



2024 Medicare Advantage

**ATRIO Special Needs Plan (HMO D-SNP) &
ATRIO Special Needs Plan (Willamette) (HMO D-SNP)**

Service area coverage for Klamath,
Douglas, Marion, and Polk Counties

Plan IDs include: H3814-007, H3814-030, H5995-001

January 1, 2024 - December 31, 2024

2024 Summary of Benefits

January 1, 2024 – December 31, 2024



Table of Contents

About the Summary of Benefits	1
Who Can Join?	1
Which Doctors, Hospitals, and Pharmacies Can I Use?	1
Tips for Comparing Your Medicare Choices	1
Pre-Enrollment Checklist	2
Plan Eligibility, Cost-Sharing, and Premium	3
Plan Deductible	3
Out-of-Pocket Maximums	3
Covered Medical and Hospital Benefits	3
Inpatient Hospital Care (Acute)	3
Outpatient Hospital	3
Ambulatory Surgery Center	3
Doctor's Office Visits	3
Preventive Care	3
Emergency & Urgent Care	3
Diagnostic Tests, Lab, X-rays, and Radiology Services	3
Hearing Services	3
Dental Services	4
Vision Services	4
Mental Health Services	4
Skilled Nursing Facility (SNF)	4
Occupational, Physical, and Speech Therapy	4
Ambulance	4
Transportation	4
Medicare Part B Drugs	4
Foot Care	4
Medical Equipment / Supplies and Diabetic Supplies	4
Chiropractic Services	4
Alternative Therapies	5
Virtual Visits / Telehealth	5
Meals	5
Fitness	5
Over-The-Counter Items	5
Personal Emergency Response System (PERS)	5
Medicare Part D Prescription Drug Benefits	5
Deductible Stage	5
Initial Coverage Stage	5
Catastrophic Coverage Stage	5
Summary of Oregon Health Plan (Medicaid) Covered Services	6
Services Not Covered by Oregon Health Plan (<i>exclusions</i>)	7

*Out-of-network / non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

2024 Summary of Benefits

January 1, 2024 – December 31, 2024



About the Summary of Benefits

This is a summary of the health and drug services covered by **ATRIO Special Needs Plan (HMO D-SNP)** and **ATRIO Special Needs Plan (Willamette) (HMO D-SNP)**. The benefit information provided does not show every service that we cover or every limitation or exclusion. For a complete list of services we cover, please view the Evidence of Coverage at atriohp.com.

IMPORTANT NOTE: If you are eligible for Medicare cost-sharing under Medicaid, you pay \$0 for all Medicare-covered services. If you lose Medicaid eligibility, you will have to pay a cost share for covered services.

Who Can Join?

To join an ATRIO Health Plans Medicare Advantage Special Needs Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be eligible for full Medicaid benefits, and live in our service area:

- **ATRIO Special Needs Plan (HMO D-SNP) includes all of Douglas County, Oregon, and the following zip codes in Klamath County, Oregon: 97601, 97602, 97603, 97604, 97621, 97622, 97623, 97624, 97625, 97626, 97627, 97632, 97633, 97634, 97639**
- **ATRIO Special Needs Plan (Willamette) (HMO D-SNP) includes all of Marion and Polk Counties in Oregon**

Which Doctors, Hospitals, and Pharmacies Can I Use?

ATRIO Health Plans has a network of doctors, hospitals, pharmacies, and other providers. **You must get your covered services in network.** If you use providers that are not in our network the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's *Formulary (Part D prescription drug list)*, *Provider Directory*, and *Pharmacy Directory* at our website, atriohp.com.

Tips for Comparing Your Medicare Choices

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy 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.

ATRIO Health Plans is a PPO, HMO, and HMO D-SNP with Medicare and Oregon Health Plan contracts. Enrollment in ATRIO Health Plans depends on contract renewal. ATRIO Health Plans has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Dual Eligible Special Needs Plan (D-SNP) through 12/31/2024 based on a review of ATRIO Health Plans SNP Model of Care

2024 Summary of Benefits

January 1, 2024 – December 31, 2024



Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-672-8620 (TTY 711), daily from 8 a.m. to 8 p.m. local time.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit atriohp.com or call **1-877-672- 8620** (TTY 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- If you choose a plan that includes drug coverage, review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments / co-insurance may change on January 1, 2025.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

2024 Summary of Benefits

January 1, 2024 – December 31, 2024



Douglas, Klamath (Partial), Marion, Polk Counties, OR

	ATRIO Special Needs Plan (HMO D-SNP) (Klamath) H3814-007	ATRIO Special Needs Plan (HMO D-SNP) (Douglas) H3814-030	ATRIO Special Needs Plan (Willamette) (HMO D-SNP) H5995-001
Plan Eligibility and Cost-Sharing	ATRIO Health Plans HMO D-SNP plans are Medicare Advantage HMOs designed for people who have both Medicare Parts A & B and full Oregon Health Plan (OHP) (Medicaid) benefits. If you are eligible for Medicare cost sharing under Medicaid, you pay \$0. If you lose your Medicaid eligibility status, you will have to pay a cost share for covered services.		
Plan Premium	\$0 per month	\$0 per month	\$0 per month
	<i>You must also continue to pay your Medicare Part B premium</i>		
Plan Deductible	There is no plan deductible		
Out-of-Pocket Maximums What you pay for in-network services also applies to any out-of-pocket limits	<ul style="list-style-type: none"> You pay nothing for Medicare-covered services in our network. Except for emergency and urgently needed care, out of network coverage is not included; you may have to pay the full cost for services received outside of our medical and pharmacy networks. If you reach the limit on out-of-pocket costs, your hospital and medical services will continue to be covered and we will pay the full cost for the rest of the year. 		
Covered Medical and Hospital Benefits <i>(Services marked with * may require prior authorization)</i>			
Inpatient Hospital Care (Acute) *	You pay nothing		
Outpatient Hospital Services *	You pay nothing		
Ambulatory Surgery Center Services *	You pay nothing		
Doctor's Office Visits	You pay nothing for Primary Care Provider (PCP) and Specialist visits		
Preventive Care	You pay nothing		
Emergency Care	You pay nothing		
Urgent Care	You pay nothing		
Diagnostic Tests, Lab, X-Rays, and Diagnostic / Therapeutic Radiology Services *	You pay nothing		
Hearing Services	You pay nothing for exams to diagnose / treat hearing and balance issues		

2024 Summary of Benefits

January 1, 2024 – December 31, 2024



Douglas, Klamath (Partial), Marion, Polk Counties, OR

	ATRIO Special Needs Plan (HMO D-SNP) (Klamath) H3814-007	ATRIO Special Needs Plan (HMO D-SNP) (Douglas) H3814-030	ATRIO Special Needs Plan (Willamette) (HMO D-SNP) H5995-001
Dental Services	You pay nothing for Medicare-covered services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)		
	<ul style="list-style-type: none"> Unlimited visits up to \$1,250 Flex Card allowance per year, for preventive and comprehensive services from any dental provider 	<ul style="list-style-type: none"> Unlimited visits up to \$375 Flex Card allowance per year, for preventive and comprehensive services from any dental provider 	<ul style="list-style-type: none"> Unlimited visits up to \$1,250 Flex Card allowance per year, for preventive and comprehensive services from any dental provider
Vision Services	<ul style="list-style-type: none"> You pay nothing for exams to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) You pay nothing for one (1) routine vision exam every year You have a \$250 allowance for contact lenses and eyeglasses every two calendar years 		
Mental Health Services*	You pay nothing for inpatient or outpatient mental health services		
Skilled Nursing Facility (SNF) *	You pay nothing		
Occupational, Physical, and Speech Therapy *	You pay nothing for physical, occupational, and speech / language therapy services		
Ambulance	You pay nothing		
Transportation *	You pay nothing for up to 24 one-way trips per year to plan-approved, health-related locations <i>Must use SafeRide for covered trips</i>		
Medicare Part B Drugs *	You pay nothing		
Foot Care	You pay nothing for foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions		
	<ul style="list-style-type: none"> Unlimited visits up to \$500 allowance per year 	<ul style="list-style-type: none"> Unlimited visits up to \$500 allowance per year 	Not Covered
Medical Equipment / Supplies and Diabetic Supplies *	You pay nothing		
Chiropractic Services	You pay nothing for manipulation of the spine to correct subluxation (when one or more of the bones of your spine move out of position) <i>Must use ASH for in-network benefits</i>		

2024 Summary of Benefits

January 1, 2024 – December 31, 2024



Douglas, Klamath (Partial), Marion, Polk Counties, OR

	ATRIO Special Needs Plan (HMO D-SNP) (Klamath) H3814-007	ATRIO Special Needs Plan (HMO D-SNP) (Douglas) H3814-030	ATRIO Special Needs Plan (Willamette) (HMO D-SNP) H5995-001
Alternative Therapies	You pay nothing for up to 30 combined visits per year for chiropractic, acupuncture, and naturopathy services <i>Must use ASH for in-network benefits</i>		
Virtual Visits / Telehealth	You pay nothing <i>Must use Teladoc for covered visits</i>		
Meals	You pay nothing for up to 2 meals per day for 14 days (28 meals total per stay) after an inpatient stay and some Home Health services		
Fitness Covers gym membership fees / classes	\$240 annual allowance on Flex Card	\$450 annual allowance on Flex Card	\$450 annual allowance on Flex Card
Over the Counter (OTC) Items	\$150 quarterly allowance on Flex Card	\$170 quarterly allowance on Flex Card	\$170 quarterly allowance on Flex Card
Personal Emergency Response System (PERS)	You pay nothing for wearable alert, including wristwatch option with heart monitor and step counter <i>Must use LifeStation for PERS benefit</i>		

Medicare Part D Prescription Drug Benefits

When you enroll, the plan will mail you a “LIS Rider” showing your LIS subsidy level. Depending on your LIS level, you pay the drug costs below until your total out-of-pocket costs reach \$8,000 (including drugs purchased through your retail pharmacy or mail order, or if you are in a long-term care facility).

	ATRIO Special Needs Plan (HMO D-SNP) (Klamath) H3814-007	ATRIO Special Needs Plan (HMO D-SNP) (Douglas) H3814-030	ATRIO Special Needs Plan (Willamette) (HMO D-SNP) H5995-001
Drug Deductible	There is no yearly deductible		
LIS Level 1	Generic drugs \$4.50; \$11.20 for brand and all other drugs		
LIS Level 2	Generic drugs \$1.55; \$4.60 for brand and all other drugs		
LIS Level 3	You pay nothing		
Catastrophic Coverage	You pay nothing		

2024 Summary of Benefits

January 1, 2024 – December 31, 2024



Douglas, Klamath (Partial), Marion, Polk Counties, OR

Summary of Oregon Health Plan (Medicaid) Covered Services

The benefits described in the Premium and Benefit sections of the Summary of Benefits are covered by ATRIO Special Needs Plan (HMO D-SNP) and ATRIO Special Needs Plan (Willamette) (HMO D-SNP). Because ATRIO Special Needs Plan members have full Medicaid benefits, there is no out-of-pocket costs for any Medicare-covered medical service. Prescription drug cost-sharing amounts may still apply.

Detailed information regarding your Oregon Health Plan (Medicaid) benefits can be found online at www.oregon.gov/oha/HSD/OHP/Pages/Contact-Us.aspx or by calling your Coordinated Care Organization's Customer Service.

Service	Oregon Health Plan (Medicaid) Benefits
Substance use disorder treatment	<ul style="list-style-type: none">• Such as counseling, medication assisted treatment, acupuncture, residential treatment, and peer delivered services
Dental	<ul style="list-style-type: none">• Basic services including cleaning, fluoride varnish, fillings, and extractions• Urgent or immediate treatment• Dentures• Stainless steel crowns for molars (back teeth)
Hearing	Hearing aids and hearing aid exams
Home health	Private duty nursing
Hospice care	End-of-life care
Hospital care	<ul style="list-style-type: none">• Emergency treatment• Inpatient and outpatient care
Immunizations and vaccines	Such as the flu shot or measles-mumps-rubella (MMR) vaccine
Prenatal, labor, delivery and postpartum care	<ul style="list-style-type: none">• Doula care• Prenatal checkups• Labor and delivery in a hospital, birthing center or at home• Newborn nurse home visits• Postpartum counseling
Lab tests and X-rays	Laboratory tests and x-rays, such as blood screening and mammograms
Medical care from a physician, nurse practitioner, or physician assistant	Such as a routine check-up or a general appointment
Medical equipment and supplies	Such as diabetes testing strips or crutches
Medical transportation	Such as an ambulance or non-emergency transportation to an appointment
Mental health care	Such as therapy or medical treatment

2024 Summary of Benefits

January 1, 2024 – December 31, 2024



Douglas, Klamath (Partial), Marion, Polk Counties, OR

Summary of Oregon Health Plan (Medicaid) Covered Services

Service	Oregon Health Plan (Medicaid) Benefits
Physical, occupational and speech therapy	Therapy to improve skills or function for daily living
Prescription drugs	OHP with Limited Drug only includes drugs that are not covered by Medicare Part D
Vision	<ul style="list-style-type: none">• Medical services• Services to correct vision for pregnant women and children under 21• Glasses are covered for pregnant adults and adults who have a qualifying medical condition such as aphakia or keratoconus, or after cataract surgery

Services not covered by Oregon Health Plan (Medicaid) (exclusions)

Not all medical treatments are covered. When you need medical treatment, contact your Primary Care Provider. These are some of the exclusions (does not include every exclusion):

- Medicare Part D covered prescription drugs
- Conditions where a “home” treatment is effective, such as applying an ointment, resting a painful joint, drinking plenty of fluids, or a soft diet. Such conditions include:
 - Canker sores
 - Diaper rash
 - Corns/calluses
 - Sunburn
 - Food poisoning
 - Sprains
- Personal comfort or convenience items (radios, telephones, hot tubs, treadmills, etc.)
- Services that are primarily cosmetic, such as:
 - Benign skin tumors
 - Cosmetic surgery
 - Removal of scars
- Conditions where treatment is not normally effective, such as:
 - Some back surgery
 - TMJ surgery
 - Some transplants
- Services performed by an immediate relative or member of your household
- Any services received outside the United States
- Non-emergency care if you go to a provider who is not a Medicaid contracted provider.
- Other non-covered services include, but are not limited to, the following:
 - Circumcision (routine)
 - Weight loss program
 - Infertility services

If you have questions about covered or non-covered services, contact Oregon Health Plan or your Medicaid Coordinated Care Plan Customer Service.

Notice about Nondiscrimination and Accessibility Requirements

Discrimination is Against the Law

ATRIO Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATRIO Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. ATRIO Health Plans:

- 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 any of the services listed above, contact ATRIO Customer Service toll free at 1-877-672-8620, daily from 8 a.m. to 8 p.m. TTY users should call 711.

If you believe that ATRIO Health Plans 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:

ATRIO Compliance Officer:
2965 Ryan Drive SE Salem, OR 97301
1-877-672-8620 (TTY 711)
File a complaint with ATRIO Compliance Hotline:
1-877-309-9952 or compliance@atriohp.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, contact Customer Service toll free at 1-877-672-8620, daily from 8 a.m. to 8 p.m. TTY users should call 711.

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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Español (Spanish) - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-672-8620 (TTY: 711).

Tiếng Việt (Vietnamese) - CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-877-672-8620 (TTY: 711)

繁體中文 (Chinese) - 注意: 如果您講國語, 您可以免費獲得語言援助服務。請致電 1-877-672-8620 (TTY: 711)。

Русский (Russian) - ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами перевода. Телефон: 1-877-672-8620 (телетайп: 711).

한국어 (Korean) - 유의사항: 무료 한국어 지원 서비스를 이용하실 수 있습니다. 전화번호는 1-877-672-8620 (TTY: 711) 번입니다.

Українська (Ukrainian) - УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-672-8620 (телетайп: 711).

日本語 (Japanese) - 注意事項: 日本語でのサービスをご希望の場合、1-877-672-8620 (TTY:711) までご連絡ください。このサービスは無料です。

"إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-672-8620 (رقم هاتف الصم والبكم: 1-800-735-2900)"

فارسی – (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما موجود است. با شماره 1-877-672-8620 تماس بگیرید (TTY: 1-800-735-2900).

Română (Romanian) - ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-672-8620 (TTY: 711).

ខ្មែរ (Cambodian) - ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាសោយមិនគិតថ្លៃសម្រាប់អ្នកមានសំណប់បំណែង។ ចុះទូរស័ព្ទ 1-877-672-8620 (TTY: 711)។

Oroomiffa (Oromo) - XIYYEEFFANNAA: Afaandubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, niargama. 1-877-672-8620 (TTY: 711) Bilbilaa.

Deutsch (German) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-672-8620 (TTY: 711).

"فارسی – (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما موجود است. با شماره 1-877-672-8620 تماس بگیرید (TTY: 1-800-735-2900)"

Français (French) - ATTENTION : Si vous parlez français, des services d'aide linguistique sont disponibles gratuitement. Appelez le 1-877-672-8620 (ATS : 711).

ภาษาไทย (Thai) - โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-672-8620 (TTY: 711)

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 1-877-672-8620. 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 1-877-672-8620. 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 1-877-672-8620。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 1-877-672-8620。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 1-877-672-8620. 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 1-877-672-8620. 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 1-877-672-8620 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-672-8620. 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 1-877-672-8620 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Form CMS-10802
(Expires 12/31/25)

Form Approved
OMB# 0938-1421

Multi-Language Insert

Multi-language Interpreter Services

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 1-877-672-8620. 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 1-877-672-8620. 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 1-877-672-8620 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 1-877-672-8620. 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 1-877-672-8620. 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 1-877-672-8620. 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 1-877-672-8620. 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、1-877-672-8620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。