

Annual Notice of Changes 2021

Medicare Advantage Plan

Erickson Advantage® Liberty without Drugs (HMO-POS)



Toll-free 1-866-314-8188, TTY 711

8 a.m. - 8 p.m. local time, 7 days a week



www.EricksonAdvantage.com

Do we have the right address for you?

If not, please let us know so we can keep you informed about your plan.



Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to **www.EricksonAdvantage.com** to review the details online. All of the below documents will be available online by **October 15, 2020**.

Provider Directory

Review the 2021 Provider Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.

Evidence of Coverage (EOC)

Review your 2021 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services. It also has information about the Quality Improvement Program, how medical coverage decisions are made and your Rights and Responsibilities as a member.

If you want a paper copy of what is listed above, please contact our Customer Service at 1-866-314-8188 (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, 7 days a week.

Annual Notice of Changes for 2021



You are currently enrolled as a member of Erickson Advantage® Liberty without Drugs (HMO).

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 Section 2 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 2.3 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.
 - Review the list in the back of your Medicare & You handbook.
 - Look in Section 4.2 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, 2020, you will be enrolled in Erickson Advantage® Liberty without Drugs (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, 2020**

- If you **don't join another plan by December 7, 2020**, you will be enrolled in Erickson Advantage® Liberty without Drugs (HMO-POS).
- If you **join another plan by December 7, 2020**, your new coverage will start on January 1, 2021. You will be automatically disenrolled from your current plan.

Additional Resources

- This document is available for free in other languages.
- Please contact our Customer Service number at 1-866-314-8188 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, 7 days a week.
- Este documento está disponible sin costo en otros idiomas.
- Comuníquese con nuestro Servicio al Cliente al número 1-866-314-8188 para obtener información adicional (los usuarios de TTY deben llamar al 711). El horario es 8 a.m. a 8 p.m., los 7 días de la semana, hora local.
- This document may be available in an alternate format such as Braille, larger print or audio. Please contact our Customer Service number at 1-866-314-8188, TTY: 711, 8 a.m. - 8 p.m. local time, 7 days a week, for additional information.
- 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 Erickson Advantage® Liberty without Drugs (HMO-POS)

- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

- When this booklet says “we,” “us,” or “our,” it means UnitedHealthcare Insurance Company or one of its affiliates. When it says “plan” or “our plan,” it means Erickson Advantage® Liberty without Drugs (HMO-POS).

Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Erickson Advantage® Liberty without Drugs (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.EricksonAdvantage.com. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

Cost	2020 (this year)	2021 (next year)
Monthly Plan Premium	\$0	\$0
Annual Medical Deductible	For 2020, your plan has a \$800 deductible.	For 2021, your plan has a \$800 in-network deductible. Please see Chapter 4 of your Evidence of Coverage for details.
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	From network providers: \$6,700	From network providers: \$6,700 From out-of-network providers: Unlimited
Doctor Office Visits	Primary care visits: You pay a \$20 copayment for services received in an Erickson facility. You pay a \$30 copayment for services received outside of an Erickson facility. Specialist visits: You pay a \$50 copayment per visit.	Primary care visits: You pay a \$20 copayment for services received in an Erickson facility. You pay a \$30 copayment for services received outside of an Erickson facility. You pay 30% coinsurance per visit (out-of-network). Specialist visits: You pay a \$50 copayment per visit (in-network). You pay 30% coinsurance per visit (out-of-network).

Cost	2020 (this year)	2021 (next year)
<p>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.</p>	<p>You pay a \$300 copayment each day for days 1 to 7.</p> <p>\$0 copayment for additional Medicare covered days.</p>	<p>You pay a \$300 copayment each day for days 1 to 7 (in-network).</p> <p>\$0 copayment for additional Medicare covered days (in-network).</p> <p>You pay 30% coinsurance for each Medicare-covered hospital stay for unlimited days (out-of-network).</p>

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Section 1: We Are Changing the Plan's Name

On January 1, 2021, our plan name will change from Erickson Advantage® Liberty without Drugs (HMO) to Erickson Advantage® Liberty without Drugs (HMO-POS).

We will mail you a new UnitedHealthcare member ID card. If you have questions, or if your UnitedHealthcare member ID card is damaged, lost, or stolen, call Customer Service at 1-866-314-8188 (TTY users should call 711) right away and we will send you a new card.

You will see the new plan name reflected on future communications where the plan name is referenced.

Section 2: Changes to Benefits and Costs for Next Year

SECTION 2.1: Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
Monthly Premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

Platinum Dental Rider	<u>Not</u> Available.	<p>You have the option to get dental coverage through the Platinum Dental Rider for an additional monthly fee. You can purchase this rider during the Medicare annual election period for a January 1st effective date, or from January 1st until March 31st, but after this date it will not be available until next year. To purchase, call the number on the back of your member ID card and tell us you'd like to enroll in the Platinum Dental Rider. You may start using the benefit on the first day of the month after the rider is purchased.</p> <p>You pay \$40.00/month for up to \$1,500 per year for covered preventive and comprehensive dental services. The list of services covered by your plan has changed, please see your Evidence of Coverage for a full list of covered services.</p>
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SECTION 2.2: Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2020 (this year)	2021 (next year)
<p>In-network maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays and deductibles) from network providers count toward your in-network maximum out-of-pocket amount.</p>	<p>\$6,700</p> <p>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.</p>	<p>\$6,700</p> <p>Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p>
<p>Out-of-network maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays and deductibles) from out-of-network providers count toward your maximum out-of-pocket amount.</p>	<p>Out-of-pocket maximum is <u>not</u> covered (out-of-network).</p>	<p>You have an unlimited out-of-network out-of-pocket maximum.</p>

SECTION 2.3: 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.EricksonAdvantage.com. You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2021 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 2.4: 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 **2021 Evidence of Coverage**. A copy of the Evidence of Coverage is located on our website at www.EricksonAdvantage.com. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

Cost	2020 (this year)	2021 (next year)
Plan Change	As a member of Erickson Advantage Liberty without Drugs (HMO), a Health Maintenance Organization plan, you may only receive certain covered services from physicians and other medical providers who are contracted with UnitedHealthcare.	As a member of Erickson Advantage Liberty without Drugs (HMO-POS), a Health Maintenance Organization POS plan, you may receive certain covered services from physicians and other medical providers who are not contracted with UnitedHealthcare. For additional information, please refer to the Evidence of Coverage.

Cost	2020 (this year)	2021 (next year)
<p>Acupuncture for low back pain (Medicare-covered)</p>	<p>You pay a \$20 copayment.</p>	<p>You pay a \$20 copayment for Type 1 providers or a \$30 copayment for Type 2 providers for services provided by a primary care physician (in-network).</p> <p>You pay a \$50 copayment for services provided by a specialist (in-network).</p> <p>Erickson facilities are designated as Type 1 in the Provider Directory. All other facilities are designated as Type 2 in the Provider Directory. See Chapter 4 of the Evidence of Coverage for details.</p>
<p>Authorization</p>	<p>Your provider must obtain Prior Authorization for some services. Your Prior Authorization requirements include all Medicare-covered services except: Emergency Care, Urgently Needed Services, Emergency Ambulance Services, Opioid Treatment Program Services, and Medicare-covered Preventive Services.</p>	<p>The services for which your provider must obtain Prior Authorization have changed. Your Prior Authorization requirements include all Medicare-covered services except: Emergency Care, Urgently Needed Services, Emergency Ambulance Services, and Medicare-covered Preventive Services.</p>

Cost	2020 (this year)	2021 (next year)
<p>Dental Services Comprehensive and Preventive Dental</p>	<p>You pay a \$0 copayment for covered preventive and diagnostic services.</p> <p>Only services obtained from network dentists are covered.</p>	<p>You pay a \$0 copayment for covered preventive and diagnostic services.</p> <p>Benefit is combined in and out-of-network.</p> <p>You may see an out-of-network dentist to receive dental services. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as \$0 copayment.</p>
<p>Emergency Care – Worldwide</p>	<p>You pay a \$90 copayment.</p>	<p>You pay a \$0 copayment.</p>
<p>Fitness Program</p>	<p>Not covered.</p>	<p>Renew Active™ is a fitness program for body and mind that includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Standard membership access to participating fitness locations <input type="checkbox"/> Online brain exercises and activities <input type="checkbox"/> An in-person fitness orientation <p>There is no visit or use fee for standard membership when you use network service providers.</p>

Cost	2020 (this year)	2021 (next year)
Hearing Services Additional Routine Hearing Exam	You pay a \$0 copayment for 1 exam(s) every year. (in-network) Benefit is not covered out-of-network.	You pay a \$0 copayment for 1 exam(s) every year. (in-network) You pay 30% coinsurance for 1 exam(s) every year. (out-of-network) Benefit is combined in and out-of-network.
Hearing Services Hearing Aids	You pay a \$375 - \$2,075 copayment for each hearing aid; limited to 2 hearing aids every 2 years (select products only).	You pay a \$375 - \$2,075 copayment for each hearing aid; limited to 2 hearing aids every 2 years (select products only). You pay a \$375 copayment per hearing aid for home-delivered hearing aids, available nationwide (select products only).
Medicare Part B Prescription Drugs	You pay 10% of the total cost.	You pay 20% of the total cost (in-network).
Medicare Part B Prescription Drugs - Chemotherapy Drugs	You pay 10% of the total cost.	You pay 20% of the total cost (in-network).
Outpatient Diagnostic Tests and Therapeutic Services and Supplies - Laboratory Tests	You pay a \$10 copayment.	You pay a \$0 copayment (in-network).
Outpatient Diagnostic Tests and Therapeutic Services and Supplies - X-rays	You pay a \$20 copayment.	You pay a \$15 copayment (in-network).

Cost	2020 (this year)	2021 (next year)
Outpatient Surgery - Ambulatory Surgical Center	For 2020, a diagnostic colonoscopy from an in-network provider applies toward your annual medical deductible.	For 2021, a diagnostic colonoscopy from an in-network provider will not apply toward your annual medical deductible.
Outpatient Surgery - Hospital Outpatient Facilities	For 2020, a diagnostic colonoscopy from an in-network provider applies toward your annual medical deductible.	For 2021, a diagnostic colonoscopy from an in-network provider will not apply toward your annual medical deductible.
Skilled Nursing Facility (SNF) Care	<p>You pay a \$0 copayment each day for days 1 to 20.</p> <p>You pay a \$178 copayment each day for days 21 to 58.</p> <p>You pay a \$0 copayment each day for days 59 to 100.</p>	<p>You pay a \$0 copayment each day for days 1 to 20 (in-network).</p> <p>You pay a \$184 copayment each day for days 21 to 57 (in-network).</p> <p>You pay a \$0 copayment each day for days 58 to 100 (in-network).</p>
Urgently Needed Services – Worldwide	You pay a \$90 copayment.	You pay a \$0 copayment.
Virtual Medical Visits	<u>Not</u> Covered.	You pay a \$0 copayment.
Vision Care Additional Routine Eye Exams	You pay a \$0 copayment for 1 exam every year. (in-network)	<p>You pay a \$0 copayment for 1 exam every year. (in-network)</p> <p>You pay 30% coinsurance for 1 exam every year. (out-of-network)</p> <p>Benefit is combined in and out-of-network.</p>

Section 3: Administrative Changes

As a UnitedHealthcare® member, you have the option to get dental coverage through the Platinum Dental Rider for an additional monthly fee. You can purchase this rider during the Medicare annual election period for a January 1st effective date, or from January 1st until March 31st, but after this date it will not be available until next year. To purchase, call the number on the back of your member ID card and tell us you'd like to enroll in the Platinum Dental Rider. You may start using the benefit on the first day of the month after the rider is purchased.

Section 4: Deciding Which Plan to Choose

SECTION 4.1: If You Want to Stay in Erickson Advantage® Liberty without Drugs (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 Erickson Advantage® Liberty without Drugs (HMO-POS).

SECTION 4.2: If You Want to Change Plans

We hope to keep you as a member next year but if you want to change for 2021 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. 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 **Medicare & You 2021**, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

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, UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans and 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 Erickson Advantage® Liberty without Drugs (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Erickson Advantage® Liberty without Drugs (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 8.1 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 5: 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 to December 7**. The change will take effect on January 1, 2021.

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, 2021, 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, 2021. For more information, see Chapter 8, Section 2.2 of the **Evidence of Coverage**.

Section 6: Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state.

State Health Insurance Assistance Program 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. State Health Insurance Assistance

Program 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 find your SHIP number and address in Chapter 2, Section 3 of the **Evidence of Coverage**.

Section 7: 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 a.m. and 7 p.m., 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.** State Pharmaceutical Assistance Program 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 Chapter 2, Section 3 of your **Evidence of Coverage**).
- **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 through the ADAP in your State. 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. You can find your States’ ADAP contact information in Chapter 2 of the **Evidence of Coverage**.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP in your State. You can find your State’s ADAP contact information in Chapter 2 of the **Evidence of Coverage**.

Section 8: Questions?

SECTION 8.1: Getting Help from Erickson Advantage® Liberty without Drugs (HMO-POS)

Questions? We're here to help. Please call Customer Service at 1-866-314-8188. (TTY only, call 711.) We are available for phone calls 8 a.m. - 8 p.m. local time, 7 days a week. Calls to these numbers are free.

Read your 2021 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 2021. For details, look in the 2021 **Evidence of Coverage** for Erickson Advantage® Liberty without Drugs (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. A copy of the Evidence of Coverage is located on our website at www.EricksonAdvantage.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.EricksonAdvantage.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

SECTION 8.2: 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 2021

You can read the **Medicare & You 2021** 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.



**Erickson Advantage® Liberty without Drugs (HMO-POS)
Customer Service:**

Call **1-866-314-8188**

Calls to this number are free. 8 a.m. - 8 p.m. local time, 7 days a week. Customer Service also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 8 a.m. - 8 p.m. local time, 7 days a week.

Write P.O. Box 30770
Salt Lake City, UT 84130-0770

Website **www.EricksonAdvantage.com**