



## *2020 SUMMARY OF BENEFITS*

### *Integra Harmony (HMO SNP)*

*January 1, 2020 - December 31, 2020*

This is a summary of health services and drugs covered by Integra Harmony (HMO SNP). It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can access the “Evidence of Coverage” on our website at [www.integramanagedcare.com](http://www.integramanagedcare.com), or call us and request a copy.

Integra Managed Care is an HMO plan with a Medicare contract and a contract with the New York State Medicaid program. Enrollment in Integra Managed Care depends on contract renewal.

#### **Contact us**

- If you are a member of this plan, call toll-free 1-877-388-5195 (TTY 711)
- If you are not a member of this plan, call toll-free 1-877-388-5190 (TTY 711)
- Our website: [www.integramanagedcare.com](http://www.integramanagedcare.com)

#### **Hours of operations**

- From October 1 to March 31, you can call us 7 days a week from 8 am to 8 pm Eastern time.
- From April 1 to September 30, you can call us Monday through Friday from 8 am to 8 pm Eastern time.

To join **Integra Harmony (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, receive full medical assistance from the New York State Medicaid Program (QMB+, SLMB+), and live in our service area.

Our service area includes the following counties in New York: Bronx, Kings, New York, Queens and Nassau.

Integra Harmony (HMO SNP) members must use plan providers except in emergency or urgent situations or for out of area renal dialysis or other services. If you obtain routine care from an out of network provider, unless authorized by the plan, we may not pay for these services.

Integra Harmony (HMO SNP) covers Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [www.integramanagedcare.com](http://www.integramanagedcare.com).

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille and large print.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-877-388-5195 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-388-5195 (TTY: 711).

This information is not a complete description of benefits. Call 1-877-388-5195 (TTY: 711) for more information.

## *COVERED MEDICAL AND HOSPITAL BENEFITS*

**NOTE: SERVICES WITH A <sup>1</sup> MAY REQUIRE PRIOR AUTHORIZATION**

**SERVICES WITH A <sup>2</sup> MAY REQUIRE A REFERRAL FROM YOUR DOCTOR**

Premiums and Benefits	What you pay with Integra Harmony (HMO SNP)
Monthly Plan Premium	<p>For Part C, there is no plan premium.</p> <p>For Part D, there is a monthly premium of \$0 or \$36.60. <b>Since you have full Medicaid benefits, you pay \$0.</b></p> <p>You must continue to pay your Medicare Part B premium. Since you have full Medicaid, New York State pays the Part B premium on your behalf.</p>
Deductible	<p>For Part C, there is no plan deductible.</p> <p>For Part D, you pay either \$0 or \$435</p> <p><b>Since you receive “Extra Help” from Medicare with prescription drug costs, you pay \$0.</b></p>
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than \$6,700 annually for services received from in-network providers.
Inpatient Hospital Coverage <sup>1</sup>	<p><i>This is the 2019 cost sharing amounts and may change for 2020. We will provide updated rates as soon as they are released.</i></p> <p>\$0 or \$1,364 deductible for each benefit period</p> <p>Days 1-60: \$0 coinsurance for each benefit period</p> <p>Days 61-90: \$0 or \$341 coinsurance per day per benefit period</p> <p>Days 91 and beyond: \$0 or \$682 coinsurance for each “lifetime reserve day” after day 90 for each benefit period. Medicare covers up to 60 lifetime service days over your lifetime.</p> <p><b>Since you have full Medicaid benefits, you pay \$0. Medicaid fee for service pays for days beyond those that our plan covers.</b></p>

Premiums and Benefits	What you pay with Integra Harmony (HMO SNP)
Outpatient Hospital <sup>1</sup>  Includes observation services	\$0 or 20% coinsurance  <b>Since you have full Medicaid benefits, you pay \$0.</b>
Doctor Visits <ul style="list-style-type: none"> <li>• Primary</li> <li>• Specialists<sup>1,2</sup></li> </ul>	\$0 or 20% coinsurance  <b>Since you have full Medicaid benefits, you pay \$0.</b>
Preventive Care	You pay nothing for 1 yearly “Wellness” visit, including all Medicare approved preventive services.
Emergency Care	\$0 or 20% coinsurance per visits  <b>Since you have full Medicaid benefits, you pay \$0.</b>
Urgently Needed Services	\$0 or 20% coinsurance per visits  <b>Since you have full Medicaid benefits, you pay \$0.</b>
Diagnostic Services <sup>1,2</sup> <ul style="list-style-type: none"> <li>• Diagnostic radiology service (e.g., ultrasounds, CT Scans, MRIs, PET Scans &amp; nuclear diagnostic testing)</li> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient x-rays</li> </ul>	\$0 or 20% coinsurance per service.  <b>Since you have full Medicaid benefits, you pay \$0.</b>
Hearing Services <sup>1</sup> <ul style="list-style-type: none"> <li>• Hearing exam</li> <li>• Hearing aid</li> </ul>	\$0 or 20% coinsurance for hearing exams.  <b>Since you have full Medicaid benefits, you pay \$0.</b>  Our plan pays \$500 per ear toward the purchase of hearing aids every 3 years.

Premiums and Benefits	What you pay with Integra Harmony (HMO SNP)
<p>Dental Services<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Crowns - single restoration selected codes only - 1 every 60 months per tooth.</li> <li>• Major restoratives - selected codes only - 1 every 60 months per tooth.</li> <li>• Root canal therapy - selected codes only - 1 per lifetime per tooth.</li> <li>• Periodontics - selected codes only - 1 every 60 months per quadrant.</li> <li>• Fixed Partial Denture Pontics - selected codes only - 1 every 60 months per tooth.</li> <li>• Fixed Partial Denture Retainers Crowns - selected codes only - 1 every 60 months per tooth.</li> </ul>	<p>Preventive services are not covered.</p> <p><b>You can get preventive dental care as well as other dental care not covered by our plan through Medicaid, as long as it is a Medicaid-covered benefit.</b></p> <p>For covered restorative services, you pay \$0</p>
<p>Vision Services<sup>1</sup></p> <ul style="list-style-type: none"> <li>• 1 routine eye exam per year</li> <li>• 1 pair of glasses, contacts, lenses or frames per year</li> </ul>	<p>\$0 or 20% coinsurance for Medicare covered eye exams</p> <p><b>Since you have full Medicaid benefits, you pay \$0.</b></p> <p>Our plan pays up to \$100 every year for eye wear. <b>Your Medicaid benefits include eye wear beyond the plan's \$100 limit.</b></p>
<p>Mental Health Services<sup>1,2</sup></p> <p>Outpatient group therapy and individual therapy visit</p>	<p>\$0 or 20% coinsurance per visit</p> <p><b>Since you have full Medicaid benefits, you pay \$0.</b></p>
<p>Skilled Nursing Facility<sup>1,2</sup></p>	<p>You are covered for up to 100 days:</p> <p>Days 1-20: \$0 copay for each benefit period. Days 21-100: \$0 or \$170.50 coinsurance per day of each benefit period.</p> <p><b>Since you have full Medicaid benefits, you pay \$0.</b></p>

Premiums and Benefits	What you pay with Integra Harmony (HMO SNP)
Physical therapy <sup>1</sup>	\$0 or 20% coinsurance <b>Since you have full Medicaid benefits, you pay \$0.</b>
Ambulance <sup>1</sup>	\$0 or 20% coinsurance per one-way trip <b>Since you have full Medicaid benefits, you pay \$0.</b>
Routine Transportation <sup>1,2</sup>	Not covered Medicaid covers unlimited trips are covered at \$0 cost
Medicare Part B Drugs <sup>1</sup>	\$0 or 20% of the cost for chemotherapy drugs and other Part B drugs <b>Since you have full Medicaid benefits, you pay \$0.</b>
Over-the-Counter Items	Maximum benefit of \$100 every month. <b>Unused benefit does not carryover at the end of the month.</b>
Outpatient Prescription Drugs	
Deductible Stage	Because you receive “Extra Help,” you pay \$0
Initial Coverage Stage:	You pay the following cost sharing, depending on the type of drug:
- Generic drugs	\$0, \$1.30 or \$3.60, depending on your level of extra help. If you did not have “Extra Help,” you would pay 25% coinsurance  This is for a 30-day supply at a retail pharmacy, or up to a 90-day supply through our mail order service
- All other drugs	\$0, \$3.90 or \$8.95, depending on your level of extra help. If you did not have “Extra Help,” you would pay 25% coinsurance  This is for a 30-day supply at a retail pharmacy, or up to a 90-day supply through our mail order service
Catastrophic Coverage Stage	You pay \$0

## *SUMMARY OF MEDICAID-COVERED BENEFITS*

People who qualify for Medicare and Medicaid are known as dual eligibles. As a dual eligible, you are eligible for benefits under both the federal Medicare program and the New York State Medicaid program.

The kind of Medicaid benefits you receive are determined by your state and may vary based upon your income and resources. With the assistance of Medicaid, some dual eligibles do not have to pay for certain Medicare costs. The Medicaid benefit categories and type of assistance served by our plan are listed below:

- **Specified Low Income Medicare Beneficiary-Plus (SLMB-Plus):** Payment of your Medicare Part B premiums and full Medicaid benefits.
- **Qualified Medicare Beneficiary-Plus (QMB-Plus):** Payment of your Medicare Part A and Part B premiums, deductibles, cost-sharing (excluding Part D copayments) and full Medicaid benefits.

## *COMPREHENSIVE WRITTEN STATEMENT*

In order to qualify for enrollment in Integra Harmony (HMO SNP), you must receive full assistance from the New York State Medicaid Program. The benefits described in the Covered Medical and Hospital Benefits section (above) are covered by Medicare; you can access them using your Integra ID card. The benefits described below are covered by Medicaid; you can access them benefits by using your Medicaid card. If you have any questions concerning what benefits you are entitled to under the Medicaid program, please call the New York City Human Resources Administration (HRA) at 1-888-692-6116. If you live outside of New York City, please call your local district.

Benefit	Medicaid Coverage
<b>Inpatient Hospital Care including Substance Abuse and Rehabilitation Services</b>	Covers Medicare deductibles, copays, and coinsurances. Up to 365 days per year (366 days for leap year)

Benefit	Medicaid Coverage
<b>Inpatient Mental Health in excess of 190-Day Lifetime Limit</b>	<p>Covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covered Medicare deductibles, copays and coinsurances.</p> <p>All inpatient mental health services, including voluntary or involuntary admissions for mental health services, over the Medicare 190-Day Lifetime Limit. The Contractor may provide the covered benefit for medically necessary mental health inpatient services through hospitals licensed pursuant to Article 28 of the New York State P.H.L.</p>
<b>Skilled Nursing Facility (SNF)</b>	<p>Covers Medicare deductibles, copays and coinsurances.</p> <p>Medicaid covers additional days beyond Medicare 100 day limit.</p>
<b>Home Health Care</b>	<p>Covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covered home health services include the provision of skilled services not covered by Medicare (e.g. physical therapist to supervise maintenance program for patients who have reached their maximum restorative potential or nurse to pre-fill syringes for disabled individuals with diabetes) and /or home health aide services as required by an approved plan of care.</p>
<b>PCP Office Visits</b>	Covers Medicare deductibles, copays, and coinsurances.
<b>Specialist Office Visits</b>	Covers Medicare deductibles, copays, and coinsurances.
<b>Chiropractic Services</b>	Covers Medicare deductibles, copays, and coinsurances. (QMB+ only)
<b>Podiatry Services</b>	Covers Medicare deductibles, copays, and coinsurances. (QMB+ only)



Benefit	Medicaid Coverage
<b>Outpatient Mental Health</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services.</p> <p>Covers individual and group therapy visits.</p> <p>Enrollee may self-refer for one assessment from a network provider in a twelve (12) month period.</p>
<b>Outpatient Substance Abuse Care</b>	Covers Medicare deductibles, copays, and coinsurances.
<b>Outpatient Services/Surgery</b>	Covers Medicare deductibles, copays, and coinsurances.
<b>Ambulance Services</b>	Covers Medicare deductibles, copays, and coinsurances.
<b>Emergency Care</b>	Covers Medicare deductibles, copays, and coinsurances.
<b>Urgently Needed Care</b>	Covers Medicare deductibles, copays, and coinsurances.
<b>Outpatient Rehabilitation Services</b>	<p>Covers Medicare deductibles, copays, and coinsurances.</p> <p>Occupational and Speech therapies are limited to twenty (20) visits and Physical therapy is limited to forty (40) visits per therapy per year, except for children under age 21, or you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.</p>

Benefit	Medicaid Coverage
<b>Durable Medical Equipment</b>	<p>Covers Medicare deductibles, copays, and coinsurances.</p> <p>Covers durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula, and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period of time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. Must be ordered by a qualified practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bars).</p>
<b>Prosthetic Devices</b>	<p>Covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covered prosthetics, orthotics, and orthopedic footwear. Prescription footwear coverage is limited to treatment of diabetics or when a shoe is part of a leg brace (orthotic) or if there are foot complications in children under age 21.</p>
<b>Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b>	Covers Medicare deductibles, copays, and coinsurances.
<b>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	Covers Medicare deductibles, copays, and coinsurances.
<b>Bone Mass Measurement</b>	Covers Medicare deductibles, copays, and coinsurances.
<b>Colorectal Screening Exams</b>	Covers Medicare deductibles, copays, and coinsurances.
<b>Immunizations</b>	Covers Medicare deductibles, copays, and coinsurances.
<b>Mammograms</b>	Covers Medicare deductibles, copays, and coinsurances.

Benefit	Medicaid Coverage
<b>Pap Smears and Pelvic Exams</b>	Covers Medicare deductibles, copays, and coinsurances.
<b>Prostate Cancer Screening Exams</b>	Covers Medicare deductibles, copays, and coinsurances.
<b>Prescription Drugs</b>	Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from the Medicare Part D benefit).
<b>Hearing Services</b>	<p>Covers Medicare deductibles, copays, and coinsurances.</p> <p>Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing.</p> <p>Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, earmolds, special fittings and replacement parts.</p>
<b>Non-Medicare covered Vision Services</b>	<p>Covers Medicare deductibles, copays, and coinsurances.</p> <p>Services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and poly-carbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p>
<b>Routine Physical Exam</b>	<p>Covers Medicare deductibles, copays, and coinsurances.</p> <p>One per year</p>

Benefit	Medicaid Coverage
<b>Private Duty Nursing Services</b>	<p>Private duty nursing services provided by a person possessing a license and current registration from the NYS Education Department to practice as a registered professional nurse or licensed practical nurse. Private duty nursing services can be provided through an approved certified home health agency, a licensed home care agency, or a private Practitioner. The location of nursing services may be in the Member's home.</p> <p>Private duty nursing services are covered when determined by the attending physician to be medically necessary. Nursing services may be intermittent, part-time or continuous and provided in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.</p>
<b>Transportation - Routine</b>	<p>Transportation expenses are covered when transportation is essential in order for a Member to obtain necessary medical care and services which are covered under the Medicaid program.</p> <p>Transportation services means transportation by ambulance, ambulette, fixed wing or airplane transport, invalid coach, taxicab, livery, public transportation, or other means appropriate to the Member's medical condition; and a transportation attendant to accompany the Member, if necessary. Such services may include the transportation attendant's transportation, meals, lodging and salary; however, no salary will be paid to a transportation attendant who is a member of the Member's family.</p> <p><i>For Members with disabilities, the method of transportation must reasonably accommodate their needs, taking into account the severity and nature of the disability.</i></p>
<b>Dental</b>	<p>Dental services include, but shall not be limited to, preventive, prophylactic and other dental care, services, supplies, routine exams, prophylaxis, oral surgery (when not covered by Medicare), and dental prosthetic and orthotic appliances required to alleviate a serious health condition, including one which affects employability.</p>

Benefit	Medicaid Coverage
<b>Personal Care Services</b>	<p>Personal care services (PCS) are the provision of some or total assistance with such activities as personal hygiene, dressing and feeding; and nutritional and environmental support function tasks (meal preparation and housekeeping). Such services must be essential to the maintenance of the Member's health and safety in his or her own home. Personal care must be medically necessary, ordered by the Member's physician and provided by a qualified person as defined in Part 700.2(b)(14) 10 NYCRR, in accordance with a plan of care.</p>
<b>Medical and Surgical Supplies, Enteral and Parenteral Formula and Hearing Aid Batteries</b>	<p>These items are generally considered to be one-time only use, consumable items routinely paid for under the Durable Medical Equipment category of fee-for-service Medicaid.</p> <p>Coverage of enteral formula and nutritional supplements are limited to coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding.</p> <p>Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to mitigating factors in growth and development.</p> <p>Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein or which contain modified protein.</p>

Benefit	Medicaid Coverage
<b>Nutrition</b>	Nutrition services includes the assessment of nutritional needs and food patterns, or the planning for the provision of foods and drink appropriate for the individual's physical and medical needs and environmental conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs. In addition, these services may include the assessment of nutritional status and food preferences, planning for provision of appropriate dietary intake within the patient's home environment and cultural considerations, nutritional education regarding therapeutic diets as part of the treatment milieu, development of a nutritional treatment plan, regular evaluation and revision of nutritional plans, provision of in-service education to health agency staff as well as consultation on specific dietary problems of patients and nutrition teaching to patients and families. These services must be provided by a qualified nutritionist as defined in Part 700.2(b)(5), 10 NYCRR.
<b>Medical Social Services</b>	Medical social services include assessing the need for, arranging for and providing aid for social problems related to the maintenance of a patient in the home where such services are performed by a qualified social worker and provided within a plan of care. These services must be provided by a qualified social worker as defined in Section 700.2(b)(24) 10 NYCRR.
<b>Social and Environmental Supports</b>	Services and items that support the medical needs of the Members and are included in a Member's plan of care. These services and items include but are not limited to the following: home maintenance tasks, homemaker/chore services, housing improvement, and respite care.
<b>Adult Day Health Care</b>	Adult day health care is care and services provided in a residential health care facility or approved extension site under the medical direction of a physician to a person who is functionally impaired, not homebound, and who requires certain preventive, diagnostic, therapeutic, rehabilitative or palliative items or services. Adult day health care includes the following services: medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure time activities which are a planned program of diverse meaningful

Benefit	Medicaid Coverage
	activities, dental, pharmaceutical, and other ancillary services.
<b>Social Day Care</b>	A structured, comprehensive program which provides functionally impaired individuals with socialization; supervision and monitoring; personal care; and nutrition in a protective setting during any part of the day, but for less than a 24 hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, care giver assistance and case coordination and assistance.
<b>Personal Emergency Response Services (PERS)</b>	Personal Emergency Response Services (PERS) is an electronic device which enables certain high-risk patients to secure help in the event of a physical, emotional or environmental emergency. A variety of electronic alert systems now exist which employ different signaling devices. Such systems are usually connected to a patient's phone and signal a response center once a "help" button is activated. In the event of an emergency, the signal is received and appropriately acted upon by a response center.
<b>Hospice services</b>	Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Methadone Maintenance Treatment Programs</b>	Medicaid coverage provided.
<b>Certain Mental Health Services</b>	Medicaid coverage of Certain Mental Health Services includes: <ul style="list-style-type: none"> <li>•Intensive Psychiatric Rehabilitation Treatment Programs</li> <li>•Day Treatment</li> <li>•Continuing Day Treatment</li> <li>•Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units)</li> <li>•Partial Hospitalizations</li> <li>•Assertive Community Treatment (ACT)</li> <li>•Personalized Recovery Oriented Services (PROS)</li> </ul>
<b>Rehabilitation Services Provided to Residents of OMH</b>	Medicaid coverage provided.

<b>Benefit</b>	<b>Medicaid Coverage</b>
<b>Licensed Community Residences (CRs) and Family Based Treatment Programs</b>	Medicaid coverage provided.
<b>Office of Mental Retardation and Developmental Disabilities (OMRDD) Services</b>	Medicaid coverage provided.
<b>Comprehensive Medicaid Case Management</b>	Medicaid coverage provided.
<b>Home and Community Based Waiver Program Services</b>	Medicaid coverage provided.
<b>Directly Observed Therapy for Tuberculosis Disease AIDS</b>	Medicaid coverage provided.
<b>AIDS Adult Day Health Care</b>	Medicaid coverage provided.
<b>Assisted Living Program</b>	Medicaid coverage provided.



## *Non-Discrimination Statement*

Integra Managed Care, Inc. (“Integra”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, or disability. Integra does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Integra Managed Care provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Integra Managed Care at 1-877-388-5195 (TTY/TDD: 711)

If you believe that Integra Managed Care has not provided you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Integra by:

- Mail: Appeals and Grievance Manager  
Integra Managed Care, Inc.  
1981 Marcus Avenue, Suite 100  
Lake Success, NY 11042
- Phone: 1-877-388-5195 (TTY/TDD: 711) Monday through Friday 8:00 AM to 5:00 PM.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building Washington,  
D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- Phone: 1-800-868-1019 (TTY/TDD: 1-800-537-7697)

# 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 1-877-388-5195. 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 1-877-388-5195. 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 1-877-388-5195。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 1-877-388-5195。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-877-388-5195. 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 1-877-388-5195. 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 1-877-388-5195 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 1-877-388-5195. 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 1-877-388-5195 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 1-877-388-5195. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** اننا نقدم خدمات المترجم الفوري للإجابة عن أي أسئلة تتعلق بخطةنا للصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال على الرقم التالي 1-877-388-5195. سيقوم شخص ما يتحدث اللغة الانجليزية بمساعدتك. هذه خدمة مجانية.

**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 1-877-388-5195. Un nostro incaricato che parla Italiano vi 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 1-877-388-5195. 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 1-877-388-5195. Yon moun ki pale Kreyòl kapab edew. 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 1-877-388-5195. Ta usługa jest bezpłatna.

**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 1-877-388-5195 फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**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、 1-877-388-5195 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。