

## **Blue KC Simply Blue (PPO)**

January 1, 2024 – December 31, 2024

### **2024 Summary of Benefits**

#### **Medicare Advantage Plan with Part D Prescription Drug Coverage**

To join Blue KC Simply Blue (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area.

Kansas: Johnson and Wyandotte.

Missouri: Andrew, Bates, Benton, Buchanan, Carroll, Cass, Clay, Clinton, Henry, Jackson, Johnson, Lafayette, Pettis, Platte, Ray, Saline, St. Clair, and Vernon.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You can also see the Evidence of Coverage on our website, [www.medicarebluekc.com](http://www.medicarebluekc.com).

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### *Have Questions?*

Call us at 1-855-208-8246, TTY: 711 from 8 a.m. – 8 p.m. Central Time 7 days a week, October 1 to March 31 and from April 1 to September 30, 8 a.m. – 8 p.m. Central Time, Monday through Friday or go online to our website: [www.medicarebluekc.com](http://www.medicarebluekc.com).

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [www.medicarebluekc.com](http://www.medicarebluekc.com).

## SUMMARY OF BENEFITS

### Blue KC Simply Blue (PPO)

#### MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

<b>Monthly Plan Premium</b>	You do not pay a separate monthly plan premium for Blue KC Simply Blue (PPO). You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
<b>Maximum Out-of-Pocket Responsibility</b>	Your yearly limit(s) in this plan: <ul style="list-style-type: none"><li>• \$4,800 for services you receive from in-network providers.</li><li>• \$4,800 for services you receive from in- and out-of-network providers combined.</li></ul> If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
<b>Prior Authorization</b>	Some in-network services may require prior authorization and are indicated with a (PA) for your reference.

#### COVERED MEDICAL AND HOSPITAL BENEFITS

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Inpatient hospital care (PA)</b>	\$300 per day, days 1-5, \$0 per day, days 6 and beyond, per admission	\$300 per day, days 1-5, \$0 per day, days 6-90, per admission
<b>Inpatient mental health (PA)</b>	\$300 per day, days 1-5, \$0 per day, days 6-90, per admission	\$300 per day, days 1-5, \$0 per day, days 6-90, per admission
<b>Outpatient hospital services (PA)</b>	\$50 – \$300 Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.	\$50 – \$300 Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Ambulatory surgical center (PA)</b>	\$50 – \$250 Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.	\$50 – \$250 Minimum copay applies to lower-level services (e.g., wound care), and maximum copay applies to higher level surgical services.
<b>Physician/Practitioner services, including doctor’s office visits</b>	\$0 – Telehealth visit \$0 – Primary care provider \$35 – Specialist visit \$20 – Chiropractic services \$20 – Medicare-covered Acupuncture	\$0 – Primary care provider \$35 – Specialist visit \$20 – Chiropractic services \$20 – Medicare-covered Acupuncture
<b>Preventive care</b> <i>(e.g., flu vaccine, diabetic screenings)</i>	\$0	\$0
<b>Emergency care including Worldwide emergency coverage</b>	\$120 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.	\$120 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Urgently needed services including Worldwide urgent coverage</b>	\$50 \$0 – Blue KC virtual care	\$50
<b>Outpatient diagnostic tests and therapeutic services and supplies (PA)</b>	\$0 – Diagnostic tests and procedures \$0 – Lab services \$0 – X-rays 20% – Therapeutic radiology services \$100 – \$250 - Diagnostic radiology services (e.g., MRI, CAT Scan) The lower copay applies for services at your physician's office or a free-standing diagnostic center. The higher copay applies at all other facility locations.	\$0 – Diagnostic tests and procedures \$0 – Lab services \$0 – X-rays 20% – Therapeutic radiology services \$100 – \$250 – Diagnostic radiology services (e.g., MRI, CAT Scan) The lower copay applies for services at your physician's office or a free-standing diagnostic center. The higher copay applies at all other facility locations.

**COVERED MEDICAL AND HOSPITAL BENEFITS**

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Hearing services</b>	<p>\$35 – Medicare-covered exam to diagnose and treat hearing and balance issues</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for hearing aids beyond your benefit.</p> <p><b>BLUE BENEFIT BUNDLES</b> are based on <b>member selection</b> prior to effective date.</p> <p><b>Classic Bundle</b> includes a \$1,000 flexible benefit for transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p><b>Active Bundle</b> includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p>	<p>\$35 – Medicare-covered exam to diagnose and treat hearing and balance issues</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for hearing aids beyond your benefit.</p> <p><b>BLUE BENEFIT BUNDLES</b> are based on <b>member selection</b> prior to effective date.</p> <p><b>Classic Bundle</b> includes a \$1,000 Flexible Benefit for transportation, eyewear, Dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p><b>Active Bundle</b> includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p>
<b>Dental services</b>	<p>\$35 – Medicare-covered dental services</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for dental services.</p> <p><b>BLUE BENEFIT BUNDLES</b> are based on <b>member selection</b> prior to effective date.</p>	<p>\$35 – Medicare-covered dental services</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for dental services.</p> <p><b>BLUE BENEFIT BUNDLES</b> are based on <b>member selection</b> prior to effective date.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	<p><b>Classic Bundle</b> includes a \$1,000 flexible benefit for transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p><b>Active Bundle</b> includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p> <p>Additional Dental services are available for an additional premium. See Optional Supplemental Benefits information at bottom of chart.</p>	<p><b>Classic Bundle</b> includes a \$1,000 flexible benefit for transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p><b>Active Bundle</b> includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p> <p>Additional Dental services are available for an additional premium. See Optional Supplemental Benefits information at bottom of chart.</p>
<b>Vision care</b>	<p>\$0 – Diabetic eye exam and glaucoma screening</p> <p>\$35 – Medicare-covered eye exam</p> <p>\$0 – Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$0 – Routine eye exam (up to 1 visit every year)</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for eyewear (contacts and glasses) services.</p> <p><b>BLUE BENEFIT BUNDLES</b> are based on <b>member selection</b> prior to effective date.</p> <p><b>Classic Bundle</b> includes a \$1,000 flexible benefit for</p>	<p>\$0 – Diabetic eye exam and glaucoma screening</p> <p>\$35 – Medicare-covered eye exam</p> <p>\$0 – Medicare-covered eyeglasses or contact lenses after cataract surgery</p> <p>\$0 – Routine eye exam (up to 1 visit every year)</p> <p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for eyewear (contacts and glasses) services.</p> <p><b>BLUE BENEFIT BUNDLES</b> are based on <b>member selection</b> prior to effective date.</p> <p><b>Classic Bundle</b> includes a \$1,000 flexible benefit for</p>

<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
	<p>transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p><b>Active Bundle</b> includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p>	<p>transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p><b>Active Bundle</b> includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p>
<b>Outpatient mental health care (Individual and Group)</b>	<p>\$0 – Telehealth visit</p> <p>\$35 – Medicare-covered therapy visit</p>	\$35 – Medicare-covered therapy visit
<b>Skilled nursing facility (SNF) care (PA)</b>	<p>\$10 per day, days 1-20,</p> <p>\$203 per day, days 21-100</p>	<p>\$10 per day, days 1-20,</p> <p>\$203 per day, days 21-100</p>
<b>Outpatient rehabilitation services</b>	<p>\$0 – Telehealth visit</p> <p>\$35 – Medicare-covered physical therapy and/or speech and language pathology visit</p>	\$35 – Medicare-covered physical therapy and/or speech and language pathology visit
<b>Ambulance services including ground, air and worldwide (PA)</b>	\$300	\$300
<b>Transportation</b>	<p>You may use your flexible benefit on the Blue Benefit Bucks (BBB) prepaid card to pay for transportation services to any health-related location.</p> <p><b>BLUE BENEFIT BUNDLES</b> are based on <b>member selection</b> prior to effective date.</p>	

COVERED MEDICAL AND HOSPITAL BENEFITS		
	In-Network	Out-of-Network
	<p><b>Classic Bundle</b> includes a \$1,000 flexible benefit for transportation, eyewear, dental, and hearing aids, \$500 OTC, daily activity support, PERS device, and footcare under Uniformity Flexibility; or</p> <p><b>Active Bundle</b> includes a \$2,500 flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.</p>	
<b>Medicare Part B prescription drugs</b>	0-20%  The cost-sharing for certain Medicare Part B Prescription Drugs may vary due to Medicare negotiated rate under the Inflation Reduction Act.	0-20%  The cost-sharing for certain Medicare Part B Prescription Drugs may vary due to Medicare negotiated rate under the Inflation Reduction Act.

PRESCRIPTION DRUG BENEFITS				
<b>Deductible</b>	Prescription Drug Deductible: Not Applicable.			
<b>Initial Coverage</b>	You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the drug costs paid by both you and our Part D plan.  <b>Standard Retail Cost-Sharing</b>			
	<b>Tier</b>	<b>One-month supply</b>	<b>Two-month supply</b>	<b>Three-month supply</b>
	Tier 1 (Preferred Generic)	\$0	\$0	\$0
	Tier 2 (Generic)	\$10	\$20	\$0
	Tier 3 (Preferred Brand)	\$47	\$94	\$141
	Covered Insulin	\$35	\$70	\$105
	Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300



## PRESCRIPTION DRUG BENEFITS

Tier 5 (Specialty Tier)	\$100, or 33%, whichever is greater	Not Applicable	Not Applicable
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### Standard Mail Order

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$10	\$20	\$0
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Covered Insulin	\$35	\$70	\$105
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	\$100, or 33%, whichever is greater	Not Applicable	Not Applicable

Your cost-sharing may be different if you use a Long-Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100 days) of a drug.

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you.

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Please call us or see the plan's "**Evidence of Coverage**" on our website ([www.medicarebluekc.com](http://www.medicarebluekc.com)) for complete information about your costs for covered drugs.

### Coverage Gap

The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.

After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap.

## PRESCRIPTION DRUG BENEFITS

### Catastrophic Amount

- After your yearly out-of-pocket drug costs reach \$8,000:
- You will stay in this payment stage until the end of the calendar year
  - The plan pays the full cost of your covered Part D drugs

## COMBINED SUPPLEMENTAL BENEFITS – Blue Benefit Bundle

**Members must select ONE of the Blue Benefit Bundles prior to effective date. Bundles may not be changed during the plan year.**

	Blue Classic	Blue Active
<b>Covered Services</b>	Classic Bundle includes a flexible benefit for transportation, eyewear, dental, and hearing aids; OTC, daily activity support, PERS device, and eligibility for footcare under Uniformity Flexibility.	Active Bundle includes a flexible benefit to be used for transportation, eyewear, dental, hearing aids, and/or OTC items.
<b>How much is the monthly premium?</b>	You do not pay an additional monthly premium if you elect this supplemental benefit pack. You must keep paying your Medicare Part B premium and your plan monthly premium.	You do not pay an additional monthly premium if you elect this supplemental benefit pack. You must keep paying your Medicare Part B premium and your plan monthly premium.
<b>How much is the deductible?</b>	There is no deductible.	There is no deductible.
<b>What is the maximum allowance?</b>	<b>Classic Bundle</b> includes a \$1,000 flexible benefit and \$500 OTC maximum benefit allowance per calendar year.	<b>Active Bundle</b> includes a \$2,500 maximum flexible benefit allowance per calendar year.

## OPTIONAL SUPPLEMENTAL BENEFITS

### Covered Preventive & Comprehensive

- Our plan pays up to \$2,000 every year for both in and out-of-network preventive and comprehensive dental services.
- Preventive dental services:
- \$0 Copay for oral exams & cleaning

## OPTIONAL SUPPLEMENTAL BENEFITS

<b>Dental Services</b>	<ul style="list-style-type: none"><li>• \$0 Copay for X-rays and fluoride treatment</li></ul> Comprehensive dental services: <ul style="list-style-type: none"><li>• 20% Coinsurance for non-routine services</li><li>• 20% Coinsurance for diagnostic services</li><li>• 20% - 50% Coinsurance for restorative services</li><li>• 50% Coinsurance for endodontics</li><li>• 50% Coinsurance for periodontics</li><li>• 20% Coinsurance for extractions</li></ul>
<b>How much is the monthly premium?</b>	If you elect this optional supplemental benefit, you will pay an additional \$25 per month. You must also keep paying your Medicare Part B premium and your plan monthly premium.
<b>How much is the deductible?</b>	There is no deductible.
<b>What is the maximum payment that this plan will pay per calendar year?</b>	This dental plan will pay up to \$2,000 maximum per calendar year.

## Supplemental Services

### Other Benefits

Our plan covers other supplemental services. More details on each of the covered services below are in the information kit and available online.

- Balance and cognitive training
- Diabetes care management
- Footcare for certain conditions
- Daily activity support
- Mindful by Blue KC
- Nutritional counseling
- Over-the-Counter (OTC) Benefit
- Personal Emergency Response System (PERS)
- Smoking cessation

**Blue KC Simply Blue (PPO)** is a Local PPO plan with a Medicare contract. Enrollment in **Blue KC Simply Blue (PPO)** depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of Kansas City Medicare Advantage members, except in emergency situations. Please call our Customer Services number or see your "Evidence of Coverage" for more information.

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. The PPO product is offered by Missouri Valley Life and Health Insurance Company, a wholly-owned subsidiary of Blue Cross and Blue Shield of Kansas City.

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-855-208-8246 (TTY 711).

### Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit <http://www.medicarebluekc.com> or call 1-855-208-8246 (TTY 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

### Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- For PPO Plans only:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- For PPO Plans only:** Out-of-network/non-contracted providers are under no obligation to treat **Blue Medicare Advantage (PPO)** members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.
- Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

# Multi-Language Insert

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-508-7140, TTY 711. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-508-7140, TTY: 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-866-508-7140, TTY: 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-866-508-7140, TTY: 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-508-7140, TTY: 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-508-7140, TTY : 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-508-7140, TTY: 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-508-7140, TTY: 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-508-7140, TTY: 711번으로 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 1-866-508-7140, TTY: 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، بمساعدتك. هذه خدمة مجانية 1. سيقوم شخص ما يتحدث العربية 711 TTY: 1-866-508-7140, ليس عليك سوى الاتصال بنا على

**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 1-866-508-7140, TTY: 711 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-508-7140, TTY: 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-508-7140, TTY: 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-508-7140, TTY: 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-508-7140, TTY: 711. Ta usługa jest bezpłatna.

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