

Express Scripts Medicare[®] (PDP) for New York Power Authority Guide

2021

**Medicare-eligible Salaried Retirees and their
Medicare- eligible Spouses, Dependent Children or
Surviving Spouses**

Express Scripts Medicare® (PDP) for New York Power Authority is the prescription drug plan for Salaried retirees, their covered spouses or dependent children, or surviving spouses who are eligible for Medicare and enrolled in the PPO or Choice plans.

Express Scripts Medicare for New York Power Authority combines a standard Medicare Part D prescription drug plan with additional prescription drug coverage provided by NYPA to close the gaps between the standard Part D plan and your current coverage. This prescription drug plan is similar to your current Express Scripts prescription drug plan and **offers more coverage than a standard Medicare Part D plan.**

Because you will soon reach age 65 or will otherwise be eligible for Medicare, this plan will become the NYPA prescription drug coverage available to you after your Medicare effective date.

Any covered members of your family who are not eligible for Medicare will stay in the current Express Scripts plan sponsored by NYPA.

Included in the Guide are *Frequently Asked Questions*, providing you with answers to commonly asked questions about Medicare Part D and Express Scripts Medicare. Also enclosed with this mailing is the *Benefit Overview* and a Medicare Part D Opt-In Form.

What You Need to Do

In order to be enrolled in Express Scripts Medicare for New York Power Authority, you need to:

- **Enroll in Medicare Part A and Part B as soon as possible.** You can enroll in Medicare starting three months prior to your 65th birthday. You cannot be enrolled in Medicare Part D unless you are enrolled in Medicare Part A and/or Part B.
- **Complete and sign the enclosed Medicare Part D Opt-In Form**, including the Medicare Number from your Medicare Health Insurance ID card. Each covered participant (retiree, spouse or dependent child) must complete his or her own Medicare Part D Opt-In Form when he or she becomes eligible for Medicare.
- **Return the completed Medicare Part D Opt-In Form(s) to NYPA.**

If you do not return the completed and signed Medicare Part D Opt-In Form, or you cannot be enrolled in Express Scripts Medicare for New York Power Authority, you will lose your prescription drug coverage from NYPA. You may re-enroll in the plan in the future, but you may not change your election during the year unless you experience a qualifying event and call the NYPA HR Services Hotline within 30 days of the event.

You should not enroll in another Medicare Part D plan. You may only be enrolled in one Medicare Part D plan at a time. If you enroll in another Medicare Part D plan, you will lose your NYPA prescription drug coverage and the additional prescription drug coverage NYPA provides.

Please take the time to review the *Frequently Asked Questions*. **Express Scripts Medicare Customer Service** will be able to answer any questions regarding Medicare Part D or Express Scripts Medicare, drugs covered and network pharmacies. Customer Service representatives can be reached at **(866) 211-5424**, 24 hours a day, 7 days a week. TTY users should call (800) 716-3231.

If you have any questions about eligibility, enrollment in Express Scripts Medicare, or your benefits from NYPA, please call the NYPA HR Services Hotline at (914) 287-3114, Monday-Friday, 9 a.m. to 5 p.m. Eastern time.

FREQUENTLY ASKED QUESTIONS (FAQs)

Express Scripts Medicare® (PDP) for New York Power Authority is the prescription drug plan for New York Power Authority (NYPA) for Salaried retirees, their covered spouses or dependent children, or surviving spouses who are:

- Eligible for Medicare, and
- Enrolled in the PPO or Choice plans.

These FAQs will answer many of your questions.

Q1: What is Express Scripts Medicare for New York Power Authority?

A1: Express Scripts Medicare for New York Power Authority is a group Medicare Part D prescription drug plan with additional prescription drug coverage provided by NYPA. It provides prescription drug coverage for Medicare-eligible participants in the PPO and Choice plans, including Salaried retirees, their covered spouses and/or covered dependent children, or surviving spouses.

Participants who are not eligible for Medicare will stay in the current Express Scripts plan sponsored by NYPA.

The combination of the Medicare Part D benefit and the additional prescription drug coverage from NYPA will be similar to your current coverage and will provide more coverage than a standard Medicare Part D plan.

The plan will be administered by Express Scripts, NYPA's current pharmacy benefit manager.

Q2: What does the “(PDP)” mean in “Express Scripts Medicare (PDP)”?

A2: “(PDP)” means prescription drug plan and refers to a Medicare Part D plan.

Q3: What is Medicare Part D?

A3: Medicare Part D is Medicare prescription drug coverage that helps to cover the cost of prescription drugs for anyone who is entitled to Medicare Part A and/or enrolled in Medicare Part B. It is provided through private insurance companies, health plans, or group plans.

Q4: Why does NYPA have a Medicare Part D prescription drug plan?

A4: Express Scripts Medicare is part of our continuing long-term benefit strategy to provide comprehensive benefits that are sustainable.

Q5: Who may be covered by Express Scripts Medicare for New York Power Authority?

A5: To be eligible for Express Scripts Medicare, you must:

- Be entitled to Medicare Part A and/or enrolled in Medicare Part B, and
- Be a U.S. citizen or lawfully present in the United States, and
- Live in the Express Scripts Medicare service area, which is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa, and
- Be a NYPA Salaried retiree or a covered spouse, dependent child or surviving spouse of a NYPA Salaried retiree, and
- Meet the eligibility requirements for NYPA's PPO or Choice plans.

Q6: How do I enroll in the plan?

A6: In order to be enrolled in Express Scripts Medicare for New York Power Authority, you need to:

- **Enroll in Medicare Part A and Part B as soon as possible.** You can enroll in Medicare starting three months prior to your 65th birthday. You cannot be enrolled in Medicare Part D unless you are enrolled in Medicare Part A and/or Part B.
- **Complete and sign the enclosed Medicare Part D Opt-In Form**, including the Medicare Number from your Medicare Health Insurance ID card. ***Each covered participant (retiree, spouse or dependent child) must complete his or her own Medicare Part D Opt-In Form when he or she becomes eligible for Medicare.***
- **Return the completed Medicare Part D Opt-In Form to NYPA.**

Q7: What information will NYPA need to enroll me in the plan?

A7: You will be contacted if NYPA needs any information to enroll you in the plan, such as:

- Your Medicare Claim Number from your red, white and blue Medicare Health Insurance card.
- A U.S. street address if your mailing address for NYPA is a P.O. Box. Medicare requires a street address for enrollment.



Q8: When does my coverage in Express Scripts Medicare start?

A8: Your coverage in Express Scripts Medicare will begin on your Medicare effective date.

If you are eligible for Medicare because of age, your Medicare effective date is the first of the month in which you reach age 65. For example, if June 12 is your birthday, then your Medicare effective date is June 1. If your birthday is the first of the month, your Medicare effective date is the first of the month before your birth month. For example, if May 1 is your birthday, then your Medicare effective date is April 1.

Q9: Will I get a new ID card?

A9: Yes, you will get a new Express Scripts Medicare ID card after your enrollment is processed by Medicare. This ID card will have your unique ID number.

If your spouse is covered by the plan and eligible for Medicare, he or she will also get a new Express Scripts Medicare ID card when he or she is eligible for Medicare. His or her card will have a different ID number.

It is important that you each use your own ID card when filling your prescriptions.

Q10: Why are my spouse and I both receiving information from Express Scripts Medicare?

A10: Medicare is an individual benefit. That means that every person has his or her own account with Medicare. Each person in your family will receive his or her own documents and his or her own ID card from Express Scripts Medicare when he or she becomes eligible for Medicare.

When you get your prescriptions filled, make sure to use your own ID card. Your spouse needs to use his or her own ID card to get his or her prescriptions filled.

Q11: What happens to my spouse or my child who is covered on my plan but is not eligible for Medicare?

A11: Your covered spouse and/or your covered child who is not eligible for Medicare will continue to be covered on the current Express Scripts plan. He or she may receive a new ID card and should use his or her new ID card when filling his or her prescriptions.

Q12: I am enrolled in a Medicare Part D plan through another provider. Could my enrollment in Express Scripts Medicare affect my coverage in the other plan?

A12: You can be enrolled in only one Medicare prescription drug plan at a time. If you are enrolled in another Medicare prescription drug plan or an individual Medicare Advantage plan with or without prescription drug coverage, you will be disenrolled from that plan when you are enrolled in Express Scripts Medicare for New York Power Authority.

Likewise, if you enroll in another Medicare prescription drug plan or an individual Medicare Advantage plan with or without prescription drug coverage after you have been enrolled in the Express Scripts Medicare plan, you will be disenrolled from Express Scripts Medicare for New York Power Authority.

Q13: What happens if I don't want to be enrolled in Express Scripts Medicare? Can I keep my current prescription drug coverage through NYPA?

A13: No. Express Scripts Medicare will be the prescription drug plan for participants in NYPA's PPO and Choice plans who are eligible for Medicare and are a Salaried retiree, or covered spouse, dependent or surviving spouse of a Salaried retiree. The current plan is not available for participants in the PPO or Choice plans who are eligible for Medicare.

If you do not return the completed and signed Medicare Part D Opt-In Form or you cannot be enrolled in Express Scripts Medicare for New York Power Authority, you will lose your prescription drug coverage from NYPA. You may re-enroll in the plan in the future, but you may not change your election during the year unless you experience a qualifying event and call the NYPA HR Services Hotline within 30 days of the event.

Please note: if you decide not to enroll in Express Scripts Medicare for New York Power Authority, then you must enroll in another Medicare Part D plan or other creditable prescription drug coverage (coverage that meets Medicare's minimum standards) or you may have to pay a late enrollment penalty when you enroll in the future.

Q14: What do I have to pay when I get my prescription filled?

A14: This prescription drug plan combines NYPA's prescription drug benefits with Medicare Part D and is designed to mirror your current prescription drug benefit. In most cases, you will pay the same copayment that you currently pay for prescription drugs.

Q15: How does my prescription drug benefit work with Medicare Part D?

A15: In the *Benefit Overview* included in this packet and the materials you will receive from Express Scripts Medicare; you will see information that shows the different stages or benefit levels for a standard Medicare Part D plan.

You don't have to worry about the different stages. The additional prescription drug coverage provided by NYPA covers the gaps between a standard Medicare Part D plan and your current coverage. In most cases, you will have the same copayment that you have in your current Express Scripts plan.

Once you reach Medicare's out-of-pocket maximum of \$6,550, you pay the lower of your current NYPA copayment or Medicare's Catastrophic Coverage coinsurance or copayment.

Q16: How does a Medicare Part D plan work?

A16: The standard Medicare Part D plan has four stages or benefit levels. The table below shows how these stages work in 2021 for a standard Medicare Part D plan and for your Express Scripts Medicare plan.

Stage	Standard Medicare Part D Plan <u>without</u> your additional prescription drug coverage provided by NYPA	Express Scripts Medicare <u>with</u> your additional prescription drug coverage provided by NYPA <u>This is what you pay</u>
Deductible	\$ 445	\$ 0
Initial Coverage	After meeting the individual deductible, a person pays 25% of the drug cost until he or she reaches \$4,130 in total drug costs.	Since you have no deductible, you start in this stage and pay your NYPA copayment.
Coverage Gap	Formerly called the “donut hole.” Since 2020, a person pays the same 25% of the drug cost as in the Initial Coverage stage. During the Coverage Gap stage, brand drugs are discounted by the manufacturer. The amount of this discount counts toward the person’s Medicare Part D out-of-pocket maximum.	You continue to pay only your NYPA copayment. After you reach the NYPA annual individual medical and prescription drug out-of-pocket maximum of \$3,000 for the PPO Plan, or \$2,500 for the Choice Plan, you pay nothing for the rest of the calendar year.
Catastrophic Coverage	After a person reaches \$6,550 in Medicare Part D out-of-pocket costs, he or she pays the greater of : <ul style="list-style-type: none"> • 5% of the drug cost, or • \$3.70 for generic drugs • \$9.20 for brand-name drugs 	After you reach \$6,550 in Medicare Part D out-of-pocket costs, you pay the lower of : <ul style="list-style-type: none"> • Your NYPA copayment <i>or</i> • The Medicare Catastrophic Coverage cost-share, the <u>greater of</u> <ul style="list-style-type: none"> ○ 5% of the drug cost, or ○ \$3.70 for generic drugs ○ \$9.20 for brand-name drugs <p>After you reach the NYPA annual individual medical and prescription drug out-of-pocket maximum of \$3,000 for the PPO Plan, or \$2,500 for the Choice Plan, you pay nothing for the rest of the calendar year.</p>

Q17: How will Medicare's out-of-pocket maximum apply to me? I will reach the NYPA annual individual medical and prescription drug out-of-pocket maximum of \$3,000 or \$2,500 before I will reach Medicare's out-of-pocket maximum of \$6,550.

A17: Yes, in many cases that may be true. But Medicare's annual out-of-pocket cost includes more than just the amount you have paid during the calendar year. It also includes the 70% manufacturer discount for any brand name drugs on the Express Scripts Medicare formulary that you receive during the Coverage Gap stage, as well as any payments made by others, such as Medicare's Extra Help program.

Q18: What does the additional prescription drug coverage provided by NYPA cover?

A18: The additional prescription drug coverage provided by NYPA fills the gap between a standard Medicare Part D plan and your current coverage, such as:

- Pays the difference in cost between your current copayment and what a standard Medicare Part D plan would pay. You have NO deductible.
- Covers drugs not on Express Scripts Medicare's standard drug list or formulary.
- Covers certain drugs that are not covered by Medicare Part D.

Q19: Which pharmacies can I use?

A19: You will still be able to go to most of the same Express Scripts network pharmacies that are available under your current plan, as well as the mail order home delivery service through Express Scripts Pharmacy®.

You must use an Express Scripts Medicare network pharmacy to fill your prescriptions unless it is an emergency or special circumstance, such as illness when traveling in an area with no network pharmacy.

Q20: What happens if I use a pharmacy that is not part of Express Scripts Medicare's pharmacy network?

A20: You may be covered when you get your prescriptions filled at an out-of-network pharmacy – a pharmacy that is not a part of the Express Scripts Medicare pharmacy network. For prescriptions filled at out-of-network pharmacies, you will pay the same copayment that you pay for prescriptions filled at in-network retail pharmacies.

If you go to an out-of-network pharmacy and try to use your Express Scripts Medicare ID card to fill a prescription, the pharmacy may not be able to submit the claim directly to Express Scripts Medicare. When that happens, you will have to pay the full cost of your prescription. You will need to send Express Scripts Medicare your request for reimbursement, along with your receipt showing the payment you have made.

For information on how to submit a claim, please:

- Review the information under “Paper Claim Submission” in the *Quick Reference Guide* included with the Welcome Kit that you will receive after your enrollment is processed by Medicare,
- Contact Express Scripts Medicare Customer Service at the numbers on the back of this document, or
- Visit **www.express-scripts.com** to download a copy of the “Direct Claim Form.”
- Be sure to fill in all the information on the form, especially Section 4, “Out-of-Network Purchase.”

Q21: May I get my prescriptions filled at a Veterans Affairs (VA) pharmacy?

A21: No. VA pharmacies cannot be included in Medicare Part D plan networks. The federal government does not allow you to receive benefits from more than one government program at the same time.

If you are eligible for VA benefits, you may still use VA pharmacies under your VA benefits. However, the cost of those medications and what you pay out-of-pocket will not count toward your Medicare out-of-pocket costs or Medicare total drug costs. Each time you get a prescription filled; you can compare your NYPA benefit through Express Scripts Medicare to your VA benefit to determine the best option for you.

Q22: What is a formulary?

A22: For Express Scripts Medicare, the formulary is the list of drugs covered by the Medicare Part D portion of your benefit. It includes both brand name and generic drugs selected by the plan with the help of doctors and pharmacists.

The additional prescription drug coverage provided by NYPA will cover any drugs that are covered on your current plan but are not included in the standard Express Scripts Medicare formulary.

Q23: What if my drug is not in the formulary?

A23: Through the additional prescription drug coverage provided by NYPA, you are covered for certain drugs that are not on the standard Express Scripts Medicare formulary but are currently covered by NYPA.

You will receive a *Formulary* booklet in your Welcome Kit. If your drug is not listed in the *Formulary*, call Express Scripts Medicare Customer Service at (866) 211-5424 to find out if your drug is covered. TTY users should call (800) 716-3231.

Q24: What should I do if I get a letter saying that a drug I am taking is not covered by Express Scripts Medicare or has certain limits?

A24: Call Express Scripts Medicare Customer Service to find out if your drug is covered through the additional prescription drug coverage provided by NYPA or if there are any limitations, such as prior authorization, quantity limits or step therapy.

If your drug is not on the standard Express Scripts Medicare formulary or has limitations, Express Scripts Medicare is required by Medicare to send you a letter, even if your medication is covered through the additional prescription drug coverage provided by NYPA.

Q25: When do I need to get a prior authorization (PA)?

A25: Drugs that require prior authorization have a “PA” next to them in the *Formulary*. If you have any questions, please contact Express Scripts Medicare Customer Service at (866) 211-5424. TTY users should call (800) 716-3231.

Q26: What do I need to do if my drug can be covered under Part B or Part D?

A26: Certain drugs may be covered under Part B for some medical conditions and under Part D for other medical conditions. If your drug can be covered under Part B or Part D, you will need to obtain a Part B or Part D determination, a special kind of prior authorization, before the drug can be filled after your effective date.

Through the additional prescription drug coverage provided by New York Power Authority, you will still be able to get your drug when you go to the pharmacy, but the Part B or Part D determination is still required by Medicare.

Drugs that require a Part B or Part D determination have a “B/D” next to them in the *Formulary*. If you have any questions, contact Express Scripts Medicare Customer Service at (866) 211-5424 after you are enrolled in the plan. TTY users should call (800) 716-3231.

Q27: What is step therapy?

A27: In some cases, Express Scripts Medicare may require you to first try a certain drug to treat your condition before the plan will cover another drug for that condition. For example, if Drug A and Drug B treat the same medical condition and Drug A is just effective as Drug B, the plan may require you to try Drug A first. If Drug A does not work for you, the plan then will cover Drug B. This is called **step therapy**.

Drugs that require step therapy have a “ST” next to them in the *Formulary*. If you have any questions, contact Express Scripts Medicare Customer Service at (866) 211-5424 after you are enrolled in the plan. TTY users should call (800) 716-3231.

Q28: I take a maintenance medication and have refills that will continue after my effective date. What do I need to do?

A28: Any eligible mail-order prescriptions with refills remaining will be transferred automatically to Express Scripts Medicare. If you have filled your maintenance medications at a retail pharmacy, you just need to go to your pharmacy and show your pharmacist your new Express Scripts Medicare ID card after your effective date.

Q29: What is Medication Therapy Management?

A29: Medicare requires Medicare prescription drug plans to offer an optional free service called Medication Therapy Management (MTM). If you take multiple medications, have a chronic condition or have high drug costs, you may be invited to participate in an MTM program designed for your specific health issue. You may choose not to participate, but you should carefully consider taking advantage of this free service.

Q30: What is Extra Help?

A30: Extra Help is a Medicare program that helps individuals who have low income and resources to pay for prescription drug costs. For 2020, you may qualify if you have:

- No more than \$19,140 in income or \$14,610 in resources for an individual
- No more than \$25,860 in income or \$29,160 in resources for a married couple

Resources include such things as bank accounts, stocks and bonds. Social Security does not count your home, car, or any life insurance policy as resources. You may still qualify even if your income is over the amounts above.

Q31: How do I know if I am eligible for Extra Help from Medicare?

A31: If you are identified as a person who qualifies for Extra Help to pay for your prescription drug costs, you will receive a letter from Medicare or the Social Security Administration.

Some people automatically qualify for Extra Help; for instance, if they have full Medicaid coverage, get help from Medicaid to pay their Part B premiums, or if they receive Supplemental Security Income (SSI) benefits.

To see if you qualify for Extra Help, you can:

- Call Medicare at (800) MEDICARE [(800) 633-4227]. TTY users should call (877) 486-2048. Assistance is available 24 hours a day, 7 days a week.
- Visit <https://www.medicare.gov>.
- Call the Social Security Office at (800) 772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call (800) 325-0778.
- Visit <https://www.socialsecurity.gov/prescriptionhelp>.

Q32: How does Extra Help work with my NYPA coverage?

A32: If you qualify for Extra Help, your share of the cost will be reduced. Extra Help copayments range from \$0 to 15% coinsurance. The Low-Income Subsidy (LIS) Rider included with your Express Scripts Medicare Welcome Kit will tell you the exact amount of your copayment or coinsurance in 2021.

You will pay the **lower of**:

- Your Extra Help copayment or coinsurance; or
- Your NYPA copayment.

Q33: Do I have to pay a Part D premium to Medicare, like I pay a Part B premium?

A33: No, you will not have to pay a base Medicare Part D premium to Medicare, like you do for Part B. However, if you have high income, you may have to pay an income-based premium for Medicare Part D directly to Social Security or Medicare.

Q34: Will my income affect what I have to pay for my Medicare coverage?

A34: Similar to Medicare Part B, some people may have to pay an extra amount for Medicare Part D. If your modified adjusted gross income (MAGI) reported on your federal tax return is above a certain amount, Medicare requires that you pay an extra amount for your Medicare coverage. It is called an Income-Related Monthly Adjustment Amount or IRMAA. For Medicare Part D, it is referred to as “Part D-IRMAA.”

For 2020, if your MAGI from 2018 is over \$87,000 for an individual or \$174,000 for a married couple filing jointly, you must pay this Part D-IRMAA. The additional amount ranges from \$12.20 to \$76.40 per person per month in 2020. Your MAGI from 2019 will determine whether you have to pay the Part D-IRMAA in 2021.

You will be notified by Social Security if you have to pay this additional amount. It is deducted from your Social Security payment. If you do not receive Social Security or your Social Security payment is not enough to cover the additional premium, Medicare will send you a bill. The additional amount is not paid to NYPA or to Express Scripts Medicare.

It is important that you make the payment, if required. If not, Medicare will notify Express Scripts Medicare that it must stop your prescription drug coverage and you will be disenrolled from the plan. If you are disenrolled from the plan, you will lose your prescription drug coverage from NYPA.

Q35: What is the Late Enrollment Penalty?

A35: The Late Enrollment Penalty (LEP) is the amount that Medicare requires a person to pay if he/she:

- Did not enroll in a Medicare prescription drug plan when first eligible for Medicare or after January 1, 2007, whichever is later
- Did not have creditable prescription drug coverage – coverage at least as good as Medicare’s standard plan
- Had a break in Medicare Part D or other creditable prescription drug coverage for 63 or more consecutive days.

Q36: I have been covered on NYPA’s medical/prescription drug plan since I retired. Do I have to worry about the late enrollment penalty?

A36: Every year since Medicare Part D was launched in 2006, you have been sent a Creditable Coverage notice from NYPA if your NYPA prescription drug coverage is a creditable prescription drug plan, meaning it has met or exceeded the Medicare Part D coverage standard. If you received a creditable coverage notice for every year you have been covered by an NYPA plan since you retired, then you don’t have to worry about a late enrollment penalty.

However, if you had a break in coverage and were not enrolled in your NYPA plan for 63 or more consecutive days, you may have a late enrollment penalty.

You will be notified if Medicare’s records show that you have a break in creditable prescription drug coverage.

Q37: What happens if I am contacted by Express Scripts Medicare about a late enrollment penalty?

A37: If Express Scripts Medicare contacts you, they may need information about your past prescription drug coverage to send to Medicare. Please make sure you provide the information requested in the notice. You may also ask that any decision about your late enrollment penalty be reconsidered.

Q38: What information will I receive and when?

A38: After your enrollment has been processed by Medicare, you will receive a Welcome Kit from Express Scripts Medicare which will include important information about your plan, such as:

- **ID card** – your new ID card with your unique ID number. Do not use this card until your effective date.
- **Formulary** – list of drugs covered by the standard Express Scripts Medicare plan.
- **Evidence of Coverage** – this booklet provides details on your rights and the

rules you must follow when using the Medicare Part D portion of your prescription drug coverage.

- **Low Income Subsidy (LIS) Rider** – if you are eligible for Extra Help from Medicare, this document will tell you what your copayment will be for drugs covered by Medicare Part D.

Your coverage goes into effect on your effective date. You will receive a Monthly Prescription Drug Summary, also called an Explanation of Benefits, during the month following any month that you get prescription drugs through the plan. For instance, in June 2021, you will receive a Monthly Prescription Drug Summary listing any drugs you received in May 2021.

Q39: Who do I call if I have questions?

A39: If you have any additional questions or need more information, contact:

- NYPA HR Services Hotline
(914) 287-3114
Monday-Friday, 9 a.m. to 5 p.m. Eastern time
- Express Scripts Medicare Customer Service
(866) 211-5424
TTY: (800) 716-3231
24 hours a day, 7 days a week