



Doctor – designed, local Medicare plan
WHERE YOUR CARE AND COVERAGE WORK BETTER TOGETHER!
CONNECTICUT

2023
INFORMATION GUIDE



Let's work on protecting your health and your savings, together.

Now more than ever, you need to choose wisely when it comes to Medicare. This free information guide will help you do just that! And Trinity Health Plan Of New England (HMO/PPO) is right here in Connecticut if you need to talk with a Medicare expert, too.

Call 866-934-9524 (TTY: 711)

from 8 a.m. to 8 p.m., seven days a week.*

Connecticut's choice for Medicare Advantage.

Trinity Health Plan Of New England is an affordable, all-in-one, private insurance plan with HMO and PPO options. Enroll and you'll get all the benefits of Original Medicare (Part A and B), Part D prescription drug coverage, plus money-saving extras, like **\$600 cash back** in your Social Security check!



LIVE IN CONNECTICUT?

The counties we serve:

Hartford and Tolland.



Trinity Health Plan
Of New England

*From April 1 to September 5, call center hours are 8 a.m. to 8 p.m., Monday through Friday.

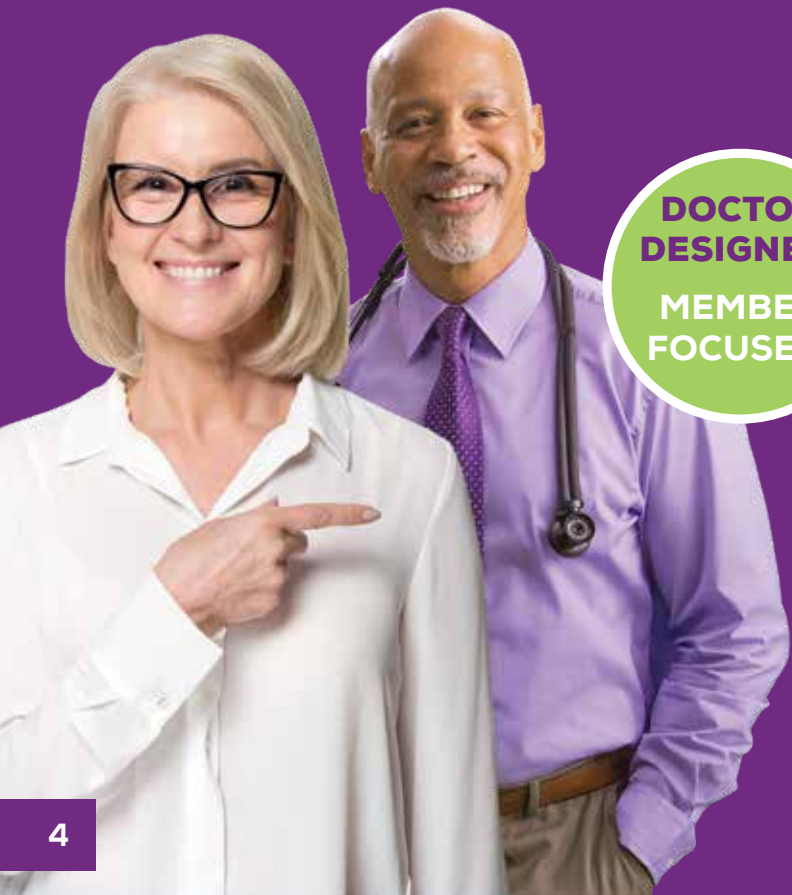




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Designed by local doctors.

Packed with
built-in
advantages.



**DOCTOR
DESIGNED.**

**MEMBER
FOCUSED!**

WITH TRINITY HEALTH PLAN OF NEW ENGLAND,
choose from HMO or PPO plans offering all kinds of
benefits, including:

- ✓ **\$0** premium plan options
- ✓ **\$0** unlimited primary care visits
- ✓ **\$0** copay for Tier 1 and Tier 2 drugs (mail order)
- ✓ **\$0** virtual care visits**
- ✓ **\$0** medical deductibles – save up to \$1,789[†]
- ✓ Up to **\$3,500** travel allowance
- ✓ **Dental** coverage
- ✓ **Over-the-Counter** allowance
- ✓ **Vision** hardware allowance
- ✓ **Acupuncture**
- ✓ **ED drug** coverage
- ✓ **Meals** after in-patient hospital stay

**Virtual care (telehealth) starts at zero dollars and may vary based on service.

[†]2022 Medicare cost share may change on January 1, 2023.

Benefits vary by plan; see pages 6 and 7 for details.

Get \$600 cash back
in your Social Security
check – every year!



CASH BACK

**WOW! A MEDICARE PLAN THAT PUTS
MONEY BACK IN YOUR POCKET, TOO.**

Enjoy an **extra \$50 a month** in your monthly check to use any way you want. It's basically a partial reimbursement for your Medicare Part B premium. And just one more way Trinity Health Plan Of New England helps protect your savings!

FAQs you should review:

Q. What is the Cash Back benefit?

A. It reduces the amount of your monthly Medicare Part B premium by \$50 – save \$600 each year!

Q. Who is eligible for a Cash Back plan?

A. You must be enrolled in Medicare Parts A and B, and pay your own Part B premium without financial assistance.

Q. Which Trinity Health Plan Of New England plans include Cash Back?

A. The benefit is currently available on the following plans: Trinity Health Plan Of New England Cash Back MAPD, and Trinity Health Plan Of New England Cash Back. See pages 6-7 for details.

Q. How will I receive my Cash Back?

A. You will get it one of two ways: 1) If you pay your Part B premium through Social Security, \$50 will be credited back on your monthly check; or 2) If you do not pay your Part B premium through Social Security, you will pay a reduced monthly amount directly to Medicare.

Please note: It takes 1–3 months to process and activate your Cash Back benefit. So you may receive a lump sum amount in your Social Security check for the months prior to activation.

See your MEDICARE OPTIONS on pages 6-7

**More Medicare plans to meet your needs.
More great benefits to love!**

Using the charts on the following pages, choose the Trinity Health Plan Of New England plan that's right for you. If you need to talk with a Medicare expert, we're here to help!
Call us toll free at 866-934-9524 (TTY: 711),
8 a.m. to 8 p.m., seven days a week.*

Trinity Health Plan Of New England Cash Back MAPD (HMO)		Trinity Health Plan Of New England Cash Back (HMO)
Monthly Premium	\$0	\$0
Annual medical deductible	\$0	\$0
Annual out-of-pocket maximum	\$6,900	\$6,000
Annual prescription drug deductible	\$275 (applies to Tier 3, 4 and 5)	N/A
Primary care provider visits	\$0	\$0
Specialty doctor	\$40	\$35
Virtual care visits	\$0	\$0
Inpatient hospitalization	\$465 per day, days 1-4	\$375 per day, days 1-4
Outpatient surgery	\$300	\$250
\$600 cash back	\$50 each month in your Social Security check	\$50 each month in your Social Security check
Member Rewards/Incentive	Included!	Included!
Preventive and Comprehensive dental	\$0 exams, cleanings, X-rays 50% restorative and extractions; \$1,000 combined annual max	\$0 exams, cleanings, X-rays 50% restorative and extractions; 70% endodontics and periodontics \$1,000 combined annual max
Optional supplemental dental (enhanced comprehensive)	N/A	Dental Silver: \$21 premium; Dental Gold: \$41 premium
Eyewear allowance	\$125 per year	\$200 per year
Hearing aids	\$599/ear for Advanced, \$899/ear for Premium	\$599/ear for Advanced, \$899/ear for Premium
Over-the-counter quarterly allowance	\$100 per quarter, no carry over	\$75 per quarter, no carry over
SilverSneakers® fitness membership	\$0	\$0
24/7 Nurse advice line	\$0	\$0
Supplemental ED generic drugs*	\$10 preferred; \$20 standard	N/A
Travel allowance	\$1,500	\$3,500
Urgent care (worldwide)	\$50 within / \$90 outside the U.S.	\$35 within / \$90 outside the U.S.
Emergency care (worldwide)	\$90	\$90
Prescription Drugs (one-month retail supply)		
Tier 1: Preferred Generic - Covered in the Gap!	\$0 preferred; \$10 standard	N/A
Tier 2: Generic	\$10 preferred; \$20 standard	N/A
Tier 3: Preferred Brand	\$47 preferred; \$47 standard	N/A
Tier 4: Non-Preferred Drug	\$100 preferred; \$100 standard	N/A
Tier 5: Specialty Tier	28% preferred; 28% standard	N/A
Insulin Coverage	Max \$35 copay for a one-month supply of each insulin covered by our plan	N/A

*Tadalafil 2.5 mg is 30 tablets per 30 days.

These charts are not a complete list of benefits. For more detailed information about our plan options, please visit TrinityHealthOfNE.org/Medicare and view one of our plan documents.

	Trinity Health Plan Of New England No Premium (HMO)	Trinity Health Plan Of New England Choice (PPO)
Monthly Premium	\$0	\$0
Annual medical deductible	\$0	\$0
Annual out-of-pocket maximum	\$5,000	\$5,900 IN; \$8,950 combined
Annual prescription drug deductible	\$0	\$0
Primary care provider visits	\$0	\$0 IN; \$20 OON
Specialty doctor	\$35	\$40 IN; \$55 OON
Virtual care visits	\$0	\$0
Inpatient hospitalization	\$395 per day, days 1-4	\$375 per day, days 1-5 IN; 30% per stay OON
Outpatient surgery	\$250	\$250 IN; 30% OON
\$600 cash back	N/A	N/A
Member Rewards/Incentive	Included!	Included!
Preventive and Comprehensive dental	\$0 exams, cleanings, X-rays 50% restorative and extractions; 70% endodontics and periodontics \$1,000 combined annual max	\$0 exams, cleanings, X-rays 50% restorative and extractions; 70% endodontics and periodontics \$1,000 combined annual max
Optional supplemental dental (enhanced comprehensive)	Dental Silver: \$21 premium; Dental Gold: \$41 premium	Dental Silver: \$21 premium; Dental Gold: \$49 premium
Eyewear allowance	\$250 per year	\$200 per year
Hearing aids	\$599/ear for Advanced, \$899/ear for Premium	\$599/ear for Advanced, \$899/ear for Premium
Over-the-counter quarterly allowance	\$115 per quarter, no carry over	\$105 per quarter, no carry over
SilverSneakers® fitness membership	\$0	\$0
24/7 Nurse advice line	\$0	\$0
Supplemental ED generic drugs*	\$0 preferred; \$20 standard	\$5 preferred; \$20 standard
Travel allowance	\$3,500	\$1,500
Urgent care (worldwide)	\$35 within / \$90 outside the U.S.	\$40 within / \$90 outside the U.S.
Emergency care (worldwide)	\$90	\$90
Prescription Drugs (one-month retail supply)		
Tier 1: Preferred Generic - Covered in the Gap!	\$0 preferred; \$10 standard	\$0 preferred; \$10 standard
Tier 2: Generic	\$0 preferred; \$20 standard	\$5 preferred; \$20 standard
Tier 3: Preferred Brand	\$47 preferred; \$47 standard	\$47 preferred; \$47 standard
Tier 4: Non-Preferred Drug	\$100 preferred; \$100 standard	\$100 preferred; \$100 standard
Tier 5: Specialty Tier	33% preferred; 33% standard	33% preferred; 33% standard
Insulin Coverage	Max \$35 copay for a one-month supply of each insulin covered by our plan	Max \$35 copay for a one-month supply of each insulin covered by our plan

Want to learn more
about your
Medicare options?

CALL
866-934-9524
(TTY: 711)

VISIT
TrinityHealthOfNE.org/
Medicare

OR SCAN
for fast access to
all Medicare plans!



*Tadalafil 2.5 mg is 30 tablets per 30 days.

Built-in Rx benefits.* Your prescription for saving money!

Affordable Benefits. Enhanced Coverage.

To increase your savings, Trinity Health Plan Of New England automatically includes Part D drug coverage.* You'll have drug coverage above the standard Medicare design, without having to pay a separate monthly plan premium. Plus, our plans cover Tier 1 drugs in the coverage gap,* which means extra savings for you!

ALL of the Top 100 Prescribed Drugs

Our formulary contains **ALL of the top 100** prescribed drugs. Don't see your drug on our formulary? We can provide formulary alternatives or a one-time (30-day) transition fill within the first 90 days of your enrollment. You may also request a formulary exception, if needed. Check the formulary found on TrinityHealthOfNE.org/Medicare for applicable drug requirements including quantity limits on certain drugs for safety purposes.

Creditable Drug Coverage

Before you make your plan selection, it's important to know if you currently have creditable drug coverage – you may face a Medicare-imposed penalty if you don't. Not sure? Call us at 866-934-9524 (TTY: 711) for assistance.

Affordable Insulin Coverage

Access to insulin can be a critical component of diabetes management. With Trinity Health Plan Of New England, you won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible (if your plan includes

a deductible). For a full list of covered insulins, see the Plan's formulary at TrinityHealthOfNE.org/Medicare.

Our Pharmacy Network

Choose from more than **66,000 retail chains** and independent pharmacies nationwide, including:

Preferred Chain Pharmacies:

- Costco Pharmacy
- CVS Pharmacy
- Medicine Shoppe
- Price Chopper Pharmacy
- Walmart Pharmacy

Standard Chain Pharmacies:

- Saint FrancisRx Pharmacy
- Sam's Club Pharmacy
- Shoprite Pharmacy
- Stop & Shop Pharmacy
- Walgreens

YOU'LL FIND THE COMPLETE LIST OF PHARMACIES AT:

TrinityHealthOfNE.org/Medicare

Or call us for more info at:

866-934-9524 (TTY: 711)

For your convenience, get prescriptions with extra savings through our mail order pharmacy, CVS Caremark. When using our network mail order program, you will receive available prescription drugs generally within 10 calendar days of when your order is received. Once you become a member, call 866-934-9524, option 2 (TTY: 711) to learn more or to set up mail order delivery.

*Part D coverage not included on all plans. Call for details.

Understanding Medicare's 4 Stages of Drug Coverage

These stages are set by Medicare and are based on the total cost of your prescription drugs each year.



1

STAGE 1

Yearly Deductible Stage:

If you select a Trinity Health Plan Of New England plan without a Part D deductible, you'll find immediate savings by skipping the deductible stage.

Your Annual Deductible for Trinity Health Plan Of New England Cash Back MAPD (HMO): For Tier 3, 4 and 5 drugs, you will pay the full cost of the drug until you have met your \$275 deductible.

2

STAGE 2

Initial Coverage Stage: \$275 to \$4,660

Once your deductible is met, if applicable, you pay predictable copays or coinsurance based on the formulary tier to which your drug is assigned.

You will remain in this stage until your year-to-date total drug cost (the amount paid by us and you) reaches \$4,660.

3

STAGE 3

Coverage Gap Stage: \$4,660.01 to \$7,400

During this stage, sometimes called the donut hole, we provide extra coverage by continuing to offer **Tier 1 preferred generics for \$0 or \$10.**

You will **pay 25% of the cost for generic drugs** and 25% of the cost for brand-name drugs. You will remain in this stage until your year-to-date total out-of-pocket drug cost (the amount paid by you) reaches \$7,400.

4

STAGE 4

Catastrophic Coverage Stage: \$7,400.01 and above

If you reach this stage, you'll begin to save significantly. You reach this stage when your year-to-date total out-of-pocket drug cost reaches \$7,400.01. If you reach this stage, you pay no more than 5% or **\$4.15 for a generic drug** or a drug that is treated like a generic and the greater of 5% or \$10.35 for all other drugs.



Extra great benefits. Extra easy to use!

Hearing Aid Benefit

If you suffer from hearing loss, we have you covered. You'll pay \$0 for an annual hearing exam. You'll also be able to purchase high-quality hearing aids for a fixed copay amount that's a fraction of the retail cost – save thousands of dollars!

Vision Hardware Allowance

With Trinity Health Plan Of New England, you get an annual vision hardware allowance up to \$250 (depending on plan) that can be used toward the purchase of glasses (frames and/or lenses) or contacts. Plus, you'll enjoy \$0 annual eye exams.

Free Fitness Membership

Staying fit is easier because a SilverSneakers® membership is included at no cost in all plans. Participate in group exercise classes, swim or work out and pay nothing at thousands of participating locations across the nation!

Visitor/Travel Allowance – worth up to \$3,500

Planning a trip? See an out-of-network provider while traveling anywhere in the United States outside of your home state. Members also have a national network of dentists, eye doctors, pharmacies, fitness locations, plus worldwide coverage for urgent and emergency care. Your plan also covers renal dialysis anywhere in the U.S. and post-stabilization care following an emergency admission (as may be medically necessary). Refer to an Evidence of Coverage for details.

\$0 Meals After In-Patient Hospital Stay

Members receive up to 14 meals over a 7-day period after a qualifying hospital discharge. These nutritional meals, prepared by a chef and delivered right to your door, are designed to help promote faster healing and improve your strength. And there's no annual limit!

MEMBER REWARDS

You can earn rewards for completing healthy activities. Notification of personalized reward offerings will be received via mail. Annual Wellness Visit rewards are offered to all new and existing members. Additional rewards may be earned based on eligibility. Call 866-934-9524 (TTY: 711) for details.

Plus: extra support to help you stay healthy!

Our mission is to help you live your healthiest life. With most Medicare plan options, you'll have easy access to:

- ✓ **24/7 NURSE CARE LINE** – talk with a registered nurse, day or night.
- ✓ **VIRTUAL CARE VISITS** – access quality care from anywhere!
- ✓ **TEAM OF CARE MANAGERS** – get help managing a chronic condition or to improve your health.



Dental benefits
built right into
your plan.

EVEN MORE TO SMILE ABOUT.

Whether you choose an HMO or PPO option, Trinity Health Plan Of New England includes preventive and comprehensive dental coverage. To take advantage of these built-in benefits, HMO members must use a dentist in the dental network. PPO members may either use dental network providers or out-of-network providers. **Call 866-934-9524 (TTY: 711)** for details.

Enhanced coverage add-ons available, too.

If you’re looking for enhanced comprehensive dental coverage, our optional supplemental dental plans are a great way to go!

Dental Silver option**

For additional benefits that DON’T COVER bridges, crowns and dentures, Dental Silver provides a combined annual benefit maximum of \$1,500.

DENTAL SILVER OPTION	HMO cost to you	PPO cost to you*
Monthly Premium	\$21	\$21
Emergency palliative treatment	\$0	\$0
Comprehensive services	0% - 50% of the cost	0% - 50% of the cost

Dental Gold option**

For additional benefits that DO COVER bridges, crowns and dentures, Dental Gold pays 50% of those costs too, and has a combined annual benefit maximum of \$2,000.

DENTAL GOLD OPTION	HMO cost to you	PPO cost to you*
Monthly Premium	\$41	\$49
Emergency palliative treatment	\$0	\$0
Comprehensive services	0% - 50% of the cost	0% - 50% of the cost

*PPO plan cost-share is the same for in-network and out-of-network providers.

**Not available on Trinity Health Plan Of New England Cash Back MAPD (HMO) plan.

A smiling female doctor with long dark hair, wearing a white lab coat over a red patterned top. She has her arms crossed and is looking off to the side. A medical ID badge is visible on her left chest.

More Medicare info you should know ...

HMO VERSUS PPO – what's the difference?

Not everyone's health needs and budget are alike. That's why Trinity Health Plan Of New England offers two popular types of Medicare Advantage plans: HMO and PPO. Both provide you with comprehensive coverage – with no referrals needed!

But to keep your costs low, the big difference comes down to access:

- **With an HMO plan**, you must use in-network providers for routine care.
- **With a PPO plan**, you have the freedom to see out-of-network providers.

Does your current Medicare plan charge multiple copays for the same date of service at the same provider?

Switch to Trinity Health Plan Of New England and you'll only have one copay!

CONFIRMATION OF YOUR ENROLLMENT

After you complete an enrollment application, we'll send your application to Medicare for approval. Once your enrollment has been approved, we'll mail you a confirmation letter, followed by a welcome kit and shortly thereafter your member ID card.

As a reminder, once you are a plan member, you'll put away your Original Medicare card and use only the Trinity Health Plan Of New England card at the doctor's office, hospital and pharmacy.

Protected by Medicare

As a member, you will be able to exercise your right to a formal process for dealing with a complaint (also known as an appeal or grievance).

If you'd like to learn more about the appeals and grievance process, you can access an **Evidence of Coverage** at:

TrinityHealthOfNE.org/Medicare



MONTHLY PREMIUM INFORMATION

If the plan you selected has a monthly premium, your payment must be received by the 10th day of each month. Trinity Health Plan Of New England has convenient payment options to choose from including:

- ✓ **Electronic Funds Transfer (EFT)** – Many members save time and postage with this easy option. With EFT, we'll automatically deduct your monthly premiums from your checking or savings account on or around the 10th of each month.
- ✓ **Billing statements** – If you don't select an alternative payment method, you will receive billing statements each month.

PLEASE MAIL YOUR STATEMENT, WITH CHECK PAYABLE TO TRINITY HEALTH PLAN OF NEW ENGLAND, TO:

**Health Plan
P.O. Box 394789
Cleveland, OH 44101-4789**

- ✓ **Automatic deduction** – Your monthly premium can be automatically deducted from your Social Security check or Railroad Retirement Board benefit check each month.

For more information or to enroll visit:
TrinityHealthOfNE.org/Medicare

Get help with your healthcare and your finances.

Accessing services with ease

Your Trinity Health Plan Of New England network primary care provider will help you get access to all necessary services. Less common services, such as planned hospital admissions, advanced diagnostic imaging, oncology services, skilled nursing, particular drugs or supplies may require authorization.

Your doctor will generally facilitate this on your behalf. Trinity Health Plan Of New England does not require referrals for in-network specialists. A complete list of services that require prior authorization can be found in an Evidence of Coverage (EOC).

"Extra Help" to help pay for healthcare

Are you someone with a limited income? You may qualify for "Extra Help" – a free government program to help pay for the cost of your covered medications and plan premium.

To apply for "Extra Help"
contact one of the following:

1-800-MEDICARE
(1-800-633-4227)

TTY users should call 1-877-486-2048

SOCIAL SECURITY OFFICE
1-800-772-1213

7 a.m. to 7 p.m., Monday through Friday.
TTY users should call 1-800-325-0778

YOUR STATE MEDICAID OFFICE

If you qualify for "Extra Help," we'll apply these cost savings to your Trinity Health Plan Of New England coverage.



Determining your eligibility to enroll in Trinity Health Plan Of New England:

ELIGIBILITY REQUIREMENTS:

You are eligible for plan membership as long as you meet all of the following:

- ✓ You have both Medicare Part A and Part B.
- ✓ You live in our geographic service area.
- ✓ You are a United States citizen or are lawfully present in the United States.

As is true with all Medicare Advantage plans, you must continue to pay your Medicare Part B premium if you join, in addition to any applicable plan premiums.

Your opportunities to enroll:

If you meet the eligibility requirements above, you may apply during the Medicare Annual Enrollment Period – from October 15 through December 7 – for coverage to begin January 1 the following year.

Some people can apply other times of the year during a Special Enrollment Period. Situations may include:

- ✓ You are newly eligible for Original Medicare (Part A and Part B).
- ✓ You recently moved into our service area.
- ✓ You receive “Extra Help” from the government toward your prescription drug costs.
- ✓ You lost employer-sponsored group health coverage.
- ✓ You live in a long-term care facility.

You can also make a change to your plan by returning back to Original Medicare (Part A and Part B only), or selecting a new Medicare Advantage plan, during the Medicare Advantage Open Enrollment Period from January 1 – March 31. Certain restrictions apply.



3 EASY WAYS TO ENROLL IN A DOCTOR-BUILT, LOCAL MEDICARE PLAN!

It only takes a few minutes to enroll in Trinity Health Plan Of New England. Have your Original Medicare card handy (that's the red, white and blue card you received from the federal government), then do one of the following.

CALL US: 866-934-9524 (TTY: 711)

GO ONLINE: TrinityHealthOfNE.org/Medicare

REGISTER for a FREE Medicare seminar at:
TrinityHealthOfNE.org/Medicare/find-a-seminar

Important: You must enroll in Original Medicare (Part A and Part B) BEFORE signing up for Trinity Health Plan Of New England. Call us for assistance or visit **Medicare.gov**.

Notice of Nondiscrimination

Trinity Health Plan Of New England complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, sex (defined as sex at birth, legal sex and/or sex stereotyping), and gender (which includes gender identity, gender expression and/or pregnancy). Trinity Health Plan Of New England does not exclude people or treat them differently because of race, color, national origin, age, disability, sex or gender. Trinity Health Plan Of New England:

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

- ✓ **Qualified sign language interpreters**
- ✓ **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:**
 - **Qualified interpreters**
 - **Information written in other languages**

If you need these services, contact Member Services. If you believe that Trinity Health Plan Of New England 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: Daniel Hayes, Member Services Manager, 3100 Easton Square Place, Third Floor – Health Plan, Columbus, Ohio 43219, 1-888-898-6129 (TTY 711), 1-833-802-2200 fax, HealthPlanAppeals@trinity-health.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Daniel Hayes, Member Services Manager, is available to help you. 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 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, 1-800-537-7697 (TDD). Complaint forms are available at 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 1-800-240-3851 (TTY: 711). 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 1-800-240-3851 (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 1-800-240-3851 (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 1-800-240-3851 (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 1-800-240-3851 (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 1-800-240-3851 (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 1-800-240-3851 (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 Arzneimittelman. Unsere Dolmetscher erreichen Sie unter 1-800-240-3851 (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 1-800-240-3851 (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 1-800-240-3851 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: لدينا خدمات مترجم فوري للإجابة على أي أسئلة قد تكون لديك حول صحتنا أو خطتنا الدوائية. للحصول على مترجم، فقط اتصل بنا على 1-800-240-3851 (TTY: 711). يمكن للشخص الذي يتحدث الإنجليزية /العربية مساعدتك. هذه هي خدمة مجانية.

Hindi: आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएं हैं हमारे स्वास्थ्य या दवा योजना के बारे में। दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-240-3851 पर कॉल करें (TTY: 711)। अंग्रेजी/हिंदी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क 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 1-800-240-3851 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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 1-800-240-3851 (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 1-800-240-3851 (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 1-800-240-3851 (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、1-800-240-3851 (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。

Armenian: Մենք ունենք բանավոր թարգմանչի անվճար ծառայություններ, որոնց օգնությամբ կստանաք մեր բժշկական ապահովագրության կամ դեղերի ծրագրի վերաբերյալ բոլոր հնարավոր հարցերի պատասխանները: Թարգմանչի ծառայություններ պատվիրելու համար պարզապես զանգահարեք 1-800-240-3851 (TTY:711): Անձնակազմի որևէ անդամ, որը խոսում է անգլերեն կամ այլ լեզվով, կարող է օգնել ձեզ: Ծառայությունն անվճար է:

Cambodian: យើងមានសេវាបកប្រែដោយគិតតម្លៃស្មើសម្រាប់អ្នកដែលមានអំពីផែនការសុខភាព ឬផែនការបង់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែ សូមទូរស័ព្ទមកយើងតាមរយៈលេខ 1-800-240-3851 (TTY: 711)។ អ្នកដែលចេះភាសាអង់គ្លេស/ខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាឥតគិតថ្លៃ។

Farsi: ما خدمات مترجم رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا در مورد داروی خود داشته باشید پاسخ دهیم. برای دریافت مترجم، کافیت با ما تماس بگیرید (TTY: 711) فردی که به زبان . 1-800-240-3851 انگلیسی/زبان شما صحبت میکند میتواند به شما کمک کند. این خدمت، رایگان است.

Hawaiian: Loa'a ke kōkua unuhi 'ōlelo no ka pane 'ana i kāu mau nīnau no kā mākou papa hana olakino a lā'au lapa'au paha. Ke makemake 'oe e kauoha no kēia kōkua, e kelepona mai iā mākou ma ka helu 1-800-240-3851 (TTY: 711). Na kekahi kanaka 'ōlelo Hawai'i e kōkua iā 'oe. He kōkua uku 'ole.c

Ilocano: Adda libre a serbisiomi a panagipatarus tapno masungbatan ti aniaman a saludsodmo panggep iti planomi iti salun-at wenno agas. Tapno makaala iti agipatarus, tawagandakami laeng iti 1-800-240-3851 (TTY: 711). Matulungannaka ti Ilocano ti pagsasaona. Libre daytoy a serbisyo.

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