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CAPITAL HEALTH PLAN **RETIREE ADVANTAGE** (HMO)

2023 Annual Notice of Changes

H5938_RA631_M2022

Capital Health Plan Retiree Advantage (HMO) offered by Capital Health Plan

Annual Notice of Changes for 2023

You are currently enrolled as a member of Capital Health Plan Retiree Advantage. There will be some changes to the plan's costs and benefits for plan years beginning in 2023. *This booklet tells about the changes.*

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.capitalhealth.com/medicare. You can also review the attached OR separately mailed Evidence of Coverage to see if other benefits or cost changes affect you. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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)
  - Review the changes to our drug coverage, including authorization requirements and costs
  - Think about how much you will spend on premiums, deductibles, and cost sharing

OMB Approval 0938-1051 (Expires: February 20, 2024)

- Check the changes in the 2023 drug list to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialist, hospitals and other providers including pharmacies 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 https://www.medicare.gov/plan-compare website or review the list in the back of your Medicare and You 2023 handbook.
- 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 want to keep Capital Health Plan Retiree Advantage, you don't need to do anything. You should check with your former employer's benefits administrator to see if they have other requirements.
    - To change to a different plan that may better meet your needs, you may be able to switch plans between October 15 and March 31. Check with your former employer's benefits administrator to see when their open enrollment is scheduled.

Additional Resources

- Please contact our Member Services number at 850-523-7441 or 1-877-247-6512 for additional information. (TTY users should call 850-383-3534 or 1-877-870-8943)

Hours are 8:00 a.m. to 8:00 p.m., seven days a week between October 1 and March 31 and 8:00 a.m. to 8:00 p.m., Monday through Friday, between April 1 and September 30.

- This document may be available in other formats such as braille and large print. If you need plan information in another format please contact Member Services at the numbers above.
- Member Services has free language interpreter services available for non-English speakers (phone numbers are printed on the back cover of this booklet).
- **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 https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Capital Health Plan Retiree Advantage

- When this booklet says "we," "us," or "our," it means Capital Health Plan. When it says "plan" or "our plan," it means Capital Health Retiree Advantage.

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Summary of Important Costs for 2023

The table below compares the costs for plan years beginning in 2022 and plan years beginning in 2023 for Capital Health Plan Retiree Advantage in several important areas. **Please note this is only a summary of changes**. A copy of the Evidence of Coverage is located on our website at www.capitalhealth.com/Medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium	Please contact your former employer's benefits administrator for information about your plan premium.	Please contact your former employer's benefits administrator for information about your plan premium.
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	Please see your group's Schedule of Copayments for your maximum out-of-pocket amount.	Please see your group's Schedule of Copayments for your maximum out-of-pocket amount.

Cost	2022 (this year)	2023 (next year)
Doctor office visits	Primary care visits: Please see your group's Schedule of Copayments for your primary care visit cost sharing. Specialist visits: Please see your group's Schedule of Copayments for your specialist visit cost sharing.	Primary care visits: Please see your group's Schedule of Copayments for your primary care visit cost sharing. Specialist visits: Please see your group's Schedule of Copayments for your specialist visit cost sharing.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The	Please see your group's Schedule of Copayments for your inpatient hospital stay cost sharing.	Please see your group's Schedule of Copayments for your inpatient hospital cost sharing.

Cost	2022 (this year)	2023 (next year)
day before you are discharged is your last inpatient day.		
Part D prescription drug coverage (See Section 1.6 for details.)	Please see your group's Schedule of Copayments for your Part D prescription drug cost sharing.	Please see your group's Schedule of Copayments for your Part D prescription drug cost sharing.

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in the Retiree Advantage in 2023

If you do nothing to change your Medicare coverage, we will automatically enroll you in our Capital Health Plan Retiree Advantage plan. This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through Capital Health Plan Retiree Advantage plan

The information in this document tells you about the differences between your current benefits in Capital Health Plan Retiree Advantage and the benefits you will have on January 1, 2023 as a member of Capital Health Retiree Advantage.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	Please contact your former employer's benefits administrator for information about your plan premium.	Please contact your former employer's benefits administrator for information about your plan premium.

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable

coverage") for 63 days or more, if you enroll in Medicare prescription drug coverage in the future.

- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving "Extra Help" with your prescription drug costs

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" during 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	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for	Please see your group's Schedule of Copayments for your maximum out-of-pocket amount. Once you have paid your maximum out-of-pocket amount for covered Part A and	Please see your group's Schedule of Copayments for your maximum out-of-pocket amount. Once you have paid your maximum out-of-pocket amount for covered Part A and

Cost	2022 (this year)	2023 (next year)
prescription drugs do not count toward your maximum out-of-pocket amount.	Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.	Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at www.capitalhealth.com/Medicare. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the Provider Directory 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. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.

- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 2.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at www.capitalhealth.com/Medicare. You may also call Member to ask us to mail you a Pharmacy Directory. **Please review the Pharmacy Directory to see which pharmacies are in our network**.

Section 2.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. For details about the coverage and costs please review your group's Schedule of Copayments and see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2023 Evidence of Coverage.*

Starting April 1st, your share of the cost for Medicare Part B drugs will not exceed the Medicare allowed amounts amounts. July 1st, you will pay no more than $35 for Part B covered insulins.

Section 2.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List- Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Our list of covered drugs is called a Formulary or "Drug List." You may request a copy of our Drug List or visit our website www.capitalhealth.com/Medicare.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
- To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage*

(What to do if you have a problem or complaint (coverage decisions,appeals, complaints)) or call Member Services. **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a **one-time**, temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you requested and were granted a formulary exception this year, this exception is valid only through the end of the year. If you would like to receive a formulary exception again next year a new request will need to be submitted.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

Starting in 2023, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month's supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, section 6 of the Evidence of Coverage.)

Changes to Prescription Drug Costs

Important message about what you pay for insulin – 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.

Getting Help from Medicare about what you pay for Insulin- If you chose this plan because you were looking for insulin coverage at $35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs beause of changes to the Medicare Part D program Contact Medicare, at 1-800-MEDICARE (1800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

Additional Resources to Help - Please contact our Member Services number at 850-523-7441 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00a.m. - 8:00p.m., seven days a week, October 1- March 31; 8:00a.m. - 8:00p.m. Monday - Friday, April 1 - September 30. State of Florida members call 1-877-392-1532, 7:00a.m. - 7:00p.m.

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and haven't received this insert, please call Member Services and ask for the "LIS Rider." Phone numbers for Member Services are in Section 7.1 of this booklet.

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.)

Changes to the Deductible Stage

	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost**. The costs in this row are for a one month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: **See your group's Schedule of Copayments for prescription drug cost-sharing.**	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: **See your group's Schedule of Copayments for prescription drug cost-sharing.**

For information about the costs for a long-term supply; or for mail- order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. **We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.**	Once your total drug costs have reached $4,430 for plan years beginning in 2022, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached $4,660 for plan years beginning in 2023, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Capital Health Plan Retiree Advantage

To stay in our plan you don't need to do anything. You should check with your former employer's benefits administrator for their annual open enrollment procedures.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- --*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, read *Medicare & You*, call your State Health Insurance Assistance Program SHIP (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to https://www.medicare.gov and click "Review and Compare Your Coverage Options." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Capital Health Plan offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Capital Health Plan Retiree Advantage. **You must also contact your former employer's benefits administrator to disenroll.**
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Capital Health Plan Retiree Advantage. **You must also contact your former employer's benefits administrator to disenroll.**
- To **change to Original Medicare without a prescription drug plan**, you must:
    - Contact your former employer's benefits administrator to disenroll.

SECTION 4 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, or during your group's annual open enrollment period. **You should check with your former employer's benefits administrator for their annual open enrollment procedures and deadlines.**

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, 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 are allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage.*

If you enrolled in a Medicare Advantage plan for January 1, 2023 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, 2023. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

You should check with your former employer's benefits administrator or Capital Health Plan Member Services for additional times during which you can make a change.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Florida, the SHIP is called SHINE (Serving Health Insurance Needs of Elders).

SHINE is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE 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 SHINE at 1-800-963-5337 (TTY 1-800-955-8770). You can learn more about SHINE by visiting their website (www.floridashine.org).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. 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 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
- Your State Medicaid Office (applications).

- **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. 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.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call your local County Health Department and speak with an ADAP staff member or call the Florida HIV/AIDS Hotline at 1-800-352-2437 (TTY 1-888-503-7118).

SECTION 7 Questions?

Section 7.1 – Getting Help from Capital Health Plan Retiree Advantage

- Questions? We're here to help. Please call Member Services at 850-523-7441 or 1-877-247-6512. (TTY only, call 850-383-3534 or 1-877-870-8943). We are available for phone calls 8:00 a.m. to 8:00 p.m., seven days a week between October 1 and March 31 and 8:00 a.m. to 8:00 p.m., Monday through Friday, between April 1 and September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. to 7:00 pm.

Read your 2023 *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 plan years beginning in 2023. For details, look in the 2023 *Evidence of Coverage* for Capital Health Plan Retiree Advantage and your group's Schedule of Copayments. 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.capitalhealth.com/Medicare. 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.capitalhealth.com/Medicare. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – 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

You can visit the Medicare website (https://www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to https://www.medicare.gov and click on “Find health & drug plans”).

Read *Medicare & You*

You can read the *Medicare & You* Handbook. Every year in the fall, this booklet 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 booklet, you can get it

at the Medicare website (https://www.medicare.gov) 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.

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 1-877-247-6512. 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 1-877-247-6512. 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1-877-247-6512。 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 1-877-247-6512。 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 1-877-247-6512. 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 1-877-247-6512. 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 quí vị cần thông dịch viên xin gọi 1-877-247-6512 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-247-6512. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-247-6512 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 1-877-247-6512. 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 1-877-247-6512. بمساعدتك. هذه خدمة مجانية سيقوم شخص ما يتحدث العربية.

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 1-877-247-6512 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 1-877-247-6512. 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 1-877-247-6512. 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 1-877-247-6512. 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 1-877-247-6512. 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ございます。通訳をご用命になるには、1-877-247-6512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。