

MyTruAdvantage Red, White and Tru (PPO) offered by Southeastern Indiana Health Organization, Inc.

Annual Notice of Changes for 2025

You are currently enrolled as a member of MyTruAdvantage Red, White and Tru (PPO). 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.MyTruAdvantage.com/information-2025. You may also call Member Services 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.**
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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 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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, 2024, you will stay in MyTruAdvantage Red, White and Tru (PPO).

- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with MyTruAdvantage Red, White and Tru (PPO).
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our Member Services number at 1-844-425-4280 for additional information. (TTY users should call 1-800-743-3333 or 711.) This call is free.

Hours are:

- October 1 – March 31:
 - 7 Days a week, 8:00 a.m. – 8:00 p.m., Local Time
 - On Thanksgiving and Christmas Day, leave a message and it will be returned within 1 business day.
- April 1 – September 30:
 - Monday – Friday, 8:00 a.m. – 8:00 p.m., Local Time
 - On weekends and holidays, leave a message and it will be returned within 1 business day.
- Please call Member Services if you would like to receive materials in alternate formats (e.g., braille or large print).
- **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 MyTruAdvantage Red, White and Tru (PPO)

- MyTruAdvantage Red, White and Tru is a PPO plan with a Medicare contract. Enrollment in MyTruAdvantage Red, White and Tru (PPO) depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Southeastern Indiana Health Organization, Inc. When it says “plan” or “our plan,” it means MyTruAdvantage Red, White and Tru (PPO).
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for MyTruAdvantage Red, White and Tru (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium	\$0 per month	\$0 per month
Maximum out-of-pocket amounts	From network providers: \$4,000	From network providers: \$4,000
This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network and out-of-network providers combined: \$4,000	From network and out-of-network providers combined: \$4,000
Doctor office visits	Primary care visits: <u>In-network:</u> \$0 copayment per visit. <u>Out-of-network:</u> \$0 copayment per visit. Specialist visits: <u>In-network:</u> \$35 copayment per visit. <u>Out-of-network:</u> \$35 copayment per visit.	Primary care visits: <u>In-network:</u> \$0 copayment per visit. <u>Out-of-network:</u> \$0 copayment per visit. Specialist visits: <u>In-network:</u> \$35 copayment per visit. <u>Out-of-network:</u> \$35 copayment per visit.
Inpatient hospital stays	<u>In-Network</u> Days 1-5: \$350 copayment per day Day 6-90: \$0 copayment per day <u>Out-of-Network</u> Days 1-5: \$350 copayment per day Day 6-90: \$0 copayment per day	<u>In-Network</u> Days 1-5: \$390 copayment per day Day 6-90: \$0 copayment per day <u>Out-of-Network</u> Days 1-5: \$390 copayment per day Day 6-90: \$0 copayment per day

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out of pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$4,000	\$4,000 Once you have paid \$4,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

Updated directories are located on our website at:

<https://www.MyTruAdvantage.com/information-2025>. You may also call Member Services 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 2025 Provider Directory <https://www.MyTruAdvantage.com/information-2025> 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 Member Services 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	2024 (this year)	2025 (next year)
Added Benefits for 2025		
Medicare Part B Premium Reduction (Giveback)	Not applicable	This plan has a \$75 Part B monthly premium rebate (or giveback). However, you must continue to pay your Medicare Part B premium.
Changes to Cost Share for 2025		
Cardiac Rehabilitation Services	<u>In Network</u> You pay a \$20 copayment for Medicare-covered cardiac rehabilitative visit.	<u>In Network</u> You pay a \$35 copayment for Medicare covered cardiac rehabilitative visit.
	<u>Out-of-Network</u> You pay 40% of the total cost for Medicare-covered cardiac rehabilitative visit.	<u>Out-of-Network</u> You pay 40% of the total cost for Medicare-covered cardiac rehabilitative visit.

Cost	2024 (this year)	2025 (next year)
Dental Services	<p><u>In Network and Out-of-Network</u> You pay 0% of the total cost for Medicare-covered dental services.</p> <p>All Delta Dental covered services for Preventive and Comprehensive have a \$0 copayment up to the annual allowance of \$2,000 for all services.</p>	<p><u>In Network and Out-of-Network</u> You pay 0% of the cost for Medicare-covered dental services.</p> <p>All Delta Dental covered services for Preventive and Comprehensive have a \$0 copayment up to the annual allowance of \$1,750 for all services.</p>
Diabetes self-management training, diabetic services and supplies	<p><u>In-Network</u> You pay 15% of the total cost of Medicare-covered therapeutic shoes or inserts</p> <p><u>Out-of-Network</u> You pay 0% of the total cost of Medicare-covered therapeutic shoes or inserts</p>	<p><u>In-Network</u> You pay 15% of the total cost of Medicare-covered therapeutic shoes or inserts</p> <p><u>Out-of-Network</u> You pay 40% of the total cost of Medicare-covered therapeutic shoes or inserts</p>
Emergency Care	<p><u>In-Network and Out-of-Network</u> You pay a \$90 copayment for Medicare-covered emergency room visits</p>	<p><u>In-Network and Out-of-Network</u> You pay a \$140 copayment for Medicare-covered emergency room visits</p>
Hearing Services	<p>You pay a \$699 or \$999 copayment for hearing aids.</p>	<p>You pay: Standard Copay \$399.00 Advanced Copay \$599.00 Premium Copay \$899.00 for hearing aids.</p>

Cost	2024 (this year)	2025 (next year)
Inpatient hospital stays	<p><u>In-Network and Out-of-Network</u> For Medicare-covered hospital stay: Days 1-5: You pay a \$350 copayment per day. Day 6-90: You pay a \$0 copayment per day</p>	<p><u>In-Network and Out-of-Network</u> For Medicare-covered hospital stay: Days 1-5: You pay a \$390 copayment per day. Day 6-90: You pay a \$0 copayment per day</p>
Inpatient services in a Psychiatric hospital	<p><u>In-Network and Out-of-Network</u> For Medicare-covered hospital stay: Days 1-5: You pay a \$350 copayment per day. Day 6-90: You pay a \$0 copayment per day</p>	<p><u>In-Network and Out-of-Network</u> For Medicare-covered hospital stay: Days 1-5: You pay a \$390 copayment per day. Day 6-90: You pay a \$0 copayment per day</p>
Outpatient diagnostic tests and therapeutic services and supplies	<p><u>In Network</u> You pay a \$15 copayment for Medicare-covered diagnostic procedures/tests.</p> <p><u>Out of Network</u> You pay a \$15 copayment for Medicare-covered diagnostic procedures/tests.</p>	<p><u>In Network</u> You pay a \$25 copayment for Medicare-covered diagnostic procedures/tests.</p> <p><u>Out of Network</u> You pay a \$25 copayment for Medicare-covered diagnostic procedures/tests.</p>
Outpatient Hospital Services	<p><u>In Network</u> You pay a \$325 copayment for Medicare-covered outpatient hospital.</p> <p><u>Out-of-Network</u> You pay a \$325 copayment for Medicare-covered outpatient hospital.</p>	<p><u>In Network</u> You pay a \$350 copayment for Medicare-covered outpatient hospital.</p> <p><u>Out-of-Network</u> You pay a \$350 copayment for Medicare-covered outpatient hospital.</p>

Cost	2024 (this year)	2025 (next year)
<p>Over-The-Counter (OTC) Benefit</p>	<p>Benefits for Over-the- Counter (OTC) <u>use</u> MyTruCard, which is a pre-paid debit card (Mastercard®) for the cost of OTC services.</p> <p>Benefits for Over-the- Counter (OTC) <u>are not</u> administered through CVS Caremark</p> <p><u>Over-the-Counter (OTC):</u> \$75 quarterly allowance</p>	<p>Benefits for Over-the- Counter (OTC) <u>no longer</u> utilize MyTruCard for the cost of OTC service and will now use your MyTruAdvantage identification card.</p> <p>Benefits for Over-the- Counter (OTC) <u>are</u> administered through CVS Caremark</p> <p><u>Over-the-Counter (OTC):</u> \$75 quarterly allowance</p>
<p>Pulmonary Rehabilitation Services</p>	<p><u>In-Network</u> You pay a \$15 copayment for Medicare-covered pulmonary rehabilitation services.</p> <p><u>Out-of-Network</u> You pay 40% of the total cost for Medicare-covered pulmonary rehabilitation service</p>	<p><u>In-Network</u> You pay a \$35 copayment for Medicare-covered pulmonary rehabilitation services.</p> <p><u>Out-of-Network</u> You pay 40% of the total cost for Medicare-covered pulmonary rehabilitation service</p>

Cost	2024 (this year)	2025 (next year)
<p>Skilled nursing facility (SNF) care</p>	<p><u>In-Network</u> For Medicare-covered stays: Days 1-20: you pay a \$0 copayment per admission. Days 21-100: you pay a \$188 copayment per day.</p> <p><u>Out-of-Network</u> For Medicare-covered stays: Days 1-58: you pay a \$175 copayment per day. Days 59-100: you pay a \$0 copayment per day.</p>	<p><u>In-Network</u> For Medicare-covered stays: Days 1-20: you pay a \$0 copayment per admission. Days 21-100: you pay a \$214 copayment per day.</p> <p><u>Out-of-Network</u> For Medicare-covered stays: Days 1-58: you pay a \$175 copayment per day. Days 59-100: you pay a \$0 copayment per day.</p>
<p>Supervised Exercise Therapy (SET)</p>	<p><u>In-Network</u> You pay a \$20 copayment for Medicare-covered SET services.</p> <p><u>Out-of-Network</u> You pay 40% of the total cost for Medicare-covered SET services</p>	<p><u>In-Network</u> You pay a \$30 copayment for Medicare-covered SET services.</p> <p><u>Out-of-Network</u> You pay 40% of the total cost for Medicare-covered SET services</p>
<p>Vision Care - MyTruCard –Vision Benefit Card</p> <p>MyTruCard is NOT a cash card. There are limitations on where and how you may use your card.</p>	<p>MyTruCard is a pre-paid debit card (Mastercard®) that can be used toward the cost of Vision services.</p> <p>Vision: \$200 allowance annually for eye exam, eyeglasses (frames / lenses) eyeglass lenses, eyeglass frames or contacts.</p> <p>MyTruCard Benefit Card Vision Benefits; can be used wherever the card is accepted.</p>	<p>MyTruCard is a pre-paid debit card (Mastercard®) that can be used toward the cost of Vision services.</p> <p>Vision: \$250 allowance annually for eye exam, eyeglasses (frames / lenses) eyeglass lenses, eyeglass frames or contacts.</p> <p>MyTruCard Benefit Card Vision Benefits; can be used wherever the card is accepted.</p>

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in MyTruAdvantage Red, White and Tru (PPO)

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 MyTruAdvantage Red, White and Tru (PPO).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 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, please see Section 1.1 regarding 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 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 6.2).

As a reminder, MyTruAdvantage Red, White and Tru (PPO) (Southeastern Indiana Health Organization, Inc.) 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 MyTruAdvantage Red, White and Tru (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from MyTruAdvantage Red, White and Tru (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll Contact Member Services 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 3 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, 2025.

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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 4 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 Indiana, the SHIP is called Indiana State Health Insurance Assistance Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Indiana State Health Insurance Assistance Program 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 Indiana State Health Insurance Assistance Program at 1-800-452-4800. You can learn more about Indiana State Health Insurance Assistance Program by visiting their website (<https://www.in.gov/ship/>).

SECTION 5 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.
- **Help from your state’s pharmaceutical assistance program.** Indiana has a program called HoosierRx that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **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 Indiana State Department of Health, HIV/STD Viral Hepatitis Division. **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 by contacting the Indiana State Department of Health, HIV/STD Viral Hepatitis Division.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-866-588-4948. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 6 Questions?

Section 6.1 – Getting Help from MyTruAdvantage Red, White and Tru (PPO)

Questions? We're here to help. Please call Member Services at 1-844-425-4280. (TTY only, call 1-800-743-3333 or 711.) We are available for phone calls. Calls to these numbers are free.

Hours are:

- October 1 – March 31:
 - 7 Days a week, 8:00 a.m. – 8:00 p.m., Local Time
 - On Thanksgiving and Christmas Day, leave a message and it will be returned within 1 business day.
- April 1 – September 30:
 - Monday – Friday, 8:00 a.m. – 8:00 p.m., Local Time
 - On weekends and holidays, leave a message and it will be returned within 1 business day.

Member Services also has free language interpreter services available for non-English speakers.

Read your 2025 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 2025. For details, look in the *2025 Evidence of Coverage* for MyTruAdvantage Red, White and Tru (PPO). 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.MyTruAdvantage.com/information-2025. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.MyTruAdvantage.com/information-2025. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 6.2 – 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 2025*

Read the *Medicare & You 2025* 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.

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

MyTruAdvantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.425.4280 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.844.425.4280 (TTY: 711)

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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 1-844-425-4280. 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 1-844-425-4280. 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 1-844-425-4280。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 1-844-425-4280。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-425-4280. 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 1-844-425-4280. 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 1-844-425-4280 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 1-844-425-4280. 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 1-844-425-4280번으로 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 1-844-425-4280. 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 1-844-424-4280. 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 1-844-425-4280 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 1-844-425-4280. 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 1-844-425-4280. 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 1-844-425-4280. 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 1-844-425-4280. 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、**1-844-425-4280**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。