

Summary Of Benefits

IDAHO

Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez
Perce, and Twin Falls

2018

Molina Medicare Options Plus (HMO SNP)
(844) 239-4913, TTY/TDD 711
7 days a week, 8 a.m. – 8 p.m. local time

MolinaHealthcare.com/Medicare



About Molina Medicare Options Plus (HMO SNP)

Molina Medicare Options Plus (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directory at our website www.MolinaHealthcare.com/Medicare. Or, call us and we will send you a copy of the provider and pharmacy directories.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that 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."

Who can join?

To join **Molina Medicare Options Plus (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid by Idaho Medicaid, and live in our service area. Our service area includes the following counties in Idaho: Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, and Twin Falls.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*. 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, www.MolinaHealthcare.com/Medicare. 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.

If you receive "Extra Help" to pay your prescription drugs, the deductible stage does not apply to you.

How to reach us:

You can call us 8:00 a.m. to 8:00 p.m., local time, 7 days a week.

If you are **a member** of this plan, call toll-free: (844) 239-4913; TTY/TDD 711.

If you are **not a member** of this plan, call toll-free: (866) 403-8293; TTY/TDD 711.

Or visit our website: www.MolinaHealthcare.com/Medicare

Monthly Premium, Deductible and Limits	
Monthly Health Plan Premium	\$0 per month
Deductible	\$0
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	<p>\$2,500.00 annually for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your cost-sharing for your Part D prescription drugs.</p> <p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p>

Covered Medical and Hospital Benefits

Molina Medicare Options Plus (HMO SNP)

INPATIENT HOSPITAL COVERAGE

<p><i>Prior authorization may be required</i></p>	<p>You pay \$0 for days 1 - 90 of an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>
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OUTPATIENT HOSPITAL COVERAGE

<p>Outpatient hospital</p> <p><i>Prior authorization may be required</i></p>	<p>\$0 copay</p>
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<p>Ambulatory surgical center</p> <p><i>Prior authorization may be required</i></p>	<p>\$0 copay</p>
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DOCTOR VISITS

<p>Primary Care</p>	<p>\$0 copay</p>
<p>Specialists</p> <p><i>Referral may be required</i></p>	<p>\$0 copay</p>

Covered Medical and Hospital Benefits

Molina Medicare Options Plus (HMO SNP)

PREVENTIVE CARE

\$0 copay

- Abdominal aortic aneurysm screening
- Alcohol misuse screenings & counseling
- Bone mass measurements (bone density)
- Cardiovascular disease screening
- Cardiovascular disease (behavioral therapy)
- Cervical & vaginal cancer screening
- Colorectal cancer screening
- Depression screenings
- Diabetes screenings
- Diabetes self-management training
- Glaucoma tests
- Hepatitis C screening test
- HIV screening
- Lung cancer screening
- Mammograms (screening)
- Nutrition therapy services
- Obesity screenings & counseling
- One-time "Welcome to Medicare" preventive visit
- Prostate cancer screenings
- Sexually transmitted infections screening & counseling
- Vaccines including Flu shots, Hepatitis B shots, Pneumococcal shots
- Tobacco use cessation counseling
- Yearly "Wellness" visit

Any additional preventive services approved by Medicare during the contract year will be covered

EMERGENCY CARE

Emergency Care

\$0 copay

You are covered for worldwide emergency and urgent care services up to \$10,000.

Covered Medical and Hospital Benefits

Molina Medicare Options Plus (HMO SNP)

URGENTLY NEEDED SERVICES

Urgently Needed Services \$0 copay

You are covered for worldwide emergency and urgent care services up to \$10,000.

DIAGNOSTIC SERVICES/LABS/ IMAGING LAB SERVICES

Diagnostic tests and procedures \$0 copay

Prior authorization may be required

Lab services \$0 copay

Diagnostic radiology (e.g., MRI, CT) \$0 copay

Prior authorization may be required

Outpatient x-rays \$0 copay

Prior authorization may be required

Therapeutic radiology \$0 copay

Prior authorization may be required

HEARING SERVICES

Medicare-covered diagnostic hearing and balance exam \$0 copay

Exam to diagnose and treat hearing and balance issues

Covered Medical and Hospital Benefits

Molina Medicare Options Plus (HMO SNP)

DENTAL SERVICES

Medicare-covered dental services \$0 copay

VISION SERVICES

Medicare-covered vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening) \$0 copay

Routine eye exam \$0 copay
1 exam every year

Eyewear \$0 copay
• Contact Lenses
• Eyeglasses (frames and lenses)
• Eyeglass Lenses
• Eyeglass Frames
• Upgrades

Our plan pays up to \$100 every year eyewear.

MENTAL HEALTH SERVICES

Mental Health Services
Prior authorization may be required

You pay \$0 for days 1 - 90 of an inpatient hospital stay.

Inpatient visit: There is a 190 day lifetime limit for inpatient psychiatric hospital care. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Outpatient individual/group therapy visit \$0 copay

Covered Medical and Hospital Benefits

Molina Medicare Options Plus (HMO SNP)

SKILLED NURSING FACILITY

Prior authorization may be required

You pay \$0 for days 1 - 100 of a skilled nursing facility stay.

No prior hospitalization is required

PHYSICAL THERAPY

Physical Therapy and Speech Therapy Services

\$0 copay

Prior authorization may be required

Cardiac and Pulmonary Rehabilitation

\$0 copay

Occupational Therapy Services

\$0 copay

Prior authorization may be required

AMBULANCE

Prior authorization required for non-emergent services

\$0 copay

TRANSPORTATION

22 one-way trips to and from plan approved locations.

\$0 copay

Transportation could include a sedan, wheelchair equipped vehicle, or stretcher van.

Prescription Drug Benefits

MEDICARE PART B DRUGS

Chemotherapy drugs \$0 copay

Prior authorization may be required.

Other Part B drugs \$0 copay

Prior authorization may be required.

INITIAL COVERAGE STAGE

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan's payments) total \$3,750.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Standard Retail Pharmacy and Mail Order Pharmacy

Depending on your income and institutional status, you pay the following:

For generic drugs (including brand drugs treated as generic), either:

- \$0 copay; or \$1.25 copay; or \$3.35 copay

For all other drugs, either:

- \$0 copay; or \$3.70 copay; or \$8.35 copay

COVERAGE GAP STAGE

During this stage, you pay 35% of the price for brand name drugs (plus a portion of the dispensing fee) and 44% of the price for generic drugs. You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$5,000. This amount and rules for counting costs toward this amount have been set by Medicare.

Prescription Drug Benefits

CATASTROPHIC COVERAGE STAGE

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000 the plan will pay all of the costs of your drugs.

Additional Covered Benefits	
Molina Medicare Options Plus (HMO SNP)	
DIALYSIS SERVICES	
	\$0 copay
CHIROPRACTIC CARE	
Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor.	\$0 copay
HOME HEALTH CARE	
<i>Prior authorization may be required</i>	\$0 copay
OUTPATIENT SUBSTANCE ABUSE	
Group therapy visit	\$0 copay
Individual therapy visit	\$0 copay
OVER-THE-COUNTER ITEMS	
Over-the-Counter Items	\$0 copay
Allowance carries over every 3 months but expires at the end of the calendar year.	\$60 allowance every 3 months
OUTPATIENT BLOOD SERVICES	
Outpatient Blood Services	\$0 copay
3-Pint deductible waived.	

Additional Covered Benefits

Molina Medicare Options Plus (HMO SNP)

MEALS BENEFIT	
<p>Standard meal cycle is a 2 week menu with a total of 28 meals delivered to the member, based on member need. Additional 28 meals with approval. Available after an inpatient stay or for chronic conditions.</p> <p><i>Prior authorization may be required</i></p>	\$0 copay
FOOT CARE (PODIATRY SERVICES)	
<p>Medicare-covered foot exam and treatment</p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p>	\$0 copay
<p>Routine foot care</p> <p>Up to 6 visit(s) of routine foot care every year.</p>	\$0 copay
MEDICAL EQUIPMENT / SUPPLIES	
<p>Durable Medical Equipment (e.g., wheelchairs, oxygen)</p> <p><i>Prior authorization may be required</i></p>	\$0 copay
<p>Diabetic Supplies and Services</p> <p><i>Prior authorization not required for preferred manufacturer</i></p>	\$0 copay

Additional Covered Benefits

Molina Medicare Options Plus (HMO SNP)

HEALTH AND WELLNESS EDUCATION PROGRAMS

<p>Health Education</p> <p>The Health Plan has health programs to help you learn to manage your health conditions including health education, learning materials, health advice and care tips.</p>	<p>\$0 copay</p>
<p>24-Hour Nurse Advice Line</p> <p>Available 24 hours a day, 7 days a week.</p>	<p>\$0 copay</p>
<p>Nutritional/Dietary Benefit</p> <p>12 Individual or group sessions every year. 30-60 minutes of individual telephonic nutritional counseling upon referral.</p>	<p>\$0 copay</p>
<p>Fitness Benefit</p> <p>FitnessCoach members can access to contracted fitness facilities and/or Home Fitness Kits for members who prefer to exercise at home or while traveling.</p>	<p>\$0 copay</p>

Summary of Medicaid-Covered Benefits

Your state Medicaid program is called Idaho Medicaid.

A person who is entitled to both Medicare and medical assistance from a State Medicaid plan is considered a dual eligible. As a dual eligible beneficiary your services are paid first by Medicare and then by Medicaid.

Your Medicaid coverage varies depending on your income, resources, and other factors. Benefits may include full Medicaid benefits and/or payment of some or all of your Medicare cost-share (premiums, deductibles, coinsurance, or copays).

As a full benefit, dual eligible beneficiary, your cost-share is 0%, except for Part D prescription drug copays. Depending on your level of Medicaid eligibility, you may not pay Part D prescription drug copays. (See previous Summary of Benefits table for a full description of your **Molina Medicare Options Plus (HMO SNP) Plan** benefits and cost-sharing responsibilities.)

Eligibility Changes:

It is important to read and respond to all mail that comes from Social Security or your state Medicaid office so you can protect your 0% cost-share status as a full benefit, dual eligible beneficiary.

Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category. If you lose Medicaid coverage entirely you will be given a grace period so that you can reapply for Medicaid.

If you no longer qualify as a full benefit, dual eligible beneficiary you may be involuntarily disenrolled from the Plan after a grace period. Your state Medicaid agency will send you notification of your loss of Medicaid or change in Medicaid category. We may also contact you to remind you to reapply for Medicaid as a full benefit, dual eligible beneficiary. For this reason it is important to let us know whenever your mailing address and/or phone number changes.

How to Read the Medicaid Benefit Chart

The chart below shows what services are covered by Medicare and Medicaid. You will see the word “Covered” under the Medicaid column if Medicaid also covers a service that is covered under the **Molina Medicare Options Plus (HMO SNP) Plan**. The chart applies only if you are entitled to benefits under your states Medicaid program. Your cost-share varies based on your Medicaid category.

Additional Medicaid-Covered Benefits Chart

	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	MEDICAID STATE PLAN
IMPORTANT INFORMATION		
Premium and Other Important Information	<p>General \$0 monthly plan premium</p> <p>In-Network \$0 annual deductible. \$2,500 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost sharing responsibility for Medicare- covered services, based on your level of Medicaid eligibility.</p>	Medicaid assistance with premium payments and cost-share may vary based on your level of Medicaid eligibility.
<p>Doctor and Hospital Choice <i>(For more information, see Emergency Care and Urgently Needed Care.)</i></p>	<p>In-Network You must go to network doctors, specialists, and hospitals. Referral required for network specialists (for certain benefits).</p>	<p>You must go to doctors, specialists, and hospitals that accept Medicaid assignment. Referral required for network specialists (for certain benefits).</p>
OUTPATIENT CARE SERVICES		
Acupuncture	Not Covered	Not Covered
<p>Ambulance Services <i>(Medically necessary ambulance services)</i></p>	Covered	Covered, for Emergency Ambulance Services
Cardiac and Pulmonary Rehabilitation Services	Covered	Covered
Chiropractic Services	Covered	Covered
Dental Services	Covered	Covered

Additional Medicaid-Covered Benefits Chart

	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	MEDICAID STATE PLAN
Diabetes Programs and Supplies	Covered	Covered
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Covered	Covered
Doctor Office Visits	Covered	Covered
Durable Medical Equipment <i>(Includes wheelchairs, oxygen, etc.)</i>	Covered	Covered
Emergency Care <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i>	Covered	Covered
Hearing Services	Covered	Limited Coverage
Home Health Service <i>(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i>	Covered	Covered
Outpatient Mental Health Care	Covered	Covered
Outpatient Rehabilitation Services <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i>	Covered	Covered
Outpatient Services	Covered	Covered
Outpatient Substance Abuse Care	Covered	Covered
Over-the-Counter Items	Covered	Covered
Podiatry Services	Covered	Covered

Additional Medicaid-Covered Benefits Chart

	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	MEDICAID STATE PLAN
Prosthetic Devices <i>(Includes braces, artificial limbs and eyes, etc.)</i>	Covered	Covered
Transportation Services <i>(Routine)</i>	Covered	Covered
Urgently Needed Services <i>(This is NOT emergency care, and in most cases, is out of the service area.)</i>	Covered	Covered
Vision Services	Covered	Not Covered for routine care. Only covered if they are necessary to treat a medical condition that can progressively impact a member's health or vision. Glasses or contacts for chronic conditions or post-cataract surgery covered
INPATIENT CARE		
Inpatient Hospital Care <i>(Includes Substance Abuse and Rehabilitation Services)</i>	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF) <i>(In a Medicare-certified skilled nursing facility)</i>	Covered	Covered
PREVENTIVE SERVICES		
Health/Wellness Education	Covered	Covered
Kidney Disease and Conditions	Covered	Covered
Preventive Services	Covered	Covered

Additional Medicaid-Covered Benefits Chart

	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	MEDICAID STATE PLAN
HOSPICE		
Hospice	Not Covered	Covered
PRESCRIPTION DRUG BENEFITS		
Outpatient Prescription Drugs	Covered	Covered

For Members who are entitled to Additional benefits under Medicaid, listed below are additional benefits that you may be entitled to. These are additional Medicaid benefits that are covered by your state Medicaid program but may not be covered under the **Molina Medicare Options Plus (HMO SNP) Plan**:

Additional Medicaid-Covered Benefits Chart

Aged & Disabled Waiver Services

BENEFITS	MEDICAID COVERAGE
Adult Day Health Care (ADHC)	Provides long-term maintenance or supportive services to waiver members, these services are offered in a non-institutional, community based setting. ADHC provides a variety of health, therapeutic, and social services designed to meet the specialized needs of waiver member.
Adult Residential Care	Provides a range of services provided in a non-institutional setting that include residential care or assisted living facilities and certified family homes
Attendant Care Services	Provides services that involve personal and medically oriented tasks dealing with the functional needs of the participant and accommodating the participant's needs for long term maintenance, supportive care, or activities of daily living (ADL).
Chore Services	Provides services to maintain the functional use of the home, or to provide a clean, sanitary and safe environment
Companion Services	Provides non-medical care, supervision, and socialization services for functionally impaired members. Companion services are provided in the member's home to ensure the safety and well-being of a member who cannot be left alone because of frail health, a tendency to wander, inability to respond to emergencies, or any other conditions that would require onsite supervision

Additional Medicaid-Covered Benefits Chart

Aged & Disabled Waiver Services

BENEFITS	MEDICAID COVERAGE
Consultation	Provide services to the member or the member's family to increase their skills as an employer or manager of their own care. Services are directed at achieving the highest level of independence and self-reliance possible for the member and the member's family.
Day Habilitation	<p>Provides services and activities meant to help the member acquire skills, develop positive social behavior, interpersonal competence, and achieve greater independence by providing scheduled services in a non-residential setting.</p> <p>Day habilitation services have a family training option; services may include the training of families in the treatment methods and in the care and use of equipment. Family training may be provided in the member's home.</p>
Environmental Accessibility Adaptations	Provides physical adaptations to a member's primary residence or primary vehicle which are necessary to ensure their health, safety, or welfare or which enable them to function with greater independence and without which the individual would require institutionalization. Qualifying members must have a demonstrated need for modifications.
Home Delivered Meals	Provides meals that are prepared elsewhere and are delivered to the member's home to promote adequate member nutrition. Meals must meet one-third of the recommended daily nutritional allowance.
Homemaker Services	Provides services to members who live alone or when the person who usually performs this function for the member needs assistance. The usual provider may not be available due to either incapacitation or may be occupied providing more direct care or services to the member.
Non-Medical Transport	Allows the member to access to waiver and other community services and resources. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge, or public transit providers will be used.
Personal Emergency Response System (PERS)	PERS is a system that is used to monitor the member's safety and to provide access to emergency crisis intervention for emotional, medical, or environmental emergencies through the member's phone.
Residential Habilitation	Provides services that consist of an integrated array of individually tailored services and supports furnished to eligible members. These services and supports are designed to assist the member to live in their own homes, with their families, or in Certified Family Homes

Additional Medicaid-Covered Benefits Chart

Aged & Disabled Waiver Services

BENEFITS	MEDICAID COVERAGE
Respite	Provides occasional breaks from care giving responsibilities to non-paid caregivers. The caregiver or participant is responsible for selecting, training, and directing the provider.
Skilled Nursing Services	Provides irregular or continuous oversight, training, or skilled care that is within the scope of the Nurse Practice Act. These services must be provided by a licensed registered nurse, or licensed practical nurse under the supervision of a registered nurse licensed to practice in the state of Idaho.
Specialized Medical Equipment and Supplies	Specialized medical equipment and supplies includes devices, items, and appliances that enable the member to perform activities of daily living (ADL).
Supported Employment	Provides competitive work in integrated work settings for members with the most severe disabilities for whom competitive employment has not traditionally occurred, or for whom competitive employment has been interrupted or intermittent as a result of a severe disability.

Additional Medicaid-Covered Benefits Chart

Medicaid Enhanced Plan

BENEFITS	MEDICAID COVERAGE
Intermediate Care Facility (ICF)	Provides health and rehabilitative services that meet the need of member with developmentally disabilities, or related conditions, who require twenty-four hour active treatment. The main purpose of the ICF is to maximize the members independence in the presence of degenerative conditions
Nursing Facility	A Nursing Facility (NF) is a facility that provides nursing care and other health, health-related, and social services for members who has been diagnosed as having one or more clinically determined illnesses or conditions that requires medical and nursing care.
Personal Care Services	Provides a range of services that help members with personal needs while they live in the community. Members with physical or developmental disabilities, and the elderly, may be eligible. PCS may be an alternative to nursing home or institutional care for a short or extended time.

Additional Medicaid-Covered Benefits Chart

Medicaid Enhanced Plan

BENEFITS	MEDICAID COVERAGE
Targeted Service Coordination	<p>Provides activities, which assists members in the DD Waiver gain and coordinate access to necessary care and services.</p> <p>Service coordination is a brokerage model of case management.</p>

Find out more

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 (**Molina Medicare Options Plus (HMO SNP)**). 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 <http://www.medicare.gov> or get a copy 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.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Molina Medicare Options Plus (HMO SNP)** 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 <http://www.medicare.gov>.

This information is available in other formats, such as Braille, large print, and audio.

Molina Medicare Options Plus (HMO SNP) is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus (HMO SNP) depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Premiums and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium. As a dual member, your State may cover your Part B premium, based upon your level of Medicaid eligibility.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Premium, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.



Your Extended Family.

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