



Here for you

City of New York Aetna Medicare Advantage PPO plan — Frequently Asked Questions

The City and the Municipal Labor Committee (MLC) recently announced an agreement to implement the Aetna Medicare Advantage PPO plan, a customized health plan for the City Medicare-eligible retirees, and their eligible dependents starting September 1, 2023. The new plan is \$0 premium. It includes benefits and services designed to support your whole health and well-being.



We're here to help.
If you have questions, call
Aetna Member Services at
1-855-648-0389 (TTY: 711),
Monday through Friday,
8 AM to 9 PM ET.



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About the new plan

What is a Medicare Advantage plan?

A Medicare Advantage plan is another way to provide Medicare Part A (hospital insurance) and Medicare Part B (medical insurance) benefits and more. Medicare Advantage plans (Part C) are offered through private insurance companies and have been approved by Medicare. These plans provide the same coverage as Traditional Medicare and additional services not covered by Traditional Medicare, such as additional health and wellness programs.

What is the new Aetna Medicare Advantage PPO plan?

This is a type of Medicare Advantage plan (Part C). You are eligible for this plan regardless of where you live in the U.S. and the U.S. territories. This type of plan has an open access feature that allows you to see a specialist without getting a referral. You are also not required to stay in the Aetna® network. You pay the same cost share for any provider according to the costs listed on your plan benefits summary. The provider must be eligible to participate in Medicare and accept your Aetna Medicare Advantage PPO plan.

Is the program still at no cost?

Beginning September 1, 2023, the Aetna Medicare Advantage PPO plan will replace all current health plans (except HIP) and will continue to have a \$0 premium to all City Medicare-eligible members who will be automatically enrolled in the plan. Members enrolled in the HIP VIP Premier Medicare plan will not be enrolled in the Aetna Medicare Advantage PPO plan, and the HIP VIP plan will also be a \$0 premium plan.

Can I choose another City plan or is the Aetna Medicare Advantage PPO plan my only choice?

On September 1, 2023, the City will discontinue the Senior Care plan and all other retiree health plans except Aetna Medicare Advantage and HIP VIP. All Medicare-eligible retirees and Medicare-eligible dependents, with the exception of HIP VIP members, will be automatically enrolled in the Aetna Medicare Advantage PPO plan.

If you opt out of the Aetna Medicare Advantage PPO plan you will automatically be enrolled in the HIP VIP Premier Medicare plan if you live in the HIP VIP service area. This area includes Manhattan, Brooklyn, Bronx, Staten Island, Queens, Nassau, Suffolk, Westchester, Rockland and Orange counties. The opt-out period is between **May 1 and June 30, 2023**. If you do not want to be enrolled in HIP VIP or the Aetna Medicare Advantage PPO plan, you will need to waive City coverage by completing the Health Benefits Program Special Retiree Enrollment/Waiver form.

If you live outside the HIP VIP service area and choose to opt out of the Aetna Medicare Advantage PPO plan, you will need to waive City coverage by completing the Health Benefits Program Special Retiree Enrollment/Waiver form and find coverage outside of City benefits.

The form will be available May 1, 2023, on the NYC Office of Labor Relations (OLR) website at [NYC.gov/hbp](https://www.nyc.gov/hbp)

What are my options if I am currently enrolled in HIP VIP?

HIP VIP members who wish to remain in the HIP VIP plan do not have to do anything.

HIP VIP members who wish to leave HIP VIP and enroll in the Aetna Medicare Advantage PPO plan must complete the Health Benefits Program Special Retiree Enrollment/Waiver Form. The form will be available May 1, 2023, on the NYC Office of Labor Relations (OLR) website at [NYC.gov/hbp](https://www.nyc.gov/hbp)



Implementation

What do I have to do?

You don't have to do anything. Effective September 1, 2023, all City Medicare-eligible members, except for HIP VIP Premier Medicare members will be automatically enrolled in the Aetna Medicare Advantage PPO plan. HIP VIP members will have to make an active election to enroll in the Aetna Medicare Advantage PPO plan.

When is the Health Benefits Program Annual Transfer Period?

The Transfer Period is in November.

Will I be able to transfer to another health plan during the next Transfer Period?

Yes — you can transfer between the Aetna Medicare Advantage PPO plan and the HIP VIP Premier Medicare plan during the annual transfer period.

Will the City still reimburse my Medicare Part B premium?

Yes — as long as you remain in one of the plans offered by the City.

What happens when the retiree or spouse is under age 65?

Effective September 1, 2023, Medicare eligible members with non-Medicare family members (family coverage) will be enrolled as follows:

- All City Medicare-eligible members, except HIP VIP, will be automatically enrolled in the Aetna Medicare Advantage PPO plan.
- Non-Medicare family members will remain covered under GHI – CBP/EBCBS.
- Non-Medicare family members enrolled in other non-Medicare City plans will be moved to the GHI-CBP/EBCBS plan.
- All HIP VIP members will remain enrolled in the HIP VIP Premier Medicare plan. These plans will have a \$0 premium.

When will I receive my member ID card?

You will receive a new member ID card in the mail in August.

How can a member obtain a duplicate or temporary ID card?

Once a member becomes effective, they can call Aetna Member Services at **1-855-648-0389 (TTY: 711)**, Monday through Friday, 8 AM to 9 PM ET to obtain their member ID number over the phone.

Members can also register on the secure member website to download and print a temporary ID card.



How the plan works

Is the City's Aetna Medicare Advantage PPO plan the same as the plan offered in the open market?

No — the City's Aetna Medicare Advantage PPO plan is different than those plans offered in the open market. The plan offers additional benefits and services not covered by Traditional Medicare like meals after an inpatient stay, nonemergency transportation to and from medical appointments, medical alert system to call for emergency, a fitness program and much more.

Additionally, as a member you can access any Medicare provider who is willing to accept the plan and you will always pay the in-network cost share. **There are no penalties or higher cost shares if you see providers who are outside of the Aetna® Medicare network.** The plan also travels with you, so it provides coverage wherever you live in the U.S. and the U.S. territories.

What is different about this Aetna Medicare Advantage PPO plan compared to what I have now?

Most City Medicare-eligible retirees are enrolled in the GHI Senior Care plan (supplements Traditional Medicare plan). The Aetna Medicare Advantage PPO plan is a Part C plan. This is an all-in-one plan — simplifying your health care. The plan administers both your Part A and B benefits. You also have additional benefits that you don't currently receive under Traditional Medicare, like meals after an inpatient stay, nonemergency transportation to get to and from medical appointments, medical alert, over-the-counter (OTC) benefit and much more. One ID card replaces your three ID cards (Traditional Medicare, GHI and Empire BlueCross/Blue Shield Hospital ID cards). The Aetna Medicare Advantage PPO plan must cover all Medicare-approved services.

I have already met my deductible, will I have to meet another deductible when the City enrolls me in the new plan on September 1, 2023?

No — you will not have to meet another deductible. We understand that most members would have met their deductible by September. You will not have to pay another deductible. You will only be responsible for your doctor visit copays. However, a deductible will apply beginning January 1, 2024. We will send you the Annual Notice of Change (ANOC) as a reminder.

I have preexisting conditions. Will this plan cover my previous medical conditions?

Yes — there are no preexisting medical clauses, and you will be covered for all Medicare benefits.

Does this plan have a lifetime limit?

No — this plan does not have a lifetime limit.

What ID card will I show when receiving medical services?

Starting September 1, 2023, tuck away your Medicare red, white, and blue card. Put it somewhere safe. You will only need to show your new City of New York Aetna Medicare ID card when receiving medical services.

Do I need the 365-Day hospital rider?

No — the Aetna Medicare Advantage PPO plan includes unlimited coverage for inpatient hospitalization.

Do I need a referral?

Referrals are not required. In addition, a primary care doctor is not required, but highly encouraged.



How the plan works

Is this plan an HMO? Am I only able to see Aetna® Medicare doctors/hospitals?

No — this plan is a Preferred Provider Organization (PPO). This means you can go to any provider who is eligible to participate in Medicare and accepts the Aetna Medicare Advantage PPO plan. You will pay the same in-network cost share.

What is my coverage if I am traveling in the United States? Internationally?

United States: You can see any doctor who is eligible to participate in Medicare and accepts the Aetna Medicare Advantage PPO plan. You will have the same cost share in or out of network.

International: We will cover urgent and emergency care while you are traveling outside the U.S. You will need to pay for the costs up front and then submit paid receipts to Aetna directly for reimbursement. Aetna reimburses at Medicare rates. Medicare Part D plans cannot cover drugs purchased outside the U.S. and its territories.

Do I have coverage if I choose to move out of New York?

The Aetna Medicare Advantage PPO plan is a national plan and portable. The plan comes with you wherever you go/move within the U.S. or U.S. territories.



Provider access

Can I keep my doctors?

With the City of New York Aetna Medicare Advantage PPO plan you will have access to over **1,200,000** network providers and over **4,200** network hospitals, so it's a good chance your doctor is already in the Aetna Medicare network. But this plan gives you the freedom to see any licensed doctor or hospital who is eligible to participate in Medicare and accepts your Aetna Medicare Advantage PPO plan. You will pay the same cost share in or out network according to the plan benefits.

How do I find out if my doctor accepts the Aetna Medicare Advantage PPO plan?

Give your doctor the name of the new Medicare Advantage plan and say that it's being offered through the City of New York. The name of the plan is: **Aetna Medicare Advantage PPO plan. Let your doctor know they do not need to be in our network in order to provide you care.** Out-of-network providers who participate in Medicare will be reimbursed at the Medicare allowable rate, just like they do today. You can also visit our website at **CONY.AetnaMedicare.com** or call us at **1-855-648-0389 (TTY: 711)**. Were available Monday through Friday, 8 AM to 9 PM ET.

Are Memorial Sloan Kettering (MSK) and Hospital for Special Surgery (HSS) in the Aetna Medicare network?

Yes — if you are a City retiree, you will continue to have access to both MSK and HSS. Both providers are in the Aetna Medicare Advantage PPO network. When calling MSK or HSS to confirm, please identify yourself as a City of New York retiree and as an Aetna Medicare Advantage PPO plan member.



Provider access

What if the provider I am seeing does not agree to accept payment from the Aetna Medicare Advantage PPO plan?

We will ask that you contact the City's dedicated Aetna® Member Services number at **1-855-648-0389 (TTY: 711)**. We're available Monday through Friday, 8 AM to 9 PM ET. An Aetna Member Services team member will reach out to your provider and explain how the plan works for out-of-network providers. In many cases, once the provider understands how the plan works, and that they will be reimbursed at the Medicare rate, they will accept the Aetna Medicare Advantage PPO plan. If the provider refuses to bill the plan directly, you can still keep that appointment with the provider, but you will have to pay the provider's bill and request reimbursement from the Aetna Medicare Advantage PPO plan. Contact Aetna Member Services for reimbursement information.



Transition of care and prior authorization

I'm currently in treatment or scheduled for surgery when this plan begins. How will it work moving to the new plan?

We have transitioned many members in situations like yours and recognize it is important for you to understand how your care will continue under the new plan. To help with your transition, during the implementation you will receive information on how to contact us. Then we can assign a nurse case manager that can answer all your questions and assist with your transition.

If I want to speak to a nurse to help with my transition of care needs and answer my questions, what should I do?

Call the dedicated Aetna Member Services team at **1-855-648-0389 (TTY: 711)**. We're available Monday through Friday, 8 AM to 9 PM ET. Give them your information and ask to speak to a nurse. The dedicated Member Services team member will take your information and have a nurse call you.

I'm currently on a transplant list and concerned that I will not be able to get my transplant?

The switch to the Aetna Medicare Advantage PPO plan will not interfere with your care plan and you will still be able to get your transplant as planned. Call us at **1-855-648-0389 (TTY: 711)**. We're available Monday through Friday, 8 AM to 9 PM ET. A dedicated Member Services team member will take your information and have a nurse call you to explain how they will help coordinate your care prior to the effective date. They will also call your provider to ensure you have a smooth transition and keep you in the loop every step of the way.



Transition of care and prior authorization

Does this plan require prior authorization (PA)?

In some cases, your doctor may need to get approval in advance from our Medical Management Department for certain types of services, like scheduled surgeries or scheduled inpatient hospital stay. This is called getting prior authorization. Your Aetna® network provider will get the PA for you. Out-of-network providers are not required to get a PA.

The PA for a non urgent scheduled service may take up to three days. If it's urgent it may take only one day and in some cases can be the same day. For emergency services prior authorization is not required. Additionally, this plan does **not require** prior authorization for most tests, like MRIs, CT scans, Pet scans and much more, making this plan unique to the City.

Note: When PAs are required, and your network provider does not get one, you will not be held responsible. You should encourage out-of-network providers to contact Aetna to ensure services are medically necessary or covered by Medicare. You will not be held responsible if services provided are not covered by Medicare.



Information about the plan

Who can I call for questions?

To speak with a dedicated City of New York Member Services team member, call **1-855-648-0389 (TTY:711)**. We're available Monday through Friday, 8 AM to 9 PM ET.

When will I receive more information about the new Aetna Medicare Advantage PPO plan?

You will receive information about the plan in the mail. You can also check the City's website at **NYC.gov/hbp** and the Aetna website at **CONY.AetnaMedicare.com** for the most update to date information about the plan and informational meetings. We also encourage you to read through the other materials you received in the mail such as the information packet, Summary of Benefits and Evidence of Coverage (EOC).

How can I learn more about the plan?

We will be hosting in-person informational meetings, in addition to virtual meetings and teleconference calls for those who cannot attend in-person meetings or may not have access to a computer. We are hosting many meetings throughout the country, and you'll have plenty of meetings from which to choose. You can join as many meetings as you would like to attend. This will be your opportunity to learn about the plan, ask questions, speak directly to a nurse case manager on transition of care, or have an Aetna team member from our local network look up providers and answer questions. We recommend you check the website frequently at **CONY.AetnaMedicare.com** for the latest information.

Will the Aetna Medicare Advantage PPO plan have a \$0 premium?

Yes — this plan will be \$0 for City Medicare-eligible retirees and their Medicare-eligible dependents enrolled in this plan.

Will I be able to keep the plan I have today?

No — you will be automatically enrolled in the Aetna Medicare Advantage PPO plan, except if you are currently enrolled in HIP VIP. If you are a HIP VIP member and want to enroll in the Aetna Medicare Advantage PPO plan, visit **NYC.gov/hbp** to complete a Special Election Form.



Information about the plan

I don't want to enroll in the Aetna Medicare Advantage PPO plan and do not reside in the HIP VIP service area. What are my options?

You will need to waive your City health benefits by completing the Health Benefits Program Special Retiree Enrollment/Waiver Form. The form will be available May 1, 2023, on the NYC Office of Labor Relations (OLR) website at [NYC.gov/hbp](https://www.nyc.gov/hbp)

I do not want to enroll in Aetna Medicare Advantage PPO plan can I opt out?

Yes — you can opt out and enroll into the HIP VIP Premier Medicare plan. The opt out period is between May 1 and June 30, 2023. You will be able to opt out on the Aetna® website at [CONY.AetnaMedicare.com](https://www.cony.aetna.com) or you can speak with a dedicated City of New York Member Services team member at **1-855-648-0389 (TTY: 711)**.

If I waive City health benefits, will I still be eligible to receive my Medicare Part B reimbursement and/or IRMAA, if applicable?

No — in order to be eligible to receive the Medicare Part B reimbursement, and/or IRMAA, if applicable, you must be enrolled a City sponsored health plan.

I understand if I waive coverage under the City's Health Benefits Program that I will not receive my Medicare Part B reimbursement and/or IRMAA, but if I want to come back, will I be allowed?

The City holds a Retiree Transfer Period every November. This is the time retirees can make any changes and/or re-enroll in the City's Health Benefits Program. Changes are effective January 1 of the following year.

I waived my City health benefits coverage. If I later change my mind and want to re-enroll in the City's Health Benefits Program outside of the Retiree Transfer Period but I do not have a qualifying event, may I do so?

The City offers a **once-in-a-lifetime** opportunity to make changes outside of the Retiree Transfer Period. If you have not exercised this benefit in the past, the City will allow you to come back outside of the Retiree Transfer Period.

What happens when there is a Medicare and non-Medicare family (split family)?

The City will enroll the Medicare-eligible members in the Aetna Medicare Advantage PPO plan and the non-Medicare family members will remain or be enrolled in the GHI/EBCBS CBP, except for those non-Medicare family members who have purchased the Aetna EPO or Empire EPO. Those non-Medicare members enrolled in the Aetna EPO or Empire EPO plan will be able to stay in those non-Medicare plans, but all Medicare eligible members will be enrolled in the Aetna Medicare Advantage PPO plan.

All other non-Medicare plans for split families, except HIP VIP, Aetna EPO and Empire EPO will be discontinued as of September 1, 2023.

The Aetna Medicare Advantage PPO for Medicare-eligible retirees and the GHI CBP for non-Medicare family members or the HIP VIP will be the only premium free options. Those who have purchased Aetna EPO and Empire EPO will continue to have a pension deduction.

Important information:

If you are currently enrolled in any other Medicare Advantage plan such as a plan purchased from the open market, through a former employer, or as a dependent of your spouse or domestic partner, the Aetna Medicare Advantage PPO plan will automatically disenroll you from the other Medicare Advantage (Part C) plan in which you are enrolled. The Centers for Medicare and Medicaid Services (CMS) does not allow enrollment in more than one Medicare Advantage (Part C) and will count your last enrollment as the plan you have selected. It is important that if you want to continue your enrollment in another Medicare Advantage plan (not sponsored by the City of New York) that you opt out of the City's new Aetna Medicare Advantage PPO plan.



Prescription drug plan information

I currently get my prescription drug plan through my union welfare fund. Do I now have to purchase the City prescription drug plan?

No — you will continue to get your prescription drug plan through your union welfare fund.

You may purchase the Medicare Part D prescription drug rider if:

- Your union welfare fund does not offer prescription drug coverage
- Or
- The benefit provided by your union welfare fund is subject to a benefit maximum*
- Or
- You are currently enrolled in an individual Medicare Part D plan**

If you currently do not have creditable coverage (coverage that is as good or better than the standard Medicare Part D plan) and you choose not to take any Part D coverage for 63 or more days in a row, you may be subject to a permanent late enrollment penalty in the future, if you decide to purchase a prescription drug rider at a later date.

If you have creditable prescription drug coverage and later choose to purchase the prescription drug rider, Part D through Aetna® Medicare Rx offered by SilverScript® or SilverScript Employer PDP (U.S. territories), you will not be subject to late enrollment penalty.

*Please contact your union welfare fund for details on your prescription drug plan information.

**If you have purchased an individual Part D plan, enrolling in the Aetna Medicare Advantage PPO plan (Part C), Aetna Medicare Rx offered by SilverScript or SilverScript Employer PDP will result in disenrollment from your individual Part D plan. You will need to obtain prescription drug coverage through either your union or by purchasing the prescription drug rider through Aetna Medicare Rx offered by SilverScript or SilverScript Employer PDP if you live in the U.S territories.

If you have the prescription drug rider through Senior Care, you will continue with your prescription drug plan through Express Scripts® until December 31, 2023. You will transition to the Aetna Medicare Rx offered by SilverScript on January 1, 2024. You will receive more information about your transition in the Fall.

If you are enrolled in any other prescription drug plan through the City of New York, you will be automatically enrolled in the prescription drug rider offered by Aetna Medicare Rx offered by SilverScript on September 1, 2023. This will be at the same time you are enrolled in the City's Aetna Medicare Advantage PPO plan.

If you live in a U.S. territory, you will be automatically enrolled in the SilverScript Employer Prescription Drug Plan (PDP) effective September 1, 2023.

If you are enrolled in an individual prescription drug plan (Part D) that you purchased in the open market, you will need to make an active election in order to enroll into the City's prescription drug rider offered September 1, 2023. To ensure you have continuous prescription drug coverage without any disruption, you will need to complete a Special Election Form located on the NYC Office of Labor Relations (OLR) website at [NYC.gov/hbp](https://www.nyc.gov/hbp) Note: Enrollment in a Medicare Advantage plan (Part C) will automatically terminate your individual Part D prescription drug plan.

Who is the prescription drug plan provided by?

Your prescription drug plan is provided by Aetna Medicare Rx offered by SilverScript or the SilverScript Employer PDP if you live in the U.S. territories. It is not part of your Aetna Medicare Advantage PPO plan. You will receive a separate member ID card for prescription drug services.



Prescription drug plan information

If I purchase the prescription drug rider, will I have a separate ID card?

Yes — you will have a separate member ID card for prescription drug services.

How much is the monthly pension deduction for the prescription drug rider?

Beginning September 1, 2023, the monthly pension deduction is \$103.50. The premium will increase to \$135.50 in 2024.

How do I know if my drug is covered?

The formulary (list of covered drugs) is Comprehensive+, an open formulary which means that all Medicare Part D drugs are covered. To check if your drugs are covered or estimate the cost of the drugs you are taking, visit our website at [CONY.AetnaMedicare.com](https://www.cony.aetna.com)

I'm currently taking a drug that requires a prior authorization (PA) every year. How do I know if the drug is covered and how much is the cost?

All Medicare Part D drugs are covered under the Comprehensive+ formulary. However, if the drug you are taking requires a prior authorization, the plan will cover up to a 30-day supply in the first 90 days of when the plan starts as a transition of care fill. After your first fill, we will notify you and your doctor to submit a prior authorization. If you need assistance or have questions, call the number on your prescription drug member ID card.

How can I find out the cost of my prescription drugs?

Visit us online at [CONY.AetnaMedicare.com](https://www.cony.aetna.com) to use the prescription drug estimator tool where you can enter your prescriptions and estimate the cost of each prescription drug. You may also find lower cost alternatives that you can discuss with your doctor to help save you money.

I currently use mail order pharmacy. Do I have to change my mail order and how can I change?

Yes — you may continue to use mail order and CVS Caremark® has a mail order pharmacy for your convenience. If you need assistance in transferring your mail order prescriptions, call the number on your prescription member ID card.

I currently get my 90-day maintenance medication at a participating retail pharmacy, can I continue to get my 90-day supply at the retail pharmacy?

Yes — you can fill a 90-day supply for any maintenance medication at any of our over 65,000 participating network retail pharmacies, including CVS Pharmacy®, Walgreens, Duane Reade, Rite Aid, Shoprite as well as many independent pharmacies. The exception are specialty drugs, which are limited to a 30-day supply.

Notes



Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. You will receive notice when necessary. Plan features and availability may vary by service area. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

This material is for informational purposes only and is not medical advice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Contact a health care professional with any questions or concerns about specific health care needs. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna is not a provider of health care services and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to our website. For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7-10 days. You can call **1-855-648-0389 (TTY: 711)**, Monday through Friday, 8 AM to 9 PM ET if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery. Other Pharmacies/Physicians/Providers are available in our network. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary. For accommodation of persons with special needs at meetings, call **1-855-648-0389 (TTY: 711)**. To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call **1-800-MEDICARE** (TTY users should call **1- 877-486-2048**), 24 hours a day/7 days a week). If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

繁體中文 (CHINESE): 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。