

Providence Medicare Dual Plus (HMO D-SNP) offered by Providence Health Assurance

Annual Notice of Changes for 2024

You are currently enrolled as a member of Providence Medicare Dual Plus (HMO D-SNP). 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*.

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)
 - Review the changes to our drug coverage, including authorization requirements and costs
 - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, 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 Dual Plus (HMO D-SNP).

- 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 Dual Plus (HMO D-SNP).
- Look in section 3.2, page 13 to learn more about your choices.
- 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 Dual Plus (HMO D-SNP)

- 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 Dual Plus (HMO D-SNP).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Providence Medicare Dual Plus (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Oregon Health Plan (Medicaid), you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	\$0	\$0
Deductible	\$0 or \$226	In 2023 the deductible was \$0 or \$226. This amount may change for 2024.
Doctor office visits	Primary care visits: 0% or 20% of the total cost per visit. Specialist visits: 0% or 20% of the total cost per visit.	Primary care visits: 0% or 20% of the total cost per visit. Specialist visits: 0% or 20% of the total cost per visit.

Cost	2023 (this year)	2024 (next year)
<p>Inpatient hospital stays</p>	<p>The amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • \$1,600 deductible; • \$0 copayment for days 1-60; • \$400 copayment each day for days 61-90; • \$0 copayment each day for days 91 and beyond. 	<p>These are 2023 cost-sharing amounts and may change for 2024.</p> <p>Providence Medicare Dual Plus (HMO D-SNP) will provide updated rates as soon as they are released.</p> <p>In 2023, the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,600 deductible; • \$0 copayment for days 1-60; • \$400 copayment each day for days 61-90; • \$0 copayment each day for days 91 and beyond.
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • For generic drugs, you pay either a \$0, \$1.45 or \$4.15 copayment per prescription. 	<p>Deductible: \$0</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • For generic drugs, you pay nothing.

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> For all other drugs, you pay either a \$0, \$4.30 or \$10.35 copayment per prescription. <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing. 	<ul style="list-style-type: none"> For all other drugs, you pay nothing. <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)</p>	<p>\$8,300</p> <p>If you are eligible for Medicare cost-sharing assistance under Oregon Health Plan (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$8,850</p> <p>If you are eligible for Medicare cost-sharing assistance under Oregon Health Plan (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</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)
<p>Monthly premium</p> <p>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Oregon Health Plan (Medicaid).)</p>	\$0	<p>\$0</p> <p>There is no change for the upcoming benefit year.</p>

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>Because our members also get assistance from Oregon Health Plan (Medicaid), very few members ever reach this out-of-pocket maximum.</p> <p>If you are eligible for Oregon Health Plan (Medicaid) assistance with Part A and Part B copays and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	\$8,300	<p>\$8,850</p> <p>Once you have paid \$8,850 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.</p>

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.ProvidenceHealthAssurance.com/findaprovider. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a *Provider and Pharmacy 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 and Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Provider and Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) and pharmacies 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

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

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)
Dental services (embedded routine preventive)	You receive a pre-loaded dental debit card with a maximum allowance of \$250 each calendar year. You may use this card to pay for any dental services from any dental clinic you like. Unused funds expire after 11:59 p.m. on December 31 of each year and do not carry over to the next year.	You receive a pre-loaded dental debit card with a maximum combined allowance of \$1,700 each calendar year, for preventive and comprehensive coverage. You may use this card to pay for any dental services from any dental clinic you like. Unused funds expire after 11:59 p.m. on December 31 of each year and do not carry over to the next year.

Cost	2023 (this year)	2024 (next year)
<p>Dental services (other; non-Medicare-covered)</p>	<p>You receive a pre-loaded dental debit card with a maximum allowance of \$250 each calendar year. You may use this card to pay for any dental services from any dental clinic you like. Unused funds expire after 11:59 p.m. on December 31 of each year and do not carry over to the next year.</p>	<p>You receive a pre-loaded dental debit card with a maximum combined allowance of \$1,700 each calendar year, for preventive and comprehensive coverage. You may use this card to pay for any dental services from any dental clinic you like. Unused funds expire after 11:59 p.m. on December 31 of each year and do not carry over to the next year.</p>
<p>Medicare Part B prescription drugs</p>	<p>You pay 20% of the total cost for Medicare-covered Part B chemotherapy and radiation drugs, insulin, and other Part B drugs.</p>	<p>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>
<p>Transportation services</p>	<p>There is no coinsurance for 36 one-way trips (max 25 miles each) per CY for Non-Emergency Medical transportation.</p>	<p>There is no coinsurance for 36 one-way trips (max 25 miles each) per CY for Non-Medical Transportation. Non-Emergency Medical transportation services are not covered.</p>
<p>Healthy Foods and Over-The-Counter (OTC) Items</p>	<p>You receive a pre-loaded debit card with an allowance of \$195 every three months, which you may use to purchase approved over-the-counter items.</p>	<p>You receive a pre-loaded debit card with an allowance of \$400 every three months, which you may use to purchase approved over-the-counter and healthy food items.</p>

Cost	2023 (this year)	2024 (next year)
	Over-the-counter items can only be purchased from participating retailers and the Medline catalog via phone, web, or mail.	Over-the-counter and healthy food items must be provided and arranged through authorized vendor or approved retailers.
Post Discharge Meals	14 days (28 meals)	28 days (56 meals)
Vision care (routine non-Medicare-covered)	<p>You have an allowance up to \$75 per calendar year for a routine eye exam, including refraction.</p> <p>You have an allowance of up to \$210 per calendar year for a combination of routine prescription contacts, routine prescription lenses, routine vision frames, and/or upgrades, such as tinting.</p>	<p>There is no coinsurance, copayment, or deductible for a routine eye exam, including refraction, per calendar year.</p> <p>You have an allowance of up to \$250 per calendar year for a combination of routine prescription contacts, routine prescription lenses, routine vision frames, and/or upgrades, such as tinting.</p>
Wig benefit	<p>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>	Wig benefit is not covered.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List”, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Changes to Prescription Drug Costs

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage		
During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.	Your cost for a one-month supply filled at a network pharmacy:	Your cost for a one-month supply filled at a network pharmacy:
Most adult Part D vaccines are covered at no cost to you.	For generic drugs, you pay either a \$0, \$1.45 or \$4.15 copayment per prescription.	For generic drugs, you pay nothing.
	For all other drugs, you pay either a \$0, \$4.30 or \$10.35 copayment per prescription.	For all other drugs, you pay nothing.

Stage	2023 (this year)	2024 (next year)
	<p>Once you have paid \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Once you have paid \$8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to your VBID Part D Benefit

Medicare approved Providence Health Assurance to provide lower copayments/ coinsurance as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. For more information about VBID benefits, please contact Member Services.

Description	2023 (this year)	2024 (next year)
Part D Cost-sharing Elimination	Part D cost-sharing elimination is not offered.	Because you qualify for Part D cost-sharing elimination, you pay nothing for all covered Part D drugs.

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

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)
Fitness Vendor	Silver & Fit	Optum: One Pass
InComm Catalog Vendor	Medline	Convey
Part D Three Month Supply	Up to 90 days	Up to 100 days
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 Dual Plus (HMO D-SNP)

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 Dual Plus (HMO D-SNP).

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.

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 (see Section 5), or call Medicare (see Section 7.2).

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 Dual Plus (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Providence Medicare Dual Plus (HMO D-SNP).
- 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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 4 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.

Because you have Oregon Health Plan (Medicaid), you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

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 and Medicaid

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).

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 at 1-800-722-4134 (TTY 711). You can learn more about SHIBA by visiting their website (www.shiba.oregon.gov).

For questions about your Oregon Health Plan (Medicaid) benefits, contact Oregon Health Plan (Medicaid) at 1-800-273-0557, Monday – Friday, 8 a.m. to 5 p.m. TTY users should call 711. Ask how joining another plan or returning to Original Medicare affects how you get your Oregon Health Plan (Medicaid) coverage.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** Because you have Oregon Health Plan (Medicaid), you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, 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).

SECTION 7 Questions?

Section 7.1 – Getting Help from Providence Medicare Dual Plus (HMO D-SNP)

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 Dual Plus (HMO D-SNP). 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 and Pharmacy Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

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.

Section 7.3 – Getting Help from Oregon Health Plan (Medicaid)

To get information from Oregon Health Plan (Medicaid), you can call Oregon Health Plan (Medicaid) at 1-800-273-0557. TTY users should call 711.

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.

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、1-800-603-2340 (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。