

Benefits for the whole you.

2024 Summary of Benefits

January 1, 2024 – December 31, 2024

Highmark Wholecare
Medicare Assured DiamondSM (HMO SNP)

Highmark Wholecare
Medicare Assured RubySM (HMO SNP)

This summary of benefits doesn't list every service, limitation, or special circumstance.

Visit us at highmark.com/wholecare/medicare to get more benefit information including:

- **Evidence of Coverage** (*full list of benefits*)
- **Provider and Pharmacy Directories**
- **Formulary** (*full Part D prescription drug list*)

If you need printed copies, call us at **1-877-428-3929 (TTY 711)**.

Our hours of operation are 8 a.m. to 8 p.m., seven days a week from October 1 to March 31. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

Highmark Wholecare offers HMO plans with a Medicare contract. Enrollment in these plans depends on contract renewal.

Pennsylvania Service Area

To join Highmark Wholecare Medicare Assured Diamond or Highmark Wholecare Medicare Assured Ruby, you must live in our service area, which includes the following counties.



- Bucks • Chester • Delaware • Montgomery • Philadelphia

Please note that while you are required to live in one of these five counties, you may continue to see participating providers in all 62 Pennsylvania counties where Highmark Wholecare offers plans in 2024.

Highmark Wholecare Medicare Advantage Plans

Dual Eligible Special Needs Plan (D-SNP) Highlights

	Highmark Wholecare Medicare Assured Diamond (HMO SNP)
Monthly Plan Premium	\$0
Primary Care Visits	\$0
Deductible	\$0
Preventive Care	\$0
Urgent & Emergency Care	In- and out-of-network
Diagnostic Services/Labs/Imaging	\$0
Prescriptions	\$0

ELIGIBILITY REQUIREMENTS:

- Must have Medicare Parts A and B
- Must be enrolled in one of the following Medicare Savings Programs offered by Medicaid for individuals with limited income and resources
 - FDBE, QMB+, SLMB+, or QMB
- Live within our service area

	Highmark Wholecare Medicare Assured Ruby (HMO SNP)
Monthly Plan Premium	\$0
Primary Care Visits	\$0
Deductible	\$0
Preventive Care	\$0
Urgent & Emergency Care	In- and out-of-network
Diagnostic Services/Labs/Imaging	As low as \$0
Prescriptions	\$0

ELIGIBILITY REQUIREMENTS:

- Must have Medicare Parts A and B
- Must be enrolled in one of the following Medicare Savings Programs offered by Medicaid for individuals with limited income and resources
 - SLMB or QI
- Live within our service area

MEDICARE SAVINGS PROGRAMS DEFINITIONS:

(FDBE) Full Benefit Dual Eligible: An individual is medically needy or in certain special income levels for institutionalized or home- and community-based waivers.

(QMB+) Qualified Medicare Beneficiary Plus: Helps pay Medicare Part A and Part B premiums and other cost-sharing (like deductibles, coinsurance, and copayments). People with QMB+ also have “full Medicaid benefits.”

(QMB) Qualified Medicare Beneficiary: Helps pay Medicare Part A and Part B premiums and other cost-sharing like deductibles, coinsurance, and copayments.

(SLMB+) Specified Low-Income Medicare Beneficiary Plus: Helps pay Part B premium, as well as all “full Medicaid benefits.”

(SLMB) Specified Low-Income Medicare Beneficiary: Helps pay Part B premium.

(QI) Qualifying Individual: Helps pay Part B premium but is limited to a first-come, first-served basis.

Premiums and Benefits	Highmark Wholecare Medicare Assured Diamond (HMO SNP)	Highmark Wholecare Medicare Assured Ruby (HMO SNP)
Monthly Plan Premium	You pay \$0	You pay \$0
Deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than \$8,850 annually for in-network Medicare-covered services.	You pay no more than \$6,700 annually for in-network Medicare-covered services.
Inpatient Hospital [^]	You pay per benefit period a: \$0 copay each day for days 1-90. \$0 copay each day for lifetime reserve days 91-150.	You pay per benefit period a: \$250 copay each day for days 1-6. \$0 copay each day for days 7-90. \$0 copay each day for lifetime reserve days 91-150.
Outpatient Hospital [^]	You pay \$0 copay for each Medicare-covered outpatient service.	Depending on the service provided, you pay between \$0 copay and 20% coinsurance.
Ambulatory Surgery Center [^]	You pay \$0 copay per day for each Medicare-covered surgery performed in an ambulatory surgical center.	You pay \$200 copay per day for each Medicare-covered surgery performed in an ambulatory surgical center.
Doctor Visits		
• Primary Care	You pay \$0 copay for each primary care physician visit.	You pay \$0 copay for each primary care physician visit.
• Specialists	You pay \$0 copay for each specialist physician visit.	You pay \$25 copay for each specialist physician visit.
Preventive Care (e.g., flu vaccine, cancer screenings)	You pay \$0	You pay \$0
Emergency Care	You pay \$0 copay for each emergency care service.	You pay \$95 copay for each emergency care service. Copay is waived if admitted to hospital within 24 hours.
Urgently Needed Services	You pay \$0 copay for each urgently needed service.	You pay \$25 copay for each urgently needed service.

[^]Prior authorization may be required

Premiums and Benefits	Highmark Wholecare Medicare Assured Diamond (HMO SNP)	Highmark Wholecare Medicare Assured Ruby (HMO SNP)
Diagnostic Services/ Labs/Imaging[^]		
<ul style="list-style-type: none"> Diagnostic tests and procedures/lab services 	You pay \$0 copay for each Medicare-covered lab service and diagnostic procedure/test.	You pay \$0 copay for each Medicare-covered lab service and diagnostic procedure/test.
<ul style="list-style-type: none"> MRI, CT Scan 	You pay \$0 copay for each Medicare-covered Advanced Imaging service.	You pay \$175 copay for each Medicare-covered Advanced Imaging service.
<ul style="list-style-type: none"> X-Rays 	You pay \$0 copay for each Medicare-covered x-ray service.	You pay \$20 copay for each Medicare-covered x-ray service.
Hearing Services		
<ul style="list-style-type: none"> Routine hearing exam 	You pay \$0 copay for one routine hearing exam per year.	You pay \$0 copay for one routine hearing exam per year.
<ul style="list-style-type: none"> Hearing aid allowance 	You pay \$0 for up to two hearing aids (one per ear) per year. Benefit is limited to TruHearing Advanced hearing aids. You must see a TruHearing provider to use this benefit.	You pay \$0 for up to two hearing aids (one per ear) for three years. Benefit is limited to TruHearing Advanced hearing aids. You must see a TruHearing provider to use this benefit.
Dental Services -		
	You receive an \$8,000 allowance every year for all routine and comprehensive services. This can include most fillings; two crowns per year; any combination of up to four prophylaxis and periodontal maintenance per year; dentures and denture repairs. Plan restrictions apply. See EOC for full details.	You pay \$0 for one oral exam every six months; four cleanings every six months; routine x-rays once every five years; and diagnostic x-rays once every six months.
		You get an allowance of \$3,500 every year for most fillings; one crown per year; any combination of up to four prophylaxis and periodontal maintenance per year; dentures and denture repairs. Plan restrictions apply. See EOC for full details.

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Premiums and Benefits	Highmark Wholecare Medicare Assured Diamond (HMO SNP)	Highmark Wholecare Medicare Assured Ruby (HMO SNP)
Vision Services <ul style="list-style-type: none"> <li data-bbox="129 317 392 344">• Routine eye exam <li data-bbox="129 422 272 449">• Eyewear 	<p data-bbox="528 317 991 380">You pay \$0 copay for one routine eye exam per calendar year.</p> <p data-bbox="528 422 991 695">You pay \$0 for standard lenses and frames from the vendor collection or standard contacts, or you will have a \$600 allowance toward the purchase of non-vendor frames or contact lenses. Limited lens upgrades available for \$0 copay. Plan restrictions apply.</p>	<p data-bbox="1018 317 1481 380">You pay \$0 copay for one routine eye exam per calendar year.</p> <p data-bbox="1018 422 1481 663">You pay \$0 for standard lenses and frames from the vendor collection or standard contacts, or you will have a \$200 allowance toward the purchase of non-vendor frames or contact lenses. Plan restrictions apply.</p>
Mental Health Services <ul style="list-style-type: none"> <li data-bbox="129 800 400 894">• Outpatient group therapy/individual therapy visit 	<p data-bbox="528 800 991 894">You pay \$0 copay for each Medicare-covered mental health visit.</p>	<p data-bbox="1018 800 1481 894">You pay \$25 copay for each Medicare-covered mental health visit.</p>
Skilled Nursing Facility[^]	<p data-bbox="528 936 991 999">You pay \$0 copay per day for days 1-100.</p>	<p data-bbox="1018 936 1481 1041">You pay \$0 copay per day for days 1-20. \$203 copay per day for days 21-100.</p>
Outpatient Therapy[^] <ul style="list-style-type: none"> <li data-bbox="129 1142 464 1205">• Physical, Occupational, and Speech Therapy 	<p data-bbox="528 1142 991 1169">You pay \$0</p>	<p data-bbox="1018 1142 1481 1169">You pay \$20</p>
Ambulance[^]	<p data-bbox="528 1247 991 1310">You pay \$0 copay for ground and air ambulance services.</p>	<p data-bbox="1018 1247 1481 1310">You pay \$250 copay for ground and air ambulance services.</p>
Transportation -	<p data-bbox="528 1352 991 1625">You pay \$0 copay for routine transportation services. Routine transportation to plan approved health related locations and non-health related locations is covered in a combined limit up to 100 one-way trips per calendar year.</p>	<p data-bbox="1018 1352 1481 1562">You pay \$0 copay for routine transportation services. Routine transportation to plan approved health-related locations is covered for up to 30 one-way trips per calendar year.</p>
General Supports for Living <ul style="list-style-type: none"> <li data-bbox="129 1736 443 1799">• Healthy Foods and Utility Support Benefit 	<p data-bbox="528 1736 991 1904">You receive \$175 per month to buy healthy foods and pay eligible utility bills. Unused funds expire at the end of each month, except for your first month of enrollment.</p>	<p data-bbox="1018 1736 1481 1904">You receive \$35 per month to buy healthy foods and pay eligible utility bills. Unused funds expire at the end of each month, except for your first month of enrollment.</p>

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Benefits for the whole you.

Premiums and Benefits	Highmark Wholecare Medicare Assured Diamond (HMO SNP)	Highmark Wholecare Medicare Assured Ruby (HMO SNP)
Medicare Part B Drugs [^]	You pay \$0 copay for chemotherapy and other Part B prescription drugs.	You pay \$35 for Part B Insulin. You pay a 20% coinsurance of the total cost for chemotherapy and other Part B prescription drugs.
Over-the-Counter Allowance	You pay \$0 copay for OTC items. \$320 allowance per quarter. Unused allowance amounts expire at the end of each quarter.	You pay \$0 copay for OTC items. \$140 allowance per quarter. Unused allowance amounts expire at the end of each quarter.
Home-Delivered Meals	You pay \$0 copay for home delivered meals. Limit of up to 28 meals (two per day) for 14 days.	You pay \$0 copay for home delivered meals. Limit of up to 14 meals (two per day) for seven days.
24/7 Nurse Line -	There is no coinsurance, copayment, or deductible for the toll-free Nurse Line. Provides telephonic coaching and nurse advice from trained clinicians, 24 hours a day, seven days a week.	There is no coinsurance, copayment, or deductible for the toll-free Nurse Line. Provides telephonic coaching and nurse advice from trained clinicians, 24 hours a day, seven days a week.
Home Safety Items	You pay \$0 copay for plan approved home and bathroom safety devices. Limited to six Bathroom Safety devices per year.	You pay \$0 copay for plan approved home and bathroom safety devices. Limited to two Bathroom Safety devices per year.
Personal Emergency Response System	You pay \$0 copay for one personal emergency response system device per lifetime.	You pay \$0 copay for one personal emergency response system device per lifetime.
Fitness Benefit	Provides membership at participating SilverSneakers fitness centers at no cost. Includes at-home fitness packs and access to virtual fitness classes.	Provides membership at participating SilverSneakers fitness centers at no cost. Includes at-home fitness packs and access to virtual fitness classes.

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Part D drugs on next page

Premiums and Benefits	Highmark Wholecare Medicare Assured Diamond (HMO SNP)	Highmark Wholecare Medicare Assured Ruby (HMO SNP)
Outpatient Prescription Drugs[^]		
Part D Deductible	You pay \$0	You pay \$0
Initial Coverage Stage		
Tier 1: Preferred Generic	You pay \$0 per prescription.	You pay \$0 per prescription.
Tier 2: Generic	You pay \$0 per prescription.	You pay \$0 per prescription.
Tier 3: Preferred Brand	You pay \$0 per prescription.	You pay \$0 per prescription.
Tier 4: Non-Preferred	You pay \$0 per prescription.	You pay \$0 per prescription.
Tier 5: Specialty	You pay \$0 per prescription.	You pay \$0 per prescription.
Coverage Gap Stage	You pay \$0 per prescription in all tiers.	You pay \$0 per prescription in all tiers.
Catastrophic Coverage Stage	You pay \$0 per prescription in all tiers.	You pay \$0 per prescription in all tiers.

If you want to know more about the cost and coverage of Original Medicare, look in your current “Medicare & You” handbook. You can view it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. **(TTY 1-877-486-2048)**

[^]Prior authorization may be required

TruHearing is a registered trademark of TruHearing, Inc. TruHearing is a separate company that administers hearing aid benefit(s) for Highmark Wholecare.

SilverSneakers is a registered trademark of Tivity, Inc. Tivity, Inc. is a separate company that administers the SilverSneakers Fitness Program.

Summary of Medicaid-covered benefits.

The benefits described below are covered by Medicaid. Your services are paid first by your Medicare plan, and then by Medicaid. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage.

If you have questions about your Medicaid eligibility and which benefits you are entitled to, call Pennsylvania Department of Human Services, **1-800-692-7462** (TTY users call **1-800-451-5886**), or visit their website at **www.dhs.pa.gov**.

Benefits	What you pay under Medicaid.
Inpatient Hospital Coverage	\$3 copay per day up to \$21 per admission Includes general hospitals, rehabilitation hospitals, drug and alcohol and private psychiatric hospitals
Doctor Visits (Primary Care and Specialists)	\$0-\$3.80 copay for Medicaid-covered services Physician (Medical Doctor), Certified Registered Nurse Practitioner, and Rural Health Clinic
Emergency Care	\$0 copay for Emergency Services
Urgently Needed Services	\$0-\$3.80 copay for Medicaid-covered services
Diagnostic Services/ Labs/ Imaging	\$0 copay (laboratory); \$1 copay (portable x-ray) \$1 copay for each x-ray or \$0 for other medical diagnostic test or for treatment by nuclear medicine or radiation therapy
Dental Services	\$0-\$3.80 copay for Medicaid-covered services <ul style="list-style-type: none"> • Diagnostic, preventive, restorative, surgical dental procedures, prosthodontics, and sedation • Key Limitations: Dentures: one per lifetime; Exams/prophylaxis: one per 180 days; Crowns, periodontics and endodontics: only via approved benefit limit exception
Vision Services	Under age 21: Wholcare covers all medically necessary vision services from in-network providers Age 21 and over: \$0-\$3.80 copay for Medicaid-covered services <ul style="list-style-type: none"> • Optometrist (Eye Doctor) • Two exams per calendar year • Eyeglass lenses, frames and contact lenses are limited to individuals with aphakia; four eyeglass lenses per calendar year; two eyeglass frames per calendar year; and four contact lenses per calendar year
Skilled Nursing Facility (SNF)	\$0-\$3.80 copay for Medicaid-covered services Nursing Facilities
Ambulance (Emergency)	\$0-\$3.80 copay for Medicaid-covered services
Transportation	\$0 copay for Medicaid-covered services Contact Medical Assistance Transportation (MATP) for information
Foot Care	\$0-\$3.80 copay for Medicaid-covered services
Medical Equipment/Supplies	\$0-\$3.80 copay for Medicaid-covered services
Podiatrist Services	\$0
Family Planning Services	\$0
Maternity Care	\$0
Tobacco Cessation	\$0

Benefits	What you pay under Medicaid.
Prescription Drugs	\$1–\$3 copay for Medicaid-covered prescriptions <ul style="list-style-type: none"> • \$1 for each prescription and prescription refill of a generic drug • \$3 for each prescription and prescription refill of a brand name drug • Nutritional supplements
Outpatient Surgery	\$0–\$3.80 copay for Medicaid-covered services Ambulatory Surgery Center (ASC) and Same Day Surgery (SDU); Independent Medical/Surgical Clinic
Chiropractic Care	\$0–\$3.80 copay for Medicaid-covered services
Drug and Alcohol Clinic Services	\$0–\$3.80 copay for Medicaid-covered services <ul style="list-style-type: none"> • Includes methadone maintenance and clozapine • Refer to your Behavioral Health Managed Care Organization for details
Psychiatric Clinic	\$0.50 per unit copay for Medicaid-covered services <ul style="list-style-type: none"> • Includes mobile mental health treatment • Refer to your Behavioral Health Managed Care Organization for details
Psychiatric Partial Hospitalization Facility	\$0 per unit copay for Medicaid-covered services Refer to your Behavioral Health Managed Care Organization for details
Psychiatric Rehabilitation	\$0–\$3.80 copay for Medicaid-covered services Refer to your Behavioral Health Managed Care Organization for details
Federally Qualified Health Center/Rural Health Center	\$0–\$3.80 copay for Medicaid-covered services
Home Health Services	\$0 copay for Medicaid-covered services Includes nursing, aide, and therapy services. Unlimited for the first 28 days; limited to 15 days every month thereafter.
Hospice Care	\$0–\$3.80 copay for Medicaid-covered services Respite care may not exceed a total of five days in a 60-day certification period
Long-Term Nursing Facility	\$0–\$3.80 copay for Medicaid-covered services In order to receive Long-term Nursing Facility or Home and Community-Based Waiver Services, individuals must meet clinical criteria to be considered Nursing Facility Clinically Eligible (NFCE)
Home and Community Based Waiver Services	\$0 copay for Medicaid-covered services For more information, contact your Community HealthChoices MCO or the Office of Long-term Living
Renal Dialysis	\$0–\$3.80 copay for Medicaid-covered services Renal dialysis center; initial training for home dialysis is limited to 24 sessions per patient per calendar year. Backup visits to the facility are limited to 75 per calendar year.
Therapy (Physical, Occupational, Speech)	\$0–\$3.80 copay for Medicaid-covered services Only when provided by a hospital, outpatient clinic, or home health provider
Prosthetics and Orthotics	\$0–\$3.80 copay for Medicaid-covered services Orthopedic shoes and hearing aids are not covered. Coverage for low-vision aids is limited to one per two calendar years. Coverage for an eye ocular is limited to one per calendar year.

Important information for those receiving Extra Help.



Highmark Wholecare
Medicare Assured DiamondSM

Highmark Wholecare
Medicare Assured RubySM

Monthly plan premium for people who get Extra Help from Medicare to help pay for their prescription drug costs.

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare. The amount of Extra Help you get will determine your total monthly plan premium as a member of our plan.

This table shows you what your monthly plan premium will be if you get Extra Help.

Your level of Extra Help	Highmark Wholecare Medicare Assured Diamond (HMO SNP)	Highmark Wholecare Medicare Assured Ruby (HMO SNP)
100%	\$0	\$0
75%	Does not apply	Does not apply
50%	Does not apply	Does not apply
25%	Does not apply	Does not apply

The amounts above do not include any Medicare Part B premium you may have to pay.

Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby premiums include coverage for both medical services and prescription drug coverage.

If you aren't getting Extra Help, you can see if you qualify by calling one of the following:

- 1-800-Medicare (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.
- Pennsylvania Medical Assistance (Medicaid) at 1-800-692-7462 between 8:30 a.m. and 4:45 p.m., Monday through Friday. TTY users should call 1-800-451-5886 or 711.
- Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778.

Enrollment information you need.

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 **1-877-428-3929 (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 highmark.com/wholecare/medicare or call **1-877-428-3929 (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:

- If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. Depending on your level of Extra Help, part or all of this premium could be paid by Medicare. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You can also apply for Extra Help online at www.ssa.gov/medicare/part-d-extra-help.
- Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2025.
- 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. Other restrictions may apply.

Highmark Wholecare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Highmark Wholecare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Highmark Wholecare:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- o Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- o Qualified interpreters
- o Information written in other languages

If you need these services, contact Member Services at 1-800-685-5209, 8 a.m - 8 p.m., 7 days a week from October 1 through March 31. From April 1 through September 30 our business hours are 8 a.m. – 8 p.m., Monday through Friday. TTY users should call 711.

If you believe that Highmark Wholecare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Appeals and Grievances

Attention: 1557 Coordinator

PO Box 22278

Pittsburgh, PA 15222

Phone: 1-844-207-0336

Fax: 1-412-255-4503

You can file a grievance by mail, or by fax. If you need help filing a grievance, Appeals and Grievances is available to help you. Additional information can be found at highmark.com/wholecare.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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 1-800-685-5209 (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 1-800-685-5209 (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 1-800-685-5209 (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 1-800-685-5209 (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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-685-5209 (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 1-800-685-5209 (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 1-800-685-5209 (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 1-800-685-5209 (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 1-800-685-5209 (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 1-800-685-5209 (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، بمساعدتك. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية (1-800-685-5209 (TTY 711) ليس عليك سوى الاتصال بنا على

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 1-800-685-5209 (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 1-800-685-5209 (TTY 711). Un nostro incaricato che parla Italiano 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 1-800-685-5209 (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 1-800-685-5209 (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 1-800-685-5209 (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、1-800-685-5209 (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。

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