whatsoever for 2025* (*e.g., no changes to benefits, coverage, rules, costs, networks), insert*: You are currently enrolled as a member of our plan. Next year, there are no changes to our benefits, coverage, [*insert if applicable:* costs,] and rules. However, you should still read this [*insert as applicable:* section **or** *Annual Notice of Changes*] to learn about your coverage choices. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at <URL>. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.]

**Additional resources**

* [*Plans that meet the 5% alternative language or Medicaid required language threshold insert:* This document is available for free in Spanish and Amharic.]
* You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call [*insert Member Services toll-free phone and TTY numbers, and days and hours of operation*]. The call is free.
* [*Plans also simply describe:*
  + *how they request a member’s preferred language other than English and/or alternate format,*
  + *how they keep the member’s information as a standing request for future mailings and communications so the member does not need to make a separate request each time,* ***and***
  + *how a member can change a standing request for preferred language and/or format.*]

[*Plans may include either the current multi-language insert or provide a Notice of Availability. Plans that choose to use the current multi-language insert per 42 CFR §§ 422.2267(e)(31) and (e)(33) should include:* We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at <phone number>. Someone that speaks <language> can help you. This is a free service. [*This information must be included in the following languages:* *Spanish, Chinese, Tagalog, French, Vietnamese, German, Korean, Russian, Arabic, Italian, Portuguese, French Creole, Polish, Hindi, Japanese, and any additional languages required by the District, including Amharic, Burmese, Cantonese, Farsi, Punjabi, Haitian Creole, Somali, and Hmong.*]

*OR*

*Per the final rule CMS-4205-F released on April 4, 2024, §§ 422.2267(e)(31) and 423.2267(e)(33), plans may choose to provide a Notice of Availability of language assistance services and auxiliary aids and services that at a minimum states that the plan provides language assistance services and appropriate auxiliary aids and services free of charge. The plan must provide the notice in English and at least the 15 languages most commonly spoken by individuals with limited English proficiency in the District and must provide the notice in alternate formats for individuals with disabilities who require auxiliary aids and services to ensure effective communication.*]

[*Any plan that does not include a particular section (e.g.,* ***Section C****,* ***Section F****) deletes the section, orders all remaining sections and subsections sequentially, and updates the Table of Contents accordingly. Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template*.]

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# Disclaimers

* [*Plans must include all applicable disclaimers as required in federal regulations (42 CFR Part 422, Subpart V, and Part 423, Subpart V), and included in any specific guidance*.] [*Consistent with the formatting in this section, plans may insert additional bulleted disclaimers or District-required statements, including District-required disclaimer language, here*.]

# Reviewing your Medicare and DC Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn’t meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and DC Medicaid programs as long as you are eligible.

If you leave our plan, you can get information about your:

* Medicare options in the table in **Section G2** [*insert reference, as applicable*].
* DC Medicaid [*insert either:* options and services *or* options] in **Section G2** [*insert reference, as applicable*].

|  |
| --- |
| B1. Information about <plan name>  * <Plan name> is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members. * Coverage under <plan name> is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement. * When this *Annual Notice of Changes* says “we,” “us,” “our,” or “our plan,” it means <plan name>. |
| B2. Important things to do  * **Check if there are any changes to our benefits** [*insert if applicable*: **and costs**] **that may affect you.**   + Are there any changes that affect the services you use?   + Review benefit [*insert if applicable*: and cost] changes to make sure they will work for you next year.   + Refer to **Section E1** for information about benefit [*insert if applicable*: and cost] changes for our plan. * **Check if there are any changes to our prescription drug coverage that may affect you.**   + Will your drugs be covered? [*insert if applicable and adjust language as needed*: Are they in a different cost-sharing tier?] Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?   + Review changes to make sure our drug coverage will work for you next year.   + Refer to **Section E2** for information about changes to our drug coverage.   + [*All plans with any Medicare Part D cost-sharing insert:* Your drug costs may have risen since last year.   + Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.   + Keep in mind that your plan benefits determine exactly how much your own drug costs may change.] * Check if your providers and pharmacies will be in our network next year.   + Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?   + Refer to **Section D** for information about our *Provider and Pharmacy Directory*. * **Think about your overall costs in the plan.**    + [*Insert if applicable*: How much will you spend out-of-pocket for the services and prescription drugs you use regularly?]   + How do the total costs compare to other coverage options? * **Think about whether you are happy with our plan.** |

| **If you decide to stay with <plan name>:** | **If you decide to change plans:** |
| --- | --- |
| If you want to stay with us next year, it’s easy – you don’t need to do anything. If you don’t make a change, you automatically stay enrolled in <plan name>. | [*Plans should revise this paragraph as necessary.*] If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month. |

# Changes to our plan name

[*Plans that are not changing the plan name, delete this section. Plans with an anticipated name change at a time other than January 1 may modify the date below as necessary*.]

On January 1, 2025, our plan name changes from <2024 plan name> to <2025 plan name>.

[*Insert language to inform members whether they will get new plan ID cards and how, as well as how the name change affects any other member communication*.]

# Changes to our network providers and pharmacies

[*Plans with no Part D copays may delete the following paragraph*] Amounts you pay for your prescription drugs may depend on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. [*Insert if applicable:* 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.]

[*Plans with no changes to network providers and pharmacies insert:* We have not made any changes to our network of providers and pharmacies for next year.

However, it’s important that you know that we may make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook*.]

[*Plans with changes to provider and/or pharmacy networks, insert:* Our[i*nsert if applicable: provider*] [and] [*insert if applicable:* pharmacy] network[s] [*insert as applicable:* has or have] changed for 2025.

**Please** **review the 2025 *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at <URL>. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It’s important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook*.]

# Changes to benefits [*insert if applicable:* and costs] for next year

## E1. Changes to benefits [*insert if applicable:* and costs] for medical services

[*If there are no changes in benefits or in cost-sharing, replace the rest of the section with:* There are no changes to your benefits [*insert if applicable:* or amounts you pay] for medical services. Our benefits [*insert if applicable:* and what you pay for these covered medical services] will be exactly the same in 2025 as they are in 2024.]

We’re changing our coverage for certain medical services [*insert if applicable:* and what you pay for these covered medical services] next year. The table below describes these changes.

[*The table must include*:

* *all new benefits that will be added or 2024 benefits that will end for 2025;*
* *new or changing limitations or restrictions, including referrals, prior authorizations (PA), and step therapy for Part B drugs for benefits for 2025; and*
* *all changes in cost-sharing for 2025 for covered medical services, including any changes to service category out-of-pocket maximums.*]

[*Instructions to plans offering Value-Based Insurance Design (VBID) Model benefits: VBID Model participating plans should update this section to reflect coverage for any new VBID Model benefits that will be added for CY 2025 benefits, and/or for previous CY 2024 VBID Model benefits that will end for CY 2025. As applicable, also include all changes in cost-sharing for all VBID Model benefits for 2025. For instructions to plans participating in the VBID model’s hospice benefit component, see the separate ANOC instructions related to the VBID model’s hospice benefit component.*

*Note that for CY 2025, plans wishing to communicate the removal of cash or monetary rebates and its replacement with different supplemental benefits may do so but must use the following language:* CMS removed the Cash Benefits for 2025. Instead, you’ll get [*please identify and insert in these brackets supplemental benefits that your organization is offering in lieu of cash or monetary rebates*] in place of the Cash Benefit you got in 2024. Review your *Member Handbook* for more information about available supplemental benefits.]

|  | **2024 (this year)** | **2025 (next year)** |
| --- | --- | --- |
| **<benefit name>** | [*For benefits that were not covered in 2024, insert:*  *<benefit name>* is **not** covered.]  [*For benefits with a copay insert:*  You pay a **$<2024 copay amount>** copay [*insert language as needed to accurately describe the benefit, e.g., “per office visit”*].] | [*For benefits that will not be covered in 2025, insert:*  *<benefit name>* is **not** covered.]  [*For benefits with a copay insert:*  You pay a **$<2025 copay amount>** copay [*insert language as needed to accurately describe the benefit, e.g., “per office visit*”].] |
| **<benefit name>** | [*Insert 2024 cost or coverage, using format described above*.] | [*Insert 2025 cost or coverage, using format described above*.] |

## E2. Changes to prescription drug coverage

**Changes to our *Drug List***

[*Plans that did not include a List of Covered Drugs in the envelope, insert:* You will get a 2025 *List of Covered Drugs* in a separate mailing.]

[*Plans that did not include a List of Covered Drugs in the envelope and will not mail it separately unless requested, insert:* An updated *List of Covered Drugs* is located on our website at <URL>. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.]

[*Plans that included a List of Covered Drugs in the envelope, insert:* We sent you a copy of our 2025 *List of Covered Drugs* in this envelope.] The *List of Covered Drugs* is also called the *Drug List*.

[*Plans with no changes to covered drugs, tier assignment, or restrictions may replace the rest of this section with:* We have not made any changes to our *Drug List* at this time for next year. However, we are allowed to make changes to the *Drug List* from time to time throughout the year, with approval from Medicare and/or the District. 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 a drug you are taking, we will send you a notice about the change. Refer to the 2025 *Drug List* for more information.]

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs [*insert if the plan has cost-sharing tiers:* 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 find out if there are any restrictions [*insert if the plan has cost-sharing tiers:* 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 are allowed by Medicare and/or the District 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 a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage, we encourage you to:

* Work with your doctor (or other prescriber) to find a different drug that we cover.
  + You can call Member Services at the numbers at the bottom of the page [or contact your care management team] to ask for a *List of Covered Drugs* that treat the same condition.
  + This list can help your provider find a covered drug that might work for you.
* [*Plans should include the following language if they have an advance transition process for current members:*] Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
  + You can ask for an exception before next year, and we’ll give you an answer within 72 hours after we get your request (or your prescriber’s supporting statement).
  + To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call Member Services at the numbers at the bottom of the page.
  + If you need help asking for an exception, contact Member Services [*or your care management team*]. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your care management team.
* [*Plans should include the following language if all current members will not be transitioned in advance for the following year*:] Ask us to cover a temporary supply of the drug.
  + In some situations, we cover a **temporary** supply of the drug during the first <number, must be at least 90> days of the calendar year.
  + This temporary supply is for up to <supply limit (must be the number of days in plan’s one-month supply)> days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
  + When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

[*Plans may include additional information about processes for transitioning current enrollees to formulary drugs when your formulary changes relative to the previous plan year*.]

[*Include language to explain whether current formulary exceptions will still be covered next year or a new one needs to be submitted*.]

[*Plans that previously implemented the option to immediately replace brand name drugs with their new generic equivalents and plan to maintain this option for 2025, please insert the following language, which provides notice of the expansion of this option for 2025:* We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version [*insert if applicable:* on the same or a lower cost-sharing tier] and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List,* but immediately [*insert if applicable:* move it to a different cost-sharing tier or] add new rules [*insert if applicable:* 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 *Member Handbook.* The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: [www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.]

[*Plans implementing for the first time in 2025 the option to immediately substitute brand name drugs with their new generic equivalents or authorized generics or to immediately substitute biological products with interchangeable biosimilars or unbranded biosimilars, that otherwise meet the requirements, should insert the following:* Starting in 2025, we may immediately remove brand name drugs or original biological products on our *Drug List* if, we replace them with new generics or certain biosimilars versions of the brand name drug or original biological product [*insert if applicable:* on the same or lower cost-sharing tier and] with the same or fewer rules. Also, when adding a new version, we may decide to keep the brand name drug or original biological product on our *Drug List*, but immediately [*insert if applicable:* move it to a different cost-sharing tier or] add new rules [*insert if applicable:* or both.]

This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before we make it or get a month’s supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

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

**Changes to prescription drug costs [*option for plans with two drug payment stages*]**

[*VBID Model participating plans approved to offer Part D reduced or eliminated cost-sharing should update this section to reflect coverage for any new VBID Model Part D cost-sharing reduction or elimination for all VBID Model benefits for 2025*.]

[*Only plans with two payment stages (i.e., those charging LIS cost-sharing in the initial coverage stage, etc.), include the following information in this section of the ANOC. Plans with one payment stage do not include the information in this section and instead include the information in the section,* “**Changes to prescription drug costs [option for plans with one drug payment stage]**.”]

[*If there are no changes in prescription drug costs, insert:* There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.]

There are two payment stages for your Medicare Part D prescription drug coverage under our plan. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

| **Stage 1**  **Initial Coverage Stage** | **Stage 2**  **Catastrophic Coverage Stage** |
| --- | --- |
| During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.  You begin this stage when you fill your first prescription of the year. | During this stage, the plan pays all of the costs of your drugs through December 31, 2025.  You begin this stage after you pay a certain amount of out-of-pocket costs. |

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches $<TrOOP amount*>*. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you will pay for prescription drugs.

Beginning in 2025, 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. Discounts paid by manufacturers under the Manufacturer Discount program do not count toward out-of-pocket costs.

## E3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, our plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

For information about the costs [*insert as applicable:* for a long-term supply; or at a network pharmacy that offers preferred cost sharing] look in **Chapter 6**, **Section D** of your *Member Handbook*.

[*Insert if applicable:* **We moved some of the drugs on our *Drug List* to a lower or higher drug tier.** If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our *Drug List*.] Most adult Part D vaccines are covered at no cost to you.

The following table shows your costs for drugs in each of our *<*number of tiers> drug tiers. These amounts apply **only** during the time when you’re in the Initial Coverage Stage.

[*Plans must list all drug tiers in the following table*. *Plans that have pharmacies that provide preferred cost sharing must provide information on both standard and preferred cost sharing using the second alternate chart. Plans without drug tiers may revise the table as appropriate*.]

|  | **2024 (this year)** | **2025 (next year)** |
| --- | --- | --- |
| **Drugs in Tier <Tier number>**  ([*Insert short description of tier (e.g., generic drugs)*])  Cost for a one-month supply of a drug in Tier <Tier number> that is filled at a network pharmacy | [*Insert 2024 cost-sharing*: Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply is **$<XX> per prescription**.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your copay for a one-month ([*insert number of days in a one-month supply*]-day) mail-order prescription is $<XX> per prescription.] | [*Insert 2025 cost-sharing*: Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply is **$<XX>** **per prescription**.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your copay for a one-month ([*insert number of days in a one-month supply*]-day) mail-order prescription is $<XX> per prescription.] |
| **Drugs in Tier <Tier number>**  ([*Insert short description of tier (e.g., generic drugs)*])  Cost for a one-month supply of a drug in Tier <Tier number> that is filled at a network pharmacy | [*Insert 2024 cost-sharing*: Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply is **$<XX>** **per prescription**.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your copay for a one-month ([*insert number of days in a one-month supply*]-day) mail-order prescription is $<XX> per prescription.] | [*Insert 2025 cost-sharing*: Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply is **$<XX>** **per prescription**.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your copay for a one-month ([*insert number of days in a one-month supply*]-day) mail-order prescription is $<XX> per prescription.] |

[*Plans with pharmacies that offer standard and preferred cost sharing may replace the chart above with the one below to provide both cost-sharing rates.*]

|  | **2024 (this year)** | **2025 (next year)** |
| --- | --- | --- |
| **Drugs in Tier <Tier number>**  ([*Insert short description of tier (e.g., generic* drugs)])  Cost for a one-month supply of a drug in Tier <Tier number> that is filled at a network pharmacy | [*Insert 2024 cost-sharing:* Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply for *standard* cost sharing is **$<XX> per prescription**.  Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply for *preferred* cost sharing is **$<XX> per prescription**.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your copay for a one-month *([insert number of days in a one-month supply*]-day) mail-order prescription is $<XX> per prescription.] | [*Insert 2025 cost-sharing:* Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply for *standard* cost sharing is **$<XX> per prescription**.  Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply for *preferred* cost sharing is **$<XX> per prescription**.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your copay for a one-month ([*insert number of days in a one-month supply*]-day) mail-order prescription is $<XX> per prescription.] |
| **Drugs in Tier <Tier number>**  ([*Insert short description of tier (e.g., generic drugs)*])  Cost for a one-month supply of a drug in Tier <Tier number> that is filled at a network pharmacy | [*Insert 2024 cost-sharing:* Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply for *standard* cost sharing is **$<XX> per prescription**.  Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply for *preferred* cost sharing is **$<XX> per prescription**.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your copay for a one-month ([*insert number of days in a one-month supply*]-day) mail-order prescription is $<XX> per prescription.] | [*Insert 2025* *cost-sharing:* Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply for *standard* cost sharing is **$<XX> per prescription**.  Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply for *preferred* cost sharing is **$<XX> per prescription**.]  [*Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert:* Your copay for a one-month ([*insert number of days in a one-month supply*]-day) mail-order prescription is $<XX> per prescription.] |

The Initial Coverage Stage ends when your total out-of-pocket costs reach $<TrOOP amount>. At that point the Catastrophic Coverage Stage begins. [*Insert as applicable:* The plan covers all of your drug costs from then until the end of the year. If the plan covers excluded drugs under an enhanced benefit or Medicaid drugs with cost-sharing in this stage insert: The plan covers all of your Part D drugs until the end of the year. You may have cost-sharing for excluded drugs that are covered under [*insert as applicable:* our enhanced benefit/Medicaid].] Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for prescription drugs.

## E4. Stage 2: “Catastrophic Coverage 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.

When you reach the out-of-pocket limit **$<TrOOP amount>** for your prescription drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered [*insert if there are copays for Medicaid covered drugs or excluded drugs under an enhanced benefit:* Part D] drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year. [*Insert if applicable:* You may have copays for Medicaid covered drugs or excluded drugs that are covered under our enhanced benefit.]

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6** [*insert reference, as applicable*].

**Changes to prescription drug costs [*option for plans with a single payment stage*]**

[*Plans with one payment stage (i.e., those with no cost-sharing for all Medicare Part D drugs), include the following information*.]

[*If there are no changes in prescription drug costs, insert:* There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.]

[*Insert if applicable*: **We moved some of the drugs on the *Drug List* to a lower or higher drug tier**. [*Insert if applicable*: If your drugs move from tier to tier, this could affect your copay.] To find out if your drugs are in a different tier, look them up in the *Drug List*.]

The following table shows your costs for drugs in each of our <number of tiers> drug tiers.

[*Plans must list all drug tiers in the following table*.]

|  | 2024 (this year) | **2025 (next year)** |
| --- | --- | --- |
| **Drugs in Tier <Tier number>**  ([*Insert short description of tier (e.g., generic drugs)*])  Cost for a one-month supply of a drug in Tier <Tier number> that is filled at a network pharmacy | [*Insert 2024 cost-sharing*: Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply is **$<XX> per prescription**.] | [*Insert 2025 cost-sharing*: Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply is **$<XX> per prescription**.] |
| **Drugs in Tier <Tier number>**  ([*Insert short description of tier (e.g., generic drugs)*])  Cost for a one-month supply of a drug in Tier <Tier number> that is filled at a network pharmacy | [*Insert 2024 cost-sharing*: Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply is **$<XX> per prescription**.] | [*Insert 2025 cost-sharing*: Your copay for a one-month ([*insert number of days in a one-month supply*]-day) supply is **$<XX> per prescription**.] |

# Administrative changes

[*Insert this section if applicable. Plans with administrative changes that impact members (e.g., change in contract or PBP number) may insert this section, include an introductory sentence that explains the general nature of administrative changes, and describe the specific changes in the table below. Plans that choose to omit this section should renumber the remaining sections as needed*.]

|  | **2024 (this year)** | **2025 (next year)** |
| --- | --- | --- |
| [*Insert a description of the administrative process/item that is changing*] | [*Insert 2024 administrative description*] | [*Insert 2025 administrative description*] |
| [*Insert a description of the administrative process/item that is changing*] | [*Insert 2024 administrative description*] | [*Insert 2025 administrative description*] |

# Choosing a plan

## G1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2025.

## G2. Changing plans

[*Plans should add any additional Medicaid information as directed by the District*.] Most people with Medicare can end their membership during certain times of the year. Because you have DC Medicaid, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

* The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
* The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

* you moved out of our service area,
* your eligibility for DC Medicaid or Extra Help changed, **or**
* you recently moved into or are currently getting care in, an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

**Your Medicare services**

You have two options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan.

|  |  |
| --- | --- |
| **1. You can change to:**  **Original Medicare with a separate Medicare prescription drug plan**  **NOTE:** If you choose this option, you will be enrolled in Medicaid on a fee-for-service basis. When you change your enrollment in the Dual Choice program, both your Medicare and Medicaid coverage options change. | **Here is what to do:**  Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.  If you need help or more information:   * Call the DC State Health Insurance Assistance Program (SHIP), 202-727-8370, TTY 711, Monday-Friday, 9:30 a.m.–4:30 p.m. For more information or to find a local SHIP office in your area, please visit [dacl.dc.gov/service/health-insurance-counseling](https://dacl.dc.gov/service/health-insurance-counseling).   **OR**  Enroll in a new Medicare prescription drug plan.  You will automatically be disenrolled from our plan when your Original Medicare coverage begins.  Your entitlement to Medicaid is not affected by your choice of Medicare coverage. You will still be eligible for Medicaid, subject to any needed reevaluation, and your Medicaid services can continue in Medicaid Fee-for-Service. |
| **2. You can change to:**  **Original Medicare without a separate Medicare prescription drug plan**  **NOTE:** If you choose this option, you will be enrolled in Medicaid on a fee-for-service basis. When you change your enrollment in the Dual Choice program, both your Medicare and Medicaid coverage options change.  **NOTE**: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don’t want to join.  You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the DC State Health Insurance Assistance Program (SHIP), 202-727-8370, TTY 711, Monday-Friday, 9:30 a.m.–4:30 p.m., [dacl.dc.gov/service/health-insurance-counseling](https://dacl.dc.gov/service/health-insurance-counseling). | **Here is what to do:**  Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.  If you need help or more information:   * Call the DC State Health Insurance Assistance Program (SHIP), 202-727-8370, TTY 711, Monday-Friday, 9:30 a.m.–4:30 p.m., [dacl.dc.gov/service/health-insurance-counseling](https://dacl.dc.gov/service/health-insurance-counseling).   You will automatically be disenrolled from our plan when your Original Medicare coverage begins.  Your entitlement to Medicaid is not affected by your choice of Medicare coverage. You will still be eligible for Medicaid, subject to any needed reevaluation, and your Medicaid services can continue in Medicaid Fee-for-Service. |
| **3. You can change to:**  **Any Medicare health plan** during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section A**. | **Here is what to do:**  Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.  For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).  If you need help or more information:   * Call the DC State Health Insurance Assistance Program (SHIP), 202-727-8370, TTY 711, Monday-Friday, 9:30 a.m.–4:30 p.m., [dacl.dc.gov/service/health-insurance-counseling](https://dacl.dc.gov/service/health-insurance-counseling).   **OR**  Enroll in a new Medicare plan.  You are automatically disenrolled from our Medicare plan when your new plan’s coverage begins.  [*Insert any additional information regarding the impact of Medicaid enrollment as directed by the District*.] |

**Your DC Medicaid services**

For questions about how to get your DC Medicaid services after you leave our plan, contact Dual Choice support, 202-442-9533, TTY 711, 9 a.m.-4:45 p.m., Monday-Friday, [dhcf.dc.gov/](http://dhcf.dc.gov/). Ask how joining another plan or returning to Original Medicare affects how you get your DC Medicaid coverage.

# Getting help

## H1. Our plan

We’re here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

**Read your *Member Handbook***

Your *Member Handbook* is a legal, detailed description of our plan’s benefits. It has details about benefits [*insert if applicable:* and costs] for 2025. It explains your rights and the rules to follow to get services and prescription drugs we cover.

[*If the ANOC is sent or provided separately from the Member Handbook, include the following:* The *Member Handbook* for 2025 will be available by October 15.] [*Insert if applicable:* You can also review the <attached **or** enclosed **or** separately mailed> *Member Handbook* to find out if other benefit [*insert if applicable:* or cost] changes affect you.] An up-to-date copy of the *Member Handbook* is available on our website at <URL>. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2025.

**Our website**

You can visit our website at <URL>. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List* (*List of Covered Drugs*).

## H2. DC State Health Insurance Assistance Program (SHIP)

You can also call the SHIP. In the District the SHIP is called the DC State Health Insurance Assistance Program (SHIP). The DC SHIP can help you understand your plan choices and answer questions about switching plans. The DC SHIP is not connected with us or with any insurance company or health plan. The DC SHIP has trained counselors who serve the entire District and services are free. The DC SHIP phone number is 202-727-8370, TTY 711. For more information or to find a local DC SHIP office in your area, please visit [dacl.dc.gov/service/health-insurance-counseling](https://dacl.dc.gov/service/health-insurance-counseling).

## H3. Office of Health Care Ombudsman and Bill of Rights

The Office of Health Care Ombudsman and Bill of Rights can help you if you have a problem with our plan. The ombudsman’s services are free and available in all languages. The Health Care Ombudsman Program:

* works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
* makes sure you have information related to your rights and protections and how you can get your concerns resolved.
* is not connected with us or with any insurance company or health plan. The phone number for the Health Care Ombudsman Program is 202-724-7491.

## H4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Medicare’s Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare’s website. (For information about plans, refer to [www.medicare.gov](http://www.medicare.gov/) and click on “Find plans.”)

***Medicare & You* 2025**

You can read the *Medicare & You* 2025handbook. Every year in the fall, this booklet 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. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don’t have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://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.

**Quality Improvement Organization**

There is a designated Quality Improvement Organization serving Medicare beneficiaries in each state. For the District, the Quality Improvement Organization is called Livanta BFCC-QIO Program.

The District’s Quality Improvement Organization has a group of doctors and other health care professionals who are paid by Medicare to check on and help improve the quality of care for people with Medicare. The District’s Quality Improvement Organization is an independent organization. It is not connected with our plan.

You should contact the District’s Quality Improvement Organization at 1-888-396-4646 or TTY 1-888-985-2660 in any of these situations:

* You have a complaint about the quality of care you have received.
* You think coverage for your hospital stay is ending too soon.
* You think coverage for your home health care, skilled nursing facility care, or Comprehensive Outpatient Rehabilitation Facility (CORF) services are ending too soon.

[*Insert any additional sections as required by the District, such as additional resources that might be available.*]

## H5. DC Medicaid

Medicaid is a joint Federal and District government program that helps with medical costs for certain people with limited incomes and resources. Some people with Medicare are also eligible for Medicaid. Some people are eligible for Medicaid but not Medicare. In the District of Columbia, Medicaid may pay for personal care, homemaker and other services that are not covered by Medicare. Medicaid also has programs that can help pay for your Medicare premiums and other costs if you are eligible for Medicare and qualify. If you have questions about the assistance you get from Medicaid, contact Dual Choice support at 202-442-9533, TTY 711, Monday-Friday, 9 a.m.-4:45 p.m.

<Plan Name> has a contract with the DC Department of Health Care Finance (DHCF) to provide all your benefits under Medicaid as well as Medicare.

## H6. [*Insert additional resources if applicable*]

[*If applicable, insert a new section for each additional resource, including contact information and a description of their role*.]