NALC High Option Plan — Aetna Medicare Advantage

Introducing a new 2023 Medicare Advantage plan designed exclusively for NALC Health Benefit Plan High Option annuitants

NALCHBP.org/Annuitant
1397254-01-01 (10/22)
The NALC Health Benefit Plan and Aetna® have teamed up to offer NALC Health Benefit Plan High Option annuitants enhanced medical and prescription drug coverage all in one plan.

Effective January 1, 2023, it’s called the NALC High Option Plan — Aetna Medicare Advantage. It’s a Medicare Advantage plan, designed exclusively for NALC Health Benefit Plan High Option annuitants, and it is offered to you through the NALC Health Benefit Plan.

Take some time to review this brochure and visit NALCHBP.org/Annuitants to view the Summary of Benefits. You can also learn more about Medicare Parts A and B, the NALC High Option Plan — Aetna Medicare Advantage, and how you can opt in to the plan for 2023.

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Federal employees are fortunate to continue to have coverage under the Federal Employees Health Benefits (FEHB) Program when they retire, so why think about Medicare or the new NALC High Option Plan — Aetna Medicare Advantage?

Most plans offered through FEHB are plans that include some level of cost-sharing. Cost-sharing means you may pay some portion of the costs — deductibles, coinsurance and copays — when you visit health care providers. And we all know this can add up. Enrolling in Medicare Parts A and B and the NALC High Option Plan may save you money.

You have the following options available:

• Continue to stay in the NALC Health Benefit Plan High Option without electing Medicare
• Continue to stay in the NALC Health Benefit Plan High Option and enroll in Medicare Parts A and B, or
• Remain a member of the NALC Health Benefit Plan High Option, enroll in or remain enrolled in Medicare Parts A and B, and opt in to the new NALC High Option Plan — Aetna Medicare Advantage

You must be a member of the NALC Health Benefit Plan High Option to opt in to the new NALC High Option Plan — Aetna Medicare Advantage

As with all plan options offered by the NALC Health Benefit Plan, if you are a non-Postal employee, annuitant, survivor annuitant, or a former spouse eligible for coverage under the Spouse Equity Law or eligible for Temporary Continuation of Coverage (TCC) you become an associate member of National Association of Letter Carriers (the union) when you enroll in the NALC Health Benefit Plan. Associate members will be billed by the National Association of Letter Carriers for the $36 annual membership fee.

How can you save money on health care costs by enrolling in Medicare and the NALC High Option Plan — Aetna Medicare Advantage?

If you enroll in Medicare Parts A and B, your FEHB plan may lower your out-of-pocket costs by waiving certain deductibles or coinsurance. If you are enrolled in the NALC Health Benefit Plan High Option and enroll in Medicare Parts A and B, you are also eligible to opt in to the NALC High Option Plan — Aetna Medicare Advantage, which will provide you with a Part B premium reduction of $900 per person, per year, as well as other exciting benefits, while continuing to enjoy the high level of service available through the NALC Health Benefit Plan.

What’s Medicare?

At first glance, Medicare may seem like a lot to figure out, especially since you keep your FEHB coverage after you retire. Medicare is a federal health insurance program for people age 65 and older, as well as some people under age 65 with disabilities, and people with end-stage renal disease (kidney failure).

Get a complete Medicare Advantage plan without having to suspend your FEHB coverage and while remaining an NALC Health Benefit Plan member

With the NALC High Option Plan — Aetna Medicare Advantage, your coinsurance and deductibles will continue to be $0 for most medical expenses (as they are if you are you opt in to the NALC Health Benefit Plan High Option with Medicare Parts A and B). However, once you opt in to NALC High Option Plan — Aetna Medicare Advantage, it’s possible to decrease your monthly Medicare Part B premiums. Also, opting in to the NALC High Option Plan — Aetna Medicare Advantage offers more thorough coverage and programs to help you reach your health goals, as described in this brochure.
• No additional premium cost (you pay the same NALC Health Benefit Plan High Option premium)
• $900 per year ($75 monthly) Medicare Part B premium reduction for eligible members
• $0 deductible and coinsurance for medical care (you have this with your existing coverage if you are enrolled in Medicare Parts A and B)
• Unlimited physical, occupational and speech therapy visits
• Prescription drug coverage as low as $0
• Dental coverage
• Vision coverage
• Continued access to your doctors (see any doctor who is eligible to receive Medicare payment and accepts the NALC High Option Plan — Aetna Medicare Advantage). Call the Aetna Retiree Solutions service center at 866-241-0262 (TTY: 711) for assistance
• Additional programs, like the SilverSneakers® fitness program, Healthy Home Visits, a non-emergency transportation program and home-delivered meals after discharge from an inpatient hospital stay, all at no extra cost

Medicare Part A = Hospital insurance
Covers most inpatient medical expenses, like hospital stays and home health care. Generally, no premium is required to enroll in and be covered by Medicare Part A.

Medicare Part B = Medical insurance
Covers doctor visits, durable medical equipment, outpatient procedures and lab services. Generally, Medicare Part B enrollees pay a monthly Part B premium and a deductible before Medicare covers services.

Original Medicare = Part A + Part B
Together, both parts provide coverage in and out of the hospital.

Medicare Part C = Medicare Advantage
Medicare Advantage plans are offered by private insurance companies and approved by Medicare. They may offer more benefits at a lower cost than Medicare Parts A and B. You must sign up for Parts A and B before enrolling in a Medicare Advantage plan (Medicare Part C).

Medicare Part D = Prescription Drug coverage
It’s offered by private insurance companies to help pay prescription drug costs. It’s included in some Medicare Advantage plans or can be added to Medicare Parts A and B coverage.

Visit Medicare.gov to learn more, or call 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. Those who are deaf and hard-of-hearing can call TTY: 711.

You can also request a copy of the “Medicare & You” brochure when you call. Or just download it from the Medicare website Medicare.gov
Benefits-at-a-glance for NALC High Option Plan Annuitants with Medicare

While federal employees or annuitants are not required to elect any additional parts of Medicare, there are benefits to doing so. The following charts compare some commonly used services between the existing coverage available under the NALC Health Benefit Plan High Option (for annuitants also enrolled in Medicare Parts A and B) and the new NALC High Option Plan — Aetna Medicare Advantage.

<table>
<thead>
<tr>
<th>Medical coverage</th>
<th>Existing</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>NALC Health Benefit Plan High Option plus separate enrollment in Medicare (assumes in-network providers are used)</td>
<td>NALC High Option Plan — Aetna Medicare Advantage</td>
<td></td>
</tr>
</tbody>
</table>

| Medicare Part B Premium Reduction | Not provided | Each eligible annuitant receives a $900 per year ($75 per month) Medicare Part B premium reduction |

<table>
<thead>
<tr>
<th>Your responsibility</th>
<th>Your responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td>$0</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum</td>
<td>$0 per person (medical) $3,100 per person or $4,000 per family (prescriptions only)</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0, except prescription drugs</td>
</tr>
<tr>
<td>Primary care and specialty physician visits</td>
<td>$0</td>
</tr>
<tr>
<td>Adult annual preventive physical exam</td>
<td>$0</td>
</tr>
<tr>
<td>Lab, X-ray and other diagnostic tests</td>
<td>$0</td>
</tr>
<tr>
<td>Inpatient hospital</td>
<td>$0</td>
</tr>
<tr>
<td>Home health services</td>
<td>$0, limited to 2 hours/day and up to 50 visits/year unless more visits are covered by Medicare</td>
</tr>
<tr>
<td>Chiropractic services</td>
<td>$0, Medicare approved — unlimited; Enhanced Chiropractic Services — limit 24 visits per year</td>
</tr>
<tr>
<td>Physical, occupational and speech therapy</td>
<td>$0, limited to 75 visits unless more visits are covered by Medicare</td>
</tr>
<tr>
<td>Routine vision exam</td>
<td>Not covered</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>$1,000 per ear every 36 months</td>
</tr>
</tbody>
</table>

**Prescription coverage**

<table>
<thead>
<tr>
<th>Retail pharmacy (30-day supply of a covered drug)</th>
<th>Generic: 10% of cost (hypertension, diabetes, and asthma: 5%)</th>
<th>Preferred generic:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred brand: 20%</td>
<td>Non-preferred brand: 40%</td>
<td>• $0 at preferred* pharmacies</td>
</tr>
<tr>
<td>Specialty: $200</td>
<td></td>
<td>• $2 at standard* pharmacies</td>
</tr>
<tr>
<td>Mail-order pharmacy or retail (90-day supply of a covered drug)</td>
<td>NALCSelect and NALCPREFERRED</td>
<td>Preferred generic:</td>
</tr>
<tr>
<td>Generic: $4</td>
<td>Preferred brand: $10</td>
<td>• $0 through preferred* retail or mail</td>
</tr>
<tr>
<td>Non-preferred brand: $110</td>
<td>Preferred brand: $75</td>
<td>• $4 through standard* retail or mail</td>
</tr>
<tr>
<td>Specialty: $400</td>
<td>Non-preferred brand: $110</td>
<td>Generic: $10</td>
</tr>
<tr>
<td>Hypertension, diabetes, and asthma:</td>
<td>Preferred brand: $40</td>
<td>Preferred brand: $75</td>
</tr>
<tr>
<td>Specialty: $60</td>
<td>Non-preferred brand: $60</td>
<td>Non-preferred brand: $110</td>
</tr>
</tbody>
</table>

*Visit NALCHBP.org/Annuitant to view preferred and standard pharmacies as well as the prescription drug formulary to determine the cost share for your medication.*
The new NALC High Option Plan — Aetna Medicare Advantage includes many additional benefits to help you reach your health goals, big and small. The new NALC High Option Plan — Aetna Medicare Advantage also includes some programs available under your existing coverage with new vendors.

### Benefits-at-a-glance for NALC High Option Plan Annuitants with Medicare continued

<table>
<thead>
<tr>
<th>Existing</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>NALC Health Benefit Plan High Option plus separate enrollment in Medicare (assumes in-network providers are used)</td>
<td>NALC High Option Plan — Aetna Medicare Advantage</td>
</tr>
</tbody>
</table>

#### Your responsibility

<table>
<thead>
<tr>
<th>Dental coverage</th>
<th>Your responsibility</th>
<th>Your responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental</strong></td>
<td>Not covered</td>
<td>Annual benefit maximum $750 per year for covered services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coverage includes cleanings, checkups, X-rays and comprehensive services</td>
</tr>
<tr>
<td><strong>Preventive dental services</strong></td>
<td>Not covered</td>
<td>$0 deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0% coinsurance for each dental service</td>
</tr>
<tr>
<td><strong>Comprehensive dental services</strong></td>
<td>Not covered</td>
<td>$25 deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50% coinsurance for each dental service</td>
</tr>
<tr>
<td><strong>Vision coverage</strong></td>
<td>Not covered</td>
<td>$0 routine vision exam</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$100 eyewear reimbursement every 24 months</td>
</tr>
</tbody>
</table>

#### Additional benefits

<table>
<thead>
<tr>
<th>SilverSneakers® fitness program</th>
<th>Not included</th>
<th>Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal benefit program</td>
<td>Not included</td>
<td>Included – up to 14 meals after discharge per patient</td>
</tr>
<tr>
<td>Routine transportation</td>
<td>Not included</td>
<td>Included – 24 one-way trips up to 60 miles each</td>
</tr>
<tr>
<td>Resources For Living® program</td>
<td>Not included</td>
<td>Included</td>
</tr>
<tr>
<td>Healthy Home Visit Program</td>
<td>Not included</td>
<td>Included</td>
</tr>
<tr>
<td>Wellness rewards program</td>
<td>Included</td>
<td>Included. Earn gift cards when you complete important health care activities.</td>
</tr>
</tbody>
</table>

The charts shown on pages 8, 9 and 10 of this brochure assume that the items and services are covered by Medicare unless specifically noted otherwise. The middle column in this chart assumes Medicare Parts A and B are primary and covered services are provided by doctors and facilities that participate with Medicare. The last column assumes that you have Medicare Parts A and B and have opted into the NALC High Option Plan — Aetna Medicare Advantage.
There are several specific time periods during which you can enroll in Medicare Parts A and B. The first two (initial enrollment and special enrollment periods) are without penalty. The third (general enrollment period) is considered late enrollment, which could increase your costs significantly.

**Initial Enrollment Period (IEP)**
For most people, the IEP lasts for 7 months, starting three months before you turn 65 and ending three months after the month you turn 65. You can apply online at SocialSecurity.gov or enroll at your local Social Security office.

**Special Enrollment Period (SEP)**
After your IEP ends, you may still sign up for Medicare if you meet the criteria for SEP. If you are still working and you're covered under a group health plan (usually through your employer), you have an 8-month SEP to sign up. This SEP begins with whichever comes first:
- The month after your employment ends
- The month after the group health plan insurance ends

Usually, you don’t pay a late enrollment penalty if you sign up during a SEP.

**General Enrollment Period (GEP)**
Between January 1 and March 31 each year, Medicare offers a GEP. You can sign up during the GEP any year if both are true:
- You didn’t sign up when you were first eligible (during your IEP), and
- You aren’t eligible for a SEP

**Medicare Part B late enrollment penalty**
If you don’t sign up for Medicare Part B when you’re first eligible, your monthly premium may go up 10% for each 12-month period you were eligible, but didn’t sign up. In most cases, you’ll have to pay this penalty for as long as you have Medicare Part B. And the penalty increases the longer you go without Part B coverage.

Contact your local Social Security office:
- Apply online at SSA.gov (if you qualify)
- Call 800-772-1213 (TTY: 800-325-0778)

Medicare.gov is an excellent resource for additional details regarding the Medicare process.
The enrollment process for NALC High Option Plan — Aetna Medicare Advantage

It's easy to opt in

If you have Medicare Parts A and B as your primary coverage, and you are enrolled in the NALC Health Benefit Plan High Option, you can opt in to the new NALC High Option Plan — Aetna Medicare Advantage. Any dependents not enrolled in NALC High Option Plan — Aetna Medicare Advantage will continue with coverage under the NALC Health Benefit Plan High Option.

To complete your NALC High Option Plan — Aetna Medicare Advantage enrollment once you're enrolled in the NALC Health Benefit Plan High Option:

1. Log in to: AetnaRetireeHealth.com/NALC
2. Or call the Aetna Retiree Solutions service center at 866-241-0262 (TTY: 711) Monday–Friday, 8 AM–8 PM ET.
3. Provide the following information:
   • Your Medicare Parts A and B effective dates
   • Your Medicare number (MBI)

If you opt in to the new NALC High Option Plan — Aetna Medicare Advantage and change your mind, you can switch back to the High Option Plan with Original Medicare at any time by calling the Aetna Retiree Solutions service center at 866-241-0262 (TTY: 711) to request a disenrollment form.

About IRMAA

If your income is above a certain limit, you may be required to pay an Income Related Monthly Adjustment Amount, or IRMAA, to the government. This is in addition to the standard Medicare Part B premium amount.

Since Aetna® is not responsible for IRMAA, please see the chart provided by Medicare, which lists extra costs by income at: Medicare.gov/Basics/Costs/Medicare-costs

If you must pay an extra amount, Social Security, not the NALC High Option Plan — Aetna Medicare Advantage, will send you a letter telling you what that extra amount will be and how to pay it. The extra amount will be withheld from your Social Security, Railroad Retirement Board or Office of Personnel Management benefit check, no matter how you pay your plan premium.

Once you opt in to the NALC High Option Plan — Aetna Medicare Advantage, be sure to begin using your new Medicare Advantage ID card. Each annuitant and dependent enrolled in the NALC High Option Plan — Aetna Medicare Advantage will receive a new card with a new member ID number to replace your current NALC Health Benefit Plan High Option ID card. Remember to show each of your providers your new Aetna Medicare Advantage ID card at your next visit. You will continue to be a member of the NALC Health Benefit Plan; however, your coverage will be under the NALC High Option Plan — Aetna Medicare Advantage.
Helpful resources for you

For questions about the NALC High Option Plan — Aetna Medicare Advantage
Call Aetna Retiree Solutions service center at 866-241-0262 (TTY: 711), Monday–Friday, 8 AM–8 PM ET or visit NALCHBP.org/Annuitant for one-on-one consultations and webinars.

To opt in to NALC High Option Plan — Aetna Medicare Advantage
Visit AetnaRetireeHealth.com/NALC or call Aetna Retiree Solutions service center at 866-241-0262 (TTY: 711), Monday–Friday, 8 AM–8 PM ET.

Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

This is a brief description of the features of this plan. Before making a final decision, please read the NALC Health Benefit Plan — High Option’s official federal brochure RI 71-009 and the NALC High Option Plan — Aetna Medicare Advantage plan documents. All benefits under the NALC Health Benefit Plan — High Option are subject to the definitions, limitations and exclusions set forth in the official federal brochure RI 71-009. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. External websites links are provided for your information and convenience only and do not imply or mean that Aetna or the NALC Health Benefit Plan endorses the content of such linked websites or third-party services. Aetna and the NALC Health Benefit Plan have no control over the content or materials contained therein. Aetna and the NALC Health Benefit Plan therefore make no warranties or representations, express or implied, about such linked websites, the third parties they are owned and operated by, and the information and/or the suitability or quality of the products contained on them. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Incentive-based activity awards will only be given for completing select wellness programs as determined by the plan sponsor. Teladoc® is not available to all members. Teladoc and Teladoc physicians are independent contractors and are not agents of Aetna. Visit Teladoc.com/Aetna for a complete description of the limitations of Teladoc services. Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies. Vision care providers are contracted through EyeMed® Vision Care. All trademarks and logos are the intellectual property of their respective owners.

If you are a non-Postal employee, annuitant, survivor annuitant, or a Spouse Equity or TCC enrollee, you become an associate member of the NALC when you enroll in the NALC Health Benefit Plan, including the NALC High Option Plan — Aetna Medicare Advantage. Associate members will be billed by the National Association of Letter Carriers (the union) for the $36 annual membership fee, which is subject to change.

Benefits where you are
The NALC High Option Plan — Aetna Medicare Advantage gives you the freedom to see any licensed provider or hospital as long as they are eligible to receive Medicare payment and accept the NALC High Option Plan — Aetna Medicare Advantage, even if they are not in the Aetna network. If you are not sure if your provider accepts the plan, call the Aetna Retiree Solutions service center at 866-241-0262 (TTY: 711), Monday–Friday, 8 AM–8 PM ET. They’ll confirm or can help you find other nearby doctors or hospitals to meet your needs.
Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 866-241-0262 (TTY: 711).

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

**Civil Rights Coordinator**
P.O. Box 14462, Lexington, KY 40512
800-648-7817 (TTY: 711)
Fax: 859-425-3379
CRCoordinator@aetna.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at: [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or:

**U.S. Department of Health and Human Services**
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Additionally, you may contact them at:
Toll-free: 800-368-1019
TDD toll-free: 800-537-7697
Multi-Language Insert
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 866-241-0262. Someone who speaks English/Language 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 866-241-0262. Alguen 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。如果您需要翻译服务，请致电 866-241-0262。我们的中文工作人员很乐意帮助您。这项是一项免费服务。

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 866-241-0262。我們講中文的人員將樂意為您服務。這是一項免費服務。


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 866-241-0262. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.


Korean: 당사는 의료 보험 또는 약물 보험에 관한 질문에 대해 드리고자 무료 동역 서비스를 제공하고 있습니다. 동역 서비스를 이용하려면 전화 866-241-0262 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 866-241-0262. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: نحن نقدم خدمات الترجمة المجانية لجوانب الصحة والعناية بالصحة أو صحة الأدوية. يمكنكم الإتصال ب 866-241-0262. سيساعدكم مترجم مجاني.

Hindi: हमारे स्वास्थ्य या दवा की पोषण के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुaxiesशिया सेवाएं उपलब्ध हैं, एक दुaxiesशिया प्राप्त करने के लिए, इसे हमें 866-241-0262 पर फोन करें, कोई अभिज्ञ जो हिंदी में बोलता है आपकी मदद कर सकता है. पर 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 interpretre, contattare il numero 866-241-0262. Un nostro incaricato che parla Italiano fornirà l’assistenza necessaria. È un servizio gratuito.

Portuguese: Disponemos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicacão. Para obter um intérprete, contacte-nos através do número 866-241-0262. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèpre gratis pou repounn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèpret, jis rele nou nan 866-241-0262. Yon moun ki pale Kreyol kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umówiliśmy bezpłatne skorzystanie z usług tłumaca ustnego, który pomaga w uzyskaniu odpowiedzi po temat planu zdrowotnego lub medycznego. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 866-241-0262. 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、無料の通信サービスがあります。通信をご利用になるには、1-xxx-xxxxxxxにお電話ください。日本語を話す者を支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhēle ‘ōlelo kā mākuʻu i mea e pāne ia ai kā mau ninau e pili ana i kā mākuʻu papaahana olakino a lāʻau lapaʻau pāha. I mea e loaʻa ia ke kōkua māhēle ‘ōlelo, e kelepona mai iā mākuʻu ma <1-xxx-xxxxxxx>. E hiki ana i kekahui mea ‘ōlelo Pelekania/ʻOlelo ke kōkua iā ‘oe. He pōmaikā‘i manuahi kēia.

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