KelseyCare Advantage

2024

SILVER (HMO)

ANNUAL NOTICE OF CHANGE

1-866-535-8343 (TTY: 711)

KelseyCareAdvantage.com

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KelseyCare Advantage Honor (HMO) offered by KS Plan Administrators, LLC

Annual Notice of Changes for 2024

You are currently enrolled as a member of KelseyCare Advantage Silver. 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.KelseyCareAdvantage.com. 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 primary care 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 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 KelseyCare Advantage Silver.

- By providing my telephone number and/or email address to KelseyCare Advantage, I agree to receive automated calls, prerecorded messages, e-mails, and/or voice/text messages related to my application or account from KelseyCare Advantage and its affiliates. I understand that message and data rates may apply, terms and privacy information are available at www.KelseyCareAdvantage.com. If you would like to opt-out, contact member services at 713-442-CARE (2273) or toll-free at 1-866-535-8343 and ask to be added to our do not call list. TTY users can call 711.
- 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 KelseyCare Advantage Silver.
- 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

- This document is available for free in Spanish.
- Please contact our Member Services number at 713-442-CARE (2273) or toll-free at 1-866-535-8343 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time. Messaging service used on weekends, after hours, and on federal holidays. This call is free.
- This document is also available in braille, large print and other alternate formats. Please call Member Services (phone numbers are in Section 6.1 of this document) for more information.
- **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 for more information.

About KelseyCare Advantage Honor

- KelseyCare Advantage, a product of KS Plan Administrators, LLC, is an HMO Medicare Advantage plan with a Medicare contract. Enrollment in KelseyCare Advantage depends on contract renewal.
- When this document says "we," "us," or "our," it means KS Plan Administrators, LLC (dba KelseyCare Advantage). When it says "plan" or "our plan," it means KelseyCare Advantage Honor.

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Annual Notice of Changes for 2024
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Summary of Important Costs for 2024

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

Cost	2023 (this year)	2024 (next year)
Monthly plan premium	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	$3,450	$3,850
Doctor office visits	Primary care visits: $0 copay per visit Specialist visits: $20 copay per visit	Primary care visits: $0 copay per visit Specialist visits: $10 copay per visit
Inpatient hospital stays	For Medicare-covered hospital stays: $325 copay per stay 60 lifetime reserve days are covered for $0 copay per day. Acute inpatient hospital stays with a confirmed COVID-19 diagnosis will have the $325 acute inpatient hospital cost-share waived.	For Medicare-covered hospital stays: $295 copay per stay 60 lifetime reserve days are covered for $0 copay per day.

SECTION 1 We Are Changing the Plan's Name

On January 1, 2024, our plan name will change from KelseyCare Advantage Silver to KelseyCare Advantage Honor.

In December 2023, you will receive a new ID card. Your new ID card will reflect the plan name change from KelseyCare Advantage Silver to KelseyCare Advantage Honor.

The only changes to the plan you are enrolled in are listed in the document. You do not need to call Member Services about the name change.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0 There is no change for the upcoming benefit year.
Monthly Part B Premium Buy Down	$10	Not covered

Section 2.2 – 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 Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	$3,450	$3,850 Once you have paid $3,850 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

Updated directories are located on our website at www.KelseyCareAdvantage.com. You may also call Member Services for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are no changes to our network of providers for next year.

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 2.4 – 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)
Ambulance services	$200 copay for each one-way Medicare-covered ambulance trip.	$225 copay for each one-way Medicare-covered ambulance trip.
Ambulatory surgical center services	$225 copay for each Medicare-covered ambulatory surgical center visit.	$175 copay for each Medicare-covered ambulatory surgical center visit.
Dental services (Medicare-covered)	$20 copay for each Medicare-covered dental service.	$0 copay for each Medicare-covered dental service.

Cost	2023 (this year)	2024 (next year)
Dental services (non-Medicare-covered comprehensive)	$1,500 annual benefit maximum for comprehensive and preventive dental services every year.	$2,000 maximum plan coverage amount every year for non-Medicare-covered comprehensive dental services. This amount is combined with the preventive dental services benefit.
	50% coinsurance for each non-routine services visit (1 visit every year).	0% coinsurance for each non-routine services visit (unlimited visits every year).
	50% coinsurance for each restorative services visit (unlimited number of visits).	0% coinsurance for each restorative services visit (unlimited number of visits).
	50% coinsurance for each extraction services visit (unlimited number of visits).	0% coinsurance for each extraction services visit (unlimited number of visits).
	Non-Medicare-covered endodontics services visits are not covered.	0% coinsurance for each endodontics services visit (Endodontic therapy 1 per lifetime. All other endodontics unlimited up to the maximum annual benefit.).
	50% coinsurance for each periodontics services visit (unlimited number of visits)	0% coinsurance for each periodontics services visit (Non-surgical periodontal Service 1 every 12 months; Periodontal maintenance 1 every 60 months).
	50% coinsurance for each prosthodontics and other oral/maxillofacial surgery services visit (unlimited number of visits).	0% coinsurance for each prosthodontics and other oral/maxillofacial surgery services visit (unlimited number of visits).

Cost	2023 (this year)	2024 (next year)
Dental services (preventive)	$1,500 annual benefit maximum for comprehensive and preventive dental services every year.	$2,000 maximum plan coverage amount every year for preventive services. This amount is combined with the non-Medicare-covered comprehensive dental services benefit.
Durable medical equipment (DME) and related supplies	Preferred continuous blood glucose monitors are Dexcom and FreeStyle Libre; all other CGMs are excluded.	Preferred continuous blood glucose monitors are Dexcom G6 and Dexcom G7; all other CGMs are subject to step therapy.
Health and wellness education programs	$0 copay for physical fitness services.	Physical fitness services are not covered.
Hearing exams (Medicare-covered)	$20 copay for each Medicare-covered diagnostic hearing exam.	$0 copay for each Medicare-covered diagnostic hearing exam.
Inpatient hospital care	$325 copay per stay for Medicare-covered inpatient hospital stays. Maximum out-of-pocket cost for Medicare-covered inpatient hospital stays is $325 per stay	$295 copay per stay for Medicare-covered inpatient hospital stays. Maximum out-of-pocket cost for Medicare-covered inpatient hospital stays is $295 per stay
Inpatient services in a psychiatric hospital	$325 copay per stay for Medicare-covered inpatient hospital stays. Maximum out-of-pocket cost for Medicare-covered inpatient hospital stays is $325 per stay	$295 copay per stay for Medicare-covered inpatient hospital stays. Maximum out-of-pocket cost for Medicare-covered inpatient hospital stays is $295 per stay

Cost	2023 (this year)	2024 (next year)
Meal benefit	$0 copay for up to 2 meals per day for 7 days after discharge from an inpatient stay with a COVID-19 diagnosis.	Meal benefit is not covered.
Occupational therapy services	$10 copay for each Medicare-covered occupational therapy visit.	$20 copay for each Medicare-covered occupational therapy visit. No prior authorization or referral required for services provided by Kelsey-Seybold Medical Group.
Outpatient surgery & observation services (at an outpatient facility)	$250 copay for Medicare-covered outpatient hospital surgical services. $250 copay for Medicare-covered observation services.	$200 copay for Medicare-covered outpatient hospital surgical services. $200 copay per stay for Medicare-covered observation services.
Physical & speech therapy services	$10 to $20 copay for each Medicare-covered physical therapy and speech therapy visit. Speech Therapy will require a $20 copay from the patient for each visit. Physical Therapy will require a $10 copay from the patient for each visit.	$10 copay for each Medicare-covered physical therapy and speech therapy visit No prior authorization required for services provided by Kelsey-Seybold Medical Group.

Cost	2023 (this year)	2024 (next year)
Special supplemental benefits for the chronically ill – Transportation services	Not covered	Our SSBCI transportation benefit is available to members with certain chronic health conditions that include ESRD, cancer and severe hematological disorder. These members can receive unlimited non-emergency transportation trips to their medical appointments for dialysis, infusion chemotherapy, radiation therapy and coumadin clinic.
Specialist visits	$20 copay for each Medicare-covered specialist visit. No referral required to see Kelsey-Seybold Medical Group providers. Some physician specialists services require prior authorization.	$10 copay for each Medicare-covered specialist visit. No prior authorization or referral required for services provided by Kelsey-Seybold Medical Group.
Urgently needed services	**In- and Out-of-Network** $25 copay for each Medicare-covered urgent care visit.	**In- and Out-of-Network** $5 copay for each Medicare-covered urgent care visit.
Vision care (Medicare-covered eye exams)	$20 copay for Medicare-covered eye exams to diagnose and treat diseases and conditions of the eye.	$0 copay for Medicare-covered eye exams to diagnose and treat diseases and conditions of the eye.

Cost	2023 (this year)	2024 (next year)
Worldwide emergency/urgent services	$120 copay for each emergency care visit worldwide. ER copay is waived if you are admitted to the hospital within 24 hours for the same condition. $200 copay for each emergency transportation service worldwide. The plan does not pay for transportation back to the United States and its territories after out-of-the-country emergency care. The plan will pay up to 100% of what Medicare would allow for the services if they had been obtained in the United States and its territories, less any copayments and coinsurance. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. Worldwide transportation cost sharing is not waived if you are admitted to the hospital within 24 hours for the same condition. No maximum plan benefit coverage amount.	20% coinsurance for each emergency care visit worldwide. ER cost share is not waived if you are admitted to the hospital within 24 hours for the same condition. 20% coinsurance for each emergency transportation service worldwide. The plan does not pay for transportation back to the United States and its territories after out-of-the-country emergency care. The plan will pay 80% of what Medicare would allow for the services if they had been obtained in the United States and its territories. There is no worldwide coverage for care outside of the emergency room, emergency transportation or emergency hospital admission. $20,000 maximum plan coverage limit per lifetime.

SECTION 3 Administrative Changes

The information below shows the administrative changes for next year. For more information please refer to your 2024 Evidence of Coverage or 2024 Summary of Benefits.

Description	2023 (this year)	2024 (next year)
Service area	In order to be eligible for this plan you must live in one of the following counties in Texas: Brazoria, Fort Bend, Harris, and Montgomery. Our service area includes these parts of counties in Texas: Galveston, the following zip codes only: 77510, 77511, 77517, 77518, 77539, 77546, 77563, 77565, 77568, 77573, 77590, and 77591.	In order to be eligible for this plan you must live in one of the following counties in Texas: Austin, Brazoria, Chambers, Fort Bend, Grimes, Harris, Liberty, Montgomery, San Jacinto, Walker, Waller, and Wharton. Our service area includes these parts of counties in Texas: Galveston, the following zip codes only: 77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, and 77592.
Vision benefit administration	Vision benefit administration and claim processing performed by Vision Service Plan Insurance (VSP).	Vision benefit administration and claim processing performed by UnitedHealth Care Vision with access to a broader vision network of providers.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in KelseyCare Advantage Honor

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 our KelseyCare Advantage Honor plan.

Section 4.2 – 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), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 8.2).

As a reminder, KS Plan Administrators, LLC 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 KelseyCare Advantage Honor.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from KelseyCare Advantage Honor.
- 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 5 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 6 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 Texas, the SHIP is called Health Information Counseling and Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Health Information Counseling and Advocacy Program (HICAP) 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 Health Information Counseling and Advocacy Program (HICAP) at 1-800-252-9240. You can learn more about Health Information Counseling and Advocacy Program (HICAP) by visiting their website (https://hhs.texas.gov/services/health/medicare).

SECTION 7 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.** Texas has a program called Texas Kidney Health Care Program (KHC) 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.
- **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 Texas HIV Medication Program (THMP). **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 call the Texas HIV Medication Program (THMP) at 1-800-255-1090.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-255-1090.

SECTION 8 Questions?

Section 8.1 – Getting Help from KelseyCare Advantage Honor

Questions? We're here to help. Please call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343. (TTY only, call 711.) We are available for phone calls 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time. Messaging service used on weekends, after hours, and on federal holidays.

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 KelseyCare Advantage Honor. 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.KelseyCareAdvantage.com. 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.KelseyCareAdvantage.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 8.2 – 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 health 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 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.

KelseyCare Advantage

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 1-866-535-8343. 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 1-866-535-8343. 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 1-866-535-8343。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 1-866-535-8343。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 1-866-535-8343. 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 1-866-535-8343. 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 quí vị cần thông dịch viên xin gọi 1-866-535-8343 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-535-8343. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 -866-535-8343번으로 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 1-866-535-8343. 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 1-866-535-8343 . سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या द□ा की योजना के बारे में आपके किसी भी प्रश्न के ज□ाब देने के लिए हमारे पास मुफ्त दुभाषिया से□ाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-535-8343 पर फोन करें. कोई व्यक्ति जो हिन्दी बोल□ा ह□आपकी मदद कर सक□ा ह□यह एक मुफ्त से□ा ह□

Form CMS-10802
(Expires 12/31/25)

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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 1-866-535-8343. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-535-8343. 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 1-866-535-8343. 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 1-866-535-8343. Ta usługa jest bezpłatna.

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