



BlueCross BlueShield
of Texas



2025 Medicare Advantage Plan Highlights



Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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Today's Topics

- BCBSTX Overview
- Medicare Overview
- MAPD Plan Overview
- Pharmacy Overview
- Supplemental Benefits
- Special Topics



OUR **PURPOSE**

To do everything in our power
to stand with our members
in sickness and in health®



Blue Cross and Blue Shield of Texas Overview

BCBSTX Advantages

- Same Benefits In-network and Out-of-network
- Dedicated Care Management Professionals
- Prevention and Wellness Support
- Medicare-Specialized Customer Service Team
- Rewards Program
- 24-hour Nurseline / After-Hours Clinical Line

Open Access Plan

- Blue Cross Group Medicare Advantage Open Access (PPO) offers members access to care from providers nationwide who accept Medicare and will bill the plan.
- 98% of U.S. physicians accept Medicare, according to the Centers for Medicare & Medicaid Services (CMS).
- Coverage levels for members are the same inside and outside their plan service area for covered benefits.
- Referrals are not required for specialist visits.



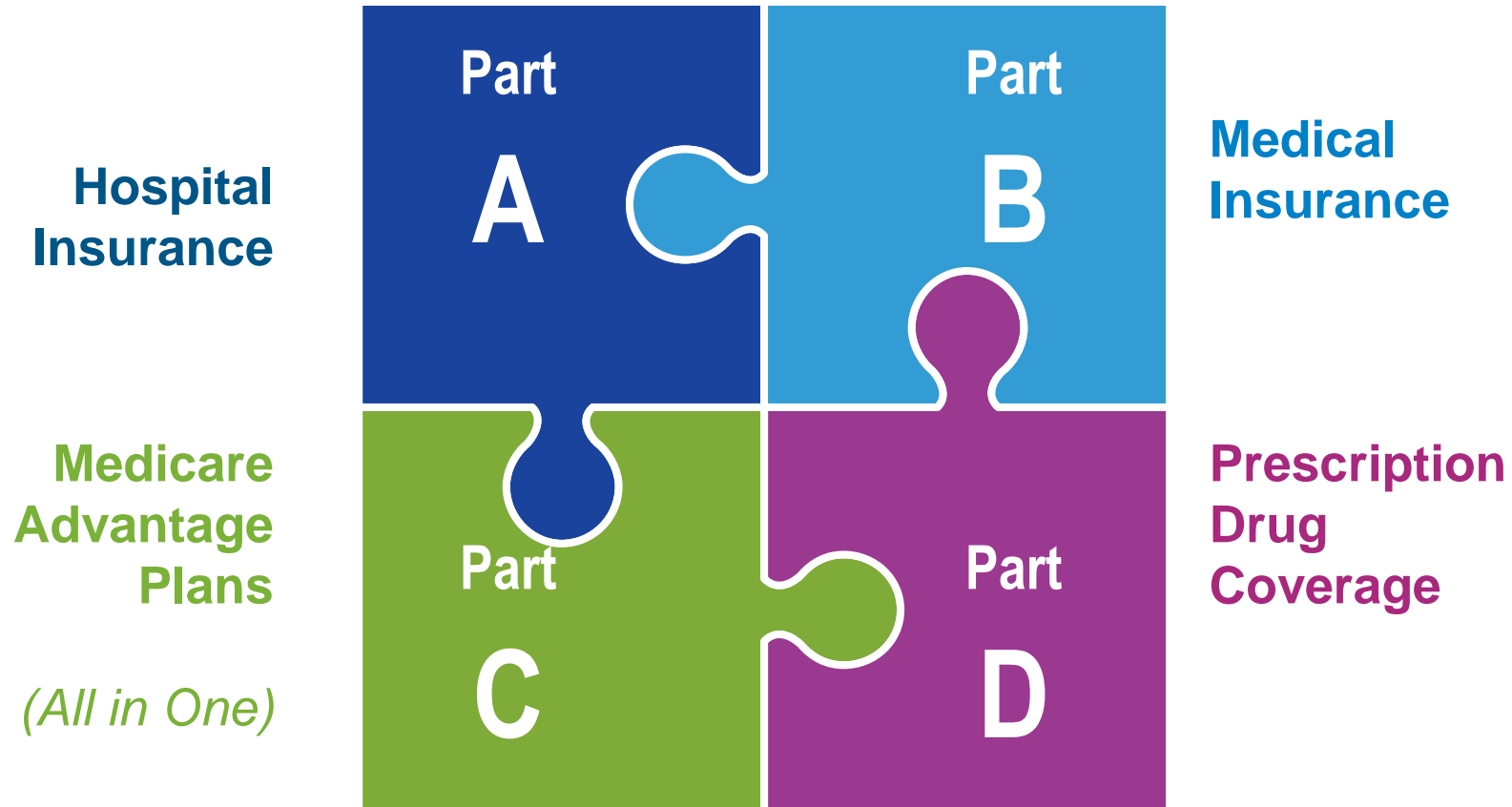
Medicare ABCD

What is a Medicare Advantage Plan?

- A Medicare Advantage Plan (Part C or MA Plan) is a private health insurance plan that provides all the benefits of Original Medicare (Parts A & B) plus some things Medicare doesn't like health and wellness benefits
- Think of MAPD as your all-in-one plan, covering all your hospital and medical services as well as prescription drugs
- You will also have access to extra health and wellness benefits such as the SilverSneakers® Fitness Program, Rewards Program, 24/7 Nurseline and Virtual Visits



Medicare Basics



Medicare Supplement Insurance
Optional Coverage helps pay for expenses beyond what is covered by Medicare



The ABCs of Medicare

PART A

Part A Hospital Insurance/ Original Medicare



HELPS COVER

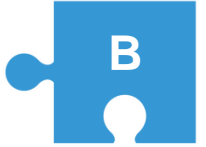
- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care

While most Americans are enrolled automatically in Medicare Part A, it alone may not cover all health care costs. Parts B, C, and D are voluntary programs that provide additional coverage.



The ABCs of Medicare

PART
B



Part B Medical Insurance/ Original Medicare

HELPS COVER


- Services from doctors and other health care providers
- Outpatient care
- Durable medical equipment (such as wheelchairs, walkers, hospital beds, and other equipment and supplies)
- Many preventive services (such as screenings, shots, and yearly wellness visits)

If you don't enroll in Part B when you are first eligible for Medicare, you may have to pay a penalty later.



Part C Medicare Advantage Plan

- Option where members can enroll in a private health plan
- Part C is an alternative to Original Medicare (Parts A+B) and may or may not cover prescription drugs



The ABCs of Medicare

PART
C



Part D Prescription Drug Coverage

HELPS COVER

- Outpatient prescription drugs, through private plans that contract with Medicare

The ABCs of Medicare

PART
D

If you don't enroll in Part D when you are first eligible for Medicare, you may have to pay a penalty later.

Plan Details

Plan Introduction

Medicare-eligible retirees and dependents will have two new medical plan options to replace the current plan options:

- **Blue Cross Group Medicare Advantage Open Access (PPO)SM** (MAPD) (MPO)
- **Blue Cross Group Medicare Advantage (HMO)SM** (MAPD) (PMA)
 - *Available anywhere in Texas*



Blue Cross Group Medicare Advantage (MAPD) Highlights

Medical Coverage Open Access PPO (MPO)	
Annual Deductible	\$0 Deductible
Out-of-Pocket Maximum	\$0 OPX
Primary Care Office Visit	\$0 copay
Specialist Care Office Visit	\$0 copay
Inpatient Hospital Services	\$0 copay
Outpatient Hospital Services	\$0 copay
Emergency Care	\$0 copay
Urgent Care	\$0 copay
Physical, Speech & Occupational Services	\$0 copay
Ambulance Services	\$0 copay
Rx Deductible	\$0 copay
Rx Drug 5 Tiers – 30-day supply	\$10/\$20/\$35 copay

Blue Cross Group Medicare Advantage (MAPD) Highlights

Medical Coverage HMO (PMA)	
Annual Deductible	\$0 Deductible
Out-of-Pocket Maximum	\$6,700 OPX
Primary Care Office Visit	\$20 copay
Specialist Care Office Visit	\$40 copay
Inpatient Hospital Services	\$250 copay
Outpatient Hospital Services	\$125 copay
Emergency Care	\$50 copay
Urgent Care	\$20 copay / \$0 copay through MDLive
Physical, Speech & Occupational Services	\$40 copay
Ambulance Services	\$50
Rx Deductible	\$0
Rx Drug 5 Tiers 30-day supply	\$10/\$20/\$40 copay

Pharmacy Overview

Prescription Drug Coverage

Prescription coverage is part of your plan and helps support your health care needs. We will help you understand:

- How to use your plan for your prescription needs
- What you need to do if you're on a drug that is not covered by your plan
- Where to go if you have a question



When you call the Enrollment Helpline at 1-877-842-7564, an advisor can review if any of the above applies to your medications.



National Pharmacy Network

Your plan gives you access to over 61,000 pharmacies.

We make it easy and affordable to get the medications you need, in your neighborhood or across the country. Our national pharmacy network includes over 61,000 retail locations.

All major national retail and grocery pharmacy chains participate in the network.



New in 2025

Because of Medicare reforms, the most you will pay in 2025 for Part D drugs is **\$2,000**.

- For 2025, the annual Part D OOP threshold will be \$2,000. After meeting this threshold amount, the member will enter the catastrophic phase. Similar to 2024, cost sharing is reduced to \$0 once a member hits catastrophic phase.
- In the years that follow, annual limits will be adjusted based on inflation. This cap does not apply to out-of-pocket spending on Part B drugs.
- Review the Summary of Benefits for your plan to understand your costs.

What is a Drug List?

A drug list, also known as a **formulary**, is a list of medications that are covered by your plan.

It also shows if a medication is subject to certain restrictions, also known as utilization management.

Utilization management (UM) includes:

- Prior Authorization Criteria (PA)
- Quantity Limits (QL)
- Step Therapy (ST)



When you call the **Enrollment Helpline at 1-877-842-7564**, an advisor can review if any of the above applies to your medications.



Part D Formulary (Drug List)

- Our Part D Formulary offers comprehensive and robust coverage for most commonly prescribed medications.
- The formulary covers both **brand name** and **generic drugs** as well as **specialty medications**.
- Generic drugs have the same active ingredient as their brand name equivalents and usually cost less than brand name drugs.
- The formulary is set up in **tiers**. A drug in a lower tier will generally cost you less in out-of-pocket expenses than a drug in a higher tier.



Prescription Drug Formulary

Drugs are placed in tiers:

- The costs for drugs in each tier are different
- Drugs on lower-number tiers cost less
- Tier 1 includes the drugs prescribed for common conditions
- The drug list will tell you which tier a drug is in, and you can find cost sharing information in your Summary of Benefits.

Tier 1
Preferred Generics

Tier 2
Non-Preferred Generics

Tier 3
Preferred Brand

Tier 4
Non-Preferred Drug

Tier 5
Specialty

Utilization Management (UM)

What do you do if Utilization Management applies to a medicine you are taking or it is not on the Drug List?

- **Talk to your doctor** to decide if you should switch to another quantity or an appropriate drug that we cover
- **Contact us** to find out if we cover another drug that is used to treat your condition, or log into **MyPrime.com** to look up the medicine on your drug list
- You or your doctor may **ask for an exception**. We will work with your doctor to help make sure you're getting the right medicine for you



Non-Medicare Covered Drugs

- Vitamins and mineral products ordered by a doctor
- For cough or cold
- For cosmetic purposes or to aid hair growth
- For care of anorexia, weight loss, or weight gain, erectile dysfunction
- Drugs not approved by the FDA



**No Medicare
pharmacy plans
cover these
medicines**

Important Notes:

Non-Medicare covered drugs are excluded from Medicare Part D coverage per CMS. Your current pharmacy plan also excludes non-FDA approved drugs, over-the-counter drugs, and drugs used for cosmetic purposes.

Submitting a Coverage Determination

You or your doctor can submit a coverage determination request if your medication requires:

- Prior Authorization
- Step Therapy
- Quantity Limit
- Formulary Exception



How does it work?

- You or your provider/physician can call the customer service number on the back of your Member ID Card: **1-877-299-1008 TTY 711**



- Your provider/physician can fill out the coverage determination request form by:
 - Calling Customer Service and returning the form by fax or mail
 - Accessing the online form at **MyPrime.com**



Specialty Pharmacy

Specialty medications are often prescribed to treat complex and/or chronic conditions. They have unique shipping or handling needs. You may be able to fill specialty prescriptions at certain retail pharmacies, if they stock the medication.

You can use one of two specialty pharmacy options:

Walgreens Specialty Pharmacy

Visit [WalgreensMailService.com](https://www.walgreensmailservice.com)

or call **1-877-627-6337** to get started

Accredo®

Visit [accredo.com](https://www.accredo.com)

or call **1-833-721-1619** to get started



Home Delivery Pharmacy

Choose convenience with our mail-order service. A 90-day supply of the medications you take regularly can be delivered directly to your home.

This service offers:

- Three ways to order refills: online, by phone or through the mail
- Up to a 90-day supply of medications at one time
- A choice to get a text, email or phone call to let you know when your order is received, and your prescriptions are mailed.



You will need to set up an account using your member ID with one of two options:

Walgreens Mail Service

Visit [WalgreensSpecialtyRx.com](https://www.walgreens.com/specialty-rx)

or call **1-877-277-7895**

Express Scripts® Pharmacy

Visit [express-scripts.com/rx](https://www.express-scripts.com/rx)

or call **1-833-599-0729**

Amazon Pharmacy

Visit [pharmacy.amazon.com](https://www.amazon.com/pharmacy)

or call **1-855-393-4279**

Pharmacy Transition Benefit

- If you are transitioning from another plan, you are eligible for a **30-day supply** at the pharmacy of non-covered or restricted drugs during the first 90 days of enrollment

- **Drugs eligible for transition benefits:**



- Part D drugs that are not on the formulary
 - Part D drugs that require utilization management (PA, QL, ST)
-
- Member and provider will receive a letter within 3 days of filling a **transition prescription** highlighting next steps:
 - Discuss formulary alternatives with your doctor
 - Submit a Prior Authorization or Formulary Exception request



Understanding Medicare Part B and Part D

B



VS

D



- Drugs that you don't administer yourself/given in provider's office
- Diabetic supplies as dictated in your Summary of Benefits
- Vaccines covered by Part B
 - Flu
 - Pneumonia
 - Hepatitis B
 - Tetanus/rabies

- Common outpatient drugs you can get at the pharmacy (High blood pressure, High cholesterol, Depression, Osteoporosis)
- Diabetic medications
- Diabetic supplies necessary to inject insulin, including syringes, needles, alcohol swabs and gauze.
- Injectable insulin NOT associated with the use of a durable insulin infusion pump
- Vaccines covered by Part D
 - Shingles
 - Hepatitis A

Searching for Providers

1. Go to www.bcbstx.com/retiree-medicare-tools
2. Scroll down to the **Find a Doctor or Hospital** section
3. Select the link under either plan name to connect directly to the network listing for that plan:
Blue Cross Group Medicare Advantage Open Access (PPO) or
Blue Cross Group Medicare Advantage (HMO)
4. The Provider Finder will open in a new tab
5. Enter your city, state or ZIP code, or select the little white arrow to use your current location.

Find a Doctor or Hospital

Search Provider Finder® to find the most up-to-date network of doctors, specialists, hospitals and other health care providers. Be sure to schedule your annual wellness visit with your primary care provider (PCP) soon after your coverage effective date. [Use this checklist](#) to guide the conversation. Your PCP can let you know if you'll need a referral to see a specialist.

Blue Cross Group Medicare Advantage (PPO)

[Find a Blue Cross and Blue Shield of Texas in-network provider or hospital in your area](#)

Blue Cross Group Medicare Advantage Open Access (PPO)

[Find a Blue Cross and Blue Shield of Texas in-network provider or hospital in your area](#)

[Find any provider who accepts Medicare assignment](#)

Blue Cross Group Medicare Advantage (HMO)

[Find a Blue Cross and Blue Shield of Texas in-network provider or hospital in your area](#)



Searching for Medicines

Visit www.myprime.com to search for medicines and pharmacies before you enroll in the plan.*

The Drug Finder will open in a new tab.

Select 'Medicines,' then:

'Find medicines,' followed by 'Continue without sign in.'

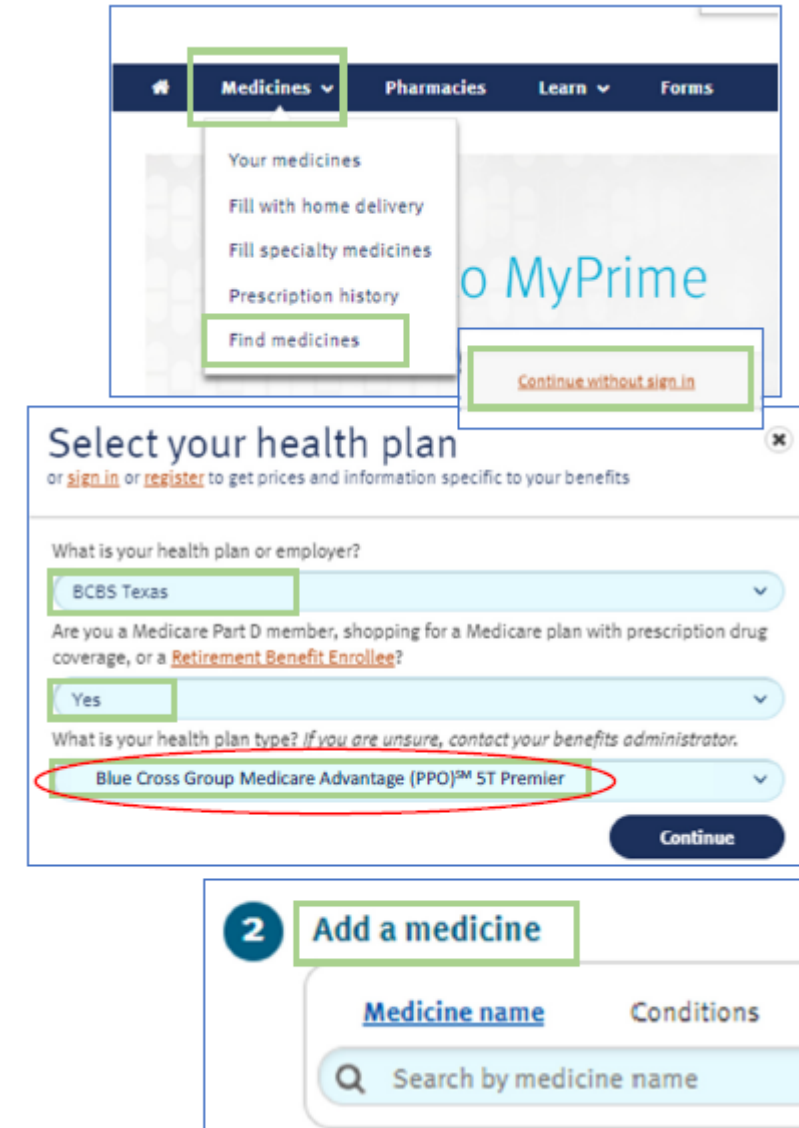
Under 'Select your Health Plan':

- Select 'BCBS Texas.'
- Answer 'Yes.'
- Scroll to the bottom of the drop-down list and select
Blue Cross Group Medicare Advantage (PPO) – 5T Premier, or
Blue Cross Group Medicare Advantage (HMO) – 5T Premier
- Click 'Continue.'

* Note: Formularies will not be available until October 1, 2024. You will not see the PPO or HMO plan as an option until then.

Type your medicine and dosage.

- Review the drug tier and requirements.
- Refer to the Summary of Benefits in your enrollment kit for your cost.



Searching for Pharmacies

Visit www.myprime.com to search for pharmacies.

Select the **Pharmacies** tab at the top navigation.

Select the **type of Pharmacy** (retail, preferred retail, mail order, etc.) and search by ZIP, city and state, or address.



Search for an in-network pharmacy

I'm searching for pharmacies. [?](#)

Located within

I want to view pricing results for

30-day supply 90-day supply

[Cancel](#)

Supplemental Benefits

Included in your plan, you will have access to extra health and wellness benefits:

- Hearing
- Vision
- Meals at Home
- Blue365[®]
- 24/7 Nurseline
- SilverSneakers[®] Fitness Program
- Non-Emergency Transportation
- Wellness Solutions
- Rewards Program
- Virtual Visits



Hearing Services

You Can Enjoy Better Hearing While You Save:

1. You can lower the cost of hearing tests, evaluations and hearing aids from TruHearing® with discounts through Blue365®. All members can enjoy Blue365 health and wellness discounts, and it is free to join.
2. Your plan has a hearing aid allowance, which allows you to cut your out-of-pocket costs even more by combining your allowance and the Blue365 discounts.



Blue365 is a discount program only for BCBSTX members. This is NOT insurance.

TruHearing®

BCBSTX partners with TruHearing® to provide additional hearing services discounts.

Exams

- A hearing exam plus three follow-up visits for fitting and adjustments
- The convenience of over 6,000 provider locations nationwide
- Hearing solutions for almost all types of hearing loss

Hearing aids

- A worry-free purchase with 45-day trial and 3-year warranty
- 48 free batteries per aid included with non-rechargeable models
- Guides to help you get used to your new hearing aids



SilverSneakers®

What is SilverSneakers?

SilverSneakers is a fitness and lifestyle benefit that gives you the opportunity to connect with your community, make friends and stay active.

What does SilverSneakers include?

- Memberships to thousands of fitness locations
- Group exercise classes designed for all abilities
- SilverSneakers On-Demand® online workout videos that feature tips on fitness and nutrition, and allow you to exercise in the privacy and safety of your own home
- SilverSneakers GO® mobile app with workout programs, location finder and more

1. Visit www.silversneakers.com/StartHere to download or print your 16- digit member ID
2. Find one of the 22,000+ partnered fitness centers through the location finder
3. Show your SilverSneakers member ID to the desk attendant at fitness location.



Rewards Program

What is the Rewards Program?

The Rewards Program gives members a healthy and easy way to earn up to \$100 worth of gift cards annually from national and local retailers. You receive a gift card of your choice for completing Healthy Actions throughout the year.

How do you get your rewards?

- Annual Wellness Visit
- Annual Flu Vaccine
- Diabetic Screenings
- Colorectal Cancer Screening
- Mammogram
- In-Home Test Kits

Visit www.BlueRewardsTX.com to register and learn more about the Rewards Program.



Virtual Visits

What are Virtual Visits?

Virtual Visits, powered by MDLIVE, allow Blue Cross Group Medicare Advantage plan members to access care for non-emergency situations by phone, mobile app or online video anytime, anywhere.

Speak to a doctor, a behavioral health specialist, or schedule an appointment at a time that works best for you.

Below are some examples of conditions that an MDLIVE doctor can treat:

- Allergies
- Anxiety
- Asthma
- Cold/flu
- Depression
- Ear Infection
- Fever
- Headache
- Insect Bites
- Nausea
- Pink Eye
- Rash
- Sinus Infection
- Stress Management
- And More



Mom's Meals

Ensure you get the nutrition you need for better health:

- 28 meals/14 days, maximum of 3 times per year.
authorization required after inpatient stay
 - ✓ Dietitian-designed meals to support the nutritional needs of most common health conditions
 - ✓ High quality, refrigerated meals arrive at your home when you need them the most
 - ✓ Meals last for 14 days in the fridge—just heat, eat and enjoy in 2 minutes or less
- Call your case manager or the number on the back of your card to make arrangements



Non-Emergency Transportation

Your plan includes 12 one-way trips to plan-approved locations per year.

Coverage applies to travel to and from:

- In-network primary care provider appointments
- Other in-network health care providers
- The pharmacy to fill a prescription after a health care provider visit

The plan does NOT cover trips to:

- Non-medical appointments
- Visit a family member or friend
- Any out-of-network provider without a prior authorization

Call the Customer Service number on the back of your member ID card at least three days before your appointment.



Care Coordination Overview

Your plan offers the ability to work with Care Coordinators* to help manage your health care needs and connect you with the right resources for overall care management.

Care Coordinators are clinicians who can help you:

- Adjust to being at home, after a hospital stay
- Set up care with your doctor and other health care team members
- Better understand your health condition(s), medications and treatments
- Navigate the health care system to improve your quality of life and save money

***Care Coordinators are available to help you, but you do not have to use them to manage your care.**

Care Coordination Overview – Member Journey

John is 70 years old and lives alone. He is scheduled for knee replacement surgery next week.

As part of the **Case Management Program**, John gets assigned a **case manager** named Cindy, who helps him coordinate the help he will need in the coming months.



Pre-Surgery Discussion

- Cindy reaches out to John before his surgery and provides **education**, **important information** about the surgery, **recovery plans**, addresses his **transportation** issues, and any other gaps in care.
- Cindy reviews John's **discharge plan** of care and shares him with education and other helpful **resources**.

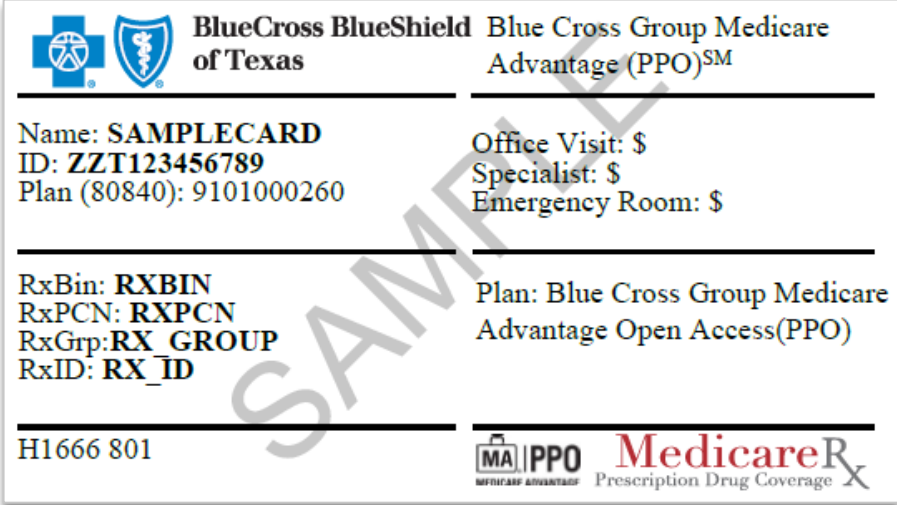


Post-Surgery Follow Up

- Cindy follows up with a phone call to John **24 - 48 hours** after he is discharged from the hospital.
- She makes sure John has his **prescriptions filled**, a prompt **follow-up visit** scheduled with his doctor and a **home safety evaluation**, to ensure John has everything he needs to begin recuperating at home.

Member ID Cards

Present your MAPD ID card at hospitals, your doctor's office and at the pharmacy.



Sample MAPD ID Card

Questions and Assistance

Prior to 12/1/2024:

Education Helpline

1-877-842-7564 / TTY 711

Education Advisors can answer questions about your Medicare plan options.



Education Helpline is open:

October 1 – March 31: Daily, 8:00 a.m. to 8:00 p.m., Local Time

April 1 – September 30: Monday through Friday, 8:00 a.m. to 8:00 p.m., Local Time.

Alternate technologies (for example, voicemail) will be used on weekends and holidays.

After 12/1/2024 members can reach the post-enrollment helpline at 1-877-299-1008/
TTY 711

Ongoing Communication

- Once you are a member, your plan becomes **your partner in health.**
- We'll send helpful health reminders for preventive actions such as immunizations and screenings throughout the year.
- We'll also send you holiday, birthday and courtesy cards as we continue to stay connected.
- If you have a special medical condition, you may receive personalized communication from our medical professionals who can help you manage your health and find resources just for you.



BCBSTX MAPD Welcome Kit

Welcome Kits will be mailed to new enrollees in mid to late December. The kit includes the following:

Welcome Guide	Information about how to use the Plan and details about benefit coverage
Star Rating	Star Ratings inform members on the Plan's performance across CMS evaluation criteria
Directory Notice	Member instructions for accessing Plan documents online that includes Provider and Pharmacy directory and an Evidence of Coverage
ND Multi Language Insert	Informs on the availability of language assistance services



Thank You!

Disclaimers

Important Plan Information

This information is not a complete description of benefits. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, a separate company providing pharmacy benefit management services for your plan.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by Blue Cross and Blue Shield of Texas (BCBSTX) to provide pharmacy benefit management services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of Texas. Accredo is a trademark of Express Scripts Strategic Development, Inc.

Amazon Pharmacy is contracted to provide pharmacy home delivery services to Blue Cross and Blue Shield of Texas.

Walgreens Specialty Pharmacy is contracted to provide specialty pharmacy services to members of Blue Cross and Blue Shield of Texas.

Walgreens Mail Service is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Texas.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Texas. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation. MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas.

MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission. The Healthy Activity Portal is a website owned and operated by HealthMine, Inc., an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide digital health and personal clinical engagement tools and services for members with coverage through BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

TruHearing® is a registered trademark of TruHearing, Inc., which is an independent company providing discounts on hearing aids.

SilverSneakers® is a wellness program owned and operated by Tivity Health, Inc., an independent company. Tivity Health and SilverSneakers® are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

Medicare Advantage plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) (HMO and PPO plans), and GHS Insurance Company (GHSIC) (HMO plans). HMO and PPO employer/ union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC, HISC and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, HISC and GHSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.

Additional Information

Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Texas does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Texas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other 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 Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Texas 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: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960.

You can file a grievance in person or by phone, mail, fax, or email. If you need help filing a grievance, a Civil Rights Coordinator 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, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.