



2024

Summary of Benefits

CCA Health Plans of California

CCA Medicare Excel (HMO)

- San Joaquin, Stanislaus, and Merced Counties H1426-001

CCA Medicare Excel (HMO)

- Santa Clara County H1426-002

This is a summary of drug and health services covered by CCA Health California from January 1, 2024 to December 31, 2024.

18000 Studebaker Road, #150
Cerritos, CA 90703



INTRODUCTION TO SUMMARY OF BENEFITS

WHO CAN JOIN?

You must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes these counties in California: San Joaquin, Stanislaus, and Merced (H1426-001) and Santa Clara County (H1426-002).

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

This plan has a network of doctors, hospitals, pharmacies, and other providers. Using in-network providers can cost less than using out-of-network services, except in emergency situations.

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

IMPORTANT INFORMATION

For more information, please call us at 866-333-3530. TTY users should call 711. The hours are 8 am to 8 pm, seven days a week from October 1 through March 31, and 8 am to 8 pm, Monday through Friday from April 1 through September 30. Or visit us at www.ccahealthca.org.

- CCA Medicare Excel (HMO) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in this plan depends on contract renewal.
- The benefit information provided does not list every service that we cover or list every limitation or exclusion.
- Limitations, copayments, and restrictions may apply.
- To get a complete list of services we cover, please call 866-333-3530 (TTY 711) and request the “Evidence of Coverage” or access it at www.ccahealthca.org.
- When this document says “we,” “us,” or “our,” it means CCA Health Plans of California, Inc. When it says “plan” or “our plan,” it means CCA Medicare Excel.
- This information is not a complete description of benefits. Contact Member Services for more information.
- Benefits may change on January 1, 2025. The List of Covered Drugs (formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You can get this document for free in other formats, such as large print, braille or audio. Call 866-333-3530 (TTY 711).

Premiums and Deductibles

| | CCA MEDICARE EXCEL (HMO) San Joaquin, Stanislaus, and Merced H1426-001 | CCA MEDICARE EXCEL (HMO) Santa Clara H1426-002 |
|--|--|---|
| Monthly Plan Premium (includes both medical and drugs) | \$0 You must continue to pay your Medicare Part B premium. | \$0 You must continue to pay your Medicare Part B premium. |
| Medical Deductible | \$0 | \$0 |
| Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs) | \$1,500 annually for Medicare- covered services you receive from in-network providers | \$1,500 annually for Medicare- covered services you receive from in-network providers |
| | 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 share of the cost for your Part D prescription drugs. | |

List of Covered Services

The following table is a quick overview of in-network services you may need, your costs, and rules about the benefits.

| Benefits | | CCA MEDICARE EXCEL (HMO) San Joaquin, Stanislaus, and Merced H1426-001 | CCA MEDICARE EXCEL (HMO) Santa Clara H1426-002 |
|-------------------------------------|---|--|--|
| Inpatient Hospital | Acute | You pay the following per day, per admission: Days 1 – 3: \$0 copay Days 4 – 7: \$100 copay Days 8 – beyond: \$0 copay Prior authorization required | You pay the following per day, per admission: Days 1 – 3: \$0 copay Days 4 – 7: \$100 copay Days 8 – beyond: \$0 copay Prior authorization required |
| | Psychiatric | You pay the following per day, per admission: Days 1 – 8: \$200 copay Days 9 – 90: \$0 copay Prior authorization required | You pay the following per day, per admission: Days 1 – 8: \$200 copay Days 9 – 90: \$0 copay Prior authorization required |
| Outpatient Hospital | Outpatient Hospital services, including surgery | \$150 copayment per visit Prior authorization required Referral required | \$150 copayment per visit Prior authorization required Referral required |
| | Observation services | \$100 copayment per stay Prior authorization required Referral required | \$100 copayment per stay Prior authorization required Referral required |
| Ambulatory Surgical Center (ASC) | | \$75 copayment per visit Prior authorization required Referral required | \$75 copayment per visit Prior authorization required Referral required |

| Benefits | | CCA MEDICARE EXCEL (HMO) San Joaquin, Stanislaus, and Merced H1426-001 | CCA MEDICARE EXCEL (HMO) Santa Clara H1426-002 |
|---|---|---|--|
| Doctor Visits | Primary Care Provider (PCP) | \$0 copayment per visit | \$0 copayment per visit |
| | Specialists | \$0 copayment per visit Prior authorization required Referral required | \$0 copayment per visit Prior authorization required Referral required |
| Preventive Care (e.g., flu vaccine, diabetic screenings) | | \$0 copayment per visit Other preventive services available | \$0 copayment per visit Other preventive services available |
| Emergency Care Copayment waived if admitted within 24 hours | | \$90 copayment per visit | \$90 copayment per visit |
| Urgently Needed Services | | \$0 copayment per visit | \$0 copayment per visit |
| Diagnostic Services/ Labs/ Imaging (This section continues on the next page) | Diagnostic radiology services (e.g., MRI) | \$45 copayment per service Prior authorization required Referral required | \$0 copayment per service Prior authorization required Referral required |
| | Lab services | \$0 copayment per service Prior authorization required Referral required | \$0 copayment per service Prior authorization required Referral required |
| | Diagnostic tests and procedures | \$0 copayment per service Prior authorization required Referral required | \$0 copayment per service Prior authorization required Referral required |

| Benefits | | CCA MEDICARE EXCEL (HMO) San Joaquin, Stanislaus, and Merced H1426-001 | CCA MEDICARE EXCEL (HMO) Santa Clara H1426-002 |
|---|--|---|---|
| Diagnostic Services/ Labs/ Imaging (Continued) | Therapeutic radiology | 20% of the total cost Prior authorization required Referral required | 20% of the total cost Prior authorization required Referral required |
| | Outpatient X- rays | \$0 copayment per service Prior authorization required Referral required | \$0 copayment per visit Prior authorization required Referral required |
| Hearing Services | Hearing exam (Medicare covered) | \$0 copayment per visit | \$0 copayment per visit |
| | Routine hearing exam (Non-Medicare) One (1) per year | \$0 copayment per visit | \$0 copayment per visit |
| | Hearing aid | \$1,000 annual allowance towards the purchase of two (2) hearing aids (one (1) per ear) Prior authorization required | \$1,000 annual allowance towards the purchase of two (2) hearing aids (one (1) per ear) Prior authorization required |
| Dental Services | Preventive services (Non-Medicare) | \$0 copayment per visit | \$0 copayment per visit |
| | Comprehensive services (Medicare covered) | You pay 20% of the total cost Prior authorization required | You pay 20% of the total cost Prior authorization required |
| | Comprehensive services (Non-Medicare) | 0% – 50% of the total cost <i>Please refer to your Evidence of Coverage for a full list of benefit cost shares and limitations</i> | 0% – 50% of the total cost <i>Please refer to your Evidence of Coverage for a full list of benefit cost shares and limitations</i> |
| | Annual Combined Maximum | \$2,000 for preventive and comprehensive (Non-Medicare) | \$2,000 for preventive and comprehensive (Non-Medicare) |

| Benefits | | CCA MEDICARE EXCEL (HMO) San Joaquin, Stanislaus, and Merced H1426-001 | CCA MEDICARE EXCEL (HMO) Santa Clara H1426-002 |
|--|--|---|---|
| Vision Services | Eye exam (Medicare covered) | \$0 copayment per visit | \$0 copayment per visit |
| | Routine eye exam (Non-Medicare) One (1) per year | \$0 copayment per visit | \$0 copayment per visit |
| | Eyewear | <p>\$300 annual maximum for frames or contact lenses</p> <p>\$100 annual benefit on the Healthy Savings card toward routine eye exams, lenses, frames or contact lenses at registered vision merchants that accept Visa</p> <p>Annual \$100 maximum on the Healthy Savings card is a combined benefit for vision and transportation</p> | <p>\$300 annual maximum for frames lenses and contact lenses</p> <p>\$100 annual benefit on the Healthy Savings card toward routine eye exams, lenses, frames or contact lenses at registered vision merchants that accept Visa</p> <p>Annual \$100 maximum on the Healthy Savings card is a combined benefit for vision and transportation</p> |
| Mental Health Services Individual and Group Sessions | | \$25 copayment per visit Prior authorization required | \$25 copayment per visit Prior authorization required |
| Skilled Nursing Facility | | <p>You pay the following per day, per admission:</p> <p>Days 1 – 20: \$0 copay Days 21 – 100: \$75 copay</p> <p>Prior authorization required Referral required</p> | <p>You pay the following per day, per admission:</p> <p>Days 1 – 20: \$0 copay Days 21 – 100: \$100 copay</p> <p>Prior authorization required Referral required</p> |

| Benefits | CCA MEDICARE EXCEL (HMO) San Joaquin, Stanislaus, and Merced H1426-001 | CCA MEDICARE EXCEL (HMO) Santa Clara H1426-002 |
|---|---|---|
| Physical Therapy (PT), Occupational Therapy (OT), and Speech and Language Therapy (ST) | \$0 copayment per visit Prior authorization required Referral required | \$0 copayment per visit Prior authorization required Referral required |
| Ambulance | \$290 copayment per ground transport \$300 copayment per air transport Prior authorization required for non-emergent transport | \$280 copayment per ground transport \$300 copayment per air transport Prior authorization required for non-emergent transport |
| Transportation | \$100 annual maximum on your Healthy Savings card for one- way medical trips to plan- approved locations Annual \$100 Healthy Savings maximum is a combined benefit for vision and transportation | \$100 annual maximum on your Healthy Savings card for one-way medical trips to plan-approved locations Annual \$100 Healthy Savings maximum is a combined benefit for vision and transportation |
| Medicare Part B Drugs | \$0 copayment for Part B Insulin You pay 0% – 20% of the total cost for Part B Chemotherapy/Radiation and Other Drugs Prior Authorization is required | \$0 copayment for Part B Insulin You pay 0% – 20% of the total cost for Part B Chemotherapy/Radiation and Other Drugs Prior Authorization is required |

Prescription Drugs

| Drug Coverage | CCA MEDICARE EXCEL (HMO) San Joaquin, Stanislaus, and Merced H1426-001 | | CCA MEDICARE EXCEL (HMO) Santa Clara H1426-002 | |
|---|---|--------------------|--|--------------------|
| Annual Prescription Drug (Part D) Deductible | \$0 for all Tiers | | \$0 for all Tiers | |
| Initial Coverage | You will pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drugs costs paid by both you and our Part D plan. You pay \$0 for insulin for a one-month supply. | | | |
| Standard Retail | | | | |
| Drug Tier | CCA MEDICARE EXCEL (HMO) | | CCA MEDICARE EXCEL (HMO) | |
| | One-month supply | Three-month supply | One-month supply | Three-month supply |
| Tier 1 (Preferred Generic) | \$0 | \$0 | \$0 | \$0 |
| Tier 2 (Generic) | \$0 | \$0 | \$0 | \$0 |
| Tier 3 (Preferred Brand) | \$30 | \$60 | \$30 | \$60 |
| Tier 4 (Non-Preferred Brand) | \$100 | \$200 | \$100 | \$200 |
| Tier 5 (Specialty Drugs) | 33% | N/A* | 33% | N/A* |
| Mail Order | | | | |
| Drug Tier | One-month supply | Three-month supply | One-month supply | Three-month supply |
| Tier 1 (Preferred Generic) | \$0 | \$0 | \$0 | \$0 |
| Tier 2 (Generic) | \$0 | \$0 | \$0 | \$0 |
| Tier 3 (Preferred Brand) | \$30 | \$60 | \$30 | \$60 |
| Tier 4 (Non-Preferred Brand) | \$100 | \$200 | \$100 | \$200 |
| Tier 5 (Specialty Drugs) | 33% | N/A* | 33% | N/A* |
| Coverage Gap Stage | After your total drug costs reach \$5,030, you will enter the Coverage Gap stage. You will pay no more than 25% for generic and brand name drugs for any drug tier during the coverage gap. You pay \$0 for insulin for a one-month supply. For Tier 1 (preferred generic drugs) and Tier 2 (generic drugs) only, your copay is \$0 through the coverage gap stage. | | | |
| Catastrophic Coverage | After your total drug costs reach \$8,000, you will enter the Catastrophic Coverage stage. You pay \$0 for insulin for a one-month supply. Your drug costs will be \$0 for Part D and excluded drugs that are covered under our enhanced benefit. | | | |

*N/A – Three-month supplies of Tier 5 drugs are not available.

Additional Benefits

The following table are additional benefits you get through our plan at a network provider or facility.

| Additional Benefits | | CCA MEDICARE EXCEL (HMO) San Joaquin, Stanislaus, and Merced H1426-001 | CCA MEDICARE EXCEL (HMO) Santa Clara H1426-002 |
|---|-----------------------------------|---|---|
| Acupuncture & Chiropractic Services (Non-Medicare covered) | | \$0 copayment for up to 25 visits per year (combined visit limit for acupuncture and chiropractic) | \$0 copayment for up to 25 visits per year (combined visit limit for acupuncture and chiropractic) |
| Acupuncture (Medicare-covered) | | \$0 copay for up to 20 visits per year for chronic lower back pain | \$0 copay for up to 20 visits per year for chronic lower back pain |
| Chiropractic Services (Medicare-covered) | | \$0 copayment | \$0 copayment |
| Annual Wellness Visit and Physical Exam Reward | | \$25 reward for an annual wellness visit or physical exam | \$25 reward for an annual wellness visit or physical exam |
| Disease Management (This section continues on the next page) | Diabetes monitoring supplies | \$0 copayment | \$0 copayment |
| | | Our plan contracts with Abbott Diabetes Care and LifeScan, preferred vendors to supply glucometers and test strips to our diabetic members. | |
| | Diabetes Self-Management Training | \$0 copayment | \$0 copayment |

| Additional Benefits | | CCA MEDICARE EXCEL (HMO) San Joaquin, Stanislaus, and Merced H1426-001 | CCA MEDICARE EXCEL (HMO) Santa Clara H1426-002 |
|---|---|--|--|
| Disease Management (Continued) | Therapeutic shoes or inserts | \$0 copayment | \$0 copayment |
| Durable Medical Equipment and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) | You pay 20% of the total cost Prior authorization required | You pay 20% of the total cost Prior authorization required |
| | Prosthetics (e.g., braces, artificial limbs) | You pay 20% of the total cost Prior authorization required | You pay 20% of the total cost Prior authorization required |
| Fitness Benefit | | Silver&Fit® includes a fitness membership with access to a single in-network fitness center of your choosing per month, Fit at Home programming for at-home fitness, one (1) home fitness kit per year, and more. ¹ | Silver&Fit® includes a fitness membership with access to a single in-network fitness center of your choosing per month, Fit at Home programming for at-home fitness, one (1) home fitness kit per year, and more. ¹ |
| Podiatry Services | Foot exams and treatment | \$0 copayment Prior authorization required Referral required | \$0 copayment Prior authorization required Referral required |
| | Routine foot care (Non-Medicare) | \$0 copayment per visit for up to 12 visits per year | \$0 copayment per visit for up to 12 visits per year |

¹ The Silver&Fit® program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit are trademarks of ASH and used with permission herein. Only at participating locations. Contact the plan for more information.

| Additional Benefits | CCA MEDICARE EXCEL (HMO) San Joaquin, Stanislaus, and Merced H1426-001 | CCA MEDICARE EXCEL (HMO) Santa Clara H1426-002 |
|----------------------------------|---|---|
| Home Healthcare | \$0 copayment Prior authorization required Referral required | \$0 copayment Prior authorization required Referral required |
| Hospice | \$0 You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan. | \$0 You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan. |
| Identity Theft Insurance | \$0 You pay nothing for free identity monitoring for members with qualifying chronic conditions. Not all members qualify. ² | \$0 You pay nothing for free identity monitoring for members with qualifying chronic conditions. Not all members qualify. ² |
| Opioid Treatment Services | \$0 copayment Prior authorization required Referral required | \$0 copayment Prior authorization required Referral required |

² The identity theft benefits mentioned are part of a special supplemental program for people with qualifying chronic conditions. Certain restrictions may apply. Call Member Services at 866-333-3530 (TTY 711) to see if you qualify. Not all members qualify.

| Additional Benefits | CCA MEDICARE EXCEL (HMO) San Joaquin, Stanislaus, and Merced H1426-001 | CCA MEDICARE EXCEL (HMO) Santa Clara H1426-002 |
|-------------------------------------|--|--|
| Over the Counter (OTC) Items | You receive a CCA Healthy Savings card with an allowance of \$120 loaded per calendar quarter (every 3 months) to purchase CCA-approved over the counter (OTC) items without a prescription at in-network retailers. Use your card to purchase OTC items including: first aid supplies, COVID-19 tests, body wash, dental care, and cold and flu remedies at in-network retailers. | You receive a CCA Healthy Savings card with an allowance of \$120 loaded per calendar quarter (every 3 months) to purchase CCA-approved over the counter (OTC) items without a prescription at in-network retailers. Use your card to purchase OTC items including: first aid supplies, COVID-19 tests, body wash, dental care, and cold and flu remedies at in-network retailers. |
| Renal Dialysis | You pay 20% of the total cost Prior authorization required Referral required | You pay 20% of the total cost Prior authorization required Referral required |
| Worldwide Coverage | \$0 copayment for emergency services \$0 copayment for urgent care services Covered for emergency department and urgent care, up to \$100,000 per year | \$0 copayment for emergency services \$0 copayment for urgent care services Covered for emergency department and urgent care, up to \$100,000 per year |

Notice of Nondiscrimination

CCA Health California complies with applicable Federal civil rights laws and does not discriminate on the basis of, or exclude people or treat them differently because of, medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence. CCA Health California:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services.

If you believe that CCA Health California has failed to provide these services or discriminated in another way based on medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence, you can file a grievance with the Civil Rights Coordinator by mail at:

CCA Health Plans of California, Inc.
Civil Rights Coordinator
30 Winter Street
Boston, MA 02108
Phone: 617-960-0474, ext. 3932 (TTY 711) Fax: 857-453-4517
Email: civilrightscordinator@commonwealthcare.org

You can file a grievance in person or by mail, or fax. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. For help contacting the Civil Rights Coordinator, call Member Services.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

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 1-866-333-3530 (TTY 711). 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 1-866-333-3530 (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 1-866-333-3530 (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 1-866-333-3530 (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 panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-333-3530 (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 1-866-333-3530 (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 1-866-333-3530 (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 1-866-333-3530 (TTY 711). 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 1-866-333-3530 (TTY 711) 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 1-866-333-3530 (телетайп 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، ليس عليك سوى الاتصال بنا على 1-866-333-3530 (رقم هاتف الصم والبكم 711). 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 1-866-333-3530 (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 1-866-333-3530 (TTY 711). 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 1-866-333-3530 (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 1-866-333-3530 (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 1-866-333-3530 (TTY 711). 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、1-866-333-3530 (TTY 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Gujarati: અમારી આરોગ્ય અથવા દવાની યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત 1-866-333-3530 (TTY 711) પર કોલ કરો. અંગ્રેજી/ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

Lao/Laotian: ພວກເຮົາມີບໍລິການລ່າມແປພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບທຸກຄໍາຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງໃຫ້ຫາພວກເຮົາທີ່ເບີ 1-866-333-3530 (TTY 711). ຈະມີຜູ້ທີ່ເວົ້າພາສາອັງກິດ/ລາວຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການບໍ່ເສຍຄ່າ.

Cambodian: យើងមានសេវាកម្មប្រែប្រួលមាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬផ្ទុំរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ សូមហៅទូរសព្ទមកយើងតាមរយៈលេខ 1-866-333-3530 (TTY 711)។ នរណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសាខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មដែលឥតគិតថ្លៃ។