

2025

# Summary of Benefits

## Molina Medicare Complete Care Select (HMO DSNP)

Washington H5823-010

Effective January 1 through December 31, 2025

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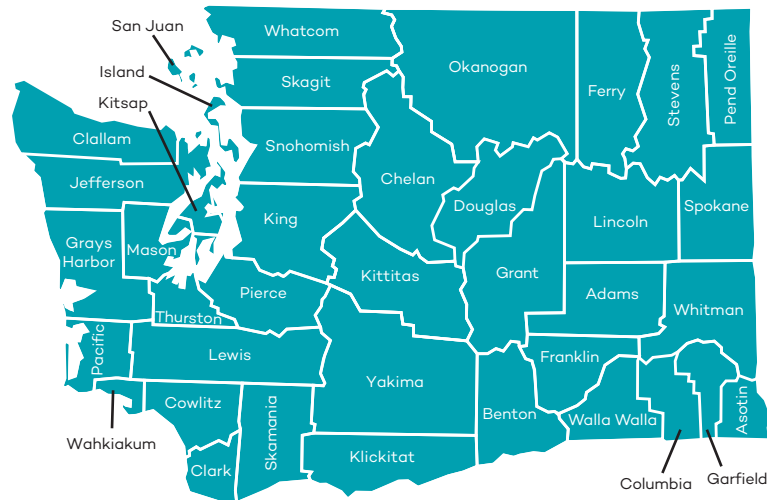
## Introduction to the Summary of Benefits

### Molina Medicare Complete Care Select

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](http://MolinaHealthcare.com/Medicare). You can also call Member Services at (800) 665-1029, 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 Medicaid by Washington State Health Care Authority (HCA), and live in our service area. Our service area includes the following counties in Washington: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima.



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](http://medicare.gov).

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](http://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) 665-1029, TTY 711**, 7 days a week, 8 a.m. to 8 p.m., local time.

## About Medicare

Medicare is health insurance for people who are 65 years old or older, or who are 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.

## Medicaid Dual Eligibility Coverage Categories

- **Specified Low-Income Medicare Beneficiary (SLMB):** Apple Health pays your Medicare Part B premium only. You are not eligible for any other Apple Health benefits and must pay all of your cost sharing.
- **Qualifying Individual (QI):** Apple Health pays your Medicare Part B premium only. You are not otherwise eligible for any Apple Health benefits.
- **Qualified Disabled and Working Individual (QDWI):** Eligible for Apple Health payment of your Medicare Part A premium only. You are not otherwise eligible for any Apple Health benefits.



### **Eligibility Changes:**

It is important to read and respond to all mail that comes from program administrators like Social Security, Department of Health and Social Services, Home and Community Services and the Health Care Authority. Agencies like these help you maintain your Apple Health eligibility status.

If your eligibility status changes, your cost share may also change from 0% to 20%\* or from 20%\* to 0%. If you lose Apple Health coverage entirely, there is a grace period for you to reapply for Apple Health and become reinstated if you still qualify.

If you no longer qualify for Apple Health, you may be involuntarily disenrolled from our HMO SNP plan. We may contact you to remind you to reapply for Apple Health when we see your eligibility has ended.

If you are currently entitled to receive full or partial Apple Health benefits, please see your Apple Health member handbook or other state Apple Health documents for full details on your Apple Health services limits, restrictions, and exclusions.

\*Annual deductible for Part B services, and 20% coinsurance (as applicable), in addition to varying cost share amounts for Part A services apply when Member's cost share amount is not 0%.

# Summary of Premiums & Benefits

## Molina Medicare Complete Care Select

**Monthly Premium**      \$0 per month



If you get Extra Help from Medicare, your monthly plan premium will be lower or you might pay nothing.

In addition, you must keep paying your Medicare Part B premium.

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**Medical Deductible**      \$240 each year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2025.



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**Maximum Out-of-Pocket Responsibility**      \$9,350 each year for services you receive from in-network providers. (does not include prescription drugs)



# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care Select

### 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 per benefit period, 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** 20% of the cost per visit



*Prior authorization may be required.*

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**Ambulatory Surgical Center** \$50 copay per visit



*Prior authorization may be required.*

### Doctor Visits

#### Primary Care

\$0 copay per visit



#### Specialists

\$30 copay per visit

### 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.

## Molina Medicare Complete Care Select

**Emergency Care** \$100 copay



**Urgently Needed Services** \$30 copay



**Diagnostic Services/ Labs/Imaging** **Diagnostic tests and procedures**  
\$0 copay (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 freestanding location) or 20% of the cost (hospital)

**Outpatient X-rays**

\$0 copay

**Therapeutic radiology**

\$0 copay (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.*



# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care Select

### Hearing Services



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

\$30 copay, 1 every year

#### **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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## Molina Medicare Complete Care Select

### Dental Services



### 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 \$500:

- 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.*

# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care Select

### 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.

## Molina Medicare Complete Care Select

### 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)

These 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
- All costs for day 101 and beyond.

No prior hospitalization is required.

*Prior authorization may be required.*

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# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care Select

### Physical Therapy



#### Physical therapy and speech therapy

\$0 copay (freestanding location) or 20% of the cost (hospital)  
*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)

\$0 copay  
*Prior authorization may be required.*

#### Occupational therapy services

\$0 copay (freestanding location) or 20% of the cost (hospital)  
*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

\$55 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 or 20% of the cost

*Prior authorization may be required.*

# Summary of Drug Coverage

## Standard Retail Pharmacy and Mail-Order Pharmacy

Depending on your income and institutional status, you pay the following:

For generic drugs (including brand drugs treated as generic):

- \$0 copay

For all other drugs:

- \$0 copay
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## Coverage Stages

In this plan, you have a zero-dollar cost share across all stages, including the deductible, initial, and catastrophic coverage stages.

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# Summary of Other Benefits

## Molina Medicare Complete Care Select

### Acupuncture



### Medicare-Covered Acupuncture

\$0 copay

Up to 12 visits in 90 days are covered for chronic lower back pain. Up to eight 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.

### Additional Telehealth Services



\$0 copay

Includes Primary Care Physician Services

### Annual Physical Exam



\$0 copay

### 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.

## Molina Medicare Complete Care Select

### Foot Care (Podiatry)



#### Medicare-Covered Foot Exam and Treatment

\$30 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 Complete Care Select

#### 24-Hour Nurse Advice Line

\$0 copay

Available 24 hours a day, 7 days a week.



#### Naturopathic Services

#### Naturopathy

\$0 copay

Up to 12 visits every year

*Prior authorization may be required.*



#### 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 Blood Services

20% of the cost

3 pint deductible waived



#### Outpatient Substance Abuse

\$30 copay

Individual or group therapy visits

*Prior authorization may be required.*



## Molina Medicare Complete Care Select

### Over-the-Counter Items



\$0 copay  
\$55 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.

### Personal Emergency Response System Plus (PERSPlus)



\$0 copay  
When authorized, we will provide an in-home device to notify the appropriate personnel in the event of an emergency (e.g., a fall).

Case Management review required.

*Prior authorization may be required.*

### 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 funds will not carry over to the following month or plan year.

*\*Eligibility requirements applicable*

## Summary of Other Benefits (Continued)

### Molina Medicare Complete Care Select

**Special Supplemental Benefits for Chronic Illnesses** \$0 copay  
\$25 every month for food and produce. Unused allowance does not carry over to 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.

# Summary of Medicaid-Covered Benefits

## What Services are Covered

The Medicaid program in Washington is called Apple Health and is managed by the Health Care Authority (HCA).

People who have Medicare and Apple Health are considered dual-eligible. Although you do not have full Medicaid benefits, you may receive help with your plan premium.

Benefit	Molina Medicare Complete Care Select	Apple Health (Medicaid)
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### IMPORTANT INFORMATION

<b>Premium and Other Important Information</b> If you get Extra Help from Medicare, your monthly plan premium will be lower or you may pay nothing.	<b>General</b> \$0 monthly plan premium  <b>In-Network</b> \$240 deductible per year for in-network services. This amount may change for 2025.  \$9,350 out-of-pocket limit for Medicare-covered services.	Medicaid assistance with premium payments may vary based on your level of Medicaid eligibility. See the Medicaid Dual Eligibility Coverage Categories section of this document for more information.
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# 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](https://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.



## Medicare Language Assistance Services

Free aids and services, such as sign language interpreters and written information in alternative formats are available to you. Call 1-800-665-3086 (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 1-800-665-3086. 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 1-800-665-3086. 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：1-800-665-3086。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1-800-665-3086 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 1-800-665-3086. 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 1-800-665-3086. 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 1-800-665-3086. 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 1-800-665-3086. 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 1-800-665-3086번으로 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 1-800-665-3086. 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 1-800-665-3086. 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 1-800-665-3086 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 1-800-665-3086. 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 1-800-665-3086. 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 1-800-665-3086. 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 polsku, należy zadzwonić pod numer 1-800-665-3086. 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、1-800-665-3086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。

**Ukrainian:**

Ми надаємо безкоштовні послуги перекладача, який допоможе отримати відповіді на будь-які запитання про наш план медичного страхування або план покриття ліків. Щоб отримати послуги перекладача, просто зателефонуйте нам за номером 1-800-665-3086. Вам допоможе людина, яка розмовляє українською мовою. Ця послуга надається безкоштовно.

**Khmer:**

យើងមានសេវាបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយ ដែលអ្នកអាចនឹងមានអំពីគម្រោងសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបាន អ្នកបកប្រែផ្ទាល់មាត់មួយរូប គ្រាន់តែទូរសព្ទមកយើងតាមលេខ 1-800-665-3086 ។ មនុស្ស ម្នាក់ដែលនិយាយភាសា ខ្មែរ អាចជួយអ្នកបាន។ នេះគឺជាសេវាឥតគិតថ្លៃ។

**Amharic:**

ስለ የጤና ወይም የመድኃኒት መድሃኒት ዋስትና ሽፋናችን ሊኖርዎት የሚችል ማንኛውንም ጥያቄ መመለስ የሚያስችል ነፃ የአስተርጓሚ አገልግሎት አለን። አስተርጓሚ ለማግኘት፣ በስልክ ቁጥር 1-800-665-3086 ላይ ይደውሉልን። አማርኛ የሚናገር ሰው ሊረዳዎት ይችላል። ይህ በነፃ የቀረበ አገልግሎት ነው።

**Cushite:**

Waa'ee karoorra fayyaa ykn qorichaa keenya ilaalchisee gaaffii qabdan kamiyyuu deebisuuf tajaajila afaan hiikaa bilisaa qabna. Afaan hiikaa argachuuf, 1-800-665-3086 irratti nuuf bilbilaa. Namni Afaan Oromoo dubbatu isin gargaaruu danda'a. Kun tajaajila bilisaa ta'eedha.

**Punjabi:**

ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਡਰੱਗ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਦੁਬਾਸ਼ੀਆ ਹਾਸਲ ਕਰਨ ਲਈ, ਸਾਨੂੰ ਸਿਰਫ 1-800-665-3086 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

**Laotian:**

ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່1-800-665-3086. ມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການໂດຍບໍ່ເສຍຄ່າ.



## Ready to enroll or have questions?

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

Current Members Call:

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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.

