
2020 Summary of Benefits

January 1, 2020 – December 31, 2020

The Catholic Diocese of Cleveland
MedMutual Advantage PPO Plan
Group Number: 815903

Summary of Benefits

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the Evidence of Coverage.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan such as MedMutual Advantage (PPO).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what MedMutual Advantage (PPO) plan covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets, or use the Medicare Plan Finder on Medicare.gov.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at Medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-800-801-4823 (TTY: 711).

Things to know about MedMutual Advantage (PPO)

Hours of Operation

- From October 1 to March 31 (except Thanksgiving and Christmas), you can call us seven days a week from 8 a.m. to 8 p.m.
- From April 1 to September 30 (except holidays), you can call us Monday through Friday from 8 a.m. to 8 p.m.
- If you are a member of this plan, you can also call us Saturday from 9 a.m. to 1 p.m.

Phone Numbers and Website

- Call toll-free 1-800-801-4823. TTY users should call 711.
- Our website: MedMutual.com/MAGroup.

Who can join?

To join, you must be enrolled in Medicare Part A and Part B, entitled to group coverage through your employer or retiree group and live in our service area. Our service area includes the United States and all U.S. Territories. For a list of doctors included in our extended network, go to Medicare.gov and use the “Find a Doctor” tool.

Which doctors, hospitals and pharmacies can I use?

Our plans have a network of doctors, hospitals and other providers. You are able to receive services in-network or out-of-network. If medically necessary, Medical Mutual provides coverage for all covered services, even if services received are out-of-network.

- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- You can see our plan’s provider directory at our website, MedMutual.com/MAGroup and enter group number 815903.
- You can see our plan’s pharmacy directory at our website, MedMutual.com/MAGroup and enter group number 815903.
- Or call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, MedMutual.com/MAGroup and enter group number 815903.
- Or call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five tiers. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap and Catastrophic Coverage.

Summary of Benefits

Premiums and Benefits	MedMutual Advantage (PPO)
Monthly Plan Premium	Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group's benefit administrator will let you know the amount you owe and how to pay.
Deductible	This plan has a deductible for some hospital and medical services. <ul style="list-style-type: none"> ▪ \$125 per year for in-network and out-of-network services
Maximum Out-of-Pocket Responsibility (Does not include prescription drugs)	You pay no more than: <ul style="list-style-type: none"> ▪ \$1,000 annually for services you receive from in-network and out-of-network providers Includes copayments and other costs for medical services for the year. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, the health plan will pay the full cost for the rest of the year.
Inpatient Hospital Care (Services may require prior authorization)	There is no limit to the number of days covered by the plan. In-network and Out-of-network: \$0 copay
Outpatient Surgery (Services may require prior authorization)	Ambulatory surgery center: <ul style="list-style-type: none"> ▪ In-network and Out-of-network: \$0 copay for each covered surgery or surgical procedure Outpatient hospital: <ul style="list-style-type: none"> ▪ In-network and Out-of-network: \$0 copay for each covered surgery or surgical procedure
Doctor's Office Visits (Services may require prior authorization)	Primary care physician visit: <ul style="list-style-type: none"> ▪ In-network and Out-of-network: \$0 copay Specialist visit: <ul style="list-style-type: none"> ▪ In-network and Out-of-network: \$0 copay There is no coinsurance, copay or deductible for the Welcome to Medicare physical or annual wellness screening.

Premiums and Benefits	MedMutual Advantage (PPO)
Preventive Care	<p>In-network and Out-of-network: \$0 copay</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> ▪ Abdominal aortic aneurysm screening ▪ Alcohol misuse counseling ▪ Annual wellness visit ▪ Bone mass measurement ▪ Breast cancer screening (mammogram) ▪ Cardiovascular disease testing ▪ Cervical and vaginal cancer screening ▪ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) ▪ Depression screening ▪ Diabetes screening ▪ HIV screening ▪ Immunizations, including flu shots, hepatitis B shots, pneumonia shots ▪ Medical nutrition therapy services ▪ Medicare Diabetes Prevention Program (MDPP) ▪ Obesity screening and therapy ▪ Prostate cancer screenings (PSA) ▪ Sexually transmitted infections screening and counseling ▪ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) ▪ Welcome to Medicare preventive visit (one-time) <p>Other preventive services are available.</p>
Emergency Care	\$0 copay for each covered emergency room visit
Urgent Care Center Visit	\$0 copay for each covered urgent care center visit

Summary of Benefits

Premiums and Benefits	MedMutual Advantage (PPO)
<p>Diagnostic Services, Labs and Imaging (Costs for these services may be different if received in an outpatient surgery setting. Services may require prior authorization.)</p>	<p>Diagnostic medical tests: ■ In-network and Out-of-network: \$0 copay</p> <p>Diagnostic radiological services (CT/MRI/PET scans): ■ In-network and Out-of-network: \$0 copay</p> <p>Lab services: ■ In-network and Out-of-network: \$0 copay</p> <p>Outpatient X-rays: ■ In-network and Out-of-network: \$0 copay</p> <p>Therapeutic radiology services (such as radiation therapy for cancer): ■ In-network and Out-of-network: \$0 copay</p>
<p>Hearing Services</p>	<p>Original Medicare covered hearing exams: ■ In-network and Out-of-network: \$0 copay</p> <p>Additional hearing services</p> <p>Hearing aid (1 per ear every rolling 36 months): \$0 copay for each covered hearing aid, up to \$2,500 per hearing aid within the 36 months</p> <p>For each covered hearing aid, you pay any amount above \$2,500.</p> <p>Once the \$125 yearly deductible is met, you pay 20% coinsurance for hearing aid batteries.</p> <p>Hearing aid evaluation test: \$0 copay</p> <p>Audiometric exam: \$0 copay</p> <p>Hearing aid fitting and repair: \$0 copay</p>

Premiums and Benefits	MedMutual Advantage (PPO)
<p>Mental Health Care (Services may require prior authorization)</p>	<p>Inpatient Visit: There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day limit does not apply to Mental Health services provided in a psychiatric unit of a general hospital. The hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period starts on the first day you go into the hospital. The benefit period ends when you haven't had any inpatient hospital care for 60 days in a row.</p> <p>The plan covers 90 days each benefit period. You have 60 lifetime reserve days that can be used for an inpatient psychiatric admission.</p> <ul style="list-style-type: none"> ▪ In-network and Out-of-network: \$0 copay <p>Outpatient group therapy visit:</p> <ul style="list-style-type: none"> ▪ In-network and Out-of-network: \$0 copay <p>Outpatient individual therapy visit:</p> <ul style="list-style-type: none"> ▪ In-network and Out-of-network: \$0 copay
<p>Skilled Nursing Facility (SNF) Care (Services may require prior authorization)</p>	<p>We will pay for skilled nursing facility care for up to 100 days per benefit period.</p> <ul style="list-style-type: none"> ▪ In-network and Out-of-network: \$0 copay
<p>Outpatient Rehabilitation Services</p>	<p>Physical therapy, occupational therapy and speech/language therapy visit:</p> <ul style="list-style-type: none"> ▪ In-network and Out-of-network: \$0 copay
<p>Ambulance (Services may require prior authorization)</p>	<p>In-network and Out-of-network: \$0 copay for each covered ambulance trip</p>
Prescription Drug Benefits	
<p>Medicare Part B Drugs (Part B drugs may require prior authorization and may be subject to step therapy requirements)</p>	<p>Some drugs are covered by Medicare Part B and some are covered by Medicare Part D. Part B drugs do not count toward your Part D initial coverage limit or out-of-pocket costs.</p> <p>For Part B drugs such as chemotherapy drugs:</p> <ul style="list-style-type: none"> ▪ In-network and Out-of-network: \$0 copay <p>Other Part B drugs:</p> <ul style="list-style-type: none"> ▪ In-network and Out-of-network: \$0 copay <p>To view a list of Part B drugs that may be subject to Step Therapy, visit MedMutual.com/MAGroup.</p>

Summary of Benefits

Premiums and Benefits		MedMutual Advantage (PPO)	
Outpatient Prescription Drugs			
Deductible	This plan does not have a deductible.		
Pharmacy Maximum Out-of-Pocket Responsibility	<p>You pay no more than:</p> <ul style="list-style-type: none"> ▪ \$1,000 annually for copays and coinsurance for prescription drugs <p>If you reach the limit on out-of-pocket costs and you keep getting covered prescription drugs, the health plan will pay the full cost for the rest of the year.</p>		
Initial Coverage	<p>You pay the following until your total yearly drug costs reach \$4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at preferred (retail and mail order) pharmacies and standard network retail pharmacies.</p>		
	Retail Pharmacy Cost Sharing		
	Pharmacies:	Preferred	Standard
	Tier 1 (preferred generic)		
	30 day supply:	\$0 copay	\$10 copay
	31-90 day supply:	\$0 copay	\$25 copay
	Tier 2 (generic)		
	30 day supply:	\$5 copay	\$10 copay
	31-90 day supply:	\$10 copay	\$25 copay
	Tier 3 (preferred brand)		
	30 day supply:	15% of the cost \$20 min/\$70 max	20% of the cost \$25 min/\$75 max
	31-90 day supply:	15% of the cost \$60 min/\$150 max	20% of the cost \$65 min/\$155 max
	Tier 4 (non-preferred drug)		
30 day supply:	35% of the cost \$35 min/\$145 max	40% of the cost \$40 min/\$150 max	
31-90 day supply:	35% of the cost \$90 min/\$300 max	40% of the cost \$95 min/\$305 max	
Tier 5 (specialty tier)			
30 day supply:	35% of the cost \$35 min/\$145 max	40% of the cost \$40 min/\$150 max	
31-90 day supply:	35% of the cost \$90 min/\$300 max	40% of the cost \$95 min/\$305 max	

Premiums and Benefits		MedMutual Advantage (PPO)	
Outpatient Prescription Drugs			
Initial Coverage (continued)	Mail-Order Cost Sharing		
	Tier 1 (preferred generic)		
	30 day supply:	\$0 copay	
	31-90 day supply:	\$0 copay	
	Tier 2 (generic)		
	30 day supply:	\$5 copay	
	31-90 day supply:	\$10 copay	
	Tier 3 (preferred brand)		
	30 day supply:	15% of the cost	\$20 min/\$70 max
	31-90 day supply:	15% of the cost	\$60 min/\$150 max
	Tier 4 (non-preferred drug)		
30 day supply	35% of the cost	\$35 min/\$145 max	
31-90 day supply:	35% of the cost	\$90 min/\$300 max	
Tier 5 (specialty tier)			
30 day supply:	35% of the cost	\$35 min/\$145 max	
31-90 day supply:	35% of the cost	\$90 min/\$300 max	
<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>In most cases, your prescriptions are covered only if they are filled at the plan's network pharmacies.</p>			
Coverage Gap	<p>The Coverage Gap does not apply. You will continue to pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket costs reach \$6,350.</p>		

Summary of Benefits

Premiums and Benefits		MedMutual Advantage (PPO)
Outpatient Prescription Drugs		
Catastrophic Coverage	<p>Based on Medicare rules, you qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached a defined amount of \$6,350 for the calendar year.</p> <p>During this stage, the plan pays most of the cost for your drugs. However, because your plan has a \$1,000 Pharmacy maximum out-of-pocket amount, you are not expected to reach catastrophic coverage, so this stage does not apply to you.</p>	
Other Benefits		
Outpatient Substance Abuse	<p>In-network and Out-of-network: \$0 copay</p> <p>This applies to an individual therapy visit or if the visit is part of group therapy.</p>	
Foot Care (podiatry services)	<p>Medicare covered podiatry visit:</p> <ul style="list-style-type: none"> ▪ In-network and Out-of-network: \$0 copay 	
Durable Medical Equipment (wheelchairs, oxygen, etc.) (Services may require prior authorization)	<p>In-network and Out-of-network: 0% coinsurance</p>	
Prosthetic Devices (braces, artificial limbs, etc) (Services may require prior authorization)	<p>In-network and Out-of-network: 0% coinsurance</p>	
Diabetes Supplies and Services	<p>Diabetes monitoring supplies and therapeutic shoes or inserts:</p> <ul style="list-style-type: none"> ▪ In-network and Out-of-network: 0% coinsurance 	

Premiums and Benefits

MedMutual Advantage (PPO)

Health and Wellness Education Programs

Wellness programs included at no additional cost, except WW® (formerly Weight Watchers).

Nurse Line

If you have questions about symptoms you're experiencing but aren't sure if you need to see your doctor, we can help. Call our Nurse Line at 1-888-912-0636 (TTY: 711), 24 hours a day, seven days a week for advice. Your call is kept confidential.

SilverSneakers® Fitness Program

SilverSneakers is a complete health and fitness program designed for Medicare beneficiaries at all fitness levels.

Members enjoy access to more than 16,000 participating gyms and fitness centers, as well as to group exercise classes, health education and walking groups.

Please note nonstandard fitness center services that usually have an extra fee are not included in your membership.

WW® Program

(Note: You pay your reduced WW fees.)

To help you meet your health goals, we partner with WW (formerly Weight Watchers), the world's leading provider of weight management services. Monthly WW fees for specified programs are reduced for MedMutual Advantage members. The benefit does not include food or meals.

Summary of Benefits

Premiums and Benefits	MedMutual Advantage (PPO)
Chiropractic Care	We only cover manual manipulation of the spine to correct subluxation: <ul style="list-style-type: none"> ▪ In-network and Out-of-network: \$0 copay
Home Health Care (Services may require prior authorization)	In-network and Out-of-network: \$0 copay
Renal Dialysis	Covered dialysis equipment and supplies: <ul style="list-style-type: none"> ▪ In-network and Out-of-network: 0% coinsurance
Hospice	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare.

MedMutual Advantage is a PPO plan offered by Medical Mutual of Ohio with a Medicare contract. Enrollment in a MedMutual Advantage plan depends on contract renewal.

Please Note: Our Nurse Line is not intended to replace the medical care or advice you receive from your doctor. If you have a medical emergency, you should always seek treatment at the nearest medical facility or call 911.

WW is a registered trademark of WW International.

SilverSneakers is a registered trademark of Tivity Health, Inc.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-801-4823 (TTY: 711). We are available 8 a.m. to 8 p.m. seven days a week from October 1 to March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays from April 1 through September 30 (except holidays).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit MedMutual.com/MAGroup and enter your group number or call 1-800-801-4823 (TTY: 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.

Multi-Language Interpreter Services & Nondiscrimination Notice

This document notifies individuals of how to seek assistance if they speak a language other than English.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

Chinese

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-382-5729 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-382-5729 رقم هاتف الصم والبكم (711).

Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-382-5729 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телетайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

Navajo

Díí baa akó nínízin: Díí saad bee yáníłti' go Diné Bizaad, saad bee áká'ánída'áwo'déę', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih 1-800-382-5729 (TTY: 711).

Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

Japanese

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-800-382-5729 (TTY: 711)まで、お電話にてご連絡ください。

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-382-5729 (TTY: 711).

Please Note: Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.

QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.

Nondiscrimination Notice

Medical Mutual of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights Coordinator

Medical Mutual of Ohio
2060 East Ninth Street
Cleveland, OH 44115-1355
MZ: 01-10-1900

Email: CivilRightsCoordinator@MedMutual.com

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:
ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building
Washington, DC 20201-0004
- By phone at:
1-800-368-1019 (TDD: 1-800-537-7697)
- Complaint forms are available at:
hhs.gov/ocr/office/file/index.html

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.

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2020 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2020, Medical Mutual of Ohio received the following Overall Star Rating from Medicare.

★★★★ 4 Stars

We received the following Summary Star Rating for Medical Mutual of Ohio's health/drug plan services:

Health Plan Services: ★★★★★ 4 Stars

Drug Plan Services: ★★★★★ 4 Stars

The number of stars shows how well our plan performs.

- ★★★★★ 5 stars – excellent
- ★★★★ 4 stars – above average
- ★★★ 3 stars – average
- ★★ 2 stars – below average
- ★ 1 star – poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 1-866-406-8777 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday from 8:00 a.m. to 8:00 p.m. Eastern time, Tuesday from 8:00 a.m. to 8:00 p.m. Eastern time, Wednesday from 8:00 a.m. to 8:00 p.m. Eastern time, Thursday from 8:00 a.m. to 8:00 p.m. Eastern time, Friday from 8:00 a.m. to 8:00 p.m. Eastern time, Saturday from 9:00 a.m. to 1:00 p.m. Eastern time.

Current members please call 1-800-801-4823 (toll-free) or 711 (TTY).

- * Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

