CareSource Dual Advantage™ (HMO D-SNP)

2024 Annual Notice of Change

OHIO //
Ashland, Carroll, Cuyahoga, Geauga, Hancock, Holmes, Lawrence, Licking, Portage, Stark, Summit, Tuscarawas, Wayne

CareSource®

CareSource Dual Advantage™ (HMO D-SNP) offered by CareSource Ohio, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of CareSource Dual Advantage. 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 **CareSource.com/oh/plans/dsnp/plan-documents**. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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).
- 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.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies 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 CareSource Dual Advantage.
   - 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 CareSource Dual Advantage.
   - Look in section 2, page 13 to learn more about your choices.
   - If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Member Services number at **1-833-230-2020** for additional information (TTY users should call **711**). Hours are October 1 – March 31: 8 a.m. – 8 p.m., Monday through Sunday; April 1 – September 30: 8 a.m. – 8 p.m., Monday through Friday. This call is free.
- To receive material in alternate formats such as large print, please contact Member Services at **1-833-230-2020** (TTY users should call **711**).
- **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 CareSource Dual Advantage

- CareSource is an HMO D-SNP with a Medicare and state Medicaid contract. Enrollment in CareSource depends on contract renewal.
- When this document says "we," "us," or "our," it means CareSource Ohio, Inc. When it says "plan" or "our plan," it means CareSource Dual Advantage.

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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 CareSource Dual Advantage in several important areas. **Please note this is only a summary of costs**. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Doctor office visits	Primary care visits: $0 copay per visit Specialist visits: $0 copay per visit	Primary care visits: $0 copay per visit Specialist visits: $0 copay per visit
Inpatient hospital stays	$0 copay	$0 copay
Part D prescription drug coverage **(See Section 1.5 for details.)**	Deductible: $505 except for covered insulin products and most adult Part D vaccines. Copayment/ Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0 copay • Drug Tier 2: 25% of the total cost You pay $35 per month supply of each covered insulin product on this tier.	Deductible: $0 Copayment/ Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0 copay Drug Tier 2: $0 copay

Cost	2023 (this year)	2024 (next year)
	• Drug Tier 3: 25% of the total cost You pay $35 per month supply of each covered insulin product on this tier.	Drug Tier 3: $0 copay
	• Drug Tier 4: 25% of the total cost You pay $35 per month supply of each covered insulin product on this tier.	Drug Tier 4: $0 copay
	• Drug Tier 5: 25% of the total cost You pay $35 per month supply of each covered insulin product on this tier.	Drug Tier 5: $0 copay
	Catastrophic Coverage: • During this payment state, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called **coinsurance**), or a copayment ($4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs.)	Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your Covered Part D drugs. You pay nothing.

Cost	2023 (this year)	2024 (next year)
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 1.2 for details.)	$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$0	$0

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

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

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$0	$0 Once you have paid $0 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 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at **CareSource.com/oh/plans/dsnp/plan-documents**. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

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

There are changes to our network of pharmacies for next year. **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 hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

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)
Cardiac Rehabilitation Services	Prior authorization is required.	Prior authorization is not required.
Dental Services (Non-Medicare-covered)	**In-Network** $4,500 maximum plan coverage amount for preventive and comprehensive dental benefits	**In-Network** $6,000 maximum plan coverage amount for preventive and comprehensive dental benefits
Diabetic Supplies and Services	Services are not limited to specified manufacturers.	Services are limited to the following manufacturers: **Test Strips:** Abbott LifeScan **Continuous Glucose Monitors (CGM):** Abbott Freestyle Dexcom
Flex Allowance	Plan covers $1,250 per year for dental, vision, and hearing items and services when received from eligible locations.	Plan covers $1,000 per year for dental, vision, and hearing items and services when received from eligible locations.

Cost	2023 (this year)	2024 (next year)
Food and Produce	Eligible members use a debit card to purchase up to $50 per month of approved healthy food items with participating vendors and locations. (The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.)	Plan covers $150 every month for over-the-counter, healthy food and produce. Unused amounts do not roll over to the next period. (The benefits mentioned are available to all members that receive Low Income Subsidy (LIS).)
Hearing Aids	You pay $0 copay for TruHearing®* Advanced model hearing aids (one per ear every **two** years).	You pay $0 copay for TruHearing®* Advanced model hearing aids (one per ear every **three** years).
Meal Benefit	You pay $0 copay. $2,400 every year. Benefit maximum consists of 2 meals per day for **25** days following each observation or acute inpatient stay.	You pay $0 copay. $2,400 every year. Benefit maximum consists of 2 meals per day for **14** days following each observation or inpatient stay.
Over-the-Counter (OTC) Items	Plan covers up to $375 every three months. Unused amounts do not roll over to the next period.	Plan covers $150 every month for OTC, healthy food, and produce. Unused amounts do not roll over to the next period.
Pulmonary Rehabilitation Services	Prior authorization is required.	Prior authorization is not required.
Skilled Nursing Facility (SNF)	Hospitalization is required prior to admission.	Hospitalization is not required prior to admission.

Cost	2023 (this year)	2024 (next year)
Social Needs Benefit	Up to 60 hours per year for social support services. (The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.)	Up to 60 hours per year for social support services. (The benefits mentioned are available to all members that receive Low Income Subsidy (LIS).)
Transportation Services – Plan Approved Health Related	Grocery stores are not a plan-approved location	Grocery stores are a plan-approved location
Worldwide Emergency Transportation	Worldwide Emergency Transportation is not covered	Worldwide Emergency Transportation is covered

Section 1.5 – 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 9 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

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	Your deductible amount is either $0 or $505, depending on the level of "Extra Help" you receive. (Look at the separate insert, the LIS Rider, for your deductible amount.)	Your 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

For drugs on Tier 2 Generic, Tier 3 Preferred Brand, Tier 4 Non-Preferred Brand, and Tier 5 Specialty Tier, your cost sharing in the initial coverage stage is changing from coinsurance to a copayment. Please see the following chart for the changes from 2023 to 2024.

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.**	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:

Stage	2023 (this year)	2024 (next year)
For 2023 you paid 25% coinsurance for drugs on Tier 2 Generic, Tier 3 Preferred Brand, Tier 4 Non-Preferred Brand, and Tier 5 Specialty Tier. For 2024 you will pay a $0 copayment for drugs on this tier.	**Tier 1 Preferred Generic:** You pay $0 per prescription.	**Tier 1 Preferred Generic:** You pay $0 per prescription.
Most adult Part D vaccines are covered at no cost to you.	**Tier 2 Generic:** You pay 25% of the total cost.	**Tier 2 Generic:** You pay $0 per prescription.
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.	**Tier 3 Preferred Brand:** You pay 25% of the total cost.	**Tier 3 Preferred Brand:** You pay $0 per prescription.
For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*.	**Tier 4 Non-Preferred Drug:** You pay 25% of the total cost.	**Tier 4 Non-Preferred Drug:** You pay $0 per prescription.
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.”	**Tier 5 Specialty Tier:** You pay 25% of the total cost. _____ Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).	**Tier 5 Specialty Tier:** You pay $0 per prescription.

Changes to your VBID Part D Benefit

Starting in 2024, Medicare approved CareSource to provide lower copayments as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. As a result, you pay $0 for all covered Part D drugs, if you qualify for "Extra Help."

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**.

For the Coverage Gap Stage for drugs on Tier 2 Generic, Tier 3 Preferred Brand, Tier 4 Non-Preferred Brand, and Tier 5 Specialty Tier, your cost sharing is changing from coinsurance to a copayment.

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, 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 CareSource Dual Advantage

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 CareSource Dual Advantage.

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 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.

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).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CareSource Dual Advantage.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from CareSource Dual Advantage.
- 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.

  If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 3 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.

Because you have Ohio Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

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 4 Programs That Offer Free Counseling about Medicare and Medicaid

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

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Ohio Senior Health Insurance Information Program 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 Ohio Senior Health Insurance Information Program at 1-800-686-1578 (TTY: 1-614-644-3745 or 711). You can learn more about Ohio Senior Health Insurance Information Program by visiting their website (https://insurance.ohio.gov/wps/portal/gov/odi/about-us/divisions/oshiip).

For questions about your Ohio Department of Medicaid (ODM) benefits, contact Ohio Department of Medicaid (ODM) at 1-800-324-8680 (TTY: 711) 7 a.m. - 8 p.m., Monday through Friday; 8 a.m. - 5 p.m., Saturday. Ask how joining another plan or returning to Original Medicare affects how you get your Ohio Department of Medicaid (ODM) coverage.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** Because you have Medicaid, you are already enrolled in "Extra Help," also called the Low-Income Subsidy. "Extra Help" pays some of your prescription drug premiums, annual deductibles, and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about "Extra Help," 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).

SECTION 6 Questions?

Section 6.1 – Getting Help from CareSource Dual Advantage

Questions? We're here to help. Please call Member Services at **1-833-230-2020** (TTY only, call **711**). We are available for phone calls October 1 – March 31: 8 a.m. – 8 p.m., Monday through Sunday; April 1 – September 30: 8 a.m. – 8 p.m., Monday through Friday. 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 CareSource Dual Advantage. 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 **CareSource.com/oh/plans/dsnp/plan-documents**. 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 **CareSource.com/DSNP**. As a reminder, our website has the most up-to-date information about our provider network (*Provider 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 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.

Section 6.3 – Getting Help from Medicaid

To get information from Medicaid you can call Ohio Department of Medicaid (ODM) at 1-800-324-8680. TTY users should call 711.

CareSource

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 **1-833-230-2020**. Someone who speaks your 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 1-833-230-2020. 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 1-833-230-2020。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 1-833-230-2020。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 1-833-230-2020. 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 1-833-230-2020. 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 1-833-230-2020 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 1-833-230-2020. 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 1-833-230-2020 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 1-833-230-2020. 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 1-833-230-2020. سيقوم شخص ما يتحدث العربية 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 1-833-230-2020 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 1-833-230-2020. 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 1-833-230-2020. 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 1-833-230-2020. 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 1-833-230-2020. 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ございます。通訳をご用命になるには、1-833-230-2020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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