

2025

# Summary of Benefits

## Molina Medicare Choice Care (HMO)

California H5810-014

Effective January 1 through December 31, 2025

## Introduction to the Summary of Benefits

### Molina Medicare Choice Care

Thank you for considering Molina Healthcare! Everyone deserves quality care. Since 1980, our members have been able to lean on Molina. Because today, as always, we put your needs first.

This document does not include every benefit and service that we cover or every limitation or exclusion. To get a complete list of services, please refer to the Evidence of Coverage (EOC). A copy of the EOC is located on our website at [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare). You can also call Member Services at (800) 665-0898, **TTY: 711**, and we will mail you a copy.

To join our plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in California: Imperial, Los Angeles, Riverside, San Bernardino, and San Diego.



Molina has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use providers that are not in our network, we may not pay for those services. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits or use the Medicare Plan Finder at [medicare.gov](https://medicare.gov).

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users should call 1-877-486-2048. If you have any questions, please call our Member Service team at (800) 665-0898, TTY: **711**, Hours are October 1 - March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. – 8 p.m. local time..

## About Medicare

Medicare is health insurance for people who are 65 years old or older, or under 65 years old with certain disabilities.

Original Medicare is a Federal Insurance Program. It pays a fee for your care directly to the doctors and hospitals you visit. Original Medicare does not cover most preventive care and has unpredictable out-of-pocket expenses.



**Medicare Part A (Hospital Insurance)** covers inpatient care in hospitals, skilled nursing facilities, hospice care, and some home health care services.



**Medicare Part B (Medical Insurance)** covers certain doctors' services, outpatient care, medical supplies and preventive services.



**Medicare Part C (Medicare Advantage)** is an all-in-one alternative to Original Medicare. Medicare Advantage plans include Parts A, B and usually Part D. Some Medicare Advantage plans may have lower out-of-pocket costs than Original Medicare and may cover extra benefits that Original Medicare doesn't – like dental, vision or hearing. Medicare pays a fixed fee to the plan for your care, and then the plan directly pays the doctors and hospitals. Medicare Advantage has predictable out-of-pocket expenses and offers preventive care and care coordination.



**Medicare Part D (Prescription Drug Coverage)** helps you pay for drugs you get from a pharmacy.

# Summary of Premiums & Benefits

## Molina Medicare Choice Care

**Monthly Premium**      \$0 per month



You must keep paying your Medicare Part B premium.

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**Medical Deductible**      The plan does not have a deductible.



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**Maximum Out-of-Pocket Responsibility**      \$6,000 annually for services you receive from in-network providers. (does not include prescription drugs)



Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

## Molina Medicare Choice Care

### Inpatient Hospital



Our plan covers 90 days for a hospital stay per benefit period.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days per benefit period.

- \$325 copay per day for days 1 through 6 of the benefit period.
- \$0 copay per day for days 7 through 90 of the benefit period.
- \$0 copay for Medicare-covered lifetime reserve days.

*Prior authorization may be required.*

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### Outpatient Hospital

\$0 copay to \$500 copay per visit



*Prior authorization may be required.*

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### Ambulatory Surgical Center

\$0 copay to \$250 copay per visit



*Prior authorization may be required.*

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### Doctor Visits



#### Primary Care

\$0 copay per visit

#### Specialists

\$40 copay per visit

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### Preventive Care



\$0 copay

Look for the rows with the apple in the Chapter 4 Medical benefits chart in the Evidence of Coverage. Any additional preventive services approved by Medicare during the plan year will be covered.

# Summary of Premiums & Benefits (Continued)

## Molina Medicare Choice Care

**Emergency Care** \$100 copay, waived if admitted to hospital within 24 hours.



**Urgently Needed Services** \$25 copay



**Diagnostic Services/ Labs/Imaging** **Diagnostic tests and procedures**



\$0 copay (physician's office or freestanding location) or 20% of the cost (hospital)

**Lab services**

\$0 copay (physician's office or freestanding location) or 20% of the cost (hospital)

**Diagnostic radiology services (such as MRI, CT scan)**

\$0 copay (physician's office) or \$125 copay (freestanding location) or \$225 copay (hospital)

**Outpatient X-rays**

\$0 copay

**Therapeutic radiology**

0% (freestanding location) or 20% of the cost (hospital)

*Prior authorization may be required for some services.*

No authorization is required for outpatient lab services and outpatient x-ray services. Genetic lab testing requires prior authorization.

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

## Molina Medicare Choice Care

### Hearing Services



#### **Medicare-covered diagnostic hearing and balance exams**

\$10 copay

#### **Routine hearing exam**

\$0 copay, 1 every year

#### **Fitting for hearing aid/evaluation**

\$0 copay, 1 every year

#### **Hearing aids**

\$0 copay

Our plan covers up to 2 pre-selected hearing aids covered from a plan approved provider every 2 years

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# Summary of Premiums & Benefits (Continued)

## Molina Medicare Choice Care

### Dental Services



#### Medicare-covered dental services

\$20 copay

#### Medicare-covered dental services

\$0 copay

#### Preventive dental

\$0 office visit copay

- Oral exams
- Prophylaxis (cleaning)
- Fluoride treatment
- Dental x-rays

#### Comprehensive dental

\$0 office visit copay

All comprehensive dental services listed below are covered up to the annual plan maximum benefit coverage amount of \$1,600:

- Extractions
- Endodontics
- Restorative services
- Intraoral and extraoral incision and drainage
- Dentures and denture adjustments
- Non-routine services such as scaling, full mouth debridement, periodontal maintenance, and palliative emergency treatment
- Other services such as deep sedation with oral surgery, and intravenous with oral surgery

*Prior authorization may be required.*

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

### Vision Services



### Medicare-covered vision services

- Vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening): \$0 copay
- Eyeglasses or contact lenses after cataract surgery: 20% of the cost

### **We have partnered with a Vision Vendor to give you more value for your routine vision needs!**

Supplemental Vision services covered include, but not limited to:

Coverage includes:

- One routine eye exam every calendar year
- An eyewear allowance

You can use your \$200 eyewear allowance to purchase:

- Contact lenses\*
- Eyeglasses (lenses and frames)
- Eyeglass lenses and / or frames
- Upgrades (such as, tinted, U-V, polarized or photochromatic lenses).

\*If you choose contact lenses, your eyewear allowance can also be used to pay down all or a portion of your contact lens fitting fee.

You are responsible for paying for any corrective eyewear over the limit of the plan's eyewear allowance.

\$0 copay for up to one routine eye exam (and refraction) for eyeglasses every calendar year.

# Summary of Premiums & Benefits (Continued)

## Molina Medicare Choice Care

### Mental Health Services



#### Inpatient visit

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

In 2024 the amounts for each benefit period were:

- \$1,632 deductible per benefit period
- \$0 for the first 60 days of each benefit period
- \$408 per day for days 61–90 of each benefit period
- \$816 per "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)

The amounts may change for 2025.

*Prior authorization may be required.*

#### Outpatient individual/group therapy visit

\$45 copay

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### Skilled Nursing Facility



Our plan covers up to 100 days in a skilled nursing facility per benefit period:

- \$0 copay per day for days 1 - 20
- \$200 copay per day for days 21-100

No prior hospitalization is required.

*Prior authorization may be required.*

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Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

## Molina Medicare Choice Care

### Physical Therapy



#### Physical therapy and speech therapy

\$30 copay

*Prior authorization may be required.*

#### Cardiac rehabilitation

\$30 copay

*Prior authorization may be required.*

#### Pulmonary rehabilitation

\$15 copay

*Prior authorization may be required.*

#### Supervised Exercise Therapy (SET)

\$20 copay

*Prior authorization may be required.*

#### Occupational therapy services

\$30 copay

*Prior authorization may be required.*

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### Ambulance



20% of the cost

*Prior authorization required for non-emergent ambulance only.*

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### Transportation



\$0 copay

\$50 allowance every month for Transportation Services (to any health-related location) and OTC benefit combined. Unused allowance does not carry over to the next month.

You must use your MyChoice Card to get the benefit and services. See MyChoice Card section for more information.

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## Medicare Part B Drugs

### Chemotherapy/ Radiation Drugs and other Part B Drugs

\$0 copay to 20% of the cost

*Prior authorization may be required.*

## Summary of Drug Coverage

	Standard Retail Pharmacy	Mail Order Pharmacy
<b>Tier 1: Preferred Generic</b>	\$3 copay	\$3 copay
One-, two-, or three-month supply	\$6 copay	\$6 copay
	\$9 copay	\$6 copay
<b>Tier 2: Generic</b>	\$12 copay	\$12 copay
One-, two-, or three-month supply	\$24 copay	\$24 copay
	\$36 copay	\$24 copay
<b>Tier 3: Preferred Brand</b>	\$47 copay	\$47 copay
One-, two-, or three-month supply	\$94 copay	\$94 copay
<b>Select Insulins</b>	\$141 copay	\$94 copay
One-, two-, or three-month supply	\$35 copay	\$35 copay
	\$70 copay	\$70 copay
	\$105 copay	\$94 copay
<b>Tier 4: Non-Preferred Drug</b>	\$100 copay	\$100 copay
One-, two-, or three-month supply	\$200 copay	\$200 copay
	\$300 copay	\$300 copay
<b>Tier 5: Specialty Tier</b>	33% of the cost	33% of the cost
One-month supply (Specialty drugs are limited to a one-month supply.)		
<b>Tier 6: Select Care</b>	\$0 copay	\$0 copay
	\$0 copay	\$0 copay
	\$0 copay	\$0 copay

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

## Part D Coverage Stages

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**Stage 1:  
Deductible**

Because there is no drug deductible for this plan, this stage does not apply to you.

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**Stage 2:  
Initial Coverage**

You begin this stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. You stay in this stage until your yearly out-of-pocket total reaches \$2,000.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

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**Stage 3:  
Catastrophic  
Coverage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and/or through mail order) reach \$2,000 the plan will pay all of the costs of your drugs.

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# Summary of Other Benefits

## Molina Medicare Choice Care

### Acupuncture



### Medicare-Covered Acupuncture

\$15 copay

Up to 12 visits in 90 days are covered for chronic lower back pain. Up to 8 additional sessions are covered in the same year for those patients demonstrating an improvement.

### Additional Smoking and Tobacco Use Cessation



\$0 copay

8 counseling visits offered in addition to Medicare.

### Annual Physical Exam



\$0 copay

### Additional Telehealth Services



\$0 copay

Includes Primary Care Physician Services

### Chiropractic Care



### Medicare-Covered Chiropractic Services

\$15 copay

Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

### Dialysis



20% of the cost

### Fitness Benefit



\$0 copay

Silver&Fit offers Members access to contracted fitness facilities and Home Fitness Kits for Members who prefer to exercise at home or while traveling.

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

## Molina Medicare Choice Care

### Foot Care (Podiatry)



#### Medicare-Covered Foot Exam and Treatment

\$0 copay

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.

*Prior authorization may be required.*

### Health Education



\$0 copay

Programs to help you learn to manage your health conditions, including health education, learning materials, health advice, and care tips.

### Home Health Care



\$0 copay

*Prior authorization may be required.*

### Meals Benefit



\$0 copay

Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member need. Maximum of 56 meals and 4 weeks per year. Must meet criteria approved by the plan.

*Prior authorization may be required.*

### Medical Equipment and Supplies



#### Durable Medical Equipment (such as wheelchairs, oxygen)

20% of the cost

#### Prosthetics/Medical Supplies

20% of the cost

#### Diabetic Supplies and Services:

\$0 copay

*Prior authorization may be required for Durable Medical Equipment, Prosthetics/Medical supplies, and Diabetic supplies.*

*Prior authorization required for diabetic shoes and inserts.*

*Prior authorization not required for preferred manufacturer.*



## Summary of Other Benefits (Continued)

### Molina Medicare Choice Care

#### 24-Hour Nurse Advice Line



\$0 copay

Available 24 hours a day, 7 days a week

#### Nutritional/Dietary Benefit



\$0 copay

12 individual or group sessions every year; individual telephonic nutrition counseling upon request.

#### Opioid Treatment Program Services



\$0 copay

*Prior authorization required for medication.*

#### Outpatient Substance Abuse



\$40 copay

Individual or group therapy visits

*Prior authorization may be required.*

#### Over-the-Counter Items



\$0 copay

\$50 allowance every month for OTC benefit and Transportation Services (to any health-related location). Unused allowance does not carry over to the next month.

You must use your MyChoice Card to get the benefit and services. See MyChoice Card section for more information.

#### Outpatient Blood Services



\$0 copay

3-pint deductible waived

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

## Molina Medicare Choice Care

**Remote Access Technologies** \$0 copay



**Worldwide Emergency and Urgent Care** \$0 copay  
You are covered for worldwide emergency and urgent care services up to \$10,000.



**MyChoice Card** \$0 copay  
You receive a prepaid debit card that may be used toward select supplemental plan benefits such as:



- Food and Produce\*
- Over-the-Counter items
- Transportation (Non-Emergency)

Funds are loaded onto the card each month. At the end of each month, any unused allocated money will not carry over to the following month or plan year.

\* Eligibility requirements applicable

**Special Supplemental Benefits for Chronic Illnesses** \$0 copay  
\$35 every month for food and produce. Unused allowance does not carry over to the next month.



*Prior authorization may be required.*

You must use your MyChoice Card to get the benefit and services. See MyChoice Card section for more information.

Members must complete a health Risk Assessment and meet the criteria outlined in Chapter 4 of the Evidence of Coverage.

# Glossary of Terms

## **Coinsurance**

The percentage you pay as your share of the cost for medical services or prescription drugs. For example, if you have 20 percent coinsurance, you pay 20 percent of the cost of your medical bill.

## **Copay**

The fixed amount you pay as your share of the cost of a medical service or supply. For example, you might have a \$20 copay every time you see your primary care doctor.

## **Deductible**

The amount you pay for health care services or prescriptions before your insurance begins to pay.

## **Extra Help**

A Medicare program to help people with limited income and resources pay prescription drug program costs, like premiums, deductibles, and coinsurance.

## **Long-term care**

Services and support for people who can't perform basic activities of daily living, like dressing and bathing. Medicare and most health insurance plans do not pay for long-term care.

## **Medicaid**

A state and federal program that provides health coverage to low-income people.

## **Medicare Advantage**

Also known as Part C. A type of Medicare plan offered by a private company approved by Medicare. A Medicare Advantage plan is an alternative to Original Medicare. It provides all of your Part A and Part B benefits and often offers extra benefits, like dental and vision care.

## **Original Medicare**

Medicare Part A (hospital insurance) and Part B (medical insurance). Most people get it when they turn 65. The federal government manages Original Medicare.

## **Out-of-pocket maximum**

The most you have to pay for covered services in one year. Once you reach this amount, your insurance covers 100 percent of your medically necessary care for the rest of the year.

## **Premium**

The money you pay monthly to Medicare or a health care plan for coverage.

## **Preventive services**

Health care to prevent or detect illness at an early stage. Most health plans must cover some important preventive services, like flu shots and blood pressure screening, at no cost to you.

## How can you enroll?



### **Apply by Phone**

Call **(866) 403-8293, TTY: 711**, to enroll over the phone. Our team of Molina Medicare Trusted Advisors are happy to answer your questions and help you enroll.



### **Apply in Person**

If you prefer to meet face-to-face with one of our Molina Medicare Trusted Advisors, please call us to schedule an appointment.



### **Apply by Mail**

Simply complete the enrollment application and return it using the postage-paid envelope. If you do not already have an enrollment application, call us and we will be happy to mail one to you.



### **Apply Online**

Visit **MolinaHealthcare.com/Medicare** to apply online.

Molina Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.



## Language Assistance Services

Free aids and services, such as sign language interpreters and written information in alternative formats are available to you. Call 1-800-665-0898 (TTY: 711).

### 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 1-800-665-0898. 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 1-800-665-0898. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

### Chinese Mandarin:

如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-800-665-0898。说普通话的人士会帮助您。这是免费服务。

### Chinese Cantonese:

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打1-800-665-0898 聯絡我們。能說广东话的人士會為您提供協助。這是免費的服務。

### Tagalog:

May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posibleng katanungan ninyo tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-800-665-0898. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong 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 1-800-665-0898. Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

### Vietnamese:

Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời các câu hỏi của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số 1-800-665-0898. Sẽ có nhân viên nói tiếng Việt trợ giúp quý vị. Đây là dịch vụ miễn phí.

**German:**

Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-665-0898. 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 1-800-665-0898번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:**

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру 1-800-665-0898. Вам бесплатно поможет русскоязычный сотрудник.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم 1-800-665-0898. سيقوم شخص يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:**

हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ उपलब्ध हैं। दुभाषिया पाने के लिए, हमें 1-800-665-0898 पर कॉल करें। हृदि बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

**Italian:**

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero 1-800-665-0898. Un nostro incaricato che parla italiano 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 1-800-665-0898. 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 asirans medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-665-0898. 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 1-800-665-0898. 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、1-800-665-0898にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

**Armenian:**

Մենք աւելնք անվնար քարզնանչակն ծառայություններ՝ մեր առողջության կան դեղերի ծրագրի վերաբերյալ Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ստանալու համար պարզապես զանգահարեք մեզ՝ 1-800-665-0898 հեռախոսահամարով: Ինչ-որ մեկն, ով խոսում է հայերեն, կարող է օգնել Ձեզ: Սա անվնար ծառայություն է:

**Cambodian:**

យើងមានសេវាកម្រិតដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានអំពីគម្រោង សុខភាព ឬផ្លូវរបស់អ្នក។ យើង។ ដើម្បីទទួលបានអ្នកបកប្រែ សូមទូរស័ព្ទមកយើងតាមរយៈលេខ 1-800-665-0898 ។ អ្នកដែលស្គាល់ខ្មែរអាចជួយអ្នកបាន។ នេះ។ គឺជាសេវាកម្មឥតគិតថ្លៃ។

**Persian:** ما خدمات مترجم رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید پاسخ دهیم. برای دسترسی به مترجم شفاهی، کافی است با شماره 1-800-665-0898 با ما تماس بگیرید. کسی که در اینجا به زبان فارسی صحبت می کند، می تواند به شما کمک کند. این سرویس رایگان است.





## Ready to enroll or have questions?

**Call (866) 403-8293, TTY: 711**

Current Members Call:

**(800) 665-0898, TTY: 711**

Hours are October 1 - March 31, 8 a.m. – 8 p.m. local time, 7 days a week.  
From April 1 - September 30, Monday – Friday, 8 a.m. – 8 p.m. local time.

