

# Aflac Group Hospital Indemnity

## INSURANCE

Even a small trip to the hospital can have a major impact on your finances.

Here's a way to help make your visit a little more affordable.



We've got you under our wing.®

# AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



## The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

### That's how the Aflac Group Hospital Indemnity plan can help.

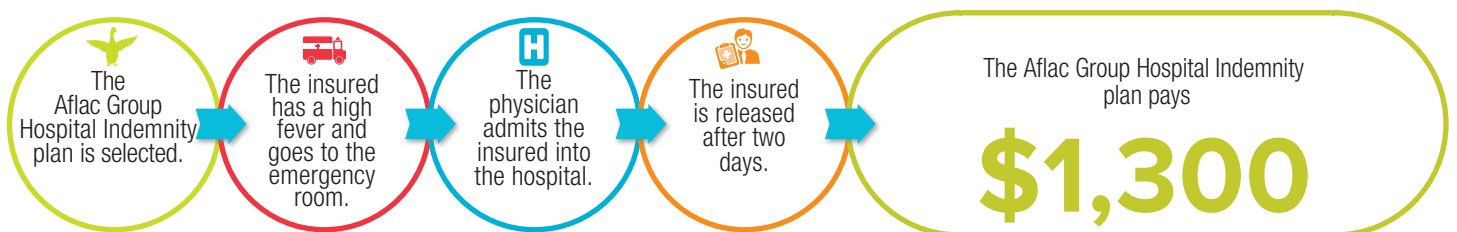
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

### The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit



### How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$1,000), and Hospital Confinement (\$150 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

## Benefits Overview

### BENEFIT AMOUNT

<p><b>HOSPITAL ADMISSION BENEFIT per confinement</b> (once per covered sickness or accident per calendar year for each insured)</p> <p>Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p>	<p>\$1,000</p>
<p><b>HOSPITAL CONFINEMENT per day</b> (maximum of 31 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	<p>\$150</p>
<p><b>HOSPITAL INTENSIVE CARE BENEFIT per day</b> (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p><b>This benefit is payable in addition to the Hospital Confinement Benefit.</b></p>	<p>\$150</p>
<p><b>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day</b> (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time.</p> <p>Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p><b>This benefit is payable in addition to the Hospital Confinement Benefit.</b></p>	<p>\$75</p>

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).

## LIMITATIONS AND EXCLUSIONS

### EXCLUSIONS (in Montana: LIMITATIONS)

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
  - In Connecticut: a riot is not excluded.
  - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
  - In Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
  - In Minnesota: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
  - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
  - In Vermont: injuring or attempting to injure oneself intentionally, while sane.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In Connecticut: voluntarily participating in, committing, or attempting to commit a felony.
  - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
  - In Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.

- In South Dakota: voluntarily committing a felony.
- Sports – participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
  - In South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- In Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
  - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
  - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
  - Congenital defects in newborns.

## TERMS YOU NEED TO KNOW

A Covered Accident is an accident that occurs on or after an insured's effective date while coverage is in force, and that is not specifically excluded by the plan.

Dependent means your spouse or dependent children, as defined in the applicable rider, who have been accepted for coverage. Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Dependent Children are your or your spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption. Newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children are automatically covered for 60 days also. See certificate for details. Dependent children must be younger than age 26 (and in Louisiana, unmarried), however this limit will not apply to any insured dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is chiefly dependent on a parent for support and maintenance.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and: is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified medical practitioner according to the laws and regulations in the state in which treatment is made.

In Montana: For purposes of treatment, the insured has full freedom of choice in the selection of any licensed physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, licensed social worker, psychologist, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, or advanced practice registered nurse.

A Doctor does not include you or any of your Family Members. For the purposes of this definition, Family Member includes your spouse as well as the following members of your immediate family: son, daughter, mother, father, sister, or brother. In South Dakota, however, a doctor who is your family member may treat you if that doctor is the only

doctor in the area and acts within the scope of his or her practice.

A Hospital is not a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation facility; a facility for the treatment of alcoholism or drug addiction (except in Vermont); an assisted living facility; or any facility not meeting the definition of a Hospital as defined in the certificate.

A Hospital Intensive Care Unit is not any of the following step-down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a Hospital Intensive Care Unit as defined in the certificate

Sickness means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury (In Maine, illness or disease of an insured). A Covered Sickness is one that is not excluded by name, specific description, or any other provision in this plan. For a benefit to be payable, loss arising from the covered sickness must occur while the applicable insured's coverage is in force (except in Montana).

Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services (except in Kansas).

**You May Continue Your Coverage**

Your coverage may be continued with certain stipulations. See certificate for details.

**Termination of Coverage**

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force.

## NOTICES

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

**Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.**

**For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).**

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies. This brochure is a brief description of coverage and is not a contract. Benefits, terms, and conditions may vary by state.

This brochure is subject to the terms, conditions, and limitations of Policy Series C80000. In Arkansas, C80100AR. In Oklahoma, C80100OK. In Oregon, C80100OR. In Pennsylvania, C80100PA. In Texas, C80100TX. In Virginia, C80100VA.



## CONTINENTAL AMERICAN INSURANCE COMPANY

P.O Box 427, Columbia, South Carolina 29202  
800.433.3036

### IMPORTANT NOTICE TO PERSONS ON MEDICARE

### THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

*Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.*

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement Insurance.

*Medicare generally pays for most or all of these expenses.*

*Medicare pays extensive benefits for medically necessary services regardless of the reason you need them.*

*These include:*

- hospitalization
- physician services
- hospice care
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

*This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.*

### Before you Buy This Insurance

- + Check the coverage in **all** health insurance policies you already have.
- + For more information about Medicare and Medicare Supplement Insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- + For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

**NOTICE TO APPLICANT  
REGARDING REPLACEMENT  
OF ACCIDENT AND SICKNESS INSURANCE**

According to your Employee Application, you intend to lapse or otherwise terminate your present Policy and replace it with a Policy to be issued by Continental American Insurance Company. For your own information and protection, certain facts should be pointed out to you which could affect your rights to coverage under the new Policy.

1. Health conditions which you may presently have may not be covered under the new Policy. This could result in a claim for benefits being denied which may have been payable under your present Policy.
2. Even though some of your present health conditions may be covered under the new Policy, these conditions may be subject to certain Waiting Periods under the new Policy before coverage is effective.
3. Questions in the Employee Application for the new Policy must be answered truthfully and completely; otherwise, the validity of the Policy and the payment of any benefits thereunder may be voided.
4. It may be to your advantage to secure the advice of your present carrier or its agent regarding the proposed replacement of your present Policy. This is your right, under the Policy you have chosen.

The above "Notice to Applicant" was delivered to me on \_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant



The Commonwealth of Massachusetts  
Executive Office of Elder Affairs  
One Ashburton Place, 5th Floor  
Boston, Massachusetts 02108

**CHARLES D. BAKER**  
Governor

**KARYN E. POLITO**  
Lieutenant Governor

**ALICE F. BONNER**  
Secretary

Tel: (617) 727-7750  
Fax: (617) 727-9368  
[www.mass.gov/elders](http://www.mass.gov/elders)

## **Massachusetts Bulletin for People with Medicare January 2016**

### **Health Insurance Options for People with Medicare**

- Original Medicare (Part A and Part B)
- Medicare Supplement Insurance (Medigap)
- Medicare Advantage Plans (Medicare Part C)
- Medicare Prescription Drug Coverage (Medicare Part D)
- Employer, Union, Retiree, other group health insurance coverage
- COBRA
- Veterans Health Benefits
- Military Benefits (TRICARE)
- Indian Health Services

### **Programs for People with Limited Income and Resources**

- Extra Help Paying for Medicare Prescription Drug Coverage (Part D)
- Medicare Savings Programs (help with Medicare costs)
- Prescription Advantage (prescription drug insurance assistance program for Massachusetts residents)
- MassHealth (Medicaid)

This Bulletin provides basic health insurance information for people eligible for Medicare.

Contact your plan benefits administrator for information about employer, union, retiree, or other group health coverage. Contact your local Veterans Service Officer for Veterans and TRICARE health insurance information. Contact the Indian Health Services for health information for American Indians and Alaska Natives.

## Medicare

**Medicare** is a Federal Government health insurance program administered by the Centers for Medicare and Medicaid Services (CMS) for people:

- age 65 or older under
- age 65 with certain disabilities

Medicare has **4** parts:

- **Part A (Medicare Hospital Insurance)**  
Helps pay for inpatient care in hospitals, skilled nursing facilities, hospice, home health care and other services.
- **Part B (Medicare Medical Insurance)**  
Helps pay for outpatient medical services including doctor visits, medical equipment, home health care, outpatient care, and some preventive services.
- **Part C (Medicare Advantage Plan)**  
Medicare Advantage Plans include Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).  
Some Medicare Advantage Plans may offer Medicare Part D, prescription drug coverage at additional charge and other services not covered by Medicare.  
Medicare Advantage Plans (like HMOs, PPOs) are sold by private health insurance companies approved by Medicare.
- **Part D (Medicare Prescription Drug Coverage)**  
Helps pay for outpatient prescription drugs. Medicare prescription drug plans are sold by private insurance companies approved by Medicare.

**There are 2 ways to get Medicare coverage:**





**(1) Original Medicare** is fee-for-service coverage administered directly by Medicare. Original Medicare covers Medicare **Part A (Hospital)** and **Part B (Medical)** services. Under Original Medicare, you have the choice of doctors, hospitals and other providers that accept Medicare.

You may purchase optional **Medicare Supplement (Medigap)** insurance from a private company or have employer or other health insurance to help pay for deductibles and coinsurance in Original Medicare.

You may decide to purchase a **Medicare Prescription Drug plan (Part D)** to help pay for outpatient prescription drugs.

**(2) Medicare Advantage Plan** (like an HMO or PPO)

Medicare Advantage Plans (MA-PD) cover Medicare **Part A and Part B** Services. MA-PDs are sold by private companies approved by Medicare and usually charge a monthly premium.

Some plans offer additional benefits not covered by Medicare.

Most plans require use of network doctors, hospitals and other providers.

Most MA-PDs offer Medicare prescription drug coverage (Part D) at additional cost. Some plans do not offer drug coverage (MA plans)

You must be enrolled in Medicare A and B, pay plan premiums, deductibles, copays and coinsurance.

(Medicare Supplement Insurance cannot be sold to MA-PD enrollees)

### Medicare Advantage Plans sold in Massachusetts

- **Health Maintenance Organizations (HMO)**  
Must be a resident of the plan's service area and use provider network
- **Preferred Provider Organization (PPO)**  
Must be a resident of the plan's service area  
May use out-of-network Medicare providers at higher cost sharing
- **Point-of Service (HMO/POS)**  
Must be a resident of the plan's service area.  
May use out-of-network Medicare providers at higher cost sharing
- **Private Fee-for-Service (PFFS)**



May use any Medicare provider that agrees to treat patient.  
The Plan determines provider and patient payment for the services.

- **Special Needs Plan (SNP)**

For people with Medicare and Medicaid or special conditions

## **Medicare Prescription Drug Coverage (Part D)**

Medicare prescription drug coverage (Part D) helps pay for prescription drugs. Medicare prescription drug plans are sold by private companies approved by Medicare. Each plan can vary in cost and specific drugs covered.

**Medicare Prescription Drug Plans (PDPs)** are stand-alone plans for enrollees in **Original Medicare**.

Most **Medicare Advantage Plans** offer optional Medicare prescription drug coverage.

## **Medicare Supplement Insurance (Medigap)**

Medicare Supplement Insurance (also called Medigap Insurance) is sold by private insurance companies to help pay health care costs that Original Medicare does not cover such as deductibles and coinsurance.

Some Medigap insurers may include coverage for services that are not covered by Original Medicare.

Two standard Medigap policies are offered to Massachusetts residents:

### **Medicare Supplement Core & Medicare Supplement 1**

Medicare Supplement Insurance (Medigap) for Massachusetts residents is regulated by federal and state laws including the following:

- Medigap policies must be clearly identified as “**Medicare Supplement Insurance**”
- Policies and text are standard for all insurers, Basic benefits are the same, some may offer additional benefits



- Medigap insurance is guaranteed renewable and cannot be cancelled unless the beneficiary stops paying the premium or provides false information on the application.
- Medigap insurers cannot refuse to sell a policy, exclude or limit coverage, or require a waiting period before coverage starts due to existing health problems.
- Medigap insurers must offer the same premium to all policyholders and cannot charge a different premium based on age or health.

### **Medicare Select Plan**

- Medicare Select Plans are Medicare supplement plans that require the use of a provider network

The Massachusetts Division of Insurance monitors insurance companies authorized to sell insurance in Massachusetts, For information contact:

**Massachusetts Division of Insurance**  
**617-521-7794/[www.state.ma.us/doi](http://www.state.ma.us/doi)**

### **Programs for People with Limited Income and Resources**

#### **Extra Help for Medicare Prescription Drug Coverage (Part D)**

also known as the Limited Income Subsidy (LIS) is a federal program that helps Medicare beneficiaries with limited income and assets pay some of the costs for Medicare prescription drug coverage (Part D).

For more information or to enroll in Extra Help, contact **Social Security** at: **1-800-772-1213** or visit [www.socialsecurity.gov](http://www.socialsecurity.gov)

**Medicare Savings Program (MassHealth Buy-In)** are federal programs that help pay Medicare premiums and Part A and Part B deductibles and coinsurance for Massachusetts residents with limited income and assets and not receiving other MassHealth benefits.



LOCAL HELP FOR PEOPLE WITH MEDICARE



For more information about Medicare Savings Programs contact:

**MassHealth Customer Service**

**1-800-841-2900**

**(TTY: 1-800-497-4648 for people with partial or total hearing loss)**

### **Prescription Advantage/State Pharmacy Assistance Program (SPAP)**

Is a state program that help people with limited income and/or medical condition and age pay for prescription drugs.

Prescription Advantage is funded by state legislation and is administered by the Massachusetts Executive Office of Elder Affairs.

For information about eligibility and enrollment contact:

**Prescription Advantage Customer Service**

**1-800-AGE-INFO (1-800-243-4636) press 2**

[www.prescriptionadvantage.com](http://www.prescriptionadvantage.com)

**(TTY: 1-800-610-0241 for people with partial or total hearing loss)**

## **MassHealth**

MassHealth provides a wide range of medical services and other benefits. These programs are authorized by state and federal laws and help pay medical costs for people with limited income and resources and meet other eligibility requirements.

- **MassHealth Standard** provides a full range of health care benefits.
- **MassHealth CommonHealth** for people with disabilities whose income is too high to be eligible for MassHealth Standard.
- **MassHealth Frail Elder Waiver Program** provides coordinated community based services to frail elders living in the community.
- **MassHealth Personal Care Attendant Services (PCA)** helps people with long-term disabilities live independently at home.



LOCAL HELP FOR PEOPLE WITH MEDICARE



- **Program for All-inclusive Care for the Elderly (PACE)**  
PACE providers deliver needed medical and support services to people living in the community.

### **MassHealth Plans for Dual Eligible (MassHealth & Medicare)**

**Senior Care Options (SCO)** is a coordinated health plan that combines Medicare and Medicaid health care with long term care supports for consumers 65 and older.

**One Care (Integrated Care Organization or ICO)** is a coordinated care demonstration project in Massachusetts that combines Medicare and MassHealth services with long term care supports for consumers 21-64 years old with disabilities. Enroll through MassHealth.

**MassHealth Long-Term Care (LTC)** covers LTC costs for individuals living in LTC facilities

For information or questions about eligibility and enrollment:

**MassHealth Customer Service**

**1-800-841-2900/[www.mass.gov/masshealth](http://www.mass.gov/masshealth)**

**(TTY: 1-800-497-4648 for people with partial or total hearing loss)**

### **Helpful Numbers**

#### **Massachusetts Executive Office of Elder Affairs**

To directly connect with elder services in your area call and press or say:

**1-800-AGE-INFO (1-800-243-4636)**

- to connect to your local elder service agency or caregiver program: Press 1
- to connect to Prescription Advantage-state prescription drug program: Press 2
- to connect to your regional SHINE Program: Press 3
- to report elder abuse, neglect or financial exploitation: Press 4
- all other matters: Press 5



LOCAL HELP FOR PEOPLE WITH MEDICARE



### **MassHealth**

**1-800-841-2900/[www.mass.gov/masshealth](http://www.mass.gov/masshealth)**

**TTY: 800-497-4648**

MassHealth provides a wide range of health care services that pay for all or part of the health care cost for people with limited income and resources. Call MassHealth for One Care enrollment.

### **MassHealth Senior Care Options (SCO)**

**1-888-885-0484/[www.mass.gov/masshealth](http://www.mass.gov/masshealth)**

**TTY: 1-888-821-5225**

A health plan that combines Medicare and Medicaid services with home services.

### **Massachusetts Division of Insurance**

**617-521-7794/[www.state.ma.us/doi](http://www.state.ma.us/doi)**

Regulates insurance companies authorized to sell insurance in Massachusetts.

### **Elder Protective Services Elder Abuse Hotline (24 hour/7 days)**

**1-800-922-2275**

A statewide program is administered by the Executive Office of Elder Affairs. Protective Service Agencies investigate reports of elder abuse and provide protective services to abused elders.

### **Attorney General of Massachusetts**

**Elder Hotline: 1-888-243-5337/[www.ago.state.ma.us](http://www.ago.state.ma.us)**

The Attorney General of Massachusetts is the state's chief law enforcement Officer. The Hotline provides information about elder-related issues and programs.

### **Massachusetts Medicare Advocacy Project (MAP)**

**1-800-323-3205**

Provides Medicare beneficiaries free legal advice and legal representation for appealing medical decisions.



LOCAL HELP FOR PEOPLE WITH MEDICARE



## **MCPHS University Pharmacy Outreach Program**

**1-866-633-1617/[www.mcphs.edu/pharmacyoutreach](http://www.mcphs.edu/pharmacyoutreach)**

Provides free prescription drug information and referrals. The Pharmacy Outreach Program is a public service of the MCPHS and EOEA.

## **Social Security Administration**

**1-800-772-1213/[www.ssa.gov](http://www.ssa.gov)**

Contact SSA to enroll in Medicare and for information and issues about Social Security and other related programs.

## **Massachusetts Health Connector**

**1-877-623-6765/[www.betterhealthconnector.com](http://www.betterhealthconnector.com)**

Health insurance, assistance and on-line application for people without insurance or small businesses; dental plan list for anyone.

## **SHINE (Serving Health Insurance Needs of Everyone)**

**1-800-243-4636 Press or say 3**

**[www.800ageinfo.com](http://www.800ageinfo.com)**

**SHINE**, a State Health Insurance Assistance Program (SHIP), provides information, counseling and assistance to **Medicare beneficiaries** and their families regarding Medicare and other health insurance issues.

SHINE Health Insurance Counselors are trained and certified by the Massachusetts Executive Office of Elder Affairs (EOEA). SHINE is administered by EOEA in partnership with elder service agencies, councils on aging, independent living centers and community based programs.

SHINE is partially funded by the Administration on Community Living.



LOCAL HELP FOR PEOPLE WITH MEDICARE



**Standard Medigap Plans  
Available in Massachusetts  
in 2016**

Comparison of Plans	Core	Supplement 1
<b>Basic Benefits Included In All Plans:</b>		
<b>Hospitalization Part A Co-payments</b>		
Days 61 - 90: \$322 per day	X	X
Days 91-150: \$644 per day	X	X
365 Additional Lifetime Hospital days - Paid in full	X	X
<b>Part B Coinsurance -</b>		
Coverage of coinsurance, in most cases, 20% of approved amount	X	X
<b>Parts A and B Blood</b> First 3 pints	X	X
Additional Benefits	Core	Supplement 1
<b>Part A Deductible for Hospital Days 1 - 60</b>		X
\$1288 per benefit period		
<b>Skilled Nursing Facility Coinsurance</b>		X
Days 21-100 - \$161.00 per day		
<b>Part B Annual Deductible - \$166</b>		X
<b>Foreign Travel -</b> For Medicare-covered services needed while traveling abroad.		X
<b>Inpatient Days in Mental Health Hospitals</b> In addition to Medicare's coverage of 190 lifetime days and less any days previously covered by plan in same benefit period	60 days per calendar year	120 days per benefit period

**IMPORTANT NOTICE:**

**Medicare Supplement premium rates are required to be in effect for not less than 12 months. Effective dates may vary by Carrier.**



**Medicare Supplement Plans  
Offered in Massachusetts  
in 2016**

<b>Medigap Carriers</b> Please note that rates may change in 2016	<b>Medicare Supplement Core</b>	<b>Medicare Supplement 1</b>
<b>Blue Cross &amp; Blue Shield of MA (Medex™)</b> 1-800-678-2265 sales/apps 1-800-258-2226 member services 1-800-522-1254 (TDD) <a href="http://www.bluecrossma.com">www.bluecrossma.com</a> (continuous open enrollment)	<b>\$93.70</b>	<b>\$182.45</b>
Optional Preventive Care Benefits Rider	<b>\$5.75</b>	<b>\$5.75</b>
<b>Fallon Health &amp; Life Assurance Company</b> 1-866-330-6380 sales/apps 1-800-868-5200 member services TRS 711 <a href="http://www.fallonhealth.org/medsupp">www.fallonhealth.org/medsupp</a> (continuous open enrollment)	<b>\$119.00</b>	<b>\$216.00</b>
<b>HNE Insurance Company</b> 1-877-443-3314 1-800-439-2370 (TDD/TTY) <a href="http://www.hne.com">www.hne.com</a> (continuous open enrollment)	<b>\$105.00</b>	<b>\$193.00</b>
<b>HPHC Insurance Company, Inc.</b> 1-800-782-0334 sales/apps 1-877-907-4742 member services 1-888-259-8276 (TDD) <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> (continuous open enrollment)	<b>\$109.00</b>	<b>\$210.00</b>

**Medicare Supplement Plans  
Offered in Massachusetts  
in 2016**

<b>Medigap Carriers</b> Please note that rates may change in 2016	<b>Medicare Supplement Core</b>	<b>Medicare Supplement 1</b>
<b>Humana Insurance Company</b> 1-800-872-7294 sales/apps 1-800-866-0581 member services 1-800-833-3301 (TDD) <a href="http://www.humana-medicare.com">www.humana-medicare.com</a> (continuous open enrollment)	<b>\$157.24</b> (\$163.45 effective 05/01/16)	<b>\$243.60</b> (\$260.51 effective 05/01/16)
<b>Humana Insurance Company</b> HEALTHY LIVING (including dental and vision benefits) 1-800-872-7294 sales/applications 1-800-866-0581 member services 1-800-833-3301 (TDD) <a href="http://www.humana-medicare.com">www.humana-medicare.com</a> (continuous open enrollment)	<b>\$170.59</b> (\$176.80 effective 05/01/16)	<b>\$256.95</b> (\$273.86 effective 05/01/16)
<b>Transamerica Life Insurance            Company</b> For eligibility & plan information: 1-800-247-1771 (Group Medicare Supplement Insurance sponsored for members of various participating industry, trade, professional and other special interest associations.) (continuous open enrollment)	<b>\$111.16</b>	<b>\$192.28</b>
<b>Transamerica Premier Life            Insurance Company</b> 1-800-458-5736 (Group Medicare Supplement insurance sponsored exclusively for eligible members of the American Medical Association.) <a href="http://www.amainsure.com">www.amainsure.com</a> (continuous open enrollment)	<b>\$97.46</b>	<b>\$168.58</b>

**Medicare Supplement Plans  
Offered in Massachusetts  
in 2016**

<b>Medigap Carriers</b> Please note that rates may change in 2016	<b>Medicare Supplement Core</b>	<b>Medicare Supplement 1</b>
<b>Tufts Insurance Company</b> 1-800-714-3000 sales/apps 1-800-701-9000 member services TDD 1-800-208-9562 (member services) 1-888-899-8977 (sales/apps) <a href="http://www.tuftsmedicarepreferred.org">www.tuftsmedicarepreferred.org</a> (continuous open enrollment)	<b>\$104.76</b>	<b>\$194.00</b>
<b>United Healthcare Insurance Company</b> <u>Only for members of AARP</u> <u>(American Association of Retired Persons)</u> 1-800-523-5800 (continuous open enrollment)	<b>\$122.75</b>	<b>\$219.25</b>

<b>Medigap Carriers</b> Please note that rates may change in 2016	<b>Medicare Select**</b>
<b>Blue Cross &amp; Blue Shield of Massachusetts HMO Blue, Inc.</b> 1-800-258-2226 member services 1-800-522-1254 (TDD) <a href="http://www.bluecrossma.com">www.bluecrossma.com</a> (continuous open enrollment)	<b>\$136.42</b>

\*\* Medicare Select Plans are Medicare Supplement Insurance Plans that require the use of a provider network. Medicare Select In-network benefits will be the same as the Medicare Supplement Core benefits or Medicare Supplement 1 benefits, based on the member's choice of PCP.

In addition to the above-noted Medicare Supplemental plans, Massachusetts residents may enroll in Medicare Advantage Plans as well as Part D Prescription Drug Plans with the Centers for Medicare and Medicaid Services ("CMS"). For further information regarding these plans please visit the following website:

<https://www.medicare.gov/find-a-plan/questions/home.aspx>

## Medicare Advantage Plans Offered in Massachusetts in 2016

	Plan Name	Plan Type	Monthly Premium	Drugs	Doctor Choice	Counties
<b>AARP Medicare Complete Provided by United Healthcare</b>  Phone: 1-800-555-5757 TTY: 711	Medicare Complete Plan 1	HMO	\$0.00	Yes	Plan Doctors for Most Services	Bristol Essex Hampden Middlesex Norfolk Plymouth Suffolk
	Medicare Complete Plan 2	HMO	\$45.00	Yes	Plan Doctors for Most Services	Bristol Essex Hampden Middlesex Norfolk Plymouth Suffolk
	Medicare Complete Choice	PPO	\$50.00	Yes	Any Doctor	Barnstable Berkshire Bristol Dukes Essex Franklin Hampden Hampshire Middlesex Nantucket Norfolk Plymouth Suffolk Worcester
<b>Blue Cross Blue Shield of Massachusetts</b>  Phone: 1-800-678-2265 TTY: 1-800-522-1254	Medicare HMO Blue PlusRx	HMO	\$235.50	Yes	Plan Doctors for Most Services	Barnstable Bristol Essex Franklin Hampden Hampshire Middlesex Norfolk Plymouth Suffolk Worcester

	Plan Name	Plan Type	Monthly Premium	Drugs	Doctor Choice	Counties
<b>Blue Cross Blue Shield of Massachusetts (continued)</b>	Medicare HMO Blue Value Rx	HMO	\$29.00	Yes	Plan Doctors for Most Services	Barnstable Bristol Essex Franklin Hampden Hampshire Middlesex Norfolk Plymouth Suffolk Worcester
	Medicare HMO Blue FlexRx	HMO-POS	\$99.00	Yes	Plan Doctors for Most Services	Barnstable Bristol Essex Franklin Hampden Hampshire Middlesex Norfolk Plymouth Suffolk Worcester
	Medicare PPO Blue PlusRx	PPO	\$180.50	Yes	Any Doctor	Barnstable Bristol Essex Franklin Hampden Hampshire Middlesex Norfolk Plymouth Suffolk Worcester
	Medicare PPO Blue ValueRx	PPO	\$59.00	Yes	Any Doctor	Barnstable Bristol Essex Franklin Hampden Hampshire Middlesex Norfolk Plymouth Suffolk Worcester
	Medicare PPO Blue SaverRx	PPO	\$0.00	Yes	Any Doctor	Barnstable; Bristol Essex; Franklin Hampden; Hampshire; Middlesex; Norfolk Plymouth; Suffolk Worcester

	<b>Plan Name</b>	<b>Plan Type</b>	<b>Monthly Premium</b>	<b>Drugs</b>	<b>Doctor Choice</b>	<b>Counties</b>
<b>Erickson Advantage</b>  Phone: 1-800-774-9671 TTY: 711	Erickson Advantage Signature with Drugs	HMOP OS	\$190.00	Yes	Plan Doctors Only	Essex Plymouth
	Erickson Advantage Signature without Drugs	HMO-POS	\$149.00	No	Plan Doctors Only	Essex Plymouth
	Erickson Advantage Freedom	HMO-POS	\$49.00	Yes	Plan Doctors Only	Essex Plymouth
<b>Fallon Community Health Plan</b>  Phone: 1-888-377-1980 TTY: 711	Fallon Senior Plan Plus Enhanced Rx	HMO	\$152.00	Yes	Plan Doctors Only	Bristol Middlesex Norfolk Plymouth
	Fallon Senior Plan Plus Enhanced Rx	HMO-POS	\$110.00	Yes	Plan Doctors Only	Hampden Hampshire
	Fallon Senior Plan Plus Enhanced Rx	HMO	\$244.00	Yes	Plan Doctors Only	Franklin Worcester
	Fallon Senior Plan Plus Enhanced Rx	HMO	\$166.00	Yes	Plan Doctors Only	Essex Suffolk
	Fallon Senior Plan Plus Enhanced Rx	HMO	\$201.00	Yes	Plan Doctors Only	Barnstable
	Fallon Senior Plan Saver	HMO	\$27.00	No	Plan Doctors Only	Bristol Middlesex Norfolk Plymouth
	Fallon Senior Plan Saver	HMO	\$19.00	No	Plan Doctors Only	Essex Suffolk
	Fallon Senior Plan Saver	HMO	\$61.00	No	Plan Doctors Only	Franklin Worcester
	Fallon Senior Plan Saver	HMO	\$0.00	No	Plan Doctors Only	Hampden Hampshire
	Fallon Senior Plan Saver	HMO	\$65.00	No	Plan Doctors Only	Barnstable
	Fallon Senior Plan Saver Enhanced Rx	HMO	\$46.00	Yes	Plan Doctors Only	Bristol Middlesex Norfolk Plymouth
	Fallon Senior Plan Saver Enhanced Rx	HMO	\$30.00	Yes	Plan Doctors Only	Hampden Hampshire
	Fallon Senior Plan Saver Enhanced RX	HMO	\$79.00	Yes	Plan Doctors Only	Franklin Worcester
Fallon Senior Plan Saver Enhanced Rx	HMO	\$86.00	Yes	Plan Doctors Only	Barnstable	

	<b>Plan Name</b>	<b>Plan Type</b>	<b>Monthly Premium</b>	<b>Drugs</b>	<b>Doctor Choice</b>	<b>Counties</b>
<b>Fallon Community Health Plan (continued)</b>	Fallon Senior Plan Saver Enhanced Rx	HMO	\$56.00	Yes	Plan Doctors Only	Essex Suffolk
	Fallon Senior Plan Super Saver Rx	HMO	\$0.00	Yes	Plan Doctors Only	Barnstable Bristol Essex Franklin Hampden Hampshire Middlesex Norfolk Plymouth Suffolk Worcester
	Fallon Senior Plan Standard	HMO	\$134.00	No	Plan Doctors Only	Franklin Worcester
	Fallon Senior Plan Standard Enhanced Rx	HMO	\$184.00	Yes	Plan Doctors Only	Franklin Worcester
<b>Harvard Pilgrim Healthcare</b>  Phone: 1-888-609-0692 TTY: 1-800-720-3480	Stride Value Rx Plus	HMO	\$138.00	Yes	Plan Doctors Only	Bristol Essex Middlesex Norfolk Plymouth Suffolk Worcester
	Stride Value Rx	HMO	\$48.00	Yes	Plan Doctors Only	Bristol Essex Middlesex Norfolk Plymouth Suffolk Worcester

	<b>Plan Name</b>	<b>Plan Type</b>	<b>Monthly Premium</b>	<b>Drugs</b>	<b>Doctor Choice</b>	<b>Counties</b>
<b>Health New England</b>  Phone: 1-413-787-0010 TTY: 1-800-439-2370	HNE Medicare Basic No Rx	HMO	\$27.00	No	Plan Doctors Only	Berkshire Franklin Hampden Hampshire
	HNE Medicare Basic Rx	HMO	\$83.00	Yes	Plan Doctors Only	Berkshire Franklin Hampden Hampshire
	HNE Medicare Plus Rx	HMO	\$114.00	Yes	Plan Doctors Only	Berkshire Franklin Hampden Hampshire
	HNE Medicare Premium No Rx	HMO	\$97.00	No	Plan Doctors Only	Berkshire Franklin Hampden Hampshire
	HNE Medicare Premium Rx	HMO	\$164.00	Yes	Plan Doctors Only	Berkshire Franklin Hampden Hampshire
	HNE Medicare Value	HMO	\$28.00	Yes	Plan Doctors Only	Berkshire Franklin Hampden Hampshire
<b>Tufts Health Plan</b>  Phone: 1-877-218-4835 TTY: 1-888-899-8978	Medicare Preferred HMO Basic	HMO	\$33.00	No	Plan Doctors Only	Worcester
	Medicare Preferred HMO Basic	HMO	\$34.00	No	Plan Doctors Only	Essex Suffolk
	Medicare Preferred HMO Basic Rx	HMO	\$0.00	Yes	Plan Doctors Only	Hampden Hampshire



	<b>Plan Name</b>	<b>Plan Type</b>	<b>Monthly Premium</b>	<b>Drugs</b>	<b>Doctor Choice</b>	<b>Counties</b>
<b>Tufts Health Plan (continued)</b>	Medicare Preferred HMO Basic Rx	HMO	\$35.90	Yes	Plan Doctors Only	Barnstable Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Basic Rx	HMO	\$55.90	Yes	Plan Doctors Only	Essex Suffolk
	Medicare Preferred HMO Basic Rx	HMO	\$65.60	Yes	Plan Doctors Only	Worcester
	Medicare Preferred HMO Prime No Rx	HMO	\$130.00	No	Plan Doctors Only	Barnstable Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Prime No Rx	HMO	\$52.00	No	Plan Doctors Only	Hampden Hampshire
	Medicare Preferred HMO Prime No Rx	HMO	\$154.00	No	Plan Doctors Only	Essex Suffolk
	Medicare Preferred HMO Prime No Rx	HMO	\$148.00	No	Plan Doctors Only	Worcester
	Medicare Preferred HMO Prime Rx	HMO	\$154.40	Yes	Plan Doctors Only	Barnstable Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Prime Rx	HMO	\$76.40	Yes	Plan Doctors Only	Hampden Hampshire
	Medicare Preferred HMO Prime Rx	HMO	\$178.40	Yes	Plan Doctors Only	Essex Suffolk
	Medicare Preferred HMO Prime Rx	HMO	\$183.50	Yes	Plan Doctors Only	Worcester
	Medicare Preferred HMO Prime Rx Plus	HMO	\$110.20	Yes	Plan Doctors Only	Hampden Hampshire

	<b>Plan Name</b>	<b>Plan Type</b>	<b>Monthly Premium</b>	<b>Drugs</b>	<b>Doctor Choice</b>	<b>Counties</b>
<b>Tufts Health Plan (continued)</b>	Medicare Preferred HMO Prime Rx Plus	HMO	\$188.20	Yes	Plan Doctors Only	Barnstable Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Prime Rx Plus	HMO	\$212.20	Yes	Plan Doctors Only	Essex Suffolk
	Medicare Preferred HMO Value No Rx	HMO	\$96.00	No	Plan Doctors Only	Barnstable Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Value No Rx	HMO	\$22.00	No	Plan Doctors Only	Hampden Hampshire
	Medicare Preferred HMO Value No Rx	HMO	\$117.00	No	Plan Doctors Only	Essex Suffolk
	Medicare Preferred HMO Value No Rx	HMO	\$109.00	No	Plan Doctors Only	Worcester
	Medicare Preferred HMO Value Rx	HMO	\$120.30	Yes	Plan Doctors Only	Barnstable Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Value Rx	HMO	\$46.30	Yes	Plan Doctors Only	Hampden Hampshire
	Medicare Preferred HMO Value Rx	HMO	\$141.30	Yes	Plan Doctors Only	Essex Suffolk
	Medicare Preferred HMO Value Rx	HMO	\$144.60	Yes	Plan Doctors Only	Worcester
	Medicare Preferred HMO Saver Rx	HMO	\$0.00	Yes	Plan Doctors Only	Barnstable Bristol Essex Middlesex Norfolk Plymouth Suffolk Worcester

**HMO = Health Maintenance Organization** A type of plan in which you can only go to doctors, hospitals and other providers that belong to the plan network, except in an emergency.

**MSA = Medical Savings Account** A plan that has two parts. The first part is a high-deductible Medicare Advantage MSA Health Plan. This health plan won't begin to pay covered costs until you have met the annual deductible, which varies by plan. The second part is a Medical Savings Account into which Medicare deposits money that you may use to pay health care costs.

**PPO = Preferred Provider Organization** A type of plan in which you pay less if you use doctors, hospitals, and other providers that belong to the plan network. You can use doctors, hospitals, and other providers outside of the network for an additional cost.

**PFFS = Private Fee for Service** A type of Medicare Health Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare Program, decides how much it will pay and how much you will pay for the services you have. Under this type of plan you may pay more or less for Medicare-covered benefits and you may have extra benefits that Original Medicare Plan doesn't cover.

**SCO = Senior Care Option** A voluntary program that combines health care services with social support services to help low-income seniors maintain their health and stay in their own homes. With SCO, a team of medical professionals works together to provide you with care that is individually tailored to meet your needs. You must be 65 years of age or older and eligible for MassHealth (Medicaid) to join; you may also have Medicare.

**SNP = Special Needs Plan** A special type of Medicare Advantage Plan that provides all Medicare Part A and Part B health care and services to people who can benefit the most from things like special care for chronic illnesses, care management of multiple diseases, and focused care management. These plans may limit membership to people in certain institutions (like a nursing home), eligible for both Medicare and Medicaid, or with certain chronic or disabling condition.

## Medicare Prescription Drug Plans Offered in Massachusetts in 2016

Company	Prescription Drug Plan	Monthly Premium	Annual Deductible	Customer Service Phone Number
<b>Aetna</b>	<ul style="list-style-type: none"> <li>• Medicare Rx Saver</li> </ul>	\$25.60	\$360	Phone: 1-855-338-7030  TTY/TDD: 711
<b>Blue Medicare Rx</b>	<ul style="list-style-type: none"> <li>• Blue MedicareRx Value Plus</li> <li>• Blue MedicareRx Premier</li> </ul>	\$49.60 \$127.60	\$315 \$0	Phone: 1-877-479-2227  TTY: 711
<b>Envision RxPlus</b>	<ul style="list-style-type: none"> <li>• Envision Rx Plus Silver</li> <li>• Envision Rx Plus Clear Choice</li> </ul>	\$33.30 \$33.50	\$360 \$0	Phone: 1-866-250-2005  TTY/TDD: 711
<b>Express Scripts Medicare</b>	<ul style="list-style-type: none"> <li>• Express Scripts Medicare Choice</li> <li>• Express Scripts Medicare Value</li> </ul>	\$72.20 \$49.00	\$360 \$360	Phone: 1-866-477-5704  TTY: 1-800-716-3231
<b>First Health Part D</b>	<ul style="list-style-type: none"> <li>• First Health Part D Premier Plus</li> <li>• First Health Part D Value Plus</li> </ul>	\$69.70 \$34.40	\$0 \$0	Phone: 1-855-389-9688  TTY/TDD: 711
<b>Humana Insurance Company</b>	<ul style="list-style-type: none"> <li>• Humana Walmart – RX Plan</li> <li>• Humana Preferred Rx Plan</li> <li>• Humana Enhanced</li> </ul>	\$18.40 \$28.20 \$64.20	\$360 \$360 \$0	Phone: 1-800-706-0872  TTY/TDD: 711

Company	Prescription Drug Plan	Monthly Premium	Annual Deductible	Customer Service Phone Number
<b>SilverScript</b>	<ul style="list-style-type: none"> <li>• Choice</li> <li>• Plus</li> </ul>	<p style="text-align: right;">\$24.90</p> <p style="text-align: right;">\$77.60</p>	<p style="text-align: right;">\$0</p> <p style="text-align: right;">\$0</p>	<p>Phone: 1-866-552-6106</p> <p>TTY/TDD: 711</p>
<b>Symphonix Health</b>	<ul style="list-style-type: none"> <li>• PrimeSaver Rx</li> <li>• Value Rx</li> </ul>	<p style="text-align: right;">\$39.70</p> <p style="text-align: right;">\$27.80</p>	<p style="text-align: right;">\$200</p> <p style="text-align: right;">\$360</p>	<p>Phone: 1-855-355-2280</p> <p>TTY/TDD: 711</p>
<b>Transamerica Life Insurance Company</b>	<ul style="list-style-type: none"> <li>• Transamerica MedicareRx Classic</li> </ul>	<p style="text-align: right;">\$118.80</p>	<p style="text-align: right;">\$360</p>	<p>Phone: 1-877-527-1958</p> <p>TTY/TDD: 711</p>
<b>United HealthCare Insurance Company</b>	<ul style="list-style-type: none"> <li>• AARP Medicare Rx Saver Plus</li> <li>• AARP Medicare Rx Preferred</li> </ul>	<p style="text-align: right;">\$31.20</p> <p style="text-align: right;">\$55.40</p>	<p style="text-align: right;">\$360</p> <p style="text-align: right;">\$0</p>	<p>Phone: 1-888-867-5564</p> <p>TTY/TDD: 711</p>
<b>WellCare</b>	<ul style="list-style-type: none"> <li>• WellCare Classic</li> <li>• WellCare Extra</li> </ul>	<p style="text-align: right;">\$30.90</p> <p style="text-align: right;">\$52.70</p>	<p style="text-align: right;">\$360</p> <p style="text-align: right;">\$0</p>	<p>Phone: 1-888-293-5151</p> <p>TTY: 1-888-816-5252</p>