University of Maryland Health Advantage Complete (HMO) offered by University of Maryland Health Advantage, Inc.

Annual Notice of Changes for 2018

You are currently enrolled as a member of University of Maryland Health Advantage Complete. 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 2 and 2.5 for information about benefit and cost changes for our plan.

☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.

- Will your drugs be covered?
- Are your drugs in a different tier, with different cost-sharing?
- Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
- Review the 2018 Drug List and look in Section 2.6 for information about changes to our drug coverage.

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

- Are your doctors in our network?
- What about the hospitals or other providers you use?
- Look in Sections 2.3 and 2.4 for information about our *Provider & Pharmacy 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 https://www.medicare.gov website. Click "Find health & drug plans."
- Review the list in the back of your Medicare & You 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 want to **keep** University of Maryland Health Advantage Complete, you don't need to do anything. You will stay in University of Maryland Health Advantage Complete.
- 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, 2017**

- If you **don't join by December 7, 2017**, you will stay in University of Maryland Health Advantage Complete.
- If you **join by December 7, 2017**, your new coverage will start on January 1, 2018.

Additional Resources

- Please contact our Member Services number at 410-779-9932 or toll free 1-844-386-6762 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm, local time, seven (7) days a week from October 1 through February 14, and 8 am to 8 pm, local time, Monday through Friday from February 15 through September 30.
- This document may be made available in other alternative formats such as Braille and Large Print.
- **Coverage under this Plan qualifies as minimum essential coverage (MEC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About University of Maryland Health Advantage Complete

- University of Maryland Health Advantage Complete is an HMO with a Medicare contract. Enrollment in University of Maryland Health Advantage Complete depends on contract renewal.
- When this booklet says "we," "us," or "our," it means University of Maryland Health Advantage, Inc. When it says "plan" or "our plan," it means University of Maryland Health Advantage Complete.

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Summary of Important Costs for 2018

The table below compares the 2017 costs and 2018 costs for University of Maryland Health Advantage Complete in several important areas. **Please note this is only a summary of changes**. **It is important to read the rest of this *Annual Notice of Changes*** and review the attached *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2017 (this year)	2018 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	$41	$41
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	$6,700	$6,700
Doctor office visits	Primary care visits: $10 per visit Specialist visits: $45 per visit	Primary care visits: $10 per visit Specialist visits: $45 per visit
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.	Days 1 – 7: $270 copay Days 8-90: $0 copay Days 91-150 per lifetime reserve day: $0 copay	Days 1 – 7: $275 copay Days 8-90: $0 copay Days 91-150 per lifetime reserve day: $0 copay

Cost	2017 (this year)	2018 (next year)
Part D prescription drug coverage (See Section 2.6 for details.)	Deductible: $0 Copayment and Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $4 per 30-day supply • Drug Tier 2: $15 per 30-day supply • Drug Tier 3: $47 per 30-day supply • Drug Tier 4: $100 per 30-day supply • Drug Tier 5: 33% cost of the drug per 30-day supply	Deductible: $0 Copayment and Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $4 per 30-day supply • Drug Tier 2: $15 per 30-day supply • Drug Tier 3: $47 per 30-day supply • Drug Tier 4: $100 per 30-day supply • Drug Tier 5: 33% of the cost per 30-day supply

Annual Notice of Changes for 2018
Table of Contents

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in University of Maryland Health Advantage Complete in 2018

If you do nothing to change your Medicare coverage by December 7, 2017, we will automatically enroll you in our University of Maryland Health Advantage Complete. This means starting January 1, 2018, you will be getting your medical and prescription drug coverage through University of Maryland Health Advantage Complete. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare. If you want to change, you must do so between October 15 and December 7. If you are eligible for Low Income Subsidies, you can change plans at any time.

The information in this document tells you about the differences between your current benefits in University of Maryland Health Advantage Complete and the benefits you will have on January 1, 2018 as a member of University of Maryland Health Advantage Complete.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2017 (this year)	2018 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$41	$41 (There is no change in premium this benefit year)

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs.

Section 2.2 – 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 Part A and Part B services for the rest of the year.

Cost	2017 (this year)	2018 (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 and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$6,700	$6,700 Once you have paid $6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider & Pharmacy Directory* is located on our website at www.UMMedicareAdvantage.org. You may also call Member Services for updated provider information or to ask us to mail you a *Provider & Pharmacy Directory*. **Please review the 2018 *Provider & Pharmacy 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, Medicare requires that we 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 and managing your care.

Section 2.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated *Provider & Pharmacy Directory* is located on our website at www.UMMedicareAdvantage.org. You may also call Member Services for updated provider information or to ask us to mail you a *Provider & Pharmacy Directory*. **Please review the 2018 *Provider & Pharmacy Directory* to see which pharmacies are in our network**.

Section 2.5 – 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 *2018 Evidence of Coverage.*

Cost	2017 (this year)	2018 (next year)
Ambulance Services	You pay $290 copay per one-way trip.	You pay $275 copay per one-way trip

Cost	2017 (this year)	2018 (next year)
Dental Services (Preventive and Comprehensive Dental Services)	You pay $45 copay per visit for preventive dental services. ▪ Cleaning once per calendar year. ▪ Fluoride Treatment not covered. ▪ Periodic oral exam once per calendar year. ▪ Dental x-rays not covered. Comprehensive Dental Services are not covered.	You pay $45 copay per visit for preventive dental services. ▪ Cleaning every 6 months. ▪ Fluoride Treatment once every 6 months. ▪ Periodic oral exam every 6 months. ▪ Dental x-rays every 12 months. You pay $50 copay per visit for specific diagnostic, restorative, endodontic, periodontic, and extraction services. (See "Dental Services", Chapter 4, Section 2.1 of the Evidence of Coverage for further details on this benefit.)
Emergency Care	You pay $75 copay per emergency room visit.	You pay $80 copay per emergency room visit.
Health and Wellness education programs (Fitness/Gym Membership)	You pay a $0 copay per visit to a participating gym.	Fitness/Gym Membership is not covered.
Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	▪ You pay $270 copay per day for days 1 through 7 ▪ You pay $0 copay per day for days 8 through 90 ▪ You pay $0 copay per day for days 91 through 150 life-time reserve day.	▪ You pay $275 copay per day for days 1 through 7 ▪ You pay $0 copay per day for days 8 through 90 ▪ You pay $0 copay per day for days 91 through 150 life-time reserve day.

Cost	2017 (this year)	2018 (next year)
Inpatient Mental Health Care	▪ You pay $220 copay per day for days 1 through 7 ▪ You pay $0 copay per day for days 8 through 90 ▪ You pay $0 copay per day for days 91 through 190 life-time reserve day.	▪ You pay $230 copay per day for days 1 through 7 ▪ You pay $0 copay per day for days 8 through 90 ▪ You pay $0 copay per day for days 91 through 190 life-time reserve day.
Podiatry Services (Routine Foot care) Treatment of bunions, calluses, clavus, corns, hyperkeratosis and keratotic lesions, keratoderma, trimming and care of nails, plantar keratosis, tyloma or tylomata and tylosis.	You pay $50 copay per visit for Medicare-covered podiatry services You pay 20% of the cost per visit for up to six (6) visits of routine foot care services per calendar year.	You pay $50 copay per visit for Medicare-covered podiatry services You pay 20% of the cost per visit for up to 12 visits of routine foot care services per calendar year.

Cost	2017 (this year)	2018 (next year)
Routine Hearing Exams and Hearing Aid Services • Routine Hearing Exam • Hearing Aid Evaluation and Fitting • Hearing Aids • Ear molds • Hearing aid battery supply • Manufacturer repair warranty. • Replacement coverage for Lost, Stolen or Damaged Hearing Aid	Routine Hearing Exams and Hearing Aid Services are not covered	There is no coinsurance or copayment for the routine hear exam, hearing aid evaluation and fitting, ear molds, and batteries. The plan pays a maximum benefit amount of $750 towards the purchase of hearing aids. The member pays all costs after the $750 maximum benefit amount. If your hearing aid is lost, stolen or damaged, you will be financially responsible for a $195 deductible per hearing aid. The plan pays the balance after the deductible has been met. (See "Hearing Services", Chapter 4, Section 2.1 of the Evidence of Coverage for further details on this benefit.)

Section 2.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is in this envelope. The Drug List we included in this envelope includes many – but not all – of the drugs that we will cover next year. If you don't see your drug on this list, it might still be covered. **You can get the *complete* Drug List** by calling Member Services (see the back cover) or visiting our website (www.UMMedicareAdvantage.org).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
    - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage* (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a **one-time**, temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you are currently taking a drug for which you have received a formulary exception, please refer to the letter sent to you which granted the exception to see whether the exception continues beyond the 2017 plan year. If it states your formulary exception will expire in or at the end of 2017, you will need to submit a new exception request for the drug for 2018 if its formulary status has not changed. You may review the 2018 Comprehensive formulary on our website at www.UMMedicareAdvantage.org to see whether the changes impact your drug.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and haven't received this insert by September 30, 2017, please call Member Services and ask for the "LIS Rider." Phone numbers for Member Services are in Section 8.1 of this booklet.

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the attached *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2017 (this year)	2018 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2017 (this year)	2018 (next year)
Stage 2: 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.**	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: ***Preferred Generics*:** You pay $4 per prescription. ***Generics*:** You pay $15 per prescription. ***Preferred Brands:*** You pay $47 per prescription. ***Non-Preferred Brands:*** You pay $100 per prescription. ***Specialty:*** You pay 33% of the total cost.	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: ***Preferred Generics*:** You pay $4 per prescription. ***Generics*:** You pay $15 per prescription. ***Preferred Brands:*** You pay $47 per prescription. ***Non-Preferred Brands:*** You pay $100 per prescription. ***Specialty:*** You pay 33% of the total cost.

Stage	2017 (this year)	2018 (next year)
Stage 2: Initial Coverage Stage (continued) The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. **We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.**	Once your total drug costs have reached $3,700, you will move to the next stage (the Coverage Gap Stage.)	Once your total drug costs have reached $3,750, you will move to the next stage (the Coverage Gap Stage.)

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in University of Maryland Health Advantage Complete

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 stay enrolled as a member of our plan for 2018.

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 2018 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *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.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2018*, call your State Health Insurance Assistance Program (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 https://www.medicare.gov and click "Find health & drug plans." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, University of Maryland Health Advantage, Inc. offers other Medicare prescription drug 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 University of Maryland Health Advantage Complete.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from University of Maryland Health Advantage Complete.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Member Services 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, 2018.

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 are allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage.*

If you enrolled in a Medicare Advantage plan for January 1, 2018, and don't like your plan choice, you can switch to Original Medicare between January 1 and February 14, 2018. For more information, see Chapter 10, 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 the State of Maryland, the SHIP is called State Health Insurance Assistance Program offered through the Maryland Department on Aging.

The SHIP 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. SHIP 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 the SHIP at 410-767-1100 or toll free at 800-243-3425. For TTY, call 711.You can learn more about the SHIP by visiting their website (http://aging.maryland.gov/Pages/StateHealthInsuranceProgram.aspx).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"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).
- **Help from your state's pharmaceutical assistance program.** The State of Maryland has a program called Maryland Senior Prescription Drug Assistance Program (SPDAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 6 of this booklet).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. 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. Medicare Part D prescription drugs that are

also covered by ADAP qualify for prescription cost-sharing assistance through the Maryland AIDS Drug Assistance Program (MADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 410-767-6535 or toll free 1-800-205-6308 between 8:30 am and 4:30 pm local time, Monday through Friday, or visit their website at https://phpa.health.maryland.gov/OIDPCS/CHCS/pages/madap.aspx.

SECTION 7 Questions?

Section 7.1 – Getting Help from University of Maryland Health Advantage Complete

Questions? We're here to help. Please call Member Services at410-779-9932 or toll free 1-844-386-6761. (TTY only, call 711). We are available for phone calls 8 am to 8 pm, local time, seven (7) days a week from October 1 through February 14, and 8 am to 8 pm, local time, Monday through Friday from February 15 through September 30. Calls to these numbers are free.

Read your 2018 *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 2018. For details, look in the 2018 *Evidence of Coverage* for *University of Maryland Health Advantage Complete*. 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 included in this envelope.

Visit our Website

You can also visit our website at www.UMMedicareAdvantage.org. As a reminder, our website has the most up-to-date information about our provider network (*Provider & Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

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 (https://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 https://www.medicare.gov and click on "Find health & drug plans").

Read *Medicare & You 2018*

You can read the *Medicare & You 2018* 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 (https://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.

University of Maryland Health Advantage Complete Member Services

Method	Member Services – Contact Information
CALL	410-779-9932 or toll-free 1-844-386-6762 Calls to this number are free. 8 am to 8 pm local time, seven (7) days a week from October 1 through February 14, and 8 am to 8 pm local time, Monday through Friday from February 15 through September 30. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 - This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. 8 am to 8 pm local time, seven (7) days a week from October 1 through February 14, and 8 am to 8 pm local time, Monday through Friday from February 15 through September 30.
FAX	1-844-325-0479
WRITE	University of Maryland Health Advantage Attention: Member Services 1966 Greenspring Drive, Suite 100 Timonium, Maryland 21093
WEBSITE	www.UMMedicareAdvantage.org

State Health Insurance Assistance Program (Maryland SHIP)

State Health Insurance Assistance Program is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

Method	State Health Insurance Assistance Program (Maryland SHIP) -Contact Information
CALL	410-767-1100 or 1-800-243-3425
TTY	1-800-243-3425, ext. 71108 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	State Health Insurance Assistance Program Maryland Department of Aging 301 West Preston Street, Suite 1007 Baltimore, MD 21201
WEBSITE	www.aging.maryland.gov/StateHealthInsurance Program.html

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