Devoted
HEALTH PLANS

2022 | DEVOTED HEALTH PLANS

Summary of Benefits

Devoted Health Essentials Polk (HMO) Plan

PBP Number: H1290-017-000

Polk County

Devoted Health Essentials Polk (HMO)

Summary of Benefits

This Summary of Benefits tells you about our Devoted Health Essentials Polk (HMO) plan. It includes information on plan costs and some of the common services we cover. It's valid for the 2022 plan year, which starts on January 1, 2022 and ends December 31, 2022.

Because this document is a summary, it doesn't list all of the coverage details for this plan. If you need to know more, check the plan's **Evidence of Coverage** at www.devoted.com. Or, call us at 1-800-385-0916 (TTY 711) and we can mail you one.

Can I join this plan?

Devoted Health Essentials Polk (HMO) is a Health Maintenance Organization, or HMO plan. To join Devoted Health Essentials Polk (HMO), you must be entitled to Medicare Part A and enrolled in Medicare Part B. You also have to live in this plan's service area, which includes these counties: Polk. We offer different plans for other counties.

Does this plan cover my prescription drugs?

Find out by searching our online drug list at www.devoted.com/search-drugs. Or, give us a call. We can look up your medications or mail you our list of covered drugs (formulary).

Does this plan cover my doctors and pharmacies?

Find out by searching our online directory at www.devoted.com/search-providers. Or, give us a call. We can look up your doctors and pharmacies or mail you a directory.

What's the difference between copays and coinsurance?

A copay is a flat fee. For example, a $5 copay for a service means you pay $5. Coinsurance is a percentage of the cost. For example, 10% coinsurance means you pay 10% of the cost of the service.

How can I learn about Original Medicare?

Check the latest *Medicare & You* handbook. If you don't have one, visit www.medicare.gov and enter "Medicare & You handbook" in the search tool. (Include the quotation marks for best results.) Or ask Medicare to send you one by calling 1-800-MEDICARE (1-800-633-4227) any day, any time. TTY users can dial 1-877-486-2048.

How can I get more help?

Call us at 1-800-385-0916 (TTY 711). We're here 8am to 8pm, Monday to Friday (from October 1 to March 31, 8am to 8pm, 7 days a week). You can also visit us online at www.devoted.com.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call Member Services at 1-800-385-0916 (TTY 711).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.devoted.com or call 1-800-385-0916 (TTY 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the Devoted Health network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the Devoted Health network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ This plan offers a Part B buy-down. We will reduce your monthly Part B premium by $148.50 per month. This reduction is set up by Medicare and administered through the Social Security Administration (SSA). Depending on how you pay your Medicare Part B premium, your reduction may be credited to your Social Security check or credited on your Medicare Part B premium statement. Sometimes reductions can take several months to be issued; however, you will receive a full credit.
- ☐ Benefits, premiums, and/or copayments/co-insurance may change on January 1, 2023.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Monthly Premium, Deductible, and Limits

Monthly Premium	$0 Also, your Part B premium is reduced by up to $148.50 per month.
Medical Deductible	This plan does not have a deductible.
Pharmacy (Part D) Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility	$3,400 This is the most you will pay for copays, coinsurance, and other costs for Medicare-covered medical services, supplies, and Part B-covered medication for the plan year. What you pay out-of-pocket for Part D prescription drugs and certain supplemental benefits (dental, hearing aids) do not apply to this amount.

Covered Medical and Hospital Benefits

Inpatient Hospital Coverage Prior authorization may be required.	**Days 1 - 6** $250 copay per day **Days 7 +** $0 copay

Outpatient Hospital Coverage

Prior authorization may be required for procedures performed in an Outpatient Hospital or Ambulatory Surgical Center.

If you are held in Observation, you will pay your copay for the Observation Stay. Copays for any additional services provided while in Observation will not apply.

Diagnostic Colonoscopies
$0 copay at any in-network location

Ambulatory Surgical Center (ASC)
$95 copay for surgery at an ASC

Outpatient Hospital
$250 copay for surgery at an outpatient hospital

Observation Stays
$250 copay per stay

Doctor Visits

A referral from your PCP may be required to see a specialist.

Primary Care Provider (PCP)
$0 copay

Specialist
$35 copay

Preventive Care

Our plan covers many preventive services at no cost when you see an in-network provider, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness visit
- Bone mass measurement (bone density)
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screenings
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy, Cologuard®)
- Depression screening
- Diabetes screening
- Diabetes self-management training
- Glaucoma tests
- Hepatitis C screening test
- HIV screening
- Lung cancer screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Routine physical exam
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines covered under the medical benefit, including flu shots, hepatitis B shots, pneumococcal shots
- "Welcome to Medicare" preventive visit (one time)

Any additional preventive services approved by Medicare during the contract year will be covered.

Emergency Care

$120 copay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for the emergency care.

Worldwide Emergency and Urgent Care

This plan covers emergency services worldwide. If you have an emergency outside of the U.S. and its territories, you generally have to pay the costs yourself at first. Then, you can submit a claim to us so we can pay you back.

Emergency Care
$120 copay

Urgently Needed Services
$50 copay

Ground Ambulance
$250 copay
per one-way trip

Air Ambulance
20% coinsurance
per one-way trip

Urgently Needed Services

Urgently needed services from your PCP
$0 copay

Urgently needed services from an urgent care center or retail walk-in center
$50 copay

Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.

Outpatient Care and Services

Diagnostic Services, Labs and Imaging

Prior authorization may be required.

If your provider bills us as part of a hospital system, you may be responsible for the outpatient hospital setting cost share for the services outlined in this section.

Lab Services
$0 copay in an office or freestanding location
$40 copay at an outpatient hospital setting

Outpatient X-rays & Ultrasounds
$0 copay in an office or freestanding location
$150 copay at an outpatient hospital setting

Diagnostic Radiology (such as CT, MRI, etc.)
$0 copay in an office or freestanding location
$250 copay at an outpatient hospital setting

Diagnostic Tests and Procedures (such as a stress test, etc.)
$0 copay in an office or freestanding location
$250 copay at an outpatient hospital setting

Radiation Therapy
20% coinsurance

Hearing Services

Hearing Care

Routine Hearing Exams
$0 copay — 1 visit per year

Hearing Aid Fitting and Evaluation
$0 copay

Medicare-covered Hearing Care
$35 copay

Hearing Aids

You must see a TruHearing® provider to use this benefit.

Benefit includes coverage of up to two TruHearing® Advanced or Premium hearing aids, which come in various styles and colors.

$599 copay per aid for Advanced Aids*

$899 copay per aid for Premium Aids*

Hearing aid purchase includes:

- First year of follow-up provider visits
- 60-day trial period
- 3-year extended warranty
- 80 batteries per aid for non-rechargeable models
- $50 additional cost per aid for optional hearing aid rechargeability

*Hearing aid copayments are not subject to the out-of-pocket maximum.

Dental Services

Preventive Dental Services

Devoted Health will pay as much as $750 per year for covered dental services. This means you will pay any additional costs above this amount.

Certain limitations apply. This is not an exhaustive list of covered dental services. See the plan's Evidence of Coverage (EOC) for more details.

Periodic Oral Exams
$0 copay

Comprehensive Oral Evaluation
$0 copay

Cleanings
$0 copay

X-rays (bitewing, intraoral, and panoramic)
$0 copay

Comprehensive Dental Services Devoted Health will pay as much as $750 per year for covered dental services. This means you will pay any additional costs above this amount. Certain limitations apply. This is not an exhaustive list of covered dental services. See the plan's Evidence of Coverage (EOC) for more details.	**Fillings** $0 copay **Root Planing & Scaling** $0 copay **Extractions** $0 copay **Full Mouth Debridement** $0 copay

Vision Services

Routine Vision	**Routine Eye Exam** $0 copay — 1 visit per year **Diabetic Eye Exam** $0 copay - 1 visit per year **Glaucoma Screening** $0 copay
Eyewear	Up to $150 each year for eyeglasses or contacts Fitting for contact lenses covered at no additional cost. Allowance can be used for frames or lenses (or a combination of the two), contact lenses, eyeglass upgrades, or eyeglass replacements, up to the allowance amount.
Medicare-covered Vision Care	$35 copay

Additional Outpatient Care and Services

Mental Health Services Prior authorization may be required. Mental health services are coordinated by Magellan, our behavioral health provider.	**Inpatient mental health care** **Days 1 - 6** $250 copay per day **Days 7 - 90** $0 copay **Outpatient mental health care (individual and group)** $35 copay
Skilled Nursing Facility (SNF) Prior authorization may be required. No prior hospital stay required.	**Days 1 - 20** $0 copay **Days 21 - 40** $184 copay per day **Days 41 - 100** $0 copay
Physical Therapy You may need a referral for Physical, Occupational, and Speech Therapy services.	$20 copay in an office or freestanding location $40 copay at an outpatient hospital setting
Ambulance Services This plan covers you for ambulance transportation to the nearest emergency room worldwide.	**Ground Ambulance** $250 copay per one-way trip **Air Ambulance** 20% coinsurance per one-way trip

Transportation	**Trips to your primary care provider** $0 copay — unlimited rides **Non-emergent medical transportation** $0 copay — 20 one-way rides per year Trips limited to 30 miles per one-way trip to locations such as the doctors' office, the pharmacy, and the gym.

Prescription Drug Benefits

Medicare Part B Drugs Generally, Part B drugs are usually not self-administered. These drugs can be given in a doctor's office as part of a medical service. In a hospital outpatient department, coverage generally is limited to drugs that are given by infusion or injection. You only pay the cost-share for the amount of the drug used. This means that if part of the drug is not used, you will not be charged for the unused portion. Prior authorization may be required.	**Allergy Serum** $0 copay **Generic Medications Used in a Nebulizer** $0 copay **Chemotherapy Drugs** 20% coinsurance **Other Part B Drugs** 20% coinsurance

Prescription Drugs	**Pharmacy (Part D) Deductible** This plan does not have a deductible. **Initial Coverage Stage** You pay copays or coinsurance until your total yearly drug costs reach $4,430. Total yearly drug costs are the total drug cost paid by both you and Devoted Health.

30-Day Supply Network Retail Pharmacy Cost sharing may change when you enter a new phase of the Part D benefit.	**Tier 1: Preferred Generic** $0 per prescription **Tier 2: Generic** $5 per prescription **Tier 3: Preferred Brand** $47 per prescription Select Insulin: $0 per prescription See the Additional Part D Benefit Information section. **Tier 4: Non-Preferred Drugs** $100 per prescription **Tier 5: Specialty** 33% of the total cost
100-Day Supply Network Mail Order Cost sharing may change when you enter a new phase of the Part D benefit.	**Tier 1: Preferred Generic** $0 per prescription **Tier 2: Generic** $0 per prescription **Tier 3: Preferred Brand** $117.50 per prescription Select Insulin: $0 per prescription See the Additional Part D Benefit Information section. **Tier 4: Non-Preferred Drugs** $300 per prescription **Tier 5: Specialty** Not available through mail

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. While you reside in the long term care facility you are able to receive up to a 31 day supply.

Coverage Gap or "Donut Hole"

Most Medicare drug plans have a Coverage Gap or “donut hole.” This means that there is a temporary change in what you will pay for your drugs. The Coverage Gap begins after the total yearly drug costs (including what Devoted Health has paid and what you have paid) reaches $4,430. Please note that not everyone will enter the Coverage Gap.

For the 2022 plan year, while in the coverage gap, you will pay 25% of the total cost for drugs until you reach $7,050 total out-of-pocket.Devoted Health Essentials Polk (HMO) offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be $0 for a 30-day supply.

Catastrophic Coverage

Yearly Out-of-pocket Drug Costs	**After you reach $7,050 yearly out-of-pocket drug costs, you pay the greater of:** 5% of the cost — or — **Generic Drugs or Drugs that are Treated as Generic** $3.95 **Covered Brand Drugs** $9.85 Devoted Health pays the rest of the cost.

Additional Part D Benefit Information

Insulin Coverage As a member of this plan, you have extra coverage and savings for select insulin drugs.	**With this plan, you pay a $0 copay for a 30-day supply of select insulin products covered on our formulary**. The $0 copay applies during all phases of the Part D benefit (including the coverage gap) until you reach your yearly out-of-pocket limit for drug costs.
Erectile Dysfunction Drugs (ED)	Sildenafil (generic Viagra) and Tadalafil (generic Cialis) are both covered as Tier 2 medications. You are covered up to 6 pills per month (a maximum of 72 pills per year), for either medication or combination, but not to exceed 6 pills.

Additional Prescription Drug Information	If you receive Extra Help from Medicare, your costs for prescription drugs may be lower than the cost-shares in this booklet. You pay whichever is less. Medicare beneficiaries who receive assistance from Medicaid or the state-sponsored Qualified Medicare Beneficiary program may pay nothing for Medicare-covered services. You must meet certain income and resource conditions to be eligible. If you reside in a long term care facility, you pay the same as at a standard retail pharmacy. Note: some covered drugs may be subject to quantity limitations, or require step therapy or prior authorization.

Additional Benefits

Dialysis A referral may be required.	20% coinsurance
Foot Care (Podiatry Services)	**Medicare-covered Foot Care** $35 copay **Routine Foot Care** $35 copay — 6 visits per year Routine foot care includes hygienic care such as nail trimming and callus removal.

Home Health Care Prior authorization may be required. Home Health Care is limited to Medicare-covered services.	$0 copay
Durable Medical Equipment (DME) Prior authorization may be required.	**Basic Medicare-covered DME products** 20% coinsurance Including, but not limited to: • Oxygen • CPAP machines and supplies • Nebulizer equipment • Non-motorized wheelchair **Advanced Medicare-covered DME products (listed below)** 20% coinsurance • Medicare-covered ventilator • Bone growth stimulator • Portable oxygen concentrator • Bariatric equipment • Specialty beds • Custom or specialty wheelchairs and scooters • Seat lifts • Specialty brand items • High-frequency chest compression vests • Pain infusion pump • Continuous Glucose Monitor (other than Freestyle Libre - see "Diabetic Monitoring Supplies" section for details) Equipment is covered only from certain brands and manufacturers. Please contact us for details.

Prosthetic Devices and Medical Supplies Prior authorization may be required.	**Prosthetic devices and related supplies** 20% coinsurance **Medical Supplies** $0 copay **Supplemental compression stockings** $0 copay **Supplemental mastectomy sleeves** $0 copay Up to two pairs every 6 months of compression stockings/surgical stockings or mastectomy sleeves
Diabetic Monitoring Supplies Prior authorization may be required. **"Fingerstick" Glucose Monitors:** We cover blood glucose monitors and test strips made by LifeScan (OneTouch). Supplies provided by in-network pharmacies and DME suppliers that carry it. **Continuous Glucose Monitor (CGM):** Our preferred product is the Freestyle Libre and is available at in-network pharmacies at no cost to you, when ordered by your physician. Other CGMs are available but require authorization and a Durable Medical Equipment (DME) cost share may apply.	**Supplies to monitor your blood glucose** $0 copay
Diabetic Shoes & Therapeutic Inserts	$0 copay

Rehabilitation Services You may need a referral for Physical, Occupational, and Speech Therapy services.	**Cardiac rehabilitation services** $20 copay **Pulmonary rehabilitation services** $20 copay **Physical Therapy** $20 copay in an office or freestanding location $40 copay at an outpatient hospital setting **Occupational Therapy** $20 copay in an office or freestanding location $40 copay at an outpatient hospital setting **Speech Therapy** $20 copay in an office or freestanding location $40 copay at an outpatient hospital setting
Substance Use Services	$35 copay
Telehealth This benefit may not be offered by all in-network plan providers. Check directly with your provider about the availability of telehealth services. A referral may be required.	**Virtual PCP Visits** $0 copay **Virtual PT/OT/SP Visits** $20 copay **Virtual Specialist Visits** $35 copay Your costs may be less depending on the provider you see.

More Benefits and Perks With Your Plan

Over-the-Counter Items (OTC) You must use our designated vendor for this benefit.	$30 per month You can use this benefit more than once, up to the limit per month, but this amount does not roll over. Eligible items are listed in the OTC catalog. Items not listed in the OTC catalog are not covered under the OTC benefit. To purchase eligible OTC items, you can order online, over the phone, or visit participating CVS stores.

Fitness

SilverSneakers: Devoted Health covers the full cost of this benefit. SilverSneakers fitness program offers access to thousands of fitness locations nationwide. SilverSneakers also provides virtual resources through SilverSneakers LIVE™, SilverSneakers On-Demand™ and a mobile app, SilverSneakers GO™.

Devoted Health Wellness Bucks: Devoted Health will reimburse you up to $150 per year for participation or purchase of one or more of the following:

1. Purchase of an Apple Watch® or other wearable device that tracks number of steps and heart rate.
2. Fitness equipment to be used in the home. Examples include free weights, treadmill or stationary bike, rowing machines, resistance bands, etc.
3. Participation in instructional fitness classes such as Yoga, Pilates, Zumba, Tai Chi, Crossfit, aerobics/group fitness classes, strength training, spin classes, personal training (taught by a certified instructor), or membership fees associated with a qualifying fitness facility.
4. Program fees for weight loss programs such as Jenny Craig, Weight Watchers, or hospital-based weight loss programs.
5. Memory fitness activities and programs that improve your brain's speed and ability, strengthen memory, and enable learning.
6. Mindfulness apps, such as Calm or Headspace, to support you health and well-being.

Acupuncture

Medicare coverage is limited to treatment of chronic lower back pain. Certain restrictions and limitations apply.

Medicare-covered acupuncture
$0 copay

Meals

You must use our designated vendor for this benefit.

After an Inpatient or Skilled Nursing Facility Stay
$0 copay

After an inpatient stay in a hospital or a skilled nursing facility, you can get 2 meals per day for up to 10 days at no extra cost to you.

This benefit may be used up to 4 times per calendar year.

New Chronic Condition or Medical Condition requiring a Home Stay
$0 copay

If part of your care plan for a chronic condition means changing how you eat, or you are diagnosed with a condition that requires you stay at home, you can have meals delivered to your home to support your condition.

You can get 2 meals a day for 14 days. You can use this service once per calendar year, per diagnosis.

Chiropractic Care

Medicare-covered chiropractic services
$20 copay

Routine chiropractic care
$20 copay — 6 visits per year

Bathroom Safety Equipment

Standard Raised Toilet Seat:
$0 copay

Standard Tub Seat:
$0 copay

Personal Emergency Response System (PERS)

A Personal Emergency Response System (PERS) is a medical alert monitoring system that provides 24/7 access to help at the push of a button.

We offer multiple styles, including in-home and multiple mobile-enabled wearable devices.

You must use our designated vendor for this benefit.

$0 copay

There is no cost to you to access this benefit. This includes:

- Cost of the device
- Monthly monitoring fees
- Fall detection (available on certain styles)

Devoted Dollars

With our rewards program, you can earn Devoted Health Plans Visa® prepaid cards for taking care of yourself.

When we receive a claim from your provider for any of the eligible services, we will issue you a reward.

Breast Cancer or Colorectal Cancer Screening: Earn a $20 reward after a breast cancer screening (if you're due for one) OR a colorectal cancer screening (if you're due for one)

Diabetes Screening: Earn a $20 reward after receiving all of the following services (if you have diabetes):

- Get a blood test to check your HbA1c (average blood sugar)
- Get a urine test to check your kidney function
- Get an eye exam for diabetes

Flu Shot: Earn a $10 reward after receiving the flu shot

PCP Visit: Earn a $20 reward after seeing your PCP within 90 days of your plan start date

You need a referral to receive covered services from providers. Certain procedures, services, and drugs may need advance approval from Devoted Health. This is called "prior authorization" or "pre-authorization." Please contact your PCP or refer to the Evidence of Coverage for services that require a prior authorization from Devoted Health.

Non-Discrimination Notice

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

Devoted Health

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 language

If you need these services, contact Devoted Health at 1-800-338-6833 (TTY 711).

If you believe that Devoted Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Dual HMO plans only:
Devoted Health – Appeals & Grievances
PO Box 21917
Eagan, MN 55121
1-800-338-6833 (TTY 711)

All other HMO plans:
Devoted Health – Appeals & Grievances
PO Box 21327
Eagan, MN 55121
1-800-338-6833 (TTY 711)

You can file a grievance in person, by mail and by phone. If you need help filing a grievance, call 1-800-338-6833 (TTY 711).

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 https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-338-6833 (TTY 711).

العربية (Arabic): ملحوظة: إذا كنت تتحدث اللغة الإنجليزية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل بالرقم (1-800-338-6833) أو للصم والبكم: 711)

您講中文 (Chinese): 注意：如果您講英語，則可免費獲得語言幫助服務。請呼叫 1-800-338-6833 (TTY 711)。

فارسی (Farsi):

توجه : اگر به زبان فارسی صحبت میکنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
با این شماره تماس بگیرید:(TTY 711) 1-800-338-6833 .

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-338-6833 (ATS 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-338-6833 (TTY 711).

ગુજરાતી (Gujarati): ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોવ તો ભાષા સહાય સેવાઓ (લેન્ગવેજ આસિસ્ટન્સ સર્વિસીસ) આપના માટે વિનામૂલ્યે ઉપલબ્ધ છે. 1-800-338-6833 (TTY 711) પર કૉલ કરો.

Kreyòl Ayisyen (Haitian Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-338-6833 (TTY 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, dei servizi di assistenza linguistica gratuiti sono disponibili. Chiamare 1-800-338-6833 (TTY 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-800-338-6833 (TTY 711) まで、お電話にてご連絡ください。

한국어 (Korean): 주의: 영어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-800-338-6833 (TTY 711). 번으로 전화해 주십시오.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-338-6833 (TTY 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-338-6833 (TTY 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-338-6833 (телетайп 711).

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-338-6833 (TTY 711).

Tagalog (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-338-6833(TTY 711).

ไทย (Thai): โปรดทราบ: หากคุณสื่อสารด้วยภาษาไทย บริการช่วยเหลือด้านภาษา ไม่มีค่าใช้จ่าย พร้อมให้บริการคุณ ที่หมายเลขโทรศัพท์ 1-800-338-6833 (พิมพ์ TTY 711).

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-338-6833 (TTY 711).

This information is not a complete description of benefits. Call 1-800-385-0916 (TTY 711) for more information. Devoted Health is an HMO and PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

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Questions? Call us.

1-800-385-0916
TTY 711

If you're a Devoted Health member, call:

1-800-338-6833
TTY 711