2024 Summary of Benefits

Aetna Medicare Premier Plus (HMO-POS)
H3931 - 004

aetna®

Here's a summary of the services we cover from January 1, 2024 through December 31, 2024. Keep in mind: This is just a summary. Need a complete list of what we cover and any limitations? Just visit AetnaMedicare.com/H3931-004 where you'll find the plan's *Evidence of Coverage* (EOC). You may call us to request a copy.

We're here to help

You may have questions as you read through this information. And that's OK — we're here to help.

Not a member yet?

Call 1-833-859-6031 (TTY: 711)
October 1–March 31: 8 AM to 8 PM, 7 days a week
April 1–September 30: 8 AM to 8 PM, Monday–Friday
An Aetna® team member will answer your call.

Already a member?

Call 1-833-570-6670 (TTY: 711)
8 AM to 8 PM, 7 days a week
An Aetna team member will answer your call.

2024-H3931.004.1

Are you eligible to enroll?

To join Aetna Medicare Premier Plus (HMO-POS), you must:

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:
  Pennsylvania: Bucks, Chester, Delaware, Montgomery, Philadelphia

What you should know

- **Plan type:** Aetna Medicare Premier Plus (HMO-POS) is an HMO plan. This is a Medicare Advantage plan that covers prescription drugs.
- **Primary Care Physician (PCP):** A PCP is important to help coordinate your care. We require you to select a PCP. When you enroll, we'll ask who your PCP is. If you don't tell us, we'll assign one to you. You can change your PCP anytime by calling us or logging into your member portal.
- **Referrals:** Aetna Medicare Premier Plus (HMO-POS) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.
- **Prior authorizations:** Your provider will work with us to get approval before you receive certain services or drugs.
- **Contact information:** To get more information about some benefits, please see the Contact quick reference chart at the end of this document.
- **Provider directory:** View your provider directory at AetnaMedicare.com/H3931-004.

Plan premium, deductible, and maximum out-of-pocket (MOOP)

Out-of-pocket costs	
Monthly premium	$87 You must continue to pay your Medicare Part B premium.
Plan deductible	$0
MOOP	$6,900 for in-network services Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.

Medical and hospital benefits

Hospital coverage

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Inpatient (unlimited number of days)	$375 per stay
Outpatient hospital observation services	$275 per stay
Outpatient hospital	$30 - $275 $30 for outpatient hospital services other than surgery $275 for each outpatient hospital surgery
Ambulatory surgical center	$250

Doctor visits

Benefit	Your costs in our plan
PCP	$0
Specialist	$30

Preventive, emergency and urgent care

Benefit	Your costs in our plan
Preventive care	$0 For a full list of preventive services available, see the EOC. Some covered services may have an associated cost.
Emergency and urgent care (inside the U.S.)	$100 for emergency care $50 for urgent care
Emergency and urgent care, including ambulance (outside the U.S.)	$100 for emergency care $100 for urgent care $240 for ambulance

Diagnostic services, labs, imaging

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Diagnostic tests and procedures	$0
Lab services	$0
Diagnostic radiology services, such as MRI	$0 - $250 $0 for services provided by your primary care physician in their office $250 for services performed by a provider other than your primary care physician
Outpatient x-rays	$20

Hearing services

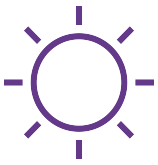
Benefit	Your costs in our plan
Diagnostic hearing exam	$30
Routine hearing exam	$0 You get one routine hearing exam every year with a provider in the NationsHearing network.
Hearing aids	You get an annual benefit amount (allowance) up to a maximum amount of $1,250 per ear, every year. This benefit amount can only be used to purchase hearing aids through a NationsHearing network provider. If the cost is over the benefit amount, you pay the difference.

Dental services

Benefit	Your in-network costs	Your out-of-network costs
Dental services	$0 for preventive services including oral exams, bitewing x-rays and cleanings $0 for comprehensive services including things like fillings, extractions, crowns, root canals, dentures, and implants	50% for preventive services including oral exams, bitewing x-rays and cleanings 50% for comprehensive services including things like fillings, extractions, crowns, root canals, dentures, and implants
	$3,000 annual benefit amount (allowance). This is the total amount that will be paid for covered preventive and comprehensive services combined. You are responsible for any costs over this amount. This benefit uses the Aetna Dental PPO Network, which is different from your medical network. You can use a provider in or out of the Aetna Dental PPO Network. However, in-network providers agree to bill us directly so you won't have to pay the provider and then submit a reimbursement request - and you may save money. To find a provider and learn more about this benefit visit AetnaMedicare.com/H3931-004	

Vision services

Benefit	Your costs in our plan
Diagnostic eye exam (includes diabetic eye exams)	$0 - $30 $0 for diabetic eye exams $30 for all other Medicare-covered eye exams
Glaucoma screening	$0
Routine eye exam	$0 Our plan covers one exam every year when obtained from an in-network provider.
Contacts and eyeglasses	You get a vision eyewear benefit amount (allowance) up to $500 every year for covered prescription eyewear. This eyewear benefit is set up as a yearly direct member reimbursement (DMR). You can use your benefit amount at any licensed vision provider in the U.S. However, if you see an EyeMed provider, they may provide a discount and automatically apply your benefit amount so you won't have to submit for reimbursement. If you see a provider outside of the network, you will have to pay at the time of service and then submit for reimbursement.



Mental health services

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Inpatient psychiatric hospital stay	$350 per day, days 1-5; $0 per day, days 6-90
Outpatient mental health therapy	$40
Outpatient psychiatric therapy	$40

Skilled nursing facility (SNF) and therapy

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification. Note: Members must meet the Centers for Medicare & Medicaid Services (CMS) criteria for medically necessary skilled care to be covered.

Benefit	Your costs in our plan
SNF care	$0 per day, days 1-20; $203 per day, days 21-100
	Our plan covers up to 100 days per benefit period.
Physical and speech therapy	$30
Occupational therapy	$30

Ambulance and routine transportation

Your doctor often needs approval from us before we cover non-emergency air ambulance. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Ambulance (ground or air, one-way trip)	$240 for ground ambulance services $355 for air ambulance services You won't have to pay an ambulance cost if you're admitted to the hospital.
Routine, non-emergency transportation	$0 You get up to 6 one-way rides each year to and from plan approved locations (up to 80 miles each ride). This benefit is administered through Access2Care. Please call Access2Care at least two business days in advance to schedule a ride. Tip: Be sure to schedule a ride both to and from your destination. This will count as two one-way rides. **Important:** 1. When scheduling the ride, let the representative know if you will require assistance getting to and from the vehicle. They can confirm if you will need to have an escort (family member or caregiver) ride with you. 2. Please be ready when the driver arrives.

Medicare Part B drugs

Medicare Part B only covers certain medicines for certain conditions. These medicines are often given to you in your doctor's office. They can include things like vaccines, injections, and nebulizers, among others. They can also include medicines you take at home using special medical equipment. Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Chemotherapy drugs	0% - 20% Minimum cost share ensures member cost sharing does not exceed the adjusted Medicare coinsurance for Part B rebatable drugs
Other Part B drugs	0% - 20% Minimum cost share ensures member cost sharing does not exceed the adjusted Medicare coinsurance for Part B rebatable drugs

Medicare Part D drugs

Medicare Part D covers a wide range of prescription drugs. They can include medicines you take every day for conditions like high blood pressure or diabetes.

Prescription drugs (Your costs may be lower if you qualify for Extra Help)

Formulary name	B3: Some drugs require **prior authorization**. This means you must get approval from us first before we'll cover it.

Deductible phase

You'll pay the plan's negotiated drug cost up to the deductible limit.

The deductible applies to drugs on Tiers 3, 4, and 5	$250

Initial coverage phase

The plan will pay its share of the cost and you'll pay a copayment or coinsurance (your share of the cost) for each prescription filled until your total drug costs reach $5,030. You pay the copay listed below or the cost of the drug, whichever is lower. These cost shares may also apply to home infusion drugs when obtained through your Part D benefit.

One-month Supply

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

	Preferred Retail 30-day	Standard Retail 30-day	Preferred Mail 30-day	Standard Mail 30-day	Standard Long-Term Care (LTC) 31-day
Tier 1: Preferred Generic	$0	$5	$0	$5	$5
Tier 2: Generic	$10	$10	$10	$10	$10
Tier 3: Preferred Brand	20%	25%	20%	25%	25%
Tier 4: Non-Preferred Drug	50%	50%	50%	50%	50%
Tier 5: Specialty	29%	29%	29%	29%	29%

Long-term Supply

Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug:

	Preferred Retail 100-day	Standard Retail 100-day	Preferred Mail 100-day	Standard Mail 100-day
Tier 1: Preferred Generic	$0	$15	$0	$15
Tier 2: Generic	$30	$30	$10	$30
Tier 3: Preferred Brand	20%	25%	20%	25%
Tier 4: Non-Preferred Drug	50%	50%	50%	50%

	Preferred Retail 100-day	Standard Retail 100-day	Preferred Mail 100-day	Standard Mail 100-day
Tier 5: Specialty	A long-term supply is not available for drugs on Tier 5.			
Coverage gap phase Our plan offers additional coverage in the gap. This phase lasts until your yearly out-of-pocket drug costs reach $8,000.				
	Preferred Retail 30-day	**Standard Retail 30-day**	**Preferred Mail 30-day**	**Standard Mail 30-day**
Tier 1: Preferred Generic	$0	$5	$0	$5
Tier 2: Generic	$10	$10	$10	$10
All other brand name and generic drugs	25% of the plan's cost	25% of the plan's cost	25% of the plan's cost	25% of the plan's cost
Catastrophic coverage phase In this phase, the plan pays the full cost for your covered Part D drugs.				
Generic and brand name drugs	$0			
Insulins and vaccines				
Important message about what you pay for Part D vaccines	Our plan covers most vaccines at no cost to you, even if you haven't paid your deductible.			
Important message about what you pay for Part D insulins	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 or Part D phase you are in, even if you haven't paid your deductible.			
Check your formulary guide for a list of covered insulins and vaccines				

Other covered benefits

Allowance cards

Benefit	
Aetna Medicare Payment Card	With this plan, you get an Aetna Medicare Payment Card. It will include: **Medical Expense Wallet** $100 quarterly benefit amount (allowance) to pay for medical cost share expenses such as physician visits, lab work, and vision and hearing exams. It may also be used to pay for additional visits for a plan covered service that has a visit limit. **Over-the-counter (OTC) Wallet** $135 quarterly benefit amount (allowance) to purchase approved over-the-counter health and wellness products like first aid supplies, cold and allergy medicine, pain relievers, COVID-19 tests and more. You can find the list of approved items at AetnaMedicare.com/myotc or on the PayFlex member portal at payflex.com. Approved items can be purchased online, in store, or by phone. We have partnered with Payflex to provide this benefit. Be sure to use the full benefit allowance amounts each quarter because any unused allowance amount will not roll over into the following quarter.

Complementary and alternative medicine (CAM)

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Acupuncture	$30 for Medicare-covered care Medicare coverage is limited to services to treat chronic low back pain. Routine acupuncture care isn't covered.
Chiropractic care	$15 for Medicare-covered care $15 for routine care

	Medicare coverage is limited to fixing a subluxation. This is when one or more of the bones in your spine move out of place. For routine services, we also cover up to twelve visits every year as necessary to meet your individual needs.

Diabetic supplies

We cover blood glucose monitors and diabetic test strips from **OneTouch®/LifeScan.**
Keep in mind: You'll pay more for other brands.
Your doctor may need approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Diabetic supplies	0% – 20% 0% for OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices 20% for non-OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices (prior authorization may be required)

Fitness program

Benefit	Your costs in our plan
Physical fitness	$0 You're eligible for a basic membership at SilverSneakers participating facilities. If you prefer to exercise at home, you can also access online classes or get an at-home fitness kit. This membership also includes classes and workshops taught by instructors trained in senior fitness, workout videos, a mobile app, and online fitness nutrition tips. You will also have access to online enrichment classes to support your health and wellness, as well as your mental fitness.

Foot care (podiatry services)

Benefit	Your costs in our plan
Foot exams and treatment	$30 for Medicare-covered care

Home care and support

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Home health care	$0
Meals	$0 Our plan covers up to 14 meals over 7 days after you're discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility. Upon discharge, you'll be contacted by NationsMarket to schedule delivery.

Medical equipment and supplies

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Durable medical equipment (DME), like CPAP* machines, wheelchairs and oxygen	0% - 20% 0% for continuous glucose monitors 20% for all other Medicare-covered DME items
Prosthetics, such as braces and artificial limbs	20%

*CPAP stands for "continuous positive airway pressure."

Resources For Living®

Benefit	
Resources For Living	Resources For Living helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more.

Substance abuse

Your doctor may need approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Outpatient substance abuse therapy	$40

Visitor/travel benefit

Plan rules continue to apply. You will need to choose a PCP where you are receiving care. **Prior authorizations** are required for certain services.

Benefit	
Visitor/travel program: Travel Advantage	Allows you to remain in your plan for up to 12 months when you are outside our plan's service area. You can see an Aetna Medicare participating provider anywhere in the United States (except California) who accepts HMO members and pay in-network cost shares. Not all providers participate in the multi-state network. Contact us for help finding a participating provider in the area you're traveling to.

24-Hour Nurse Line

Talk to a registered nurse anytime, day or night.

Benefit	Your costs in our plan
Nurse Line	$0

Contact quick reference

Contact name	Phone number (TTY: 711)	Website
Aetna: Before you enroll	**1-833-859-6031**	**AetnaMedicare.com**
Aetna: After you enroll	Member Services: **1-833-570-6670**	**AetnaMedicare.com/H3931-004**
Your agent/broker (use this space to write down your agent/broker's phone number)		
Find a network doctor, hospital, or pharmacy	**1-833-570-6670**	**AetnaMedicare.com/findprovider**
24-Hour Nurse Line	**1-855-493-7019**	Please call
Access2Care (transportation)	**1-855-814-1699 (TTY: 711)**	Please call
Aetna (dental)	**1-833-570-6670**	**AetnaMedicare.com/dental**
Aetna Medicare Payment Card	**1-833-570-6670**	**payflex.com**
EyeMed (vision)	**1-844-486-3485 (TTY: 711)**	**AetnaMedicareVision.com**
NationsHearing	**1-877-225-0137 (TTY: 711 for the hearing and speech impaired)**	**Aetna.NationsBenefits.com/Hearing**
OneTouch/LifeScan	**1-877-764-5390 Brochure code: 123AET200**	**OneTouch.orderpoints.com**
SilverSneakers	**1-888-423-4632 (TTY/TDD: 711)**	**SilverSneakers.com**

Aetna, CVS Pharmacy® and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our member services number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

The Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in: Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri, Rural North Dakota and Suburban West Virginia. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call 1-833-859-6031 (TTY: 711) or consult the online pharmacy directory at AetnaMedicare.com/findpharmacy.

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call 1-833-570-6670 (TTY: 711) 8 AM to 8 PM, 7 days a week if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

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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 and speak to a customer service representative at **1-833-859-6031 (TTY: 711)**. From October 1 to March 31, you can call us 7 days a week from 8 AM to 8 PM local time. From April 1 to September 30, we're here Monday through Friday from 8 AM to 8 PM local time.

Understanding the benefits

- ☐ The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **AetnaMedicare.com** or call **1-833-859-6031 (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 network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.

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Form Approved
OMB#0938-1421

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 1-833-570-6670. 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 1-833-570-6670. 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 1-833-570-6670。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 1-833-570-6670。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 1-833-570-6670. 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 1-833-570-6670. 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 1-833-570-6670. 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 1-833-570-6670. 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 1-833-570-6670. 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 1-833-570-6670. 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 1-833-570-6670 . 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 1-833-570-6670. 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 1-833-570-6670. 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 1-833-570-6670. 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 1-833-570-6670. 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 1-833-570-6670. 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、1-833-570-6670. 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。

Hawaiian: He kōkua māhele ʻōlelo kā mākou i mea e pane ʻia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma 1-833-570-6670. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

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We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have 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 our Grievance Department (write to the address listed in your *Evidence of Coverage*). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

傳統漢語(中文) (CHINESE): 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。