

Aetna Medicare Advantra Eagle (HMO)  
H3959 - 056 | \$0 Plan Premium



## 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 1-833-570-6670 (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/H3959-056](https://www.aetnamedicare.com/H3959-056) 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 Advantra Eagle (HMO), you must:

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:  
**Delaware:** Kent, New Castle, Sussex

## What you should know

- **Plan type:** Aetna Medicare Advantra Eagle (HMO) is an HMO plan. This is a Medicare Advantage plan that does not cover prescription drugs.
- **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 Advantra Eagle (HMO) 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.
- **Helpful resources:** To find provider directories and other plan information, visit [AetnaMedicare.com/H3959-056](https://www.aetnamedicare.com/H3959-056). 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](https://www.aetnamedicare.com/H3959-056)), 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<br>You must continue to pay your Medicare Part B premium.   |
| Part B Premium Reduction | With this plan, the monthly premium you pay to the Social Security Administration (SSA) is reduced by \$85.                                       |
| Plan deductible          | \$0   |
| MOOP                     | \$6,750<br>Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium doesn't count toward your MOOP. |

## Medical and hospital benefits



### 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)     | \$295 per day, days 1-7; \$0 per day, days 8-90; \$0 for additional days |
| Outpatient hospital observation services | \$295 copay  |
| Outpatient hospital                      | \$295 copay  |
| Ambulatory surgical center               | \$200 copay  |



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

| Benefit    | Your costs in our plan |
|------------|------------------------|
| PCP        | \$0 copay              |
| Specialist | \$15 copay             |



### Preventive, emergency and urgent care

| Benefit   | Your costs in our plan  |
|---|---|
| Preventive care   | \$0 copay<br>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.)                       | \$125 copay for emergency care<br>\$50 copay for urgent care  |
| Emergency and urgent care, including ambulance (outside the U.S.) | \$125 copay for emergency care<br>\$125 copay for urgent care<br>\$250 copay for ambulance<br>Maximum coverage: \$150,000 (the most we'll pay for your worldwide emergency and urgent care combined, including ambulance) |



### 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 costs in our plan   |
|--|--|
| Diagnostic tests and procedures            | \$0 copay  |
| Lab services                               | \$0 copay  |
| Diagnostic radiology services, such as MRI | \$0 - \$275 copay<br>\$0 copay for services provided by your primary care physician in their office<br>\$275 copay for services performed by a provider other than your primary care physician |
| Outpatient x-rays                          | \$20 copay   |



### Hearing services

| Benefit                 | Your costs in our plan  |
|-------------------------|---|
| Diagnostic hearing exam | \$15 copay  |
| Routine hearing exam    | \$0 copay<br>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 \$500 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. |



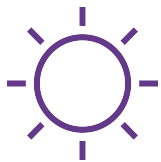
**Dental services**

| <b>Benefit</b>  | <b>Your costs in our plan</b>  |
|-----------------|--|
| Dental services | <p>\$0 copay for covered services</p> <p>You get an annual benefit amount (allowance) of \$2,500 for covered services. You are responsible for any costs over this amount.</p> <p>Covered services include oral exams, x-rays, cleanings, fillings, extractions, and more.</p> <p>This benefit uses the Aetna Dental PPO Network, which is different from your medical network. If you choose a provider outside of the Aetna Dental PPO 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 - \$15 copay<br>\$0 copay for diabetic eye exams<br>\$15 copay for all other Medicare-covered eye exams  |
| Glaucoma screening                                | \$0 copay  |
| Routine eye exam                                  | \$0 copay<br>Our plan covers one exam every year with an in-network provider.  |
| Contacts and eyeglasses                           | You get an annual benefit amount (allowance) of \$300 for covered prescription eyewear.<br>You can only use this benefit amount at an EyeMed provider. 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 costs in our plan  |
|-------------------------------------|---|
| Inpatient psychiatric hospital stay | \$176 per day, days 1-9; \$0 per day, days 10-90                  |
| Outpatient mental health therapy    | \$5 copay for individual sessions<br>\$5 copay for group sessions |
| Outpatient psychiatric therapy      | \$5 copay for individual sessions<br>\$5 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. 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                    | \$10 per day, days 1-20; \$214 per day, days 21-100<br>Our plan covers up to 100 days per benefit period. |
| Physical and speech therapy | \$15 copay  |
| Occupational therapy        | \$15 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<br>(ground or air, one-way trip) | \$250 copay for ground ambulance services<br>20% coinsurance for air ambulance services<br><br>You won't have to pay an ambulance cost if you're admitted to the hospital.   |
| Routine, non-emergency transportation      | \$0 copay<br><br>You get up to 6 one-way trips every year to and from plan-approved locations (up to 80 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 | 0% - 20% coinsurance<br><br>Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs. |
| Part B Insulin     | \$35 copay  |
| Other Part B drugs | 0% - 20% coinsurance<br><br>Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs. |

# Other covered benefits



## Aetna Medicare Extra Benefits Card

You get an **Aetna Medicare Extra Benefits Card** to help pay for certain everyday expenses. Qualifying members may be eligible for an additional wallet. See the **Special Supplemental Benefits** chart for more details.

| Benefit                           |  |
|-----------------------------------|--|
| CVS Over-the-Counter (OTC) Wallet | <p>You get a \$90 quarterly benefit amount (allowance).</p> <p>You can use your CVS Over-the-Counter (OTC) Wallet to help pay for certain OTC health and wellness products including allergy medicine, pain relievers, first aid supplies, and more.</p> |



## Alternative medicine

| Benefit               | Your costs in our plan  |
|-----------------------|---|
| Acupuncture           | <p>\$15 copay for Medicare-covered acupuncture visits</p> <p>Medicare coverage is limited to services to treat chronic low back pain. Non-Medicare covered acupuncture services aren't covered.</p>   |
| Chiropractic services | <p>\$20 copay for Medicare-covered chiropractic visits<br/>\$20 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 twelve 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% - 20% coinsurance<br><br>0% coinsurance for OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices<br>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<br><br>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 costs in our plan  |
|--------------------------|---|
| Foot exams and treatment | \$15 copay for Medicare-covered podiatry visits<br><br>\$15 copay for non-Medicare covered podiatry visits<br>For non-Medicare covered services, we cover up to four 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 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 14 freshly prepared meals for a 7-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) | <p>0% - 20% coinsurance</p> <p>0% coinsurance for continuous glucose monitors<br/>20% coinsurance for all other Medicare-covered DME items</p> |
| Prosthetics, such as braces and artificial limbs   | 20% coinsurance  |



### Resources For Living®

| Benefit              | Your costs in our plan   |
|----------------------|--|
| 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 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 | \$5 copay for individual sessions<br>\$5 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              |

## Special Supplemental Benefits

**Our plan offers additional benefits to members with qualifying chronic conditions. See the EOC for a full list of eligibility criteria.**

### **Eligibility requirements:**

If you are diagnosed with one or more of the chronic conditions listed in the EOC and meet the eligibility criteria, you may be eligible for additional benefits under our plan. Enrollment in the plan does not guarantee eligibility. You will receive Special Supplemental Benefits after it is determined that you meet the eligibility requirements. However, you will not receive benefits for any time period before your eligibility was determined.

### **Healthy Foods Wallet**

If you qualify, you get a \$30 quarterly benefit amount (allowance).

You can use your Healthy Foods Wallet to help pay for approved healthy foods including meat, dairy products, produce, and more.

The benefits mentioned are part of special supplemental program for the chronically ill. Eligibility is determined by whether you have a chronic condition associated with this benefit. Standards may vary for each benefit. Conditions include Hypertension, Hyperlipidemia, Diabetes, Cardiovascular Disorders, Cancer. Other eligible conditions may apply. Contact us to confirm your eligibility for these benefits.

# Contact quick reference

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

**Aetna Member Services** 1-833-570-6670 (TTY: [711](tel:711)) [AetnaMedicare.com/H3959-056](http://AetnaMedicare.com/H3959-056)

|                                    |                    |   |
|------------------------------------|--------------------|---|
| Aetna Medicare Extra Benefits Card | CVS                | 1-844-428-8147 (TTY: <a href="tel:711">711</a> )<br>7 days a week, 8 AM - 8 PM local time<br>excluding federal holidays<br><a href="http://CVS.com/Aetna">CVS.com/Aetna</a> |
| Dental                             | Aetna              | 1-833-570-6670 (TTY: <a href="tel:711">711</a> )<br><a href="http://AetnaMedicare.com/dental">AetnaMedicare.com/dental</a>  |
| Eyewear                            | EyeMed             | 1-844-486-3485 (TTY: <a href="tel:711">711</a> )<br><a href="http://AetnaMedicareVision.com">AetnaMedicareVision.com</a>  |
| Hearing Aids                       | NationsHearing     | 1-877-225-0137 (TTY: <a href="tel:711">711</a> )<br><a href="http://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> )<br><a href="http://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.

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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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.

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](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.

## 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, 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).

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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 quý vị cần thông dịch viên xin gọi 1-833-570-6670. 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 1-833-570-6670. 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 1-833-570-6670. 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 आपको 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。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 '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 1-833-570-6670. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

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Form CMS-10802  
(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](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。