



## *2019 SUMMARY OF BENEFITS*

### *Integra Harmony (HMO SNP) Plan*

*January 1, 2019 – December 31, 2019*

This is a summary of drug and health services covered by Integra Harmony Plan (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 <http://www.integramanagedcare.com>, or call us and ask that a copy be sent to you.

To join **Integra Harmony Plan (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and the New York State Medicaid Program, 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 Plan (HMO SNP)** has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use the providers that are not in our network, the plan may not pay for these services.

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.

#### **Hours of Operation**

- From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

#### **Integra Harmony Plan (HMO SNP) Phone Numbers and Website**

- 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: <http://www.integramanagedcare.com>

Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. Premiums, copayments, coinsurance and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

The Formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary. You can see our plan's provider and pharmacy directory and our formulary at our website <http://www.integramanagedcare.com>.

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

This document may be available in a non-English language. For additional information, call us at 1-877-388-5195.

Este documento puede estar disponible en un idioma que no sea Inglés. Para obtener información adicional, llámenos al 1-877-388-5195.

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.

## *Covered 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	Integra Harmony Plan (HMO SNP)
Monthly Plan Premium	For Part C, you pay nothing.  For Part D, you pay \$39.30 per month.  You must continue to pay your Medicare Part B premium. For full-dual enrollees, your premium is paid by New York State Medicaid.
Deductible	For Part B services \$183 per year. For Part A services, \$1,340 per benefit period.  <b>These amounts may change for 2019. The plan will provide updated rates as soon as Medicare releases them.</b>  Full-dual enrollees: your cost share is paid by Medicaid.

Premiums and Benefits	Integra Harmony Plan (HMO SNP)
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$6,700 annually for services received from in-network providers.  Full-dual enrollees: your cost share is paid by Medicaid.
Inpatient Hospital Coverage <sup>1</sup>	\$1,340 deductible for each benefit period Days 1-60: \$0 coinsurance for each benefit period Days 61-90: \$335 coinsurance per day of each benefit period Days 91 and beyond: \$670 coinsurance for each “lifetime reserve day” after day 90 for each benefit period. Medicare covers up to 60 lifetime service days over your lifetime.  <b>These amounts may change for 2019. The plan will provide updated rates as soon as Medicare releases them.</b>  Full-dual enrollees: Medicaid will cover medically necessary inpatient days beyond your lifetime reserve days, and pay your cost share.
Outpatient Hospital  Includes observation services	20% coinsurance  Full-dual enrollees: your cost share is paid by Medicaid.
Doctor Visits <ul style="list-style-type: none"> <li>• Primary</li> <li>• Specialists <sup>1,2</sup></li> </ul>	20% coinsurance for doctor visits.  Full-dual enrollees: your cost share is paid by Medicaid.
Preventive Care	You pay nothing for 1 yearly “Wellness” visit, including all Medicare approved preventive services.
Emergency Care	20% coinsurance per visits, up to maximum \$90 per visit.  Full-dual enrollees: your cost share is paid by Medicaid.
Urgently Needed Services	20% coinsurance per visits, up to maximum \$65 per visit.  Full-dual enrollees: your cost share is paid by Medicaid.

Premiums and Benefits	Integra Harmony Plan (HMO SNP)
<p>Diagnostic Services <sup>1,2</sup></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diagnostic radiology service (e.g., ultrasounds, CT Scans, MRIs, PET Scans &amp; nuclear diagnostic testing)</li> <li><input type="checkbox"/> Lab services</li> <li><input type="checkbox"/> Diagnostic tests and procedures</li> <li><input type="checkbox"/> Outpatient x-rays</li> </ul>	<p>20% coinsurance per service.</p> <p>Full-dual enrollees: your cost share is paid by Medicaid.</p>
<p>Hearing Services <sup>1</sup></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hearing exam</li> <li><input type="checkbox"/> Hearing aid</li> </ul>	<p>20% coinsurance for hearing exams.</p> <p>Our plan pays up to \$500 every three years for a hearing aid for each ear. Member is responsible for all costs above plan maximum.</p> <p>Full-dual enrollees: your cost share is paid by Medicaid.</p>
<p>Dental Services</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preventive services: Oral Exams, cleanings and x-rays</li> <li><input type="checkbox"/> Restorative services, Endodontics, Periodontics, Prosthodontics, and other oral/maxillofacial surgery</li> </ul>	<p>Preventive services are not covered.</p> <p>For covered restorative services, you pay nothing</p> <p>Full-dual enrollees: your cost share is paid by Medicaid.</p>
<p>Vision Services</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>20% coinsurance for Medicare covered eye exams</p> <p>Our plan pays up to \$125 every year for eye wear. Member is responsible for all costs above plan maximum.</p> <p>Full-dual enrollees: your cost share is paid by Medicaid.</p>
<p>Mental Health Services <sup>1,2</sup></p> <p>Outpatient group therapy and individual therapy visit</p>	<p>45% coinsurance per visit</p> <p>Full-dual enrollees: your cost share is paid by Medicaid.</p>

Premiums and Benefits	Integra Harmony Plan (HMO SNP)	
Skilled Nursing Facility <sup>1,2</sup>	Days 1-20: \$0 copay for each benefit period. Days 21-100: \$167.50 coinsurance per day of each benefit period. Days 101 and beyond: not covered under Medicare.  <b>These amounts may change for 2019. The plan will provide updated rates as soon as Medicare releases them.</b>  Full-dual enrollees: Medicaid will cover medically necessary SNF days beyond day 100, and pay your cost share.	
Physical therapy <sup>1</sup>	20% coinsurance per treatment  Full-dual enrollees: your cost share is paid by Medicaid.	
Ambulance <sup>1</sup>	20% coinsurance per trip  Full-dual enrollees: your cost share is paid by Medicaid.	
Transportation <sup>1,2</sup>	Not covered under Medicare  Full-dual enrollees: unlimited trips are covered at \$0 cost by Medicaid.	
Medicare Part B Drugs <sup>1</sup>	You pay 20% of the cost for chemotherapy drugs and other Part B drugs  Full-dual enrollees: your cost share is paid by Medicaid.	
Outpatient Prescription Drugs		
Deductible	You pay \$415.00	
	Retail RX 30-day supply	Mail order 90-day supply
Tier 1: Generic Drugs	25%	25%
Tier 2: Brand-name Drugs	25%	25%
Your copay depends on your income and institutional status. Cost-Sharing may change when you enter another phase of the Part D benefit. For more information on cost-sharing and the phases of the benefit please call us or access our Evidence of Coverage online.		
Additional Benefits		
Over-the-Counter Items	Maximum benefit of \$100 every month. <b>Unused benefit does not carryover at the end of the month.</b>	

## *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:

- **Full Benefit Dual Eligible (FBDE):** Payment of your Medicare Part B premiums, in some cases Medicare Part A premiums and full Medicaid benefits.
- **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.

**The benefits described below are covered by Medicaid.** The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what New York State Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Benefits that are not covered by our plan may still be obtained by using your Medicaid Fee for Service card.

Benefit	Integra Harmony (HMO SNP)
<b>Inpatient Hospital Care including Substance Abuse and Rehabilitation Services</b>	Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services. Up to 365 days per year (366 days for leap year)
<b>Inpatient Mental Health in excess of 190-Day Lifetime Limit</b>	Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services. All inpatient mental health services, including voluntary or involuntary admissions, over the Medicare 190-Day Lifetime Limit.

Benefit	Integra Harmony (HMO SNP)
<b>Skilled Nursing Facility (SNF)</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services.</p> <p>Medicare covered care provided in a skilled nursing facility.</p> <p>Covered for up to 100 days each benefit period. No prior hospital stay required.</p>
<b>Home Health Care</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services.</p> <p>Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals) and/or home health aide services as required by an approved plan of care.</p>
<b>PCP Office Visits</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services.</p>
<b>Specialist Office Visits</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services.</p>
<b>Chiropractic Services</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services</p> <p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position.</p>
<b>Podiatry Services</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services</p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</p>

Benefit	Integra Harmony (HMO SNP)
<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>	<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 Services/Surgery</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services.</p> <p>Medically necessary visits to an ambulatory surgery center or outpatient hospital facility.</p>
<b>Ambulance Services</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services.</p> <p>Transportation provided by an ambulance service, including air ambulance. Emergency transportation if for the purpose of obtaining hospital services for an enrollee who suffers from severe, life-threatening or potentially disabling conditions which require the provision of emergency services while the enrollee is being transported. Includes transportation to a hospital emergency room generated by a “Dial 911”.</p>
<b>Emergency Care</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services.</p>
<b>Urgently Needed Care</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services.</p>



Benefit	Integra Harmony (HMO SNP)
<b>Outpatient Rehabilitation Services</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services.</p> <p>Occupational, Physical and Speech therapies are limited to twenty (20) 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>
<b>Durable Medical Equipment</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services.</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. \$0 copay for covered services.</p> <p>Covers prosthetics, orthotics, and orthopedic footwear when medically necessary.</p>
<b>Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services</p>
<b>Diagnostic Tests, X Rays, Lab Services, and Radiology Services</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services.</p>

<b>Benefit</b>	<b>Integra Harmony (HMO SNP)</b>
<b>Bone Mass Measurement</b>	Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services
<b>Colorectal Screening Exams</b>	Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services
<b>Immunizations</b>	Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services
<b>Mammograms</b>	Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services
<b>Pap Smears and Pelvic Exams</b>	Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services
<b>Prostate Cancer Screening Exams</b>	Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services
<b>Prescription Drugs</b>	Covers Medicare deductibles, copays, and coinsurances. \$0 copay for Medicare covered Part B prescription drugs. Covers prescription drugs covered under Medicare Part D subject to copays described in the Medicare Benefits section. \$0 copay for Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from the Medicare Part D benefit).
<b>Hearing Services</b>	Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services. <ul style="list-style-type: none"> <li>• Exam to diagnose and treat hearing and balance issues</li> <li>• Routine hearing exam (for up to 1 every year)</li> <li>• Hearing aid</li> </ul> Our plan pays up to \$500 every three years for hearing aids.

Benefit	Integra Harmony (HMO SNP)
<b>Vision Services</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services.</p> <ul style="list-style-type: none"> <li>• Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): You pay nothing</li> <li>• Routine eye exam (for up to 1 every year): You pay nothing</li> <li>• Eyeglasses or Contact lenses (for up to 1 every year): Our plan pays up to \$100 every year for eyewear.</li> <li>• Eyeglasses or contact lenses after cataract surgery: You pay nothing</li> </ul>
<b>Routine Physical Exam</b> <b>One per year</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services. One physical exam per year.</p>
<b>Private Duty Nursing Services</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services.</p> <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>

Benefit	Integra Harmony (HMO SNP)
<b>Transportation - Routine</b>	<p>\$0 copay for trips to plan approved locations.</p> <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. 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>
<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>
<b>Over the Counter Drugs</b>	<p>The maximum plan benefit coverage amount for Over the Counter Drugs and Supplies is \$100 every month.</p> <p>Some health products may be available to you through Medicaid using your Medicaid Benefit ID card.</p>
<b>Personal Care Services</b>  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).	Not covered by plan.

Benefit	Integra Harmony (HMO SNP)
<b>Medical and Surgical Supplies, Enteral and Parenteral Formula and Hearing Aid Batteries</b>	<p>Covers Medicare deductibles, copays, and coinsurances. \$0 copay for covered services.</p> <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. 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>
<b>Nutrition</b>	<p>\$0 copay for covered services.</p> <p>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.</p>
<b>Medical Social Services</b>	<p>\$0 copay for covered services.</p>

Benefit	Integra Harmony (HMO SNP)
<p><b>Social And Environmental Supports</b></p> <p>Social and environmental supports are 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.</p>	Not covered by plan.
<p><b>Home Delivered And Congregate Meals</b></p>	Not covered by plan.
<p><b>Adult Day Health Care</b></p>	Not covered by plan.
<p><b>Social Day Care</b></p> <p>Social day care is 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.</p>	Not covered by plan.
<p><b>Personal Emergency Response Services (PERS)</b></p>	Not covered by plan.

<b>Benefit</b>	<b>Integra Harmony (HMO SNP)</b>
<b>Hospice services</b>	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p> <p>You must get care from a Medicare-certified hospice.</p> <p>You must consult with your plan before you select hospice.</p>
<b>Methadone Maintenance Treatment Programs</b>	Not covered by plan.
<b>Certain Mental Health Services</b>	Not covered by plan.
<b>Rehabilitation Services Provided to Residents of OMH</b>	Not covered by plan.
<b>Licensed Community Residences (CRs) and Family Based Treatment Programs</b>	Not covered by plan.
<b>Office of Mental Retardation and Developmental Disabilities (OMRDD) Services</b>	Not covered by plan.
<b>Comprehensive Medicaid Case Management</b>	Not covered by plan.
<b>Home and Community Based Waiver Program Services</b>	Not covered by plan.
<b>Directly Observed Therapy for Tuberculosis Disease AIDS</b>	Not covered by plan.

Benefit	Integra Harmony (HMO SNP)
<b>Adult Day Health Care</b>	Not covered by plan.
<b>Assisted Living Program</b>	Not covered by plan.



## *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  
<https://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 pagsasaling-wika upang masagot ang anumang mgakatanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-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 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-388-5195번으로 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 للاجابة عن اى اسئلة تتعلق بخططنا للصحة او جدول الادوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال على الرقم التالى 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 ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-388-5195. 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 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。