



CCA Medicare Excel (HMO-POS) offered by CCA Health Michigan, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of CCA Medicare Excel (HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 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.ccahealthmi.org. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

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2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in CCA Medicare Excel (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with CCA Medicare Excel (HMO-POS).
- 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

- Please contact our Member Services number at 855-959-5855 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm EST, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm EST, Monday to Friday). This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 855-959-5855 (TTY 711). This call is free.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About CCA Medicare Excel

- CCA Medicare Excel (HMO-POS) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in this plan depends on contract renewal.
- When this document says "we," "us," or "our", it means CCA Health Michigan, Inc. When it says "plan" or "our plan," it means CCA Medicare Excel.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for CCA Medicare Excel in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.</p>	\$0	\$0
<p>Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	\$4,500	\$3,800
<p>Doctor office visits</p>	<p>Primary care visits: \$0 copayment per visit</p> <p>Specialist visits: \$30 copayment per visit</p>	<p>Primary care visits: \$0 copayment per visit</p> <p><i>Out-of-Network¹: 50% of the total cost</i></p> <p>Specialist visits: \$10 copayment per visit</p> <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p>
<p>Inpatient hospital stays</p>	<p>You pay the following per day, per admission:</p> <ul style="list-style-type: none"> • \$295 per days 1 – 6 • \$0 per days 7 and beyond 	<p>You pay the following per day, per admission:</p> <ul style="list-style-type: none"> • \$295 per days 1 – 7 • \$0 per days 8 and beyond <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p>

Cost	2023 (this year)	2024 (next year)
		Prior Authorization is required In-and Out-of-Network
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment or Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: <i>Standard cost sharing:</i> You pay \$6 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription. • Drug Tier 2: <i>Standard cost sharing:</i> You pay \$15 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription. • Drug Tier 3: <i>Standard cost sharing:</i> You pay \$47 per prescription. <i>Preferred cost sharing:</i> You pay \$47 per prescription. <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Deductible: \$0</p> <p>Copayment or Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$0 • Drug Tier 3: \$47 <p>You pay \$10 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 4: \$100 <p>You pay \$10 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 5: 33% <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. • You may have cost sharing for drugs that are covered under our enhanced benefit.

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> • Drug Tier 4: <i>Standard cost sharing:</i> You pay \$100 per prescription. <i>Preferred cost sharing:</i> You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: <i>Standard cost sharing:</i> You pay 30% per prescription. <i>Preferred cost sharing:</i> You pay 30% per prescription. You pay \$35 per month supply of each covered insulin product on this tier. Catastrophic Coverage: <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a 	

Cost	2023 (this year)	2024 (next year)
generic, and \$10.35 for all other drugs.)		

SECTION 1 We Are Changing the Plan’s Name

On January 1, 2024, our plan name will change from CCA Medicare Excel (HMO) to CCA Medicare Excel (HMO-POS).

We will mail you a new CCA Medicare Excel member ID card. If you have questions, or if your CCA Medicare Excel member ID card is damaged, lost, or stolen, call Member Services at 855-959-5855 (TTY users should call 711) right away and we will send you a new card.

You will see the new plan name reflected on future communications where the plan name is referenced.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

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	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$4,500	\$3,800 Once you have paid \$3,800 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 located on our website at www.ccahealthmi.org. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are 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

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

Cost	2023 (this year)	2024 (next year)
<p>Inpatient Hospital Stay</p>	<p>You pay the following per day, per admission:</p> <ul style="list-style-type: none"> • \$295 per days 1 – 6 • \$0 per days 7 and beyond <p>Prior Authorization is required</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>You pay the following per day, per admission:</p> <ul style="list-style-type: none"> • \$295 per days 1 – 7 • \$0 per days 8 and beyond <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p> <p>Prior Authorization is required In- and Out-of-Network</p>
<p>Inpatient Psychiatric Hospital</p>	<p>You pay the following per day, per admission:</p> <ul style="list-style-type: none"> • \$295 per days 1 – 6 • \$0 per days 7 and beyond <p>Prior Authorization is required</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>You pay the following per day, per admission:</p> <ul style="list-style-type: none"> • \$295 per days 1 – 7 • \$0 per days 8 and beyond <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p> <p>Prior Authorization is required In- and Out-of-Network</p>

Cost	2023 (this year)	2024 (next year)
<p>Skilled Nursing Facility (SNF)</p>	<p>You pay the following per day, per admission:</p> <ul style="list-style-type: none"> • \$0 per day for days 1-20 • \$170 per days 21 – 100 <p>Prior Authorization is required</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>You pay the following per day, per admission:</p> <ul style="list-style-type: none"> • \$0 per day for days 1-20 • \$196 per days 21 – 100 <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p> <p>Prior Authorization is required In- and Out-of-Network</p>
<p>Cardiac and Pulmonary Rehabilitation</p>	<p>You pay a \$20 copayment for Medicare-covered Pulmonary Rehabilitation Services</p> <p>You pay a \$30 copayment for Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>You pay a \$15 copayment for Medicare-covered Pulmonary Rehabilitation Services</p> <p>You pay a \$25 copayment for Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services</p> <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p> <p>Prior Authorization is required In- and Out-of-Network</p>

Cost	2023 (this year)	2024 (next year)
<p>Intensive Cardiac Rehabilitation Services</p>	<p>In-Network: You pay a \$30 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>In-Network: You pay a \$30 copayment per visit</p> <p><i>Out-of-Network¹: You pay a 50% of the total cost</i></p> <p>Prior Authorization is required In- and Out-of-Network</p>
<p>Worldwide Emergency/Urgent Coverage</p>	<p>This service is <u>not</u> covered</p>	<p>You pay a \$0 copayment for coverage up to \$100,000</p>
<p>Partial Hospitalization</p>	<p>In-Network: You pay a \$45 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>In-Network: You pay a \$45 copayment per visit</p> <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p> <p>Prior Authorization is required In- and Out-of-Network</p>
<p>Home Health Services</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>Out-of-Network¹: You pay \$0 copayment</i></p> <p>Prior Authorization is required In- Out-of-network</p>

Cost	2023 (this year)	2024 (next year)
<p>Primary Care Physician</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p>
<p>Chiropractic Services</p>	<p>In-Network: You pay a \$20 copayment per visit</p> <p>Medicare-covered Chiropractic Services: Prior Authorization is required</p> <p>Routine Chiropractic Care: <i>This service is <u>not</u> covered</i></p>	<p>In-Network: You pay a \$20 copayment per visit</p> <p>Medicare-covered Chiropractic: Prior authorization is not required In-Network</p> <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p> <p>Prior Authorization is required</p> <p>Routine Chiropractic Care: You pay a \$20 copayment for up to 20 visits per year</p> <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p> <p>Prior Authorization is not required In- and Out-of-Network</p>

Cost	2023 (this year)	2024 (next year)
<p>Occupational Therapy Services</p>	<p>You pay a \$30 copayment</p> <p>Prior Authorization is not required</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>You pay a \$10 copayment</p> <p><i>Out-of-Network¹:</i></p> <p><i>You pay 50% of the total cost</i></p> <p>Prior Authorization is required In- and Out-of-Network</p>
<p>Physician Specialist Services (excluding Psychiatric Services)</p>	<p>You pay a \$30 copayment</p> <p>Prior Authorization is required</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>You pay a \$10 copayment</p> <p><i>Out-of-Network¹:</i></p> <p><i>You pay 50% of the total cost</i></p> <p>Prior Authorization is not required In- and Out-of-Network</p>
<p>Mental Health Specialty Services</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>Out-of-Network¹:</i></p> <p><i>You pay 50% of the total cost</i></p> <p>Prior Authorization is required for Individual and Group Services In- and Out-of-Network</p>

Cost	2023 (this year)	2024 (next year)
Podiatry Services	<p>Medicare-covered services: You pay a \$30 copayment</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>Medicare-covered services: You pay a \$10 copayment</p> <p>Routine Foot Care: You pay \$0 for up to 5 visits every year</p> <p><i>Out-of-Network¹:</i></p> <p><i>You pay 50% of the total cost</i></p> <p>Prior Authorization is required In- and Out-of-Network</p>
Other Health Care Professional Services	<p>You pay a \$30 copayment</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>You pay a \$10 copayment</p> <p><i>Out-of-Network¹:</i></p> <p><i>You pay 50% of the total cost</i></p> <p>Prior Authorization is required In- and Out-of-Network</p>
Psychiatric Services	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>Out-of-Network¹:</i></p> <p><i>You pay 50% of the total cost</i></p> <p>Prior Authorization is required for Individual and Group Psychiatric Services In- and Out-of-Network</p>

Cost	2023 (this year)	2024 (next year)
<p>Physical Therapy and Speech-Language Pathology Services</p>	<p>You Pay a \$30 copayment</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>You pay a \$10 copayment</p> <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p> <p>Prior Authorization is required In- and Out-of-Network</p>
<p>Additional Telehealth Benefits</p>	<p>You pay a \$0 copayment for primary care physicians</p> <p>You pay a \$30 copayment for specialty care physicians</p>	<p>You pay a \$0 copayment for primary care physicians</p> <p>You pay a \$10 copayment for specialty care physicians</p> <p>Teladoc membership included for access to general medicine and mental health services.</p>
<p>Opioid Treatment Program Services</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p>Prior Authorization is required</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p>Prior Authorization is not required</p>

Cost	2023 (this year)	2024 (next year)
<p>Outpatient Diagnostic and Therapeutic Radiological Services</p>	<p>Medicare-covered Therapeutic Radiological Services: You pay a 20% of the total cost</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>Medicare-covered Therapeutic Radiological Services: You pay a \$35 copayment</p> <p>Diagnostic mammogram: You pay a \$0 copayment</p> <p><i>Out-of-network¹:</i></p> <p><i>You pay 50% of the total cost</i></p> <p>Prior Authorization is required In- and Out-of-Network</p>
<p>Outpatient Hospital Services</p>	<p>In-Network: You pay a \$200 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p> <p>Prior Authorization is required for In-Network</p>	<p>In-Network: You pay a \$200 copayment per visit</p> <p><i>Out-of-Network¹:</i></p> <p><i>You pay 50% of the total cost</i></p> <p>Prior Authorization is required In- and Out-of-Network</p>

Cost	2023 (this year)	2024 (next year)
<p>Observation Services</p>	<p>In-Network: You pay a \$200 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p> <p>Prior Authorization is required for In-Network</p>	<p>In-Network: You pay a \$200 copayment per visit</p> <p><i>Out-of-Network¹:</i></p> <p><i>You pay a 50% of the total cost</i></p> <p>Prior Authorization is not required In- and Out-of-Network</p>
<p>Ambulatory Surgical Center (ASC)</p>	<p>In-Network: You pay a \$175 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p> <p>Prior Authorization is required for In-Network</p>	<p>In-Network: You pay a \$175 copayment per visit</p> <p><i>Out-of-Network¹:</i></p> <p><i>You pay 50% of the total cost</i></p> <p>Prior Authorization is required In-and Out-of-Network</p>
<p>Outpatient Substance Abuse</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p> <p>Prior Authorization is required In-Network</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>Out-of-Network¹:</i></p> <p><i>You pay 50% of the total cost</i></p> <p>Prior Authorization is not required In- and Out-of-Network</p>

Cost	2023 (this year)	2024 (next year)
<p>Outpatient Blood Services</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p> <p>Prior Authorization is required In-Network</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>Out-of-Network¹:</i></p> <p><i>You pay 50% of the total cost</i></p> <p>Prior Authorization is required In- and Out-of-Network</p>
<p>Ambulance Services</p>	<p>You pay a 20% of the total cost for Medicare-covered Air Ambulance Services</p> <p>You pay a \$205 copayment for Medicare-covered Ground Ambulance Services</p>	<p>You pay a \$300 copayment for Medicare-covered Air Ambulance Services</p> <p>You pay a \$240 copayment for Medicare-covered Ground Ambulance Services</p>
<p>Transportation Services (non-emergent)</p>	<p>You pay a \$0 copayment for a round-trip ride via Medical Transport from home to the PCP or BH specialist office after each hospitalization</p> <p>Prior Authorization is required</p> <p><i>These services are <u>not</u> covered Out-of-Network</i></p>	<p>You pay a \$0 copayment for up to twelve (12) one-way rides per year via Taxi, Rideshare service, Bus, Subway, Van, or Medical Transport with a 20-mile limit</p> <p>Prior Authorization is required</p> <p><i>These services are <u>not</u> covered Out-of-Network</i></p>

Cost	2023 (this year)	2024 (next year)
<p>Durable Medical Equipment (DME)</p>	<p>DME, Prosthetics/Medical Supplies:</p> <p>In-Network: You pay 20% of the total cost</p> <p><i>These services are <u>not</u> Out-of-Network</i></p> <p>Diabetic Supplies and Services:</p> <p>In-Network: You pay 20% of the total cost</p> <p><i>These services are <u>not</u> covered Out-of-Network</i></p>	<p>DME, Prosthetics/Medical Supplies:</p> <p>In-Network: You pay 20% of the total cost</p> <p><i>Out-of-Network¹: You pay 30% of the total cost</i></p> <p>Diabetic Services and Supplies:</p> <p>In-Network: You pay 20% off the total cost</p> <p><i>Out of Network¹: You pay 50% of the total cost</i></p> <p>Prior Authorization is required In- and Out-of-Network</p>
<p>Medicare-covered Zero Dollar Preventive Services</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p>Prior Authorization is required In-Network</p> <p><i>These services are <u>not</u> covered Out-of-Network</i></p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p>Prior Authorization is <u>not</u> required In- and Out-of-Network</p> <p><i>Out-of-Network¹:</i></p> <p><i>You pay 50% of the total cost</i></p>

Cost	2023 (this year)	2024 (next year)
<p>Over-the-Counter (OTC) Items</p>	<p>Nicotine Replacement Therapy is not offered as part of the Part C OTC benefit</p> <p>You pay a \$0 copayment for covered items up to \$200 per quarter (every three (3) months)</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>Nicotine Replacement Therapy is offered as part of the Part C OTC Benefit through the Healthy Savings Card</p> <p>You pay a \$0 copayment for CCA covered items up to \$240 per quarter (every three (3) months) at In-network retailers</p> <p>This benefit does not duplicate any Part D OTC or formulary drugs</p> <p>Out-of-Network: Not covered</p>
<p>Kidney Disease Education Services</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p>
<p>Glaucoma Screening</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p>
<p>Diabetes Self-Management Training</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p>

Cost	2023 (this year)	2024 (next year)
<p>Barium Enemas</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p>
<p>Digital Rectal Exams</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p>
<p>EKG Following Welcome Visit</p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>In-Network: You pay a \$0 copayment per visit</p> <p><i>Out-of-Network¹: You pay 50% of the total cost</i></p>

Cost	2023 (this year)	2024 (next year)
<p>Medicare Part B Rx Drugs and Home Infusion Drugs</p>	<p>Medicare Part B Rx Drugs:</p> <p>In-Network: You pay a \$10 copayment per Part B Insulin drug</p> <p>You pay 0% - 20% of the total cost for Medicare B drugs</p> <p>You are not subject to step therapy</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>Medicare Part B Rx Drugs:</p> <p>In-Network: You pay a \$10 copayment per Part B Insulin drug t</p> <p>You pay 0% - 20% of the total cost for Medicare B drugs</p> <p>You are subject to step therapy</p> <p><i>Out-of-Network¹:</i></p> <p><i>You pay 50% of the total cost</i></p> <p>Prior Authorization is required In-and Out-of-Network</p>
<p>Preventive Dental Services</p>	<p>You pay \$0 for covered non-Medicare covered preventive and comprehensive dental services for a combined benefit maximum of up to \$3,500 per plan year</p>	<p>You pay \$0 for covered non-Medicare covered preventive and comprehensive dental services for a combined benefit maximum of up to \$2,000 per plan year</p>

Comprehensive Dental Services

Non-Medicare covered preventive and comprehensive dental services are covered for a combined benefit maximum of up to \$3,500 per plan year

Non-Medicare covered preventive and comprehensive dental services are covered for a combined benefit maximum of up to \$2,000 per plan year

Non-Medicare covered Benefits:

You pay a \$0 copayment for the following non-Medicare covered benefits:

You pay 20% of the total cost

Restorative Services:

- Restorative
- Endodontics
- Periodontics (removeable)
- Extractions
- Prosthodontics
- Other oral/maxillofacial surgery
- Emergency Palliative Treatment

You pay 50% of the total cost

Endodontics:

You pay 75% of the total cost

Extractions:

You pay 50% of the total cost

Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: You pay between 0%-50% of the total cost

Prior authorization only required for Medicare-covered comprehensive dental services

Prior authorization is required for Medicare-covered and non-Medicare covered comprehensive dental services

Please refer to your Evidence of Coverage for a complete list of benefits and coverage limitations

Please refer to your Evidence of Coverage for a complete list of benefits and coverage limitations

Cost	2023 (this year)	2024 (next year)
<p>Vision Services</p>	<p>Members receive a \$250 Visa card that can be used to pay for a routine eye exam, eyeglass lenses, eyeglass frames, contact lenses, and eyewear upgrades per year.</p> <p><i>This service is <u>not</u> covered Out-of-Network</i></p>	<p>Members receive \$300 per year on the Healthy Savings card that can be used to pay for a routine eye exam, eyeglass lenses, eyeglass frames, contact lenses, and eyewear upgrades</p> <p>Please refer to your Evidence of Coverage for a complete list of benefits and coverage limitations</p> <p>You pay \$10 for a Medicare covered eye exam</p> <p><i>Out-of-Network¹:</i></p> <p><i>You pay 50% of the total cost for Medicare covered eye exams.</i></p>
<p>Hearing Exams</p>	<p>You pay a \$0 copayment for unlimited routine hearing exams</p> <p>You pay a \$0 copayment for unlimited hearing aid fittings and evaluations every year</p> <p><i>This service is <u>not</u> available Out-of-Network</i></p>	<p>You pay a \$0 copayment for one (1) routine hearing exam every year</p> <p>You pay a \$0 copayment for unlimited hearing aid fittings and evaluations every year.</p> <p>You pay \$10 for a Medicare covered hearing exam</p> <p><i>Out-of-Network¹:</i></p> <p><i>You pay 50% of the total cost for Medicare covered hearing exams</i></p>

Cost	2023 (this year)	2024 (next year)
<p>Hearing Aids</p>	<p>You are able to purchase up to 2 hearing aids (1 per ear) every year up to the allowed maximum of \$2,000</p> <p>Your plan does not cover OTC hearing aids as part of your hearing aid benefit</p>	<p>You are able to purchase up to 2 hearing aids (1 per ear) every year up to the allowed maximum of \$1,500 through NationsHearing</p> <p>Your plan does cover OTC hearing aids as part of your routine hearing aid benefit up to the allowed maximum through NationsHearing</p>
<p>Support for Caregivers of Enrollees</p>	<p>Prior authorization is not required.</p>	<p>Prior authorization is required.</p>
<p>Special Supplementary Benefits for the Chronically III</p>	<p>This benefit is <u>not</u> covered.</p>	<p>Qualifying members with a chronic illness are eligible for Identity Theft Insurance. Not all members qualify.²</p>

¹Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our member service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

²The identity theft benefits mentioned are part of a special supplemental program for people with qualifying chronic conditions. Not all members qualify. Certain restrictions may apply. Call Member Services at 855-959-5855 (TYY 711) to see if you qualify. Not all members qualify.

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,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 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

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 sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by *September 30, 2023*, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 1: Yearly Deductible Stage</p>	<p>Because we have no deductible, this payment stage does not apply to you</p>	<p>Because we have no deductible, this payment stage does not apply to you</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>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.</p> <p>For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generic – Tier 1: <i>Standard cost sharing:</i> You pay \$6 per prescription</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription</p> <p>Generic – Tier 2: <i>Standard cost sharing:</i> You pay \$15 per prescription</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription</p> <p>Preferred Brand – Tier 3: <i>Standard cost sharing:</i> You pay \$47 per prescription</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generic – Tier 1: You pay \$0 per prescription</p> <p>Generic – Tier 2: You pay \$0 per prescription</p> <p>Preferred Brand – Tier 3: You pay \$47 per prescription</p> <p>You pay \$10 per month supply of each covered insulin product on this tier</p> <p>Non-Preferred Brand – Tier 4: You pay \$100 per prescription</p> <p>You pay \$10 per month supply of each covered</p>

Stage	2023 (this year)	2024 (next year)
	<p><i>Preferred cost sharing:</i> You pay \$47 per prescription</p>	<p>insulin product on this tier</p>
	<p>Non-Preferred Brand – Tier 4:</p>	<p>Specialty – Tier 5: You pay 33% per prescription</p>
	<p><i>Standard cost sharing:</i> You pay \$100 per prescription</p>	<hr/>
	<p><i>Preferred cost sharing:</i> You pay \$100 per prescription</p>	<p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage)</p>
	<p>Specialty – Tier 5: <i>Standard cost sharing:</i> You pay 30% per prescription</p>	
	<p><i>Preferred cost sharing:</i> You pay 30% per prescription</p>	
	<hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage)</p>	

Changes to the Coverage Gap and Catastrophic Coverage Stages

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

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in CCA Medicare Excel

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 CCA Medicare Excel.

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 plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2). As a reminder, Commonwealth Care Alliance Health Michigan. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CCA Medicare Excel.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CCA Medicare Excel.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Michigan, the SHIP is called Michigan Medicare/Medicaid Assistance Program (MMAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. MMAP 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 MMAP at 1-800-803-7174. You can learn more about Michigan Medicare/Medicaid Assistance Program (MMAP) by visiting their website (www.mmapinc.org).

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.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, 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 Michigan Drug Assistance Program (MIDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 888-826-6565.

SECTION 7 Questions?

Section 7.1 – Getting Help from CCA Medicare Excel

Questions? We're here to help. Please call Member Services at 855-959-5855 (TTY only, call 711.) We are available for phone calls 8 am to 8 pm EST, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm EST, Monday to Friday). Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for CCA Medicare Excel. 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.ccahealthmi.org. 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.ccahealthmi.org. 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 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

CCA Health Michigan 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 Michigan:

- 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 Michigan 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:

CCA Health Michigan, 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, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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.

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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (TTY 711) પર કોલ કરો. અંગ્રેજી/ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

Lao/Laotian: ພວກເຮົາມີບໍລິການລ່າມແປພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບທຸກຄໍາຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຍາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງໃຫ້ຫາພວກເຮົາທີ່ເບີ 1-855-959-5855 (TTY 711). ຈະມີຜູ້ທີ່ເວົ້າພາສາອັງກິດ/ລາວຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການບໍ່ເສຍຄ່າ.

Cambodian: យើងមានសេវាកម្មប្រែប្រួលមាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬផ្តារបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ សូមហៅទូរសព្ទមកយើងតាមរយៈលេខ 1-855-959-5855 (TTY 711) ។ នរណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសាខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មដែលឥតគិតថ្លៃ។