

# Summary of Benefits



## Thank you for your interest in our Medicare Advantage plans

HealthSun Health Plans offers benefits to help you stay healthy while protecting you from unexpected costs. This plan includes your hospital, medical, and drug benefits in one plan.

### Medicare Advantage and Part D

**Plan year:** January 1 – December 31, 2024

#### Florida

Palm Beach county

#### HealthSun MediSun Plus (HMO D-SNP)

# HealthSun MediSun Plus (HMO D-SNP)

## HealthSun MediSun Plus (HMO D-SNP)

Our service area includes this county in FL: Palm Beach.

### Do you have questions?

You can learn more on our website, [www.healthsun.com](http://www.healthsun.com). Please call us toll-free **1-877-336-2069** (TTY: **711**). Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

The *Summary of Benefits* does not include every service, limit, or exclusion, but the *Evidence of Coverage* does. Just give us a call to request a copy.

## This is a Dual Eligible Special Needs Plan (D-SNP)

HealthSun MediSun Plus (HMO D-SNP) is a Medicare Advantage plan. To join this plan, the following must apply to you<sup>1</sup>:

- You're entitled to Medicare Part A.
- You're enrolled in Medicare Part B and Florida Medicaid (the state's Medicaid program).
- You live in our service area.

### Eligibility

To be enrolled in this plan, you must also receive some level of Medical Assistance from Florida Medicaid (the state Medicaid program) as described below:

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<sup>1</sup> This plan is available to anyone who has both Medical Assistance from the State and Medicare.

# HealthSun MediSun Plus (HMO D-SNP)

## HealthSun MediSun Plus (HMO D-SNP)

- If you have **Full Medicaid coverage (Full Benefit Dual Eligible [FBDE])** status, you are eligible for the Florida Medicaid program. This may cover your share of Medicare costs, such as premiums for Part A and Part B, deductibles, coinsurance and copayments.
- If you have **Qualified Disabled Working Individual (QDWI)** status, you are eligible for the Florida Medicaid program, which pays your Medicare Part A premium.
- If you have **Qualified Medicare Beneficiary (QMB)** status, you are eligible for the Florida Medicaid program, which pays your Medicare premiums, deductibles, and cost sharing.
- If you have **Qualified Medicare Beneficiary Plus (QMB+)** status, you are eligible for the Florida Medicaid program, which pays your Medicare premiums, deductibles, and cost sharing. You are also eligible to receive full Medicaid benefits.
- If you have **Specified Low-Income Medicare Beneficiary (SLMB)** status, you are eligible for the Florida Medicaid program. This pays your Medicare Part B premium.

- If you have **Specified Low-Income Medicare Beneficiary Plus (SLMB+)** status, you receive help paying your Part B premiums. You are also eligible for full Medicaid benefits. In some situations, you may receive assistance from your state Medicaid program to help pay your Medicare cost share. If the service is covered by both Medicare and Medicaid, your cost share could be \$0. There may be times when you are responsible for cost sharing if a service or benefit is not covered by Medicaid.
- If you have **Qualifying Individual (QI)** status, you are eligible for the Florida Medicaid program. This pays your Medicare Part B premium.

### Medicare coverage that goes beyond Original Medicare

- Medicare Advantage plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — plus more.
- Medicare Advantage Prescription Drug Plans cover Medicare Part D drugs and Part B drugs.
- If Medicaid eligibility changes, your cost may also change. You must recertify your Medicaid enrollment to keep receiving your Medicare cost-sharing coverage.

## Is your PCP in our plan's network of doctors?

If you need to change your Primary Care Physician (PCP), give us a call and we'll help. Doctors can join or leave the network at any time, so check if they're in network with our Find a Doctor tool online. Just follow the steps below.

## How to find a provider/PCP in our plan:

- Go to **www.healthsun.com**
  1. Select **Find a Provider**.
  2. Enter your ZIP code.
  3. Fill in the details (Search by specialty, doctor's name, distance, etc.).
  4. Be sure to check that the doctor is "Accepting new patients".
- Or you can ask us for the *Provider Directory*. The phone number is on page 2.



## Find a pharmacy

Our plans include the majority of pharmacies in America, so you're likely to find one near you. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in the plan (or find a new one) see the *Pharmacy Directory* on our website at **www.healthsun.com**.

## How to check if your prescriptions (or an acceptable alternative) are covered:

- Visit **www.healthsun.com**
  1. Select **Plans & Coverage**
  2. Select **Prescription Drug Benefits**
  3. Scroll down to **Prescription Drug Formularies**
  4. Select **Prescription Drug Formulary**
  5. Locate your prescription
- You can also call us at the number on page 2 for a copy of the *Formulary*.



For more information about Medicare, you can read the Medicare & You handbook. If you don't have a copy of this booklet, you can access it online at the Medicare website ([www.medicare.gov](http://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.



# Summary of 2024 medical benefits

## HealthSun MediSun Plus (HMO D-SNP)

### How much is my premium (monthly payment)?

**\$0.00 - \$10.90** per month

Your Part B premium may be covered by your state's Medicaid agency for D-SNP enrollees. If you receive Extra Help, your monthly plan premium will be adjusted by the amount of help you receive.

### How much is my deductible?

This plan does not have a medical deductible.

The Part D deductible does not apply to you.

### Is there a limit on how much I will pay for my covered medical services? (does not include Part D drugs)

**\$3,450.00** per year from doctors and facilities in our plan

Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Services you receive from doctors or facilities in our plan go toward your yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year.

### Inpatient Hospital<sup>1,2</sup>

Facilities in our plan: **\$0.00** copay per stay

Our plan covers an unlimited number of days for an inpatient hospital stay.



## HealthSun MediSun Plus (HMO D-SNP)

### Outpatient Hospital<sup>1,2</sup>

Doctors and facilities in our plan: **\$0.00** copay

### Ambulatory Surgical Center<sup>1,2</sup>

Doctors and facilities in our plan: **\$0.00** copay

### Doctor's Office Visits

#### Primary care physician (PCP) visit:

PCPs in our plan: **\$0.00** copay

#### Specialist visit: <sup>1,2</sup>

Doctors in our plan: **\$0.00** copay

# HealthSun MediSun Plus (HMO D-SNP)

## Preventive Care Screenings

### Preventive care screenings: <sup>1,2</sup>

Doctors in our plan: **\$0.00** copay

### Covered preventive care screenings:

- Abdominal aortic aneurysm screening
- Annual “wellness” visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes prevention program
- Diabetes screenings and monitoring
- Hepatitis C Screening
- High Intensity Behavioral Counseling
- HIV screening
- Lung cancer screenings
- Medical nutrition therapy services
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu, hepatitis B, pneumococcal, and COVID-19 shots
- “Welcome to Medicare” preventive visit (one-time)

Any extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in our plan, **100%** of the cost of preventive care screenings is covered.

## HealthSun MediSun Plus (HMO D-SNP)

### Emergency Care

**\$0.00** copay

#### Emergency and Urgent Care Worldwide Coverage

**\$0.00** copay

This plan covers urgent care and emergency services, including emergency transportation, when traveling outside of the United States for less than six months. This benefit is limited to **\$100,000.00** per year.

### Urgently Needed Services

**\$0.00** copay

### Diagnostic Services, Labs, and Imaging<sup>1,2</sup>

#### Diagnostic Radiology Services (such as MRIs, CT scans)

Doctors' offices in our plan: \$0.00 copay

Outpatient facilities in our plan: \$0.00 copay

#### Diagnostic Tests and Procedures

Doctors' offices in our plan: \$0.00 copay

Outpatient facilities in our plan: \$0.00 copay

#### Lab Services

Doctors' offices in our plan: \$0.00 copay

Outpatient facilities in our plan: \$0.00 copay

# HealthSun MediSun Plus (HMO D-SNP)

## Diagnostic Services, Labs, and Imaging<sup>1,2</sup>

### Outpatient X-rays

Doctors' offices in our plan:	\$0.00 copay
Outpatient hospitals or facilities in our plan:	\$0.00 copay
Freestanding facility or at-home portable x-ray services in our plan:	\$0.00 copay

### Therapeutic Radiology Services (such as radiation treatment for cancer)

Doctors and facilities in our plan:	\$0.00 copay
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## Hearing Services

**Medicare-covered hearing services** (Exam to diagnose and treat hearing and balance issues): <sup>1,2</sup>

Doctors in our plan: **\$0.00** copay

## HealthSun MediSun Plus (HMO D-SNP)

### Hearing Services

#### **Routine hearing services:** <sup>1,2</sup>

This plan covers 1 routine hearing exam every year. This plan covers 1 routine hearing aid fitting evaluation and a **\$2,000.00** maximum plan benefit for 2 prescribed hearing aids every year.

Doctors in our plan: **\$0.00** copay for routine hearing exam(s). **\$0.00** copay for hearing aids up to the maximum plan benefit amount.

Hearing aids, and fittings or evaluations for hearing aids, do not require prior authorization or a referral.

### Dental Services

**Medicare-covered dental services** (this does not include services for care, treatment, filling, removal or replacement of teeth): <sup>1</sup>

Doctors and dentists in our plan: **\$0.00** copay

# HealthSun MediSun Plus (HMO D-SNP)

## Dental Services

### Preventive and Comprehensive<sup>1</sup> Dental Combined Allowance

This plan covers up to a **\$5,000** allowance for covered preventive and comprehensive dental services every year.

We cover more dental care than what Original Medicare covers. You can use our coverage for these comprehensive dental services and more: periodontal maintenance, dentures, tooth extractions, up to 4 fillings every year, up to 2 root canals every year (endodontics), up to 2 dental crowns every year, and up to 2 implants every year.

Any amount not used at the end of the calendar year will expire. Restrictions apply for Preventive and Comprehensive Services under the combined allowance.

#### Preventive dental services:

Dentists in our plan: **\$0.00** copay

This plan covers 2 oral exam(s) every year, 2 cleaning(s) every year, 2 bitewing dental x-ray(s) every year, 1 panoramic x-ray(s) every three years, and 2 fluoride treatment(s) every year.

#### Comprehensive dental services:

Doctors and dentists in our plan: **\$0.00** copay

To find a dental provider in our plan, follow the same steps as the "How to find a provider/PCP in our plan" box at the beginning of this booklet. Then select **Dental** under **Search by specialty**.

## Vision Services

### Medicare-covered vision services:

#### Exam to diagnose and treat diseases and conditions of the eye

Doctors in our plan: **\$0.00** copay

## HealthSun MediSun Plus (HMO D-SNP)

### Vision Services

#### Eyeglasses or contact lenses after cataract surgery

Doctors in our plan: **\$0.00** copay

#### Routine vision services:

##### Routine vision exam

This plan covers 1 routine eye exam(s) every year.

Doctors in our plan: **\$0.00** copay

##### Routine eyewear (lenses and frames)

This plan covers up to **\$400.00** for eyeglasses or contact lenses every year.

Doctors in our plan: **\$0.00** copay

### Mental Health Care

#### Inpatient visit: <sup>1,2</sup>

Doctors and facilities in our plan: **\$0.00** copay per stay

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.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

## HealthSun MediSun Plus (HMO D-SNP)

### Mental Health Care

#### Outpatient individual and group therapy services: <sup>1,2</sup>

Doctors and facilities in our plan: **\$0.00** copay

### Skilled Nursing Facility (SNF)<sup>1,2</sup>

Doctors and facilities in our plan: **\$0.00** copay per stay

Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).

### Physical Therapy<sup>1,2</sup>

Doctors and facilities in our plan: **\$0.00** copay

### Ambulance<sup>1</sup>

#### Ground/Water Ambulance:

Emergency transportation services in our plan: **\$0.00** copay per trip

#### Air Ambulance:

Emergency transportation services in our plan: **\$0.00** copay per trip

### Transportation<sup>1,2</sup>

**\$0.00** copay. This plan offers coverage for unlimited routine transportation trips every year to health-related locations. Also 6, one-way routine transportation trips every year to non-health-related, plan approved locations.



## HealthSun MediSun Plus (HMO D-SNP)

### Medicare Part B Drugs

#### Insulin furnished through an insulin pump:

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay - **\$35.00** copay

#### Other Part B Drugs:<sup>1</sup>

Drugs obtained from doctors and facilities in our plan: **0%** coinsurance - **20%** coinsurance

#### Chemotherapy drugs:<sup>1</sup>

Drugs obtained from doctors and facilities in our plan: **0%** coinsurance - **20%** coinsurance

The minimum copay applies to select covered Medicare Part B insulin drugs, Medicare Part B chemotherapy/radiation drugs, and other Part B drugs administered by durable medical equipment, including mail order prescriptions, and provided at a pharmacy or select locations for acute management of chronic disease.

The maximum cost-share applies to Medicare Part B insulin drugs, Medicare Part B chemotherapy/radiation drugs, and other Part B drugs administered at a doctor's office or hospital facility as an outpatient service.

You may see lower out-of-pocket costs for certain chemotherapy and Part B drugs with prices that have increased faster than the rate of inflation.

**Note:** If you are eligible for Medicare cost-sharing assistance under Medicaid, you do not pay anything for your Medicare Part B Drugs.

# Additional benefits

## HealthSun MediSun Plus (HMO D-SNP)

### Alternative Therapy: Platelet-Rich Plasma (PRP) for Osteoarthritis Pain Management<sup>1,2</sup>

**\$0.00** copay for 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 at plan approved locations.

### Alternative Therapy: Therapeutic Massage<sup>1,2</sup>

**\$0.00** for 24 therapeutic massage visits every year at plan approved locations.

### Chiropractic Care<sup>1,2</sup>

#### Medicare-covered chiropractic services:

Providers in our plan: **\$0.00** copay

Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

## HealthSun MediSun Plus (HMO D-SNP)

### Enhanced Drug Coverage

Our plan offers additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan. Covered drugs include:

- Some drugs used for the relief of cough and cold symptoms.
- Some prescription vitamins, such as folic acid and Vitamin D 50000 IU.
- Some erectile dysfunction drugs, like Sildenafil, or Tadalafil, limit 6 tablets per month.

Your plan's *Formulary* includes additional information about all drugs covered under this benefit.

### Everyday Options Allowance for Groceries, Home and Pet Care Supplies, and Utilities

This benefit provides a combined spending allowance of **\$200.00** each month for eligible food items, home and pet care supplies, and utilities.

You have a variety of convenient ways to use the benefit:

- Shop in-store at participating retailers near you.
- Shop online on the approved vendor website.
- Shop on the approved vendor mobile app.
- Call to place an order.
- With your utility provider.

### Foot Care (podiatry services)<sup>1</sup>

#### Medicare-covered podiatry:

Doctors in our plan: **\$0.00** copay

## HealthSun MediSun Plus (HMO D-SNP)

### Foot Care (podiatry services)<sup>1</sup>

#### Routine foot care:

Doctors in our plan: **\$0.00** copay

This plan covers: 1 routine foot care visit(s) each quarter.

### Healthy Meals - Chronic Condition<sup>1</sup>

**\$0.00** copay. If you have a diagnosed chronic condition, you are eligible for 1 meal a day for up to 20 meals per month to support your chronic condition nutritional needs.

Meals are provided at participating locations.

### Healthy Meals - Post Discharge

**\$0.00** copay for up to 3 meals a day for 14 days following your discharge from the hospital or skilled nursing facility (SNF).

Maximum of two qualifying events per year.

### Home Health Care<sup>1,2</sup>

Doctors and facilities in our plan: **\$0.00** copay

### In Home Support

This benefit provides up to 30 hours per calendar year of companionship and support with independent activities of daily living such as light chores, errands, and more.

## HealthSun MediSun Plus (HMO D-SNP)

### Medical Equipment/Supplies

#### **Durable Medical Equipment** (wheelchairs, oxygen, etc.):<sup>1</sup>

Suppliers in our plan: **\$0.00** copay

#### **Medical supplies and prosthetic devices** (braces, artificial limbs, etc.):<sup>1</sup>

Suppliers in our plan: **\$0.00** copay

#### **Diabetic supplies and services:**<sup>1</sup>

Suppliers in our plan: **\$0.00** copay

Covered diabetic supplies include: glucose monitors, test strips, and lancets. See your *Evidence of Coverage* for all supplies covered.

### Outpatient Rehabilitation

#### **Cardiac (heart) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):<sup>1,2</sup>

Doctors and facilities in our plan: **\$0.00** copay

#### **Pulmonary (lung) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):<sup>1,2</sup>

Doctors and facilities in our plan: **\$0.00** copay

#### **Occupational therapy visit:**<sup>1,2</sup>

Doctors and facilities in our plan: **\$0.00** copay

## HealthSun MediSun Plus (HMO D-SNP)

### Outpatient Substance Abuse<sup>1,2</sup>

#### Individual & Group therapy visit:

Doctors and facilities in our plan: **\$0.00** copay

### Over-the-Counter Items

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **\$125** every month. Unused OTC amounts do not roll over from month to month. Catalog orders are limited to one per month.

To review a list of covered over-the-counter items request a copy of the OTC Catalog from your sales representative, or call us at the number on page 2.

### Personal Emergency Response System (PERS) coverage

Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

### Renal Dialysis<sup>1,2</sup>

Doctors and facilities in our plan: **\$0.00** copay

### SilverSneakers<sup>®†</sup> Fitness program

When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **[www.silversneakers.com](http://www.silversneakers.com)** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.

<sup>†</sup>The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.

## HealthSun MediSun Plus (HMO D-SNP)

### 24/7 Nurseline

24-hour access to a nurse line, seven days a week, 365 days a year

Services with a 1 may need prior authorization (preapproval) from the plan.

Services with a 2 may need a referral from your doctor or Primary Care Physician (PCP).

For Diagnostic Services, Labs, and Imaging with a 5, if there is a copay or coinsurance range, the minimum applies to doctor's offices and freestanding outpatient facilities. The maximum copay or coinsurance applies to a hospital facility as an outpatient service.

# Summary of Medicaid-covered benefits

## Services available through Florida Agency for Health Care Administration:

The following services are not covered or may not be fully covered by HealthSun MediSun Plus (HMO D-SNP) but are available through Medicaid.

- Allergy services
- Ambulatory surgical center services
- Anesthesia services
- Assistive care services
- Behavioral health assessment services
- Behavioral health community support services
- Behavioral health intervention services
- Behavioral health medication management services
- Behavioral health overlay services
- Behavioral health therapy services
- Cardiovascular services
- Child health services targeted case management
- Chiropractic services
- County health department services
- Dental services
- Dialysis services
- Durable medical equipment and medical supplies
- Early intervention services
- Emergency transportation services
- Evaluation and management services
- Federally qualified health center services
- Gastrointestinal services



- Genitourinary services
- Hearing services
- Home health services
- Inpatient hospital services
- Integumentary services
- Laboratory services
- Medical foster care services
- Mental health targeted case management
- Neurology services
- Non-emergency transportation services
- Nursing facility services
- Occupational therapy services
- Oral and maxillofacial surgery services
- Orthopedic services
- Outpatient hospital services
- Pain management services
- Personal care services
- Physical therapy services
- Podiatry services
- Prescribed drug services
- Private duty nursing services
- Radiology and nuclear medicine services
- Regional perinatal intensive care center services
- Reproductive services
- Respiratory system services
- Respiratory therapy services
- Rural health clinic services
- Specialized therapeutic services

- Speech-language pathology services
- Statewide inpatient psychiatric program
- Transplant services
- Visual aid services
- Visual care services

The categories above are subject to the coverage and limitation policies listed in your Medicaid contract.

### **Cost sharing and cost-sharing protections for all members**

You may pay the cost sharing for the Medicare-covered benefits or be eligible to receive assistance through Medicaid. You will have no copays for prescriptions covered under the Medicare Part D drug benefit.

If you receive care from a noncontracted provider, the provider may not understand the plan or these billing rules. If you receive a bill for Medicare-covered services, please call the Customer Service phone number listed on your plan ID card.

### **Have Questions?**

What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, please call: **1-850-412-4000**.



## Summary of 2024 prescription drug coverage

**You pay nothing (\$0) for Part D drugs for the entire year.**

There may be limitations on the types of drugs covered. See HealthSun MediSun Plus (HMO D-SNP)'s list of covered drugs (formulary), at [www.healthsun.com](http://www.healthsun.com) for more information.

# Ways we support your health

## Advance Directives Program

As a member of our plan, you will have access to an online advance care planning resource to create an advance directive where you can combine the elements of a:

- Living will.
- Medical power of attorney.
- Do not attempt resuscitation form.
- Organ donation form.

You can create your own digital care plan and even include video and audio files. If you already have these documents prepared, you can store them and ensure they are shared with your doctors and care providers 24 hours a day, seven days a week. You can add new information at any time as your health status or wishes change.

Hay disponibles servicios de traducción; póngase en contacto con el plan o su agente.

If you need emergency or urgent care, call 911 or go to the nearest doctor or facility that can help you. Most times, you must use doctors in our plan to receive covered medical care, except for emergencies and urgently needed care when doctors in our plan are not available or dialysis services when you are out of the service area. If you receive routine care from doctors outside our plan, neither Medicare nor HealthSun Health Plans will pay for it.

Some benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify.

HealthSun Health Plans is an HMO D-SNP 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.

## 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 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计划的任何疑问。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計劃可能存有疑問，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**)。我們講粵語的工作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 الترجمة الفورية المجانية للإجابة عن أي أسئلة تتعلق بالخطة الصحية أو الأدوية. للحصول على مترجم، فوري ما عليك سوى الاتصال بنا على الرقم **1-877-336-2069** (TTY: **1-877-206-0500**) يمكن لشخص يتحدث الإنجليزية أن يساعدك. 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 **1-877-336-2069** (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.

**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 **1-877-336-2069** (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.

**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、**1-877-336-2069** (TTY: **1-877-206-0500**) 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。