

2024

Annual Notice of Changes

Senior Whole Health of New York NHC (HMO D-SNP)

New York H5992_007

Serving the following counties: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, and Westchester

Effective January 1 through December 31, 2024.

Senior Whole Health of New York NHC (HMO D-SNP) offered by Senior Whole Health of New York, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of Senior Whole Health NHC (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. **Please see page 4 for a Summary of those changes.**

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 SWHNY.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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 2024 "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 2024* 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, 2023, you will stay in Senior Whole Health NHC (HMO D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Senior Whole Health NHC (HMO D-SNP).

- Look in section 2, page 10 to learn more about your choices.
- 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 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 and Chinese.
- Please contact our Member Services number at (833) 671-0440 (TTY 711) from 8:00 a.m. to 8:00 p.m., 7 days a week for additional information. This call is free.
- Esta información está disponible gratuitamente en otros idiomas y en formatos alternativos. Por favor comuníquese con el número de Servicios al Miembro al (833) 671-0440 (TTY 711). El horario de atención es de 8:00 a.m. a 8:00 p.m., los siete (7) días de la semana.
- You can get this document for free in other language(s) or other formats, such as large print, braille, or audio. Call (833) 671-0440, (TTY: 711). The call is free.
- **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 Senior Whole Health NHC (HMO D-SNP)

- Molina Healthcare is a DSNP plan with a Medicare contract. DSNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.
- When this document says "we," "us," or "our," it means Senior Whole Health of New York, Inc. When it says "plan" or "our plan," it means Senior Whole Health NHC (HMO D-SNP).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Senior Whole Health of New York NHC (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you pay \$0	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you pay \$0
Doctor office visits	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you pay \$0	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you pay \$0
Inpatient hospital stays	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you pay \$0	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you pay \$0
Part D prescription drug coverage (See Section 1.5 for details.)	As you are eligible for Low Income Subsidy (LIS) you pay \$0 per prescription	As you are eligible for Low Income Subsidy (LIS) you pay \$0 per prescription
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$8,300 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services	\$8,850 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you pay \$0	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you pay \$0

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

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

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$8,300 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$8,850 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at SWHNY.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 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 2024 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 a 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 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and Medicaid benefits and costs.

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

Cost	2023 (this year)	2024 (next year)
Medicare Supplemental Benefit: Over-the-Counter (OTC) items	<p>Benefit is covered as a Medicare Supplemental Benefit</p> <p>Coverage includes a \$500 allowance every quarter to spend on plan-approved OTC items. You received a prepaid debit Healthy You card that may be used toward your supplemental OTC benefits.</p>	<p>Benefit is covered as a Medicare Supplemental Benefit</p> <p>Coverage includes a \$300 allowance every quarter to spend on plan-approved OTC items. You received a prepaid debit Healthy You card that may be used toward your supplemental OTC benefits.</p>
	<p>Note: The above coverage is for Medicare Supplemental OTC Benefit. You may have additional coverage under your New York Medicaid benefits that are not managed by the Plan. For questions about your Medicaid benefits, contact New York Medicaid (see section 6.3)</p>	

Cost	2023 (this year)	2024 (next year)
Medicare Supplemental Benefit: Routine Dental Services	<p>Benefit is covered as a Medicare Supplemental Benefit</p> <p>Preventive and Comprehensive Dental Services are covered. You have a \$3,000 allowance every year for preventive and comprehensive dental services combined. You received a prepaid debit Healthy You card that may be used toward your supplemental plan benefits.</p> <p>Please check your Member Handbook for more information about this benefit under your Medicaid benefits.</p>	<p>Benefit is covered as a Medicare Supplemental Benefit</p> <p>To give you more options for your routine dental needs in 2024 you may pick one of two options:</p> <ol style="list-style-type: none"> 1. If you use a Provider within our Dental Vendor, you will get the following Preventive Dental Services at no cost to you: <ul style="list-style-type: none"> • 2 Oral Exams, • 2 Cleanings, • 2 Fluoride Treatments, • Dental X-Rays <p>In addition, you have a \$1,050 allowance every year for comprehensive dental. You may continue to use your Healthy You card for comprehensive dental services.</p> 2. If you chose to utilize a dental provider outside of the Vendor network, all routine dental services will only be covered when you use your \$1,050 yearly allowance from your Healthy You card.
	<p>Note: The above coverage is for Medicare Supplemental Dental Benefit. Your New York Medicaid Dental Benefit is also administered by your Senior Whole Health of New York NHC (HMO D-SNP). Please contact the Plan with any questions on this Medicaid benefit.</p>	

Cost	2023 (this year)	2024 (next year)
Medicare Supplemental Benefit: In-Home Support Services (IHHS)	Benefit is covered as a Medicare Supplemental Benefit for up to 192 hours per year provided by our Vendor	Benefit is not covered as a Medicare Supplemental Benefit
	Note: The above coverage is for Medicare Supplemental IHHS benefits. You may qualify for similar services under your New York Medicaid benefits. Please contact your Senior Whole Health of New York NHC (HMO D-SNP) Care Manager or the Plan about Medicaid benefits that may help you.	

Section 1.5 – 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. **You can get the complete “Drug List”** by calling Member Services (see the back cover) or visiting our website (SWHNY.com).

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 or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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 8 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

We 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” and you haven’t received this insert by September 30, 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	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: 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. Most adult Part D vaccines are covered at no cost to you.	Your cost for a one month (31-day) supply filled at a network pharmacy with standard cost sharing: Generic and preferred multi-source drugs: You pay \$0 per prescription. All other drugs: You pay \$0 per prescription.	Your cost for a one month (31-day) supply filled at a network pharmacy with standard cost sharing: Generic and preferred multi-source drugs: You pay \$0 per prescription. All other drugs: You pay \$0 per prescription.

Changes to your VBID Part D Benefit

Medicare approved Senior Whole Health of New York NHC (HMO D-SNP) to provide Part D Prescription Drug coverage as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. Under VBID you pay \$0 for all covered Part D prescriptions in all stages of the benefit.

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Senior Whole Health NHC (HMO D-SNP)

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 Senior Whole Health NHC (HMO D-SNP).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 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.

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 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Senior Whole Health NHC (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Senior Whole Health NHC (HMO D-SNP).
- 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.

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 have opted out of automatic enrollment.

SECTION 3 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, 2024.

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.

Because you have New York Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, 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, 2024.

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 4 Programs That Offer Free Counseling about Medicare and Medicaid

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

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Health Insurance Information, Counseling and Assistance Program (HIICAP) 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 Health Insurance Information, Counseling and Assistance Program (HIICAP) at (800) 701-0501. You can learn more about Health Insurance Information, Counseling and Assistance Program (HIICAP) by visiting their website <https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap>

For questions about your New York Medicaid benefits, contact New York Medicaid at 1-800-505-5678, TTY: 711, Monday – Friday, 8:30 a.m. – 8:00 p.m.; Saturday: 10:00 a.m. – 6:00 p.m. EST. Ask how joining another plan or returning to Original Medicare affects how you get your New York Medicaid coverage.

SECTION 5 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.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help,” 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 York has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) 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.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including

proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New York State Uninsured Care Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-542-2437 or 1-844-682-4058.

SECTION 6 Questions?

Section 6.1 – Getting Help from Senior Whole Health NHC (HMO D-SNP)

Questions? We're here to help. Please call Member Services at (833) 671-0440. (TTY only, call 711.) We are available for phone calls 7 days a week, 8:00 a.m. to 8:00 p.m., local time. Calls to these numbers are free.

Read your 2024 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 2024. For details, look in the *2024 Evidence of Coverage* for Senior Whole Health NHC (HMO D-SNP). *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 [SWHNY.com](https://www.swhny.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 [SWHNY.com](https://www.swhny.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 6.2 – 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 2024

Read the *Medicare & You 2024* handbook. Every fall, this document 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.

Section 6.3 – Getting Help from Medicaid

To get information from Medicaid you can call New York Medicaid at 1-800-505-5678. TTY users should call 711.

Nassau County members may contact the local Department of Social Services.

	Nassau County Department of Social Services
CALL	516-227-7474
WRITE	Nassau County DSS 60 Charles Lindbergh Blvd. Uniondale, NY 11553-3656
WEBSITE	https://www.nassaucountyny.gov/agencies/dss/medicaid/index.html

Bronx, Kings, New York, Queens, Richmond County members may contact the New York City Human Resources Administration/Department of Social Services.

	Human Resources Administration/Department of Social Services
CALL	718-557-1399
WEBSITE	https://www.nyc.gov/site/hra/about/about-hra.page

Orange County members may contact the local Department of Social Services.

	Orange County Department of Social Services
CALL	845-291-4000
WRITE	Orange County DSS Box Z, 11 Quarry Road Goshen, New York 10924-0678
WEBSITE	https://www.orangecountygov.com/285/Department-of-Social-Services

Rockland County members may contact the local Department of Social Services.

	Rockland County Department of Social Services
CALL	845-364-3040
WRITE	Rockland County DSS Building L Sanatorium Road Pomona, New York 10970
WEBSITE	http://rocklandgov.com/departments/social-services/contact-dss/

Westchester County members may contact the local Department of Social Services.

	Westchester County Department of Social Services
CALL	914-995-3333
WRITE	White Plains District Office 85 Court Street White Plains, NY 10601-4201
WEBSITE	https://socialservices.westchestergov.com/about-us/dss-district-offices

Getting Important Plan Materials

How to Get Important Plan Documents

You are important to us! We make it easy for you to get the information you need. Go online to view important plan documents and find a network provider or pharmacy. You can also look up your prescription drugs, anytime, anywhere, from any device. Your **2024** plan documents, like your Member Handbook, Formulary, and Provider/Pharmacy Directory will be available online by **October 15, 2023**.

Get to know your plan documents

- **Member Handbook:** A guide to what's covered under your plan. It has details about your plan benefits and coverage, member rights, and more.
- **Formulary (Drug List):** A list of covered drugs under your plan.
- **Provider/Pharmacy Directory:** A list of network doctors, specialists, and pharmacies with phone numbers and addresses. You can find a network provider or pharmacy using our online directory at **MolinaHealthcare.com/ProviderSearch**.
- **Notice of Privacy Practice:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is located on our website at **https://www.molinahealthcare.com/members/common/en-US/terms_privacy.aspx**.

How to view or request a copy of a plan document



Online at MolinaHealthcare.com/Medicare

View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your **2024** plan documents will be available online by **October 15, 2023**.



Online at MyMolina.com

Visit our self-service member portal to view your plan documents online 24/7, or to find a network provider or pharmacy. Sign in to your My Molina Member Portal or set up an account at **MyMolina.com**. Click "Create an Account" and follow the step-by-step instructions to sign up.



Call toll-free

Let us know if you don't have computer access or if you prefer to have a printed copy of a Member Handbook, Formulary, or Provider/Pharmacy Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at **(833) 671-0440 (TTY: 711), Monday - Friday, 8 a.m. to 8 p.m., local time**.

We're here to help

If you have questions about your benefits or need help finding a network provider or pharmacy, or would like to opt-out of mailed materials, please call Member Services toll-free at **(833) 671-0440 (TTY: 711)**.

Form Approved
OMB# 0938-1421



Medicare Language Assistance Services

Free aids and services, such as sign language interpreters and written information in alternative formats are available to you. Call 1-833-671-0440 (TTY: 711).

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 1-833-671-0440. Someone who speaks English 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 1-833-671-0440. 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 1-833-671-0440。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 1-833-671-0440。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 1-833-671-0440. 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 1-833-671-0440. 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 1-833-671-0440 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

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Form CMS-10802
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German:

Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-671-0440. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean:

당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-671-0440 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 1-833-671-0440. 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 1-833-671-0440. 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 1-833-671-0440 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 1-833-671-0440. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português:

Disponemos 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 1-833-671-0440. 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 1-833-671-0440. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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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 1-833-671-0440. 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、1-833-671 0440 にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

Bengali:

আমাদের স্বাস্থ্য বা ওষুধ বিষয়ক পরিকল্পনা সম্পর্কে আপনার কোনও প্রশ্নের উত্তর দিতে আমাদের কাছে বিনামূল্যে দোভাষীর পরিষেবা রয়েছে। কোনও দোভাষী পেতে আমাদের 1-833-671-0440 নম্বরে ফোন করুন। ইংরাজি/ভাষাতে কথা বলেন এমন কেউ আপনাকে সাহায্য করতে পারে। এই পরিষেবাটি বিনামূল্যে

Yiddish:

רעביא נבאה קילגעמ טעוו ריא סעגארפ עכלעוו ייס ורעפטנע וצ סעסיוורעס גנוצערעביא עטסיזמוא וצ ולעטש רימ פיוא זדנוא טגנילק, רעצערעביא נא נעמוקאב וצ. נאלפ גארד רעדא טלעה רעזנוא 1-833-671-0440. רענייא ווא טסיזמוא זיא סיוורעס סאד. נפלעה קייא נעק נארפש/שילגע טדער סאוו

Urdu:

ی سوالک سوا جواب یدنک ے لہم ے اے رہی منشیات منصوبک ہ ہاک ےک پآ یم ے رسی ہ ہمہ ای ے رلت ب پاس مفت ترجمان سورس سی ے ز اکی ترجمان حاصل رکنک ے لسی ے، ے صرف ک رپ 1-338-176-0440 ال ی شخص رک ددم ی یک پآ سکستا می ے۔ ام کیفت سورس ے۔ ہ ہی ریک انز/یزی رگبان بولنو ے ال وکی

Greek:

Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας για να απαντήσουμε σε οποιοσδήποτε ερωτήσεις σας σχετικά με το πρόγραμμα ασφάλισης υγείας ή φαρμακευτικής περίθαλψης της εταιρείας μας. Για να σας παρασχεθεί διερμηνείας, καλέστε μας στο 1-833-671-0440. Κάποιος που μιλά Αγγλικά/Γλώσσα θα σας βοηθήσει. Αυτή η υπηρεσία είναι δωρεάν.

Albanian:

Ne ofrojmë shërbime interpretimi pa pagesë për t'iu përgjigjur çdo pyetjeje që mund të keni rreth planit tonë shëndetësor ose të barnave. Për të marrë një interpret, thjesht na telefononi në 1-833-671-0440. Dikush që flet anglisht/gjuhën mund t'ju ndihmojë. Ky është një shërbim pa pagesë.

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