



# SUMMARY OF BENEFITS

## **Cigna-HealthSpring Rx™ (PDP)**

Medicare Part D Prescription Drug Plans

City of Memphis

Effective: January 1, 2015 – December 31, 2015

## **For Retirees of City of Memphis**

### **Section I: Introduction to Summary of Benefits**

Thank you for your interest in Cigna-HealthSpring Rx (PDP) Plans. Our plans are offered by Cigna-HealthSpring Health and Life Insurance Company which is also called Cigna-HealthSpring Rx, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Cigna-HealthSpring Rx (PDP) and ask for the "Evidence of Coverage."

#### **YOU HAVE CHOICES IN YOUR MEDICARE PRESCRIPTION DRUG COVERAGE**

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Cigna-HealthSpring Rx (PDP). Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

#### **HOW CAN I COMPARE MY OPTIONS?**

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Cigna-HealthSpring Rx (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

#### **WHERE IS CIGNA-HEALTHSPRING MEDICARE RX (PDP) AVAILABLE?**

The service area for this plan includes: the 50 United States, the District of Columbia, Puerto Rico and the Virgin Islands.

#### **WHERE CAN I GET MY PRESCRIPTIONS?**

Cigna-HealthSpring Rx (PDP) has formed a network of pharmacies. You should use a network pharmacy to receive plan benefits. We will pay a minimal amount for your prescriptions if you use an out-of-network pharmacy. Cigna-HealthSpring Rx (PDP) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at [www.myCigna-HealthSpring.com](http://www.myCigna-HealthSpring.com). Our Customer Service number is listed at the end of this introduction.

#### **WHAT IF MY DOCTOR PRESCRIBES LESS THAN A MONTH'S SUPPLY?**

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand and



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generic drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed

## **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

Cigna-HealthSpring Rx (PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies associated with the delivery of insulin that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary (drug list).

## **WHAT IS A PRESCRIPTION DRUG FORMULARY (DRUG LIST)?**

Cigna-HealthSpring Rx (PDP) uses a formulary (drug list). A formulary (drug list) is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary (drug list) change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary (drug list) to you and you can see our complete formulary (drug list) on our Web site at [www.myCigna.com](http://www.myCigna.com).

If you are currently taking a drug that is not on our formulary (drug list) or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary (drug list) with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## **WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?**

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap Supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.



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If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Cigna-HealthSpring Rx (PDP). Get this information before you decide to enroll in this plan.

## **HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?**

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TTD users should call 711, 24 hours a day/7 days a week and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 711 or
- Your State Medicaid Office.

## **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans decide whether to continue to participate with the Medicare Prescription Drug Program. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Cigna-HealthSpring Rx (PDP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you



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have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your State. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

## **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Cigna-HealthSpring Rx (PDP) for more details.

**Please call Cigna-HealthSpring Rx (PDP) for more information about this plan.**

### **Customer Service Hours:**

We're available 8 am to 8 pm local time, Monday through Friday. Between October 1 and February 14, we're also open Saturday and Sunday.

Prospective members should call toll-free (855)-867-4901 (TTY/TDD 711).

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 711. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

This information is available for free in other languages. For additional information, call Customer Service at the phone number listed above.

Customer Service has free language interpreter services available for non-English speakers.

Esta información está disponible sin cargo en otros idiomas. Si necesita información adicional, llame al Servicio de Atención al Cliente al número antes mencionado.

El Servicio de atención al cliente cuenta con servicios de interpretación gratuitos para aquellas personas que no hablan inglés

If you have special needs, this document may be available in other formats.

If you have any questions about this plan's benefits or costs, please contact Cigna-HealthSpring Rx (PDP) for details.



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## Section II: 2015 Summary of Benefits for your Cigna-HealthSpring Rx (PDP) plan.

### Benefit Highlights

#### General:

This plan uses a formulary (drug list) (List of Covered Drugs). The Plan will send you the formulary (drug list). You can also see the formulary (drug list) at [www.myCigna.com](http://www.myCigna.com) on the web. Please refer to the formulary (drug list) document for more details.

Different out-of-pocket costs may apply for people who have limited incomes, live in long term care facilities, or have access to Indian/Tribal/Urban (Indian Health Service).

For questions about your Cigna-HealthSpring Rx (PDP) premium, contact your Plan Sponsor. In addition, some people will pay a higher Medicare Part D premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 711. You may also call Social Security at 1-800-772-1213. TTY users should call 711.

The plan offers national in-network prescription coverage (i.e., this would include the 50 United States, the District of Columbia, Puerto Rico and the Virgin Islands). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).

Total yearly drug costs are the total drug costs paid by both you and the plan.

The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Some drugs have quantity limits.

Your provider must get prior authorization from Cigna-HealthSpring Rx (PDP) Plan for certain drugs.

You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary (drug list), and printed materials.

If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.



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If you request a formulary (drug list) exception for a drug and Cigna-HealthSpring Medicare Rx (PDP) approves the exception, you will pay Tier 3, Non-preferred brand drugs cost-sharing for that drug.

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## For Retirees of City of Memphis

Thank you for your interest in Cigna-HealthSpring Rx (PDP) Plans. Our plans are offered by Cigna-HealthSpring Rx (PDP), a Cigna-HealthSpring Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list the drugs we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Cigna-HealthSpring Rx (PDP) and ask for the "Evidence of Coverage."

<b><i>Cigna- HealthSpring Benefit Summary</i></b>				
<b><i>Cigna-HealthSpring Rx (PDP)</i></b>				
<b>Benefit Highlights</b>		<b>You pay</b>		
<b>In-Network Deductible*</b>		<b>Cigna-HealthSpring Rx (PDP)</b>		
Individual Deductible		\$0 annual deductible		
<b>Initial Coverage Stage</b>		<b>Cigna-HealthSpring Rx (PDP)</b>		
You begin in this payment stage. You pay the following until total yearly drug costs reach \$2,960.				
Contact Your Plan if you have any questions about cost-sharing or billing when less than one month supply is dispensed	One Month (30-day supply) of drugs from a Retail Pharmacy or One Month (31-day supply) of drugs from a Long Term Care Pharmacy	One Month (30-day supply) of drugs from a Mail Order Pharmacy	Three month (90-day supply) of drugs from a Retail Pharmacy	Three month (90-day supply) of drugs from a Mail Order Pharmacy
<b>Tier 1</b>	\$10	\$10	\$20	\$20
<b>Tier 2</b>	\$20	\$20	\$40	\$40
<b>Tier 3</b>	\$40	\$40	\$80	\$80
<b>Tier 4</b>	\$40	\$40	\$80	\$80
<b>Benefit Highlights</b>		<b>You pay</b>		
<b>Coverage Gap Stage</b>		<b>Cigna Cigna-HealthSpring Rx (PDP)</b>		
<b>Coverage Gap "Donut Hole"</b> Begins after Initial Coverage reaches \$2,960 and up to \$4,700 in out-of-pocket costs that you pay and payments made on your behalf by certain other individuals or organizations.  When you are in the Coverage Gap Stage, the Cigna-HealthSpring Coverage Gap Discount Program provides manufacturer discounts on brand name drugs. Together, Cigna-HealthSpring and You pay 45% of the negotiated price for brand name drugs (Tier 2, Tier 3 and some Tier 4 drugs). The Drug Manufacturer pays 55% of the negotiated price for		During this payment stage, you receive limited coverage by the plan and may receive a discount on brand name drugs. You (or others on your behalf) pay the lesser of the plan benefits or the costs of generic drugs.		

Cigna-HealthSpring Rx (PDP) - Plan Option 3

brand name drugs. Both the amount you pay (your copay/coinsurance and the amount discounted by the manufacturer count toward the \$4,700 out of pocket costs.				
Contact Your Plan if you have any questions about cost-sharing or billing when less than one month supply is dispensed	One Month (30-day supply) of drugs from a Retail Pharmacy or One Month (31-day supply) of drugs from a Long Term Care Pharmacy	One Month (30-day supply) of drugs from a Mail Order Pharmacy	Three month (90-day supply) of drugs from a Retail Pharmacy	Three month (90-day supply) of drugs from a Mail Order Pharmacy
<b>Tier 1</b>	65%	65%	65%	65%
<b>Tier 2</b>	45%	45%	45%	45%
<b>Tier 3</b>	45%	45%	45%	45%
<b>Tier 4</b>	45%	45%	45%	45%
<b>Catastrophic Coverage Stage</b>		<b>Cigna Cigna-HealthSpring Rx (PDP)</b>		
<b>Catastrophic Coverage</b> You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$4,700 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.		You pay the greater of: 5% of the cost of the drug or \$2.65 copay for generic (including brand drugs treated as generic)  5% of the cost of the drug or \$6.60 copay for all other drugs		
<b>Out-of-Network Pharmacy Coverage</b>		<b>Cigna-HealthSpring Rx (PDP)</b>		
Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Cigna-HealthSpring Rx (PDP).		40% for a (30- day) supply of drugs		
<b>Drug List Enhancements through your Cigna-HealthSpring Rx plan</b>		<b>Cigna-HealthSpring Rx (PDP)</b>		
<b>Drug List Enhancements through your Cigna-HealthSpring Rx plan</b>		None		

<b>Term</b>	<b>Definition</b>
<b>Coinsurance</b>	The coinsurance is an amount you may be required to pay as your share of the cost for prescription drugs after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).
<b>Copay</b>	An amount you may be required to pay as your share of the cost for a prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a prescription drug.
<b>Coverage Gap (a.k.a., Donut Hole) (Pharmacy Benefit)</b>	Cigna-HealthSpring drug plans may have a “coverage gap,” which is sometimes called the “donut hole.” The coverage gap begins after you and your plan have spent \$2,960.
<b>Deductible</b>	The amount you must pay for prescriptions before the plan begins to reimburse for covered expenses.
<b>Initial Coverage Limit</b>	The maximum limit of coverage under the Initial Coverage Stage.
<b>Initial Coverage Stage</b>	This is the stage after you have met your deductible and before your total drug expenses have reached \$2,960, including amounts you’ve paid and what our plan has paid on your behalf.
<b>True Out-of-Pocket (TrOOP) (Pharmacy Benefits)</b>	<p>True out-of-pocket (TrOOP) costs help you qualify for catastrophic coverage so long as the drug is normally covered by a Cigna-HealthSpring Prescription Drug Plan, and included on your plan formulary. TrOOP includes:</p> <ul style="list-style-type: none"> <li>• Your annual deductible</li> <li>• Your coinsurance or copays made on covered drugs (excluding drugs purchased outside the U.S. and its territories, drugs not covered by the plan or drugs covered by your plan under the additional drug benefit category.</li> <li>• The Drug Manufacturer contribution of 52.5% of the negotiated price for brand name drugs.</li> </ul> <p>When you have reached a total of \$4,700 out-of-pocket for these items, you will reach the catastrophic level.</p>

### Drug exclusions

A Cigna-HealthSpring Prescription Drug Plan can’t cover a drug that would be covered under Medicare Part A or Part B. Also, while a Cigna-HealthSpring Prescription Drug Plan can cover off label uses (meaning for uses other than those indicated on a drug’s label as approved by the Food and Drug Administration) of a prescription drug; we cover the off-label use only in cases where the use is supported by certain reference book citations. Congress specifically listed the reference books that list whether the off-label use would be permitted (these reference books are: (1) American Hospital Formulary Service Drug Information, (2) the DRUGDEX Information System, and (3) USPDI (or its successor). If the use is not supported by one of these reference books (known as compendia), then the drug would be considered a non-Part D drug and could not be covered by our Plan.

By law, certain types of drugs, or categories of drugs, are not covered by Cigna-HealthSpring Prescription Drug Plans. These drugs are not considered Part D drugs and may be referred to as “exclusions” or “non-Part D drugs.” These drugs include:

- Non-prescription drugs (or over-the counter drugs).
- Drugs when used for anorexia, weight loss, or weight gain.
- Drugs when used to promote fertility.
- Drugs when used for cosmetic purposes or hair growth.
- Drugs when used for the symptomatic relief of cough or colds.
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.
- Drugs, such as Viagra, Cialis, Levitra, and Caverject, when used for the treatment of sexual or erectile dysfunction.

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## 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 1-800-558-9562. 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 1-800-558-9562. 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 1-800-558-9562。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 1-800-558-9562。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 1-800-558-9562. 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 1-800-558-9562. 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 1-800-558-9562 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-558-9562. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-558-9562 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-558-9562. 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، بمساعدتك. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية 1-800-558-9562 ليس عليك سوى الاتصال بنا على

**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 1-800-558-9562 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-558-9562. 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 1-800-558-9562. 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 1-800-558-9562. 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 1-800-558-9562. 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、  
1-800-558-9562 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。