

Longevity Health Plan (I-SNP Institutionalized Special Needs Plan) offered by Longevity Health Plan of New Jersey Insurance Company, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of Longevity Health Plan. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.longevityhealthplan.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital)
 - Review the changes to our drug coverage, including authorization requirements and costs
 - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.

- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in Longevity Health Plan.
- To change to a **different plan**, you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 888-899-8490 for additional information. (TTY users should call 711.) Hours are Monday through Friday, 8:00am to 8:00pm April 1st through September 30th. Seven days a week 8:00am-8:00pm October 1st through March 31st.
- This document is also available in braille and large print.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Longevity Health Plan

- Longevity Health Plan is an PPO ISNP with a Medicare contract. Enrollment in Longevity Health Plan depends on contract renewal.
 - When this document says "we," "us," or "our," it means Longevity Health Plan of New Jersey Insurance Company, Inc. When it says "plan" or "our plan," it means Longevity Health Plan.
-

**Annual Notice of Changes for 2023
Table of Contents**

Summary of Important Costs for 2023 4

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Longevity Health Plan in 2023 6

SECTION 2 Changes to Benefits and Costs for Next Year 6

Section 2.1 – Changes to the Monthly Premium 6

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts 6

Section 2.3 – Changes to the Provider and Pharmacy Networks..... 7

Section 2.4 – Changes to Benefits and Costs for Medical Services 8

Section 2.5 – Changes to Part D Prescription Drug Coverage 9

SECTION 3 Deciding Which Plan to Choose..... 14

Section 3.1 – If you want to stay in Longevity Health Plan 124

Section 3.2 – If you want to change plans 134

SECTION 4 Deadline for Changing Plans..... 135

SECTION 5 Programs That Offer Free Counseling about Medicare 146

SECTION 6 Programs That Help Pay for Prescription Drugs 146

SECTION 7 Questions?..... 17

Section 7.1 – Getting Help from Longevity Health Plan..... 17

Section 7.2 – Getting Help from Medicare..... 17

Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Longevity Health Plan in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 2.1 for details.</p>	\$37.10	\$35.00
<p>Maximum out-of-pocket amounts</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	<p>From network providers: \$3,000</p> <p>From network and out-of-network providers combined: \$5,100</p>	<p>From network providers: \$8,300</p> <p>From network and out-of-network providers combined: \$8,300</p>
<p>Doctor office visits</p>	<p>Primary care visits: In-Network: \$0 copayment per visit</p> <p>Out-of-Network: 30% coinsurance per visit</p> <p>Specialist visits: In-Network: 0% - 20% coinsurance per visit</p> <p>Out-of-Network: 30% coinsurance per visit</p>	<p>Primary care visits: In-Network: \$0 copayment per visit</p> <p>Out-of-Network: 30% coinsurance per visit</p> <p>Specialist visits: In-Network: 0% - 20% coinsurance per visit</p> <p>Out-of-Network: 30% coinsurance per visit</p>

Cost	2022 (this year)	2023 (next year)
<p>Inpatient hospital stays</p>	<p>In-Network: \$1,300 copayment for each Medicare-covered hospital stay. \$0 copayment for an additional 0 lifetime reserve days. Prior Authorization is required.</p> <p>Out-of-Network: \$1,300 copayment per visit. \$0 copayment for an additional 0 lifetime reserve days. Prior Authorization is required.</p>	<p>In-Network: \$1,300 copayment for each Medicare-covered hospital stay. \$0 copayment for an additional 0 lifetime reserve days. Prior Authorization is required.</p> <p>Out-of-Network: \$1,300 copayment per visit. \$0 copayment for an additional 0 lifetime reserve days. Prior Authorization is required.</p>
<p>Part D prescription drug coverage (See Section 2.6 for details.)</p>	<p>Deductible: \$480 Coinsurance during the Initial Coverage Stage: Covered Drugs: 25%</p>	<p>Deductible: \$505 Coinsurance during the Initial Coverage Stage: Covered Drugs: 25%</p>
<p>Skilled Nursing Facility (SNF) care</p>	<p>In-Network \$0 copayment for each Medicare-covered skilled nursing facility stay.</p> <p>Out-of-Network 30% coinsurance each day for days 1 to 999.</p>	<p>In-Network \$0 copayment for each Medicare-covered skilled nursing facility stay.</p> <p>Out-of-Network 30% coinsurance each day for days 1 to 999.</p>

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Longevity Health Plan (I-SNP Institutionalized Special Needs Plan) in 2023

If you do nothing by December 7, 2022, we will automatically enroll you in our Longevity Health Plan. This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through Longevity Health Plan. If you want to change plans or switch to Original Medicare you must do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$37.10	\$35.00

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts

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

Cost	2022 (this year)	2023 (next year)
<p>In-network maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$3,000</p>	<p style="text-align: center;">\$8,300</p> <p>Once you have paid \$8,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B] services from network providers for the rest of the calendar year.</p>
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	<p>\$5,100</p>	<p style="text-align: center;">\$8,300</p> <p>Once you have paid \$8,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B] services from network providers for the rest of the calendar year.</p>

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.longevityhealthplan.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
Inpatient Hospital Stays	<p>In-Network \$1,300 copayment for each Medicare-covered hospital stay. \$0 copayment for an additional 60 lifetime reserve days. Prior Authorization is required.</p> <p>Out-of-Network \$1,300 copayment for each Medicare-covered hospital stay. \$0 copayment for an additional 60 lifetime reserve days. Prior Authorization may be required</p>	<p>In-Network \$1,300 copayment for each Medicare-covered hospital stay. \$0 copayment for an additional 60 lifetime reserve days. Prior Authorization is required.</p> <p>Out-of-Network \$1,300 copayment for each Medicare-covered hospital stay. \$0 copayment for an additional 60 lifetime reserve days. Prior Authorization may be required</p>

Cost	2022 (this year)	2023 (next year)
<p>Inpatient Mental Health Care (Cost Sharing)</p>	<p>In-Network \$1,300 copayment for each Medicare-covered hospital stay. \$0 copayment for an additional 60 lifetime reserve days. Prior Authorization is required.</p> <p>Out-of-Network \$1,300 copayment for each Medicare-covered hospital stay. \$0 copayment for an additional 60 lifetime reserve days. Prior Authorization may be required</p>	<p>In-Network \$1,300 copayment for each Medicare-covered hospital stay. \$0 copayment for an additional 60 lifetime reserve days. Prior Authorization is required.</p> <p>Out-of-Network \$1,300 copayment for each Medicare-covered hospital stay. \$0 copayment for an additional 60 lifetime reserve days. Prior Authorization may be required</p>
<p>Inpatient Skilled Nursing Facility (Cost Sharing)</p>	<p>In-Network \$0 copayment for each Medicare-covered skilled nursing facility stay.</p> <p>Out-of-Network 30% coinsurance each day for days 1 to 999.</p>	<p>In-Network \$0 copayment for each Medicare-covered skilled nursing facility stay.</p> <p>Out-of-Network 30% coinsurance each day for days 1 to 999.</p>

Cost	2022 (this year)	2023 (next year)
Urgently Needed Care	<p>20% coinsurance for each Medicare-covered service. Up to a maximum of \$65 per visit.</p> <p>You pay these amounts until you reach the out-of-pocket maximum.</p> <p>Coinsurance is waived if you are admitted to a hospital within three (3) days.</p>	<p>20% coinsurance for each Medicare-covered service. Up to a maximum of \$60 per visit.</p> <p>You pay these amounts until you reach the out-of-pocket maximum.</p> <p>Coinsurance is waived if you are admitted to a hospital within three (3) days.</p>
Social Needs Companion Benefit	<p>You pay a \$0 copayment</p> <p>The Social Needs Companion Benefit is focused on providing companion support to behavioral health and dementia diagnosed members to help support until their therapeutic treatment plans begin. This benefit is available via telehealth. Limit of 160 hours per year.</p> <p>Referral is required.</p>	<p>You pay a \$0 copayment</p> <p>Social Needs Companion Benefit is focused on providing companion support to behavioral health and dementia diagnosed members to help provide support until their therapeutic treatment plan begins.</p> <p>Limit of 217 hours per year.</p>

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, 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 see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$480</p>	<p>The deductible is \$505</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: <u>Covered Drugs: 25%</u></p> <p>Standard retail cost sharing (in-network) (up to a 30-day supply) Long-term care (LTC) cost sharing (up to a 31-day supply) Out-of-network cost sharing (Coverage is limited to certain situations)</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: <u>Covered Drugs: 25%</u></p> <p>Standard retail cost sharing (in-network) (up to a 30-day supply) Long-term care (LTC) cost sharing (up to a 31-day supply) Out-of-network cost sharing (Coverage is limited to certain situations)</p>
<p>Stage 2: Initial Coverage Stage (continued)</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Longevity Health Plan

To stay in our plan you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Longevity Health Plan.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR*– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Longevity Health Plan.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Longevity Health Plan.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare

prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare

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

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. New Jersey State Health Insurance Assistance Program (SHIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call New Jersey State Health Insurance Assistance Program (SHIP) at 1-800-792-8820. You can learn more about New Jersey State Health Insurance Assistance Program (SHIP) by visiting their website <http://www.state.nj.us/humanservices/doas/services/ship/index.html>.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** New Jersey has a program called The Pharmaceutical Assistance to the Aged and Disabled (PAAD) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

SECTION 7 Questions?

Section 7.1 – Getting Help from Longevity Health Plan

Questions? We're here to help. Please call Member Services at 888-899-8490. (TTY only, call 711.) We are available for phone calls Monday through Friday, 8:00am to 8:00pm April 1st through September 30th. Seven days a week 8:00am-8:00pm October 1st through March 31st.

Calls to these numbers are free.

Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for Longevity Health Plan. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.longevityhealthplan.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.LongevityHealthPlan.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2023

Read the *Medicare & You 2023* handbook. Every 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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 1-888-899-8490. 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 1-888-899-8490. 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 1-888-899-8490。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 1-888-899-8490。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 1-888-899-8490. 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 1-888-899-8490. 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 1-888-899-8490 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 1-888-899-8490. 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 1-888-899-8490 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 1-888-899-8490. 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 1-888-899-8490. 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 1-888-899-8490 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.