



2024

# Annual Notice of Changes

## **AETNA BETTER HEALTH<sup>®</sup> OF OHIO** a MyCare Ohio plan (Medicare-Medicaid Plan)

Aetna Better Health of Ohio (Medicare-Medicaid Plan) is a health plan that contracts with Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

**[AetnaBetterHealth.com/Ohio](https://AetnaBetterHealth.com/Ohio)**

**MyCareOhio**  
*Connecting Medicare + Medicaid*





**Aetna Better Health of Ohio (Medicare-Medicaid Plan) offered by  
Aetna Better Health, Inc. (OH)**

## ***Annual Notice of Changes for 2024***

### **Introduction**

You are currently enrolled as a member of Aetna Better Health of Ohio. Next year, there will be changes to the plan’s benefits, coverage, and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at **AetnaBetterHealth.com/Ohio**. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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**If you have questions**, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. If you need to speak to your care manager, please call **1-855-364-0974 (TTY: 711)**, Monday through Friday, 8 AM – 5 PM. These calls are free. **For more information**, visit **AetnaBetterHealth.com/Ohio**.

## A. Disclaimers

- ❖ Aetna Better Health of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Aetna Better Health of Ohio *Member Handbook*.
- ❖ See Member Handbook for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.
- ❖ 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 **1-855-364-0974 (TTY: 711)**. Someone who speaks your language can help you. This is a free service.
- ❖ You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

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## B. Reviewing your Medicare and Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section E2 for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to page 9).
- You must get your Medicaid benefits from one of the MyCare Ohio managed care plans available in your region (refer to page 11 for additional information).



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2 **For more information**, visit **[AetnaBetterHealth.com/Ohio](https://www.aetnabetterhealth.com/Ohio)**.

## B1. Additional resources

- **ATTENTION:** If you speak Spanish or Somali, language assistance services, free of charge, are available to you. Call **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- **ATENCIÓN:** Si habla español, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-855-364-0974 (TTY: 711)** las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.
- **FIIRI:** Haddii aad ku hadasho Soomaali, adeegyada lluqadda, oo bilaash ah, ayaa lagu heli karaa adiga. Wac **1-855-364-0974 (TTY: 711)**, 24 saacadood maalintii, 7 maalmood todobaadkii. Wicitaanku waa bilaash.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- If you wish to make or change a standing request to receive materials in a language other than English, or in an alternate format, you can call Aetna Better Health of Ohio Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week.

## B2. About Aetna Better Health of Ohio

- Aetna Better Health of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- Coverage under Aetna Better Health of Ohio is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- Aetna Better Health of Ohio is offered by Aetna Better Health, Inc. (OH). When this Annual Notice of Changes says “we,” “us,” or “our,” it means Aetna Better Health, Inc. (OH). When it says “the plan” or “our plan,” it means Aetna Better Health of Ohio.



**If you have questions**, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. If you need to speak to your care manager, please call **1-855-364-0974 (TTY: 711)**, Monday through Friday, 8 AM – 5 PM. These calls are free. **For more information**, visit **[AetnaBetterHealth.com/Ohio](http://AetnaBetterHealth.com/Ohio)**.

## **B3. Important things to do:**

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit changes to make sure they will work for you next year.
  - Look in sections D1 and D2 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section D2 for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

### **If you decide to stay with Aetna Better Health of Ohio:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

### **If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E, page 8 to learn more about your choices.



**If you have questions**, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. If you need to speak to your care manager, please call **1-855-364-0974 (TTY: 711)**, Monday through Friday, 8 AM – 5 PM. These calls are free.

## C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2024.

**Please review the 2024 Provider and Pharmacy Directory** to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at **AetnaBetterHealth.com/Ohio**. You may also call Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

## D. Changes to benefits for next year

### D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The table below describes these changes.

	2023 (this year)	2024 (next year)
Special supplemental benefits for the chronically ill  The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.	Special supplemental benefits for the chronically ill – Flex card with \$150 every three months for utilities and healthy food is covered.	Special supplemental benefits for the chronically ill – Flex card with \$50 every month for utilities, rent and healthy food is covered.
OTC products allowance	\$105 quarterly allowance.	\$35 monthly allowance.
Routine foot care	3 visits annually.	6 visits annually.
Incontinence garments	Prior authorization is required.	Prior authorization is <b>not</b> required.
Diabetic supplies	Prior authorization is required.	Prior authorization may be required.
Cardiac Rehabilitation Services	Prior authorization is <b>not</b> required.	Prior authorization may be required.



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**For more information**, visit **AetnaBetterHealth.com/Ohio**.

## D2. Changes to prescription drug coverage

### Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at [AetnaBetterHealth.com/Ohio](https://www.aetna.com/betterhealth/ohio). You may also call Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week for updated drug information or to ask us to mail you a *List of Covered Drugs*.

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.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week or contact your care manager to ask for a list of covered drugs that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
  - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, refer to Chapter 9 of the *2024 Member Handbook* or call Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week.
  - If you need help asking for an exception, you can contact Member Services or your care manager. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care manager.
- Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **one-time, temporary** supply of the drug during the first 90 days of the calendar year.

***This section is continued on the next page.***



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6 **For more information**, visit [AetnaBetterHealth.com/Ohio](https://www.aetna.com/betterhealth/ohio).



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- This temporary supply will be for up to 30 days in an outpatient setting and 31 days in a long-term care facility. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*).
- When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
- If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 30 days of medication in an outpatient setting and 31 days in a long-term care facility. You must fill the prescription at a network pharmacy.
- Long-term care pharmacies may provide your prescription drug in small amounts at a time to prevent waste.
- If you received a formulary exception for a drug you currently take, please see the letter that you received that gave permission for the exception. This letter will tell you if the exception continues after 2023. If it says your formulary exception will expire in or at the end of 2023, you will need to submit a new exception request for the drug for 2024 if its formulary status has not changed.
- You may review the 2024 comprehensive formulary on our website at **AetnaBetterHealth.com/Ohio** to see if the changes to it affect your drug. Please call Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week to request a formulary exception for 2024.

## Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2024. Read below for more information about your prescription drug coverage.

**We moved some of the drugs on the Drug List to a lower or higher drug tier.** To know if your drugs will be in a different tier, look them up in the Drug List.

The following table shows your costs for drugs in each of our three (3) drug tiers.

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# Aetna Better Health of Ohio ANNUAL NOTICE OF CHANGES FOR 2024

	2023 (this year)	2024 (next year)
<p><b>Drugs in Tier 1</b></p> <p>(Part D prescription brand name and generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 2</b></p> <p>(Part D prescription brand name and generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 3</b></p> <p>(Non-Part D prescription and over-the-counter drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b></p>

## E. How to choose a plan

### E1. How to stay in Aetna Better Health of Ohio

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different MyCare Ohio Plan, change to a Medicare Advantage Plan, or change to Original Medicare, your enrollment in Aetna Better Health of Ohio will automatically stay the same for 2024.

### E2. How to change to a different MyCare Ohio plan

To enroll in a different MyCare Ohio plan, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 AM to 8:00 PM and Saturday from 8:00 AM to 5:00 PM. TTY users should



**If you have questions**, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. If you need to speak to your care manager, please call **1-855-364-0974 (TTY: 711)**, Monday through Friday, 8 AM – 5 PM. These calls are free.

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call the Ohio Relay Service at 7-1-1. The Hotline will let you know what other plans are available to you.

You can end your membership at any time during the year by enrolling in another MyCare Ohio.

## **E3. If you want to change your membership in Aetna Better Health of Ohio**

You can change your membership in our plan by choosing to get your Medicare services separately (you will stay in our plan for your Medicaid services).

### **How you will get Medicare services**

You have three options for getting your Medicare services. By choosing one of these options, you will automatically stop getting Medicare services from our plan.

<p><b>1. You can change to:</b></p> <p><b>A Medicare health plan, such as a Medicare Advantage plan, which would include Medicare prescription drug coverage</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 AM to 8:00 PM and Saturday from 8:00 AM to 5:00 PM. TTY users should call the Ohio Relay Service at 7-1-1.</li></ul> <p>You will automatically stop getting Medicare services through Aetna Better Health of Ohio when your new plan's coverage begins.</p>
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<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. You can select a Part D plan at this time.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 AM to 8:00 PM and Saturday from 8:00 AM to 5:00 PM. TTY users should call the Ohio Relay Service at 7-1-1.</li></ul> <p>You will automatically stop getting Medicare services through Aetna Better Health of Ohio when your Original Medicare and prescription drug plan coverage begins.</p>
<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> 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 tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call your Ohio Senior Health Insurance Information Program (OSHIIIP) at 1-800-686-1578.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 AM to 8:00 PM and Saturday from 8:00 AM to 5:00 PM. TTY users should call the Ohio Relay Service at 7-1-1.</li></ul> <p>You will automatically stop getting Medicare services through Aetna Better Health of Ohio when your Original Medicare coverage begins.</p>



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## How you will get Medicaid services

You must get your Medicaid benefits from a MyCare Ohio plan. Therefore, even if you don't want to get your Medicare benefits through a MyCare Ohio plan, you must still get your Medicaid benefits from Aetna Better Health of Ohio or another MyCare Ohio managed care plan.

If you do not enroll in a different MyCare Ohio plan, you will remain in our plan to get your Medicaid services.

Your Medicaid services include most long-term services and supports and behavioral health care.

Once you stop getting Medicare services through our plan, you will get a new Member ID Card and a new *Member Handbook* for your Medicaid services.

If you want to switch to a different MyCare Ohio plan to get your Medicaid benefits, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 AM to 8:00 PM and Saturday from 8:00 AM to 5:00 PM. TTY users should call the Ohio Relay Service at 7-1-1.



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## F. How to get help

### F1. Getting help from Aetna Better Health of Ohio

Questions? We're here to help. Please call Member Services at **1-855-364-0974**, (TTY only, call **711**). We are available for phone calls 24 hours a day, 7 days a week.

#### **Your 2024 Member Handbook**

The *2024 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2024 Member Handbook* will be available by October 15. An up-to-date copy of the *2024 Member Handbook* is available on our website at **AetnaBetterHealth.com/Ohio**. You may also call Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week to ask us to mail you a *2024 Member Handbook*.

#### **Our website**

You can also visit our website at **AetnaBetterHealth.com/Ohio**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

### F2. Getting help from the Ohio Medicaid Hotline

The Ohio Medicaid hotline can help you find a Medicaid health care provider, explain Medicaid covered services, obtain Medicaid brochures and publications, and understand Medicaid benefits.

You can call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 AM to 8:00 PM and Saturday from 8:00 AM to 5:00 PM. TTY users should call the Ohio Relay Service at 7-1-1.

### F3. Getting help from the MyCare Ohio Ombudsman

The MyCare Ohio Ombudsman is an ombudsman program that can help you if you are having a problem with Aetna Better Health of Ohio. The ombudsman's services are free.

- The MyCare Ohio Ombudsman is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.

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- MyCare Ohio Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MyCare Ohio Ombudsman is not connected with us or with any insurance company or health plan.
- The MyCare Ohio Ombudsman helps with concerns about any aspect of care. Help is available to resolve disputes with providers, protect rights, and file complaints or appeals with our plan.
- The MyCare Ohio Ombudsman works together with the Office of the State Long-term Care Ombudsman, which advocates for consumers getting long-term services and supports.

The phone number for the MyCare Ohio Ombudsman is 1-800-282-1206. TTY users should call 1-800-750-0750. The MyCare Ohio Ombudsman is available Monday through Friday from 8:00 AM to 5:00 PM.

## **F4. Getting help from Medicare**

To get information directly from Medicare, 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.

### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

### **Medicare & You 2024**

You can read *Medicare & You 2024* handbook. Every year in the fall, this booklet 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 booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://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.



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**Multi-Language Insert**  
**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 **1-855-364-0974 (TTY: 711)**. 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 **1-855-364-0974 (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**1-855-364-0974 (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**1-855-364-0974 (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 **1-855-364-0974 (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 **1-855-364-0974 (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 **1-855-364-0974 (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 Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-855-364-0974 (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 **1-855-364-0974 (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 **1-855-364-0974 (TTY: 711)**. 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 **1-855-364-0974 (TTY: 711)**. 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 **1-855-364-0974 (TTY: 711)** 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 **1-855-364-0974 (TTY: 711)**. Un nostro incaricato che parla italiano vi 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 **1-855-364-0974 (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 **1-855-364-0974 (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 **1-855-364-0974 (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、**1-855-364-0974 (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。

**Hawaiian:** He kōkua māhele ʻōlelo kā mākou i mea e pane ʻa ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma **1-855-364-0974 (TTY: 711)**. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻōlelo ke kōkua iā be. He pōmaikaʻi manuahi kēia.

**Amharic:** የጤና ወይም የመድኃኒት ዕቅዶችን በሚመለከት ሊኖርዎ ስለሚችል ማንኛውም ጥያቄዎች መልስ ለመስጠት ነፃ የአስተርጓሚ አገልግሎት አለን። አስተርጓሚ ለማግኘት፣ ይደውሉልን በ **1-855-364-0974 (TTY: 711)**። እንግሊዘኛ/ቋንቋ የሚናገር አንድ ሰው ሊረዳዎት ይችላሉ። ይህ ነፃ አገልግሎት ነው።

**Gujarati:** અમારી આરોગ્ય અથવા દવા યોજના વિશે તમને હોય તેવા કોઈપણ પરશ્નોના જવાબ આપવા અમારી પાસે મફત દુભાષિયાની સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત **1-855-364-0974 (TTY: 711)** પર કોલ કરો. કોઈ વ્યક્તિ જે અંગરેજી/ભાષા બોલે છે તે તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

**Kenyarwanda:** Dufite serivisi z’abasemuzi ku buntu kugira ngo dusubize ibibazo byose waba ufite ku byerekeye gahunda yacu y’ubuzima cyangwa y’ibiyobyabwenge. Kugira ngo ubone umusemuzi, duhambare kuri **1-855-364-0974 (TTY: 711)**. Umuntu uvuga ururimi rw’Icyongereza ashobora kugufasha. Iyi ni serivisi y’ubuntu.

**Nepali:** हाम्रो स्वास्थ्य वा औषधि योजनाको बारेमा तपाईंमा हुन सक्ने कुनै पनि प्रश्नहरूको जवाफ दिन हामीसँग निःशुल्क अनुवाद सेवाहरू छन्। दोभाषे प्राप्त गर्न केवल हामीलाई यहाँ फोन गर्नुहोस् **1-855-364-0974 (TTY: 711)**। अंग्रेजी भाषा बोल्ने कुनै व्यक्तिले तपाईंलाई मद्दत गर्न सक्छ। यो निःशुल्क सेवा हो।

**Afghani:** ما خدمات ترجمان رایگان داریم تا به هر سوال که ممکن است در مورد طرح صحت ی داروی خود داشته باشید پاسخ دهیم. برای دریافت ترجمان، صرف با شماره **1-855-364-0974 (TTY: 711)** با ما تماس بگیرید. کسی که به زبان/انگلیسی صحبت می کند می تواند به شما کمک کند. این یک خدمت رایگان است.

**Somali:** Waxaanu haynaa adeegyadaa bilaashka ah turjubaanka si looga jawaabo wax su’aalo ah oo aad qabto oo ku saabsan caafimaadka ama qorshaha dagaalka. Si loo helo turjubaan, naga soo wac **1-855-364-0974 (TTY: 711)**. Qof ku hadla Ingiriiska/Soomaali ayaa ku caawin kara. Tani waa adeeg bilaash ah.

**Swahili:** Tuna huduma za mkalimani bila malipo kujibu maswali yoyote ambayo unaweza kuwa nayo kuhusu afya au mpango wetu wa dawa. Ili kupata mkalimani, tupigie simu kwa **1-855-364-0974 (TTY: 711)**. Mtu anayezungumza Kiingereza/Lugha anaweza kukusaidia. Huduma hii ni ya bila malipo.

**Ukrainian:** У нас є безкоштовні послуги перекладача, який відповість на будь-які ваші запитання щодо нашого плану медичного обслуговування або забезпечення ліками. Щоб отримати послуги перекладача, просто зателефонуйте нам за номером **1-855-364-0974 (TTY: 711)**. Вам може допомогти людина, яка володіє англійською/ мовою. Ця послуга є безкоштовною.

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

