



## 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](tel: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](tel: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/H1609-044](https://www.aetnamedicare.com/H1609-044) where you'll find the plan's *Evidence of Coverage* (EOC). You may call us to request a copy.

## Are you eligible to enroll?

### To join Aetna Medicare FL Dual Select (HMO 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:  
**Florida:** Hernando, Hillsborough, Pasco, Pinellas
- Be in a Medicare Savings Program (MSP) or qualify for State Medicaid benefits. See table below for eligibility categories.

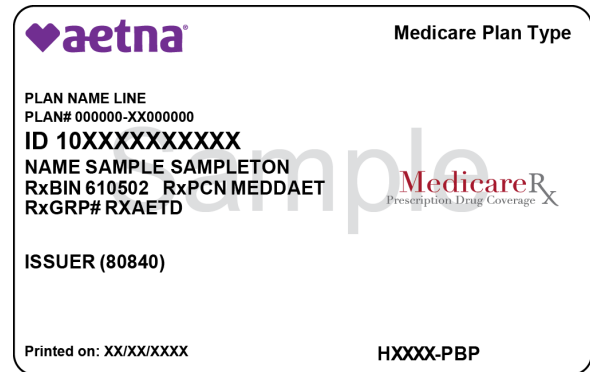
### Better health is a team effort

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 (SLMB)	Helps pay Part B premiums. (Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).)
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.
Qualified Disabled and Working Individual (QDWI)	Helps pay Medicare Part A premium.
Qualifying Individual (QI)	Helps pay Medicare Part B premium.

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



## What you should know

- **Plan type:** Aetna Medicare FL Dual Select (HMO D-SNP) is a D-SNP plan. This is a Medicare Advantage plan that covers prescription drugs.
- **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:** Usually, your PCP must give approval before you use other network providers. You don't need a referral for emergency or urgently needed care.
- **Network:** Our plan has a network of select providers to provide you with patient-centered care, coordinated services and enhanced provider communication. To locate a network provider you may contact Member Services or search the online provider directory.
- **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/H1609-044](https://www.aetna.com/medicare/H1609-044). 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](https://www.medicare.gov/medicare-and-you), or get a copy by calling 1-800-MEDICARE (1-800-633-4227) (TTY: [1-877-486-2048](tel: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
Plan deductible	\$0
MOOP	\$4,150
	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 costs in our plan
Inpatient (unlimited number of days)	\$0 copay - \$110 per day, days 1-5; \$0 per day, days 6-90; \$0 for additional days <ul style="list-style-type: none"> <li>• \$0 copay for QMB, QMB+, SLMB+, and FBDE members</li> <li>• \$110 per day, days 1-5; \$0 per day, days 6-90 for SLMB, QI, and QDWI members</li> </ul>
Outpatient hospital observation services	\$0 copay
Outpatient hospital	\$0 copay
Ambulatory surgical center	\$0 copay



### Primary Care Provider (PCP) and specialist visits

Benefit	Your costs in our plan
PCP	\$0 copay
Specialist	\$0 copay



### Preventive, emergency and urgent care

Benefit	Your costs in our plan
Preventive care	\$0 copay 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.)	\$0 - \$140 copay for emergency care <ul style="list-style-type: none"> <li>• \$0 copay for QMB, QMB+, SLMB+, and FBDE members</li> <li>• \$140 copay for SLMB, QI, and QDWI members</li> </ul> \$0 copay for urgent care
Emergency and urgent care, including ambulance (outside the U.S.)	\$0 copay for emergency care \$0 copay for urgent care \$0 copay for ambulance



### Diagnostic services, labs, imaging

Your provider often needs approval from us before we cover these services. This is called **prior authorization** or precertification. You may have to get a **referral from your PCP** before you can receive these services.

Benefit	Your costs in our plan
Diagnostic tests and procedures	\$0 copay
Lab services	\$0 copay
Diagnostic radiology services, such as MRI	\$0 copay
Outpatient x-rays	\$0 copay



### Hearing services

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



**Dental services**

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

Benefit	Your costs in our plan
Dental services	<p>\$0 copay for covered services</p> <p>You get an annual benefit amount (allowance) of \$3,000 for covered services. You are responsible for any costs over this amount.</p> <p>Covered services include oral exams, cleanings, fillings, extractions, crowns, dentures, and more. We have teamed up with Liberty Dental to provide your dental coverage.</p> <p>This benefit uses the Liberty Dental network, which is different from your medical network. If you choose a provider outside of the Liberty Dental network, services will not be covered.</p> <p>Note: Implants are not covered. See EOC for additional details on exclusions and limitations.</p>





### Vision services

Benefit	Your costs in our plan
Diagnostic eye exam (includes diabetic eye exams)	\$0 copay
Glaucoma screening	\$0 copay
Routine eye exam	\$0 copay  Our plan covers one exam every year with an in-network provider.
Contacts and eyeglasses	With this plan, each calendar year you can get: <ul style="list-style-type: none"> <li>• Eyeglasses: Up to three pairs every year at no cost from the iCare Grand Lux Collection <u>OR</u></li> <li>• A benefit amount (allowance) of \$400 for prescription eyewear including contact lenses or eyeglasses (including lenses and frames)</li> <li>• Upgrades: including UV protection and scratch coating</li> </ul> We have teamed up with iCare to provide this benefit.





### Mental health services

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

Benefit	Your costs in our plan
Inpatient psychiatric hospital stay	\$0 copay - \$110 per day, days 1-5; \$0 per day, days 6-90 <ul style="list-style-type: none"> <li>• \$0 copay for QMB, QMB+, SLMB+, and FBDE members</li> <li>• \$110 per day, days 1-5; \$0 per day, days 6-90 for SLMB, QI, and QDWI members</li> </ul>
Outpatient mental health therapy	\$0 copay for individual sessions \$0 copay for group sessions
Outpatient psychiatric therapy	\$0 copay for individual sessions \$0 copay for group sessions



### 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. You may have to get a **referral from your PCP** before you can receive these services. 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 stay Our plan covers up to 100 days per benefit period.
Physical and speech therapy	\$0 copay
Occupational therapy	\$0 copay



**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 costs in our plan
Ambulance (ground or air, one-way trip)	\$0 - \$100 copay for ground ambulance services <ul style="list-style-type: none"> <li>• \$0 copay for QMB, QMB+, SLMB+, and FBDE members</li> <li>• \$100 copay for SLMB, QI, and QDWI members</li> </ul> \$0 copay - 20% coinsurance for air ambulance services <ul style="list-style-type: none"> <li>• \$0 copay for QMB, QMB+, SLMB+, and FBDE members</li> <li>• 20% coinsurance for SLMB, QI, and QDWI members</li> </ul>
Routine, non-emergency transportation	\$0 copay  You get unlimited one-way trips every year to and from plan-approved locations (up to 60 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.



**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 costs in our plan
Chemotherapy drugs	<p>\$0 copay or 0% - 20% coinsurance</p> <p>\$0 copay for some members, based on your level of Medicaid eligibility Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.</p> <ul style="list-style-type: none"> <li>• \$0 copay for QMB, QMB+, SLMB+, and FBDE members</li> <li>• 0% - 20% coinsurance for SLMB, QI, and QDWI members</li> </ul>
Part B Insulin	<p>\$0 - \$35 copay</p> <ul style="list-style-type: none"> <li>• \$0 copay for QMB, QMB+, SLMB+, and FBDE members</li> <li>• \$35 copay for SLMB, QI, QDWI members</li> </ul>
Other Part B drugs	<p>\$0 copay or 0% - 20% coinsurance</p> <p>\$0 copay for some members, based on your level of Medicaid eligibility Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.</p> <ul style="list-style-type: none"> <li>• \$0 copay for QMB, QMB+, SLMB+, and FBDE members</li> <li>• 0% - 20% coinsurance for SLMB, QI, QDWI members</li> </ul>

## 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

Formulary Name	B2 (You can use this when referencing our list of covered 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 costs in our plan
Acupuncture	<p>\$0 copay for Medicare-covered acupuncture visits \$0 copay for non-Medicare covered acupuncture visits</p> <p>Medicare coverage is limited to services to treat chronic low back pain. For non-Medicare covered services, we also cover up to twenty visits every year as necessary. We have teamed up with American Specialty Health (ASH) to provide your acupuncture coverage.</p>
Chiropractic services	<p>\$0 copay for Medicare-covered chiropractic visits \$0 copay for non-Medicare covered chiropractic visits</p> <p>Medicare coverage is limited to fixing a subluxation. For non-Medicare covered services, we also cover up to twenty four visits every year as necessary.</p>



### Diabetic supplies

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

Benefit	Your costs in our plan
Diabetic supplies	0% coinsurance



**Fitness benefit**

Benefit	Your costs in our plan
Annual physical fitness membership	<p>\$0 copay</p> <p>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.</p>



**Foot care (podiatry services)**

Benefit	Your costs in our plan
Foot exams and treatment	<p>\$0 copay for Medicare-covered podiatry visits</p> <p>\$0 copay for non-Medicare covered podiatry visits</p> <p>For non-Medicare covered services, we cover up to twenty four visits every year.</p>



### 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 costs in our plan
Home health care	\$0 copay
Meal benefit (post-discharge)	<p>\$0 copay for meals</p> <p>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 42 freshly prepared meals for a 14-day period. These meals are provided to help support your recovery or manage your health conditions.</p> <p>We have teamed up with NationsMarket™ to provide this benefit.</p>



### 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 costs in our plan
Durable medical equipment (DME), such as wheelchairs, crutches, oxygen equipment, and continuous glucose monitors (CGMs)	0% coinsurance
Prosthetics, such as braces and artificial limbs	\$0 copay
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 costs in our plan
Outpatient substance use disorder services	\$0 copay for individual sessions \$0 copay for group sessions



**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

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## Aetna Assist Program (AAP)

### **Eligibility requirements:**

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

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### **\$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.

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### **Extra Supports Wallet**

You get a \$255 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.

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## Summary of Medicaid Benefits

**Here's a quick look at what's covered by Aetna Medicare FL Dual Select (HMO D-SNP) and your state Medicaid program.**

Depending on your Medicaid eligibility level, your Aetna DSNP plan may cover the additional Medicaid services listed below not otherwise covered under Medicare.

Prior authorization may be required for each of the services listed below and is the responsibility of your provider.

Services that are covered for you	What you must pay when you get these services in-network
<ul style="list-style-type: none"> <li>• Allergy Services</li> <li>• Ambulatory Surgical Center (ASC) Services</li> <li>• Anesthesia Services</li> <li>• Assistive Care Services</li> <li>• Behavioral Health Assessment Services</li> <li>• Behavioral Health Intervention Services</li> <li>• Behavioral Health Medication Management Services</li> <li>• Behavioral Health Overlay Services</li> <li>• Behavioral Health Therapy Services</li> <li>• Cardiovascular Services</li> <li>• Child Health Services Targeted Case Management</li> <li>• Chiropractic Services</li> <li>• Dental Services</li> <li>• Dialysis Services</li> <li>• Durable Medical Equipment and Medical Supplies</li> <li>• Early Intervention Services</li> <li>• Emergency Transportation Services</li> <li>• Evaluation and Management Services</li> <li>• Gastrointestinal Services</li> <li>• Genitourinary Services</li> <li>• Hearing Services</li> <li>• Home Health Services</li> <li>• Inpatient Hospital Care</li> <li>• Integumentary Services</li> </ul>	<p>If you are eligible for full Medicaid, there is no coinsurance, copayment, or deductible for any of the services listed to the left.</p>

Services that are covered for you	What you must pay when you get these services in-network
<ul style="list-style-type: none"> <li>• Medical Foster Care Services</li> <li>• Laboratory Services</li> <li>• Medical Massage Therapy for Members With a Diagnosis of AIDS (Medicaid)</li> <li>• Mental Health Targeted Case Management</li> <li>• Neurology Services</li> <li>• Non-Emergency Transportation Services</li> <li>• Nursing Facility</li> <li>• Occupational Therapy</li> <li>• Oral and Maxillofacial Surgery</li> <li>• Orthopedic Services</li> <li>• Outpatient Hospital Services</li> <li>• Pain Management Services</li> <li>• Personal Care Services</li> <li>• Physical Therapy Services</li> <li>• Podiatry Services</li> <li>• Prescription Drugs</li> <li>• Private Duty Nursing</li> <li>• Radiology and Nuclear Medicine Services</li> <li>• Regional Perinatal Intensive Care Center Services</li> <li>• Reproductive Services</li> <li>• Respiratory Therapy</li> <li>• Services Provided at a County Health Department and/or Federally Qualified Health Center and/or Rural Health Clinic</li> <li>• Specialized Therapeutic Services</li> <li>• Statewide Inpatient Psychiatric Program</li> <li>• Transplant Services</li> <li>• Visual Aid Services</li> <li>• Visual Care Services</li> </ul>	

## Contact quick reference

**Aetna: Before you enroll** 1-833-859-6031 (TTY: [711](tel:711)) [AetnaMedicare.com](https://www.aetna.com)

**Aetna Member Services** 1-866-409-1221 (TTY: [711](tel:711)) [AetnaMedicare.com/H1609-044](https://www.aetna.com/H1609-044)

Dental	Liberty Dental	1-866-610-0282 (TTY: <a href="tel:1-877-855-8039">1-877-855-8039</a> ) <a href="https://libertydentalplan.com/aetnamedicare">libertydentalplan.com/aetnamedicare</a>
Eyewear	iCare	1-866-409-1221 (TTY: <a href="tel:711">711</a> ) <a href="https://myicarehealth.com/find-a-provider">Myicarehealth.com/find-a-provider</a>
Hearing Aids	NationsHearing	1-877-225-0137 (TTY: <a href="tel:711">711</a> ) <a href="https://Aetna.NationsBenefits.com/Hearing">Aetna.NationsBenefits.com/Hearing</a>
Nurse Hotline	24-Hour Nurse Line	1-855-493-7019 (TTY: <a href="tel:711">711</a> )
SilverSneakers	SilverSneakers	1-855-627-3795 (TTY: <a href="tel:711">711</a> ) <a href="https://SilverSneakers.com">SilverSneakers.com</a>
Transportation	Access2Care	1-855-814-1699 (TTY: <a href="tel:711">711</a> )

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](tel: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.

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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](tel: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](https://www.aetna.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. The Part B premium is covered for full-dual members.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- 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.



## 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 quý vị cần thông dịch viên xin gọi 1-866-409-1221. sẽ có nhân viên nói tiếng Việt giúp đỡ quý 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 대해 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。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 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma 1-866-409-1221. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i 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](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。