Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

SeniorCare Advantage Preferred (HMO) offered by Scott and White Health Plan

Annual Notice of Changes for 2020

You are currently enrolled as a member of SeniorCare Advantage Preferred (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 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 1.6 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 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** SeniorCare Advantage Preferred (HMO), you don't need to do anything. You will stay in SeniorCare Advantage Preferred (HMO).
- 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, 2019**

- If you join another plan by **December 7, 2019**, your new coverage will start on **January 1, 2020**.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Service number at 1-866-334-3141 for additional information. (TTY users should call 711.) Hours are 7 a.m. - 8 p.m., seven days a week (excluding major holidays).
- This information is also available in alternate formats (e.g. large print).
- **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 https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About SeniorCare Advantage Preferred (HMO)

- SeniorCare Advantage HMO is offered by Scott and White Health Plan, a Medicare Advantage organization with a Medicare contract. Enrollment in SeniorCare Advantage depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Scott and White Health Plan. When it says "plan" or "our plan," it means SeniorCare Advantage Preferred (HMO).

Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for SeniorCare Advantage Preferred (HMO) in several important areas. **Please note this is only a summary of changes**. A copy of the *Evidence of Coverage* will be located on our website at advantage.swhp.org by October 15. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
Monthly plan premium	$90	$90
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 for details.)	$3,400	$3,900
Doctor office visits	Primary care visits: $15 copay per visit. Specialist visits: $15 copay per visit.	Primary care visits: $0 copay per visit. Specialist visits: $25 copay 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.	$450 copay for Medicare-covered hospital care.	$575 copay for Medicare-covered hospital care.

Annual Notice of Changes for 2020
Table of Contents

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Monthly premium (You must also continue to pay your Medicare Part B premium.)	$90	$90

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 Part A and Part B services for the rest of the year.

Cost	2019 (this year)	2020 (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.	$3,400	$3,900 Once you have paid $3,900 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 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 advantage.swhp.org. You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2020 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 and managing 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 *2020 Evidence of Coverage.*

Cost	2019 (this year)	2020 (next year)
Dental Services (Non-Medicare-covered - Preventive)	You are covered up to $1,500 every year.	You are covered up to $2,000 every year.
Diabetic Services and Supplies	You pay 20% coinsurance for Medicare-covered diabetic monitoring supplies.	You pay $0 copay for Medicare-covered diabetic monitoring supplies.

Cost	2019 (this year)	2020 (next year)
Emergency Care	You pay $120 copay for each Medicare-covered emergency care visit. Copayment is waived if you are admitted to a hospital within 24 hours for the same condition. If you receive emergency care at an out–of–network hospital and need inpatient care after your emergency condition is stabilized, you must return to a network hospital in order for your care to continue to be covered or you must have your inpatient care at the out–of–network hospital authorized by the plan and your cost is the cost–sharing you would pay at a network hospital. This benefit is only available in the U.S.	You pay $90 copay for each Medicare-covered emergency care visit. Copayment is waived if you are admitted to a hospital within 24 hours for the same condition. If you receive emergency care at an out–of–network hospital and need inpatient care after your emergency condition is stabilized, you must return to a network hospital in order for your care to continue to be covered or you must have your inpatient care at the out–of–network hospital authorized by the plan and your cost is the cost–sharing you would pay at a network hospital. This benefit is only available in the U.S.
Hearing Services (Routine Hearing Exam)	You pay $15 copay for each routine hearing exam.	You pay $0 copay for each routine hearing exam.
Hearing Services (Non-Medicare-covered Hearing Aids)	Not covered.	$1,000 allowance toward the purchase of hearing aids every three years.
Inpatient Hospital Care	You pay $450 copay for Medicare-covered inpatient hospital stays.	You pay $575 copay for Medicare-covered inpatient hospital stays.
Inpatient Mental Health Care	You pay $450 copay for Medicare-covered inpatient mental health stays.	You pay $575 copay for Medicare-covered inpatient mental health stays.

Cost	2019 (this year)	2020 (next year)
Opioid Treatment Program Services	Not offered.	You pay $15 copay for Medicare-covered services.
Outpatient Diagnostic Procedures, Tests, and Lab Services	You pay $15 copay for Medicare-covered diagnostic procedures and tests. You pay $15 copay for Medicare-covered outpatient lab services.	You pay $0 copay for Medicare-covered diagnostic procedures and tests. You pay $0 copay for Medicare-covered outpatient lab services.
Outpatient Diagnostic and Therapeutic Radiology Services	You pay $15 copay for Medicare-covered outpatient X-ray services.	You pay $0 copay for Medicare-covered outpatient X-ray services.
Over-the-Counter Items (Non-Medicare-covered)	Not offered.	$30 allowance toward over-the-counter medications per quarter of the year (every three months); must use OTC Network card at participating retailers; certain restrictions apply.
Physician Specialist Services	You pay $15 copay for Medicare-covered physician specialist services.	You pay $25 copay for Medicare-covered physician specialist services.
Primary Care Physician Services	You pay $15 copay for Medicare-covered primary care physician services.	You pay $0 copay for Medicare-covered primary care physician services.
Skilled Nursing Facility (SNF) Care	Days 1 – 20: $0 copay each day. Days 21 – 100: $35 copay each day for Medicare-covered stays at a Skilled Nursing Facility.	Days 1 – 20: $0 copay each day. Days 21 – 100: $50 copay each day for Medicare-covered stays at a Skilled Nursing Facility.
Telehealth Services – Primary Care Physician Services	Not offered.	You pay $0 copay for telehealth services.

Cost	2019 (this year)	2020 (next year)
Vision Care (Non-Medicare-covered - Eye Wear) SeniorCare Advantage covers eyewear, lenses, frames and contact lenses. The benefit covers up to $125 per year toward the single or combined purchase of lenses, frames, eyeglasses, and contact lenses. The member is responsible for the cost of the lenses, frames, eyeglasses and contacts over and above the $125 per year allowance. The cost of upgrades that exceed the $125 per year allowance must be paid by the member. Members must use a participating network vision provider for vision screenings and eyewear purchases.	Contact lenses: 1 pair every year.	Contact lenses: 12 pairs every year.

SECTION 2 Administrative Changes

Process	2019 (this year)	2020 (next year)
Chiropractic Services Prior Authorization Requirement	Prior Authorization is required.	Prior Authorization no longer required.
Occupational Therapy Services Prior Authorization Requirement	Prior Authorization is required.	Prior Authorization no longer required.

Process	2019 (this year)	2020 (next year)
Psychiatric Services Prior Authorization Requirement	Prior Authorization is required.	Prior Authorization no longer required.
Medicare Part B Prescription Drug Step Therapy	Step therapy may be required. Step therapy is a type of prior authorization. It requires you to first try a less expensive drug that has been proven effective for most people with your condition before you can move up a "step" to a more expensive drug.	Step therapy is no longer required.
Customer Service Hours	We are available for phone calls 7 a.m. – 8 p.m., seven days a week.	We are available for phone calls 7 a.m. – 8 p.m., seven days a week (excluding major holidays).

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in SeniorCare Advantage Preferred (HMO)

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 2020.

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 2020 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 *Medicare & You 2020*, 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 https://www.medicare.gov and click "Review and Compare Your Coverage Options." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Scott and White Health Plan 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 SeniorCare Advantage Preferred (HMO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from SeniorCare Advantage Preferred (HMO).
- 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, 2020.

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, 2020, 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, 2020. 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 Texas, the SHIP is called Texas Health Information Counseling and Advocacy Program (HICAP).

Texas Health Information Counseling and Advocacy Program (HICAP) 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. Texas Health Information Counseling and Advocacy Program (HICAP) 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 Texas Health Information Counseling and Advocacy Program (HICAP) at 1-800-252-9240. You can learn more about Texas Health Information Counseling and Advocacy Program (HICAP) by visiting their website (http://www.tdi.texas.gov/consumer/hicap).

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.** Texas has programs called Texas HIV State Pharmacy Assistance Program (SPAP) and Kidney Health Care Program that help people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about these programs, check with your State Health

Insurance Assistance Program (the name and phone numbers for this organization are in Section 5 of this booklet).

- **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 access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance. Texas has two programs, Texas HIV Medication Program (THMP) and Kidney Health Care Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Texas HIV Medication Program (THMP) at 1-800-255-1090 or Kidney Health Care Program at 1-800-222-3896. 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 continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. For the Texas HIV Medication Program (THMP), call 1-800-255-1090. For the Kidney Health Care Program, call 1-800-222-3896.

For information on eligibility criteria, covered drugs, or how to enroll in these programs, please call the Texas HIV Medication Program (THMP) at 1-800-255-1090 or the Kidney Health Care Program at 1-800-222-3896.

SECTION 7 Questions?

Section 7.1 – Getting Help from SeniorCare Advantage Preferred (HMO)

Questions? We're here to help. Please call Customer Service at 1-866-334-3141. (TTY only, call 711.) We are available for phone calls 7 a.m. - 8 p.m., seven days a week (excluding major holidays). Calls to these numbers are free.

Read your 2020 *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 2020. For details, look in the 2020 *Evidence of Coverage* for SeniorCare Advantage Preferred (HMO). 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 advantage.swhp.org. 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 advantage.swhp.org. 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 (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 2020

You can read *Medicare & You 2020* 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.

Language Assistance/ Asistencia de idiomas

Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

English:
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-334-3141 (TTY: 711).

Spanish:
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-334-3141 (TTY: 711).

Vietnamese:
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-334-3141 (TTY: 711).

Chinese:
注意：如果 使用繁體中文, 可以免費獲得語言援助服務。請致電 1-866-334-3141 (TTY：711)。

Korean:
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-334-3141 (TTY: 711) 번으로 전화해 주십시오.

Arabic:
هاتف الصم والبكم: 711 .ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-334-3141 (رقم

Urdu:
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال 1-866-334-3141 (TTY: 711). کریں

Tagalog:
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-334-3141 (TTY: 711).

French:
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-334-3141 (ATS : 711).

Hindi:
ध्यान दें: यदिआप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध है। 1-866-334-3141 (TTY: 711) पर कॉल करें।

Persian:
فراهم می باشد. با 1-866-334-3141 (TTY: 711) تماس بگیرید. توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما

German:
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-334-3141 (TTY: 711).

Gujarati:
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-334-3141 (TTY: 711).

Russian:
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-334-3141 (телетайп: 711).

Japanese:
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-334-3141 (TTY:711) まで、お電話にてご連絡ください。

Laotian:
ໂປດຊາບ: ຖ້າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-866-334-3141 (TTY: 711).

Scott&White
HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

Nondiscrimination Notice

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-334-3141 (TTY: 711).

Scott and White Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Scott and White Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Scott and White Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Scott and White Health Plan (SWHP) Compliance Officer at 1-214-820-8888 or send an email to SWHPComplianceDepartment@BSWHealth.org

If you believe that Scott and White Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

SWHP Compliance Officer
1206 West Campus Drive, Suite 151
Temple, Texas 76502

Compliance HelpLine; 1-888-484-6977 or https://app.mycompliancereport.com/report.aspx?cid=swhp

You can file a grievance in person or by mail, online, or email. If you need help filing a grievance, the SWHP Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/civil-rights/filing-a-complaint/index.html.