



2016
SUMMARY OF BENEFITS
MEDICARE ADVANTAGE PLANS

Florida

Broward, Indian River, Lake, Manatee, Marion, Orange, Osceola, Palm Beach, Pasco, Polk,
Seminole, Volusia Counties

H1032

January 1, 2016 - December 31, 2016

WellCare Dividend (HMO)

Plan 179



Summary of Benefits

January 1, 2016 - December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **WellCare Dividend (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **WellCare Dividend (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy 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**.

Sections in this booklet

- Things to Know About **WellCare Dividend (HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at **1-877-374-4056**, TTY **1-877-247-6272**.

Este documento puede estar disponible en un idioma diferente al inglés. Para información adicional, llámenos al **1-877-374-4056**, TTY **1-877-247-6272**.

Things to Know About WellCare Dividend (HMO)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time.

Summary of Benefits

- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Local time.

WellCare Dividend (HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-888-888-9355**, TTY **1-877-247-6272**.
- If you are not a member of this plan, call toll-free **1-866-527-0057**, TTY **1-877-247-6272**.
- Our website: **www.wellcare.com/medicare**

Who can join?

To join **WellCare Dividend (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Florida: Broward, Indian River, Lake, Manatee, Marion, Orange, Osceola, Palm Beach, Pasco, Polk, Seminole, and Volusia.

Which doctors, hospitals, and pharmacies can I use?

WellCare Dividend (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider and pharmacy directory at our website (**www.wellcare.com/medicare**).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, **www.wellcare.com/medicare**.
- Or, call us and we will send you a copy of the formulary.

Summary of Benefits

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Summary of Benefits

January 1, 2016 - December 31, 2016

WellCare Dividend (HMO)	
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services	
How much is the monthly premium?	<p>\$0 per month. In addition, you must keep paying your Medicare Part B premium.</p> <p>WellCare will reduce your Medicare Part B premium by up to \$50.</p>
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,700 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

WellCare (HMO) is a Medicare Advantage organization with a Medicare contract. Enrollment in WellCare (HMO) depends on contract renewal.

Covered Medical and Hospital Benefits

NOTE:

- **SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION.**
- **SERVICES WITH A ² MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.**

Outpatient Care and Services

Acupuncture	Not covered
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WellCare Dividend (HMO)

Outpatient Care and Services

Ambulance¹

\$250 co-pay

Chiropractic Care^{1,2}

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):

\$20 co-pay

Routine chiropractic visit (for up to 12 every year): **\$20** co-pay

Dental Services^{1,2}

Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): **\$20** co-pay

Preventive dental services:

- Cleaning (for up to 1 every six months): **\$0** co-pay
- Dental x-ray(s) (for up to 1): **\$0** co-pay
- Oral exam (for up to 1 every six months): **\$0** co-pay

Dental X-rays are covered every 12 to 36 months.

Diabetes Supplies and Services^{1,2}

Diabetes monitoring supplies: You pay nothing

Diabetes self-management training: You pay nothing

Therapeutic shoes or inserts: **20%** of the cost

Diabetic supplies and services are limited to specific manufacturers.

Diagnostic Tests, Lab and Radiology Services, and X-Rays *(Costs for these services may be different if received in an outpatient surgery setting)^{1,2}*

Diagnostic radiology services (such as MRIs, CT scans): **20%** of the cost

Diagnostic tests and procedures: **\$0-75** co-pay, depending on the service

Lab services: You pay nothing

Outpatient x-rays: You pay nothing

Therapeutic radiology services (such as radiation treatment for cancer): **\$20** co-pay or **20%** of the cost, depending on the service

WellCare Dividend (HMO)

Outpatient Care and Services

Diagnostic Tests, Lab and Radiology Services, and X-Rays (*Costs for these services may be different if received in an outpatient surgery setting*)^{1,2}

For most in-network diagnostic procedures/tests, you pay \$30. You pay the highest cost share for cardiac stress tests. If you have been diagnosed with COPD, you pay nothing for spirometry testing. For Therapeutic Radiology, you pay: 20% in an outpatient hospital, \$20 in all other settings.

Doctor's Office Visits^{1,2}

Primary care physician visit: You pay nothing
Specialist visit: **\$20** co-pay

Durable Medical Equipment (*wheelchairs, oxygen, etc.*)¹

20% of the cost
If you go to a preferred vendor, your cost may be less. Contact us for a list of preferred vendors.

Emergency Care

\$75 co-pay
If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.

Foot Care (*podiatry services*)^{1,2}

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: **\$20** co-pay

Hearing Services^{1,2}

Exam to diagnose and treat hearing and balance issues: **\$20** co-pay
Routine hearing exam (for up to 1 every year): **\$0** co-pay
Hearing aid fitting/evaluation (for up to 1 every year): **\$0** co-pay
Hearing aid: **\$0** co-pay
Our plan pays up to **\$350** every year for hearing aids.

Home Health Care^{1,2}

You pay nothing

Mental Health Care^{1,2}

Inpatient visit:

WellCare Dividend (HMO)

Outpatient Care and Services

Mental Health Care^{1,2}

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

- **\$250** co-pay per day for days 1 through 5
- You pay nothing per day for days 6 through 90

Outpatient group therapy visit: **\$35** co-pay

Outpatient individual therapy visit: **\$35** co-pay

Benefit periods do not apply. Cost-shares apply per admission.

Outpatient Rehabilitation^{1,2}

Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):
\$20 co-pay

Occupational therapy visit: **\$20** co-pay

Physical therapy and speech and language therapy visit:
\$20 co-pay

Outpatient Substance Abuse^{1,2}

Group therapy visit: **\$40** co-pay

Individual therapy visit: **\$40** co-pay

Outpatient Surgery^{1,2}

Ambulatory surgical center: **\$150** co-pay

Outpatient hospital: **\$200** co-pay

Over-the-Counter Items

Please visit our website to see our list of covered over-the-counter items.

Our plan will pay up to \$7 every month for the purchase of covered over-the-counter items.

WellCare Dividend (HMO)

Outpatient Care and Services

Prosthetic Devices (*braces, artificial limbs, etc.*)¹

Prosthetic devices: **20%** of the cost
 Related medical supplies: **20%** of the cost

Renal Dialysis^{1,2}

20% of the cost

Transportation

Not covered

Urgently Needed Services

\$25 co-pay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the "Inpatient Hospital Care" section of this booklet for other costs.

Vision Services^{1,2}

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): **\$0-20** co-pay, depending on the service

Routine eye exam (for up to 1 every year): **\$0** co-pay

Contact lenses (for up to 1 every year): **\$0** co-pay

Eyeglasses (frames and lenses) (for up to 1 every year): **\$0** co-pay

Eyeglass frames (for up to 1 every year): **\$0** co-pay

Eyeglass lenses (for up to 1 every year): **\$0** co-pay

Eyeglasses or contact lenses after cataract surgery: **\$0** co-pay

Our plan pays up to **\$100** every year for eyewear.

You pay nothing for in-network Medicare-covered diabetes retinopathy and glaucoma screenings, and you pay the highest copay for all other in-network Medicare-covered eye exams.

Preventive Care

You pay nothing

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)

WellCare Dividend (HMO)

Outpatient Care and Services

Preventive Care

- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)
- Yearly "Wellness" visit

Any additional preventive services approved by Medicare during the contract year will be covered.

Hospice

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

Inpatient Care

Inpatient Hospital Care^{1,2}

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

- **\$250** co-pay per day for days 1 through 7
- You pay nothing per day for days 8 through 90

Benefit periods do not apply. Cost-shares apply per admission.

Inpatient Mental Health Care

For inpatient mental health care, see the "Mental Health Care" section of this booklet.

WellCare Dividend (HMO)

Inpatient Care

Skilled Nursing Facility (SNF)^{1,2}

Our plan covers up to 100 days in a SNF.

- You pay nothing per day for days 1 through 20
- **\$160** co-pay per day for days 21 through 100

Our plan covers up to 100 days each benefit period. A benefit period begins the day you go into a skilled nursing facility. The benefit period ends when you haven't received any skilled care in a SNF for 60 days in a row. There is no limit to the number of benefit periods.

Prescription Drug Benefits

How much do I pay?

For Part B drugs such as chemotherapy drugs¹: **20%** of the cost
 Other Part B drugs¹: **20%** of the cost

Initial Coverage

You pay the following until your total yearly drug costs reach **\$3,310**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0
Tier 2 (Generic)	\$5 co-pay	\$15 co-pay
Tier 3 (Preferred Brand)	\$42 co-pay	\$126 co-pay
Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost
Tier 5 (Specialty Tier)	33% of the cost	Not Offered

WellCare Dividend (HMO)

Prescription Drug Benefits

Initial Coverage

Standard Mail Order Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0
Tier 2 (Generic)	\$5 co-pay	\$15 co-pay
Tier 3 (Preferred Brand)	\$42 co-pay	\$126 co-pay
Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost
Tier 5 (Specialty Tier)	33% of the cost	Not Offered

Preferred Mail Order Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0
Tier 2 (Generic)	\$5 co-pay	\$12.50 co-pay
Tier 3 (Preferred Brand)	\$42 co-pay	\$105 co-pay
Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost
Tier 5 (Specialty Tier)	33% of the cost	Not Offered

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

WellCare Dividend (HMO)

Prescription Drug Benefits

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$3,310**.

After you enter the coverage gap, you pay **45%** of the plan's cost for covered brand name drugs and **58%** of the plan's cost for covered generic drugs until your costs total **\$4,850**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$4,850**, you pay the greater of:

- **5%** of the cost, or
- **\$2.95** co-pay for generic (including brand drugs treated as generic) and a **\$7.40** co-payment for all other drugs.

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 1-877-374-4056. 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 1-877-374-4056. 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 1-877-374-4056。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 1-877-374-4056。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-374-4056. 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 1-877-374-4056. 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 1-877-374-4056 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 1-877-374-4056. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-374-4056번으로 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 1-877-374-4056. 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 1-877-374-4056. سيقوم شخص ما بمساعدتك. هذه خدمة مجانية يتحدث العربية.

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 1-877-374-4056 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 1-877-374-4056. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

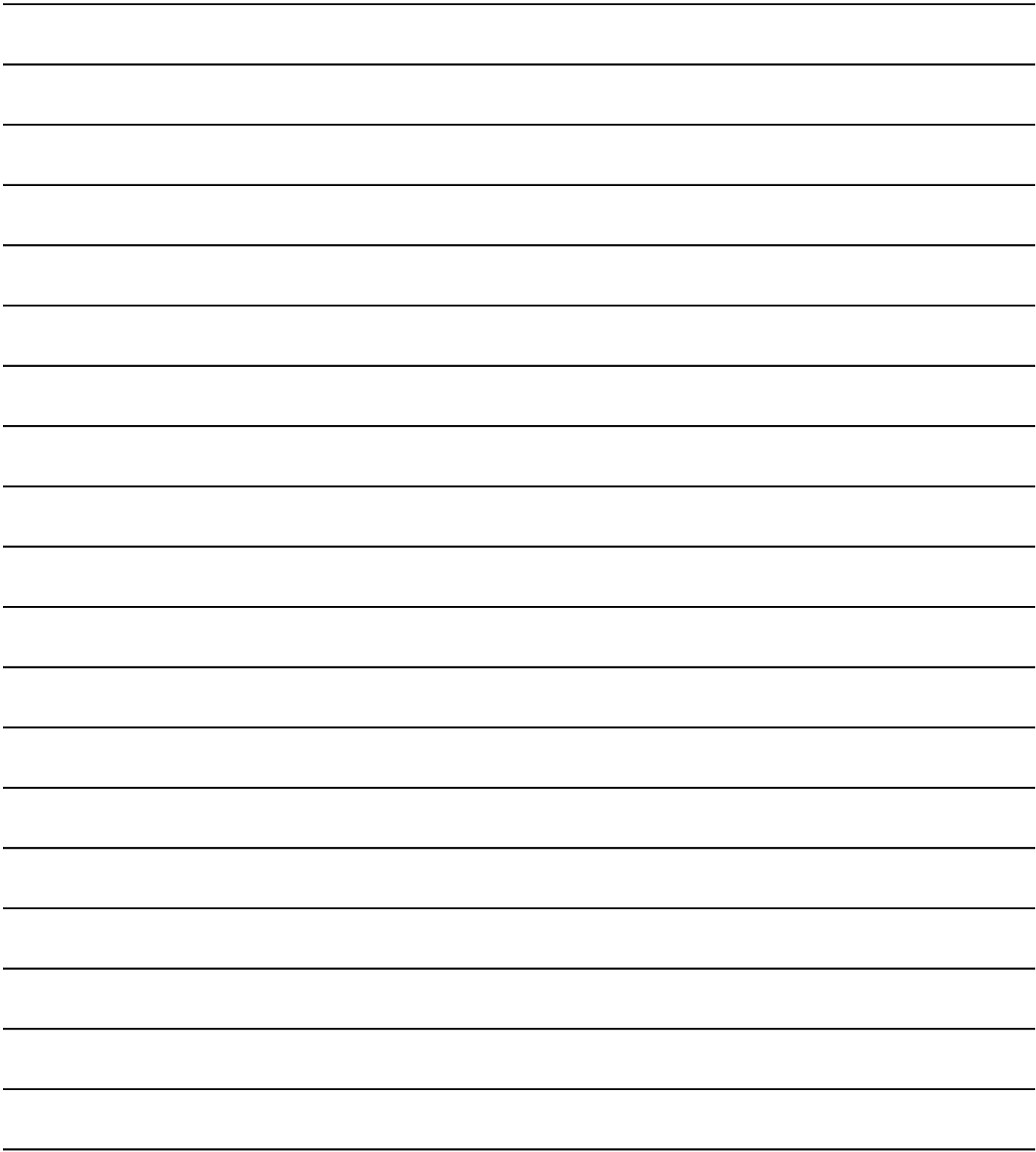
Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-374-4056. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

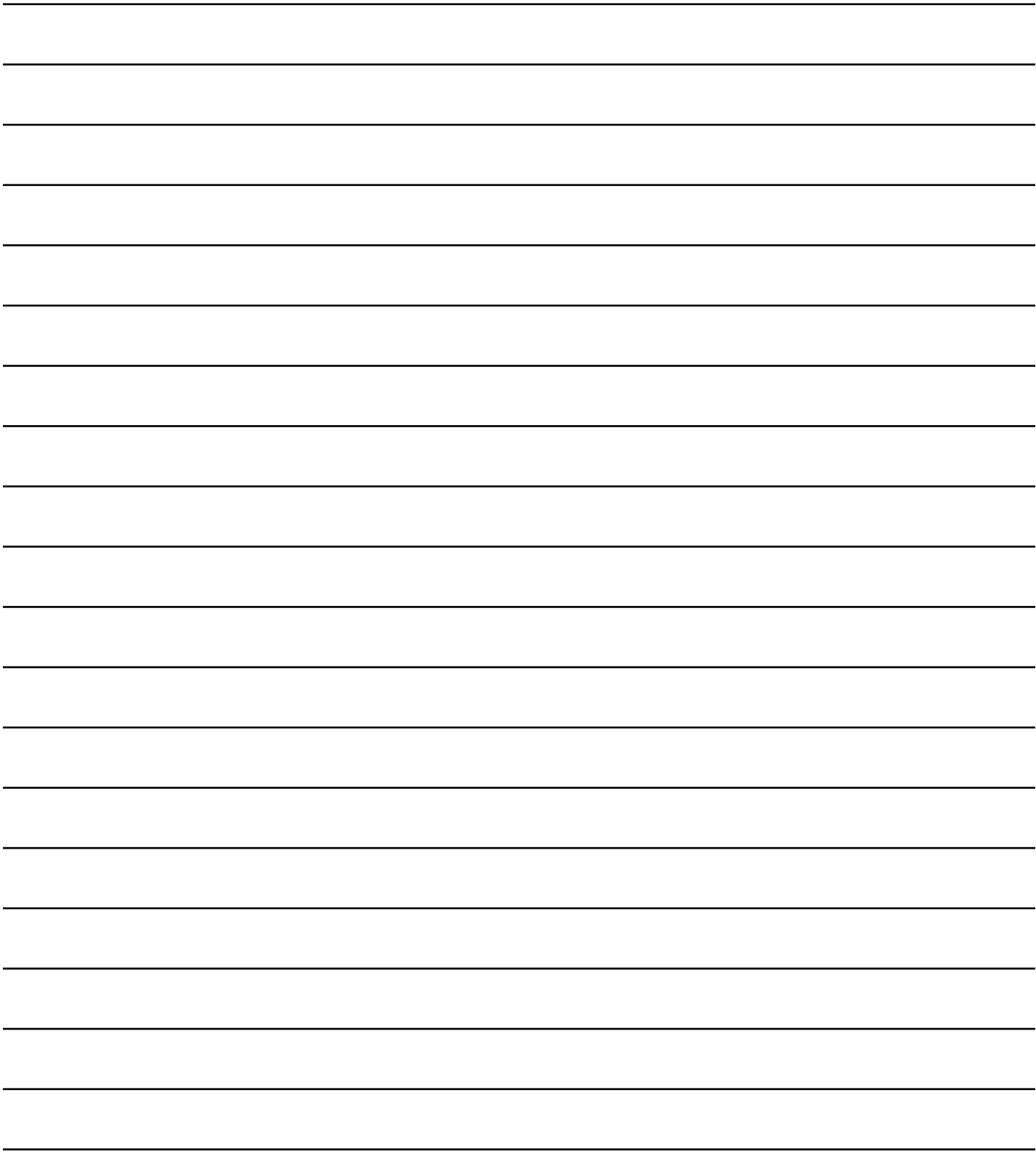
French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-374-4056. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

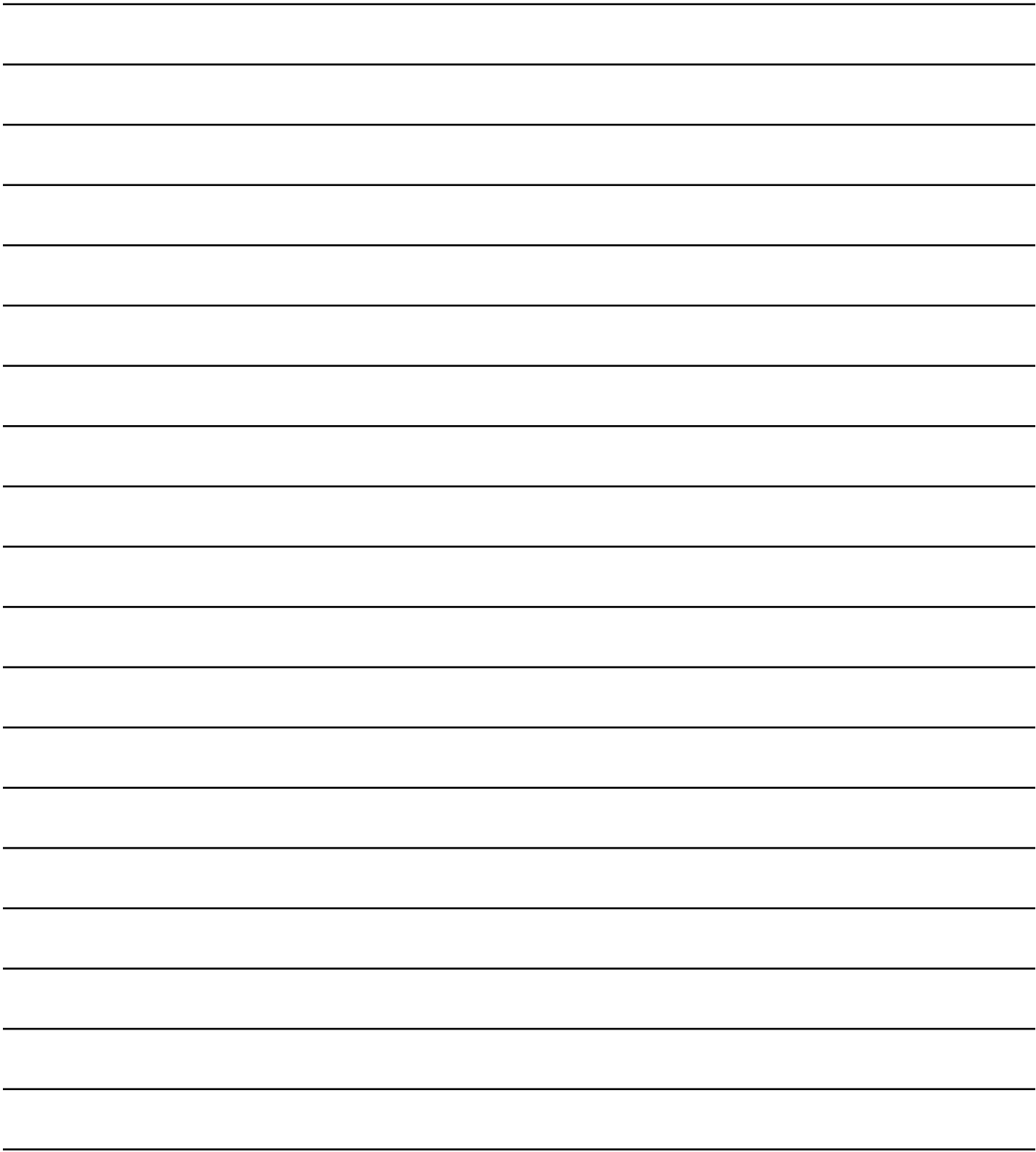
Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język

polski, należy zadzwonić pod numer 1-877-374-4056. 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、1-877-374-4056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。









www.wellcare.com/medicare

WellCare - H1032

2016 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2016, WellCare received the following Overall Star Rating from Medicare.

★★★★½
3.5 Stars

We received the following Summary Star Rating for WellCare's health/drug plan services:

Health Plan Services: ★★★★★½
3.5 Stars

Drug Plan Services: ★★★★★½
3.5 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at 866-527-0056 (toll-free) or 877-247-6272 (TTY), from October 15 to December 7. Our hours of operation for the rest of the year are Monday through Friday from 8:00 a.m. to 8:00 p.m. Local time.

Current members please call 866-637-8041 (toll-free) or 877-247-6272 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

WellCare (HMO and HMO POS) is a Medicare Advantage organization with a Medicare contract. WellCare (HMO SNP) is a Medicare Advantage organization with a Medicare contract and a contract with the Florida Medicaid program. Enrollment in WellCare (HMO, HMO POS and HMO SNP) depends on contract renewal.

This information is available for free in other languages. Please call our Customer Service number at 1-877-374-4056, Monday–Friday, 8 a.m. to 8 p.m. Between October 1 and February 14, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. TTY users should call 1-877-247-6272.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de Servicio al Cliente al 1-877-374-4056, de lunes a viernes, de 8 a.m. a 8 p.m. Entre el 1 de octubre y el 14 de febrero, los representantes están disponibles de lunes a domingo de 8 a.m. a 8 p.m. Los usuarios de TTY deben llamar al 1-877-247-6272.