



# 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 1-833-217-9081 (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 1-844-826-5291 (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/H3959-066](https://www.aetnamedicare.com/H3959-066) 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 Longevity (HMO I-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:  
**Pennsylvania:** Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York
- Reside in or expect to reside in one of our participating nursing facilities for greater than 90 days

## What you should know

- **Plan type:** Aetna Medicare Longevity (HMO I-SNP) is an ISNP plan. This is a Medicare Advantage plan that covers 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 Longevity (HMO I-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/H3959-066](https://www.aetnamedicare.com/H3959-066). 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)



<b>Out-of-pocket costs</b>	
Monthly plan premium	<p>\$48.40</p> <p>You must continue to pay your Medicare Part B premium.</p>
Part B Premium Reduction	With this plan, the monthly premium you pay to the Social Security Administration (SSA) is reduced by \$1.50.
Plan deductible	\$0
Inpatient deductible	<p>\$1,632 deductible for inpatient hospital services</p> <p>\$1,632 deductible for inpatient mental health services</p> <p>These are 2024 cost-sharing amounts and may change for 2025. Aetna Medicare Longevity (HMO I-SNP) will provide updated rates as soon as they are released.</p>
MOOP	<p>\$9,350</p> <p>The most you pay for copays, coinsurance, and other costs for medical services for the year. Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.</p>

## 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	<p>\$1,632 inpatient deductible, then you pay \$0 per day, days 1-60; \$408 per day, days 61-90. \$816 copay per day for 60 lifetime reserve days</p> <p>These are 2024 cost-sharing amounts and may change for 2025. Aetna Medicare Longevity (HMO I-SNP) will provide updated rates as soon as they are released.</p>
Outpatient hospital observation services	20% coinsurance
Outpatient hospital	20% coinsurance
Ambulatory surgical center	20% coinsurance



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

**Prior authorization** is required for certain provider specialist services.

Benefit	Your costs in our plan
PCP	\$0 copay
Specialist	<p>0% - 20% coinsurance</p> <p>0% coinsurance for services in a nursing home 20% coinsurance for services outside a nursing home</p>



### 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.)	\$110 copay for emergency care \$45 copay for urgent care



### 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	20% coinsurance
Lab services	\$0 copay
Diagnostic radiology services, such as MRI	20% coinsurance
Outpatient x-rays	20% coinsurance



### Hearing services

Benefit	Your costs in our plan
Diagnostic hearing exam	20% coinsurance
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 \$750 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.



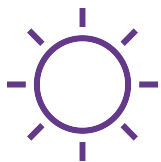
**Dental services**

<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 \$3,500 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)	20% coinsurance
Glaucoma screening	\$0 copay
Routine eye exam	\$0 copay  Our plan covers one exam every year with an in-network provider.
Contacts and eyeglasses	You get an annual benefit amount (allowance) of \$250 for covered prescription eyewear.  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	\$1,632 inpatient deductible, then you pay \$0 per day, days 1-60; \$408 per day, days 61-90. \$816 copay per day for 60 lifetime reserve days  These are 2024 cost-sharing amounts and may change for 2025. Aetna Medicare Longevity (HMO I-SNP) will provide updated rates as soon as they are released.
Outpatient mental health therapy	20% coinsurance for individual sessions 20% coinsurance for group sessions
Outpatient psychiatric therapy	20% coinsurance for individual sessions 20% coinsurance for group sessions



### Skilled nursing facility (SNF) and therapy

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)	20% coinsurance
Routine, non-emergency transportation	\$0 copay  You get up to 30 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.  Your Aetna Longevity care team and the facility in which you reside will coordinate your trips.





**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  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  Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.

## Medicare Part D drugs



Medicare Part D covers a wide range of prescription drugs. They can include medicines you take every day for conditions like high blood pressure or diabetes. Some drugs require **prior authorization**. This means you must get approval from us first before we'll cover them.

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

Formulary name B2

#### Deductible phase

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

Deductible \$590

#### Initial coverage phase

The plan will pay its share of the cost and you'll pay a copayment or coinsurance (your share of the cost) for each prescription filled. For tiers with a copay, you will pay the lesser of the listed copay below or the negotiated cost of the drug. These cost shares may also apply to home infusion drugs when obtained through your Part D benefit. Costs may differ based on pharmacy type or status.

#### One-month Supply

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

	Standard Retail	Standard Mail	Long-Term Care (LTC)
	30-day	30-day	31-day
Generic and brand name drugs	25%	25%	25%

#### Long-term Supply

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

	Standard Retail	Standard Mail
	100-day	100-day
Generic and brand name drugs	25%	25%

#### Out-of-pocket threshold

\$2,000 is the maximum amount you will pay for your yearly Part D out-of-pocket costs.

#### Catastrophic coverage phase

In this phase, the plan pays the full cost for your covered Part D drugs.

Generic and brand name drugs \$0

#### Insulins and vaccines

Important message about what you pay for Part D vaccines Our plan covers many vaccines at no cost to you, even if you haven't paid your deductible.

Check your formulary guide for a list of covered insulins and vaccines

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**Insulins and vaccines**

Important message about what you pay for Part D insulins

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, even if you haven't paid your deductible.

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Check your formulary guide for a list of covered insulins and vaccines

## Other covered benefits



### Alternative medicine

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
Acupuncture	<p>20% coinsurance 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% coinsurance for Medicare-covered chiropractic visits</p> <p>Medicare coverage is limited to fixing a subluxation. Non-Medicare covered chiropractic services aren't covered.</p>



### Diabetic supplies

Benefit	Your costs in our plan
Diabetic supplies	20% coinsurance



### Foot care (podiatry 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
Foot exams and treatment	<p>20% coinsurance 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 six 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



### 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)	20% coinsurance
Prosthetics, such as braces and artificial limbs	20% coinsurance



### Music therapy

Benefit	Your costs in our plan
Music therapy	<p>\$0 copay</p> <p>We cover up to 30 small group music listening sessions per year. Sessions are offered at the facility in which you reside with a certified curriculum. Your Aetna Longevity care team will support your access to this benefit. You must use an approved provider for services to be covered.</p>



**Over-the-counter (OTC) benefit**

The OTC benefit provides select health and wellness products.

Benefit	
OTC benefit amount (allowance)	<p>\$390 quarterly</p> <p>You will receive a quarterly benefit amount (allowance) to purchase approved OTC health and wellness products like first aid supplies, cold and allergy medicine, pain relievers, and more.</p> <ul style="list-style-type: none"> <li>• The benefit amount is available the first day of each calendar quarter. Any unused amount will not roll over into the next quarter.</li> <li>• We have teamed up with OTC Health Solutions (OTCHS) to provide this benefit.</li> <li>• The benefit amount is not connected to a payment or debit card. You can get OTC products online, by phone, or in freestanding CVS stores.</li> <li>• Visit the OTCHS catalog for a full product listing and details on how the benefit works.</li> </ul>



**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	<p>20% coinsurance for individual sessions</p> <p>20% coinsurance for group sessions</p>

## 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 eligibility criteria, you may be eligible for this benefit under our plan. Enrollment in the plan does not guarantee eligibility. You cannot self-attest to a diagnosis for the chronic conditions listed in the EOC. You will be notified if you are determined to be eligible for this program.

### **Companion Care**

The Companion Care benefit provides companion support to members. Coverage is provided up to a limit of 350 hours per year for members diagnosed with one or more of the conditions listed in the EOC.

We have teamed up with The Helper Bees® to provide this benefit.

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** 1-833-217-9081 (TTY: [711](tel:711)) [AetnaMedicare.com](https://www.aetna.com)

**Aetna Member Services** 1-844-826-5291 (TTY: [711](tel:711)) [AetnaMedicare.com/H3959-066](https://www.aetna.com/H3959-066)

Dental	Aetna	1-844-826-5291 (TTY: <a href="tel:711">711</a> ) <a href="https://www.aetna.com/dental">AetnaMedicare.com/dental</a>
Eyewear	EyeMed	1-844-486-3485 (TTY: <a href="tel:711">711</a> ) <a href="https://www.aetna.com/AetnaMedicareVision.com">AetnaMedicareVision.com</a>
Hearing Aids	NationsHearing	1-877-225-0137 (TTY: <a href="tel:711">711</a> ) <a href="https://www.aetna.com/NationsBenefits.com/Hearing">Aetna.NationsBenefits.com/Hearing</a>
Over-the-counter (OTC) Benefit	OTCHS	See OTC catalog at <a href="https://www.aetna.com/H3959-066">AetnaMedicare.com/H3959-066</a>
Transportation	Longevity	Call 1-844-826-5291 (TTY: <a href="tel:711">711</a> ) / Speak to your Care Manager



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 1-844-826-5291 (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.

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 **1-833-217-9081 (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/medicare) or call **1-833-217-9081 (TTY: 711)** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

## Understanding important rules

- Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 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 an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a skilled nursing facility, a nursing facility, an intermediate care facility for individuals with intellectual and developmental disabilities, a psychiatric hospital or unit, a rehabilitation hospital or unit, a long-term care hospital, a swing-bed hospital, or a facility approved by CMS that furnishes similar services.

## 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 1-844-826-5291. 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 1-844-826-5291. 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 1-844-826-5291。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 1-844-826-5291。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 1-844-826-5291. 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 1-844-826-5291. 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 1-844-826-5291. 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 1-844-826-5291. 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 1-844-826-5291. 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 1-844-826-5291. 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 1-844-826-5291. 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 1-844-826-5291 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 1-844-826-5291. 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 1-844-826-5291. 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 1-844-826-5291. 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 1-844-826-5291. 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、1-844-826-5291. 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 1-844-826-5291. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

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

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**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.

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