



**CCA ONE CARE (Medicare-Medicaid Plan) offered by Commonwealth Care Alliance, Inc.**

# Annual Notice of Changes for 2024

## Introduction

You are currently enrolled as a member of CCA One Care. Next year, there will be changes to the plan’s benefits, coverage, and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at [ccama.org](http://ccama.org). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8pm, 7 days a week. The call is free.

## A. Disclaimers

- ❖ Limitations and restrictions may apply. This means that you may have to pay for some services and that you need to follow certain rules to have CCA One Care pay for your services. For more information, call Member Services.
- ❖ The List of Covered Drugs (“Drug List”), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.
- ❖ **Estate Recovery Awareness:** MassHealth is required by federal law to recover money from the estates of certain MassHealth member who are age 55 years or older, and who are any age and are receiving long-term care in a MassHealth estate recovery, please visit [www.mass.gov/estaterecovery](http://www.mass.gov/estaterecovery).

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## B. Reviewing your Medicare and MassHealth coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section G2 for more information. **If you are over 65 and you decide to leave One Care, you will not be able to enroll in a One Care plan later.**

Your membership will end on the last day of the month that you tell Medicare or MassHealth you want to leave the plan.

As long as you are still eligible for Medicare and MassHealth, you can leave One Care or your One Care plan and keep your Medicare and MassHealth benefits.

If you leave One Care, you will usually return to getting your Medicare and MassHealth services separately.

- You will have a choice about how to get your Medicare benefits (refer to page 11).
- You will get your MassHealth services directly from doctors and other providers by using your MassHealth card. This is called “fee-for-service.” Your MassHealth services include most long-term services and supports (LTSS) and behavioral health care.



**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8pm, 7 days a week. The call is free.

## B1. Additional resources

- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free.
- ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. Llame al 866-610-2273 (TTY 711), de 8 a 20 horas, 7 días a la semana. La llamada es gratuita.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free.
- We will keep your request for alternative formats and special languages on file for future mailings. Please contact Member Services at 866-610-2273 (TTY 711) to change your preferred language and/or format.

## B2. Information about CCA One Care

- CCA One Care (Medicare-Medicaid plan) is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees.
- Coverage under CCA One Care is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- CCA One Care is offered by Commonwealth Care Alliance, Inc. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Commonwealth Care Alliance. When it says “the plan” or “our plan,” it means CCA One Care.



### **B3. Important things to do:**

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit changes to make sure they will work for you next year.
  - Look in sections D1 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section D2 for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about whether you are happy with our plan.**



**If you decide to stay with CCA One Care:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

**If you decide to change One Care plans or leave One Care:**

If you decide another One Care plan will better meet your needs, you may be able to switch plans (refer to section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month.

If you leave One Care, your membership in the plan will end at the end of the month.

Look in section E3, page 11 to learn more about your choices.

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## **C. Changes to the network providers and pharmacies**

Our provider and pharmacy networks have changed for 2024.

**Please review the 2024 *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at [ccama.org](http://ccama.org). You may also call Member Services at 866-610-2273 (TTY 711) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

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## **D. Changes to benefits for next year**

### **D1. Changes to benefits for medical services**

We are changing our coverage for certain medical services next year. The following table describes these changes.



**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8pm, 7 days a week. The call is free.

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	2023 (this year)	2024 (next year)
<b>Annual Physical Exam</b>	Annual Physical Exam is <b>not</b> covered	You pay a <b>\$0</b> copayment per visit
<b>Transportation (medical)</b>	The plan covers transportation you need for medical reasons other than emergencies to approved destinations in the plan's service area	The plan covers transportation you need for medical reasons other than emergencies to approved destinations in the plan's service area up to 50 miles each way
<b>Transportation (non-medical)</b>	Eight one-way trips per month are provided for non-medical purposes, such as grocery shopping. Certain locations are prohibited such as casinos. Mile limitation applicable	Eight (8) one-way trips per month are provided for non-medical purposes, such as grocery shopping and fitness to CCA approved destinations, up to 50 miles each way. Certain locations are prohibited such as casinos



**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8pm, 7 days a week. The call is free.

## D2. Changes to prescription drug coverage

### Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at [ccama.org](http://ccama.org). You may also call Member Services at 866-610-2273 (TTY 711) for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the “Drug List.”

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 prescription drugs will be covered next year** and to find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at 866-610-2273 (TTY 711) or contact your Care Partner to ask for a list of covered drugs that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply will be for up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)
  - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Formulary exceptions are usually valid for 12 months from the approval date unless the prescription is written for shorter amounts of time and/or shorter approval duration is noted in the approval letter.





**Changes to prescription drug costs**

There are no changes to the amount you pay for prescription drugs in 2024. Read below for more information about your prescription drug coverage.

**We moved some of the drugs on the Drug List to a lower or higher drug tier.** To find out if your drugs will be in a different tier, look them up in the Drug List.

The following table shows your costs for drugs in each of our five (5) drug tiers.

	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<p><b>Drugs in Tier 1</b> (Preferred Generic Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription</b>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription</b>
<p><b>Drugs in Tier 2</b> (Generic Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription</b>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription</b>
<p><b>Drugs in Tier 3</b> (Preferred brand name drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription</b>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription</b>
<p><b>Drugs in Tier 4</b> (Non-Preferred brand name Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy</p>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription</b>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription</b>



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	2023 (this year)	2024 (next year)
<p><b>Drugs in Tier 5</b> (Non-Medicare Rx/OTC Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 5 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is <b>\$0 per prescription</b></p>	<p>Your copay for a one-month (31-day) supply is <b>\$0 per prescription</b></p>



**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8pm, 7 days a week. The call is free.

## E. How to choose a plan

### E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different One Care plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2024.

### E2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another One Care plan, or moving to Original Medicare.

### E3. Leaving One Care

As long as you are still eligible for Medicare and MassHealth, you can leave One Care or your One Care plan and keep your Medicare and MassHealth benefits. If you leave One Care, you will usually return to getting your Medicare and MassHealth services separately.

You will get your MassHealth services directly from doctors and other providers by using your MassHealth card. This is called “fee-for-service.” Your MassHealth services include most long-term services and supports (LTSS) and behavioral health care.

You will have a choice about how to get your Medicare benefits.

<p><b>1. You can change to:</b></p> <p><b>A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 to enroll in a Medicare health plan or PACE.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370.</li></ul> <p>Your coverage with CCA One Care will end on the last day of the month before your new plan’s coverage begins.</p>
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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8pm, 7 days a week. The call is free.

<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 to enroll in Original Medicare with a separate Medicare prescription drug plan.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370.</li> </ul> <p>Your coverage with CCA One Care will end on the last day of the month before your Original Medicare coverage begins.</p>
<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> 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 tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the SHINE Program at 1-800-243-4636. TTY users should call 1-800-439-2370.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 to enroll in Original Medicare and opt out of a separate Medicare prescription drug plan.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users should call 1-800-439-2370.</li> </ul> <p>Your coverage with CCA One Care will end on the last day of the month before your Original Medicare coverage begins.</p>



**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8pm, 7 days a week. The call is free.

## F. How to get help

### F1. Getting help from CCA One Care

Questions? We're here to help. Please call Member Services at 866-610-2273 (TTY only, call 711.) We are available for phone calls 8 am to 8 pm, 7 days a week. Calls to these numbers are free.

#### **Your 2024 Member Handbook**

The *2024 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2024 Member Handbook* will be available by October 15. An up-to-date copy of the *2024 Member Handbook* is available on our website at [ccama.org](http://ccama.org). You may also call Member Services at 866-610-2273 (TTY only, call 711) to ask us to mail you a *2024 Member Handbook*.

#### **Our website**

You can also visit our website at [ccama.org](http://ccama.org). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

### F2. Getting help from MassHealth Customer Service

MassHealth Customer Service can answer questions you may have about One Care and your other options for getting your services. MassHealth Customer Service can also help you enroll in a One Care plan, switch plans, or leave One Care. You can call MassHealth Customer Service at 1-800-841-2900. TTY: 711 (for people who are deaf, hard of hearing, or speech disabled). You can call Monday through Friday, 8:00 A.M. to 5:00 P.M.

### F3. Getting help from My Ombudsman

My Ombudsman is an independent program that can help you if you have questions, concerns, or problems related to One Care. You can contact My Ombudsman to get information or assistance. My Ombudsman's services are free. My Ombudsman can:

- Answer your questions or refer you to the right place to find what you need.
- Help you address a problem or concern with One Care or your One Care plan, CCA One Care. My Ombudsman's staff will listen, investigate the issue, **and** discuss options with you to help solve the problem.
- Help with appeals. An appeal is a formal way of asking your One Care plan, MassHealth, or Medicare to review a decision about your services. My Ombudsman's staff can talk with you about how to make an appeal and what to expect during the appeal process.



**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8pm, 7 days a week. The call is free.

You can call, email, write, or visit My Ombudsman at its office.

- Call 1-855-781-9898, Monday through Friday from 9:00 A.M. to 4:00 P.M.
  - Use 7-1-1 to call 1-855-781-9898. This number is for people who are deaf, hard of hearing, or speech disabled.
  - Use Videophone (VP) 339-224-6831. This number is for people who are deaf or hard of hearing.
- Email [info@myombudsman.org](mailto:info@myombudsman.org) or contact My Ombudsman through its website at [www.myombudsman.org](http://www.myombudsman.org).
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4<sup>th</sup> floor, Boston, MA 02111.
  - Please refer to the My Ombudsman website or contact them directly for updated information about location, setting up an appointment, and walk-in hours.

#### **F4. Getting help from the State Health Insurance Assistance Program (called SHINE)**

You can also call SHINE (Serving the Health Insurance Needs of Everyone). SHINE counselors can help you understand your One Care plan choices and answer questions about switching plans. SHINE is not connected with us or with any insurance company or health plan. SHINE has trained counselors in every state, and services are free. The phone number for SHINE is 1-800-243-4636. TTY (for people who are deaf, hard of hearing, or speech disabled): 1-800-439-2370 (Massachusetts only).

#### **F5. Getting help from Medicare**

To get information directly from Medicare, 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.

##### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from your One Care plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")



***Medicare & You 2024***

You can read the *Medicare & You 2024* handbook. Every year in the 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 booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://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.



**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8pm, 7 days a week. The call is free.

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## 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 1-866-610-2273 (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 1-866-610-2273 (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 1-866-610-2273 (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 1-866-610-2273 (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 pagsalaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalaling-wika, tawagan lamang kami sa 1-866-610-2273 (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 1-866-610-2273 (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 1-866-610-2273 (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 1-866-610-2273 (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 1-866-610-2273 (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 1-866-610-2273 (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 1-866-610-2273 (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 1-866-610-2273 (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 1-866-610-2273 (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 1-866-610-2273 (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 1-866-610-2273 (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 1-866-610-2273 (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、1-866-610-2273 (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 1-866-610-2273 (TTY 711) પર કોલ કરો. અંગ્રેજી/ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

**Lao/Laotian:** ພວກເຮົາມີບໍລິການວ່າມແປພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບທຸກຄໍາຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍວ່າມແປພາສາ, ພຽງໂທຫາພວກເຮົາທີ່ເບີ 1-866-610-2273 (TTY 711). ຈະມີຜູ້ທີ່ເວົ້າພາສາອັງກິດ/ລາວຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການບໍ່ເສຍຄ່າ.

**Cambodian:** យើងមានសេវាកម្មប្រែប្រួលមាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមាន អំពីគម្រោងសុខភាព ឬផ្លូវរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្លូវមាត់ សូមហៅទូរសព្ទមកយើងតាមរយៈលេខ 1-866-610-2273 (TTY 711) ។ នរណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសាខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មដែលឥតគិតថ្លៃ។