

Group PDP 3 (Medicare Prescription Drug Plan) offered by Tufts Associated Health Maintenance Organization (Tufts Health Plan)

Annual Notice of Changes for 2024

You are currently enrolled as a member of Tufts Medicare Preferred Group PDP 3. 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.thpmp.org. 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.**

Your Employer Group/Union determines plans offered and when you can change from your group plan. Please contact your benefits administrator. If you give up your Employer Group plan, you may not be able to get that plan back. **If you decide to give up your Employer Group sponsored Tufts Medicare Preferred Group PDP 3 and enroll in a Medicare Advantage Prescription Drug Plan**, you can change your coverage from October 15 through December 7 of 2023. If you want to keep Medicare prescription drug coverage, you can either enroll in a new Medicare prescription drug plan or in a Medicare health plan with prescription drug coverage. If you no longer want Medicare prescription drug coverage, you can choose either Original Medicare or a Medicare health plan without prescription drug coverage. This *Annual Notice of Changes* tells you more about how to make a change in your coverage. To learn more about your drug plan options, you can visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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.
 - **Your Employer Group/Union determines when you can change from the group plan. Please contact your benefits administrator.**
 - Review the changes to our drug coverage, including authorization requirements and costs
 - Think about how much you will spend on premiums, deductibles, and cost sharing

- Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
 - 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.
 - Check coverage and costs of plans in your area. Use the Medicare Plan Finder at 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 and terminate your Employer Group coverage
- If you don’t join another plan by December 7, 2023, you will stay in Tufts Medicare Preferred Group PDP 3.
 - 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 Tufts Medicare Preferred Group PDP 3.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-800-701-9000 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30. This call is free.
- This information is available in different formats, including large print.

About Tufts Medicare Preferred Group PDP 3

- Tufts Health Plan is an HMO/PPO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Tufts Associated Health Maintenance Organization (Tufts Health Plan). When it says “plan” or “our plan,” it means Tufts Medicare Preferred Group PDP 3.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Tufts Medicare Preferred Group PDP 3 in several important areas. **Please note this is only a summary of changes.**

Cost	2023 (this year)	2024 (next year)
<p>Part D prescription drug coverage</p> <p>(See Section 1.3 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$10 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$20 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$30 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>30-day mail order supply not available.</p> <p>60-day mail order supply not available.</p> <p>\$20 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 2: \$25 per prescription at a retail pharmacy for a 30-day supply.</p>	<p>Deductible: \$0</p> <p>Copayment during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$10 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$20 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$30 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>30-day mail order supply not available.</p> <p>60-day mail order supply not available.</p> <p>\$20 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 2: \$25 per prescription at a retail pharmacy for a 30-day supply.</p>

Cost	2023 (this year)	2024 (next year)
	<p>\$50 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$75 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>30-day mail order supply not available.</p> <p>60-day mail order supply not available.</p> <p>\$50 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 3: \$50 per prescription at a retail pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>\$100 per prescription at a retail pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p>	<p>\$50 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$75 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>30-day mail order supply not available.</p> <p>60-day mail order supply not available.</p> <p>\$50 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 3: \$50 per prescription at a retail pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>\$100 per prescription at a retail pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p>

Cost	2023 (this year)	2024 (next year)
	<p>\$150 per prescription at a retail pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p> <p>30-day mail order supply not available.</p> <p>60-day mail order supply not available.</p> <p>\$110 per prescription at a mail order pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p> <p>Covered Vaccines: \$0 for covered vaccines obtained through a retail pharmacy.</p>	<p>\$150 per prescription at a retail pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p> <p>30-day mail order supply not available.</p> <p>60-day mail order supply not available.</p> <p>\$110 per prescription at a mail order pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p> <p>Covered Vaccines: \$0 for covered vaccines obtained through a retail pharmacy.</p>

Cost	2023 (this year)	2024 (next year)
	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs). • You pay \$0 for covered vaccines. 	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Effective in 2024, upon your Employer Group’s renewal with Tufts Medicare Preferred Group PDP 3, the monthly plan premium you pay may change. Please contact your benefits administrator for details.

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our website at www.thpmp.org. You may also call Member Services for updated provider information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network.**

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

Section 1.3 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 7 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	The deductible is \$0. Because we have no deductible, this payment stage does not apply to you.	The deductible is \$0. Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply, or for mail-order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Tier 1: You pay \$10 per prescription.</p> <p>Tier 2: You pay \$25 per prescription.</p> <p>Tier 3: You pay \$50 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Covered Vaccines: You pay \$0 for covered vaccines obtained through a retail pharmacy.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Tier 1: You pay \$10 per prescription.</p> <p>Tier 2: You pay \$25 per prescription.</p> <p>Tier 3: You pay \$50 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Covered Vaccines: You pay \$0 for covered vaccines obtained through a retail pharmacy.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If You Want to Stay in Tufts Medicare Preferred Group PDP 3

Please check with the benefits administrator of your employer retiree group regarding any of their own enrollment period requirements.

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan by December 7, you will automatically be enrolled in our Tufts Medicare Preferred Group PDP 3.

Section 2.2 – If You Want to Change Plans

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

Step 1: Learn about and compare your choices

- Please check with the benefits administrator of your employer retiree group regarding other plans offered and the enrollment period.
- If you decide to leave your Employer Group coverage through Tufts Medicare Preferred Group PDP 3, you can switch to a different Medicare health plan (either with or without Medicare prescription drug coverage). You can also cancel your enrollment and switch to Original Medicare (either with or without a separate Medicare prescription drug plan). If you disenroll from Medicare prescription drug coverage and go without creditable prescription drug coverage, you may need to pay a late enrollment penalty if you join a Medicare drug plan later.
- You can join a different Medicare prescription drug 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 decide to leave your Employer Group coverage and want to change to a different plan, there are many choices.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2). As a reminder, Tufts Health Plan offers other Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- Your employer retiree group determines when you can change from the group plan. Please contact your benefits administrator.
- **You are a member of an employer or retiree group plan.** Please check with the benefits administrator of your employer or retiree group *before you change your plan*. This is important because you may lose benefits you currently receive under your employer or retiree group coverage if you switch plans.
- To **change to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from Tufts Medicare Preferred Group PDP 3.
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Tufts Medicare Preferred Group PDP 3.
 - You will automatically be disenrolled from Tufts Medicare Preferred Group PDP 3 if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Tufts Medicare Preferred Group PDP 3 for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Tufts Medicare Preferred Group PDP 3. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from Tufts Medicare Preferred Group PDP 3. To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- 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 3 Deadline for Changing Plans

Your employer retiree group determines the deadline to change plans. Please contact your benefits administrator.

If you decide to leave your Employer Group coverage and 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. Contact your benefits administrator for details on changing plans.

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 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 4 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 Massachusetts, the SHIP is called SHINE (Serving the Health Insurance Needs of Everyone).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE 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 SHINE at 1-800-243-4636 (TTY: 1-800-439-2370). You can learn more about SHINE by visiting their website (www.mass.gov/health-insurance-counseling).

SECTION 5 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 am and 7 pm, 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).

- **Help from your state’s pharmaceutical assistance program.** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. 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. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Massachusetts HIV Drug Assistance Program (HDAP) at 1-617-502-1700. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Massachusetts HDAP at 1-617-502-1700.

SECTION 6 Questions?

Section 6.1 – Getting Help from Tufts Medicare Preferred Group PDP 3

Questions? We’re here to help. Please call Member Services at 1-800-701-9000. (TTY only, call 711.) We are available for phone calls from 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30. 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 Tufts Medicare Preferred Group PDP 3. 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.thpmp.org. 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.thpmp.org. As a reminder, our website has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our *List of Covered Drugs (Formulary/“Drug List”)*.

Section 6.2 – 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). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every year in the 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.

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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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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، سيقوم شخص ما يتحدث العربية **1-800-701-9000 (HMO)/1-866-623-0172 (PPO)** ليس عليك سوى الاتصال بنا على بمساعدتك. 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Ta usługa jest bezpłatna.

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