

# SUMMARY OF BENEFITS 2023

January 1, 2023 – December 31, 2023

---



 VIVA MEDICARE EXTRA CARE (HMO SNP)

If you are a member of this plan, call 1-800-633-1542 (toll-free). TTY users, dial 711.

Hours: Monday through Friday, 8 a.m. to 8 p.m.  
(From October 1 to March 31: 7 days a week, 8 a.m. to 8 p.m.)

If you are not a member of this plan, call 1-888-830-8482 (toll-free). TTY users, dial 711.

Hours: Monday through Friday, 8 a.m. to 8 p.m.  
(From October 1 to December 31: 7 days a week, 8 a.m. to 8 p.m.)

Our website: [www.VivaHealth.com/Medicare](http://www.VivaHealth.com/Medicare)

## SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the “**Evidence of Coverage**.” You can also see the Evidence of Coverage on our website, [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources).

### You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **VIVA MEDICARE Extra Care**).

### Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **VIVA MEDICARE Extra Care** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Sections in this booklet

- Things to Know About **VIVA MEDICARE Extra Care**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as audio and large print.

This document can be made available in a non-English language. For additional information, call us at 1-800-633-1542 (TTY: 711).

### Things to Know About **VIVA MEDICARE Extra Care**

#### Hours of Operation & Contact Information

If you are a member of this plan, call us at 1-800-633-1542, TTY: 711.

- We're open Monday through Friday, 8 a.m. to 8 p.m. (from October 1 to March 31: 7 days a week, 8 a.m. to 8 p.m.).

If you are not a member of this plan, call us at 1-888-830-8482, TTY: 711.

- We're open Monday through Friday, 8 a.m. to 8 p.m. (from October 1 to December 31: 7 days a week, 8 a.m. to 8 p.m.).

Our website: [www.VivaHealth.com/Medicare](http://www.VivaHealth.com/Medicare)

## SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

### Who can join?

To join **VIVA MEDICARE *Extra Care***, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and have Medicaid or a Medicare Savings Program through the Alabama Medicaid Agency, and live in our service area. Our service area includes these counties in Alabama: Limestone, Madison, Marshall and Morgan.

VIVA MEDICARE *Extra Care* may enroll dual-eligibles who are SLMB, SLMB Plus, QMB, QMB Plus, FBDE, QI-1, and QDWI.

### Which doctors, hospitals, and pharmacies can I use?

**VIVA MEDICARE *Extra Care*** has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website ([www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources)).

Or, call us and we will send you a copy of the provider and pharmacy directories.

### What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources).
- Or, call us and we will send you a copy of the formulary.

**If you have any questions about this plan's benefits or costs, please contact  
VIVA MEDICARE.**

## SECTION II - SUMMARY OF BENEFITS

### VIVA MEDICARE *Extra Care*

#### MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

<b>Monthly Plan Premium</b>	Because you get Extra Help, you pay \$0 per month. In addition, you must keep paying your Medicare Part B premium unless the State pays it for you.
<b>Deductible</b>	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
<b>Maximum Out-of-Pocket Responsibility</b>	Your yearly limit(s) in this plan: <ul style="list-style-type: none"><li>• \$6,600 for services you receive from in-network providers.</li></ul> If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

#### COVERED MEDICAL AND HOSPITAL BENEFITS

<b>Inpatient Hospital</b>	<b><u>In-Network:</u></b> Days 1-6: \$0 or \$235 Copay per day for each admission. Days 7-90: \$0 Copay per day. Our plan covers an unlimited number of days for an inpatient hospital stay. Your cost sharing depends on your level of Medicaid eligibility. May require prior authorization.
<b>Outpatient Hospital</b>	<b><u>In-Network:</u></b> Outpatient hospital: \$0 or \$175 Copay. Outpatient observation: \$0 or \$175 Copay. Medicare-covered colonoscopies: \$0 Copay. Your cost sharing depends on your level of Medicaid eligibility. May require prior authorization.
<b>Ambulatory Surgical Center</b>	<b><u>In-Network:</u></b> Ambulatory Surgical Center: \$0 or \$125 Copay. Your cost sharing depends on your level of Medicaid eligibility. May require prior authorization.

**SECTION II - SUMMARY OF BENEFITS***VIVA MEDICARE Extra Care*

<b>Doctor's Office Visits</b>	<b><u>In-Network:</u></b> Primary care physician (PCP) visit: \$0 Copay. Specialist visit: \$0 Copay.
<b>Preventive Care</b> <i>(e.g., flu vaccine, diabetic screenings)</i>	<b><u>In-Network:</u></b> You pay nothing for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered.
<b>Emergency Care</b>	<b><u>In-Network:</u></b> \$0 or \$95 Copay per visit. If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. Worldwide Emergency Coverage: \$0 or \$95 Copay. Worldwide emergency coverage outside the U.S. and its territories is limited to \$50,000 and does not include transportation. Your cost sharing depends on your level of Medicaid eligibility.
<b>Urgently Needed Services</b>	<b><u>In-Network:</u></b> Medicare-covered urgently needed service from a PCP: \$0 Copay. Medicare-covered urgently needed service from a specialist: \$0 Copay. Medicare-covered urgently needed service from an urgent care clinic/facility: \$0 or \$40 Copay per visit. Your cost sharing depends on your level of Medicaid eligibility.
<b>Diagnostic Services/ Labs/Imaging</b>	<b><u>In-Network:</u></b> Diagnostic tests and procedures: \$0 or \$0 - \$50 Copay. Lab services: \$0 Copay. Diagnostic radiology services (such as ultrasound, MRI, CAT Scan): \$0 or \$10 - \$50 Copay. X-rays: \$0 or \$10 Copay. Therapeutic radiology services (such as radiation treatment for cancer): \$0 or \$40 Copay. Costs for these services may vary based on place of service.

**SECTION II - SUMMARY OF BENEFITS***VIVA MEDICARE Extra Care*

	<p>Your cost sharing depends on your level of Medicaid eligibility.</p> <p>May require prior authorization.</p>
<b>Hearing Services</b>	<p><b><u>In-Network:</u></b></p> <p>Exam to diagnose and treat hearing and balance issues: You Pay Nothing.</p> <p>Routine hearing exam (up to 1 visit every year): You Pay Nothing.</p> <p>Hearing Aid (plan covers 1 hearing aid per ear, per calendar year): \$300 - \$1,775 Copay for each hearing aid.</p>
<b>Dental Services</b>	<p><b><u>In-Network:</u></b></p> <p>Limited Medicare-covered dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): applicable office visit, outpatient, or inpatient copays apply. <i>VIVA MEDICARE Extra Care</i> also covers up to \$2,250 for preventive, diagnostic, and comprehensive dental benefits every year. You pay anything over \$2,250.</p>
<b>Vision Services</b>	<p><b><u>In-Network:</u></b></p> <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 Copay.</p> <p>Routine eye exam (up to 1 visit every year): \$0 Copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 Copay plus you pay any amount over the Medicare allowed amount.</p> <p>Our plan pays up to \$200 for additional eyewear (eyeglass frames, lenses, contact lenses, and upgrades).</p>
<b>Mental Health Care</b>	<p><b><u>In-Network:</u></b></p> <p>Outpatient group therapy visit: \$0 Copay.</p> <p>Individual therapy visit: \$0 Copay.</p> <p>Inpatient Mental Health Care:</p> <p>Days 1-6: \$0 or \$235 Copay per day for each admission.</p> <p>Days 7-90: \$0 Copay per day.</p> <p>Your cost sharing depends on your level of Medicaid eligibility.</p> <p>May require prior authorization.</p>
<b>Skilled Nursing Facility (SNF)</b>	<p><b><u>In-Network:</u></b></p> <p>Days 1-20: \$0 Copay per day.</p>

**SECTION II - SUMMARY OF BENEFITS***VIVA MEDICARE Extra Care*

	<p>Days 21-55: \$0 or \$196 Copay per day.</p> <p>Days 56-100: \$0 Copay per day.</p> <p>Your cost sharing depends on your level of Medicaid eligibility.</p> <p>May require prior authorization.</p>
<b>Outpatient Rehabilitation</b>	<p><b><u>In-Network:</u></b></p> <p>Occupational therapy visit: \$0 Copay.</p> <p>Physical therapy and speech and language therapy visit: \$0 Copay.</p> <p>May require prior authorization.</p>
<b>Ambulance</b>	<p><b><u>In-Network:</u></b></p> <p>Ground Ambulance: \$0 or \$245 Copay.</p> <p>Air Ambulance: \$0 or \$245 Copay.</p> <p>Your cost sharing depends on your level of Medicaid eligibility.</p> <p>May require prior authorization.</p>
<b>Transportation</b>	<p><b><u>In-Network:</u></b></p> <p>You pay nothing.</p> <p>24 one-way trips every year to plan-approved locations.</p>
<b>Medicare Part B Drugs</b>	<p><b><u>In-Network:</u></b></p> <p>For Part B drugs such as chemotherapy drugs: \$0 or 20% Coinsurance.</p> <p>Other Part B drugs: \$0 or 20% Coinsurance.</p> <p>Your cost sharing depends on your level of Medicaid eligibility.</p> <p>May require prior authorization.</p>
<b>Telehealth Services</b>	<p>Plan covers telehealth services for PCP and specialist visits, individual and group mental health, outpatient substance abuse, and physical and speech therapy; standard office visit copays apply, when applicable.</p>
<b>24-Hour Nurse Line</b>	<p>Plan includes access to a 24-hour nurse line for general health education and tips for at-home, non-emergency treatments for minor illnesses or injuries.</p>
<b>Over-the-Counter (OTC) Drugs and Other Health-Related Items</b>	<p>Plan provides a \$125 allowance every calendar quarter.</p>

## SECTION II - SUMMARY OF BENEFITS

### VIVA MEDICARE *Extra Care*

<b>Fitness</b>	The Silver&Fit® Program (no cost; includes membership at participating fitness centers and at-home, digital options).	
<b>Food</b>	Plan provides a \$30 allowance every month for food and produce. This benefit is offered under a program called “Value-Based Insurance Design (VBID) Model.”	
<b>PRESCRIPTION DRUG BENEFITS</b>		
<b>Deductible</b>	Prescription Drug Deductible: Not Applicable.	
<b>Initial Coverage</b>	You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the drug costs paid by both you and our plan.	
	<b>Tier</b>	<b>In-network cost-sharing One-month supply up to <u>30</u> <u>days</u></b>
	Tier 1 (Preferred Generic)	Because you get Extra Help, you pay \$0.
	Tier 2 (Generic)	
	Tier 3 (Preferred Brand)	
	Tier 4 (Non- Preferred Drug)	
	Tier 5 (Specialty Tier)	
	<b>In-network cost-sharing Long-term supply up to <u>90</u> <u>days</u></b>	
	Because you get Extra Help, you pay \$0.	
	A long-term supply is not available for drugs in Cost Sharing Tier 5.	
	Please call us or see the plan’s “ <b>Evidence of Coverage</b> ” on our website ( <a href="http://www.VivaHealth.com/Medicare/Member-Resources">www.VivaHealth.com/Medicare/Member-Resources</a> ) for complete information about your costs for covered drugs.	
<b>Catastrophic Coverage</b>	What you pay after your yearly out-of-pocket drug costs reach \$7,400. <ul style="list-style-type: none"> <li>• Because you get Extra Help, you pay \$0.</li> </ul>	



## DISCLAIMERS

Other Physicians/Providers are available in our network. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. This information is not a complete description of benefits. Call 1-888-830-8482 (TTY users dial 711) for more information. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. VIVA MEDICARE is an HMO plan with a Medicare contract and a contract with the Alabama Medicaid Agency. Enrollment in VIVA MEDICARE depends on contract renewal. VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-830-8482 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務.請致電 1-888-830-8482 (TTY: 711).

## 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 1-888-830-8482 (TTY: 711).

### 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 [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources) or call 1-888-830-8482 (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

- 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, 2024.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual-eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

## DESCRIPTION OF ADDITIONAL MEDICAID BENEFITS

Certain Medicare beneficiaries qualify for Medicaid to pay their Medicare Part B (supplemental medical insurance) premiums and for some services not covered by Medicare. Some of these extra benefits include eye exams and eyeglasses, home and community based services (if eligible), mental health services, prescription drugs that are not covered by Medicare Part D, and non-emergency transportation. In some cases, Medicaid may pay their Part A (hospital insurance) premium.

The people in this group include:

- QMB-Plus
- Full Benefit Dual Eligible or FBDE recipient
- SLMB-Plus

VIVA MEDICARE *Extra Care* (HMO SNP) and the Alabama Medicaid Agency have agreed to work together to offer another choice for full Medicaid recipients who have Medicare Part A and Part B. If you join VIVA MEDICARE *Extra Care*, you do not have to pay deductibles, copayments, or coinsurance for medical care that is covered by Medicare. You may also qualify for the benefits listed below.

### Benefits Available to QMB-Plus, Full Benefit Dual Eligibles, and SLMB-Plus

Benefit Category	Alabama Medicaid	VIVA MEDICARE <i>Extra Care</i> (HMO SNP)
<p><b>Eye Care Services:</b> Medicaid pays for eye exams and eyeglasses once every two calendar years. Contact lenses may be provided only under certain conditions and when approved ahead of time.</p>	<p>\$1.30 to \$3.90 for eye exams. NOTE: You must buy your glasses from a Medicaid-approved contract provider.</p>	<p>See page 6 (Vision Services)</p>
<p><b>Home and Community Based Services:</b> Programs that allow certain disabled recipients to stay in their homes rather than live in a nursing home.</p>	<p>You must meet certain medical criteria to qualify for this service.</p>	<p>You pay nothing for Medicare-covered Home Health Care.</p>
<p><b>Intermediate Care Facility for Intellectual Disabilities (ICF-ID) Services:</b> ICF-ID facilities provide a protected residential setting and services to help individuals function.</p>	<p>You must meet certain medical criteria to qualify for this service.</p>	<p>Not Covered</p>
<p><b>Non-Emergency Transportation</b> NET helps cover the costs of rides to and from medically necessary appointments if Medicaid recipients</p>	<p>You must call and get prior approval for this service.</p>	<p>See page 7 (Transportation)</p>

<b>Benefit Category</b>	<b>Alabama Medicaid</b>	<b>VIVA MEDICARE <i>Extra Care</i> (HMO SNP)</b>
have no other way to get to their appointments.		
<b>Prescription Drugs</b>	\$.65 to \$3.90 per prescription for Part D excluded drugs covered by Alabama Medicaid. Medicaid does not cover Part D covered drugs (defined by CMS) for dual eligibles.	See pages 7-8 (Medicare Part B Drugs and Prescription Drug Benefits)

## DESCRIPTION OF ADDITIONAL MEDICAID BENEFITS

Certain Medicare beneficiaries qualify for Medicaid to pay their Medicare Part A (hospital insurance) OR Part B (supplemental medical insurance) premiums. These beneficiaries do not qualify for any additional Medicaid benefits.

This group includes:

- Qualified Disabled and Working Individual or QDWI: Medicaid pays Medicare Part A premiums.
- Qualifying Individual or QI-1: Medicaid pays Medicare Part B premiums.
- Specified Low Income Medicare Beneficiary or SLMB Only: Medicaid pays Medicare Part B premiums.
- Qualified Medicare Beneficiary, sometimes known as QMB Only: Medicaid pays Medicare Part B premiums, Medicare deductibles, and coinsurance. In some cases, Medicaid may also pay their Part A premium.

If you join VIVA MEDICARE *Extra Care*, you may have to pay for deductibles, copayments, or coinsurance for services that are covered by Medicare. You may have to pay a monthly premium or other costs to VIVA MEDICARE *Extra Care* for extra benefits listed below.

### Benefits Available to QDWI, QI-1, SLMB-Only, and QMB-Only

Benefit Category	Alabama Medicaid	VIVA MEDICARE <i>Extra Care</i> (HMO SNP)
<p><b>Premium Assistance</b> Medicaid pays the Part A and/or Part B premium</p>	<p>No other benefits paid  <b>QDWI:</b> pays Medicare Part A premiums  <b>QI-1:</b> pays Medicare Part B premiums  <b>SLMB-Only:</b> pays Medicare Part B premiums  <b>QMB-Only:</b> pays Medicare Part B premiums, Medicare deductibles, and coinsurance. In some cases, Medicaid may also pay the Part A premium.</p>	<p>See page 4 (Monthly Plan Premium)</p>
<p><b>Eye Care Services:</b> Medicaid pays for eye exams and eyeglasses once every two calendar years. Contact lenses may be provided only under certain conditions and when approved ahead of time.</p>	<p>Not Covered</p>	<p>See page 6 (Vision Services)</p>
<p><b>Home and Community Based Services:</b> Programs that allow certain disabled clients to stay in their homes rather than live in a nursing home.</p>	<p>Not Covered</p>	<p>You pay nothing for Medicare-covered Home Health Care.</p>

<b>Benefit Category</b>	<b>Alabama Medicaid</b>	<b>VIVA MEDICARE <i>Extra Care</i> (HMO SNP)</b>
<b>Intermediate Care Facility for Intellectual Disabilities (ICF-ID):</b> ICF-ID facilities provide a protected residential setting and services to help individuals function at their greatest ability.	Not Covered	Not Covered
<b>Non-Emergency Transportation:</b> NET helps cover the costs of rides to and from medically necessary appointments if Medicaid recipients have no other way to get to their appointments without obvious hardships.	Not Covered	See page 7 (Transportation)
<b>Prescription Drugs</b>	Not Covered	See pages 7-8 (Medicare Part B Drugs & Prescription Drug Benefits)

**Medicaid Appeals and Grievances**

You may request a fair hearing from the Alabama Medicaid Agency if the Agency reduces or denies services based on medical criteria or when eligibility benefits are denied, terminated, or reduced.

Your written request must be received by Medicaid within 60 days from the date the notice of action is mailed that a covered service or eligibility benefit has been reduced, denied, or terminated.

Mail requests to:

Alabama Medicaid Agency  
 Attention: Hearings Coordinator  
 501 Dexter Avenue  
 P.O. Box 5624  
 Montgomery, AL 36103-5624

If you have questions, call the Alabama Medicaid Recipient Inquiry Hotline at 1-800-362-1504. The call is free. (For the hearing impaired, the TTY number is 1-800-253-0799. The call is free.)

“All Medicaid services are made available in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. Complaints concerning these matters should be directed to the Civil Rights Coordinator, Alabama Medicaid Agency.”



## 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 1-800-633-1542 (TTY: 711). Someone who speaks English/Language 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 1-800-633-1542 (TTY: 711). 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 1-800-633-1542 (TTY: 711)。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 1-800-633-1542 (TTY: 711)。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-633-1542 (TTY: 711). 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 1-800-633-1542 (TTY: 711). 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 1-800-633-1542 (TTY: 711) 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 1-800-633-1542 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리 고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-633-1542 (TTY: 711)번 으로 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 1-800-633-1542 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** ما شخص سيقوم . للحصول . لدينا الأدوية جدول أو بالصحة تتعلق أسئلة أي عن للإجابة المجانية الفوري المترجم خدمات نقدم إننا مجانية خدمة هذه . بمساعدتك على بنا الاتصال سوى عليك ليس فوري، مترجم على1-800-633-1542 (TTY: 711) العربية يتحدث

**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 1-800-633-1542 (TTY: 711) 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 1-800-633-1542 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** 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 1-800-633-1542 (TTY: 711). 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 1-800-633-1542 (TTY: 711). 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 1-800-633-1542 (TTY: 711). 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、1-800-633-1542 (TTY: 711)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。