

HealthSun HealthAdvantage Plus (HMO) 2023 Summary of Benefits



January 1, 2023 through December 31, 2023

H5431, Plan 020

Palm Beach County in Florida

The benefit information provided in this Summary of Benefits does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call HealthSun Member Services at **1-877-336-2069** (TTY: **1-877-206-0500**) and request the *Evidence of Coverage* or access it online at www.HealthSun.com

Our Medicare Advantage plans cover everything Original Medicare covers – Part A and Part B services, including Part B drugs (such as chemotherapy and some drugs administered by your provider) – Medicare Part D drugs – and more.

Some of the extra benefits that we cover are described in this Summary of Benefits. For a complete list of covered drugs and any restrictions, visit our website or call us to request the *Formulary (List of Covered Drugs)*.

Who Can Enroll?

To join **HealthSun HealthAdvantage Plus (HMO)**, the following must apply to you:

- You are entitled to Medicare Part A
- You are enrolled in Medicare Part B
- You live in **Palm Beach County, FL**

Except in emergency situations, if you use providers that are not in the plan's network, we may not pay for these services. You must use our network providers for your medical services and should generally use network pharmacies to fill your prescription drugs. You can find the network providers and pharmacies on our website or call us to request the *Provider and Pharmacy Directory*.

For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

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

This document is available in other formats such as Braille, large print or audio. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-336-2069 (TTY: 711).

For more information, please call us at **1-877-336-2069** (TTY: 1-877-206-0500), or visit us at www.HealthSun.com. Our office hours are from 8am to 8pm, From October 1st to March 31st, we are open seven days a week (closed on Christmas Day and Thanksgiving Day). From April 1st to September 30th, we are available Monday through Friday (closed on federal holidays).

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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 and 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. Some of our network pharmacies have preferred cost sharing. You may pay less if you use these pharmacies. 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.

The next pages will provide more details about our plan benefits.

Services marked with a ¹ may require prior authorization from the plan.

Services marked with a ² may require a referral from your Primary Care Physician (PCP).

Summary of Medical Benefits

Monthly Premium \$0. You must keep paying your Medicare Part B premium.

Medicare Part B Reduction Our plan covers up to **\$145** of 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.

Inpatient Hospital Care^{1,2} **\$150 copay per day**

- Days 1 through 5

\$0 copay

- Days 6 through 90
- Our plan covers an unlimited number of days for inpatient acute care.

Outpatient Hospital Care^{1,2} **\$200 copay**

- Outpatient surgery and most other outpatient services billed by the hospital

\$0 copay

- Observation services (a referral is not required)

Ambulatory Surgical Center^{1,2} **\$75 copay**

- Outpatient surgical services at an ambulatory surgical center

Summary of Medical Benefits

Doctor Visits^{1,2}	\$0 copay <ul style="list-style-type: none">• Primary care physician (PCP) services• Specialist physician services at a participating medical center^{1,2} \$15 copay per visit <ul style="list-style-type: none">• Specialist physician services at all other provider locations^{1,2}
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Preventive Care^{1,2}	\$0 copay for all Medicare-covered preventive services: <ul style="list-style-type: none">• 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)• Digital rectal exam• STI screening and counseling• Smoking/tobacco counseling• Vaccines/shots/other immunizations• “Welcome to Medicare” visit
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Summary of Medical Benefits

Emergency Care and Urgently Needed Services **\$120 copay**

- Emergency care services in the U.S.

\$25 copay

- Urgently needed services in the U.S.

\$120 copay

- Worldwide emergency care, worldwide urgent care, and worldwide emergency transportation. \$100,000 maximum plan benefit coverage.

The copayment will be waived if you are admitted to the hospital for inpatient care within 24 hours.

Outpatient Diagnostic Services^{1,2} Laboratory^{1,2} and Imaging¹ **\$0 copay**

- Laboratory services^{1,2}

\$0 copay at a doctor's office or free-standing diagnostic or ambulatory center / \$200 copay at a hospital facility as an outpatient service.

- Diagnostic tests and procedures (electrocardiogram, cardiac evaluation, respiratory function test, allergy test, psychological test, etc.)^{1,2}
- X-Rays and Diagnostic radiological services (MRI, CT scan, etc.)¹

\$0 copay at a doctor's office or free-standing diagnostic or ambulatory center / \$60 copay at a hospital facility as an outpatient service.

- Therapeutic radiological services (radiation therapy for cancer)¹

Hearing Services^{1,2} **\$0 copay**

- **Up to \$2,000 every year for two prescribed hearing aids**
- One fitting and evaluation for hearing aids every year
- One routine hearing exam every year
- Medicare-covered basic hearing and balance exams

Summary of Medical Benefits

Dental Services¹

\$0 copay

- **Up to \$2,000 every year for dental services**

Preventive dental services:

- Two oral exams every year
- Two cleanings every year
- Two fluoride treatments every year
- One series of bitewing x-rays every six months per year
- One complete series of full-mouth (panoramic) x-rays every three years

Comprehensive dental services¹:

- Two crowns every year
- Two root canals every year
- Four fillings every year
- Four extractions every year
- One scaling/root planing per each quadrant every year
- One full mouth debridement every 24 consecutive months
- One total superior prosthesis denture every three years
- One total inferior prosthesis denture every three years
- One partial denture every three years
- Oral/maxillofacial surgery and other dental services when medically necessary

Vision Services

\$0 copay

- **Up to \$200 every year for routine eyewear: contact lenses, eyeglasses, lenses, and frames**
- One routine eye exam every year
- Medicare-covered vision care

Summary of Medical Benefits

Mental Health Care^{1,2} **\$0 copay**

- Outpatient mental health specialty services or psychiatric services for individual and group sessions, including care in a partial hospitalization program

\$0 copay

- Inpatient hospital 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**

- Days 1 through 20

\$60 copay per day

- Days 21 through 100

No prior hospital stay is required.

Physical Therapy^{1,2} **\$0 copay**

- Physical therapy services at a participating medical center

\$25 copay per visit

- Physical therapy services at a doctor's office, rehab center, or hospital facility as an outpatient service.

Summary of Medical Benefits

Ambulance¹

\$250 copay

- Ground ambulance services
- Air ambulance services

The copayment will be waived if you are admitted to a hospital, transferred between institutions, or if the plan authorizes a transfer back home from a facility following an inpatient discharge. A prior-authorization is required for non-emergency ambulance services.

Transportation^{1,2}

\$0 copay

- Unlimited trips to plan-approved health-related locations

Medicare Part B Drugs¹

\$0 copay

- Chemotherapy/radiation drugs and other Medicare Part B drugs obtained at a participating medical center

20% of the cost

- Chemotherapy/radiation drugs and other Medicare Part B drugs obtained at a doctor's office, pharmacy, or hospital facility 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.

**Services marked with a ¹ may require prior authorization from the plan.
Services marked with a ² may require a referral from your Primary Care Physician (PCP)**

Summary of Prescription Drug Benefits

Important Message About What You Pay for Vaccines and Insulin - Our plan covers most Part D vaccines at no cost to you and you won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on

Deductible Stage This plan does not have a Part D deductible.

Initial Coverage Stage **\$4,660** is this plan's Initial Coverage Limit (ICL).
During this stage, you pay the amount listed in the table below.

Drug Tier	Preferred Retail and Mail-Order (30-day Supply)	Standard Retail (30-day Supply)	Long-Term Care (LTC) Pharmacy (34-day Supply)	Preferred Retail, Standard Retail or Mail-Order (up to 90-day Supply)
Tier 1 (Preferred Generic)	\$0	\$0	\$0	\$0
Tier 2 (Generic)	\$0	\$0	\$0	\$0
Tier 3 (Preferred Brand)	\$42	\$47	\$47	A long-term supply is not covered.
Tier 4 (Non-Preferred Brand)	\$95	\$100	\$100	A long-term supply is not covered.
Tier 5 (Specialty Tier)	33%	33%	33%	A long-term supply is not covered.
Tier 6 (Supplemental Drugs)	\$0	\$0	\$0	A long-term supply is not covered.

We cover Part D drugs filled at an out-of-network pharmacy only under plan-approved circumstances. If approved, your share of the cost is what you pay for the drug at an in-network standard retail pharmacy. 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 that are not available through our plan's mail-order services are marked as "NM" drugs in our Drug List.

Summary of Prescription Drug Benefits

**Coverage
Gap Stage**

You enter this stage after your total yearly drug costs reach **\$4,660**.

During this stage, you continue to pay **\$0 for drugs covered by the plan in Tier 1 (preferred generic), Tier 2 (generic), and Tier 6 (supplemental drugs)**. You pay up to 25% of the negotiated price for all other drugs covered by the plan in Tier 3 (preferred brand), Tier 4 (non-preferred brand), and Tier 5 (specialty tier).

**Catastrophic
Coverage Stage**

You enter this stage after your yearly out-of-pocket drug costs reach **\$7,400**.

During this stage, you pay either a coinsurance or a copayment, whichever is the larger amount:

- - *either* - 5% of the cost of the drug
- - *or* - \$4.15 for a generic drug or a drug that is treated like a generic and \$10.35 for all other drugs.

Summary of Additional Benefits

Acupuncture ^{1,2} **\$0 copay**

- 12 treatments every year.

Alternative Medicine: Therapeutic Massage ^{1,2} **\$0 copay**

- 24 therapeutic massage visits every year.

Alternative Therapy: Platelet-Rich Plasma (PRP) for Osteoarthritis Pain Management ^{1,2} **\$0 copay**

- Platelet-Rich Plasma injections for treatment of an injury or illness applied to any one body part for no more than three consecutive months up to twice per year.

Chiropractic Care **\$0 copay**

- 12 visits every year.

Foot Care (Podiatry Services) ¹ **\$0 copay**

- One visit every three months.
- Routine foot care for certain medical conditions affecting the feet.

Home Health Agency Care ^{1,2} **\$0 copay**

- Home health aide services covered by Medicare.

Summary of Additional Benefits

Fitness Program SilverSneakers® \$0 copay

- The SilverSneakers membership allows access to contracted fitness facilities throughout your area. This Fitness Program is more than a gym membership and is specifically designed for seniors. Members have access to instructors who lead specially designed group exercise classes, plus access to exercise equipment and other amenities.

Health Education and Nutritional Counseling \$0 copay

- Health Education provided to members for whom a need for education about a specific disease or condition is identified through a health risk assessment or a physician- or self-generated referral.
- Nutritional/dietary counseling sessions performed by licensed or certified staff to help manage their condition or disease.

Healthy Meals: Post Discharge \$0 copay

- **Three meals delivered each day for two weeks**

Members are eligible after an overnight stay in the hospital or nursing facility, or following surgery with an inpatient hospital stay. Limited to two times per year.

Kidney Disease Education and Dialysis Services^{1,2} \$0 copay

- Kidney disease education to teach kidney care
- Dialysis treatment and self-dialysis training^{1,2}

Summary of Additional Benefits

Medical Equipment and Supplies¹

\$0 copay

- Continuous Glucose Monitors (CGMs)*
- Diabetic supplies and services

10% of the cost

- Diabetic therapeutic shoes or inserts
- Durable Medical Equipment (DME)
- Hyaluronic Acids*
- Prosthetic devices and other medical supplies

*Freestyle Libre is our preferred vendor for CGMS. We also have preferred brands of Hyaluronic acids. Other brands for hyaluronic acids are covered only if deemed medically necessary by the provider.

Nurse Hotline

\$0 copay

- 24/7 access through our Member Services toll-free phone number to speak directly to a registered nurse to answer health-related questions

Opioid Treatment Services and Outpatient Substance Abuse^{1,2}

\$0 copay

- Individual or group therapy services for outpatient substance abuse and for opioid treatment.

Outpatient Rehabilitation Services^{1,2}

\$5 copay

- Cardiac rehabilitation and Intensive cardiac rehabilitation services
- Pulmonary rehabilitation services
- Supervised exercise therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) services

\$25 copay

- Speech-language pathology and occupational therapy

Summary of Additional Benefits

Over-the-Counter (OTC) items

\$0 copay

- **\$35 every month for OTC items**

Members must order from the plan-approved OTC list of items.

Services marked with a ¹ may require prior authorization from the plan.

Services marked with a ² may require a referral from your Primary Care Physician (PCP)



Pre-Enrollment Checklist

January 1, 2023 – December 31, 2023

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, 2024.

- 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 your plan's *Evidence of Coverage*, the *Part D Formulary (list of covered drugs)*, and your *OTC Formulary*. You can also 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 **2023** is **available on our website from October 1, 2022 until December 31, 2023.**

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, or TTY at 711. 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
9250 W Flagler Street, Suite 600
Miami, FL 33174
T. 877-336-2069 (TTY: 711) 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>

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Aviso de no discriminación

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 al Afiliado al teléfono 877-336-2069, o TTY al 711. 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
9250 W Flagler Street, Suite 600
Miami, FL 33174
T. 877-336-2069 (TTY: 711) 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 Afiliado 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 Human Services, 200 Independence Avenue SW., 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 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 1-877-336-2069 (TTY: 1-877-206-0500). 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 1-877-336-2069 (TTY: 1-877-206-0500). 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 1-877-336-2069 (TTY: 1-877-206-0500)。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 1-877-336-2069 (TTY: 1-877-206-0500)。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 1-877-336-2069 (TTY: 1-877-206-0500). 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 1-877-336-2069 (TTY: 1-877-206-0500). 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 1-877-336-2069 (TTY: 1-877-206-0500) 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 1-877-336-2069 (TTY: 1-877-206-0500). 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 1-877-336-2069 (TTY: 1-877-206-0500)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 1-877-336-2069 (TTY: 1-877-206-0500). 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، بمساعدتك. ليس عليك سوى الاتصال بنا على (TTY: 1-877-206-0500) (1-877-336-2069). سيقوم شخص ما يتحدث العربية بهذه 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 1-877-336-2069 (TTY: 1-877-206-0500) 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 1-877-336-2069 (TTY: 1-877-206-0500). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-336-2069 (TTY: 1-877-206-0500). 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 1-877-336-2069 (TTY: 1-877-206-0500). 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 1-877-336-2069 (TTY: 1-877-206-0500). Ta usługa jest bezpłatna.

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