MeridianComplete (Medicare-Medicaid Plan) offered by Meridian Health Plan of Michigan, Inc.

Annual Notice of Changes for 2024

Introduction

You are currently enrolled as a member of MeridianComplete (Medicare-Medicaid Plan). 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 mmp.mimeridian.com. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers

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 MeridianComplete Member Handbook.

B. Reviewing your Medicare and Michigan Medicaid 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 F2 for more information.

If you leave our plan, you will still be in the Medicare and Michigan Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to page 12).
- If you do not want to enroll in a different Medicare-Medicaid Plan after you leave MeridianComplete, you will return to getting your Medicare and Michigan Medicaid services separately.

B1. Additional resources

- ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-855-323-4578 (TTY users should call 711). Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- You can also get this document for free in other formats, such as large print, braille, or audio. Call 1-855-323-4578 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- To always get this document and other materials in another language or in an alternate format, now and in the future, please call MeridianComplete at 1-855-323-4578 (TTY: 711). This is called a standing request. We will document your choice. Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. If you later want to change the language and/or format choice, please call Member Services.

B2. Information about MeridianComplete

- MeridianComplete (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- Coverage under MeridianComplete 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 <u>www.irs.gov/Affordable-Care-Act/Individualsand-Families</u> for more information on the individual shared responsibility requirement.

• MeridianComplete (Medicare-Medicaid Plan) is offered by Meridian Health Plan of Michigan, Inc. When this *Annual Notice of Changes* says "we," "us," or "our," it means Meridian Health Plan of Michigan, Inc. When it says "the plan" or "our plan," it means MeridianComplete.

B3. Important things to do:

- Check if there are any changes to our benefits that may affect you.
 - o 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.
 - Refer to sections D1 and D2 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.
 - Refer to 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?
 - Refer to section C for information about our *Provider and Pharmacy Directory*.
- Think about your overall costs in the plan.
 - How do the total costs compare to other coverage options?
- Think about whether you are happy with our plan.

If you decide to stay with MeridianComplete:	If you decide to change plans:
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 other coverage will better meet your needs, you may be able to switch plans (refer to section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Refer to section F2, page 12 to learn more about your choices.

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 in our network. An updated *Provider and Pharmacy Directory* is located on our website at mmp.mimeridian.com. You may also call Member Services at 1-855-323-4578 (TTY users should call 711) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

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*.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain health care services next year. The table below describes these changes.



	2023 (this year)	2024 (next year)
Inpatient hospital stays	You pay a \$0 copay for each covered hospital stay per benefit period.	You pay a \$0 copay for each covered hospital stay per admission.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at mmp.mimeridian.com. You may also call Member Services at 1-855-323-4578 (TTY users should call 711) for updated drug information or to ask us to mail you a *List of Covered Drugs*. Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

The List of Covered Drugs is also called the "Drug List."

We made changes to our Drug List, which could include removing or adding drugs, or changing the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to 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 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Or contact your Care Coordinator at 1-855-323-4578 (TTY: 711), to ask for a list of covered drugs that treat the same condition. Hours are 8 a.m. to 5 p.m., Monday through Friday. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.
 - \circ This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.

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- You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
- To learn what you must do to ask for an exception, refer to Chapter 9 of the 2024 Member Handbook or call Member Services at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.
- If you need help asking for an exception, you can contact Member Services or your Care Coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your Care Coordinator.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of a Part D drug during the first 90 days of the calendar year and we will cover a **temporary** supply of your Medicaid drugs during the first 180 days of the calendar year.
 - This temporary supply will be for up to a 30-day supply for Part D drugs and up to a 180-day supply for non-Part D drugs at a retail pharmacy. This temporary supply will be for up to a 31-day supply for Part D drugs and up to a 180-day supply for non-Part D drugs at a long-term care pharmacy. (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*.)
 - If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of Part D drugs and up to a 180-day supply for non-Part D drugs at a retail pharmacy. If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 31 days of Part D drugs and up to a 180-day supply for non-Part D drugs at a long-term care pharmacy. You must fill the prescription at a network pharmacy.
 - Long-term care pharmacies may provide your prescription drug in small amounts at a time to prevent waste.
 - 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.
- If we approved your formulary exception in 2023, your authorization may still be valid. Please refer to your approval letter, which contains the end date of your formulary

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exception. If you can't find your approval letter or have questions, please call Member Services.

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 know if your drugs will be in a different tier, find them in the Drug List.

The following table shows your costs for drugs in each of our 3 drug tiers.

	2023 (this year)	2024 (next year)
Drugs in Tier 1 (Generic Drugs) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 per prescription .	Your copay for a one-month (30-day) supply is \$0 per prescription .
Drugs in Tier 2 (Brand Drugs) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 per prescription .	Your copay for a one-month (30-day) supply is \$0 per prescription .
Drugs in Tier 3 (Non-Medicare Prescription and Over-the-Counter Drugs) Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 per prescription .	Your copay for a one-month (30-day) supply is \$0 per prescription .

E. Administrative changes

Starting January 1, 2024, the Pharmacy Benefit Manager (PBM) is changing from CVS to Express Scripts®.



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	2023 (this year)	2024 (next year)
Pharmacy Benefit Manager (PBM) Change	CVS Caremark	Express Scripts®
Meridian Health Plan of Michigan, Inc. partners with a Pharmacy Benefit Manager (PBM) to administer our pharmacy benefit. Our PBM partner for the 2024 plan year is changing to Express Scripts®. You will receive an updated Meridian Health Plan of Michigan, Inc. ID card. Please begin using your updated ID card on 1/1/24.		
To ensure your pharmacy has your most up to date information, please show your new Meridian Health Plan of Michigan, Inc. ID card when you fill a prescription for the first time on or after 1/1/24.		
If you don't have your new ID card with you when you fill your prescription, ask the pharmacy to call the plan to obtain the necessary information.		
If the pharmacy is not able to obtain the necessary information, you may have to pay the full cost of the prescription when you pick it up and then submit for reimbursement.		

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F. How to choose a plan

F1. 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 Medicare-Medicaid 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.

F2. 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 Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:

1. You can change to:	Here is what to do:
A different Medicare-Medicaid Plan	Call Michigan ENROLLS toll-free at 1-800- 975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM. Your coverage in our plan will end the last day of the month after you tell us you want
	day of the month after you tell us you want to leave.

A Medicare health plan (such as a Medicare Advantage Plan or Program of All-inclusive Care for the Elderly (PACE))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. If you need help or more information:• Call the State Health Insurance Assistance Program (SHIP) at 1-800- 803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP).You will automatically be disenrolled from MeridianComplete when your new plan's coverage begins	2. You can change to:	Here is what to do:
	Medicare Advantage Plan or Program of All-inclusive Care for the Elderly	 633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. If you need help or more information: Call the State Health Insurance Assistance Program (SHIP) at 1-800- 803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). You will automatically be disenrolled from

If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.mimeridian.com.

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3. You can change to:	Here is what to do:
Original Medicare with a separate Medicare prescription drug plan	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.
	If you need help or more information:
	 Call the State Health Insurance Assistance Program (SHIP) at 1-800- 803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). You will automatically be disenrolled from MeridianComplete when your Original
	Medicare coverage begins.

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4. You can change to:

Original Medicare without a separate Medicare prescription drug plan

NOTE: 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.

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 MMAP at 1-800-803-7174.

Here is what to do:

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.

If you need help or more information:

 Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP).

You will automatically be disenrolled from MeridianComplete when your Original Medicare coverage begins.

G. How to get help

G1. Getting help from MeridianComplete

Questions? We're here to help. Please contact Member Services at 1-855-323-4578 (TTY users should call 711). We are available for phone calls 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. 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. 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 mmp.mimeridian.com. You may also call Member Services at 1-855-323-4578 (TTY: 711) to ask us to mail you a 2024 Member Handbook. Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Our website

You can also visit our website at mmp.mimeridian.com. 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*).

G2. Getting help from Michigan ENROLLS

For questions about your enrollment, call **Michigan ENROLLS** toll-free **at 1-800-975-7630**. Persons with hearing *a*nd speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM.

G3. Getting help from the MI Health Link Ombudsman Program

The MI Health Link Ombudsman Program can help you if you are having a problem with MeridianComplete. The ombudsman's services are free.

- The MI Health Link Ombudsman Program works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The MI Health Link Ombudsman Program makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MI Health Link Ombudsman Program is not connected with us or with any insurance company or health plan. Call 1-888-746-MHLO (1-888-746-6456). Office hours are Monday through Friday, 8 AM to 5 PM EST.

G4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP has trained counselors in every state, and services are free. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). MMAP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. MMAP is not connected with us or with any insurance company or health plan.

Call MMAP at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM.

G5. 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 (<u>www.medicare.gov</u>). If you choose to disenroll from your Medicare-Medicaid 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 <u>www.medicare.gov</u> 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 (<u>www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf</u>) 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.

G6. Getting help from Michigan Medicaid

Call the Beneficiary Help Line at 1-800-642-3195. Persons with hearing and speech disabilities may call the TTY number at 1-866-501-5656. Office hours are Monday through Friday, 8 AM to 7 PM.

G7. How to contact the Quality Improvement Organization (QIO)

Our state has an organization called Livanta BFCC-QIO. This is a group of providers and other healthcare professionals who help improve the quality of care for people with Medicare. Livanta BFCC-QIO is not connected with our plan.

Contact Livanta BFCC-QIO if you have questions about your health care. You can also make a complaint about the care you got if:

- You have a problem with the quality of care,
- You think your hospital stay is ending too soon, or
- You think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

Contact Livanta BFCC-QIO at 1-888-524-9900 (TTY users should call 1-888-985-8775) Monday-Friday 9 a.m. to 6 p.m. (EST) or visit their website at <u>https://livantaqio.com/en</u>.



Multi-Language Insert Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at 1-855-323-4578 (TTY: 711). Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos al 1-855-323-4578 (TTY: 711). El horario de atención es de 8 a.m. a 8 p.m, los siete días de la semana. Los fines de semana y los días festivos estatales o federales, es posible que se le pida que deje un mensaje. Se le devolverá la llamada al siguiente día hábil. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

Chinese (Cantonese): 我們提供免費的口譯服務,可解答您對我們的健康或 藥物計劃可能有的任何疑問。如需口譯員服務,您僅需於每週七天上午8點 至晚上8點致電1-855-323-4578 (TTY:711)與我們聯絡。週末及州或聯邦假 日,可能會要求您留言。我們將在下一個工作日內回電給您。會說中文的人 員可以幫助您。此為免費服務。

Chinese (Mandarin):我们提供免费口译服务,可解答您对我们的健康或药物 计划的有关疑问。要获得口译服务,请于周一至周日上午8点至晚上8点 致电1-855-323-4578(TTY:711)。在周末及州或联邦假日,您可能需要留 言。您的来电将在下一个工作日内得到回复。您将获得中文普通话口译员的 帮助,而且这是一项免费服务。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Upang makakuha ng interpreter, tumawag lang sa amin sa 1-855-323-4578 (TTY: 711) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Para sa mga oras pagkatapos ng trabaho, Sabado at Linggo, at pista opisyal, maaaring magpaiwan sa inyo ng mensahe. May tatawag sa inyo sa susunod na araw na may pasok. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo. French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au 1-855-323-4578 (TTY : 711) tous les jours, de 8 h à 20 h. Si vous appelez pendant les week-ends et jours fériés, vous devrez peut-être laisser un message. Nous prendrons alors votre appel en compte le jour ouvrable suivant. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số 1-855-323-4578 (TTY: 711), từ 8 a.m. đến 8 p.m., bảy ngày một tuần. Vào các ngày cuối tuần và ngày lễ của tiểu bang hoặc liên bang, quý vị có thể được yêu cầu để lại tin nhắn. Sẽ có người phản hồi cuộc gọi của quý vị vào ngày làm việc tiếp theo. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns von Montag bis Freitag zwischen 8 und 20 Uhr unter folgender Telefonnummer an: 1-855-323-4578 (TTY: 711). Außerhalb der Geschäftszeiten, an Wochenenden und an Feiertagen werden Sie möglicherweise aufgefordert, eine Nachricht zu hinterlassen. Wir rufen Sie am nächsten Werktag zurück. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 주 7일, 오전 8시부터 오후 8시까지 1-855-323-4578(TTY: 711)번으로 당사에 연락해 주십시오. 주말 및 공휴일에는 메시지를 남겨 주시면 됩니다. 그러면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру 1-855-323-4578 (TTY: 711). Часы работы: с 8 а.т. до 8 р.т. без выходных. В выходные и праздничные дни федерального уровня или на уровне штата вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна. Arabic: وفَّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، يرجى الاتصال بنا على الرقم 4578-323-1855-1 (711: 117) طوال أيام الأسبوع من الساعة 8 صباحًا لغاية الساعة 8 مساءً. قد يُطلب منك ترك رسالة في عطلات نهاية الأسبوع وخلال الإجازات الوطنية والفيدر الية وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero 1-855-323-4578 (TTY: 711) dalle 8:00 alle 20:00, sette giorni a settimana. Nei fine settimana e nei giorni festivi potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número 1-855-323-4578 (TTY: 711). O serviço está disponível sete dias por semana, das 8:00 às 20:00. Se ligar ao fim de semana ou num feriado estadual ou federal, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, senpleman rele nou nan 1-855-323-4578 (TTY: 711). Lè biwo yo se soti 8è a.m. rive 8è p.m., sèt jou pa semèn. Nan wikenn ak pandan jou ferye eta oswa federal yo, yo gendwa mande w pou ou kite yon mesaj. Y ap rele w pwochen jou biwo yo louvri a. Yon moun ki pale Kreyòl Ayisyen kapab ede w. Se yon sèvis gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer 1-855-323-4578 (TTY: 711) w godzinach od 8:00 do 20:00, siedem dni w tygodniu. Po godzinach pracy, w weekendy i święta konieczne może być pozostawienie wiadomości. Oddzwonimy w następnym dniu roboczym. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna. Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए बस हमें 1-855-323-4578 (TTY: 711) पर कॉल करें। कॉल करने का समय सप्ताह के सातों दिन सुबह 8 बजे से रात 8 बजे तक है। सप्ताहांत और राज्य या संघीय छुट्टियों पर, आपसे एक संदेश छोड़ने के लिए कहा जा सकता है। अगले कार्य दिवस पर आपके कॉल का जवाब दिया जाएगा। हिंदी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Japanese:弊社の健康や薬剤計画についてご質問がある場合は、無料の通 訳サービスをご利用いただけます。通訳を利用するには、月曜日~金曜 日の午前8時~午後8時に、1-855-323-4578(TTY:711)までお電話くださ い。週末や祝日は、留守番電話にメッセージを残す必要がある場合があり ます。その場合は、折り返しお電話いたします。日本語の通訳担当者が対 応します。これは無料のサービスです。

Albanian: Ne ofrojmë shërbime interpretimi pa pagesë për t'iu përgjigjur çdo pytjeje që mund të keni lidhur me planin tonë për shëndetin ose për barnat. Për t'u lidhur me një interpret, thjesht na telefononi në numrin 1-855-323-4578 (TTY: 711), nga ora 8:00 deri në 20:00, nga e hëna në të premte. Gjatë fundjavave dhe festave, mund t'ju kërkohet të lini një mesazh. Telefonata do t'ju kthehet brenda ditës së ardhshme të punës. Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim pa pagesë.

Bengali: আমাদের শ্বাস্থ্য বা ড্রাগ বিষয়ক পরিকল্পনা সম্পর্কে আপনার যে কোনও প্রশ্নের উত্তর দিতে আমরা বিনামূল্যে দোভাষীর পরিষেবা দিই। দোভাষীর পরিষেবা পেতে কেবল আমাদের 1-855-323-4578 (TTY: 711) নম্বরে কল করুন। সময় হ'ল সম্বাহের সাত দিনই সকাল 8টা থেকে রাত্রি 8টা। সম্বাহান্তে এবং প্রদেশ বা কেন্দ্রীয় ছুটির দিনগুলিতে আপনাকে একটি মেসেজ দিয়ে রাখতে বলা হতে পারে। আপনাকে পরবর্তী কাজের দিন কল করা হবে। বাংলা বলতে পারেন এমন কেউ আপনাকে সাহায্য করতে পারেন। এই পরিষেবাটি বিনামূল্যে। Serbo-Croatian: Nudimo besplatne usluge tumača koji će odgovoriti na sva pitanja koja potencijalno imate o svom zdravlju i planu lekova. Da biste dobili tumača treba samo da nas pozovete na broj 1-855-323-4578 (TTY: 711). Radno vreme je od 08:00 do 20:00, sedam dana u nedelji. Tokom vikenda, državnih i nacionalnih praznika možemo tražiti od vas da ostavite poruku. Poziv ćete primiti u toku narednog radnog dana. Neko ko govori srpskohrvatski jezik će vam pomoći. Usluga je besplatna.