



Hamaspik Medicare Select 2025 Summary of Benefits

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Hamaspik Medicare Select – Covered Benefits



Introduction

This document is a summary of your medical and prescription drug benefits covered by Hamaspik Medicare Select (HMO D-SNP) from January 1, 2025, through December 31, 2025.

In this Summary of Benefits, you will learn more about the covered benefits offered by our plan including doctor services, hospital coverage, medical care, Part D prescription drug benefits, and additional services that we offer. This booklet is a summary of our covered services and does not include all of the benefits and limitations that we cover, or every exclusion.

Your *Evidence of Coverage* is your Member Handbook that describes all of your benefits in detail, and the Plan's rules for getting these services. Please call Member Services at 1-888-426-2774 to request a copy of the *Evidence of Coverage*. (TTY users, please call 711.)

You can also find a copy of the Evidence of Coverage, and other information about Hamaspik Medicare Select on our **website**: www.hamaspik.com.

Our hours are 7 days a week, from 8:00 am to 8:00 pm, October 1, 2024, through March 31, 2025.

From April 1, 2025 through September 30, 2025, our Member Service team will be available Monday through Friday, 8:00 am to 8:00 pm.

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Who Can Join Hamaspik Medicare Select?

To join our plan, you must be entitled to Medicare Part A, enrolled in Medicare Part B, and have New York State Medicaid. You also must live in our plan's service area, which includes the following counties:

- Albany
- Nassau
- Rockland
- Bronx
- New York (Manhattan)
- Schenectady
- Columbia
- Orange
- Sullivan
- Dutchess
- Putnam
- Ulster
- Greene
- Queens
- Westchester
- Kings (Brooklyn)
- Rensselaer
- Montgomery
- Richmond (Staten Island)

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What Do We Cover?

Hamaspik Medicare Select covers everything that Original Medicare covers – Part A (hospital benefits) and Part B (medical services), plus Medicare Prescription Drugs (Part D) and additional benefits! Keep reading this Summary of Benefits to learn more about these benefits.

Please note that we cover Part D prescription drugs, as well as Part B drugs such as chemotherapy and other drugs administered by your provider. All of our prescription medications are included in one tier on our formulary. The formulary and *Evidence of Coverage* will also show you how much your medication costs. You can find the formulary on our website, www.hamaspik.com, or you can call Member Services to request a copy.

The Hamaspik Medicare Select plan has a large network of doctors, hospitals, pharmacies, and specialists. As a member of our Medicare Advantage Special Needs plan, you are required to use providers in our network. If you use a doctor or facility that is not in our plan's network, we may not cover the services. Be sure to review our Provider and Pharmacy Directory to see if your doctor or pharmacist is included in the network.

Except in an emergency, out-of-network or non-contracted providers are under no obligation to treat Hamaspik Medicare Select members.

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Important Information:

This information is not a complete description of benefits. Please review the *Evidence of Coverage* for a detailed description of all covered services. Call Member Services at 1-888-426-2774 for more information. TTY users, please call 711. The calls to these numbers are free.

Benefits, premiums, deductibles, and/or copayments/coinsurance may change on January 1, 2026.

Our Member Service Department is available 7 days a week, from 8:00 a.m. to 8:00 p.m., October 1, 2024, through March 31, 2025. From April 1, 2025 through September 30, 2025, our Member Service team will be available Monday through Friday, 8:00 a.m. to 8:00 p.m.

Member Services also has free language interpreter services available for non-English speakers. This Summary of Benefits is also available in other formats, including large print and Braille, and in other languages, including Spanish.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-888-426-2774. (TTY: 711)

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas, de forma gratuita, están disponibles para usted. Llame al 1-888-426-2774. (TTY: 711)

Hamaspik Medicare Select is an HMO D-SNP with a Medicare contract. Enrollment in Hamaspik Medicare Select depends on contract renewal. Hamaspik Medicare Select is a Medicare Advantage plan sponsored by Hamaspik, Inc.

Please visit our website at www.hamaspik.com for additional information about Hamaspik Medicare Select. The website includes more information about this plan, as well as links to our Evidence of Coverage, Provider and Pharmacy Directory, and Formulary List of Covered Drugs.

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Hamaspik Medicare Select – Covered Benefits Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility and/or the level of Extra Help you receive.

Plan Benefits	What You Pay for Services
<i>How Much is Your Monthly Plan Premium?</i>	<i>You do not pay a plan premium. You must continue to pay your Part B premium, if you owe this.</i>
<i>How Much is the Plan Deductible?</i>	<i>In 2025, Hamaspik Medicare Select has a plan deductible of \$257. Please note that for members with Medicaid, this amount is covered by your Medicaid benefits.</i>
<i>Your Maximum Out-of-Pocket Responsibility</i>	<i>Like all Medicare plans, Hamaspik Medicare Select protects you by having a yearly limit on your out-of-pocket costs for hospital and medical care. If you reach the \$9,350 limit on out-of-pocket costs, you keep getting covered hospital and medical services. We will pay the full cost for your services for the rest of the year.</i>
<i>Inpatient Hospital Coverage</i> <i>(continued on next page)</i>	<i>You are covered for inpatient acute care, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Depending on your level of income and Medicaid eligibility, in 2024, you may pay</i>

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Plan Benefits	What You Pay for Services
<p><i>Inpatient Hospital Coverage (continued)</i></p>	<p><i>the following amounts for each benefit period:</i></p> <ul style="list-style-type: none"> • <i>\$0 or \$1,676 deductible</i> • <i>Days 1-60: \$0 per day</i> • <i>Days 61-90: \$0 or \$419 per day</i> • <i>Days 91 and beyond: \$0 or \$838 per each "lifetime reserve day" (up to 60 days over your lifetime).</i> • <i>After all lifetime reserve days: All costs</i> <p><i>A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a Skilled Nursing Facility) for 60 days in a row.</i></p> <p><i>Authorization is required, except when the admission is the result of an emergency or urgently needed services.</i></p>

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Plan Benefits	What You Pay for Services
<p><i>Outpatient Hospital Coverage</i></p>	<p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for each Medicare-covered outpatient hospital service and outpatient hospital observation service.</i></p> <p><i>Observation services are hospital outpatient services provided to determine if you need to be admitted as an inpatient or can be discharged.</i></p> <p><i>We cover medically-necessary services you get in the outpatient department of a hospital for the diagnosis or treatment of an illness or injury.</i></p> <p><i>Authorization is required.</i></p>
<p><i>Outpatient Surgery</i></p>	<p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost of an ambulatory surgical center or outpatient hospital facility visits.</i></p> <p><i>Authorization is required.</i></p>
<p><i>Doctor Visits (Primary Care Providers and Specialists)</i></p>	<p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for primary care, providers and specialists for doctor visits.</i></p> <p><i>Additional telehealth services are covered for physician services. Telehealth services allow members to access services remotely while your provider manages your care.</i></p>

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Plan Benefits	What You Pay for Services
<p><i>Preventive Care Services</i></p> <p><i>(continued on next page)</i></p>	<p><i>You are covered for the following Medicare preventive care services. You pay 0% for these services.</i></p> <ul style="list-style-type: none"> • <i>Abdominal aortic aneurysm screening</i> • <i>Alcohol misuse counseling</i> • <i>Bone mass measurement</i> • <i>Breast cancer screening (mammogram)</i> • <i>Cardiovascular disease (behavioral therapy)</i> • <i>Cardiovascular screenings</i> • <i>Cervical and vaginal cancer screening</i> • <i>Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</i> • <i>Depression screening.</i> • <i>Diabetes screenings</i> • <i>HIV screening</i> • <i>Medical nutrition therapy services</i> • <i>Obesity screening and counseling</i> • <i>Other Medicare-Covered Preventive Services</i> • <i>Prostate cancer screenings (PSA)</i> • <i>Sexually transmitted infections screening and counseling</i> • <i>Tobacco use cessation counseling (counseling for people with no sign of tobacco related disease)</i> • <i>Vaccines, including Flu shots, Hepatitis B shots, Covid vaccines, and Pneumococcal shots</i> <p><i>Any additional preventive services approved by Medicare during the contract year will be covered.</i></p> <p><i>In addition, depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for other Medicare covered preventive services including;</i></p>

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Plan Benefits	What You Pay for Services
<p><i>Preventive Care (continued)</i></p>	<ul style="list-style-type: none"> • <i>Glaucoma Screening</i> • <i>Diabetes Self-Management Training</i> • <i>Barium Enemas</i> • <i>Digital Rectal Exams</i> • <i>EKG following Welcome Visit</i>
<p><i>Emergency Care</i></p>	<p><i>You are covered for services that are given by a provider who is trained to provide emergency care services, and needed to evaluate or stabilize an emergency medical condition.</i></p> <p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost of emergency care and post stabilization care, up to \$110 per visit for Medicare-covered emergency care. The coinsurance is waived if you are admitted to the hospital within 48 hours of the emergency room visit.</i></p> <p><i>You are covered for up to \$50,000 in worldwide emergency and urgent care coverage when you travel outside the United States and its territories. There is no copayment or coinsurance for this benefit.</i></p>
<p><i>Urgently Needed Services</i></p> <p><i>(continued on next page)</i></p>	<p><i>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.</i></p> <p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% coinsurance for Medicare covered urgently needed services. The maximum amount you will pay is \$45 per visit.</i></p>

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Plan Benefits	What You Pay for Services
<p><i>Urgently Needed Services (continued)</i></p>	<p><i>If you are admitted to the hospital with 48 hours of your urgent care visit, the coinsurance will be waived.</i></p> <p><i>You are covered for up to \$50,000 in worldwide emergency and urgent care coverage when you travel outside the United States and its territories. There is no copayment or coinsurance for this benefit.</i></p>
<p><i>Diagnostic Services, Labs, and Imaging (including diagnostic tests and procedures, labs, diagnostic radiology, and X-rays)</i></p>	<p><i>You pay \$0 for routine lab tests.</i></p> <p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% coinsurance for Medicare covered:</i></p> <ul style="list-style-type: none"> • <i>Diagnostic procedures and tests</i> • <i>Diagnostic radiology services</i> • <i>X-rays</i> <p><i>Routine lab tests do <u>not</u> require prior authorization. Authorization is required for other diagnostic procedures and genetic testing procedures.</i></p>
<p><i>Hearing Services</i></p>	<p><i>Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.</i></p> <p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% coinsurance for Medicare covered hearing exams.</i></p> <p><i>Additional hearing exams and hearing aids may be covered by your Medicaid benefits.</i></p>

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Plan Benefits	What You Pay for Services
<p><i>Dental Services</i></p>	<p><i>Depending on your income and level of Medicaid eligibility, you pay 0% or 20% of the cost for Medicare covered dental services.</i></p> <p><i>Hamaspik Medicare Select also covers Medicaid covered preventive and restorative dental services, including:</i></p> <ul style="list-style-type: none"> • <i>Cleaning (once every six months)</i> • <i>Oral exams (once every six months)</i> • <i>X-ray(s)</i> • <i>Restorative services, such as fillings, root canals, crowns, implants, and dentures.</i> <p><i>Authorization is required for certain restorative services.</i></p>
<p><i>Vision Services</i></p>	<p><i>Depending on your income and level of Medicaid eligibility, you will pay 0% or 20% of the cost for Medicare covered vision benefits. Covered services include:</i></p> <ul style="list-style-type: none"> • <i>Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye.</i> • <i>One glaucoma screening annually, for members who are at risk for this illness.</i> • <i>For people with diabetes, screening for diabetic retinopathy is covered once per year</i> • <i>One pair of eyeglasses or contact lenses after each cataract surgery</i> <p><i>In addition to the Medicare covered services listed above, your coverage includes:</i></p> <ul style="list-style-type: none"> • <i>One routine eye exam every two years.</i> • <i>One pair of eyeglasses or contact lenses every two years. Coverage is limited to \$200.</i> • <i>Upgrades for eyeglasses are covered, up to a benefit limit of \$200 every two years.</i>

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Plan Benefits	What You Pay for Services
Mental Health Services:	
<p><i>Inpatient Mental Health Services</i></p>	<p><i>Covered services include mental health care and substance use services that require a hospital stay. Medicare beneficiaries are covered for up to 190 days of inpatient psychiatric hospital services during your lifetime. The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.</i></p> <p><i>Depending on your level of income and Medicaid eligibility, in 2025, you may pay the following amounts for each benefit period:</i></p> <ul style="list-style-type: none"> • <i>\$0 or \$1,676 deductible</i> • <i>Days 1-60: \$0 per day</i> • <i>Days 61-90: \$0 or \$419 per day</i> • <i>Days 91 and beyond: \$0 or \$838 per each "lifetime reserve day" (up to 60 days over your lifetime).</i> • <i>After lifetime reserve days: All costs</i> <p><i>You may be covered for additional inpatient psychiatric days from Medicaid.</i></p> <p><i>Except in an emergency, authorization is required for inpatient mental health services.</i></p>

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Plan Benefits	What You Pay for Services
<p><i>Outpatient Mental Health Services</i></p>	<p><i>Outpatient Covered Mental Health Services include services provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, or other Medicare-qualified mental health care professional.</i></p> <p><i>You pay 0% or 20% of the cost for Medicare-covered individual or group therapy visits and sessions.</i></p> <p><i>Additional telehealth services are covered for individual and group sessions for mental health specialty services. Telehealth services allow members to access services remotely while your provider manages your care.</i></p>
<p>Other Covered Services</p>	
<p><i>Skilled Nursing Facility Services</i></p> <p><i>(continued on next page)</i></p>	<p><i>You are covered for skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a skilled nursing facility.</i></p> <p><i>An inpatient hospital stay prior to nursing home admission is not required, in order for you to receive coverage.</i></p> <p><i>Depending on your level of income and Medicaid eligibility, you may pay the following per benefit period.</i></p>

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Plan Benefits	What You Pay for Services
	<p><i>In 2025, the amounts you pay are:</i></p> <ul style="list-style-type: none"> • <i>Days 1-20 \$0</i> • <i>Days 21-100: \$0 or \$209.50 per day</i> • <i>Days 101 and beyond: all costs</i> <p><i>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit begins.</i></p> <p><i>Authorization is required.</i></p>
<p><i>Rehabilitation Services</i></p>	<p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of Medicare covered:</i></p> <ul style="list-style-type: none"> • <i>Physical therapy</i> • <i>Speech therapy</i> • <i>Occupational therapy</i> <p><i>Authorization is required.</i></p>
<p><i>Cardiac, Rehabilitation, Pulmonary Rehabilitation, and Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services</i></p>	<p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% of the cost for these Medicare-covered services.</i></p> <p><i>Authorization is required.</i></p>

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Plan Benefits	What You Pay for Services
<p><i>Ambulance</i></p>	<p><i>Ambulance services include air and ground ambulance services to the nearest appropriate facility that can provide care, only if your medical condition is such that other means of transportation could endanger your health.</i></p> <p><i>Depending on your level of income and Medicaid eligibility, you pay 0% or 20% for Medicare-covered ambulance benefits. The coinsurance will not be waived if you are admitted to a hospital.</i></p> <p><i>Authorization is required, except in an emergency.</i></p>
<p><i>Transportation</i></p>	<p><i>Other transportation services are not provided by the plan.</i></p>
<p><i>Medicare Part B Drugs</i></p>	<p><i>You are covered for:</i></p> <ul style="list-style-type: none"> • <i>Medicare covered Part B</i> • <i>Chemotherapy/Radiation Drugs</i> • <i>Other Medicare Part B Drugs</i> <p><i>Authorization is not required for your Medicare Part B drugs.</i></p>
<p><i>Wellness Programs</i></p> <p><i>(continued on next page)</i></p>	<p><i>You are covered for:</i></p> <ul style="list-style-type: none"> • <i>The Hamaspik Nurse Hotline, which is available at night, and on weekends and holidays, when the care management offices are closed.</i> • <i>Fitness Benefits which include:</i> <ul style="list-style-type: none"> ○ <i>Participation in one of our contracted gyms and fitness centers throughout the service area and nationally.</i>

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Plan Benefits	What You Pay for Services
	<ul style="list-style-type: none"> ○ <i>Exercise classes, including live on-line classes and thousands of on-line videos.</i> ○ <i>One home fitness kit, from a selection of wearable fitness trackers, weights, pilates, swimming or yoga equipment.</i> ○ <i>One-on-one coaching sessions by phone.</i> <p><i>There is no copayment for these services.</i></p>
<p><i>Over-the-Counter Health Products</i></p>	<p><i>We cover a maximum of \$190.00 every month for OTC products. The types of products that may be purchased using this benefit are approved by CMS. Any unused portion of the benefit each month does not carry over to the subsequent time period.</i></p> <p><i>The benefit is administered using a pre-loaded debit card which is valid for purchase at plan approved retail locations, and by mail order.</i></p>
<p><i>Special Supplemental Benefits for Members with Chronic Illnesses</i></p> <ul style="list-style-type: none"> ● <i>Healthy Food and Produce</i> ● <i>Assistance with Utility Expenses</i> 	<p><i>Eligible members may use \$75.00 every month of their “Over the Counter (OTC)” benefit, for the purchase of healthy food and produce.</i></p> <p><i>Eligible members may use \$75.00 every month of their OTC benefit to cover the cost of household utilities.</i></p> <p><i>These benefits are part of a special supplemental program for the chronically ill. Not all members qualify. If you have been diagnosed with three or more chronic conditions, you may be eligible for these benefits.</i></p> <p><i>There is no cost to you for these services.</i></p>

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Plan Benefits	What You Pay for Services
<p>Medicare Part D Prescription Drug Coverage</p>	
<p><i>Hamaspik Medicare Select covers your Medicare prescription drugs, also known as “Part D.” You can obtain your medications at any of the thousands of pharmacies in our network, including all major drug store chains and independent pharmacies. Or you can order your medications to be delivered to your home. Coverage includes a drug list (or “formulary”) that includes both generic and brand name drugs, in all drug categories covered by Medicare.</i></p> <p>Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible. Call Member Services for more information.</p> <p>Important Message About What You Pay for Insulin – You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, even if you haven’t paid your deductible. Please note that if you receive “extra help” with your prescription drug costs, you will pay the amounts that are outlined below. (See Chapter 6 of your Evidence of Coverage for more information).</p> <p><i>Below is a summary of costs for your prescription drug coverage.</i></p>	
<p><i>Deductible Stage</i></p>	<p><i>Members with Medicaid coverage do not pay a deductible.</i></p> <p><i>Depending on your level of extra help, you may be required to pay the first \$590 in prescription drug costs.</i></p>
<p><i>Initial Coverage Stage:</i></p>	<p><i>Depending on your income and institutional status, you will pay one of the following:</i></p> <p><i>For generic drugs (including brand name drugs treated as generic), you will pay:</i></p> <ul style="list-style-type: none"> • \$0 or • \$1.60 copay or • \$4.90 copay <p style="text-align: right;"><i>(continued on next page)</i></p>

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Plan Benefits	What You Pay for Services
	<p><i>For brand name and all other drugs: you will pay:</i></p> <ul style="list-style-type: none"> • \$0 or • \$4.80 copay or • \$12.15 copay <p><i>(If you do not receive “extra help” you will pay 25% coinsurance for all drugs.)</i></p>
<p><i>Catastrophic Coverage Stage</i></p>	<p><i>The catastrophic coverage stage begins after your yearly total drug costs reach \$2,000. If you reach this stage, the plan will pay 100% of the cost of your drugs for the rest of the calendar year (through December 31,2025).</i></p> <p><i>You pay \$0 for all drugs.</i></p>

Medicaid Covered Services

The following services are covered by your Medicaid benefits. Hamaspiik Medicare Select will help you to coordinate your benefits, including the services that are paid for by Medicaid.



- *Medicare cost sharing (including copays and deductibles for your Medicare Part A and Part B services)*
- *Inpatient mental health care, over the Medicare 190-day lifetime limit*
- *Vision care*
- *Hearing exams and hearing aids (including repairs and batteries)*
- *Skilled nursing facility care, for days that are not covered by Medicare, including long term care services*
- *Home health care services, including skilled services that are not covered by Medicare*
- *Personal care services*
- *Consumer directed personal assistance services (CDPAS)*
- *Private duty nursing services*
- *Social work services*
- *Non-emergency transportation (to medical appointments)*
- *Additional medical and surgical supplies that are not covered by Medicare*
- *Medicaid-covered nutritional services*
- *Enteral and parenteral formula*
- *Personal emergency response systems (PERS)*
- *Adult day health care programs*
- *Home and community-based mental health programs, for individuals with serious mental illness*
- *Methadone maintenance treatment programs*
- *Residential treatment programs for substance use*
- *Home and community-based services, for individuals with intellectual and developmental disabilities*
- *Directly-observed therapy for individuals with tuberculosis*
- *Assisted living programs*

Please contact member services if you have questions about your Medicaid services.

Non-Discrimination Notice



Hamaspik Medicare Select complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Hamaspik Medicare Select does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Hamaspik Medicare Select:

- *Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).*
- *Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.*

If you need these services, contact Member Services at 888-426-2274. From October 1st to March 31st, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1st to September 30th, you can call us Monday through Friday from 8 a.m. to 8 p.m. TTY users, please call 711.

If you believe that Hamaspik Medicare Select 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 by calling Member Services and telling them you need help filing a grievance. Hamaspik Medicare Select's Member Services is available to help you. You can also send your grievance to:

*Hamaspik Medicare Select
Attn: Grievance and Appeals
58 Route 59, Suite 1
Monsey, NY 10952*

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You can file your complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

You can also file a grievance 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
Telephone: 1-800-368-1019 (TTY: 1-800-537-7697)*

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

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 1-888-426-2774. (TTY, call 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 1-888-426-2774. (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 1-888-426-2774。(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 1-888-426-2774。(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 1-888-426-2774. (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 1-888-426-2774. (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 1-888-426-2774 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí. (TTY 711)

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-426-2774. (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 1-888-426-2774 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다. (TTY 711)

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 1-888-426-2774. (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 بمساعدتك. هذه خدمة مجانية عليك سوى الاتصال بنا على [1-2774-426-888]. سيقوم شخص ما يتحدث العربية (TTY 711)

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 1-888-426-2774 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है. (TTY 711)

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 1-888-426-2774. (TTY 711) Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 1-888-426-2774. (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 1-888-426-2774. (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 1-888-426-2774. (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、[1-888-426-2774]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。(TTY 711)