ENGLISH

2021

Summary of Benefits

MediMax (HMO) | 014
Palm Beach County

HealthSun
HEALTH PLANS

HealthSun MediMax (HMO)
2021 Summary of Benefits

This booklet provides you with a summary of the medical and prescription drug benefits covered by **HealthSun MediMax (HMO) in Palm Beach County** from January 1, 2021 through December 31, 2021. This plan covers all services that Original Medicare covers and more. Please refer to the Evidence of Coverage (EOC) for a complete list and description of the services covered by the plan. You can find your plan's EOC on our website at www.HealthSun.com. If you want us to mail you a copy of the EOC or if you have any other questions about our plan benefits, please call us at **1-877-336-2069 (TTY: 1-877-206-0500)**. Our hours of operations are 8am to 8pm. From October 1st to March 31st, we open seven days a week (we are closed on Christmas and Thanksgiving days). From April 1st to September 30th, we are available Monday through Friday (we are closed on federal holidays).

Who Can Enroll?
You can join this Plan as long as you are entitled to Medicare Part A and enrolled in Medicare Part B, and you live in **Palm Beach County.**

What doctors, hospitals, and pharmacies can you use?
HealthSun has a network of doctors, hospitals, pharmacies, and other providers. You must access all plan-covered services through our network providers. If you use providers that are not in the plan's network, the plan may not pay for these services. Prior-authorization or a referral from your Primary Care Physician (PCP) may be required for you to receive medical services. You must generally use network pharmacies to fill your covered prescription drugs. To find network providers and pharmacies near you, visit our website at www.HealthSun.com or call HealthSun Member Services for more information.

Know your drug plan
You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website. Refer to the "Part D Prescription Drugs" section in this booklet for details on what you pay for covered drugs. Your cost will vary based on the amount of "Extra Help" that you get from Medicare.

If you want to know more about the coverage and costs of Original Medicare, look in your 2021 "Medicare & You" handbook. You can find it online at www.medicare.gov or request a copy 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.**

HealthSun Health Plans is an **HMO** plan with a Medicare contract and a Medicaid contract with the State of Florida Agency for Health Care Administration. Enrollment in HealthSun Health Plans depends on contract renewal.

HealthSun MediMax (HMO) – Palm Beach County	
Monthly Premium	**$27.90.** You must continue to pay your Medicare Part B premium.
Deductible	Our plan does not have a deductible for medical services.
Maximum Out-of-Pocket (does not include Part D)	**$3,450** per year for most medical services you receive from network providers. Once you reach this amount, the plan will pay for your covered Part A and Part B services for the rest of the year.
Note: services marked with [1] require prior authorization and [2] require a referral.	

Medical Services	This plan covers:
Inpatient Hospital Care[1,2]	**$0 copay per stay** • Inpatient acute care ***Unlimited additional days for Medicare-covered stay.***
Outpatient Hospital Care[1,2]	**$0 copay** • Outpatient surgery • Observation services (a referral is not required) • Other outpatient services billed by the hospital
Ambulatory Surgical Center[1,2]	**$0 copay** • Outpatient surgical services at an ambulatory surgical center
Doctor Visits: Primary Care Physician (PCP) and Specialists[1,2]	**$0 copay** • Primary care physician (PCP) • Specialist physician consultations for plan-approved services • Other Medicare-covered healthcare professional services
Preventive Care[1,2]	**$0 copay for all Medicare-covered preventive services:** • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening • Cardiovascular disease risk visit • Cardiovascular disease testing • Cervical/vaginal cancer screening • Colorectal cancer screenings (or screening barium enema) • Depression screening • Diabetes screenings • Diabetes self-management training • EKG following Welcome visit • Glaucoma screening • Health and wellness education • HIV screening • Lung cancer screening • Medical nutrition therapy • Medicare diabetes prevention • Obesity screening and counseling • Prostate cancer screenings (PSA) and Digital rectal exam • STI screening and counseling • Smoking/tobacco counseling • Vaccines/shots/other immunizations • "Welcome to Medicare" visit
Emergency Care and Urgently Needed Services	**$0 copay** • Emergency care services in the U.S. • Urgently needed services in the U.S. • Worldwide emergency care, worldwide urgent care, and worldwide emergency transportation ***$100,000 maximum benefit coverage for worldwide emergency care, worldwide urgent care, and worldwide emergency transportation.***

Medical Services	This plan covers:
Outpatient Diagnostic Services [1,2] Laboratory[1,2] and Imaging[1]	**$0 copay** • Laboratory services and outpatient blood services • Diagnostic tests and procedures (electrocardiogram, cardiac evaluation, respiratory function test, allergy test, psychological test, etc.) • X-Rays and Diagnostic radiological services (MRI, CT scan, etc.) • Therapeutic radiological services (radiation therapy for cancer)
Hearing Services[1,2]	**$0 copay** • Medicare-covered basic hearing and balance exams • One (1) routine hearing exam every year • One (1) fitting and evaluation for hearing aids every year • Hearing aids (all types) ***$1,500 benefit amount for hearing aids every two years (both ears combined).***
Dental Services	**$0 copay** **Preventive dental services:** • Two (2) Oral exams every year • Two (2) Cleanings every year • Two (2) Fluoride treatments every year • Two (2) Bitewing dental x-rays every year • One (1) Full-mouth x-rays every three (3) years **Comprehensive dental services (non-routine):** • Two (2) Crowns every year • Two (2) Root Canals every year • Four (4) Restorative services (up to four (4) teeth) every year • Four (4) Extractions every year • One (1) Scaling/Root Planing per each quadrant every year • One (1) Full mouth debridement every 24 consecutive months • One (1) Total Superior Prosthesis Dentures every three (3) years • One (1) Total Inferior Prosthesis Dentures every three (3) years • One (1) Partial Dentures every three (3) years • Oral/maxillofacial surgery and other dental services ***$4,000 benefit amount for all dental services every year.***
Vision Services	**$0 copay** • Medicare-covered vision care • One (1) routine eye exam every year • Eyewear: contact lenses, eyeglasses (frames and lenses), eyeglass lenses, and eyeglass frames ***$400 benefit amount for all eyewear combined every year.***

Medical Services	This plan covers:
Mental Health Care[1,2]	**$0 copay** • Outpatient mental health specialty services for individual and group sessions **$0 copay** • Outpatient psychiatric services for individual and group sessions **$0 copay** • Partial hospitalization **$0 copay per stay** • Inpatient psychiatric services Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.
Skilled Nursing Facility (SNF)[1,2]	**$0 copay** • Our plan covers up to 100 days for each benefit period ***No prior hospital stay is required.***
Physical Therapy[1,2]	**$0 copay** • Physical therapy • Speech-language pathology therapy services • Occupational therapy
Ambulance[1]	**$0 copay** • Ground ambulance services • Air ambulance services
Transportation[1,2]	**$0 copay** • Unlimited to plan-approved locations • Mode of transportation includes: van, bus, taxi, or rideshare services
Medicare Part B Drugs[1]	**$0 copay** • Medicare Part B Chemotherapy/Radiation Drugs and other Medicare Part B Drugs **administered at a medical center.** 20% of the cost • Medicare Part B Chemotherapy/Radiation Drugs and other Medicare Part B Drugs *administered at a physician's office, a pharmacy, or at a hospital as an outpatient service.* Some Medicare Part B Drugs are eligible for Step Therapy. A process that requires trying another drug before the drug initially prescribed.

<table>
<tr><th>Part D Benefits</th><th>This plan covers:</th></tr>
<tr><td>Deductible Stage</td><td>$435 is this plan's Deductible.

During this stage, you pay the full cost of your covered drugs

You stay in this stage until your total drug costs paid by you reach the deductible.

If you receive "Extra Help" from Medicare, your deductible may reduce depending on your category level of "Extra Help".</td></tr>
<tr><td>Initial Coverage Stage</td><td>$4,130 is this plan's Initial Coverage Limit (ICL).

During this stage, you pay a cost-share of your covered drugs.

You stay in this stage until your total drug costs paid by both you and the plan reach the Initial Coverage Limit (ICL).

If you receive "Extra Help" from Medicare, you pay whichever is less, either your cost-share under the Plan or your Low-Income Subsidy (LIS) cost-share depending on your category level of "Extra Help".

Standard Retail Pharmacy and Mail-Order Pharmacy cost-sharing
<table>
<tr><th>Drug Tier</th><th>One-month Supply (30 days)</th><th>Long-term Supply (60 or 90 days)</th></tr>
<tr><td>Tier 1 (Preferred Generic)</td><td>25%</td><td>25%</td></tr>
<tr><td>Tier 2 (Generic)</td><td>25%</td><td>25%</td></tr>
<tr><td>Tier 3 (Preferred Brand)</td><td>25%</td><td>n/a</td></tr>
<tr><td>Tier 4 (Non-Preferred Brand)</td><td>25%</td><td>n/a</td></tr>
<tr><td>Tier 5 (Specialty Tier)</td><td>25%</td><td>n/a</td></tr>
<tr><td>Tier 6 (Supplemental)</td><td>$0</td><td>n/a</td></tr>
</table>
Long Term Care (LTC) Pharmacy cost-sharing
<table>
<tr><th>Drug Tier</th><th>One-month Supply (34 days)</th><th>Long-term Supply (60 or 90 days)</th></tr>
<tr><td>Tier 1 (Preferred Generic)</td><td>25%</td><td>n/a</td></tr>
<tr><td>Tier 2 (Generic)</td><td>25%</td><td>n/a</td></tr>
<tr><td>Tier 3 (Preferred Brand)</td><td>25%</td><td>n/a</td></tr>
<tr><td>Tier 4 (Non-Preferred Brand)</td><td>25%</td><td>n/a</td></tr>
<tr><td>Tier 5 (Specialty Tier)</td><td>25%</td><td>n/a</td></tr>
<tr><td>Tier 6 (Supplemental)</td><td>$0</td><td>n/a</td></tr>
</table>
</td></tr>
</table>

Part D Benefits	This plan covers:
Coverage Gap Stage	**$6,550 is this plan's Out-of-pocket limit (TrOOP).** During this stage, you pay **25%** of the negotiated price for brand name drugs and you pay no more than **25%** of the cost for generic drugs. **You stay in this stage until** your total drug costs paid by you **reach the True Out-of-Pocket Limit (TrOOP).** ***If you receive "Extra Help" from Medicare,*** you will continue to pay your Low-Income Subsidy (LIS) cost-sharing for your covered drugs.
Catastrophic Coverage Stage	You enter this stage after you have reached the True Out-of-Pocket Limit. During this stage, you **pay the greater of** either: • **$3.70** for generic drugs or preferred multi-source drugs and **$9.20** for brand-name drugs; **or** • **5% of the cost** (whichever is greater). **Our plan pays the rest of the cost.** **You stay in this stage until the end of the calendar year.** ***If you receive "Extra Help" from Medicare,*** *your costs for covered drugs will depend on the category level of "Extra Help" you receive.*
Note: You pay $0 for Part D excluded drugs in Tier 6 (supplemental brand and generic drugs) during all four stages.	

Generally, the drugs provided through mail order are those you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order services are marked as "mail-order" drugs in our Drug List.

We cover Part D drugs filled at an out-of-network pharmacy during each stage only when you are not able to use a network pharmacy under plan-approved circumstances. If approved, your share of the cost is what you pay for the drug at an in-network standard pharmacy. In these situations, please check first if there is a network pharmacy nearby.

Additional Benefits	This plan covers:
Acupuncture[1,2]	**$0 copay** • 12 treatments every year
Alternative Medicine: Therapeutic Massage[1,2]	**$0 copay** • 24 therapeutic massage visits every year
Chiropractic Care	**$0 copay** • 12 routine care visits every year • Medicare-covered chiropractic services
Foot Care (Podiatry Services)[1,2]	**$0 copay** • One (1) routine care visit every three (3) months • Medicare-covered podiatry services
Kidney Disease Services[1,2]	**$0 copay** • Dialysis treatment • Self-dialysis training • Kidney disease education services
Medical Equipment (DME) and Supplies[1]	**$0 copay** • Durable Medical Equipment including Hyaluronic Acids • Prosthetic devices and other medical supplies • Diabetic therapeutic shoes or inserts and Diabetic supplies • Continuous Glucose Monitors (CGMs). Freestyle Libre are this plan's preferred Continuous Glucose Monitors (CGMs). Glucometers, Blood Test Strips, and lancets are limited to the following manufacturers: Precision, TrueMatrix, TrueTest, Contour, Ascensia, Freestyle.
Outpatient Rehabilitation Services[1,2]	**$0 copay** • Cardiac and Intensive cardiac rehabilitation • Pulmonary rehabilitation • Supervised exercise therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) services • Physical, speech-language pathology, and occupational therapy • Outpatient substance abuse services • Opioid treatment for individual and group therapy

Additional Benefits	This plan covers:
Fitness benefit SilverSneakers®	**$0 copay** • Membership access to all basic amenities at participating locations • Support from certified instructors • Access to group classes for desired fitness level • Health and nutritional tips • Exercise videos through the SilverSneakers® website
Healthy Meals: post-discharge[1,2]	**$0 copay** • Three (3) nutritious, precooked frozen meals delivered each day at no cost for two (2) weeks (up to 42 meals) after an overnight stay in the hospital or nursing facility, or following surgery with an inpatient hospital stay.
Healthy Meals: Special Supplemental Benefit for Chronically-ill[1,2]	**$0 copay** • Up to 15 meals per month for a total of 180 meals per calendar year • Meals may be delivered or provided at participating locations Meal program provided for individuals due to a chronic illness/condition. A nutritional assessment performed by licensed or certified staff is required. Participation in a Care Management Program is required. **Method of meal delivery is subject to prior authorization.**
Home Health Agency Care[1,2]	**$0 copay** • Medicare-covered home health services
Nursing Hotline	**$0 copay** • Speak directly to a registered nurse to answer health-related questions • 24/7 access through our Member Services toll-free phone number
Nutritional/Dietary Benefit and Health Education	**$0 copay** • Unlimited nutritional counseling individual or group setting by a nutrition professional as deemed medically necessary • Other health education services about a specific disease or condition
Over-the-Counter (OTC) items	**$0 copay** • Plan-approved Over-the-Counter (OTC) medications • Other products listed in the plan-approved OTC Formulary ***$76 maximum benefit amount for OTC items every month.***
Personal Home Care for Readmission Prevention[1,2]	**$0 copay** • Within 10 days following inpatient discharge to a home setting, you are eligible for an in-home assessment conducted by a qualified health practitioner to evaluate the home for risk of injury, reconcile your medications, and identify additional support requirements for Activities of Daily Living or Instrumental Activities of Daily Living. **Upon approval, you are eligible for up to 16 hours of home-based support and caregiver respite assistance.** Support hours must be used in two-hour increments (up to four hours per day). Maximum of two admissions per year.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-336-2069 (TTY users call 1-877-206-0500). Our hours of operations from April 1st through September 30th are Monday through Friday from 8am to 8pm (we are closed on Federal Holidays). During October 1st until March 31st we are open seven days a week from 8am to 8pm (we are closed on Thanksgiving Day and Christmas Day).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.HealthSun.com or call 1-877-336-2069 (TTY users call 1-877-206-0500) to view a copy of the EOC.

- ☐ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

- ☐ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.

- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory.

How to Find Important Plan Information

Provider and Pharmacy Directory • Part D Formulary (List of Covered Drugs) • OTC Formulary • Evidence of Coverage (EOC)

Please visit our website www.HealthSun.com to locate the plan's *Provider and Pharmacy Directory*, *Part D Formulary (list of covered drugs)*, *OTC Formulary,* and your plan's *Evidence of Coverage*. You can download a copy of the *Provider and Pharmacy Directory* or you can use the online searchable directory on our website to find network providers and network pharmacies near you.

Your plan information for **2021** is **available on our website from October 1, 2020 until December 31, 2021.**

Please call our Member Services Department at 1-877-336-2069 (TTY: 1-877-206-0500) if you would like any one of the documents mentioned in this notice mailed to you or sent electronically. You can also e-mail MemberServicesInbox@healthsun.com.

Our hours of operations from **April 1st through September 30th** are Monday through Friday from 8am to 8pm (we are closed on Federal Holidays). During **October 1st until March 31st** we are open seven days a week from 8am to 8pm (we are closed on Thanksgiving Day and Christmas Day).

HealthSun Health Plans is a HMO plan with a Medicare contract and a Medicaid contract with the State of Florida Agency for Health Care Administration. Enrollment in HealthSun Health Plan depends on contract renewal. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Notice of Non-Discrimination

HealthSun Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HealthSun does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

1) HealthSun provides free aids and services to people with disabilities to communicate effectively with us, such as:
   - Qualified sign language interpreters.
   - Written information in other formats (large print, audio, accessible electronic formats, other formats)
2) HealthSun provides free language services to people whose primary language is not English, such as:
   - Qualified interpreters
   - Information written in other languages

If you need these services, contact our Member Services Department at 877-336-2069. TTY 877-206-0500. If you believe that HealthSun 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 file a grievance with:

Grievance Department
3250 Mary Street, Suite 400,
Coconut Grove, FL 33133,
T. 877-336-2069 (TTY: 877-206-0500)
F. 305-234-9275
E-mail: HScivilrights@healthsun.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services is available to help you. You can also file a civil rights complaint electronically with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the 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, DC 20201, 800-368-1019, (TDD: 800-537-7697). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Discriminación Es Contra La Ley

HealthSun Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. HealthSun no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

1) HealthSun proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
   - Intérpretes de lenguaje de señas capacitados.
   - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
2) HealthSun proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
   - intérpretes capacitados
   - información escrita en otros idiomas.

Si necesita recibir estos servicios, llame a nuestro departamento de Servicios para Afiliados o al teléfono 877-336-2069. TTY 877-206-0500. Si considera que HealthSun no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo al siguiente:

Departamento de Quejas
3250 Mary Street, Suite 400,
Coconut Grove, FL 33133,
T. 877-336-2069 (TTY: 877-206-0500) F. 305-234-9275
E-mail: HScivilrights@healthsun.com

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, el departamento de Servicios al Miembro está a su disposición para brindársela. También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios de EE. UU. de manera electrónica a través del Complaint Portal, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o bien, por correo postal a la siguiente dirección o por teléfono: U.S. Department of Health and Room 509F, HHH Building Washington, DC 20201 800-368-1019, (TDD: 800-537-7697. Puede obtener los formularios de reclamo en el sitio web http://www.hhs.gov/ocr/office/file/index.html.

Multi-language Interpreter Services / Servicios de Intérprete Multilingüe

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-336-2069 (TTY: 1-877-206-0500).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-336-2069 **(TTY:** 1-877-206-0500**).**

Kreyòl Ayisyen (French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-336-2069(TTY: 1-877-206-0500).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-336-2069**(TTY:** 1-877-206-0500**).**

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-336-2069 **(TTY:** 1-877-206-0500**).**

繁體中文 (Chinese) 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 1-877-336-2069（TTY: 1-877-206-0500）。

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-336-2069 **(ATS:** 1-877-206-0500**).**

Tagalog (Tagalog – Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-336-2069 (TTY: 1-877-206-0500).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-336-2069(телетайп: 1-877-206-0500).

العربية (Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 2069-336-877-1 (رقم هاتف الصم والبكم: 0500-206-877-1).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-336-2069 (TTY: 1-877-206-0500).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-336-2069 **(**TTY: 1-877-206-0500**).**

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-336-2069 (TTY: 1-877-206-0500) 번으로 전화해 주십시오.

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-336-2069 (TTY: 1-877-206-0500).

ગુજરાતી (Gujarati) સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-336-2069 (TTY: 1-877-206-0500).

ภาษาไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-336-2069 (TTY: 1-877-206-0500).

H5431_MLI8MIB Accepted

HealthSun
HEALTH PLANS

3250 Mary Street, Suite 400
Coconut Grove, FL 33133

1.877.336.2069 | 1.877.206.0500 / TTY: 711 | **HealthSun.com**