



Cigna True Choice Courage Medicare (PPO) offered by Cigna Healthcare

ANNUAL NOTICE OF CHANGES FOR 2025

You are currently enrolled as a member of Cigna True Choice Courage Medicare (PPO). 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*, located on our website at www.cignamedicare.com. You may also call Customer Service 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).
 - ☐ Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- ☐ Think about your overall health care costs.
- ☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- ☐ 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, 2024, you will stay in Cigna True Choice Courage Medicare (PPO).
- ☐ To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on January 1, 2025. This will end your enrollment with Cigna True Choice Courage Medicare (PPO).
- ☐ If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- ☐ This document is available for free in Spanish.
- ☐ Please contact our Customer Service number at 1-800-668-3813 for additional information. (TTY users should call 711.) Hours are October 1 – March 31, 8:00 a.m. – 8:00 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8:00 a.m. – 8:00 p.m. local time. Messaging service used weekends, after hours, and on federal holidays. This call is free.
- ☐ To get information from us in a way that works for you, please call Customer Service. We can give you information in braille, in large print, and other alternate formats if you need it.
- ☐ **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 Cigna True Choice Courage Medicare (PPO)

- ☐ Subsidiaries of The Cigna Group contract with Medicare to offer Medicare Advantage HMO and PPO plans and Part D Prescription Drug Plans (PDP) in select states, and with select State Medicaid programs. Enrollment in a Cigna HealthcareSM product depends on contract renewal.
 - ☐ When this booklet says “we,” “us,” or “our,” it means Cigna Healthcare. When it says “plan” or “our plan,” it means Cigna True Choice Courage Medicare (PPO).
 - ☐ This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.
 - ☐ Cigna Healthcare may reach out to you via phone regarding the administration of your plan benefits. This communication helps us let you know about scheduled services or available programs, so you get the most out of your plan. You can opt-out of these calls at any time by contacting Customer Service.
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Annual Notice of Changes for 2025

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Cigna True Choice Courage Medicare (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium See Section 1.1 for details.	\$0	\$0
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.)	From network providers: \$4,500 From in-network and out-of-network providers combined: \$8,950	From network providers: \$4,160 From in-network and out-of-network providers combined: \$8,000
Doctor office visits	<u>In-Network</u> Primary care visits: \$0 copayment per visit Specialist visits: \$30 copayment per visit <u>Out-of-Network</u> Primary care visits: \$25 copayment per visit Specialist visits: \$50 copayment per visit	<u>In-Network</u> Primary care visits: \$0 copayment per visit Specialist visits: \$30 copayment per visit <u>Out-of-Network</u> Primary care visits: \$25 copayment per visit Specialist visits: \$50 copayment per visit
Inpatient hospital stays	<u>In-Network</u> \$275 per day for days 1-5; \$0 per day for days 6-90 <u>Out-of-Network</u> 40% per stay	<u>In-Network</u> \$275 per day for days 1-5; \$0 per day for days 6-90 <u>Out-of-Network</u> 40% per stay

SECTION 1 Changes to Benefits and Costs for Next Year**Section 1.1 Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Part B Premium Reduction	We will reduce your monthly Medicare Part B Premium by up to \$50	Not covered

Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay “out-of-pocket” during 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	2024 (this year)	2025 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.	\$4,500	\$4,160 Once you have paid \$4,160 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	\$8,950	\$8,000 Once you have paid \$8,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

There are changes to our network of providers for next year. **Please review the 2025 Provider and Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) 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 Customer Service so we may assist.

Section 1.4 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	2024 (this year)	2025 (next year)
Prior authorization	<p>Prior authorization may be required for the following services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cardiac rehabilitation services <input type="checkbox"/> Pulmonary rehabilitation services <input type="checkbox"/> Outpatient rehabilitation services <ul style="list-style-type: none"> ○ Occupational therapy 	<p>Prior authorization is not required for the following services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cardiac rehabilitation services <input type="checkbox"/> Pulmonary rehabilitation services <input type="checkbox"/> Outpatient rehabilitation services <ul style="list-style-type: none"> ○ Occupational therapy
Emergency care	<p><u>In-Network and Out-of-Network</u></p> <p>You pay a copayment of \$120 for Medicare-covered emergency room visits.</p> <p>You pay a copayment of \$120 for Medicare-covered Worldwide emergency room visits.</p> <p>You pay a copayment of \$120 for Medicare-covered Worldwide emergency transportation.</p>	<p><u>In-Network and Out-of-Network</u></p> <p>You pay a copayment of \$90 for Medicare-covered emergency room visits.</p> <p>You pay a copayment of \$90 for Medicare-covered Worldwide emergency room visits.</p> <p>You pay a copayment of \$90 for Medicare-covered Worldwide emergency transportation.</p>
Health and wellness education programs	<p>Health Information Line</p> <p>You pay \$0 copayment for 24-Hour Health Information Line.</p> <p>HealthWise</p> <p>You pay \$0 copayment for access to online health-related educational videos and written content.</p>	<p>Health Information Line</p> <p>Not covered.</p> <p>HealthWise</p> <p>Benefit name is changing to Health Education.</p> <p>You pay \$0 copayment for access to online health-related educational videos and written content.</p>
Hearing services (Medicare-covered)	<p><u>Out-of-Network</u></p> <p>You pay a copayment of \$50 for Medicare-covered hearing exams.</p>	<p><u>Out-of-Network</u></p> <p>You pay a coinsurance of 50% for Medicare-covered hearing exams.</p>
Outpatient diagnostic tests and therapeutic services and supplies test	<p><u>In-Network</u></p> <p>You pay a coinsurance of 0% for Medicare-covered lab services.</p> <p>You pay a coinsurance of 20% for Medicare-covered genetic tests.</p>	<p><u>In-Network</u></p> <p>You pay a copayment of \$0 for Medicare-covered lab services.</p> <p>You pay a copayment of \$50 for Medicare-covered genetic tests.</p>

Cost	2024 (this year)	2025 (next year)
Outpatient hospital observation	<u>In-Network</u> You pay a copayment of \$275 per stay for Medicare-covered outpatient hospital observation.	<u>In-Network</u> You pay a copayment of \$225 per stay for Medicare-covered outpatient hospital observation.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	<u>In-Network</u> You pay a copayment of \$0 or \$275 for Medicare-covered outpatient hospital facility visit. \$0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. \$275 copayment for all other Outpatient Services not provided in an Ambulatory Surgical Center.	<u>In-Network</u> You pay a copayment of \$0 or \$225 for Medicare-covered outpatient hospital facility visit. \$0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. \$225 copayment for all other Outpatient Services not provided in an Ambulatory Surgical Center.
Over-the-Counter Items and Services	\$150 every 3 months for specific over-the-counter drugs and other health-related pharmacy products, as listed in the OTC catalog.	\$80 every 3 months for specific over-the-counter drugs and other health-related pharmacy products, as listed in the OTC catalog.
Partial hospitalization services and Intensive outpatient services	<u>In-Network</u> You pay a copayment of \$85 for Medicare-covered partial hospitalization and intensive outpatient services.	<u>In-Network</u> You pay a copayment of \$55 for Medicare-covered partial hospitalization and intensive outpatient services.
Podiatry services (Medicare-covered)	<u>Out-of-Network</u> You pay a copayment of \$50 for each Medicare-covered podiatry visit.	<u>Out-of-Network</u> You pay a copayment of \$40 for each Medicare-covered podiatry visit.
Skilled nursing facility (SNF) care	<u>In-Network</u> For each Medicare-covered SNF stay you pay a copayment of: \$0 per day for days 1-20; \$203 per day for days 21-100	<u>In-Network</u> For each Medicare-covered SNF stay you pay a copayment of: \$0 per day for days 1-20; \$214 per day for days 21-100
Urgently needed services	<u>In-Network and Out-of-Network</u> You pay a copayment of \$120 for Medicare-covered Worldwide urgently needed services.	<u>In-Network and Out-of-Network</u> You pay a copayment of \$90 for Medicare-covered Worldwide urgently needed services.
Vision services (Medicare-covered)	<u>Out-of-Network</u> You pay a coinsurance of 0% or 40% for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for people at risk.	<u>Out-of-Network</u> You pay a copayment of \$0 or a coinsurance of 40% for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for people at risk.

Cost	2024 (this year)	2025 (next year)
	\$0 copayment for glaucoma screenings and diabetic retinal exams. 40% for all other Medicare-covered vision services.	\$0 copayment for glaucoma screenings. 40% for all other Medicare-covered vision services.

SECTION 2 Administrative Changes

Please see the table below for other important changes to your plan.

Description	2024 (this year)	2025 (next year)
Prior Authorization	<p>Prior authorization required for the following services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cardiac rehabilitation services <input type="checkbox"/> Pulmonary rehabilitation services <input type="checkbox"/> Outpatient rehabilitation services ○ Occupational therapy 	<p>Prior authorization is not required for the following services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cardiac rehabilitation services <input type="checkbox"/> Pulmonary rehabilitation services <input type="checkbox"/> Outpatient rehabilitation services ○ Occupational therapy

SECTION 3 Deciding Which Plan to Choose

Section 3.1 If you want to stay in our plan

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 Cigna True Choice Courage Medicare (PPO).

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 2025 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, there may be 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 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Cigna Healthcare offers other Medicare health plans and Medicare prescription drug 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 our plan.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from our plan.
- To change to Original Medicare without a prescription drug plan, you must either:
 - Send us a written request to disenroll. Contact Customer Service 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, 2025.

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, 2025, 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, 2025. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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. Here is a list of the State Health Insurance Assistance Programs in each state we serve:

- In Kentucky, the SHIP is called State Health Insurance Assistance Program (SHIP)
- In Ohio, the SHIP is called Ohio Senior Health Insurance Information Program (OSHIIP)

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. State Health Insurance Assistance Program 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 Kentucky's SHIP, State Health Insurance Assistance Program (SHIP), at 1-502-564-6930 or 1-877-293-7447 (option 2), or Ohio's SHIP, Ohio Senior Health Insurance Information Program (OSHIIP), at 1-800-686-1578.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“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 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 a.m. and 7 p.m., 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

- **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. To be eligible for the ADAP operating in your State, 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 Kentucky AIDS Drug Assistance Program in Kentucky or the Ohio HIV Drug Assistance Program in Ohio. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call Kentucky's ADAP, the Kentucky AIDS Drug Assistance Program, at 1-502-564-6539 or 1-800-420-7431, or Ohio's ADAP, the Ohio HIV Drug Assistance Program, at 1-800-777-4775. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 7 Questions?

Section 7.1 Getting Help from our plan

Questions? We're here to help. Please call Customer Service at 1-800-668-3813. (TTY only, call 711.) We are available for phone calls October 1 – March 31, 8:00 a.m. – 8:00 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8:00 a.m. – 8:00 p.m. local time. Messaging service used weekends, after hours, and on federal holidays. Calls to these numbers are free.

Read your 2025 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 2025. For details, look in the 2025 *Evidence of Coverage* for Cigna True Choice Courage Medicare (PPO). 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.cignamedicare.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.cignamedicare.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*).

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 2025*

Read the *Medicare & You 2025* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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 1-800-668-3813. 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 1-800-668-3813. 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 1-800-668-3813。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 1-800-668-3813。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 tagapagsaling-wika, tawagan lamang kami sa 1-800-668-3813. 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 1-800-668-3813. 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 1-800-668-3813 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-668-3813. 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 1-800-668-3813번으로 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 1-800-668-3813. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة على أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم 1-800-668-3813، وسيقوم شخص يتحدث العربية بمساعدتك. هذه الخدمة مجانية.

Hindi: हमारी स्वास्थ्य या दवा योजना से संबंधित आपके किसी भी प्रश्न का जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया सेवाएं प्राप्त करने के लिए हमें 1-800-668-3813 पर फ़ोन करें। हिन्दी बोलने वाला कोई भी व्यक्ति 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 1-800-668-3813. Un nostro incaricato che parla italiano Le l'assistenza necessaria. Il servizio è gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que possa ter acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-668-3813. Irá encontrar alguém que fale português para o(a) ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-668-3813. 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 1-800-668-3813. Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と薬品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ございます。通訳をご用命になるには、1-800-668-3813 にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。