Aetna Medicare Assure Premier (PPO D-SNP)
H1608 - 062

2025 Summary of Benefits

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

Already a member?
Call 1-866-409-1221 (TTY: 711)
8 AM to 8 PM, 7 days a week
An Aetna team member will answer your call.

Keep in mind

This is a summary of the services we cover from January 1, 2025 through December 31, 2025.

Need a complete list of what we cover and any limitations? Just visit **AetnaMedicare.com/H1608-062** where you'll find the plan's *Evidence of Coverage* (EOC). You may call us to request a copy.

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Are you eligible to enroll?

To join Aetna Medicare Assure Premier (PPO D-SNP), you must:

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties: **South Dakota**: Aurora, Beadle, Bon Homme, Brookings, Brule, Buffalo, Campbell, Charles Mix, Clark, Clay, Corson, Davison, Day, Deuel, Douglas, Gregory, Hamlin, Hanson, Hutchinson, Jerauld, Kingsbury, Lake, Lincoln, Marshall, McCook, Miner, Minnehaha, Moody, Sanborn, Spink, Turner, Union, Walworth, Yankton
- Be in a Medicare Savings Program (MSP) or qualify for State Medicaid benefits. See table below for eligibility categories.

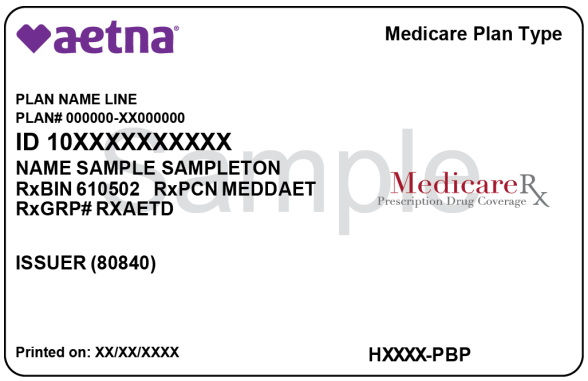
Better health is a team effort
With our Medicare Advantage Dual Eligible Special Needs Plan, or D-SNP, you'll have a care team in your corner, ready to help you reach your best health and make life easier.

- Your **nurse care manager** is a single point of contact to help coordinate your care.
- Your **social worker** will link you to programs in your community and help with questions you have about social services.
- Your **care coordinator** will help schedule provider appointments, arrange rides and work with you to meet your personal needs.
- Your **member advocate** will assist you in accessing State Medicaid benefits.

Medicare Savings Program	What it covers
Qualified Medicare Beneficiary (QMB)	Helps pay Medicare Part A and Part B premiums, and other cost sharing (like deductibles, coinsurance, and copayments). (Some people with QMB are also eligible for full Medicaid benefits (QMB+).)
Qualified Medicare Beneficiary Plus (QMB Plus)	Helps pay Medicare Part A and B premiums, and other cost sharing (like deductibles, coinsurance, and copayments). You are also eligible for full Medicaid benefits from your state Medicaid program.
Specified Low-Income Medicare Beneficiary Plus (SLMB Plus)	Medicaid may cover some of your Medicare premiums and cost sharing for medical services, depending on your state's Medicaid program. You are eligible for full Medicaid.
Full Benefit Dual Eligible (FBDE)	Medicaid may cover some of your Medicare cost sharing for medical services, depending on your state's Medicaid program. You are eligible for full Medicaid.

IMPORTANT: If you receive assistance from Medicaid you may pay less than the cost-sharing amounts listed in this document. If your category of Medicaid eligibility changes, your cost share may increase or decrease. Please refer to the *Evidence of Coverage* for additional benefit details.

Be sure to show your Aetna® member ID card **AND** your state Medicaid ID card when you visit the provider or pharmacy.



What you should know

- **Plan type:** Aetna Medicare Assure Premier (PPO D-SNP) is a D-SNP 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.
- **D-SNP information:** Our D-SNP is for people on Medicare who are also eligible for some level of Medicaid assistance. It replaces your Original Medicare coverage. You'll still have Medicare, but you'll get it through us, instead of the federal government. We cover everything that Original Medicare covers and we provide additional benefits and services too.
- **Primary Care Provider (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 Assure Premier (PPO D-SNP) 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 provider in order to see you.
- **Prior authorizations:** Your provider will work with us to get approval before you receive certain services or drugs.
- **Helpful resources:** To find provider directories, network pharmacies, and other plan information, visit **AetnaMedicare.com/H1608-062**. The Contact Quick Reference chart at the end of this document contains important phone numbers and websites. For coverage and costs of Original Medicare, look in the *Medicare & You* handbook. View it online at **medicare.gov/medicare-and-you**, or get a copy by calling 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, 7 days a week.

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

Out-of-pocket costs	
Monthly plan premium	$0
Part B Premium Reduction	The Part B premium will be reduced by $1.
Plan deductible	$0 - $257 **The annual plan deductible applies to certain out-of-network services.** Your deductible is what you'll pay before we begin to pay for services.
MOOP	$9,350 for in-network services $14,000 for in- and out-of-network services combined Depending on your Medicaid "Medicare Savings Program" eligibility category, Medicaid may pay your cost shares until you reach the Maximum Out of Pocket. Once you reach the limit, we will pay the full cost for plan-covered services for the rest of the year.

Medical and hospital benefits

If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a **$0 copayment amount**.

Hospital coverage

Your provider often needs approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient (unlimited number of days)	$0 copay	$0 copay - 35% per stay after your plan deductible is met
Outpatient hospital observation services	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met
Outpatient hospital	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met
Ambulatory surgical center	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met

Primary Care Provider (PCP) and specialist visits

Benefit	Your in-network costs	Your out-of-network costs
PCP	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met
Specialist	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met

Preventive, emergency and urgent care

Benefit	Your in-network costs	Your out-of-network costs
Preventive care	$0 copay For a full list of preventive services available, see the EOC.	$0 copay
Emergency and urgent care (inside the U.S.)	$0 copay	$0 - $110 copay for emergency care $0 - $45 copay for urgent care
Emergency and urgent care, including ambulance (outside the U.S.)	$0 copay Maximum coverage: $150,000 (the most we'll pay for your worldwide emergency and urgent care combined, including ambulance)	$0 copay

Diagnostic services, labs, imaging

Your provider often needs approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic tests and procedures	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met
Lab services	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met
Diagnostic radiology services, such as MRI	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met
Outpatient x-rays	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met

Hearing services

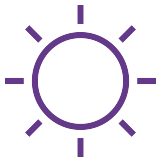
Benefit	Your in-network costs	Your out-of-network costs
Diagnostic hearing exam	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met
Routine hearing exam	$0 copay	$0 copay
	You get one routine hearing exam every year. You can visit a provider in the NationsHearing network or an out-of-network provider.	
Hearing aids	You get an annual benefit amount (allowance) of $2,000 per ear. If the cost is over the benefit amount, you pay the difference. Even though you can go out-of-network for your annual hearing exam, this benefit amount can only be used to purchase hearing aids through a NationsHearing network provider.	Not Covered

Dental services

Benefit	Your in-network costs	Your out-of-network costs
Dental services	$0 copay for covered services You get an annual benefit amount (allowance) of $2,000 for covered services. You are responsible for any costs over this amount. Covered services include oral exams, x-rays, cleanings, fillings, extractions, and more. You can use a provider in or out of the Aetna Dental PPO Network for covered services. However, if you use a provider outside of the network, you may have to pay your cost share at the time of service and submit a request for reimbursement. Note: Implants are not covered. See EOC for additional details on exclusions and limitations.	$0 copay for covered services

Vision services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic eye exam (includes diabetic eye exams)	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met
Glaucoma screening	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met
Routine eye exam	$0 copay Our plan covers one exam every year.	$0 copay
Contacts and eyeglasses	You get an annual benefit amount (allowance) of $450 for covered prescription eyewear. We have teamed up with EyeMed to provide this benefit. You can choose to use a provider outside of the EyeMed network, but you may be responsible for additional costs. Your benefit amount is applied at the time of purchase. If your eyewear purchase is more than your benefit amount, you'll need to pay the difference.	



Mental health services

Your provider often needs approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient psychiatric hospital stay	$0 copay	$0 copay - 40% per stay after your plan deductible is met
Outpatient mental health therapy	$0 copay	$0 copay - 40% coinsurance for individual sessions after your plan deductible is met $0 copay - 40% coinsurance for group sessions after your plan deductible is met
Outpatient psychiatric therapy	$0 copay	$0 copay - 40% coinsurance for individual sessions after your plan deductible is met $0 copay - 40% coinsurance for group sessions after your plan deductible is met

Skilled nursing facility (SNF) and therapy

Your provider often needs approval from us before we cover these services. This is called **prior authorization** or precertification. 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	$0 copay	$0 copay - 40% per stay after your plan deductible is met
	Our plan covers up to 100 days per benefit period.	
Physical and speech therapy	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met
Occupational therapy	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met

Ambulance and routine transportation

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

Benefit	Your in-network costs	Your out-of-network costs
Ambulance (ground or air, one-way trip)	$0 copay	$0 copay - 20% coinsurance after your plan deductible is met
Routine, non-emergency transportation	$0 copay You get up to 48 one-way trips every year to and from plan-approved locations (up to 100 miles each trip). Examples of plan-approved locations include medical offices and urgent care centers. We have teamed up with Access2Care to provide this benefit.	0% coinsurance

Medicare Part B drugs

Medicare Part B only covers a limited number of medicines under certain conditions. These medicines are often given to you in your provider'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 provider often needs approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Chemotherapy drugs	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met
Part B Insulin	$0 copay	$0 - $35 copay after your plan deductible is met
Other Part B drugs	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met

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. Some drugs require **prior authorization**. This means you must get approval from us first before we'll cover them.

Your costs in our plan for covered Part D drugs	
Deductible	$0
Initial Coverage	$0 You can get a 30, 60, or 100-day supply of drugs. This includes home infusion drugs obtained through your Part D benefit.
Catastrophic Coverage	$0

Other covered benefits

Alternative medicine

Benefit	Your in-network costs	Your out-of-network costs
Acupuncture	$0 copay for Medicare-covered acupuncture visits	$0 copay - 40% coinsurance for Medicare-covered acupuncture visits after your plan deductible is met
	Medicare coverage is limited to services to treat chronic low back pain. Non-Medicare covered acupuncture services aren't covered.	
Chiropractic services	$0 copay for Medicare-covered chiropractic visits	$0 copay - 40% coinsurance for Medicare-covered chiropractic visits after your plan deductible is met
	Medicare coverage is limited to fixing a subluxation. Non-Medicare covered chiropractic services aren't covered.	

Diabetic supplies

We exclusively cover **OneTouch®/LifeScan** blood glucose monitors and test strips as our preferred diabetic supplies.

Benefit	Your in-network costs	Your out-of-network costs
Diabetic supplies	$0 copay	$0 copay or 0% - 20% coinsurance after your plan deductible is met $0 copay for some members, based on your level of Medicaid eligibility 0% coinsurance for OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices 20% coinsurance for non-OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices (prior authorization may be required)

Fitness benefit

Benefit	Your costs in our plan
Annual physical fitness membership	$0 copay You get a basic membership to any SilverSneakers® participating fitness facility. If you prefer to exercise at home, you may order one at-home fitness kit per year through SilverSneakers. If you do not reside near a participating facility, online fitness classes are available at no additional cost to you.

Foot care (podiatry services)

Benefit	Your in-network costs	Your out-of-network costs
Foot exams and treatment	$0 copay for Medicare-covered and non-Medicare covered podiatry visits	$0 copay - 40% coinsurance for Medicare-covered podiatry visits after your plan deductible is met 0% coinsurance for non-Medicare podiatry visits
	For non-Medicare covered services, we cover up to twelve visits every year.	

Home care and support

Your provider often needs approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Home health care	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met
Meal benefit (post-discharge)	$0 copay for meals After you are discharged from a qualifying Inpatient Acute Hospital, Inpatient Psychiatric Hospital, or Skilled Nursing Facility stay, you may be eligible to get up to 14 freshly prepared meals for a 7-day period. These meals are provided to help support your recovery or manage your health conditions. We have teamed up with NationsMarket™ to provide this benefit.	

Medical equipment and supplies

Your provider often needs approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Durable medical equipment (DME), such as wheelchairs, crutches, oxygen equipment, and continuous glucose monitors (CGMs)	$0 copay	$0 copay - 30% coinsurance after your plan deductible is met
Prosthetics, such as braces and artificial limbs	$0 copay	$0 copay - 40% coinsurance after your plan deductible is met
Fall prevention	You will receive a $150 annual benefit amount (allowance) to purchase certain approved home and bathroom safety products.	

Substance use disorder services

Your provider often needs approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Outpatient substance use disorder services	$0 copay	$0 copay - 40% coinsurance for individual sessions after your plan deductible is met $0 copay - 40% coinsurance for group sessions after your plan deductible is met

24-Hour Nurse Line

You can talk to a registered nurse anytime to discuss health-related questions.

Benefit	Your costs in our plan
24-Hour Nurse Line	$0 copay

Aetna Assist Program (AAP)

Eligibility requirements:
Members who qualify for enrollment in this plan may be eligible to receive the additional benefits listed below.

$0 Medicare-covered Part D Prescription Drugs
You will pay $0 for covered Part D prescription drugs through the Aetna Rx Cost Support Program during all coverage stages when using an in-network pharmacy.

Extra Supports Wallet
You get a $105 monthly benefit amount (allowance) on an **Aetna Medicare Extra Benefits Card**.

You can use your Extra Supports Wallet to help pay for certain healthy foods, over-the-counter (OTC) health and wellness products, transportation, utilities, and personal care products.

Summary of Medicaid Benefits

Here's a quick look at what's covered by Aetna Medicare Assure Premier (PPO D-SNP) and your state Medicaid program.

Below is a summary of your Medicaid and Aetna Medicare Assure Premier (PPO D-SNP) benefits. If you qualify for Medicare and Medicaid (or "Medical Assistance"), you're "dual eligible." This means you're eligible for benefits under both the federal Medicare program **and** the South Dakota Medicaid program.

What you pay for covered services may depend on your level of Medicaid eligibility. If you meet the state's requirements for **full** Medicaid coverage, you may also receive Medicaid services not covered by Medicare. If you have questions about your Medicaid eligibility and what benefits you're entitled to, or for a full list of your covered Medicaid benefits, just call your South Dakota Medicaid.

The table below gives you a summary of the benefits Medicaid covers. Aetna Medicare Assure Premier (PPO D-SNP) covers the benefits we described earlier in the Medical and hospital benefits section. For each benefit listed below, you can see what Medicaid covers and what our plan covers. **Keep in mind:** Medicaid may cover additional benefits that are not listed below. There may be limits for some services. If you need a service that is only covered by Medicaid, the provider you pick needs to be enrolled with Medicaid.

Service	State Medicaid	Aetna Medicare Assure Premier (PPO D-SNP)
Ambulance	✓	✓
Ambulatory surgical center (ASC) services	✓	✓
Dental services	✓	✓
Diagnostic services/labs/imaging (includes diagnostic tests and procedures, labs, diagnostic radiology, and x-rays)	✓	✓
Doctor visits (primary care providers & specialists)	✓	✓
Emergency care	✓	✓
Hearing services	✓	✓
Home health care	✓	✓
Hospice	✓	Limited (see EOC for coverage details)
Inpatient hospital coverage	✓	✓

Service	State Medicaid	Aetna Medicare Assure Premier (PPO D-SNP)
Mental health services	✓	✓
Long-term nursing home care (i.e., custodial nursing home care)	✓	Not Covered
Occupational therapy	✓	✓
Outpatient hospital coverage	✓	✓
Physical and speech therapy	✓	✓
Prescription drugs	✓	✓
Preventive care	✓	✓
Skilled nursing facility (SNF)	✓	✓
Transportation	✓	✓
Urgently needed services	✓	✓
Vision services	✓	✓

Contact quick reference

Aetna: Before you enroll	**1-833-859-6031 (TTY: 711)**	**AetnaMedicare.com**
Aetna Member Services	**1-866-409-1221 (TTY: 711)**	**AetnaMedicare.com/H1608-062**
Dental	Aetna	1-866-409-1221 (TTY: 711) **AetnaMedicare.com/dental**
Eyewear	EyeMed	1-844-486-3485 (TTY: 711) **AetnaMedicareVision.com**
Hearing Aids	NationsHearing	1-877-225-0137 (TTY: 711) **Aetna.NationsBenefits.com/Hearing**
Nurse Hotline	24-Hour Nurse Line	1-855-493-7019 (TTY: 711)
SilverSneakers	SilverSneakers	1-855-627-3795 (TTY: 711) **SilverSneakers.com**
Transportation	Access2Care	1-855-814-1699 (TTY: 711)

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.

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 1-866-409-1221 (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.

Eligibility for the Model Benefit or Reward and Incentive (RI) Programs under the Value-Based Insurance Design (VBID) Model is not assured and will be determined by Aetna after enrollment, based on relevant criteria (e.g., clinical diagnoses, eligibility criteria, participation in a disease state management program).

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.

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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. The Part B premium is covered for full-dual members.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- ☐ 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 situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221。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 1-866-409-1221。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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221 . 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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221. 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、1-866-409-1221. 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 1-866-409-1221. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

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(Expires 12/31/25)

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。