



**2025**  
**Annual Notice**  
**of Changes**  
**MIAMI-DADE COUNTY**

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**DrMax**  
**(HMO)**

**Thank you for continuing to trust  
Doctors HealthCare Plans, Inc.  
with your health care needs.  
*We are happy to have you as a Member!***

Please read this booklet carefully for important privacy information and to learn about the changes to your health plan for 2025. Reviewing your coverage now will ensure it meets your needs for next year.

Remember to visit [www.doctorshcp.com](http://www.doctorshcp.com) to view or print the following documents pertaining to your selected health care plan:

**Evidence of Coverage**

This booklet includes important information and details about your health care and prescription drug coverage

**Drug List/Formulary**

This provides a listing of the drugs covered in your plan

**Provider Directory**

This directory includes all doctors, pharmacies, and other providers in your network

In addition, you can request printed copies of materials be mailed to you by calling our Member Services Department at the number found below or on the back of your Member ID Card.

LOCAL (786) 460-3427

TOLL-FREE (833) 342-7463, TTY:711

FAX (786) 578-0283

Member Services is open 7 days a week, 8AM to 8PM.

***Exciting News!***

**New Member Portal** - We are happy to announce the launch of the NEW Member Portal. In your portal, you will have secure access to information about health benefits, coverage and more. Please be sure to register on our website or scan the QR code below.

**Member Newsletter** - Please take a moment to dive into our Member Newsletter included in this communication. It's packed with valuable tips and insights to help you maintain a healthier lifestyle!



Doctors HealthCare Plans respects your privacy and would like to remind you that you may opt out of receiving future phone calls regarding plan business. Please call us at the number above and one of our representatives will be happy to assist you.

# DrMax (HMO)

## offered by Doctors HealthCare Plans, Inc.

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### ANNUAL NOTICE OF CHANGES FOR 2025

You are currently enrolled as a member of DrMax (HMO). 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.doctorshcp.com/2025plans/](http://www.doctorshcp.com/2025plans/). 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

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- ☐ 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

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- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://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

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- If you don't join another plan by December 7, 2024, you will stay in DrMax (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 DrMax (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 (786) 460-3427 or toll free at (833) 342-7463 for additional information. (TTY users should call 711). Hours are 8AM to 8PM seven (7) days a week. This call is free.
- This information is available in different formats, including braille, large print and audio. Please call our Member Services Department 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](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

#### About DrMax (HMO)

- Doctors HealthCare Plans, Inc. is an HMO with a Medicare contract. Enrollment in Doctors HealthCare Plans, Inc. depends on contract renewal.
- When this document says "we," "us," or "our," it means Doctors HealthCare Plans, Inc. When it says "plan" or "our plan," it means DrMax (HMO).

## Annual Notice of Changes for 2025

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# Summary of Important Costs for 2025

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

COST	2024 (THIS YEAR)	2025 (NEXT YEAR)
<b>Monthly plan premium*</b> *Your premium may be higher than this amount. See Section 1.1 for details.	\$0	\$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$3,000	\$3,000
<b>Doctor office visits</b>	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
<b>Inpatient hospital stays</b>	\$0 per stay	\$0 per stay
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: For a 30-day supply from a retail or mail order pharmacy: <b>Drug Tier 1:</b> \$0 <b>Drug Tier 2:</b> \$0 <b>Drug Tier 3:</b> \$0 <b>Drug Tier 4:</b> \$45 (You pay no more than \$35 per month supply of each covered insulin product on this tier.) <b>Drug Tier 5:</b> 33% of the total drug cost (You pay no more than \$35 per month supply of each covered insulin product on this tier.) <b>Drug Tier 6:</b> \$0 Catastrophic Coverage: During this payment stage, the plan pays most of the cost for your covered Part D drugs <b>and for excluded drugs that are covered under our enhanced benefit.</b> <b>You pay nothing.</b>	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: For a 30-day supply from a retail or mail order pharmacy: <b>Drug Tier 1:</b> \$0 <b>Drug Tier 2:</b> \$0 <b>Drug Tier 3:</b> \$0 <b>Drug Tier 4:</b> \$55 (You pay no more than \$35 per month supply of each covered insulin product on this tier.) <b>Drug Tier 5:</b> 33% of the total drug cost (You pay no more than \$35 per month supply of each covered insulin product on this tier.) <b>Drug Tier 6:</b> \$0 Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs <b>and for excluded drugs that are covered under our enhanced benefit.</b> <b>You pay nothing.</b>

## 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)
<b>Monthly premium</b> (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 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)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3,000	\$3,000 Once you have paid \$3,000 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.

Updated directories are located on our website at [www.doctorshcp.com/2025providers/](http://www.doctorshcp.com/2025providers/). 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.doctorshcp.com/2025providers/](http://www.doctorshcp.com/2025providers/) 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.doctorshcp.com/2025druglist/](http://www.doctorshcp.com/2025druglist/) 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)
<b>Dental Services</b>	You pay a \$0 copay for 1 crown, 4 fillings and 1 implant per year.	You pay a \$0 copay for 2 crowns, 6 fillings and 2 implants per year.
<b>Eyewear</b>	You receive a \$350 allowance for eyeglasses and/or contact lenses per year.	You receive up to a \$400 allowance for eyeglasses and/or contact lenses per calendar year or up to 3 pairs of eyeglasses at no cost from the iCare Grand Lux Collection per calendar year.
<b>Diabetic Supplies</b>	<p>You pay a 0% coinsurance of the total cost of preferred diabetic supplies (including glucometers, test strips, lancets, lancet devices, and control solutions). These include: Abbott products: FreeStyle® Lite, FreeStyle® FreedomLite, Freestyle® Precision Neo, Precision Xtra (does not include Freestyle® Libre). ifeScan: OneTouch® products will no longer be Preferred.</p> <p>You pay 20% coinsurance for Non-Preferred Diabetic Supplies.</p>	<p>You pay a 0% coinsurance of the total cost of preferred diabetic supplies (glucometers, test strips, lancets, lancet devices and control solutions). Preferred Diabetic Supplies include: Abbott products: FreeStyle® Lite, FreeStyle® Freedom Lite, Precision Xtra and Trividia products: True Metrix.</p> <p>You pay a 20% coinsurance of the total cost for non-preferred glucometers and test strips. This will require a prior authorization.</p> <p>You pay a 20% coinsurance of the total cost for non-preferred lancets, lancet devices and control solutions. This will not require a prior authorization.</p>



<b>COST</b>	<b>2024 (THIS YEAR)</b>	<b>2025 (NEXT YEAR)</b>
<b>Diabetic Supplies Continued</b>	You pay a 20% coinsurance of the total cost for Continuous Blood Glucose Monitors (CBGM).	<p>You pay 0% coinsurance of the total cost for Preferred Continuous Blood Glucose Monitors (CBGM). A prior authorization is not required. You must have insulin prescription history within the last 120-days. Preferred CBGMs include Freestyle®Libre, Dexcom G6 and Dexcom G7.</p> <p>You pay a 20% coinsurance of the total cost for non-preferred CBGM. This will require prior authorization and trial of a preferred CBGM.</p>
<b>Outpatient Behavioral Health - Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs)</b>	Is <u>not</u> covered.	Coverage for Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs). "Outpatient Behavioral Health," includes a range of behavioral health providers under one category. Specialists in this new facility-specialty category include MFTs and MHCs, Opioid Treatment Program providers, Community Mental Health Centers, addiction medicine physicians, and other providers, like nurse practitioners (NPs), physician assistants (PAs), and Clinical Nurse Specialists (CNSs), who regularly furnish addiction medicine and behavioral health counseling or therapy services covered by Medicare.
<b>Over-The-Counter (OTC)</b>	\$60 limit per month: This plan covers certain approved, non-prescription, over-the-counter drugs and health related items, up to \$60 every month.	\$75 limit per month: This plan covers certain approved, non-prescription, over-the-counter drugs and health related items, up to \$75 every month.

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## Section 1.5      Changes to Part D Prescription Drug Coverage

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### 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. 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 the drug types that are discussed throughout this chapter, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See 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 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

Please see the following chart for the changes from 2024 to 2025.

STAGE	2024 (THIS YEAR)	2025 (NEXT YEAR)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>The costs in this chart are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.</p> <p>For information about the costs for a long-term supply; mail order, or at a network pharmacy that offers preferred cost sharing, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the Tier for some of the drugs on our Drug List. To see if your drugs will be in a tier, look them up on the “Drug List.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:</p> <p><b>Preferred Generics:</b> You pay \$0 per prescription.</p> <p><b>Generics:</b> You pay \$0 per prescription.</p> <p><b>Preferred Brands:</b> You pay \$0 per prescription.</p> <p><b>Non-Preferred Drugs:</b> You pay \$45 per prescription. (You pay no more than \$35 per month supply of each covered insulin product on this tier.)</p> <p><b>Specialty:</b> You pay: 33% of the total Cost. (You pay no more than \$35 per month supply of each covered insulin product on this tier.)</p> <p><b>Supplemental Drugs:</b> You pay \$0 per prescription.</p> <p>A long-term supply (also called an “extended supply”) is available for all drugs in Tiers 1-4 and 6. A long-term supply is not available for any drugs in Tier 5 - Specialty Tier.</p> <p>Initial Coverage Limit (ICL): \$7,000</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Preferred Generics:</b> You pay \$0 per prescription.</p> <p><b>Generics:</b> You pay \$0 per prescription.</p> <p><b>Preferred Brands:</b> You pay \$0 per prescription.</p> <p><b>Non-Preferred Drugs:</b> You pay \$55 per prescription. (You pay no more than \$35 per month supply of each covered insulin product on this tier.)</p> <p><b>Specialty:</b> You pay: 33% of the total Cost. (You pay no more than \$35 per month supply of each covered insulin product on this tier.)</p> <p><b>Supplemental Drugs:</b> You pay \$0 per prescription.</p> <p>A long-term supply (also called an “extended supply”) is available for all drugs in Tiers 6 and certain drugs in Tiers 1-4. Drugs in Tiers 1-4 that are not available for long-term supply are indicated with “NDS” in the formulary. A long-term supply is not available for any drugs in Tier 5 - Specialty Tier.</p> <p>Medicare Part D Annual Out-of-Pocket costs threshold: \$2,000</p>

STAGE	2024 (THIS YEAR)	2025 (NEXT YEAR)
Stage 2: Initial Coverage Stage Continued	<p>Beginning in 2025, the Coverage Gap Phase will be eliminated and the Part D prescription drug coverage stages will consist of a three-phase benefit: Deductible, Initial Coverage Phase, and Catastrophic Phase. There is no Deductible for your Plan. There will be no Initial Coverage Limit (ICL) and the Initial Coverage Phase (ICP) will extend to the maximum annual out-of-pocket (OOP) threshold of \$2,000, at which point the Catastrophic Phase will begin. There is no beneficiary cost sharing in the Catastrophic Phase.</p>	<p>Beginning in 2025, the Coverage Gap Phase will be eliminated and the Part D prescription drug coverage stages will consist of a three-phase benefit: Deductible, Initial Coverage Phase, and Catastrophic Phase. There is no Deductible for your Plan. There will be no Initial Coverage Limit (ICL) and the Initial Coverage Phase (ICP) will extend to the maximum annual out-of-pocket (OOP) threshold of \$2,000, at which point the Catastrophic Phase will begin. There is no beneficiary cost sharing in the Catastrophic Phase.</p>
	<p>Once your total drug costs have reached \$7,000 initial coverage limit, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>
	<p>Non-Formulary drugs approved via the Formulary Exception process will be subject to the Tier 4-Specialty Tier copay.</p>	<p>Non-Formulary drugs approved via the Formulary Exception process will be subject to the Tier 5-Specialty Tier coinsurance.</p>

## CHANGES TO THE CATASTROPHIC COVERAGE STAGE

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

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs 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 2     Administrative Changes**

In 2025, you will have the option to pay your out-of-pocket (OOP) prescription drug costs in monthly installments over the course of the plan year, instead of paying OOP costs at the pharmacy. This is called the Medicare Prescription Payment Plan or “M3P”.

If you opt into the Medicare Prescription Payment Plan, you will pay \$0 at the pharmacy for a covered Part D drug, instead of the OOP cost sharing you would normally pay when filling a prescription.

Your Plan will pay the pharmacy the OOP cost sharing amount that you would have paid if you were not in the Medicare Prescription Payment Plan and then bill you monthly for any OOP cost sharing you incurred while in the program.

The amount that the Plan bills you for a month under the program cannot exceed a maximum monthly cap. The maximum monthly cap calculation is specific to your Part D drug costs (previous balance and new OOP costs), as well as the number of months remaining in the plan year. The calculated amount can/will vary from person-to-person and month-to-month.

While this program is available to anyone with Medicare Part D drug costs, Part D enrollees incurring high OOP costs earlier in the plan year are generally likely to benefit.

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 <b>monthly payments that vary throughout the year</b> (January – December). To learn more about this payment option, please contact us at (786) 460-3427 or (833) 342-7463 (TTY users should call 711) or visit <a href="https://www.Medicare.gov">Medicare.gov</a> .

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 If you want to stay in DrMax (HMO)

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**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 DrMax (HMO).

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### Section 3.2 If you want to change plans

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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](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

#### **Step 2: Change your coverage**

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from DrMax (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from DrMax (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 Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE 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 SHINE at 1-800-963-5337 or TTY/TDD: 1-800-955-8770. You can learn more about SHINE by visiting their website [www.floridashine.org](http://www.floridashine.org).



## SECTION 6 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.**

People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or 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 Florida AIDS Drug Assistance Program (ADAP) HIV/AIDS Section. 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 1-850-245-4422 (English), 1-800-545-7432 (1-800-545-SIDA) (Spanish) 1-800-243-7101 (1-800-AIDS-101) (Creole), 1-888-503-7118 (TTY/TDD) Monday through Friday, 8AM to 4:30PM or visit website at [www.floridahealth.gov/diseases-and-conditions/aids/adap/index.html](http://www.floridahealth.gov/diseases-and-conditions/aids/adap/index.html). 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 (786) 460-3427 or Toll Free (833) 342-7463 (TTY: 711) or visit [Medicare.gov](http://Medicare.gov).

## SECTION 7 Questions?

### Section 7.1 Getting Help from DrMax (HMO)

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Questions? We're here to help. Please call Member Services at (786) 460-3427 or Toll Free (833) 342-7463. (TTY only, call 711). We are available for phone calls Monday – Sunday from 8AM to 8PM. 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 DrMax (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.doctorshcp.com/2025plans/](http://www.doctorshcp.com/2025plans/). 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.doctorshcp.com](http://www.doctorshcp.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)*.

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### Section 7.2 Getting Help from Medicare

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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](http://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](http://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 ([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.

# Notice of Privacy Practices

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## MEDICAL AND FINANCIAL INFORMATION PRIVACY NOTICE

This notice describes how medical and financial information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you a revised notice by direct mail or electronically as permitted by applicable law. In all cases, we will post the revised notice on your health plan website, such as [www.doctorshcp.com](http://www.doctorshcp.com).

## WHAT IS PERSONAL HEALTH INFORMATION?

We must use and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for your health care and to operate our business. For example, we may use or disclose your health information:

**For Payment** of premiums due to us, to determine your coverage, and to process claims for health care services you receive, including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.

**For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.

**For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services. We may use or disclose, as-needed, your protected health information in order to support the business activities of DHCP. These activities include, but are not limited to, quality assessment activities, employee review activities, training, accreditation, licensing, marketing, and conducting or arranging for other cost management.

## TO PROVIDE YOUR INFORMATION ON HEALTH

**Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.

**For Plan Sponsors.** We may share health information with the plan sponsor for plan administration if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with federal law.

**For Reminders.** We may use or disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.

### **We may use or disclose your health information for the following purpose under limited circumstances:**

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests.
- **For Public Health Activities** such as reporting or preventing disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes.** We may disclose your health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** to you, another person, or the public by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.
- **For Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.

- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **For Data Breach Notification Purposes.** We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you or provide notice to the sponsor of your plan through which you receive coverage.
- **To Our Corporate Affiliates,** which include financial service providers, such as other insurers, and non-financial companies, such as data processors.
- **To Nonaffiliated Companies** for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations, and to nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.
- **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:
  1. HIV/AIDS
  2. Mental health
  3. Genetic tests
  4. Alcohol and drug abuse
  5. Sexually transmitted diseases and reproductive health information
  6. Child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization at any time in writing, except if we have already acted based on your authorization. To find out where to mail your written authorization and how to revoke an authorization, contact the phone number listed on the back of your ID card.

## WHAT ARE YOUR RIGHTS?

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that authorize your dependents to request certain restrictions.

*Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.*

- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. We will accept verbal requests to receive confidential communications, but requests to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of health information that may be used to make decisions about you such as claims and case or medical management records. You also may in some cases receive a summary of this health information. You must make a written request to inspect and copy your health information. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. We may charge a reasonable fee for any copies. If we deny your request, you have the right to have the denial reviewed. If we maintain an electronic health record containing your health information, when and if we are required by law, you will have the right to request that we send a copy of your health information in an electronic format to you or to a third party that you identify. We may charge a reasonable fee for sending the electronic copy of your health information.
- **You have the right to ask to amend** information we maintain about you if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) prior to April 14, 2003; (ii) for treatment, payment, and health care operations purposes; (iii) to you or pursuant to your authorization; and (iv) to correctional institutions or law enforcement officials; and (v) other disclosures for which federal law does not require us to provide an accounting.
- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may also obtain a copy of this notice on our website at [www.doctorshcp.com](http://www.doctorshcp.com).

## EXERCISING YOUR RIGHTS

If you have any questions about this notice or want to exercise any of your rights or file complaint, please call us at (833) 500-3427 (TTY:711) or write us at:

**Doctors HealthCare Plans, Inc.**

Attn: Privacy Office

2020 Ponce de Leon Blvd., PH 1

Coral Gables, FL 33134

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. You may email your complaint to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). We will not take any action against you for filing a complaint.

DATE OF LAST REVISION: August 2018

# Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

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Doctors HealthCare Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Doctors HealthCare Plans, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Doctors HealthCare Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, contact Member Services/Civil Rights.

If you believe that Doctors HealthCare Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

**Doctors HealthCare Plans, Inc.**

Attn: Member Services/Civil Rights

2020 Ponce De Leon Blvd, PHI

Coral Gables, FL 33134

Telephone: 833-342-7463 (TTY: 711)

Fax: 786-578-0293,

Email: [civilrights@doctorshcp.com](mailto:civilrights@doctorshcp.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services/Civil Rights, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

## 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 833-342-7463 (TTY:711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 833-342-7463 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 833-342-7463 (TTY:711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 833-342-7463 (TTY:711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 833-342-7463 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 833-342-7463 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 833-342-7463 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 833-342-7463 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 833-342-7463 (TTY:711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 833-342-7463 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 833-342-7463 (TTY:711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाकिया सेवाएँ उपब्धि हैं। एक दुभाकिया प्राप्त करने के लिए, बस हमें 833-342-7463 (TTY:711) पर फोन करें। कोई व्यक्ति कह नहीं देता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 833-342-7463 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 833-342-7463 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 833-342-7463 (TTY:711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 833-342-7463 (TTY:711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、833-342-7463 (TTY:711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。



## Notes



## Notes



2020 PONCE DE LEON BOULEVARD, PH 1  
CORAL GABLES, FLORIDA 33134

[WWW.DOCTORSHCP.COM](http://WWW.DOCTORSHCP.COM)

## IMPORTANT PLAN INFORMATION

# 2025 Annual Notice of Changes

MIAMI-DADE COUNTY

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# DrMax

(HMO)



## *Your Health, Our Commitment*

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