Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) offered by Superior HealthPlan, Inc.

Annual Notice of Changes for 2024

Introduction

You are currently enrolled as a member of Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP). Next year, there will be changes to the plan's benefits, coverage and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits or rules please review the *Member Handbook*, which is located on our website at mmp.SuperiorHealthPlan.com. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Superior STAR+PLUS MMP at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.SuperiorHealthPlan.com.

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A. Disclaimers

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Superior STAR+PLUS MMP Member Handbook.

B. Reviewing your Medicare and Texas Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section F2 for more information.

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

- You will have a choice about how to get your Medicare benefits (refer to page 13).
- If you do not want to enroll in a different Medicare-Medicaid plan after you leave Superior STAR+PLUS MMP, you will return to getting your Medicare and Texas Medicaid services separately.

B1. Additional resources

- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-896-1844 (TTY: 711) de 8 a. m. a 8 p. m., lunes a viernes. Después de horas hábiles, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.
- You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- Superior STAR+PLUS MMP wants to make sure you understand your health plan information. We can send required materials to you in a language other than English or in alternate formats if you ask for it this way. This is called a "standing request." We will document your choice for future required mailings and communications.

Please call us if:

 You want to get your materials in a language other than English or in an alternate format.

or

You want to change the language or format of the materials we send you.

If you need help understanding your plan materials, please contact Superior STAR+PLUS MMP Member Services at 1-866-896-1844 (TTY: 711). Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

B2. Information about Superior STAR+PLUS MMP

- Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- Coverage under Superior STAR+PLUS MMP is qualifying health coverage
 called "minimum essential coverage." It satisfies the Patient Protection and
 Affordable Care Act's (ACA) individual shared responsibility requirement. Visit
 the Internal Revenue Service (IRS) website at www.irs.gov/affordable-care-act/individuals-and-families for more information on the individual shared
 responsibility requirement.
- Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) is offered by Superior HealthPlan, Inc. When this Annual Notice of Changes says "we," "us," or "our," it means Superior HealthPlan, Inc. When it says "the plan" or "our plan," it means Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP).

B3. Important things to do:

- Check if there are any changes to our benefits that may affect you.
 - o Are there any changes that affect the services you use?
 - It is important to review benefit changes to make sure they will work for you next year.
 - Look in sections D1 and D2 for information about benefit changes for our plan.
- Check if there are any changes to our prescription drug coverage that may affect you.
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - o Look in section D2 for information about changes to our drug coverage.
- Check if your providers and pharmacies will be in our network next year.
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C for information about our *Provider and Pharmacy Directory*.
- Think about your overall costs in the plan.
 - O How do the total costs compare to other coverage options?
- Think about whether you are happy with our plan.

If you decide to stay with Superior STAR+PLUS MMP:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section F2, page 13 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2024.

Please review the 2024 Provider and Pharmacy Directory to find out if your providers or pharmacy are in our network. An updated Provider and Pharmacy Directory is located on our website at mmp.SuperiorHealthPlan.com. You may also call Member Services at 1-866-896-1844 (TTY: 711) for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes.

	2023 (this year)	2024 (next year)
Inpatient hospital stays	You pay a \$0 copay for each covered hospital stay per benefit period.	You pay a \$0 copay for each covered hospital stay per admission.
Online Caring Community	Online Caring Community is not covered.	You pay a \$0 copay for the online care community where members create and manage private online accounts to enhance connections with friends and loved ones as a Flexible Benefit.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at mmp.SuperiorHealthPlan.com. You may also call Member Services at 1-866-896-1844 (TTY: 711) for updated drug information or to ask us to mail you a *List of Covered Drugs*. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

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

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

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at 1-866-896-1844 (TTY: 711) to ask for a list of covered drugs that treat the same condition. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

- o This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to Chapter 9 of the 2024 Member Handbook or call Member Services at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.
 - If you need help asking for an exception, you can contact Member Services or your Service Coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your Service Coordinator.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days of medication at a retail pharmacy and at a long-term care pharmacy, up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)
 - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
 - o If you have a current formulary exception that our plan approved in 2023, and you remain a member of Superior STAR+PLUS MMP for the next calendar year, we may continue to cover this exception during 2024. You will receive a letter with approval dates if we decide to continue to cover your exception during 2024. However, if we decide not to continue to cover the exception during 2024, your doctor (or other prescriber) must work with Superior STAR+PLUS MMP to request a new exception for the 2024 calendar year. To learn what you must do to ask for an exception, see Chapter 9 of the 2024 Member Handbook or call Member Services at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and

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on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2024. Read below for more information about your prescription drug coverage.

We moved some of the drugs on the Drug List to a lower or higher drug tier. To find out if your drugs will be in a different tier, look them up in the Drug List.

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

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

E. Administrative changes

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

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

F. How to choose a plan

F1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2024.

F2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

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

1. You can change to:

A different Medicare-Medicaid Plan

Here is what to do:

Call STAR+PLUS help line at 1-877-782-6440, from 8 a.m. to 6 p.m., Monday through Friday. TTY users should call 711. Tell them you want to leave Superior STAR+PLUS MMP and join a different Medicare-Medicaid plan. If you are not sure what plan you want to join, they can tell you about other plans in your area; OR

Send Texas Medicaid an Enrollment Change Form. You can get the form by calling STAR+PLUS help line at 1-877-782-6440 (TTY: 711) if you need them to mail you one.

Your coverage with Superior STAR+PLUS MMP will end on the last day of the month that we get your request.

2. You can change to:

A Medicare health plan, such as a Medicare Advantage plan or a Program of All-inclusive Care for the Elderly (PACE)

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

Call the State Health Insurance
 Assistance Program (SHIP) at 1-800 252-9240. In Texas, the SHIP is called
 the Health Information Counseling &
 Advocacy Program of Texas (HICAP).

You will automatically be disenrolled from Superior STAR+PLUS MMP when your new plan's coverage begins.

3. You can change to:

Original Medicare with a separate Medicare prescription drug plan

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

Call the State Health Insurance
 Assistance Program (SHIP) at 1-800 252-9240. In Texas, the SHIP is called
 the Health Information Counseling &
 Advocacy Program of Texas (HICAP).

You will automatically be disenrolled from Superior STAR+PLUS MMP when your Original Medicare coverage begins.

4. You can change to:

Original Medicare without a separate Medicare prescription drug plan

NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Health Information Counseling & Advocacy Program of Texas (HICAP) at 1-800-252-9240.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

• Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP).

You will automatically be disenrolled from Superior STAR+PLUS MMP when your Original Medicare coverage begins.

G. How to get help

G1. Getting help from Superior STAR+PLUS MMP

Questions? We're here to help. Please call Member Services at 1-866-896-1844 (TTY only, call 711). We are available for phone calls from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and holidays, you may be asked to leave a message. Your call will be returned within the next business day. Calls to these numbers are free.

Your 2024 Member Handbook

The 2024 Member Handbook is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The 2024 Member Handbook will be available by October 15. An up-to-date copy of the 2024 Member Handbook is available on our website at mmp.SuperiorHealthPlan.com. You may also call Member Services at 1-866-896-1844 (TTY: 711) to ask us to mail you a 2024 Member Handbook. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Our website

You can also visit our website at mmp.SuperiorHealthPlan.com. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

G2. Getting help from STAR+PLUS help line

The STAR+PLUS help line provides information about health care options in the state of Texas. You can call STAR+PLUS help line at 1-877-782-6440 (TTY: 711) from 8 a.m. to 6 p.m., Monday through Friday.

G3. Getting help from the HHSC Office of the Ombudsman

The HHSC Office of the Ombudsman helps people enrolled in Texas Medicaid with service or billing problems. The ombudsman's services are free.

- The HHSC Office of the Ombudsman is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The HHSC Office of the Ombudsman can help you file a complaint or an appeal with our plan. They can help you if you are having a problem with Superior STAR+PLUS MMP.
- The HHSC Office of the Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The HHSC Office of the Ombudsman is not connected with us or with any insurance company or health plan. The phone number for the HHSC Office of the Ombudsman is 1-866-566-8989.

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

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). HICAP is not connected with any insurance company or health plan, and HICAP's services are free.

The HICAP phone number is 1-800-252-9240.

G5. Getting help from Medicare

To get information directly from Medicare:

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You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare's Website

You can visit the Medicare website (<u>www.medicare.gov</u>). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov and click on "Find plans.")

Medicare & You 2024

You can read the *Medicare & You 2024* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

G6. Getting help from Texas Medicaid

The phone number for Texas Medicaid is 1-800-252-8263. This call is free. TTY users should call 1-800-735-2989 or 7-1-1.

G7. Getting help from your Quality Improvement Organization (QIO)

The QIO is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. In Texas, the QIO is an organization called KEPRO. KEPRO is not connected with our plan. You can call KEPRO at 1-888-315-0636 (TTY: 711). For more information, see Chapter 2 of your *Member Handbook*.







Statement of Non-Discrimination

Superior HealthPlan (Superior) STAR+PLUS Medicare-Medicaid Plan (MMP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Superior STAR+PLUS MMP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Superior STAR+PLUS MMP:

- 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, audio, 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 Superior STAR+PLUS MMP's Member Services at **1-866-896-1844** (TTY: **711**) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

If you believe that Superior STAR+PLUS MMP 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 the number above and telling them you need help filing a grievance; Superior STAR+PLUS MMP's Member Services 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, HHH Building Room 509F 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.

Declaración de No Discriminación

Superior HealthPlan (Superior) STAR+PLUS Medicare-Medicaid Plan (MMP) cumple con las leyes de derechos civiles federales aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Superior STAR+PLUS MMP no excluye ni trata a las personas de manera diferente por su raza, color, nacionalidad, edad, discapacidad o sexo.

Superior STAR+PLUS MMP:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que puedan comunicarse adecuadamente con nosotros, tales como intérpretes calificados de lengua de señas e información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuyo idioma principal no es el inglés, tales como intérpretes calificados e información escrita en otros idiomas.

Si necesita estos servicios, comuníquese con Servicios para Miembros de Superior STAR+PLUS MMP al **1-866-896-1844** (TTY: **711**), de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y días feriados, es posible que se le solicite dejar un mensaje. Se le devolverá la llamada el siguiente día hábil. La llamada es gratuita.

Si considera que Superior STAR+PLUS MMP no ha proporcionado estos servicios o lo ha discriminado por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja llamando al número indicado anteriormente mencionando que necesita ayuda para presentar una queja; el Departamento de Servicios para Miembros de Superior STAR+PLUS MMP está disponible para ayudarle.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. de manera electrónica a través del Portal para Quejas de la Oficina de Derechos Civiles, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, por correo postal o por teléfono a:

U.S. Department of Health and Human Services

200 Independence Avenue SW, HHH Building Room 509F

Washington, DC 20201

1-800-368-1019, (TDD: **1-800-537-7697**)

Los formularios de queja están disponibles en http://www.hhs.gov/ocr/office/file/index.html.

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English: Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, call **1-866-896-1844** (TTY: **711**).

Spanish: Contamos con servicios de asistencia lingüística, servicios y asistencia auxiliares y otros formatos alternativos para usted de forma gratuita. Para recibirlos, llame al **1-866-896-1844** (TTY: **711**).

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para obtener un intérprete, llámenos al **1-866-896-1844** (TTY: **711**). El horario de atención es de lunes a viernes, de 8 a.m. a 8 p.m. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Se le devolverá la llamada el siguiente día hábil. Alguien que habla español puede ayudarle. Este es un servicio gratuito.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số 1-866-896-1844 (TTY: 711). Giờ làm việc là từ Thứ Hai đến Thứ Sáu, từ 8 a.m. đến 8 p.m. Vào các ngày cuối tuần và ngày lễ của tiểu bang hoặc liên bang, quý vị có thể được yêu cầu để lại tin nhắn. Sẽ có người phản hồi cuộc gọi của quý vị vào ngày làm việc tiếp theo. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

Chinese:我們提供免費的口譯服務,可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務,您僅需於週一至週五上午8點至晚上8點致電 1-866-896-1844 (TTY: 711) 與我們聯絡。週末及州或聯邦假日時,可能會要求您留言。我們將在下一個工作日內回電給您。會說中文的人員可以幫助您。此為免費服務。

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 월요일 ~금요일, 오전 8시부터 오후 8시까지 1-866-896-1844 (TTY: 711)번으로 당사에 연락해 주십시오. 주말 및 공휴일에는 메시지를 남겨 주시면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역서비스는 무료로 제공됩니다.







Arabic: نوفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، يرجى الاتصال بنا على الرقم 1844-896-1896 (711: TTY) من الساعة 8 صباحًا لغاية الساعة 8 مساءً، من الاثنين إلى الجمعة. قد يُطلب منك ترك رسالة في عطلات نهاية الأسبوع وخلال إجازات الولاية أو الإجازات الفيدرالية، وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Urdu: ہمارے ہیلتھ یا ڈرگ پلان کے بارے میں آپ کے کسی بھی سوالوں کا جواب دینے کے لیے ہمارے پاس مفت ترجمان سروسز ہیں۔ مترجم کے لیے ہمیں صرف اس1844-896-1846 (711: TTY) نمبر پے صبح 8 بجے سے شام 8 بجے تک، پیر تا جمعہ کال کریں۔ اختتام ہفتہ اور ریاستی یا وفاقی تعطیلات میں، آپ کو پیغام بھیجنے کے لیے کہا جا سکتا ہے۔ آپ کی کال اگلے کاروباری دن میں واپس کی جائے گی۔ اردو بولنے والا کوئی بھی شخص آپ کی مدد کر سکتا ہے۔ یہ مفت سروس ہے۔

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Upang makakuha ng interpreter, tumawag lang sa amin sa **1-866-896-1844** (TTY: **711**) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Para sa mga oras pagkatapos ng trabaho, Sabado at Linggo, at pista opisyal, maaaring magpaiwan sa inyo ng mensahe. May tatawag sa inyo sa susunod na araw na may pasok. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-866-896-1844** (TTY: **711**) du lundi au vendredi, de 8 h à 20 h. Si vous appelez pendant les week-ends et jours fériés, vous devrez peut-être laisser un message. Nous vous rappellerons le jour ouvrable suivant. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए बस हमें 1-866-896-1844 (TTY: 711) पर कॉल करें। कार्य समय पर सोमवार से शुक्रवार सुबह 8 बजे से रात 8 बजे तक। सप्ताहांत और राज्य या संघीय छुट्टियों पर, आपसे एक संदेश छोड़ने के लिए कहा जा सकता है। अगले कार्य दिवस पर आपके कॉल का जवाब दिया जाएगा। हिंदी बोलने वाला कोई भी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।







Persian/Farsi: ما برای پاسخگویی به همه پرسشهایی که ممکن است درباره طرح بهداشتی یا دارویی ما داشته باشید، خدمات ترجمه شفاهی رایگان ارائه میدهیم. برای در اختیار داشتن مترجم میتوانید دوشنبه تا جمعه از 8 صبح تا 8 شب از طریق شماره 1844-896-1841 (711: TTY) با ما تماس بگیرید. بعد از ساعات اداری، آخر هفتهها و روزهای تعطیل ممکن است از شما خواسته شود که پیام بگذارید. در روز کاری بعدی با شما تماس گرفته خواهد شد. شخصی که به زبان فارسی صحبت میکند میتواند به شما کمک کند. این خدمات بهطور رایگان ارائه میشود.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns von Montag bis Freitag zwischen 8 und 20 Uhr unter folgender Telefonnummer an: **1-866-896-1844** (TTY: **711**). An Wochenenden und an Feiertagen werden Sie möglicherweise aufgefordert, eine Nachricht zu hinterlassen. Wir rufen Sie am nächsten Werktag zurück. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Gujarati: આરોગ્ય અથવા દવા સંબંધી યોજના વિશ તમને ફોઈ શકે તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે દુભાષિયાની મફત સેવાઓ છે. દુભાષિયો મેળવવા માટે, બસ અમને 1-866-896-1844 (TTY: 711) પર કૉલ કરો. અમારા કામકાજનો સમય સોમવારથી શુક્રવાર સુધી સવારે 8 વાગ્યાથી રાતના 8 વાગ્યા સુધીનો છે. વીકેન્ડ પર અને રાજ્યની કે સંધીય રજાઓના દવિસે, તમને એક મેસેજ મૂકવા માટે કફેવામાં આવી શકે છે. તમારા કૉલનો વળતો જવાબ કામકાજના આગલા દવિસની અંદર આપવામાં આવશે. ગુજરાતી બોલતી કોઈ વ્યક્તિ તમારી મદદ કરી શકે છે. આ એક મફત સેવા છે.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-866-896-1844** (ТТҮ: **711**). Часы работы: с 8 а.т. до 8 р.т. с понедельника по пятницу. В выходные и праздничные дни федерального уровня или на уровне штата вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、月曜日~金曜日の午前8 時~午後8 時に、1-866-896-1844(TTY:711)までお電話ください。週末、祝日は、留守番電話にメッセージを残す必要がある場合があります。その場合は、次の営業日に折り返しお電話いたします。日本語の通訳担当者が対応します。これは無料のサービスです。







Laotian: ພວກເຮົາມີບໍລິການແປພາສາຟຣີ ເພື່ອຕອບທຸກຄຳຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນ ສຸຂະພາບ ຫຼື ຢາຂອງພວກເຮົາ. ຫາກຕ້ອງການຄົນແປພາສາ ພຽງແຕ່ໃທຫາພວກເຮົາທື 1-866-896-1844 (TTY: 711) ເລີ້ມແຕ່ 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ, ວັນຈັນຫາວັນສຸກ. ຫຼັງຊົ່ວໂມງ ເຮັດວຽກ, ໃນທ້າຍອາທິດ ແລະ ໃນວັນພັກ, ທ່ານອາດຈະຖືກບອກໃຫ້ຝາກຂ້ຄວາມໄວ້. ທ່ານຈະ ໄດ້ຮັບການໂທກັບພາຍໃນໃນມື້ເຮັດວຽກທັດໄປ. ຈະມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍ ທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero **1-866-896-1844** (TTY: **711**) dal lunedì al venerdì, dalle 8:00 alle 20:00. Nei fine settimana e nei giorni festivi statali o federali potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contactenos através do número **1-866-896-1844** (TTY: **711**). O serviço está disponível de segundafeira a sexta-feira, das 8:00 às 20:00. Se ligar ao fim de semana ou num feriado, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpôt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, senpleman rele nou nan **1-866-896-1844** (TTY: **711**) soti 8è a.m. rive 8è p.m., Lendi pou Vandredi. Aprè lè biwo yo fèmen, nan wikenn ak pandan jou ferye, yo gendwa mande w pou ou kite yon mesaj. Y ap tounen rele w pwochen jou biwo yo louvri a. Yon moun ki pale Kreyòl Ayisyen kapab ede w. Se yon sèvis gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-866-896-1844** (telefon tekstowy (TTY): **711**) w godzinach od 8:00 do 20:00, od poniedziałku do piątku. W weekendy i święta konieczne może być pozostawienie wiadomości. Oddzwonimy w następnym dniu roboczym. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.