

MercyOne Health Plan Glory No RX (HMO) offered by Mount Carmel Health Plan, Inc.

Annual Notice of Changes for 2025

You are currently enrolled as a member of MercyOne Health Plan Cash Back (HMO). 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.thpmedicare.org/mercyone/for-members/plan-documents. 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.**

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 the 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 MercyOne Health Plan Glory No RX (HMO).

- 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 MercyOne Health Plan Cash Back (HMO).
- 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 1-800-240-3851 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., 7 days a week. This call is free.
- This information is available in braille, large print or audio.
- **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 MercyOne Health Plan Glory No RX (HMO)

- MercyOne Health Plan (HMO/PPO) is a Medicare Advantage organization with a Medicare contract. Enrollment in MercyOne Health Plan depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Mount Carmel Health Plan, Inc.. When it says “plan” or “our plan,” it means MercyOne Health Plan Glory No RX (HMO).
- 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 for MercyOne Health Plan Cash Back (HMO) and 2025 costs for MercyOne Health Plan Glory No RX (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium (See Section 2.1 for details.)	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$3,900	\$4,500
Doctor office visits	Primary care visits: \$0 copay per visit Specialist visits: \$25 copay per visit	Primary care visits: \$0 copay per visit Specialist visits: \$25 copay per visit
Inpatient hospital stays	\$225 copay per day for days 1-5; \$0 copay per day for days 6-90	\$250 copay per day for days 1-5; \$0 copay per day for days 6-90

SECTION 1 We Are Changing the Plan’s Name

On January 1, 2025, our plan name will change from MercyOne Health Plan Cash Back (HMO) to MercyOne Health Plan Glory No RX (HMO).

You will receive new ID cards reflecting the plan name change in late November. All additional communications about your plan going forward will reflect your new plan name.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – 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 There is no change for the upcoming benefit year.
Monthly premium for optional supplemental benefits: Dental Silver	\$14	\$14 There is no change for the upcoming benefit year.
Monthly premium for optional supplemental benefits: Dental Gold	\$34	\$34 There is no change for the upcoming benefit year.
Monthly Part B premium reduction	\$100	\$100 There is no change for the upcoming benefit year.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

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

Cost	2024 (this year)	2025 (next year)
<p>Maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.</p>	<p>\$3,900</p>	<p style="text-align: center;">\$4,500</p> <p>Once you have paid \$4,500 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>

Section 2.3 – Changes to the Provider Network

Updated directories are located on our website at www.thpmedicare.org/mercyone/. You may also call Member Services for updated provider information or to ask us to mail you a 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 www.thpmedicare.org/mercyone/find-a-provider 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 2.4 – 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)
<p>Emergency Care</p>	<p style="text-align: center;"><u>In- and Out-of-Network</u></p> <p>You pay \$90 copay for each visit for Medicare-covered emergency care services.</p>	<p style="text-align: center;"><u>In- and Out-of-Network</u></p> <p>You pay \$110 copay for each visit for Medicare-covered emergency care services.</p>

Cost	2024 (this year)	2025 (next year)
<p>Fitness Benefit</p>	<p><u>In-Network</u> You pay \$0 copay for the fitness benefit. Benefit includes physical fitness.</p>	<p><u>In-Network</u> You pay \$0 copay for the fitness benefit. Benefit includes memory fitness and physical fitness.</p>
<p>Inpatient Hospital Care</p>	<p><u>In-Network</u> For Medicare-covered inpatient hospital stays, you pay \$225 copay per day for days 1-5; \$0 copay per day for days 6-90.</p>	<p><u>In-Network</u> For Medicare-covered inpatient hospital stays, you pay \$250 copay per day for days 1-5; \$0 copay per day for days 6-90.</p>
<p>Inpatient Services in a Psychiatric Hospital</p>	<p><u>In-Network</u> For Medicare-covered inpatient mental health stays, you pay \$225 copay per day for days 1-5; \$0 copay per day for days 6-90.</p>	<p><u>In-Network</u> For Medicare-covered inpatient mental health stays, you pay \$250 copay per day for days 1-5; \$0 copay per day for days 6-90.</p>
<p>Outpatient Diagnostic Tests and Therapeutic Services and Supplies</p>	<p><u>In-Network</u> For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay \$125 copay.</p>	<p><u>In-Network</u> For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay \$150 copay.</p>

Cost	2024 (this year)	2025 (next year)
<p>Outpatient Surgery</p>	<p>Includes services provided at hospital outpatient facilities and ambulatory surgical centers.</p> <p><u>In-Network</u></p> <p>For Medicare-covered outpatient surgery, you pay \$225 copay.</p> <p>For Medicare-covered services at an ambulatory surgical center, you pay \$225 copay.</p>	<p><u>In-Network</u></p> <p>For Medicare-covered outpatient surgery, you pay \$275 copay.</p> <p>For Medicare-covered services at an ambulatory surgical center, you pay \$275 copay.</p>
<p>Skilled Nursing Facility (SNF) Care</p>	<p><u>In-Network</u></p> <p>For Medicare-covered SNF stays, you pay \$0 copay per day for days 1-20; \$203 copay per day for days 21-56; \$0 copay per day for days 57-100.</p>	<p><u>In-Network</u></p> <p>For Medicare-covered SNF stays, you pay \$0 copay per day for days 1-20; \$214 copay per day for days 21-55; \$0 copay per day for days 56-100.</p>
<p>Worldwide Emergency / Urgently Needed Care Services</p>	<p>You pay \$90 copay for each emergency care visit outside of the United States and its territories.</p> <p>You pay \$90 copay for each urgently needed care visit outside of the United States and its territories.</p>	<p>You pay \$110 copay for each emergency care visit outside of the United States and its territories.</p> <p>You pay \$110 copay for each urgently needed care visit outside of the United States and its territories.</p>

SECTION 3 Administrative Changes

Description	2024 (this year)	2025 (next year)
Dental Benefit Brand Change	MediGold Dental	Your dental plan is administered by Dental Benefit Providers, Inc. Same dental provider, new branding.
Fitness Services	SilverSneakers® \$0 copay for SilverSneakers® fitness membership. Benefit includes physical fitness.	One Pass® \$0 copay for the fitness benefit. Benefit includes memory fitness and physical fitness.
Member Rewards	All members who receive either an Annual Wellness Visit or In-Home Assessment can earn a \$25 member reward. Qualifying members can also earn \$25 rewards for completing eligibility-based screenings such as breast cancer screening, colorectal cancer screening, diabetes care eye exam, and diabetes care A1c. One reward per service per calendar year. Member rewards are loaded to the Member Rewards wallet on the Flexible Benefit Card after the member submits the required service attestation.	All members who receive either an Annual Wellness Visit or In-Home Assessment can earn a \$50 member reward. One reward per service per calendar year. Member rewards are loaded to the Member Rewards wallet on the Flexible Benefit Card after the member submits the required service attestation (eligibility-based rewards for breast cancer screening, colorectal cancer screening, diabetes care eye exam, and diabetes care A1c are discontinued/no longer offered after 2024).
Plan Name Change	MercyOne Health Plan Cash Back (HMO)	MercyOne Health Plan Glory No RX (HMO)

Description	2024 (this year)	2025 (next year)
Service Area Changes	Adair, Adams, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clayton, Clinton, Dallas, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Ida, Jackson, Jasper, Jones, Kossuth, Louisa, Lucas, Madison, Mahaska, Marion, Mitchell, Monona, Monroe, Muscatine, Plymouth, Polk, Poweshiek, Ringgold, Scott, Sioux, Tama, Union, Warren, Wayne, Winnebago, Woodbury, Worth and Wright	Adair, Adams, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clayton, Clinton, Dallas, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Ida, Jackson, Jasper, Jones, Keokuk, Kossuth, Louisa, Lucas, Madison, Mahaska, Marion, Mitchell, Monona, Monroe, Muscatine, Plymouth, Polk, Poweshiek, Ringgold, Scott, Sioux, Tama, Union, Warren, Wayne, Winnebago, Woodbury, Worth and Wright
Vision Benefit Brand Change	MediGold Vision	Your vision plan is administered by Spectera, Inc. Same vision provider, new branding.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in MercyOne Health Plan Glory No RX (HMO)

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 MercyOne Health Plan Glory No RX (HMO).

Section 4.2 – 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, there may be 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 (SHIP) (see Section 6), or call Medicare (see Section 8.2).

As a reminder, Mount Carmel Health Plan, Inc. offers other Medicare health plans and Medicare prescription drug 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 MercyOne Health Plan Glory No RX (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from MercyOne Health Plan Glory No RX (HMO).
- 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 5 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 6 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 Iowa, the SHIP is called Iowa Senior Health Insurance Information Program/Senior Medicare Patrol.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Iowa Senior Health Insurance Information Program/Senior Medicare Patrol 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 Iowa Senior Health Insurance Information Program/Senior Medicare Patrol at 1-800-351-4664. You can learn more about Iowa Senior Health Insurance Information Program/Senior Medicare Patrol by visiting their website (<https://shiip.iowa.gov/>).

SECTION 7 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 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.
- **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 Iowa Department of Public Health. **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. Iowa Department of Public Health: 1-800-972-2017.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Iowa Department of Public Health at 1-800-972-2017.

SECTION 8 Questions?

Section 8.1 – Getting Help from MercyOne Health Plan Glory No RX (HMO)

Questions? We're here to help. Please call Member Services at 1-800-240-3851. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., 7 days a week. Calls to these numbers are free.

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 MercyOne Health Plan Glory No RX (HMO). 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.thpmedicare.org/mercyone/for-members/plan-documents. 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.thpmedicare.org/mercyone/. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 8.2 – 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.

Notice of Nondiscrimination

MercyOne Health Plan complies with applicable Federal civil rights laws and does not discriminate on age, racial or ethnic background, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex (including sex at birth and legal sex), pregnancy, sexual stereotypes, sexual orientation, or gender (which includes gender identity and gender expression), veteran status, or any category protected by law.

MercyOne Health Plan does not exclude people or treat them differently because of age, racial or ethnic background, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex (including sex at birth and legal sex), pregnancy, sexual stereotypes, sexual orientation, or gender (which includes gender identity and gender expression), veteran status, or any category protected by law. MercyOne Health Plan:

- 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)
 - 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 Member Services.

If you believe that MercyOne Health Plan has failed to provide these services or discriminated in any other way on the basis of age, racial or ethnic background, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex (including sex at birth and legal sex), pregnancy, sexual stereotypes, sexual orientation, or gender (which includes gender identity and gender expression), veteran status, or any category protected by law), you can file a grievance with: Daniel Hayes, Member Services Manager, 3100 Easton Square Place, Third Floor - Health Plan, Columbus, OH 43219, 1-800- 240-3851 (TTY 711), 1-833-802-2200 fax, HealthPlanAppeals@trinity-health.org. You can file a grievance in person or by mail, fax, or email.

If you need help filing a grievance, Daniel Hayes, Member Services Manager, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at 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, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at www.hhs.gov/ocr/complaints/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 1-800-240-3851 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-240-3851 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-240-3851 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-240-3851 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-240-3851 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-240-3851 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-240-3851 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-240-3851 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-240-3851 (TTY 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-240-3851 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-240-3851 (TTY 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-240-3851 (TTY 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-240-3851 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-240-3851 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-240-3851 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-240-3851 (TTY 711). Ta usługa jest bezpłatna.

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