Annual Notice of Changes 2024

AARP® Medicare Rx Walgreens from UHC (PDP)

Toll-free **1-866-870-3470,** TTY **711**
8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept

myAARPMedicare.com

Do we have the right address for you?
If not, please let us know so we can keep you informed about your plan.

AARP® | Medicare Rx Walgreens
from UnitedHealthcare®

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Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to **myAARPMedicare.com** to review the details online. All of the below documents will be available online by **October 15, 2023.**

Pharmacy Directory

Review the 2024 Pharmacy Directory online to see which pharmacies are in our network next year.

Drug List (Formulary)

You can look up which drugs will be covered by your plan next year and review any new restrictions on our website.

Evidence of Coverage (EOC)

Review your 2024 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

Would you rather get paper copies?

If you want a paper copy of what is listed above, please contact our Customer Service at 1-866-870-3470 (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

Reduce the clutter and get plan documents faster.

Visit **myAARPMedicare.com** to sign up for paperless delivery.

AARP® Medicare Rx Walgreens from UHC (PDP) offered by UnitedHealthcare

Annual Notice of Changes for 2024

You are currently enrolled as a member of AARP® MedicareRx Walgreens (PDP).

Next year, there will be changes to the plan's costs and benefits. Please see page 6 for a Summary of Important Costs, including Premium. This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at myAARPMedicare.com. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

What to do now

1. **Ask:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

☐ Review the changes to our drug coverage, including authorization requirements and costs.
☐ Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 Drug List to make sure the drugs you currently take are still covered.

☐ Think about whether you are happy with our plan.

2. **Compare:** Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your Medicare & You 2024 handbook.

- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. Choose: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will be enrolled in AARP® Medicare Rx Walgreens from UHC (PDP).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with AARP® MedicareRx Walgreens (PDP).

Additional Resources

- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, braille, large print, audio, or you can ask for an interpreter. For more information, please call us toll-free at the number on your member ID card or the front of your plan booklet.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande, o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llámenos al número gratuito que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

About AARP® Medicare Rx Walgreens from UHC (PDP)

- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product or pharmacy recommendations for individuals.
- When this document says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means AARP® Medicare Rx Walgreens from UHC (PDP).

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Summary of important costs for 2024

The table below compares the 2023 costs and 2024 costs for AARP® Medicare Rx Walgreens from UHC (PDP) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. (See Section 2.1 for details.)	$28.20	$49.30
Part D prescription drug coverage (See Section 2.3 for details.) To find out which drugs are Covered Insulin Drugs, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call Customer Service.	Deductible: $0 Tier 1 $350 Tier 2, Tier 3, Tier 4 and Tier 5, except for covered insulin products and most adult Part D vaccines Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage stage: ☐ Drug Tier 1: Preferred retail cost-sharing (in-network) $1 copayment ☐ Drug Tier 2: Preferred retail cost-sharing (in-network) $10 copayment ☐ Drug Tier 3: Preferred retail cost-sharing (in-network) $40 copayment	Deductible: $0 Tier 1 $410 Tier 2, Tier 3, Tier 4 and Tier 5, except for covered insulin products and most adult Part D vaccines Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage stage: ☐ Drug Tier 1: Preferred retail cost-sharing (in-network) $2 copayment ☐ Drug Tier 2: Preferred retail cost-sharing (in-network) $8 copayment ☐ Drug Tier 3: Preferred retail cost-sharing (in-network) $40 copayment

Cost	2023 (this year)	2024 (next year)
	Drug Tier 3 Covered Insulin Drugs: Preferred retail cost-sharing (in-network) $35 copayment Drug Tier 4: Preferred retail cost-sharing (in-network) 45% of the total cost Drug Tier 5: Preferred retail cost-sharing (in-network) 27% of the total cost Catastrophic Coverage: During this payment stage, the plan pays most of the cost for your covered drugs. For each prescription, you pay the greater of: 5% coinsurance, or $4.15 copay for generic (including brand drugs treated as generic) and a $10.35 copay for all other drugs.	Drug Tier 3 Covered Insulin Drugs: Preferred retail cost-sharing (in-network) $35 copayment Drug Tier 4: Preferred retail cost-sharing (in-network) 50% of the total cost Drug Tier 5: Preferred retail cost-sharing (in-network) 27% of the total cost Catastrophic Coverage: During this payment stage, the plan pays the full cost for your covered Part D drugs. You may have cost sharing for drugs that are covered under our enhanced benefit.

Section 1 We Are Changing the Plan's Name

On January 1, 2024, our plan name will change from AARP® MedicareRx Walgreens (PDP) to AARP® Medicare Rx Walgreens from UHC (PDP).

We will mail you a new UnitedHealthcare member ID card. If you have questions, or if your UnitedHealthcare member ID card is damaged, lost, or stolen, call Customer Service at 1-866-870-3470 (TTY users should call 711) right away and we will send you a new card.

You will see the new plan name reflected on future communications where the plan name is referenced.

Section 2 Changes to Benefits and Costs for Next Year

Section 2.1 Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	**$28.20**	**$49.30**

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving "Extra Help" with your prescription drug costs. Please see Section 6 regarding "Extra Help" from Medicare.

Section 2.2 Changes to the Pharmacy Network

An updated Pharmacy Directory is located on our website at **myAARPMedicare.com**. You may also call Customer Service for updated pharmacy information or to ask us to mail you a Pharmacy Directory.

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact Customer Service so we may assist.

Section 2.3 Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." **You can get the complete Drug List** by calling Customer Service (see the back cover) or visiting our website (**myAARPMedicare.com**).

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 or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

To find out which drugs are Covered Insulins, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call Customer Service.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 7 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" you will receive a "LIS Rider." If you don't receive it, please call Customer Service and ask for the "LIS Rider" to be sent to you.

There are four "drug payment stages."

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly (Part D) Deductible stage During this stage, **you pay the full cost** of your Tier 2, Tier 3, Tier 4 and Tier 5 drugs until you have reached the yearly deductible. The deductible does not apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	The deductible is $350. During this stage, you pay $16 for drugs on Tier 1 (in-network standard retail 30-day supply) and $1 on Tier 1 (in-network preferred retail 30-day supply), and the full cost of drugs on Tier 2, Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.	The deductible is $410. During this stage, you pay $17 for drugs on Tier 1 (in-network standard retail 30-day supply) and $2 on Tier 1 (in-network preferred retail 30-day supply), and the full cost of drugs on Tier 2, Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.

Changes to Your Cost-sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage stage Once you pay the yearly deductible, you move to the Initial Coverage stage. During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** Most adult Part D vaccines are covered at no cost to you. The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your **Evidence of Coverage.** We changed the tier for some of the drugs on our Drug List. To see if your	Your cost for a one-month supply at a network pharmacy: **Tier 1 - Preferred Generic:** Standard cost-sharing: You pay $16 per prescription. Preferred cost-sharing: You pay $1 per prescription. **Tier 2 - Generic:** Standard cost-sharing: You pay $20 per prescription.	Your cost for a one-month supply at a network pharmacy: **Tier 1 - Preferred Generic:** Standard cost-sharing: You pay $17 per prescription. Preferred cost-sharing: You pay $2 per prescription. **Tier 2 - Generic:** Standard cost-sharing: You pay $20 per prescription.

Stage	2023 (this year)	2024 (next year)
drugs will be in a different tier, look them up on the Drug List.	Preferred cost-sharing: You pay $10 per prescription.	Preferred cost-sharing: You pay $8 per prescription.
	Tier 3 - Preferred Brand:	**Tier 3 - Preferred Brand:**
	Standard cost-sharing: You pay $45 per prescription.	Standard cost-sharing: You pay $45 per prescription.
	Preferred cost-sharing: You pay $40 per prescription.	Preferred cost-sharing: You pay $40 per prescription.
	Tier 3 - Covered Insulin Drugs:	**Tier 3 - Covered Insulin Drugs:**
	Standard cost-sharing: You pay $35 for covered insulins.	Standard cost-sharing: You pay $35 for covered insulins.
	Preferred cost-sharing: You pay $35 for covered insulins.	Preferred cost-sharing: You pay $35 for covered insulins.
	Tier 4 - Non-Preferred Drug:	**Tier 4 - Non-Preferred Drug:**
	Standard cost-sharing: You pay 50% of the total cost.	Standard cost-sharing: You pay 50% of the total cost.
	Preferred cost-sharing: You pay 45% of the total cost.	Preferred cost-sharing: You pay 50% of the total cost.
	Tier 5 - Specialty Tier:	**Tier 5 - Specialty Tier:**
	Standard cost-sharing: You pay 27% of the total cost.	Standard cost-sharing: You pay 27% of the total cost.

Stage	2023 (this year)	2024 (next year)
	Preferred cost-sharing: You pay 27% of the total cost. Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap stage).	Preferred cost-sharing: You pay 27% of the total cost. Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap stage).

Changes to the Coverage Gap and Catastrophic Coverage stages

The other two drug coverage stages – the Coverage Gap stage and the Catastrophic Coverage stage – are for people with high drug costs. **Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage.**

For the Coverage Gap Stage for drugs on Tier 1, your cost-sharing is changing from coinsurance to a copayment.

Beginning in 2024, if you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your **Evidence of Coverage**.

Section 3 Deciding Which Plan to Choose

Section 3.1 If You Want to Stay in AARP® Medicare Rx Walgreens from UHC (PDP)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan by December 7, you will automatically be enrolled in our AARP® Medicare Rx Walgreens from UHC (PDP).

Section 3.2 If You Want to Change Plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan,
- **– OR–** You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- **– OR–** You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the **Medicare & You 2024 handbook**, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a **reminder**, UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from AARP® Medicare Rx Walgreens from UHC (PDP).
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from AARP® Medicare Rx Walgreens from UHC (PDP).
  - You will automatically be disenrolled from AARP® Medicare Rx Walgreens from UHC (PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
  - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep AARP® Medicare Rx Walgreens from UHC (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from AARP® Medicare Rx Walgreens from UHC (PDP). If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from AARP® Medicare Rx Walgreens from UHC (PDP). To ask to be disenrolled, you must send us a written request or contact 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).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll or visit our website to disenroll online. Contact Customer Service if you need more information on how to do so.
  - **– or –** Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

Section 4 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it from **October 15 to December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Section 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Virginia, the SHIP is called Virginia Insurance Counseling and Assistance Program (VICAP).

It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. Virginia Insurance Counseling and Assistance Program (VICAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Virginia Insurance Counseling and Assistance Program (VICAP) at 1-800-552-3402.

Section 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Virginia has a program called Virginia Medication Assistance Program (MAP) that helps people pay for prescription drugs

based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please contact the ADAP in your state. You can find your state's ADAP contact information in Chapter 2 of the **Evidence of Coverage**.

Section 7 Questions?

Section 7.1 Getting Help from AARP® Medicare Rx Walgreens from UHC (PDP)

Questions? We're here to help. Please call Customer Service at 1-866-870-3470. (TTY only, call 711.) We are available for phone calls 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This **Annual Notice of Changes** gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 **Evidence of Coverage** for AARP® Medicare Rx Walgreens from UHC (PDP). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at **myAARPMedicare.com**. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at **myAARPMedicare.com**. As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary).

Section 7.2 Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

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.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2024

Read the Medicare & You 2024 handbook. Every fall, this document 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 document, you can get it at the Medicare website (https://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.

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, please call us using the toll-free number on your member identification card. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用您的会员身份证上的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡上的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero sa iyong kard ng pagkakakilanlan ng kasapi. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyong ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khoẻ hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng thành viên của bạn. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer auf Ihrem Mitgliedsausweis an. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon kòm manm ou an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej członka planu. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員IDカードに記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

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