



Annual Notice of Changes

Leon MediDual

2023

January 1st - December 31st



Leon Health is an HMO plan with a Medicare Contract.
Enrollment in Leon Health, Inc. depends on contract renewal.

H4286_2023MediDualANOC_M

Leon MediDual 002 (HMO D-SNP) offered by Leon Health, Inc

Annual Notice of Changes for 2023

Coverage

Leon Health, Inc. (HMO D-SNP) • H4286, Plan 002

You are currently enrolled as a member of Leon MediDual. Next year, there will be changes to the plan's costs and benefits. **Please see page 5 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.leonhealth.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 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 **Leon MediDual**.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with **Leon MediDual**.
- Look in section 4, page 22 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.
- Please contact our Member Services number at 1-844-969-5366 for additional information. (TTY users should call 711.) Hours are Monday – Sunday 8 a.m. – 8 p.m. October to March and Monday Friday 8 a.m. – 8 p.m. April to September
- This document may be available in other formats such as braille, large print or other alternate formats. Contact the plan for more information.
- **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 Leon MediDual

- Leon Health, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Florida Medicaid program. Enrollment in Leon Health, Inc. depends on contract renewal. The plan also has a written agreement with the Florida Medicaid program to coordinate your Medicaid benefits.
- When this document says "we," "us," or "our," it means Leon Health, Inc. When it says "plan" or "our plan," it means Leon MediDual

OMB Approval 0938-1051 (Expires: February 29, 2024)

Annual Notice of Changes for 2023

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Leon MediDual in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$34.30 Per Month In addition, you must keep paying your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party).	\$35.90 Per Month In addition, you must keep paying your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party).
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.	Primary care visits: \$0 per visit Specialist visits: \$0 per visit If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.
Inpatient hospital stays	\$0 copayment per stay	\$0 copayment per stay
Part D prescription drug coverage (See Section 2.6 for details.)	Deductible: \$480 Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$0 Copayment • Drug Tier 2: \$0 - \$9.85 • Drug Tier 3: \$0 - \$9.85 • Drug Tier 4: \$0 - \$9.85 • Drug Tier 5: \$0 15% Coinsurance for some Partial Duals	Deductible: \$505 Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$0 - \$10.35 • Drug Tier 2: \$0 - \$10.35 • Drug Tier 3: \$0 - \$10.35 • Drug Tier 4: \$0 - \$10.35 • Drug Tier 5: \$0 15% Coinsurance for some Partial Duals
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$3,450 If you are eligible for Medicare cost-sharing assistance under Medicaid, 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.	\$3,450 If you are eligible for Medicare cost-sharing assistance under Medicaid, 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**Unless You Choose Another Plan, You Will Be Automatically Enrolled in Leon MediDual in 2023**

If you do nothing by December 7, 2022, we will automatically enroll you in our Leon MediDual. This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through MediDual. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2023.

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 unless it is paid for you by Medicaid.)	\$34.30	\$35.90

Section 2.2**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	2022 (this year)	2023 (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. If you are eligible for Medicaid assistance with Part A and Part B copays, 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.] Your costs for covered medical services (such as) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3,450	\$3,450 Once you have paid \$3,450 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.leonhealth.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 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 2.4 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	2022 (this year)	2023 (next year)
Diabetic Supplies and Services and Diabetic Therapeutic Shoes or Inserts	Leon MediExtra did not limit Diabetic Supplies and Services to a specific manufacturer. You paid nothing for these services.	Leon MediExtra is limiting Diabetic Supplies to Diabetic Supplies provided by True Metrix; Prodigy; IGlucose, and Freestyle only. You pay nothing for these services.
Maximum Dental Benefit Coverage	\$3,000	\$5,000
Over the Counter Benefits	This plan covers certain approved, non-prescription, over-the-counter drugs and health related items, up to \$100 every month. Unused OTC amounts do not roll over from month to month. Orders are limited to one per month.	This plan covers certain approved, non-prescription, over-the-counter drugs and health related items, up to \$100 every month.

Cost	2022 (this year)	2023 (next year)
Over the Counter Benefits (continued)		Individuals who have at least one of the following conditions: 1. Chronic Heart Failure 2. Diabetes 3. Chronic Lung Disorders 4. Chronic Kidney Disease 5. Chronic Liver Disease 6. Chronic Arthritis 7. Other frailties may substitute the OTC benefit with one of the following options: 1. \$100 Food Card 2. \$100 Gas Card 3. 12 Meals Orders are limited to one per month Unused amounts do not roll over from month to month

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

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **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 included 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 didn’t receive this insert with this packet, 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)
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.	The deductible is \$480. During this stage, you pay \$0-\$5 cost sharing for drugs on Tier 1 and Tier 5 and the full cost of drugs on Tier 2, Tier 3 and Tier 4 until you have reached the yearly deductible. Your deductible amount is either \$0 or \$480, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)	The deductible is \$505. During this stage, you pay \$0-\$10.35 cost-sharing for drugs on Part D Drugs and the full cost of drugs on Part D Drugs until you have reached the yearly deductible. You pay \$0 - \$10.35* for a one-month supply of Insulins at preferred pharmacy. Your deductible amount is either \$0 or \$505, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Tier 1: Generic Standard Cost-Sharing: pay \$5 per prescription Preferred Cost Sharing: You pay \$0 per prescription	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Tier 1: Generic You pay \$0 - \$4.15 per prescription Insulin Standard Cost-Sharing: You pay \$0 - \$4.15 per prescription. Insulin Preferred Cost-sharing: you pay \$0 - \$4.15 per prescription.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage (continued) Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. 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 Evidence of Coverage	Tier 2: Preferred Brand You pay \$0 - \$9.85 per prescription Tier 3: Non-Preferred Brand You pay \$0 - \$9.85 per prescription Tier 4: Specialty Drugs You pay \$0 - \$9.85 of the total cost. Tier 5 Supplemental Drugs: Standard Cost-Sharing: pay \$5 per prescription Preferred Cost Sharing: You pay \$0 per prescription Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage). 15% Coinsurance for some Partial Duals	Tier 2: Preferred Brand You pay \$0 - \$10.35 per prescription Insulin Standard Cost-sharing: you pay \$0-\$10.35 per prescription. Insulin Preferred Cost-sharing: You pay \$0-\$10.35 per prescription. Tier 3: Non-Preferred Brand You pay \$0 - \$10.35 per prescription Tier 4: Specialty Drugs You pay \$0 - \$10.35 of the total cost. Tier 5 Supplemental Drugs: Standard Cost-Sharing: pay \$20 per prescription Preferred Cost Sharing: You pay \$0 per prescription Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage). Leon MediDual offers additional gap coverage for Insulins. During the Coverage Gap stage, your out-of-pocket costs for Insulins will be no more than \$10.35* for a one-month supply at your preferred pharmacy. 15% Coinsurance for some Partial Duals

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$10.35* for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

*Partial dual eligible members won't pay more than \$35.

Getting Help from Medicare - If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800- MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486- 2048.

Additional Resources to Help - Please contact our Member Services number at 1-844- 969- 5366 for additional information. (TTY users should call 711). Hours are Monday – Sunday 8 a.m. – 8 p.m. October to March and Monday Friday 8 a.m. – 8 p.m. April to September.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 If you want to stay in Leon MediDual

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 Leon MediDual.

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.

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 Leon MediDual.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Leon MediDual.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - ◊ Send us a written request to disenroll.
 - ◊ – 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 4 Changing Plans

If you want to change to a different plan or 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 and Medicaid

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

It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. SHINE 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 SHINE at 1-800-96-ELDER TTY: 1-800-955-8770. You can learn more about SHINE by visiting their website (<https://www.floridashine.org/>).

For questions about your Medicaid Agency for Health Care Administration (AHCA) benefits, contact 1-888-419-3456. TTY users should call 1-800-955- 8771, Monday through Friday, from 8:00 a.m. to 5:00 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your <https://ahca.myflorida.com/> coverage.

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.** 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).

- **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 Florida Aids Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 850-245-4422.

SECTION 7 Questions?

Section 7.1 Getting Help from Leon MediDual

Questions? We're here to help. Please call Member Services at 1-844-969-5366. (TTY only, call 711). We are available for phone calls Monday – Sunday 8 a.m. – 8 p.m. October to March and Monday – Friday 8 a.m. – 8 p.m. April to September 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 Leon MediDual. 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.LeonHealth.com. You can also separately mailed Evidence of Coverage to see if other benefit or cost changes affect you. 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.LeonHealth.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.

Section 7.3 Getting Help from Medicaid

To get information from Medicaid you can call Agency for Health Care Administration at 1-888-419-3456. TTY users should call 1-800-955- 8771. Monday through Friday, from 8:00 a.m. to 5:00 p.m.

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 1-844-969-5366. 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 1-844-969-5366. 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 1-844-969-5366。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 1-844-969-5366。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 1-844-969-5366. 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 1-844-969-5366. 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 1-844-969-5366 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 1-844-969-5366. 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 1-844-969-5366 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 1-844-969-5366. 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 1-844-969-5366 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 1-844-969-5366 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 1-844-969-5366. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-969-5366. 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 1-844-969-5366. 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 1-844-969-5366. Ta usługa jest bezpłatna.

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