



Annual Notice of Changes 2024

UnitedHealthcare Connected® (Medicare-Medicaid Plan)



Toll-free **1-800-256-6533**, TTY **711**
8 a.m.–8 p.m. local time, M–F



UHCCommunityPlan.com
myuhc.com/CommunityPlan

Do we have the right address for you?

Please let us know so we can keep you informed about your plan.

United
Healthcare®
Community Plan



Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to **UHCCommunityPlan.com** to review the details online. All of these documents will be available online by October 15, 2023.

Provider and Pharmacy Directory

Review the 2024 Provider and Pharmacy Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) and pharmacies will be in the network next year.

Drug List (Formulary)

Review the 2024 Drug List for new restrictions and to make sure the drugs you take will be covered next year. The Drug List is a full list of drugs covered by your plan.

Member Handbook

Review your 2024 Member Handbook for details about plan costs and benefits. The Member Handbook is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made, and your Rights and Responsibilities as a member.

Would you rather get paper copies?

If you want a paper copy of any of the documents listed above, please contact Member Services at **1-800-256-6533** (TTY users should call **711**). Hours are 8 a.m.–8 p.m. local time, M–F.

UnitedHealthcare Connected (Medicare - Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

Annual Notice of Changes for 2024

Introduction



You are currently enrolled as a member of UnitedHealthcare Connected®

Next year, there will be some changes to the plan’s benefits, coverage, rules and costs. 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 **UHCCommunityPlan.com**. 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 UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

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If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Section 1 Disclaimers

UnitedHealthcare Connected® (Medicare–Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

Section 2 Reviewing your Medicare and Texas 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 5.2 for more information.

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

- You will have a choice about how to get your Medicare benefits (go to page 10).
- If you do not want to enroll in a different Medicare-Medicaid plan after you leave UnitedHealthcare Connected®, you will go back to getting your Medicare and Texas Medicaid services separately.

Section 2.1 Additional resources

- **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-800-256-6533 (TTY 711)**, 8 a.m.–8 p.m. local time, M–F. The call is free.
- **ATENCIÓN:** Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al **1-800-256-6533 (TTY 711)**, de 8 a.m. a 8 p.m., hora local, de lunes a viernes. La llamada es gratuita.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, braille, large print, audio, or you can ask for an interpreter. Please contact Member Services number at **1-800-256-6533 (TTY 711)**, 8 a.m.–8 p.m. local time, M–F, for additional information.
- You can call Member Services and ask us to make a note in our system that you would like this document in Spanish, large print, braille, or audio now and in the future.

Section 2.2 Information about UnitedHealthcare Connected®

- UnitedHealthcare Community Plan of Texas, LLC. is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533 (TTY 711)**, 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- Coverage under UnitedHealthcare Connected® 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 irs.gov/affordable-care-act/individuals-and-families for more information on the individual shared responsibility requirement.
- UnitedHealthcare Connected® plan is offered by UnitedHealthcare Community Plan of Texas, LLC. When this **Annual Notice of Changes** says “we,” “us,” or “our,” it means UnitedHealthcare Community Plan of Texas, LLC. When it says “the plan” or “our plan,” it means UnitedHealthcare Connected®.

Section 2.3 Important things to do:

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit and cost changes to make sure they will work for you next year.
 - Look in Section 4.1 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 cost-sharing 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 4.2 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - To get additional information on drug prices, visit [medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage](https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage). These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.
 - Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- **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 3 for information about our **Provider and Pharmacy Directory**.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY 711), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit UHCCommunityPlan.com.

- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - 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 UnitedHealthcare Connected®:	If you decide to change plans:
<p>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.</p>	<p>If you decide other coverage will better meet your needs, you may be able to switch plans (refer to Section 5.2 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 5, page 10 to learn more about your choices.</p>

Section 3 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 still in our network.

An updated **Provider and Pharmacy Directory** is located on our website at **UHCommunityPlan.com**. You may also call Member Services at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F 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**.

Section 4 Changes to benefits and costs for next year

Section 4.1 Changes to benefits for medical services

There are no changes to your benefits or amounts you pay for medical services. Our benefits and what you pay for these covered medical services will be exactly the same in 2024 as they are in 2023.

? **If you have questions**, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCommunityPlan.com**.

Section 4.2 Changes to prescription drug coverage

Changes to our drug list

An updated **List of Covered Drugs** is located on our website at **UHCCommunityPlan.com**. You may also call Member Services at **1-800-256-6533 (TTY 711)**, 8 a.m.–8 p.m. local time, M–F for updated drug information or to ask us to mail you a **List of Covered Drugs**.

We made changes to our Drug List, including changes to the drugs we cover and changes to 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 **1-800-256-6533 (TTY 711)**, 8 a.m.–8 p.m. local time, M–F 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.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days. (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.

Changes to prescription drug costs

There are two payment stages for your Medicare Part D prescription drug coverage under UnitedHealthcare Connected®. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2024.</p> <p>You begin this stage when you have paid a certain amount of out-of-pocket costs.</p>



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533 (TTY 711)**, 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$8,000**. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to Chapter 6 of your Member Handbook for more information on how much you will pay for prescription drugs.

Section 4.3 Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, the plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You will pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you will pay the lower price.

The table below shows your costs for drugs in each of our 3 drug tiers. These amounts apply **only** during the time when you are in the Initial Coverage Stage.

	2023 (This year)	2024 (Next year)
<p>Drugs in Tier 1 <i>(Generic Drugs)</i></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 (30-day) supply is \$0–\$4.15 per prescription (depending on income level)</p>	<p>Your copay for a one month (30-day) supply is \$0–\$4.50 per prescription (depending on income level)</p>
<p>Drugs in Tier 2 <i>(Brand Drugs)</i></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 (30-day) supply is \$0–\$10.35 per prescription (depending on income level)</p>	<p>Your copay for a one month (30-day) supply is \$0–\$11.20 per prescription (depending on income level)</p>
<p>Drugs in Tier 3 <i>(OTC/Non-Part-D Drugs)</i></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 (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one month (30-day) supply is \$0 per prescription.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs reach \$8,000. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to Chapter 6 of your Member Handbook for more information on how much you will pay for prescription drugs.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Section 4.4 Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit, \$8,000, for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.

- When you are in the Catastrophic Coverage Stage, you will continue to make copays for your Texas Medicaid-covered drugs.
- To locate more information about which of your prescriptions are covered by Texas Medicaid versus Medicare, refer to the **List of Covered Drugs** located at **UHCCommunityPlan.com**.

Section 5 How to choose a plan

Section 5.1 How to stay in our plan

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 Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2024.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Section 5.2 How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:

1. You can change to:**A different Medicare-Medicaid Plan****Here is what to do:**

Call MAXIMUS at **1-703-712-4000**, 8 a.m.–6 p.m. local time, Monday–Friday. TTY users should call **711**. Tell them you want to leave UnitedHealthcare Connected® and join a different Medicare-Medicaid plan. If you are not sure what plan you want to join, they can tell you about other plans in your area; OR Send MAXIMUS an Enrollment Change Form. You can get the form by calling MAXIMUS at **1-703-712-4000** if you need them to mail you one.

Your coverage with UnitedHealthcare Connected® will end on the last day of the month that we get your request.

2. You can change to:**A Medicare health plan, such as a Medicare Advantage plan or Program of All-inclusive Care for the Elderly (PACE)****Here is what to do:**

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**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-252-3439**. In Texas, the SHIP is called the **Health Information Counseling & Advocacy Program of Texas (HICAP)**.

You will automatically be disenrolled from UnitedHealthcare Connected® when your new plan's coverage begins.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

3. You can change to:**Original Medicare with a separate Medicare prescription drug plan****Here is what to do:**

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**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-252-3439**. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP).

You will automatically be disenrolled from UnitedHealthcare Connected® when your Original Medicare coverage begins.

4. You can change to:**Original Medicare without a separate Medicare prescription drug plan**

NOTE: 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.

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 the Health Information Counseling & Advocacy Program of Texas (HICAP) at **1-800-252-3439**.

Here is what to do:

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**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-252-3439**. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP).

You will automatically be disenrolled from UnitedHealthcare Connected® when your Original Medicare coverage begins.

Section 6 How to get help**Section 6.1 Getting help from UnitedHealthcare Connected®**

Questions? We're here to help. Please call Member Services at **1-800-256-6533** (TTY only, call **711**). We are available for phone calls 8 a.m.–8 p.m. local time, M–F. Calls to these numbers are free.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

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 and costs. 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 15th. An up-to-date copy of the **2024 Member Handbook** is available on our website at **UHCCommunityPlan.com**. You may also call Member Services at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F to ask us to mail you a **2024 Member Handbook**.

Our website

You can also visit our website at **UHCCommunityPlan.com**. 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**).

Section 6.2 Getting help from MAXIMUS

MAXIMUS 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 MAXIMUS at **1-703-712-4000**, 8 a.m.–6 p.m. local time, Monday–Friday. TTY users should call **711**.

Section 6.3 Getting help from the HHSC Office of the Ombudsman

The HHSC Office of the Ombudsman helps people enrolled in Texas Medicaid with service or billing problems. The ombudsman's services are free.

- The HHSC Office of the 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.
- The HHSC Office of the Ombudsman can help you file a complaint or an appeal with our plan. They can help you if you are having a problem with UnitedHealthcare Connected®.
- The HHSC Office of the Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The HHSC Office of the Ombudsman is not connected with us or with any insurance company or health plan. The phone number for the HHSC Office of the Ombudsman is **1-866-566-8989**.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

Section 6.4 Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). HICAP is not connected with any insurance company or health plan, and HICAP's services are free.

The HICAP phone number is **1-800-252-3439**.

Section 6.5 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 (**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, go to **medicare.gov** and click on "Find plans.")

Medicare & You 2024

You can read the **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 (**medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf**) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Section 6.6 Getting help from Texas Medicaid

The phone number for Texas Medicaid is **800-252-8263**. This call is free. TTY users should call **1-800-735-2989** or **7-1-1**.



If you have questions, please call UnitedHealthcare Connected® at **1-800-256-6533** (TTY **711**), 8 a.m.–8 p.m. local time, M–F. The call is free. For more information, visit **UHCCommunityPlan.com**.

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, please call us using the toll-free number on your member identification card. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用您的会员身份证上的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡上的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero sa iyong kard ng pagkakakilanlan ng kasapi. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyong ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng thành viên của bạn. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer auf Ihrem Mitgliedsausweis an. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon kòm manm ou an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej członka planu. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員IDカードに記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

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