



A plan for life.

Medicare Advantage **Group Plans**



Welcome!

Being eligible for Medicare means you have important choices to make. If you're looking for a Medicare Advantage plan that gives you the benefits you need – including hearing and vision – plus no-cost tools and programs that help you get and stay healthy, **CDPHP has you covered.**

- ▶ Live your healthiest life with **\$0 flu shots, cancer screenings, and other preventive services**
- ▶ Travel worry-free with **emergency coverage worldwide**
- ▶ Take your health care into your own hands with **apps that help you stay healthy, and give you 24/7 access to doctors**
- ▶ Get the service you deserve with **award-winning customer service based in Albany**
- ▶ **Talk to a nurse, dietitian, or educator** about your specific health concerns

To enroll in a CDPHP Medicare Advantage plan today, you need to:

- ▶ Have Medicare Parts A and B
- ▶ Reside in our 29-county service area for at least six months of the year
- ▶ Complete an application and submit it to your employer at least one month before your effective date





Group Name: Town of Glenville-Medicare

Group ID#: 20031149

BENEFITS	YOU PAY	
	In-Network	Out-of-Network
Doctor Visits		
Primary care	\$12	\$24
Specialist	\$20	\$40
Preferred Live Video Doctor Visits	Covered in full	Not Covered
Telehealth services from a CDPHP Network provider	PCP or Specialist cost share based on provider	PCP or Specialist cost share based on provider
Preventive Care		
Annual wellness exam Medicare-covered screenings - mammogram, prostate, pap test, bone mass measurement, pneumonia and flu shot	Covered in full	Covered in full
Hospital and Outpatient Services		
Inpatient hospital stays Maximum of 2 copayments per plan year.	\$250	\$750
Inpatient mental health care (190 days per lifetime) Maximum of 2 copayments per plan year.	\$250	\$750
Outpatient hospital and ambulatory surgical center- same day surgery & other services	\$125	\$250
Home health services	Covered in full	Covered in full
Emergency Care		
Worldwide emergency room care (waived if admitted)	\$75	
Urgent care	\$30	
Ambulance	\$100	
Rehabilitation		
Skilled nursing facility (100 days per benefit period)	Covered in full	Covered in full
Physical, occupational, and speech therapy	\$20	\$40
Diagnostic Services		
Laboratory services (cost share waived at preferred laboratories)	\$20	\$40
Radiology and imaging (X-rays, ultrasounds)	\$20	\$40
Advanced imaging (CT scan, MRI, PET scan)	\$40	\$80
Additional Coverage		
Blood glucose monitors and test strips by Ascencia Diabetes Care	Covered in full	
Diabetic Supplies (you pay whichever cost share is less)	\$10 or 20%	\$10 or 20%
Dialysis	\$20	\$20
Acupuncture (10 visits)	50%	50%
Chiropractor	\$20	\$40
Durable Medical Equipment	20%	20%

BENEFITS		YOU PAY	
Additional Coverage			
Vision allowance		\$100 allowance per plan year	
Hearing aids		\$199 or \$499 copayment depending on model per plan year	
In-Home Support Services (30 hours annually)		Covered in full	
Prescription Drugs – Part B			
Physician administered injectables (including chemotherapy) Office visit copayment may apply		\$20	\$40
Retail pharmacy/Oral chemotherapy (per prescription)		\$20	\$40
Prescription Drugs – Part D			
Rx Rider: 524P Rx Deductible: \$0			
Initial Coverage Stage	Retail Pharmacy (30 day supply)	Mail Order (up to a 90 day supply)	
Tier 1 Preferred generic	\$0	\$0	
Tier 2 Generic	\$10	\$20	
Tier 3 Preferred brand	\$30	\$60	
Tier 4 Non-preferred drugs	\$50	\$100	
Tier 5 Specialty tier	\$50	Not Available	
Coverage Gap Stage	If your total drug costs (paid by both you and CDPHP) reach \$5,030, you will pay either the above stated cost share or less.		
Catastrophic Coverage Stage	At \$8,000 your Part D Prescription drugs are covered in full.		
Shingles Vaccine	Covered in full		
Dental Rider			
Rider: 592P		\$250 Reimbursement towards 2 cleanings and exams and 1 annual x-ray per plan year	
Out of Pocket Maximum			
Maximum Annual Out-of-Pocket Protection (Excludes: Part D costs, eyewear, hearing aids and dental if applicable)		\$3,350 Combined in and out of network	
WELLNESS PROGRAMS			
Life Points Rewards®: Members are eligible to earn up to 125 Life Points Rewards per contract by completing program activities.			
CDPHP Senior Fit®: Enjoy access to SilverSneakers® participating gyms. You can also work out and take fitness and wellness classes at many other area gyms, like the CDPHP® Fitness Connect at the Ciccotti Center, at no additional cost.			
Weight management program: Receive up to \$100 reimbursement for participation in a weight loss program with an eligible vendor.			

CDPHP® Medicare Advantage is a PPO with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.

If you have a question or wish to receive additional information, please contact member services at (518) 641-3950 or 1-888-248-6522 (TTY: 711). Or, visit our website at www.cdphp.com. This summary is designed to highlight the benefits of the plan being offered and does not detail all benefits, limitations, or exclusions. It is not a contract and may be subject to change. Many preventive services are covered in full. For more detailed information, an Evidence of Coverage is available for your review upon request.



2024 CDPHP® Medicare Advantage RIDER FOR GROUP MEDICARE DENTAL COVERAGE

The *Evidence of Coverage* to which this rider is attached is amended as follows:

You are entitled to reimbursement for the following services up to a total of \$250 per benefit year from the provider of your choice.

- Comprehensive oral exams, limited to two per benefit year
- Prophylaxis (cleanings), limited to two per benefit year
- X-rays (full mouth, panoramic, bitewing, and intraoral), limited to one per benefit year

Submit your receipt and proof of payment to:

CDPHP Medicare Claims
P.O. Box 66602
Albany, NY 12206

The terms of the Evidence of Coverage to which this rider is attached shall remain in full force and effect, except as amended by this Rider.

CDPHP® is an HMO and PPO with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.



2024 CDPHP® Medicare Advantage Rider for Group Medicare Pharmacy Coverage

Drug Tier	Retail In-Network Copay (30-day supply)			
Tier 1 Preferred Generic	\$0			
Tier 2 Generic	\$10			
Tier 3 Preferred Brand	\$30			
Tier 4 Non-Preferred Drugs	\$50			
Tier 5 Specialty Tier	\$50			
		Initial Coverage limit	Coverage Gap	Catastrophic
		\$0 - \$5,030	<\$8,000	>\$8,000

- **For a retail (90-day) supply:** You pay 3 times the retail in-network copay (see Retail In-Network Copay list above; Tier 5 drugs are not available for 90-day supply).
- **For a long-term care (31-day) supply, mail-order (30-day), and out-of-network (30-day) supply:** You pay the retail in-network copay.
- **For a mail-order (90-day) supply:** You pay 2 times the retail in-network copay (Tier 5 drugs are not available for 90-day supply).

Deductible: \$0 per benefit period.

Initial Coverage Limit: You pay the amount shown in the Retail In-Network Copay list above. Once copayments or coinsurance for covered Part D drugs under the CDPHP Medicare Advantage Drug Plans Formulary reach the limit, the Coverage Gap begins.

Coverage Gap: You pay the amount shown in the Retail In-Network Copay list above. When your total out-of-pocket Part D drug costs* reach the limit, Catastrophic Coverage begins.

Catastrophic: Covered in full.

This summary does not detail all benefits, limitations, or exclusions. The terms of the *Evidence of Coverage* to which this rider is attached shall remain in full force and effect, except as amended by this rider. CDPHP Medicare Advantage is an HMO and PPO with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.

*Total out-of-pocket Part D drug costs include member payments plus any amount others pay on the member's behalf (LIS, EPIC, MSA, FSA, manufacturer discount, etc.)



Make the Most of Your Pharmacy Benefit

Your group Medicare Advantage plan comes with a prescription drug benefit. Not only are prescription medications covered, but you also have access to resources to help you stay healthy and save money.

Drug List (Formulary) – Your CDPHP Medicare Advantage plan covers most prescription drugs. CDPHP keeps a list of the medications covered under your plan in a document called a drug list or formulary. You can search for specific medications you take or search the [formulary](#) by medical condition.

Medication Therapy Management – As a CDPHP Medicare Advantage member with prescription drug coverage, you can receive no-cost [medication reviews](#) with a pharmacist who can help you minimize side effects and potentially save you money.

Rx For Less – Save money on many [generic prescription medications at participating pharmacies](#). You may be able to get some medication for as little as a penny per pill.



Get the coverage you need
and the extras you want.



My Healthy Life

Choose from coverage options designed to fit your needs and budget.



NATIONWIDE COVERAGE

- » All plans cover emergency and urgent care anywhere in the U.S.
- » Receive routine care across the country with a PPO¹ plan



HEARING CARE

- » All plans include hearing aid benefits
- » Copays start as low as \$199



VIDEO DOCTOR VISITS

- » Doctor On Demand gives access to virtual doctor visits 24/7 with no copay
- » Get mental health virtual services through aptihealth with no copay



EASY ACCESS TO DOCTORS AND PRESCRIPTIONS

- » Thousands of in-network providers
- » Hundreds of conveniently-located pharmacies
- » Most area hospitals are in-network



\$0 PREVENTIVE VISITS

- » No-cost annual physical
- » No-cost cancer screenings

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

Get and Stay Healthy at No Extra Cost

Take advantage of tools and resources to help you live your healthiest life.



IN-HOME SUPPORT

- » 30 hours of no-cost, in-home companionship and support services through Papa
- » Assistance with transportation, house help, technology support, and grocery drop-off



GYM MEMBERSHIPS AND WELLNESS CLASSES

- » No-cost SilverSneakers membership
 - » Includes many local gyms and YMCA locations
- » Online fitness and health classes



WEIGHT LOSS REIMBURSEMENT

- » Up to \$100 reimbursement
- » Qualifying programs include WW and Noom



CDPHP HEALTH HUB

- » Members can personalize their experience by setting goals and tracking progress
- » Earn Life Points Rewards redeemable for gift cards for completing healthy activities



AT-HOME MEAL DELIVERY

- » 14 no-cost, home-delivered meals from a CDPHP-approved provider following an in-patient stay at a hospital, skilled nursing facility, or rehab facility

Worry-free Travel Wherever You Go



Across town or around the world, you're covered with CDPHP Medicare Advantage.

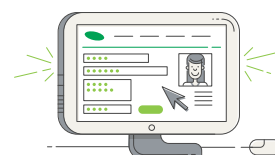
	CDPHP Medicare Advantage HMO	CDPHP Medicare Advantage PPO ¹
Out-of-area emergency visits	✓	✓
Out-of-area urgent care visits	✓	✓
Out-of-area PCP visits	not covered	✓
Out-of-area routine specialist visits	not covered	✓
Doctor On Demand	✓	✓

Thousands of Doctors to Serve You

Finding a provider, pharmacy, or hospital is only a click or phone call away.

Go Online

- Go to findadoc.cdphp.com
- Select your plan type and location (e.g., Medicare HMO, Medicare PPO)
- Search by specialty or the provider or facility name



Make a Call

- Call (518) 641-3950 or 1-888-248-6522 (TTY: 711) and let our member services representative help you find what you're looking for.
- Call your doctors' offices to ask if they participate with CDPHP.



TIP!

Not every CDPHP plan type requires you to select a primary care physician (PCP), but all members are encouraged to maintain a doctor-patient relationship with an internal medicine, family practice, osteopathic manipulative treatment, or general practice physician.



Getting started with CDPHP

If you **enroll with CDPHP**, here's what you'll receive from us and why it's important:

1

Approval Letter

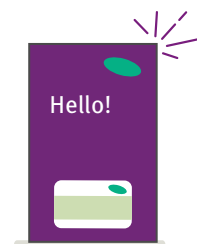
We send this letter to let you know when your enrollment has been approved by Medicare and to make sure you understand the plan you selected.



2

Member Welcome Guide with ID Card

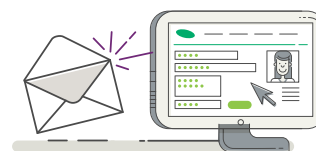
Your member welcome guide will provide you with your ID card as well as assistance in setting up your member account. You'll need your card when you visit the doctor, hospital, or pharmacy (if you have prescription coverage).



3

Member Welcome Kit

Your kit provides detailed information about your plan. It also includes important documents you can review, complete, and return to us. You can access this kit online via your member account if you prefer.



4

Welcome Call or Letter

Finally, we'll call or send you a letter to confirm you received your Member Welcome Kit, verify you chose a primary care doctor, learn more about your health care needs, and help you get started with CDPHP.



After you sign up for an online member account, you'll receive emails with helpful tips on topics like how to best use your account or how to earn CDPHP Life Points® Rewards.

Still have questions?

Contact member services for information about:

- ▶ benefits
- ▶ pharmacy
- ▶ CDPHP provider network

Please call member services at (518) 641-3950 or toll free at 1-888-248-6522 (TTY 711) Monday through Sunday, 8 a.m. to 8 p.m.*

Contact your employer group for information about:

- ▶ enrollment
- ▶ premiums

Add your Voice to the mix:



To join, visit insights.cdphp.com/join

*Our hours are 8 a.m. - 8 p.m. seven days a week from October 1 - March 31.
From April 1 - September 30, Monday – Friday, our hours are 8 a.m. - 8 p.m.
A voice messaging service is used weekends, after-hours, and federal holidays.
Calls will be returned within one business day.

Connect with us!

Tell us what you think at
insights.cdphp.com/join 

Get fitness tips, wellness ideas,
and more! Follow us on social
and visit blog.cdphp.com.



Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc., CDPHP Universal Benefits,[®] Inc., and Capital District Physicians' Healthcare Network, Inc. (collectively referred to as CDPHP[®]) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services:

ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call 1-888-248-6522 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-248-6522 (TTY: 711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-248-6522 (TTY : 711)

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

Capital District Physicians' Health Plan, Inc.
CDPHP Universal Benefits,[®] Inc.

500 Patroon Creek Boulevard, Albany, NY 12206-1057
(518) 641-3400 or 1-888-519-4455
www.cdphp.com



A plan for life.



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CDPHP® Medicare Advantage
GROUP HMO & PPO PLANS
MEMBER APPLICATION

Group Enrollment Request Form to Enroll in a Medicare Advantage Plan (Part C)

Who can use this form?

People with Medicare who are eligible to join their employer based Medicare Advantage Plan.

To join a plan, you must:

- Reach out to your employer to confirm eligibility for this plan
- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional—you can't be denied coverage because you don't fill them out.

Applicant:

Please print and use ink. If you have questions about benefits, pharmacy, or the CDPHP provider network, call CDPHP member services at (518) 641-3950 or 1-888-248-6522 (TTY:711).

Reminders:

- Your application must be completed and submitted to your employer prior to your requested effective date.
- Contact your employer for information about enrollment and to confirm premium amount and payment responsibilities.

What happens next?

- Send your completed and signed form to your employer prior to the requested effective date.
- Once your enrollment is processed, you will receive an ID card (with a new ID number) and a welcome packet in the mail.
- If you previously had a non-Medicare CDPHP plan, you will receive a letter telling you that we have ended your membership in that plan. This is a necessary step, but rest assured, you are covered by your new Group Medicare Advantage Plan.

Employer Group/Broker:

Complete the "Employer Group Office Use only" section at the beginning of the application. Scan and email to: MedicareEligibility@cdphp.com or fax to (518) 641-5006.

Member:

Return completed application to your employer.

Employer:

Complete Employer section and email to MedicareEligibility@cdphp.com or fax to (518) 641-5006.

CDPHP Group Medicare Enrollment Application

FOR EMPLOYER GROUP OFFICE USE ONLY

Employer Group Admin Initials <i>(required)</i> :	Effective Date:	QE or Reason: <input type="checkbox"/> ICEP/IEP <input type="checkbox"/> OEP <input type="checkbox"/> AEP <input type="checkbox"/> SEP
Employer or Union Name:		Group #:

Please note: By submitting this application, you attest that the member below is not working and/or eligible to receive employer or union benefits. (Only applies to groups >20 employees.) If the applicant is currently enrolled in a CDPHP active offering through your group, please disenroll through your standard procedure (i.e. electronic enrollment file, secure portal, enrollment/change form).

Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join:

☐ HMO

☐ PPO

FIRST name:

LAST name:

[Optional: Middle Initial]:

Birth Date: (MM/DD/YYYY)

___ / ___ / _____

Sex:

☐ M ☐ F

Home Phone Number:

(____) ____ - _____

Mobile Phone Number:

(____) ____ - _____

Permanent Residence street address (Don't enter a PO Box):

City:

[Optional: County]:

State:

ZIP Code:

Mailing address, if different from your permanent address (PO Box allowed):

Street Address:

City:

State:

ZIP Code:

E-mail address (Optional)

Your Medicare information:

Medicare Number:

_____ - _____ - _____

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to CDPHP? ☐ Yes ☐ No

Name of other coverage:

Member number for this coverage:

Group number for this coverage:

Are you the retiree? ☐ Yes ☐ No If "Yes", retirement date ___ / ___ / _____

If "No" name of retiree ☐ Yes ☐ No If "Yes", name of spouse (if enrolling) _____

Please contact your group administrator for assistance with enrolling eligible family members. A separate application is needed for each person to be enrolled in this plan.

Member: Return completed application to your employer. **Employer:** Complete Employer section and email to MedicareEligibility@cdphp.com or fax to (518) 641-5006.

CDPHP Group Medicare Enrollment Application

Section 1 – All fields on this page are required (unless marked optional) (continued from previous page)

IMPORTANT: Read carefully before signing

- I must keep both Hospital (Part A) and Medical (Part B) to stay in CDPHP.
- By joining this Medicare Advantage Plan, I acknowledge that CDPHP will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal Law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my CDPHP coverage begins, I must get all of my medical and prescription drug coverage benefits from CDPHP. Benefits and services provided by CDPHP and contained in my CDPHP "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor CDPHP will pay for benefits that are not covered.
- If I am enrolled in a PPO plan, I understand that when my CDPHP coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services. If medically necessary, CDPHP provides refunds for all covered services, even if I get services out of network.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 1. This person is authorized under State law to complete this enrollment, and
 2. Documentation of this authority is available upon request by Medicare.

Member: Return completed application to your employer. **Employer:** Complete Employer section and email to MedicareEligibility@cdphp.com or fax to (518) 641-5006.

Section 2 – All fields in this section are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Please contact CDPHP Medicare Advantage at (518) 641-3950 or 1-888-248-6522 if you need information in another language or format (Braille). Our office hours are 8 a.m.-8 p.m. seven days a week, October 1-March 31. From April 1-September 30, Monday-Friday, our hours are 8 a.m.-8 p.m. A voice messaging service is used after hours, weekends, and on federal holidays. Calls will be returned within one business day. TTY users can call 711.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic, or health center:

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin | |
| <input type="checkbox"/> I choose not to answer. | |

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native

Asian:

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian

- ☐ Black or African American

Native Hawaiian and Pacific Islander:

- ☐ Guamanian or Chamorro
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander
- ☐ White
- ☐ I choose not to answer.

Signature		Today's date:	
If you're the authorized representative, sign above and fill out these fields:			
Name:		Address:	
Phone Number:		Relationship to enrollee:	
Office Use Only:		DATE RECEIVED	
Name of staff member/agent/broker (if assisted in enrollment):			
Signature: _____ Broker ID: _____			

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Member: Return completed application to your employer. **Employer:** Complete Employer section and email to MedicareEligibility@cdphp.com or fax to (518) 641-5006.



Discrimination is Against the Law

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CDPHP:

- ▶ 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 the CDPHP Civil Rights Coordinator.

If you believe that CDPHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: CDPHP Civil Rights Coordinator, 500 Patroon Creek Blvd., Albany, NY 12206, 1-844-391-4803 (TTY/TDD: 711), Fax (518) 641-3401. You can file a grievance by mail, fax, or electronically at <https://www.cdphp.com/customer-support/email-cdphp>. If you need help filing a grievance, the CDPHP 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 <https://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, DC 20201, 1-800-368-1019 (TDD 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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 1-888-248-6522 (TTY: 711). 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 1-888-248-6522 (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 1-888-248-6522 (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 1-888-248-6522 (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 1-888-248-6522 (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 1-888-248-6522 (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 1-888-248-6522 (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 Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 1-888-248-6522 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-248-6522 (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 1-888-248-6522 (TTY: 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 1-888-248-6522 (TTY: 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 1-888-248-6522 (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 1-888-248-6522 (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 1-888-248-6522 (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 1-888-248-6522 (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 1-888-248-6522 (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、1-888-248-6522 (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。

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