Changes to 2023 Annual Notice of Change,
Evidence of Coverage, and Summary of Benefits

This is important information on changes in PrimeTime Health Plan coverage.

This notice is to notify of upcoming changes in coverage due to recent legislation. Below is information describing the changes. Please keep this information for reference. A copy of this notice is available with the Annual Notice of Change (ANOC), Summary of Benefits (SOB), and Evidence of Coverage (EOC) on our website at www.pthp.com.

Part B Rebatable Drugs

Currently you pay 20% coinsurance for chemotherapy drugs, biologicals and other drugs covered by Medicare Part B. **As of April 1st**, if a drug is listed as a Part B Rebatable Drug on the most recent quarterly report published by the Centers for Medicare & Medicaid Services (CMS), then you may pay less than 20% coinsurance. A Part B Rebatable Drug is a drug identified by CMS whose price is increasing faster than inflation. The actual coinsurance percentage will vary based on the cost of your drug, but will NOT be more than 20% coinsurance. This means beginning April 1st, you may pay less than 20% coinsurance for certain Part B covered drugs specified by Medicare. You do not need to take any action; we will automatically adjust the amount owed, and the coinsurance may change each quarter.

Insulin for use with an Insulin Pump

Currently you pay 20% coinsurance for insulin used with an insulin pump and covered under Medicare Part B (medical coverage). **As of July 1st,** you will pay no more than $35 for a one month supply of insulin. This means if you receive insulin pump insulin from a Part B medication provider (see examples below), you will pay no more than $35 for a one-month supply.

Example Part B medication providers who may supply insulin for a pump:

Davies Drugs	Davies Pharmacy
Valleyview Pharmacy	Brewster Family Pharmacy
Discount Drug Mart	CCS
Edgepark	Medicine Center
Mediwise Pharmacy	Script Shop

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions please call us at 330-363-7407 or 1-800-577-5084 (TTY users should call 711). Our Call Center is open Monday through Friday, from 8:00 a.m. to 8:00 p.m. From October 1 through March 31, the Call Center is open seven days a week, from 8:00 a.m. to 8:00 p.m.

PrimeTime Health Plan Basic - MA Only (HMO-POS) offered by AultCare Health Insuring Corporation (DBA PrimeTime Health Plan)

Annual Notice of Changes for 2023

You are currently enrolled as a member of PrimeTime Health Plan Basic - MA Only (HMO-POS). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 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 www.pthp.com. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Customer Service 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 www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.

☐ 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, 2022, you will stay in PrimeTime Health Plan Basic - MA Only (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, 2023.** This will end your enrollment with PrimeTime Health Plan Basic - MA Only (HMO-POS).
- If you recently moved into, currently live in, or just moved out of 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.

Additional Resources

- Please contact our Customer Service number at (330) 363-7407 or 1-800-577-5084 for additional information. (TTY users should call 711.) Hours are Monday through Friday 8:00 a.m. to 8:00 p.m. From October 1st – March 31st, the Call Center is open 7 days a week from 8:00 a.m. to 8:00 p.m.
- This information is available in alternative formats such as large print, audio CD, or other formats. Please call Customer Service if you need plan information in another format or language.
- **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 PrimeTime Health Plan Basic - MA Only (HMO-POS)

- PrimeTime Health Plan is an HMO-POS plan with a Medicare contract. Enrollment in PrimeTime Health Plan depends on contract renewal.
- When this document says "we," "us," or "our," it means AultCare Health Insuring Corporation (DBA PrimeTime Health Plan). When it says "plan" or "our plan," it means PrimeTime Health Plan Basic - MA Only (HMO-POS).

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for PrimeTime Health Plan Basic - MA Only (HMO-POS) in several important areas. **Please note this is only a summary of costs**.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium (See Section 1.1 for details.)	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$3,400	$3,400
Doctor office visits	Primary care visits: $0 per visit Specialist visits: $40 per visit	Primary care visits: $0 per visit Specialist visits: $40 per visit
Inpatient hospital stays	$275 copay per day for days 1-6 for each Medicare-covered admission. No copayment for additional days per stay.	$275 copay per day for days 1-6 for each Medicare-covered admission. No copayment for additional days per stay.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0
Part B premium reduction You will receive your reduction in one of two ways: If you pay your Part B premium through Social Security, the Part B Giveback will be credited monthly to your Social Security check. If you don't pay your Part B premium through Social Security, you'll pay a reduced monthly amount directly to Medicare.	Not available	$25 reduction

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	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	$3,400	$3,400 Once you have paid $3,400 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

An updated *Provider Directory* is located on our website at www.pthp.com. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service 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	2022 (this year)	2023 (next year)
Dental services	PrimeTime Health Plan will reimburse you for non-Medicare covered services up to a maximum of $300 annually combined with non-Medicare covered vision care. Orthodontia is not covered.	PrimeTime Health Plan will reimburse you for non-Medicare covered dental services up to a maximum of $200 annually. Orthdontia is covered as part of the $200 annual allowance.
Emergency care	You pay an $85 copay for each Medicare-covered emergency room visit.	You pay a $110 copay for each Medicare-covered emergency room visit.
Inpatient services in a psychiatric hospital	You pay a $175 copay per day for days 1-10 of each Medicare-covered admission.	You pay a $275 copay per day for days 1-6 of each Medicare-covered admission.

Cost	2022 (this year)	2023 (next year)
Meal Benefit	You pay a $0 copay for covered meals. After an inpatient hospital stay, home delivery for 5 days, up to 10 meals, provided the meals are ordered by your doctor. The doctor's order must be made within 30 days of discharge from a network inpatient hospital. This benefit is only available in our service area with the plan's contracted provider.	You pay a $0 copay for covered meals. After an inpatient or observation hospital stay, home delivery for 5 days, up to 10 meals, provided the meals are ordered by your doctor. The doctor's order must be made within 30 days of discharge from a network inpatient hospital. This benefit is only available in our service area with the plan's contracted provider.
Papa Pals, Inc.	Benefit not available in 2022.	You pay a $0 copay for up to 40 hours per year of help with Instrumental Activities of Daily Living provided by Papa Pals. Examples of Papa's services include but are not limited to assisting members with transportation to include grocery shopping, medication pick up, and doctor's appointments, technical guidance, care gap reminders, light house help, light exercise and activity.
Urgently needed services	You pay a $65 copay for each Medicare-covered urgent care visit in the United States. You pay an $85 copay for each Medicare-covered urgent care visit outside of the United States.	You pay a $60 copay for each Medicare-covered urgent care visit in the United States. You pay a $110 copay for each Medicare-covered urgent care visit outside of the United States.
Vision care	PrimeTime Health Plan will reimburse you for non-Medicare covered vision services (routine eye exams, glasses, or contacts) up to a maximum of $300 annually combined with non-Medicare covered dental services.	You pay a $0 copay for one routine eye exam annually. PrimeTime Health Plan will reimburse you for glasses or contacts up to a maximum of $200 annually.

SECTION 2 Administrative Changes

In 2023 some of our services will be updated. The information below briefly describes these changes.

Description	2022 (this year)	2023 (next year)
Automated Payment Line	The automated payment line was introduced mid-year 2022.	330-286-6067 The Automated Payment Line will walk you through a series of steps to make a payment on your account.
Telehealth On Demand Service	Teladoc	AultmanNow Telehealth Visit www.aultmannow.com or download the AultmanNow smart phone app.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in PrimeTime Health Plan Basic - MA Only (HMO-POS)

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 PrimeTime Health Plan Basic - MA Only (HMO-POS).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2023 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 2023* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

As a reminder, AultCare Health Insuring Corporation (DBA PrimeTime Health Plan) 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 PrimeTime Health Plan Basic - MA Only (HMO-POS).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from PrimeTime Health Plan Basic - MA Only (HMO-POS).
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do 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, 2023.

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, 2023, 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, 2023.

If you recently moved into, currently live in, or just moved out of 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.

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. In Ohio, the SHIP is called Ohio Senior Health Insurance Information Program (OSHIIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. OSHIIP 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 OSHIIP at 1-800-686-1578. You can learn more about OSHIIP by visiting their website (www.insurance.ohio.gov).

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 coverage gap or 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 (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Ohio HIV Drug Assistance Program (OHDAP). **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Contact:

Ohio AIDS Drug Assistance Program (OHDAP)
HIV Client Services
Ohio Department of Health
246 N. High Street

Columbus, OH 43215

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-777-4775.

SECTION 7 Questions?

Section 7.1 – Getting Help from PrimeTime Health Plan Basic - MA Only (HMO-POS)

Questions? We're here to help. Please call Customer Service at (330) 363-7407 or 1-800-577-5084. (TTY only, call 711.) We are available for phone calls Monday through Friday 8:00 a.m. to 8:00 p.m. From October 1st – March 31st, the Call Center is open 7 days a week from 8:00 a.m. to 8:00 p.m. Calls to these numbers are free.

Read your 2023 *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 2023. For details, look in the 2023 *Evidence of Coverage* for PrimeTime Health Plan Basic - MA Only (HMO-POS). 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 www.pthp.com. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.pthp.com. 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 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this 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 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 1-800-577-5084 (TTY 711). Someone who speaks English 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 1-800-577-5084 (TTY 711). 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 1-800-577-5084 (TTY 711)。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 1-800-577-5084 (TTY 711)。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 1-800-577-5084 (TTY 711). 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 1-800-577-5084 (TTY 711). 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 quí vị cần thông dịch viên xin gọi 1-800-577-5084 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-577-5084 (TTY 711). 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 1-800-577-5084 (TTY 711) 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 1-800-577-5084 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية لإلجابة عن أي أسئلة تتعلق بالصحة أو جدول ألدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى االتصال بنا على 1-800-577-5084 (TTY 711). سيقوم شخص ما بمساعدتك. هذه خدمة مجانية يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के किए हमारे पास मुफ्त द ुभाकिय सेवाएँ उपिब्ध हैं. एक द ुभाकिय प्राप्त करने के िए, बस हमें 1-800-577-5084 (TTY 711) पर फोन करें. कोई व्यक्ति जो कहन्दी बोिता 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 1-800-577-5084 (TTY 711). 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 1-800-577-5084 (TTY 711). 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 1-800-577-5084 (TTY 711). 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 1-800-577-5084 (TTY 711). 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ございます。通訳をご用命になるには、1-800-577-5084 (TTY 711) 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。

Non-discrimination Notice

PrimeTime Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PrimeTime Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. PrimeTime Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). PrimeTime Health Plan provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, or if you believe that PrimeTime Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can contact or file a grievance with the: PrimeTime Health Plan Civil Rights Coordinator, 2600 6th St. S.W. Canton, OH 44710, 330-363-7456, CivilRightsCoordinator@aultcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights staff 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.

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