

## VIVA MEDICARE *Select* (HMO) offered by VIVA HEALTH, Inc.

# Annual Notice of Changes for 2024

You are currently enrolled as a member of VIVA MEDICARE *Select*. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

---

### What to do now

#### 1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your doctors, specialists, hospitals, and other providers will be in our network next year.
- Think about whether you are happy with our plan.

#### 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.

- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in VIVA MEDICARE *Select*.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with VIVA MEDICARE *Select*.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

**Additional Resources**

- Please contact Member Services at 1-800-633-1542 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., Monday through Friday (from October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week). This call is free.
- If you need this information in another format, such as audio or large print, please contact Member Services (phone numbers are listed above).
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About VIVA MEDICARE *Select***

- 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.
- When this document says "we," "us," or "our," it means VIVA HEALTH, Inc. When it says "plan" or "our plan," it means VIVA MEDICARE *Select*.

**Annual Notice of Changes for 2024  
Table of Contents**

**Summary of Important Costs for 2024 ..... 4**

**SECTION 1 Changes to Benefits and Costs for Next Year ..... 5**

    Section 1.1 – Changes to the Monthly Premium ..... 5

    Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount..... 6

    Section 1.3 – Changes to the Provider Network..... 6

    Section 1.4 – Changes to Benefits and Costs for Medical Services ..... 7

**SECTION 2 Administrative Changes ..... 11**

**SECTION 3 Deciding Which Plan to Choose ..... 12**

    Section 3.1 – If you want to stay in VIVA MEDICARE *Select*..... 12

    Section 3.2 – If you want to change plans ..... 12

**SECTION 4 Deadline for Changing Plans..... 13**

**SECTION 5 Programs That Offer Free Counseling about Medicare ..... 13**

**SECTION 6 Programs That Help Pay for Prescription Drugs ..... 14**

**SECTION 7 Questions?..... 15**

    Section 7.1 – Getting Help from VIVA MEDICARE *Select*..... 15

    Section 7.2 – Getting Help from Medicare..... 15

## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for VIVA MEDICARE *Select* in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium</b>	\$0	\$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	\$4,500	\$4,500
<b>Doctor office visits</b>	Primary care visits: \$0 per visit  Specialist visits: \$15 copay per visit	Primary care visits: \$0 per visit  Specialist visits: \$20 copay per visit
<b>Inpatient hospital stays</b>	\$245 copay for each Medicare-covered day for days 1-6 for each inpatient hospitalization.  \$0 for additional days.	\$290 copay for each Medicare-covered day for days 1-6 for each inpatient hospitalization.  \$0 for additional days.

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.) <b>There is no change in the premium for 2024.</b></p>	<p>\$0</p>	<p>\$0</p>
<p><b>Medicare Part B Premium Buy-Down</b></p>	<p>Our plan provides a Medicare Part B premium buy-down (also called a Medicare Part B Premium Giveback) that lowers the cost of your monthly Medicare Part B premium by \$50 a month (if you are not receiving government assistance that pays the Medicare Part B premium for you). See Chapter 1 of your <i>Evidence of Coverage</i> for more details regarding how the Medicare Part B Premium Buy-Down works.</p>	<p>Our plan provides a Medicare Part B premium buy-down (also called a Medicare Part B Premium Giveback) that lowers the cost of your monthly Medicare Part B premium by \$65 a month (if you are not receiving government assistance that pays the Medicare Part B premium for you). See Chapter 1 of your <i>Evidence of Coverage</i> for more details regarding how the Medicare Part B Premium Buy-Down works.</p>

## Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium (if any), Medicare Part A and Part B premiums, non-Medicare covered eyewear (glasses, contacts, lenses and frames), non-Medicare covered dental services, non-Medicare covered hearing aids, and any amount you pay over the \$50,000 annual coverage limit for emergency care received outside the United States and its territories does not count toward your maximum out-of-pocket amount.</p> <p><b>There is no change to your maximum out-of-pocket amount for 2024.</b></p>	\$4,500	<p>\$4,500</p> <p>Once you have paid \$4,500 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.</p>

## Section 1.3 – Changes to the Provider Network

An updated *Provider Directory* is located on our website at [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources). You may also call Member Services for updated provider information or to ask us to mail you a *Provider Directory*, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care physician, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

**Section 1.4 – Changes to Benefits and Costs for Medical Services**

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
<b>Ambulatory surgical center</b>	You pay a \$195 copay for each Medicare-covered surgery, procedure or service at an ambulatory surgical center.	You pay \$0 for each Medicare-covered surgery, procedure or service at an ambulatory surgical center.
<b>Chiropractic services</b>	You pay a \$15 copay for each Medicare-covered chiropractic visit.	You pay a \$20 copay for each Medicare-covered chiropractic visit.
<b>Emergency care (including worldwide emergency care)</b>	You pay a \$95 copay for each Medicare-covered emergency room visit (you do not have to pay this amount if you are admitted to the same hospital as an inpatient or for outpatient observation within 24 hours for the same condition).	You pay a \$120 copay for each Medicare-covered emergency room visit (you do not have to pay this amount if you are admitted to the same hospital as an inpatient or for outpatient observation within 24 hours for the same condition).
<b>Hearing aids</b>	Over-the counter (OTC) hearing aids are <u>not</u> covered under your hearing aid benefit.	<p>Over-the-counter (OTC) hearing aids have been added to your hearing aid benefit.</p> <p>You are covered for one pair of OTC hearing aids per calendar year or one prescription hearing aid per ear per calendar year.</p> <p>The cost for OTC hearing aids is as follows (see your <i>Evidence of Coverage</i> for prescription hearing aid costs):</p>

Cost	2023 (this year)	2024 (next year)
		Entry technology level: \$375 per hearing aid (sold as a pair for \$750)  Basic technology level: \$625 per hearing aid (sold as a pair for \$1,250)  Prime technology level: \$975 per hearing aid (sold as a pair for \$1,950)  Preferred technology level: \$1,250 per hearing aid (sold as a pair for \$2,500)  Advanced technology level: \$1,550 per hearing aid (sold as a pair for \$3,100)
<b>Hearing services</b>	You pay a \$15 copay for each specialist visit for Medicare-covered services and for the routine hearing exam from a physician specialist.	You pay a \$20 copay for each specialist visit for Medicare-covered services and for the routine hearing exam from a physician specialist.
<b>Inpatient hospital care and inpatient services in a psychiatric hospital</b>	You pay a \$245 copay for each Medicare-covered day for days 1-6 for each inpatient hospitalization.	You pay a \$290 copay for each Medicare-covered day for days 1-6 for each inpatient hospitalization.
<b>Opioid treatment program services</b>	You pay a \$15 copay for each physician specialist visit or individual/group therapy visit for Medicare-covered services.	You pay a \$20 copay for each physician specialist visit or individual/group therapy visit for Medicare-covered services.
<b>Outpatient dialysis</b>	You pay 20% of the cost for Medicare-covered outpatient dialysis. Outpatient dialysis requires prior authorization (approval in advance) to be covered.	You pay 20% of the cost for Medicare-covered outpatient dialysis. Outpatient dialysis <i>does not</i> require prior authorization (approval in advance) to be covered.

Cost	2023 (this year)	2024 (next year)
<b>Outpatient hospital services and outpatient hospital observation</b>	You pay a \$225 copay for each Medicare-covered surgery, procedure, or service including blood transfusions and invasive procedures such as epidurals and bronchoscopies at an outpatient hospital facility and for each Medicare-covered outpatient hospital observation service when no outpatient procedure is performed.	You pay a \$290 copay for each Medicare-covered surgery, procedure, or service including blood transfusions and invasive procedures such as epidurals and bronchoscopies at an outpatient hospital facility and for each Medicare-covered outpatient hospital observation service when no outpatient procedure is performed.
<b>Outpatient mental health care</b>	You pay a \$15 copay for each individual/group therapy visit for Medicare-covered outpatient mental health services.	You pay a \$20 copay for each individual/group therapy visit for Medicare-covered outpatient mental health services.
<b>Outpatient rehabilitation services</b>	You pay a \$15 copay for each Medicare-covered physical therapy, speech therapy, and occupational therapy visit.	You pay a \$20 copay for each Medicare-covered physical therapy, speech therapy, and occupational therapy visit.
<b>Outpatient substance abuse services</b>	<p>You pay a \$15 copay for each individual/group therapy visit for Medicare-covered outpatient substance abuse services.</p> <p>Outpatient substance abuse services require prior authorization (approval in advance) to be covered.</p>	<p>You pay a \$20 copay for each individual/group therapy visit for Medicare-covered outpatient substance abuse services.</p> <p>Outpatient substance abuse services <i>do not</i> require prior authorization (approval in advance) to be covered.</p>
<b>Outpatient x-ray services</b>	You pay a \$10 copay for each Medicare-covered x-ray. Outpatient x-rays require prior authorization (approval in advance) to be covered.	You pay a \$10 copay for each Medicare-covered x-ray. Outpatient x-rays <i>do not</i> require prior authorization (approval in advance) to be covered.

Cost	2023 (this year)	2024 (next year)
<b>Physician specialist services (includes physician specialist office visits unless listed separately in this chart)</b>	You pay a \$15 copay for each physician specialist visit for Medicare-covered services.	You pay a \$20 copay for each physician specialist visit for Medicare-covered services.
<b>Supervised exercise therapy (SET) for symptomatic peripheral artery disease (PAD)</b>	You pay \$0 for each Medicare-covered SET session.  SET sessions require prior authorization (approval in advance) to be covered.	You pay \$0 for each Medicare-covered SET session.  SET sessions <i>do not</i> require prior authorization (approval in advance) to be covered.
<b>Telehealth services provided by a specialty physician</b>	You pay a \$15 copay for each telehealth specialist visit for: <ul style="list-style-type: none"> <li>• Specialty physician services (does not include services from a chiropractor or podiatrist, hearing or vision exams, diabetes self-management training, kidney disease education, smoking cessation counseling, or services from an urgent care facility)</li> <li>• Individual/group sessions for outpatient mental health services</li> <li>• Individual/group sessions for outpatient substance abuse services (does not include opioid treatment program counseling)</li> <li>• Individual/group sessions for outpatient psychiatric services</li> <li>• Outpatient physical therapy and speech/language pathology (does not include</li> </ul>	You pay a \$20 copay for each telehealth specialist visit for: <ul style="list-style-type: none"> <li>• Specialty physician services (does not include services from a chiropractor or podiatrist, hearing or vision exams, diabetes self-management training, kidney disease education, smoking cessation counseling, or services from an urgent care facility)</li> <li>• Individual/group sessions for outpatient mental health services</li> <li>• Individual/group sessions for outpatient substance abuse services (does not include opioid treatment program counseling)</li> <li>• Individual/group sessions for outpatient psychiatric services</li> <li>• Outpatient physical therapy and speech/language pathology (does not include</li> </ul>

Cost	2023 (this year)	2024 (next year)
	supervised exercise therapy for PAD, occupational therapy or cardiac and pulmonary rehabilitation) • Other health care professional	supervised exercise therapy for PAD, occupational therapy or cardiac and pulmonary rehabilitation) • Other health care professional
<b>Urgently needed services</b>	You pay a \$15 copay for each physician specialist visit for Medicare-covered services for urgently needed care; \$40 copay for each urgently needed care facility/clinic visit for Medicare-covered services.  You do not pay a copay for Medicare-covered services for urgently needed care from a PCP.	You pay a \$20 copay for each physician specialist visit for Medicare-covered services for urgently needed care; \$40 copay for each urgently needed care facility/clinic visit for Medicare-covered services.  You do not pay a copay for Medicare-covered services for urgently needed care from a PCP.
<b>Vision care</b>	You pay a \$15 copay for each specialist visit for Medicare-covered eye exams (diagnosis and treatment for diseases and conditions of the eye); \$0 for the routine annual eye exam (eye refractions) for eyeglasses/contacts.	You pay a \$20 copay for each specialist visit for Medicare-covered eye exams (diagnosis and treatment for diseases and conditions of the eye); \$0 for the routine annual eye exam (eye refractions) for eyeglasses/contacts.

**SECTION 2 Administrative Changes**

Description	2023 (this year)	2024 (next year)
Geographic/Service Area	Service area includes: Autauga, Baldwin, Blount, Bullock, Calhoun, Chambers, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Dale,	Service area includes: Autauga, Baldwin, Blount, Bullock, Calhoun, Chambers, Cherokee, Chilton, Colbert, Crenshaw,

Description	2023 (this year)	2024 (next year)
	DeKalb, Elmore, Etowah, Franklin, Geneva, Henry, Houston, Jefferson, Lauderdale, Lee, Limestone, Lowndes, Macon, Madison, Marshall, Mobile, Montgomery, Morgan, Pike, St. Clair, Shelby, Talladega, Tallapoosa, Tuscaloosa, and Walker counties.	Cullman, Dale, DeKalb, Elmore, Etowah, Fayette, Franklin, Geneva, Henry, Houston, Jackson, Jefferson, Lauderdale, Lee, Limestone, Lowndes, Macon, Madison, Marshall, Mobile, Montgomery, Morgan, Pike, St. Clair, Shelby, Talladega, Tallapoosa, Tuscaloosa, and Walker counties.

**SECTION 3 Deciding Which Plan to Choose**

**Section 3.1 – If you want to stay in VIVA MEDICARE Select**

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in VIVA MEDICARE Select.

**Section 3.2 – If you want to change plans**

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

**Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

As a reminder, VIVA HEALTH, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

## Step 2: Change your coverage

- To change to a **different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from VIVA MEDICARE *Select*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from VIVA MEDICARE *Select*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Alabama, the SHIP is called Alabama Department of Senior Services.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Alabama Department of Senior Services' counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Alabama Department of Senior Services at 1-877-425-2243 or 1-800-AGELINE (1-800-243-5463). You can learn more about Alabama Department of Senior Services by visiting their website ([www.alabamaageline.gov](http://www.alabamaageline.gov)).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost sharing assistance through the Alabama AIDS Drug Assistance Program. **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. You can reach the Alabama AIDS Drug Assistance Program at 1-866-574-9964.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Alabama AIDS Drug Assistance Program at 1-866-574-9964.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from VIVA MEDICARE Select

Questions? We're here to help. Please call Member Services at 1-800-633-1542 (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m., Monday through Friday (from October 1 to March 31, available 8 a.m. to 8 p.m., 7 days a week). Calls to these numbers are free.

#### **Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for VIVA MEDICARE Select. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit Our Website**

You can also visit our website at [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

### Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

#### **Read Medicare & You 2024**

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most

frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.



## 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 panggamot. 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 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-633-1542 (TTY: 711)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 1-800-633-1542 (TTY: 711). 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 بمساعدتك. 1-800-633-1542 (TTY: 711). سيقوم شخص ما يتحدث العربية 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 1-800-633-1542 (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.

**Portuguése:** 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。