Providence Medicare Select Medical (HMO-POS) offered by Providence Health Assurance

Annual Notice of Changes for 2022

You are currently enrolled as a member of Providence Medicare Select Medical (HMO-POS). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Sections 1.1 and 1.4 for information about benefit and cost changes for our plan.

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our *Provider Directory*.

☐ Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.

OMB Approval 0938-1051 (Expires: February 29, 2024)

- Review the list in the back of your *Medicare & You 2022* handbook.
- Look in Section 3.2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

   - If you don't join another plan by December 7, 2021, you will be enrolled in Providence Medicare Select Medical (HMO-POS).
   - To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2021**

   - If you don't join another plan by **December 7, 2021**, you will be enrolled in Providence Medicare Select Medical (HMO-POS).
   - If you join another plan by **December 7, 2021**, your new coverage will start on **January 1, 2022.** You will be automatically disenrolled from your current plan.

Additional Resources

- Please contact our Customer Service number at 503-574-8000 or 1-800-603-2340 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. (Pacific Time), seven days a week.
- This information is available in a different format, including large print and braille.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Providence Medicare Select Medical (HMO-POS)

- Providence Medicare Advantage Plans is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Medicare Advantage Plans depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Providence Health Assurance. When it says "plan" or "our plan," it means Providence Medicare Select Medical (HMO-POS).

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Providence Medicare Select Medical (HMO-POS) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at www.ProvidenceHealthAssurance.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
Monthly plan premium (See Section 1.1 for details.)	$51	$51
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	$4,500 when using your in-network benefit $10,000 when using your Point-of-Service (POS) benefit	$4,500 when using your in-network benefit $10,000 when using your Point-of-Service (POS) benefit
Doctor office visits	Primary care visits in-network: $15 copayment per visit Primary care visits when using your POS benefit: $25 copayment per visit Specialist visits in-network: $30 copayment per visit Specialist visits when using your POS benefit: $50 copayment per visit	Primary care visits in-network: $15 copayment per visit Primary care visits when using your POS benefit: $25 copayment per visit Specialist visits in-network: $30 copayment per visit Specialist visits when using your POS benefit: $50 copayment per visit

Cost	2021 (this year)	2022 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	Hospital stays in-network: $300 copayment each day for days 1-6 per admission and there is no coinsurance, copayment, or deductible each day for day 7 and beyond for Medicare-covered inpatient hospital care Hospital stays when using your POS benefit: 30% of the total cost per admission for Medicare-covered inpatient hospital care	Hospital stays in-network: $300 copayment each day for days 1-6 per admission and there is no coinsurance, copayment, or deductible each day for day 7 and beyond for Medicare-covered inpatient hospital care Hospital stays when using your POS benefit: 30% of the total cost per admission for Medicare-covered inpatient hospital care

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$51	$51 There is no change for the upcoming benefit year.
Optional Supplemental Dental Coverage Monthly premium	Providence Basic Wrap Dental $33.70	Providence Dental Basic $32.50
Optional Supplemental Dental Coverage Monthly premium	Providence Enhanced Wrap Dental $46.50	Providence Dental Enhanced $45.10

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	$4,500 In-Network $10,000 Out-of-Network	$4,500 In-Network $10,000 Out-of-Network Once you have paid $4,500 out-of-pocket for covered services from in-network providers, you will pay nothing for your covered services from in-network providers for the rest of the calendar year. Both in-network and out-of-network services count toward your out-of-pocket costs. If you see both in-network and out-of-network providers, or only out-of-network providers, your maximum out-of-pocket costs will be $10,000 for 2022. There is no change for the upcoming benefit year.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider Directory* is located on our website at www.ProvidenceHealthAssurance.com/findaprovider. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2022 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.

- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2022 Evidence of Coverage.*

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
Dental services (embedded routine preventive)	**In-Network** You pay a $15 copayment for each preventive dental visit where any of the following covered services are completed: • Two evaluations in total per calendar year including a maximum of one comprehensive evaluation per 36 months • Two cleanings (excluding periodontal cleanings) per calendar year • One bitewing x-ray per calendar year or one full mouth diagnostic x-ray every five years • Emergency palliative treatment (only if no services other than exam and x-rays were performed on the same date of service)	**In-Network** There is no coinsurance, copayment, or deductible for each preventive dental visit where any of the following covered services are completed: • Two evaluations in total per calendar year including a maximum of one comprehensive evaluation per 36 months and one limited oral evaluation per 12 months • Two cleanings (excluding periodontal cleanings) per calendar year • Any combination of bitewing x-rays, two per calendar year or one diagnostic x-ray, for a total of two • Emergency palliative treatment (only if no services other than exam and x-rays were performed on the same date of service)

Cost	2021 (this year)	2022 (next year)
Fitness benefit	**In-Network** The Silver&Fit® Healthy Aging and Exercise Program is offered to eligible Medicare Advantage beneficiaries. The following choices are available to you at no cost: You can select one fitness center membership, one Stay Fit Kit and one Home Fitness Kit each benefit year.	**In-Network** The Silver&Fit® Healthy Aging and Exercise Program is offered to eligible Medicare Advantage beneficiaries. The following choices are available to you at no cost: You can select one fitness center membership and one Home Fitness Kit each benefit year. You also have access to the Premium Fitness Network for an additional cost per month.
Health and wellness classes	**In-Network** Health and wellness includes educational classes on the topics of weight management, stress reduction, fall prevention, pain education, osteoporosis, yoga, childbirth, smoking cessation, progressive disorders, and nutrition offered at participating Providence facilities. You have an allowance of $500 for health and wellness classes.	**In-Network** Health and wellness includes educational classes on the topics of weight management, stress reduction, fall prevention, pain education, urinary incontinence-pelvic floor, osteoporosis, yoga, smoking cessation, progressive disorders and nutrition. You may access classes offered virtually through participating facilities. You have an unlimited allowance for health and wellness classes.

Cost	2021 (this year)	2022 (next year)
Hearing aids	**In-Network** This benefit is administered by TruHearing You pay a $699 copayment per Advanced hearing aid or a $999 copayment per Premium hearing aid. Hearing Aid purchases include: • 3 provider visits within first year of hearing aid purchase • 45-day trial period • 3-year extended warranty • 48 batteries per aid for non-rechargeable models **Out-of-Network** Out-of-network services are not covered for hearing aids.	**In-Network** This benefit is administered by TruHearing You pay a $399 copayment per Advanced hearing aid or a $699 copayment per Premium hearing aid. Hearing Aid purchases include: • First year of follow-up provider visits • 60-day trial period • 3-year extended warranty • 80 batteries per aid for non-rechargeable models **Out-of-Network** Out-of-network services are not covered for hearing aids.
Meal delivery program (non-Medicare-covered)	**In-Network and Out-of-Network** Meal delivery program is not covered.	**In-Network** There is no coinsurance, copayment, or deductible for non-Medicare-covered meal delivery program. (two meals per day for 14 days (total of 28 meals), immediately following each inpatient hospitalization). There is no plan coverage limit. **Out-of-Network** Out-of-network services are not covered for non-Medicare-covered meal delivery program.

Cost	2021 (this year)	2022 (next year)
Opioid treatment program services	**In-Network** You pay a $15 copayment in primary care setting and $30 copayment in specialty care setting for each Medicare-covered opioid treatment program services visit.	**In-Network** There is no coinsurance, copayment, or deductible for services with an Opioid treatment provider enrolled with Medicare. You pay a $15 copayment in primary care setting and you pay a $30 copayment in specialty care setting for each Medicare-covered opioid treatment program services visit.
Optional Providence Dental Basic *(this optional supplemental benefit is available for an extra premium)*	**In-Network** You pay 0% of the total cost for covered preventive and diagnostic services, including exams and x-rays. You pay 50% of the total cost for comprehensive dental diagnostic services. **Out-of-Network** You pay 20% of the total cost for covered preventive and diagnostic services, including exams and x-rays. You pay 60% of the total cost for comprehensive dental diagnostic services.	**In-Network** You pay 0% of the total cost for covered preventive and diagnostic services, including exams, cleanings, and x-rays. You pay 50% of the total cost for comprehensive dental diagnostic services. The list of services covered by your plan has changed, for a full list of covered services please see your *Evidence of Coverage.* **Out-of-Network** You pay 20% of the total cost for covered preventive and diagnostic services, including exams, cleanings, and x-rays. You pay 60% of the total cost for comprehensive dental diagnostic services. The list of services covered by your plan has changed, for a full list of covered services please see your *Evidence of Coverage.*

Cost	2021 (this year)	2022 (next year)
Optional Providence Dental Enhanced *(this optional supplemental benefit is available for an extra premium)*	**In-Network** You pay 0% of the total cost for covered preventive and diagnostic services, including exams and x-rays. You pay 50% of the total cost for comprehensive dental diagnostic services. **Out-of-Network** You pay 20% of the total cost for covered preventative and diagnostic services, including exams and x-rays. You pay 60% of the total cost for comprehensive dental diagnostic services.	**In-Network** You pay 0% of the total cost for covered preventive and diagnostic services, including exams, cleanings, and x-rays. You pay 50% of the total cost for comprehensive dental diagnostic services. The list of services covered by your plan has changed, for a full list of covered services please see your *Evidence of Coverage.* **Out-of-Network** You pay 20% of the total cost for covered preventive and diagnostic services, including exams, cleanings, and x-rays. You pay 60% of the total cost for comprehensive dental diagnostic services. The list of services covered by your plan has changed, for a full list of covered services please see your *Evidence of Coverage.*
Other health care professionals (e.g., nurse practitioner; physician assistant)	**In-Network** You pay a $15 copayment in primary care setting and a $30 copayment in specialty care setting for each Medicare-covered visit.	**In-Network** $0-$15 copayment in primary care setting and a $30 copayment in specialty care setting for each Medicare-covered visit.

Cost	2021 (this year)	2022 (next year)
Over-the-counter (OTC) items	**In-Network** You can purchase products from a catalog via phone, web, mobile app, or mail through Firstline Essentials+. **Out-of-Network** Out-of-network services are not covered for over-the-counter items and nicotine replacement therapy.	**In-Network** You can purchase products from a catalog via phone, web, or mail through Medline. **Out-of-Network** Out-of-network services are not covered for over-the-counter items and nicotine replacement therapy.
Personal Emergency Response System (PERS)	**In-Network and Out-of-Network** Personal Emergency Response System (PERS) services are not covered.	**In-Network** There is no coinsurance, copayment, or deductible for Personal Emergency Response System (PERS) services. **Out-of-Network** Out-of-network services are not covered for Personal Emergency Response System (PERS) services.
Routine hearing services	**In-Network and Out-of-Network** Routine hearing aid fitting/evaluation visits are not covered.	**In-Network** This benefit is administered by TruHearing There is no coinsurance, copayment, or deductible for routine hearing aid fitting/evaluation visits. **Out-of-Network** Out-of-network services are not covered for routine hearing aid fitting/evaluation visits.

Cost	2021 (this year)	2022 (next year)
Telehealth	**In-Network** You pay a $15 copayment in primary care setting and a $30 copayment in specialty care setting for additional Medicare-covered telehealth services.	**In-Network** $0-$15 copayment in primary care setting and a $30 copayment in specialty care setting for additional Medicare-covered telehealth services.

SECTION 2 Administrative Changes

Description	2021 (this year)	2022 (next year)
Medicare Part B prescription drugs - Step Therapy requirement.	There is no step therapy requirement for Medicare Part B prescription drugs.	Medicare Part B prescription drugs may be subject to a step therapy requirement. Refer to the 2022 *Evidence of Coverage* for additional information.
Optional Supplemental Dental plan name	The optional supplemental dental plan names are Providence Basic Wrap Dental and Providence Enhanced Wrap Dental	The optional supplemental dental plan names are Providence Dental Basic and Providence Dental Enhanced.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Providence Medicare Select Medical (HMO-POS)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Providence Medicare Select Medical (HMO-POS).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Providence Health Assurance offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Providence Medicare Select Medical (HMO-POS).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Providence Medicare Select Medical (HMO-POS).
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2022.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage.*

If you enrolled in a Medicare Advantage plan for January 1, 2022, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA). In Washington, the SHIP is called Statewide Health Insurance Benefits Advisors (also SHIBA).

SHIBA is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIBA counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIBA in Oregon at 1-800-722-4134 (TTY 711). You can call SHIBA in Washington at 1-800-562-6900 (TTY 360-586-0241). You can learn more about SHIBA by visiting their website (www.healthcare.oregon.gov/shiba or www.insurance.wa.gov/shiba).

OREGON:
SHIBA
Oregon Insurance Division
P.O. Box 14480
Salem, OR 97309

WASHINGTON:
SHIBA
Office of the Insurance Commissioner
P.O. Box 40255
Olympia, WA 98504-0255

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage

gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
- Your State Medicaid Office (applications).

- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance Oregon's AIDS Drug Assistance Program is called CAREAssist; Washington's AIDS Drug Assistance Program is called Early Intervention Program (EIP). Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. To contact CAREAssist in Oregon, call 971-673-0144 or 1-800-805-2313 (TTY 711). To contact EIP in Washington, call 1-877-376-9316.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call CAREAssist at 971-673-0144 or 1-800-805-2313 (TTY 711) or EIP at 1-877-376-9316.

SECTION 7 Questions?

Section 7.1 – Getting Help from Providence Medicare Select Medical (HMO-POS)

Questions? We're here to help. Please call Customer Service at 503-574-8000 or 1-800-603-2340. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m. (Pacific Time), seven days a week. Calls to these numbers are free.

Read your 2022 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the 2022 *Evidence of Coverage* for Providence Medicare Select Medical (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and

prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.ProvidenceHealthAssurance.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.ProvidenceHealthAssurance.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare.)

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.