

Providence Medicare Revereance (HMO-POS) offered by Providence Health Assurance

Annual Notice of Changes for 2024

You are currently enrolled as a member of Providence Medicare Revereance (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.ProvidenceHealthAssurance.com/EOC. 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 2024* 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, 2023, you will stay in Providence Medicare Revereance (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, 2024**. This will end your enrollment with Providence Medicare Reversion (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 503-574-8000 or 1-800-603-2340 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. (Pacific Time), seven days a week. This call is free.
- This information is available in multiple formats, including large print and braille.
- **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 Providence Medicare Reversion (HMO-POS)

- Providence Health Assurance is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Health Assurance depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Providence Health Assurance. When it says “plan” or “our plan,” it means Providence Medicare Reversion (HMO-POS).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Providence Medicare Relevance (HMO-POS) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$51	\$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	\$4,500 when using your in-network benefit. \$10,000 when using your Point-of-Service (POS) benefit.	\$4,500 when using your in-network benefit. \$10,000 when using your Point-of-Service (POS) benefit.
Doctor office visits	Primary care visits in-network: \$15 copayment per visit. Primary care visits when using your POS benefit: \$25 copayment per visit. Specialist visits in-network: \$30 copayment per visit. Specialist visits when using your POS benefit: \$50 copayment per visit.	Primary care visits in-network: \$15 copayment per visit. Primary care visits when using your POS benefit: \$25 copayment per visit. Specialist visits in-network: \$30 copayment per visit. Specialist visits when using your POS benefit: \$50 copayment per visit.

Cost	2023 (this year)	2024 (next year)
Inpatient hospital stays	<p>Hospital stays in-network:</p> <p>\$300 copayment each day for days 1-6 per admission and there is no coinsurance, copayment, or deductible each day for day 7 and beyond for Medicare-covered inpatient hospital care.</p> <p>Hospital stays when using your POS benefit: 30% of the total cost per admission for Medicare-covered inpatient hospital care.</p>	<p>Hospital stays in-network:</p> <p>\$300 copayment each day for days 1-6 per admission and there is no coinsurance, copayment, or deductible for day 7 and beyond for Medicare-covered inpatient hospital care.</p> <p>Hospital stays when using your POS benefit: 30% of the total cost per admission for Medicare-covered inpatient hospital care.</p>

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$51	\$0
Optional Supplemental Dental Coverage monthly premium	<u>Providence Dental Basic</u> \$32.50	<u>Providence Dental Basic</u> \$33.00
Optional Supplemental Dental Coverage monthly premium	<u>Providence Dental Enhanced</u> \$45.10	<u>Providence Dental Enhanced</u> \$45.00

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 services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<p>Maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.</p>	<p>\$4,500 In-Network</p> <p>\$10,000 Out-of-Network</p>	<p>\$4,500 In-Network</p> <p>\$10,000 Out-of-Network</p> <p>Once you have paid \$4,500 out-of-pocket for covered services from in-network providers, you will pay nothing for your covered services for the rest of the calendar year.</p> <p>Both in-network and out-of-network services count toward your out-of-pocket costs. If you see both in-network and out-of-network providers, or only out-of-network providers, your maximum out-of-pocket costs will be \$10,000 for 2024.</p> <p>There is no change for the upcoming benefit year.</p>

Section 1.3 – Changes to the Provider Network

Updated directories are located on our website at www.ProvidenceHealthAssurance.com/findaprovider. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider Directory*, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *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	2023 (this year)	2024 (next year)
<p>Acupuncture (non-Medicare-covered)</p>	<p>In-Network You pay a \$30 copayment for each routine acupuncture visit.</p> <p>Plan covers up to \$500 every year for routine chiropractic, acupuncture, and naturopathic services combined.</p>	<p>In-Network You pay a \$20 copayment for up to 18 visits per calendar year for each routine acupuncture visit.</p>
<p>Chiropractic services (non-Medicare-covered)</p>	<p>In-Network You pay a \$20 copayment for each routine chiropractic visit.</p> <p>Plan covers up to \$500 every year for routine chiropractic, acupuncture, and naturopathic services combined.</p>	<p>In-Network You pay a \$20 copayment for up to 18 visits per calendar year for each routine chiropractic visit.</p>

Cost	2023 (this year)	2024 (next year)
<p>Dental services (other; non-Medicare-covered embedded routine preventive))</p>	<p>Fluoride treatments are not covered.</p> <p>Periodontic maintenance services are not covered in lieu of standard prophylaxis services.</p> <p>Out-of-Network There is no copayment, coinsurance, or deductible for oral exams, cleanings, or dental x-rays.</p>	<p>In-Network There is no coinsurance, copayment, or deductible for up to one fluoride treatment per calendar year.</p> <p>Out-of-Network You pay 20% coinsurance for out-of-network fluoride treatment.</p> <p>In-Network There is no coinsurance, copayment or deductible for up to two periodontic maintenance services if chosen in lieu of standard prophylaxis services.</p> <p>Out-of-Network You pay 20% coinsurance for oral exams, cleanings, dental x-rays, periodontic maintenance services, in lieu of standard prophylaxis services, and fluoride treatment.</p>
<p>Medicare Part B prescription drugs</p>	<p>In-Network You pay 20% of the total cost for Medicare-covered Part B chemotherapy and radiation drugs, insulin, and other Part B drugs.</p>	<p>In-Network You pay 0-20% of the total cost for Medicare-covered Part B chemotherapy and radiation drugs and other Part B drugs.</p> <p>Insulin cost sharing is subject to a cost share cap of \$35 for one-month's supply of insulin.</p>

Cost	2023 (this year)	2024 (next year)
<p>Naturopathic services</p>	<p>In-Network You pay a \$30 copayment for each naturopathic visit.</p> <p>Plan covers up to \$500 every year for routine chiropractic, acupuncture, and naturopathic services combined.</p>	<p>In-Network You pay a \$20 copayment for up to 6 visits per calendar year for each naturopathic visit.</p>
<p>Optional Supplemental Dental – Basic</p>	<p>In-Network You pay 50% coinsurance for basic fillings.</p> <p>Sealants are not covered.</p> <p>In-and-Out-of-Network \$250 lifetime maximum for dentures.</p>	<p>In-Network You pay 30% coinsurance for basic fillings.</p> <p>There is no coinsurance, copayment, for in-network sealants. Sealants are subject to a deductible.</p> <p>Out-of-Network You pay 20% coinsurance for sealants. Sealants are subject to a deductible.</p> <p>In-and-Out-of-Network \$1,000 lifetime maximum for dentures.</p>

Cost	2023 (this year)	2024 (next year)
Optional Supplemental Dental – Enhanced	<p>In-Network You pay 50% coinsurance for basic fillings.</p> <p>Sealants are not covered.</p> <p>In-and-Out-of-Network \$250 lifetime maximum for dentures.</p>	<p>In-Network You pay 30% coinsurance for basic fillings.</p> <p>There is no coinsurance, copayment, for in-network sealants. Sealants are subject to a deductible.</p> <p>Out-of-Network You pay 20% coinsurance for sealants. Sealants are subject to a deductible.</p> <p>In-and-Out-of-Network \$1,500 lifetime maximum for dentures.</p>
Outpatient diagnostic radiology tests and services	<p>In-Network No Maximum out-of-pocket cost.</p>	<p>In-Network \$250 Maximum out-of-pocket cost per day for diagnostic radiology.</p>
Pulmonary rehabilitation services	<p>In-Network You pay a \$20 copayment for each Medicare-covered pulmonary rehabilitation service.</p>	<p>In-Network You pay a \$15 copayment for each Medicare-covered pulmonary rehabilitation service.</p>
Supervised Exercise Therapy (SET)	<p>In-Network You pay a \$30 copayment for each Medicare-covered SET service.</p>	<p>In-Network You pay a \$25 copayment for each Medicare-covered SET service.</p>
Urgently needed services	<p>In-Network and Out-of-Network You pay a \$50 copayment for each Medicare-covered urgent care visit.</p>	<p>In-Network and Out-of-Network You pay a \$25 copayment for each Medicare-covered urgent care visit.</p>

Cost	2023 (this year)	2024 (next year)
<p>Vision care (routine non-Medicare-covered)</p>	<p>In-Network You have an allowance up to \$75 per calendar year for a routine eye exam, including refraction.</p>	<p>In-Network There is no coinsurance, copayment, or deductible for a routine eye exam, including refraction, per calendar year.</p>
<p>Wig benefit</p>	<p>In-Network and Out-of-Network You pay 20% of the total cost for one synthetic wig due to hair loss from chemotherapy. You may purchase the wig from any wig supplier and submit the paid receipt to us for reimbursement.</p>	<p>In-Network and Out-of-Network There is no coinsurance, copayment, or deductible for one synthetic wig due to hair loss from chemotherapy. You may purchase the wig from any wig supplier and submit the paid receipt to us for reimbursement.</p>
<p>Worldwide emergency/urgent care</p>	<p>In-Network and Out-of-Network You pay a \$50 copayment for each urgent care visit. There is a calendar year limit of \$50,000 for all associated emergency/urgent care received outside of the United States and its territories.</p>	<p>In-Network and Out-of-Network You pay a \$25 copayment for each urgent care visit. There is no calendar year limit for all associated emergency/urgent care received outside of the United States and its territories.</p>

SECTION 2 Administrative Changes

Administrative changes may be strictly informational, with little to no impact on your benefits, or they may change how you access your care and which services and prescription drugs are available to you. The table below lists the administrative changes we are making for next year.

Description	2023 (this year)	2024 (next year)
Dental Vendor	Dominion Dental	Delta Dental of Oregon
DME Supplier URL	www.ProvidenceHealthAssurance.com/findaprovider & https://hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC001	www.ProvidenceHealthAssurance.com/findaprovider
Fitness Vendor	Silver & Fit	Optum: One Pass
InComm Catalog Vendor	Medline	Convey
Preferred Test Strips	All Accu-Chek test strips are preferred.	Accu-Chek Guide test strips are preferred.
Referrals	Referrals required to see in-network specialists.	Referrals not required to see in-network specialists.
Vendor Contact Information	Chapter 4, Section 2.1	Chapter 2, Section 1

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Providence Medicare Reversion (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 Providence Medicare Reversion (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 2024, 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 2024* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Providence Health Assurance 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 Providence Medicare Reversion (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Providence Medicare Reversion (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, 2024.

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, 2024, 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 a separate Medicare prescription drug plan) between January 1 and March 31, 2024.

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 Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA). In Washington, the SHIP is called Statewide Health Insurance Benefits Advisors (also SHIBA).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIBA 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 SHIBA in Oregon at 1-800-722-4134 (TTY 711). You can call SHIBA in Washington at 1-800-562-6900 (TTY 360-586-0241). You can learn more about SHIBA by visiting their website (www.shiba.oregon.gov or www.insurance.wa.gov/shiba).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help.

- **“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 CAREAssist in Oregon or Early Intervention Program (EIP) in Washington. **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.

To contact CAREAssist in Oregon, call 971-673-0144 or 1-800-805-2313 (TTY 711). To contact the Early Intervention Program (EIP) in Washington, call 1-877-376-9316.

SECTION 7 Questions?

Section 7.1 – Getting Help from Providence Medicare Reversion (HMO-POS)

Questions? We're here to help. Please call Customer Service at 503-574-8000 or 1-800-603-2340. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m. (Pacific Time), seven days a week. Calls to these numbers are free.

Read your 2024 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 2024. For details, look in the 2024 *Evidence of Coverage* for Providence Medicare Reversion (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.ProvidenceHealthAssurance.com/EOC. 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.ProvidenceHealthAssurance.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 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-603-2340 (TTY: 711). 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 1-800-603-2340 (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 1-800-603-2340 (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 1-800-603-2340 (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 1-800-603-2340 (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 1-800-603-2340 (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 quý vị cần thông dịch viên xin gọi 1-800-603-2340 (TTY: 711) 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 1-800-603-2340 (TTY: 711). 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 1-800-603-2340 (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 1-800-603-2340 (TTY: 711). 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 1-800-603-2340 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-603-2340 (TTY: 711) 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 1-800-603-2340 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-603-2340 (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 1-800-603-2340 (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 1-800-603-2340 (TTY: 711). Ta usługa jest bezpłatna.

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