2024 Summary of Benefits

Aetna Medicare Elite Plan (PPO)
H5521 - 332

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/H5521-332 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.

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Are you eligible to enroll?

To join Aetna Medicare Elite Plan (PPO), you must:

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:
  California: Fresno, Madera

What you should know

- **Plan type:** Aetna Medicare Elite Plan (PPO) is a PPO plan. This is a Medicare Advantage plan that covers prescription drugs. You can use in-network and out-of-network providers. You will typically pay more for out-of-network care.
- **Primary Care Physician (PCP):** You have the option to choose a PCP. We recommend choosing a PCP because when we know who your doctor is we can better support your care.
- **Referrals:** Aetna Medicare Elite Plan (PPO) 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/H5521-332.

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

Out-of-pocket costs	
Monthly premium	$0 You must continue to pay your Medicare Part B premium.
Plan deductible	$250* for certain in-network and out-of-network services. Your deductible is what you'll pay before we begin to pay for services. The plan deductible applies to the following services provided by an in-network provider: inpatient hospital coverage, inpatient services in a psychiatric hospital, skilled nursing facility, therapeutic radiology, outpatient hospital services (including observation), ambulatory surgical center and dialysis. Additionally, the plan deductible applies to certain out-of-network services.
MOOP	$5,500 for in-network services $8,950 for in- and out-of-network services combined 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 in-network costs	Your out-of-network costs
Inpatient (unlimited number of days)	$325 per day, days 1-4; $0 per day, days 5-90 after your plan deductible; $0 for additional days	45% per stay after your plan deductible
Outpatient hospital observation services	$325 per stay after your plan deductible	45% per stay after your plan deductible
Outpatient hospital	$295 after your plan deductible	45% after your plan deductible
Ambulatory surgical center	$295 after your plan deductible	45% after your plan deductible

Doctor visits

Benefit	Your in-network costs	Your out-of-network costs
PCP	$0	$25 after your plan deductible
Specialist	$25	$65 after your plan deductible

Preventive, emergency and urgent care

Benefit	Your in-network costs	Your out-of-network costs
Preventive care	$0	0% – 45% 0% for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines 45% for all other Medicare-covered preventive services
	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.)	$120 for emergency care $40 for urgent care	$120 for emergency care $40 for urgent care
Emergency and urgent care, including ambulance (outside the U.S.)	$120 for emergency care $120 for urgent care $275 for ambulance	$120 for emergency care $120 for urgent care $275 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 in-network costs	Your out-of-network costs
Diagnostic tests and procedures	$0	45% after your plan deductible
Lab services	$0	$25 after your plan deductible
Diagnostic radiology services, such as MRI	$250	45% after your plan deductible
Outpatient x-rays	$0	45% after your plan deductible

Hearing services

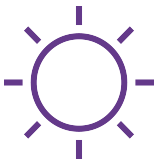
Benefit	Your in-network costs	Your out-of-network costs
Diagnostic hearing exam	$0	45% after your plan deductible
Routine hearing exam	$0 You get one routine hearing exam every year. You can visit a provider in the NationsHearing network, or an out-of-network provider.	45% after your plan deductible
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.	Not Covered

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 $1,200 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/H5521-332	$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

Vision services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic eye exam (includes diabetic eye exams)	$0	45% after your plan deductible
Glaucoma screening	$0	45% after your plan deductible
Routine eye exam	$0 Our plan covers one exam every year.	45% after your plan deductible
Contacts and eyeglasses	You get a vision eyewear benefit amount (allowance) up to $250 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 in-network costs	Your out-of-network costs
Inpatient psychiatric hospital stay	$325 per day, days 1-4; $0 per day, days 5-90 after your plan deductible	45% per stay after your plan deductible
Outpatient mental health therapy	$40	45% after your plan deductible
Outpatient psychiatric therapy	$40	45% after your plan deductible

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 in-network costs	Your out-of-network costs
SNF care	$10 per day, days 1-20; $203 per day, days 21-100 after your plan deductible	45% per stay after your plan deductible
	Our plan covers up to 100 days per benefit period.	
Physical and speech therapy	$30	45% after your plan deductible
Occupational therapy	$30	45% after your plan deductible

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 in-network costs	Your out-of-network costs
Ambulance (ground or air, one-way trip)	$275	$275 after your plan deductible
Routine, non-emergency transportation	Not Covered	Not Covered

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 in-network costs	Your out-of-network costs
Chemotherapy drugs	0% - 20% Minimum cost share ensures member cost sharing does not exceed the adjusted Medicare coinsurance for Part B rebatable drugs	45% after your plan deductible
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	45% after your plan deductible

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: B2: 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.

This plan doesn't have a deductible, so your coverage begins at the Initial coverage phase.	$0

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	$0	$10	$0	$10	$10
Tier 3: Preferred Brand	$47	$47	$47	$47	$47
Tier 4: Non-Preferred Drug	$100	$100	$100	$100	$100
Tier 5: Specialty	33%	33%	33%	33%	33%

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	$0	$30	$0	$30
Tier 3: Preferred Brand	$141	$141	$141	$141
Tier 4: Non-Preferred Drug	$300	$300	$300	$300

	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	$0	$10	$0	$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.			
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.			
Check your formulary guide for a list of covered insulins and vaccines				

Other covered benefits

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 in-network costs	Your out-of-network costs
Acupuncture	$25 for Medicare-covered care	$65 for Medicare-covered care after your plan deductible
	Medicare coverage is limited to services to treat chronic low back pain. Routine acupuncture care isn't covered.	
Chiropractic care	$20 for Medicare-covered care	45% for Medicare-covered care after your plan deductible
	Medicare coverage is limited to fixing a subluxation. This is when one or more of the bones in your spine move out of place. Routine chiropractic care isn't covered.	

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 in-network costs	Your out-of-network costs
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)	0% – 20% after your plan deductible 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. **Fitness allowance**: You also get a direct member reimbursement (DMR) allowance of $600 per year. You can be reimbursed toward: • Fees paid for aerobic/fitness activities or membership fees to a qualified fitness club that does not participate with SilverSneakers. • Activity fees such as pickleball fees, golf green fees, ski/lift passes and fees, bowling, yoga, stretching, dance classes, and fees associated with extra features at SilverSneakers facilities. • Weights and fitness supplies such as exercise peddlers, yoga mats, exercise bands. • Wearable items such as tracking devices. This is a direct member fitness reimbursement (DMR) benefit. That means you pay up front for qualified fitness services/activities and submit for reimbursement.

Foot care (podiatry services)

Benefit	Your in-network costs	Your out-of-network costs
Foot exams and treatment	$40 for Medicare-covered care	45% for Medicare-covered care after your plan deductible

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 in-network costs	Your out-of-network costs
Home health care	$0	45% after your plan deductible
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 in-network costs	Your out-of-network costs
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	45% after your plan deductible
Prosthetics, such as braces and artificial limbs	20%	30% after your plan deductible

*CPAP stands for "continuous positive airway pressure."

Over-the-counter (OTC) benefit

You will receive a $75 benefit amount (allowance) each quarter to purchase approved over-the-counter (OTC) health and wellness items like first aid supplies, cold and allergy medicine, pain relievers, COVID-19 tests, and more. The $75 benefit amount is available the first day of each calendar quarter. Calendar quarters begin in January, April, July, October. Be sure to use the full benefit amount each calendar quarter, because any unused amount will not roll over into the next calendar quarter.

We have partnered with OTC Health Solutions (OTCHS) to provide this benefit. The benefit amount is not connected to a payment or debit card. You will use your Aetna Medicare Elite Plan (PPO) member ID to confirm benefit eligibility, confirm available benefit amount, and make purchases. You can purchase approved products online, by phone or in CVS stores. For details view the OTCHS catalog at AetnaMedicare.com/H5521-332.

Benefit	
OTC	$75 quarterly

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 in-network costs	Your out-of-network costs
Outpatient substance abuse therapy	$40	45% after your plan deductible

Visitor/travel benefit

Plan rules continue to apply. **Prior authorizations** are required for certain services.

Benefit	
Visitor/travel program: Explorer	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 who accepts PPO members and pay in-network cost shares. Not all providers participate in the multi-state network. You also have the option of seeing a non-participating provider and paying the out-of-network cost for the visit. 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/H5521-332**
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
Aetna (dental)	**1-833-570-6670**	**AetnaMedicare.com/dental**
EyeMed (vision)	**1-844-486-3485 (TTY: 711)**	**AetnaMedicareVision.com**
NationsHearing	**1-877-225-0137 (TTY: 711)**	**Aetna.NationsBenefits.com/Hearing**
OneTouch/LifeScan	**1-877-764-5390 Brochure code: 123AET200**	**onetouchsamples.com/mpp**
Over-the-counter (OTC) benefit	**1-833-331-1573 (TTY: 711)**	**cvs.com/otchs/myorder**
SilverSneakers	**1-888-423-4632 (TTY: 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, Rural California, 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.
- ☐ 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 covered services, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

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Form Approved
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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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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。