

ANNUAL NOTICE OF CHANGES

FOR 2025

Paramount Elite Prevail (HMO-POS) H3653-018

Offered by Paramount Care, Inc.

YOUR EVIDENCE OF COVERAGE (EOC)
AND OTHER PLAN DOCUMENTS ARE
AVAILABLE **ONLINE**

September 2024

Dear Paramount Elite Member,

As a member of Paramount Elite (HMO/PPO), you are able to obtain your **2025** Paramount Elite member materials in several different ways.

If you have a question about covered benefits and/or drugs or need help finding a network provider and/or pharmacy:

- **Call** Member Services at 833-554-2335 (TTY 711). Hours are Monday through Friday, 8 a.m. to 8 p.m. October 1 to March 31, you may call 8 a.m. to 8 p.m. seven days a week. **Or,**
- **Visit paramounthealthcare.com/medicareplans** to access all of our online documents. Electronic documents will be available by October 15, 2024.
 - Comprehensive Formulary
 - Evidence of Coverage (EOC)
 - Hearing Aid Provider Directory
 - Dental Provider Directory
 - Vision Hardware Provider Directory
 - Pharmacy Directory
 - Online Provider Directory
 - Over-the-Counter (OTC) Catalog

If you would like a copy of the Formulary, Evidence of Coverage, Hearing Aid Provider Directory, Dental Provider Directory, Vision Hardware Provider Directory, Pharmacy Directory, and/or Over-the-Counter Catalog **mailed to you**, you may email paramount.memberservices@medmutual.com or call the number above.

Thank you for choosing to be a part of the Paramount Elite family.

Paramount Elite



Paramount Elite Prevail (HMO-POS) offered by Paramount Care, Inc.

Annual Notice of Changes for 2025

You are currently enrolled as a member of Paramount Elite Prevail (HMO-POS). Next year, there will be changes to the plan's costs and benefits. ***Please see page 6 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at paramounthealthcare.com/medicareplans. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **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.
 - Review the changes to medical care costs (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check to see if your primary care doctors, specialists, hospitals, and other providers will be in our network next year.
- ☐ 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 Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

- ☐ 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, 2024, you will stay in Paramount Elite Prevail (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Paramount Elite Prevail (HMO-POS).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our Member Services number at 1-833-554-2335 for additional information. (TTY users should call 711.) Hours are Monday through Friday, 8:00 a.m. to 8:00 p.m. October 1 to March 31, you may call 8:00 a.m. to 8:00 p.m., 7 days a week. This call is free.
- This document may be available in other alternate formats such as braille and 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 www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Paramount Elite Prevail

- **Paramount Elite Medicare Plans include HMO and PPO plans each with a Medicare contract.** *Enrollment in Paramount Elite Medicare Plans depends on contract renewal.*
- When this document says "we," "us," or "our," it means Paramount Care, Inc. When it says "plan" or "our plan," it means Paramount Elite Prevail (HMO-POS).
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Paramount Elite Prevail in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$5,900	\$4,100
Doctor office visits	In-Network Primary care visits: \$0 copay per visit. Specialist visits: \$35 copay per visit.	In-Network Primary care visits: \$0 copay per visit. Specialist visits: \$35 copay per visit.
Inpatient hospital stays	\$300 copay each day for days 1-5. \$0 copay each additional day.	\$300 copay each day for days 1-5. \$0 copay each additional day.

SECTION 1 Changes to Benefits and Costs for Next Year**Section 1.1 – Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Part B Premium	\$35	\$35

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

Medicare requires all health plans to limit how much you pay out of pocket for 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	2024 (this year)	2025 (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.	\$5,900	\$4,100 Once you have paid \$4,100 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

Updated directories are located on our website at paramounthealthcare.com/medicareplans. You may also call Member Services for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* (paramounthealthcare.com/medicareplans) 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. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
Ambulance Services	In-Network:	In-Network:
Worldwide Emergency Transportation	You pay a \$90 Copay for each covered one-way trip.	You pay a \$140 Copay for each covered one-way trip.
Emergency Care	In-Network:	In-Network:
Emergency Room Visit	You pay a \$90 Copay for each emergency room visit.	You pay a \$140 Copay for each emergency room visit.
Worldwide Emergency Coverage	You pay a \$90 Copay for each worldwide emergency room visit.	You pay a \$140 Copay for each worldwide emergency room visit.
Inpatient Services in a Psychiatric Hospital	In-Network:	In-Network:
Psychiatric Additional Days	You pay a \$300 Copay per day for days 1-5 You pay a \$0 Copay per day for days 6 and thereafter.	You pay a \$300 Copay per day for days 1-5 You pay a \$0 Copay per day for days 6-90.

Cost	2024 (this year)	2025 (next year)
	There is no lifetime limit for inpatient services in a psychiatric hospital.	There is a 190-day lifetime limit for inpatient services in a psychiatric hospital.
Skilled Nursing Facility Care Skilled Nursing Facility (SNF) Medicare-covered stay	In-Network: You pay a \$0 Copay per day for days 1-20. You pay a \$188 Copay per day for days 21-100.	In-Network: You pay a \$0 Copay per day for days 1-20. You pay a \$214 Copay per day for days 21-100.
Urgently Needed Services Urgently Needed Services Worldwide Urgent Coverage	In-Network: You pay a \$45 Copay for each urgently needed care visit. You pay a \$90 Copay for each worldwide urgently needed care visit.	In-Network: You pay a \$35 Copay for each urgently needed care visit. You pay a \$140 Copay for each worldwide urgently needed care visit.
Vision Care Eye Exam - Routine Eye Exam Medicare covered Eyewear Contact Lenses Eyeglasses (lenses and frames)	Out-of-Network: You pay a \$30 Copay for each covered routine eye exam. You pay a \$25 minimum - \$100 maximum Copay for Medicare-covered eyewear. You pay a \$100 Copay for covered contact lenses.	Out-of-Network: You pay any amount over the \$30 maximum annual reimbursement for each covered routine eye exam. You pay any amount over the following maximum annual reimbursements: - \$25 for standard plastic lenses - \$75 for frames - \$100 for contact lenses You pay any amount over the \$100 maximum annual reimbursement for covered

Cost	2024 (this year)	2025 (next year)
	You pay a \$100 Copay for covered eyeglasses (lenses and frames).	contact lenses. You pay any amount over the \$100 maximum annual reimbursement for covered eyeglasses (lenses and frames).

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
Member Services Contact Information (Phone Number)	Local: 567-585-9888 Toll Free: 833-554-2335 TTY: 888-740-5670	Local: 567-585-9888 Toll Free: 833-554-2335 TTY: 711

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Paramount Elite Prevail

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 Paramount Elite Prevail.

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 plans for 2025 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, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Paramount Care, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Paramount Elite Prevail.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Paramount Elite Prevail.
- 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 so.
 - – *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, 2025.

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

In certain situations, changes are also allowed at other times of the year. Examples include 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.

If you enrolled in a Medicare Advantage plan for January 1, 2025, 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, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. Below is a list of the State Health Insurance Assistance Programs in each state we serve:

- In Ohio, the SHIP is called **Ohio Senior Health Insurance Information Program (OSHIIP)**.
- In Michigan, the State Health Insurance Assistance Program is called **Michigan Medicare Assistance Program (MMAPI, Inc.)**.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The State Health Insurance Assistance Program (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 your State Health Insurance Assistance Program (SHIP) at the numbers below. You can learn more about your State Health Insurance Assistance Program (SHIP) by visiting their website below.

Method	Ohio Members – Ohio Senior Health Insurance Information Program (OSHIIP)
CALL	1-800-686-1578 toll-free
WRITE	Ohio Dept. of Insurance 50 W. Town St., Suite 300, Columbus, OH 43215
WEBSITE	www.insurance.ohio.gov
Method	Michigan Members – Michigan Medicare Assistance Program (MMAPI, Inc.)
CALL	1-800-803-7174 toll-free
WRITE	MMAPI, Inc. 6105 W. St. Joseph Hwy., Suite 204, Lansing, MI 48917
WEBSITE	www.mmapinc.org/

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. 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 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office.

SECTION 7 Questions?

Section 7.1 – Getting Help from Paramount Elite Prevail

Questions? We’re here to help. Please call Member Services at 567-585-9888 or toll-free 1-833-554-2335. (TTY only, call 711.) We are available for phone calls 8:00 a.m. to 8:00 p.m., Monday through Friday. From October 1 to March 31, we are available 8:00 a.m. to 8:00 p.m., 7 days per week. Calls to these numbers are free.

Read your 2025 *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 2025. For details, look in the 2025 *Evidence of Coverage* for Paramount Elite Prevail. 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 paramounthealthcare.com/medicareplans. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at paramounthealthcare.com/medicareplans. 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

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at [1-833-554-2335]. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al [1-833-554-2335]. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-554-2335。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-554-2335。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa [1-833-554-2335]. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au [1-833-554-2335]. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi [1-833-554-2335] sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter [1-833-554-2335]. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 [1-833-554-2335]번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону [1-833-554-2335]. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على [1-833-554-2335]. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें [1-833-554-2335] पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero [1-833-554-2335]. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número [1-833-554-2335]. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan [1-833-554-2335]. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer [1-833-554-2335]. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、[1-833-554-2335]にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Notice of Non-Discrimination: Discrimination is Against the Law

Paramount complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)), age, or disability.

Paramount Provides (free of charge and in a timely manner):

- Reasonable modifications and appropriate auxiliary aids and services for people with disabilities to communicate effectively with us, such as:
 - Qualified interpreters for individuals with disabilities.
 - Information in alternate formats (large print, audio, accessible electronic formats, other formats).
- Language assistance services for people whose primary language is not English, which may include:
 - Qualified oral interpreters.
 - Electronic and written translated documents.

If you need these services, please contact Member Services at 1-833-554-2335 (TTY 711). We are available from 8:00 a.m. to 8:00 p.m. EST, Monday through Friday. From October 1st through March 31st, we are available 8:00 a.m. to 8:00 p.m. EST seven (7) days per week.

If you believe that Paramount has failed to provide these services or discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator (also called our Section 1557 Coordinator). Our Civil Rights Coordinator can help you with our grievance procedure.

Contact our **Civil Rights Coordinator** at:

- **Mail:** Paramount Civil Rights Coordinator, PO Box 928, Toledo, OH 43697
- **Phone:** 1-833-554-2335 (TTY 711)
- **E-mail:** paramount.memberservices@medmutual.com
- **Fax:** 419-887-2047

You may file a grievance in-person at 650 Beaver Creek Circle, Suite 100, Maumee, OH 43537

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online:** Use the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. For more information on filing a complaint, go to <http://www.hhs.gov/ocr/office/file/index.html>.
- **Mail:** U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, D.C. 20201
- **Phone:** 1-800-368-1019, 800-537-7697 (TDD)

An electronic copy of this notice is available on our website: www.paramounthealthcare.com/medicareplans

