

2025

# Summary of Benefits

## Molina Medicare Complete Care (HMO DSNP)

California H3038-001

Effective January 1 through December 31, 2025

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CA-H3038-001-DSNP-SB-EN-25



## Introduction to the Summary of Benefits

### Molina Medicare Complete Care

Thank you for considering Molina Healthcare! Everyone deserves quality care. Since 1980, our members have been able to lean on Molina. Because today, as always, we put your needs first.

This document does not include every benefit and service that we cover or every limitation or exclusion. To get a complete list of services, please refer to the Evidence of Coverage (EOC). A copy of the EOC is located on our website at [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare). You can also call Member Services at (800) 665-0898, TTY 711 and we will mail you a copy.

To join our plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid by California Department of Health Care Services, and live in our service area. Our service area includes the following counties in California: Los Angeles, Riverside, San Bernardino, and San Diego.



Molina has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use providers that are not in our network, we may not pay for those services. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits or use the Medicare Plan Finder at [medicare.gov](https://www.medicare.gov).

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users should call 1-877-486-2048. If you have any questions, please call our Member Service team at **(800) 665-0898, TTY 711**, 7 days a week, 8 a.m. to 8 p.m., local time.

## About Medicare

Medicare is health insurance for people who are 65 years old or older, or who are under 65 years old with certain disabilities.

Original Medicare is a Federal Insurance Program. It pays a fee for your care directly to the doctors and hospitals you visit. Original Medicare does not cover most preventive care and has unpredictable out-of-pocket expenses.



**Medicare Part A (Hospital Insurance)** covers inpatient care in hospitals, skilled nursing facilities, hospice care, and some home health care services.



**Medicare Part B (Medical Insurance)** covers certain doctors' services, outpatient care, medical supplies and preventive services.



**Medicare Part C (Medicare Advantage)** is an all-in-one alternative to Original Medicare. Medicare Advantage plans include Parts A, B and usually Part D. Some Medicare Advantage plans may have lower out-of-pocket costs than Original Medicare and may cover extra benefits that Original Medicare doesn't – like dental, vision or hearing. Medicare pays a fixed fee to the plan for your care, and then the plan directly pays the doctors and hospitals. Medicare Advantage has predictable out-of-pocket expenses and offers preventive care and care coordination.



**Medicare Part D (Prescription Drug Coverage)** helps you pay for drugs you get from a pharmacy.

## Medicaid Dual Eligibility Coverage Categories

- **Qualified Medicare Beneficiary (QMB):** Medicaid pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only. You receive Medicaid coverage of Medicare cost share but are not otherwise eligible for full Medicaid benefits.
- **Qualified Medicare Beneficiary Plus (QMB+):** Medicaid pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. You receive Medicaid coverage of Medicare cost share and are eligible for full Medicaid benefits.
- **Specified Low-Income Medicare Beneficiary Plus (SLMB+):** Medicaid pays your Medicare Part B premium and provides full Medicaid benefits.
- **Full-Benefit Dual Eligible (FBDE):** At times, individuals may qualify for both limited coverage of Medicare cost sharing as well as full Medicaid benefits.



### **Eligibility Changes:**

It is important to read and respond to all mail that comes from Social Security or your state Medicaid office so you can protect your \$0 cost share status as a QMB, QMB+, SLMB+, or FBDE beneficiary.

Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category. If you lose Medicaid coverage entirely you will be given a grace period so that you can reapply for Medicaid.

If you no longer qualify as a QMB, QMB+, SLMB+, or FBDE beneficiary you may be involuntarily disenrolled from the Plan after a grace period. Your state Medicaid agency will send you notification of your loss of Medicaid or change in Medicaid category. We may also contact you to remind you to reapply for Medicaid as a QMB, QMB+, SLMB+, or FBDE beneficiary. For this reason it is important to let us know whenever your mailing address and/or phone number changes.

# Summary of Premiums & Benefits

## Molina Medicare Complete Care

**Monthly Premium**     \$0 per month



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**Medical Deductible**     You pay \$0 medical deductible each year.



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**Maximum Out-of-Pocket Responsibility**     \$9,350 each year for services you receive from in-network providers. (does not include prescription drugs)



## Molina Medicare Complete Care

### Inpatient Hospital

You pay \$0 for days 1 - 90 of a hospital stay per benefit period.



Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days per benefit period, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days per benefit period.

*Prior authorization may be required.*

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### Outpatient Hospital

\$0 copay per visit



*Prior authorization may be required.*

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### Ambulatory Surgical Center

\$0 copay per visit



*Prior authorization may be required.*

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### Doctor Visits



#### Primary Care

\$0 copay per visit

#### Specialists

\$0 copay per visit

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### Preventive Care



\$0 copay

Look for the rows with the apple in the Chapter 4 Medical benefits chart in the Evidence of Coverage. Any additional preventive services approved by Medicare during the plan year will be covered.



# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care

**Emergency Care** \$0 copay



**Urgently Needed Services** \$0 copay



**Diagnostic Services/ Labs/Imaging** **Diagnostic tests and procedures**  
\$0 copay



**Lab services**

\$0 copay

**Diagnostic radiology services** (such as MRI, CT scan)

\$0 copay

**Outpatient X-rays**

\$0 copay

**Therapeutic radiology**

\$0 copay

*Prior authorization may be required for some services.*

*No authorization is required for outpatient lab services and outpatient x-ray services. Genetic lab testing requires prior authorization.*

## Molina Medicare Complete Care

### Hearing Services



#### **Medicare-covered diagnostic hearing and balance exams**

\$0 copay, 1 every year

#### **Routine hearing exam**

\$0 copay, 1 every year

#### **Fitting for hearing aid/evaluation**

\$0 copay, 1 every year

#### **Hearing aids**

\$0 copay

Our plan covers up to 2 pre-selected hearing aids covered from a plan approved provider every 2 years.

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### Dental Services



#### **Medicare-covered dental services**

\$0 copay

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# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care

### Vision Services



### Medicare-covered vision services

- Vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening):
- Eyeglasses or contact lenses after cataract surgery: \$0 copay

### **We have partnered with a Vision Vendor to give you more value for your routine vision needs!**

Supplemental Vision services covered include, but not limited to:

Coverage includes:

- One routine eye exam every calendar year
- An eyewear allowance

You can use your \$200 eyewear allowance to purchase:

- Contact lenses\*
- Eyeglasses (lenses and frames)
- Eyeglass lenses and / or frames
- Upgrades (such as, tinted, U-V, polarized or photochromatic lenses).

\*If you choose contact lenses, your eyewear allowance can also be used to pay down all or a portion of your contact lens fitting fee.

You are responsible for paying for any corrective eyewear over the limit of the plan's eyewear allowance.

\$0 copay for up to one routine eye exam (and refraction) for eyeglasses every calendar year.

## Molina Medicare Complete Care

### Mental Health Services



#### Inpatient visit

You pay \$0 for days 1 - 90 of an inpatient hospital stay.

There is a 190 day lifetime limit for inpatient psychiatric hospital care. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

*Prior authorization may be required.*

#### Outpatient individual/group therapy visit

\$0 copay

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### Skilled Nursing Facility



You pay \$0 for days 1-100 of a skilled nursing facility stay.

No prior hospitalization is required.

*Prior authorization may be required.*

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### Physical Therapy



#### Physical therapy and speech therapy

\$0 copay

*Prior authorization may be required.*

#### Cardiac and pulmonary rehabilitation

\$0 copay

*Prior authorization may be required.*

#### Supervised Exercise Therapy (SET)

\$0 copay

*Prior authorization may be required.*

#### Occupational therapy services

\$0 copay

*Prior authorization may be required.*

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### Ambulance



\$0 copay

*Prior authorization required for non-emergent ambulance only.*

## Summary of Premiums & Benefits (Continued)

### Molina Medicare Complete Care

#### Transportation

\$0 copay



12 one-way trips every year to plan-approved locations

*Prior authorization may be required.*

### Medicare Part B Drugs

#### Chemotherapy/ Radiation Drugs and other Part B Drugs

\$0 copay

*Prior authorization may be required.*

# Summary of Drug Coverage

## Standard Retail Pharmacy and Mail-Order Pharmacy

Depending on your income and institutional status, you pay the following:

For generic drugs (including brand drugs treated as generic):

- \$0 copay

For all other drugs:

- \$0 copay
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## Coverage Stages

In this plan, you have a zero-dollar cost share across all stages, including the deductible, initial, and catastrophic coverage stages.

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# Summary of Other Benefits

## Molina Medicare Complete Care

### Acupuncture



### Medicare-Covered Acupuncture

\$0 copay

Up to 12 visits in 90 days are covered for chronic lower back pain. Up to eight additional sessions are covered in the same year for those patients demonstrating an improvement.

### Additional Telehealth Services



\$0 copay

Includes Primary Care Physician Services

### Annual Physical Exam



\$0 copay

### Chiropractic Care



### Medicare-Covered Chiropractic Services

\$0 copay

Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

### Dialysis



\$0 copay

### Fitness Benefit



\$0 copay

Silver&Fit offers Members access to contracted fitness facilities and Home Fitness Kits for Members who prefer to exercise at home or while traveling.

## Molina Medicare Complete Care

### Foot Care (Podiatry)



#### Medicare-Covered Foot Exam and Treatment

\$0 copay

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.

*Prior authorization may be required.*

### Health Education



\$0 copay

Programs to help you learn to manage your health conditions, including health education, learning materials, health advice, and care tips.

### Home Health Care



\$0 copay

*Prior authorization may be required.*

### Meals Benefit



\$0 copay

Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member need. Maximum of 56 meals and 4 weeks per year. Must meet criteria approved by the plan.

*Prior authorization may be required.*

### Medical Equipment and Supplies



#### Durable Medical Equipment (such as wheelchairs, oxygen)

\$0 copay

#### Prosthetics/Medical Supplies

\$0 copay

#### Diabetic Supplies and Services

\$0 copay

*Prior authorization may be required for Durable Medical Equipment, Prosthetics/Medical supplies, and Diabetic supplies.*

*Prior authorization required for diabetic shoes and inserts.*

*Prior authorization not required for preferred manufacturer.*



## Summary of Other Benefits (Continued)

### Molina Medicare Complete Care

#### 24-Hour Nurse Advice Line



\$0 copay

Available 24 hours a day, 7 days a week.

#### Nutritional/Dietary Benefit



\$0 copay

12 individual or group sessions every year; individual telephonic nutrition counseling upon request.

#### Opioid Treatment Program Services



\$0 copay

*Prior authorization required for medication.*

#### Outpatient Blood Services



\$0 copay

3 pint deductible waived

#### Outpatient Substance Abuse



\$0 copay

Individual or group therapy visits

*Prior authorization may be required.*

#### Over-the-Counter Items



\$0 copay

\$35 every month for OTC items. Unused allowance does not carry over to the next month.

You must use your MyChoice card to get the benefit and services. See MyChoice card section for more information.

## Molina Medicare Complete Care

### Personal Emergency Response System Plus (PERSPlus)



\$0 copay

When authorized, we will provide an in-home device to notify the appropriate personnel in the event of an emergency (e.g., a fall).

Case Management review required.

*Prior authorization may be required.*

### Worldwide Emergency and Urgent Care



\$0 copay

You are covered for worldwide emergency and urgent care services up to \$10,000.

### MyChoice Card



\$0 copay

You receive a prepaid debit card that may be used toward select supplemental plan benefits such as:

- Food and Produce\*
- Over-the-Counter items

Funds are loaded onto the card each month. At the end of each month, any unused allocated funds will not carry over to the following month or plan year.

*\*Eligibility requirements applicable*

### Special Supplemental Benefits for Chronic Illnesses



\$0 copay

\$55 every month for food and produce. Unused allowance does not carry over to next month.

*Prior authorization may be required.*

You must use your MyChoice card to get the benefit and services. See MyChoice card section for more information.

Members must complete a Health Risk Assessment and meet the criteria outlined in Chapter 4 of the Evidence of Coverage.

# Summary of Medicaid-Covered Benefits

## What Services are Covered

The chart below shows what services are covered by Medicare and Medicaid. You will see the word “Covered” under the Medicaid column if Medicaid also covers a service that is covered under the Molina Medicare Complete Care Plan. The chart applies only if you are entitled to benefits under your state’s Medicaid program.

If you are currently entitled to receive full or partial Medicaid benefits please see your Medicaid member handbook or other state Medicaid documents for full details on your Medicaid benefits, limitations, restrictions, and exclusions. In your state, the Medicaid program is called Medi-Cal.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. These benefits are marked with an asterisk (\*) below and may not be available to all enrollees.

Benefit	Molina Medicare Complete Care	Medi-Cal
<b>IMPORTANT INFORMATION</b>		
<b>Premium and Other Important Information</b> If you get Extra Help from Medicare, your monthly plan premium will be lower or you may pay nothing.	<b>General</b> \$0 monthly plan premium  <b>In-Network</b> \$9,350 out-of-pocket limit for Medicare-covered services.  However, in this plan you will have no cost-sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.	Medicaid assistance with premium payments and cost share may vary based on your level of Medicaid eligibility.
<b>Doctor and Hospital Choice</b> (For more information, see Emergency Care and Urgently Needed Care.)	<b>In-Network</b> You must go to network doctors, specialists, and hospitals.	You must go to doctors, specialists, and hospitals that accept Medicaid assignment. Referral required for network specialists (for certain benefits).

Benefit	Molina Medicare Complete Care	Medi-Cal
<b>OUTPATIENT CARE SERVICES</b>		
<b>Acupuncture</b>	Limited coverage	Covered Restrictions may apply
<b>Ambulance Services</b> (Must be medically necessary)	Covered	Covered
<b>Cardiac and Pulmonary Rehabilitation Services</b>	Covered	Covered
<b>Chiropractic Services</b>	Limited coverage	Covered Restrictions may apply
<b>Dental Services</b>	Covered	Covered Restrictions may apply
<b>Diabetes Programs and Supplies</b>	Covered	Covered
<b>Diagnostic Tests, X-rays, Lab Services, and Radiology Services</b>	Covered	Covered Restrictions may apply
<b>Dialysis Services</b>	Covered	Covered Restrictions may apply
<b>Doctor Office Visits</b>	Covered	Covered
<b>Durable Medical Equipment</b> (Includes wheelchairs, oxygen, etc.)	Covered	Covered Restrictions may apply
<b>Emergency Care</b>	Covered	Covered
<b>Hearing Services</b>	Covered	Covered Restrictions may apply

## Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Medi-Cal
<b>OUTPATIENT CARE SERVICES (CONTINUED)</b>		
<b>Home Health Service</b> (Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)	Covered	Covered
<b>Outpatient Mental Health Care</b>	Covered	Covered Restrictions may apply
<b>Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	Covered	Covered Restrictions may apply
<b>Outpatient Services</b>	Covered	Covered
<b>Outpatient Substance Abuse Care</b>	Covered	Covered
<b>Over-the-Counter Items</b>	Covered	Covered Restrictions may apply
<b>Podiatry Services</b>	Covered	Covered Restrictions may apply
<b>Prosthetic Devices</b> (Includes braces, artificial limbs and eyes, etc.)	Covered	Covered Restrictions may apply
<b>Medical Transportation Services</b>  (Routine)	Covered	Covered

Benefit	Molina Medicare Complete Care	Medi-Cal
<b>OUTPATIENT CARE SERVICES (CONTINUED)</b>		
<b>Urgently Needed Services</b> (This is NOT emergency care and, in most cases, is out of the service area.)	Covered	Not Covered
<b>Vision Services</b>	Covered	Covered Restrictions may apply
<b>Wellness/Education and other Supplemental Benefit Programs</b>	Covered	Not Covered
<b>INPATIENT CARE</b>		
<b>Inpatient Hospital Care</b> (Includes Substance Abuse and Rehabilitation Services)	Covered	Covered Restrictions may apply
<b>Inpatient Mental Health Care</b>	Covered	Not Covered
<b>Skilled Nursing Facility (SNF)</b> (In a Medicare-certified skilled nursing facility)	Covered	Covered Restrictions may apply
<b>PREVENTIVE SERVICES</b>		
<b>Health/Wellness Education</b>	Covered	Covered
<b>Kidney Disease and Conditions</b>	Covered	Covered Restrictions may apply
<b>Preventive Services</b>	Covered	Covered

## Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Medi-Cal
<b>HOSPICE</b>		
<b>Hospice</b>	Covered	Covered
<b>PRESCRIPTION DRUG BENEFITS</b>		
<b>Outpatient Prescription Drugs</b>	Covered	Covered Restrictions may apply

For Members who are entitled to full benefits under Medicaid, listed below are additional benefits that you may be entitled to. These are additional Medicaid benefits that are covered by your state Medicaid program but may not be covered under the Molina Medicare Complete Care Plan:

## ADDITIONAL MEDICAID BENEFITS

BENEFITS	MEDI-CAL COVERAGE
<b>AIDS Waiver Program</b>	Covered Restrictions may apply
<b>Blood and Blood Derivatives</b>	Covered
<b>Chronic Dialysis Services</b>	Covered Restrictions may apply
<b>Community-Based Adult Services (CBAS)</b>	Covered
<b>Comprehensive Perinatal Services Program (Preventive services)</b>	Covered
<b>Early &amp; Periodic Screening, Diagnosis, and Treatment (EPSDT)</b>	Covered
<b>Enteral Formula</b>	Covered
<b>Family Nurse Practitioner</b>	Covered
<b>Family Planning Services and Supplies</b>	Covered
<b>Federally Qualified Health Center Services (FQHC)</b>	Covered
<b>Home and Community Care for functionally disabled elderly (waiver only)</b>	Covered
<b>Intermediate Care Facility</b>	Covered
<b>Licensed Midwife Services</b>	Covered
<b>Nurse Anesthetist Services</b>	Covered



## Summary of Medicaid-Covered Benefits (Continued)

### ADDITIONAL MEDICAID BENEFITS

BENEFITS	MEDI-CAL COVERAGE
<b>Nurse Midwife</b>	Covered
<b>Personal Care Services</b>	Covered Restrictions may apply
<b>Psychology Services</b>	Covered Restrictions may apply
<b>Rehabilitation Facilities</b>	Covered
<b>Respiratory Care for Ventilator-Dependent Patients</b>	Covered
<b>Rural Health Clinic Services (RHC)</b>	Covered
<b>Special Duty Nursing Services</b>	Covered
<b>Sign Language Interpreter Services</b>	Covered
<b>Transplants</b>	Covered

\*\*Recently enacted legislation added Section 14131.10 of the W&I Code to exclude several optional benefit categories from coverage under the Medi-Cal program to be implemented on July 1, 2009. The optional benefits indicated are excluded from coverage under the Medi-Cal program, effective July 1, 2009. The optional benefits exclusion policy does not apply to the following beneficiaries: 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT program; 2) beneficiaries residing in a skilled nursing facility (Nursing Facilities Level A and Level B, including subacute care facilities; 3) beneficiaries who are pregnant (pregnancy-related benefits and services; other benefits and services to treat conditions that, if left untreated, might cause difficulties for the pregnancy); 4) California Children's Services beneficiaries; and 5) beneficiaries enrolled in the Program of All-Inclusive Care for the Elderly. Most claims for excluded optional benefit services billed by a physician or physician group remain reimbursable on or after July 1, 2009. However, these claims will be denied if the rendering provider is not a physician, but one of the optional benefit providers. More information on the reduced benefits and services affected by this new legislation is available on the California Department of Health Care Services Web site at [www.dhcs.ca.gov](http://www.dhcs.ca.gov).

# Glossary of Terms

## **Coinsurance**

The percentage you pay as your share of the cost for medical services or prescription drugs. For example, if you have 20 percent coinsurance, you pay 20 percent of the cost of your medical bill.

## **Copay**

The fixed amount you pay as your share of the cost of a medical service or supply. For example, you might have a \$20 copay every time you see your primary care doctor.

## **Deductible**

The amount you pay for health care services or prescriptions before your insurance begins to pay.

## **Extra Help**

A Medicare program to help people with limited income and resources pay prescription drug program costs, like premiums, deductibles, and coinsurance.

## **Long-term care**

Services and support for people who can't perform basic activities of daily living, like dressing and bathing. Medicare and most health insurance plans do not pay for long-term care.

## **Medicaid**

A state and federal program that provides health coverage to low-income people.

## **Medicare Advantage**

Also known as Part C. A type of Medicare plan offered by a private company approved by Medicare. A Medicare Advantage plan is an alternative to Original Medicare. It provides all of your Part A and Part B benefits and often offers extra benefits, like dental and vision care.

## **Original Medicare**

Medicare Part A (hospital insurance) and Part B (medical insurance). Most people get it when they turn 65. The federal government manages Original Medicare.

## **Out-of-pocket maximum**

The most you have to pay for covered services in one year. Once you reach this amount, your insurance covers 100 percent of your medically necessary care for the rest of the year.

## **Premium**

The money you pay monthly to Medicare or a health care plan for coverage.

## **Preventive services**

Health care to prevent or detect illness at an early stage. Most health plans must cover some important preventive services, like flu shots and blood pressure screening, at no cost to you.

## How can you enroll?



### **Apply by Phone**

Call **(866) 403-8293, TTY 711**, to enroll over the phone. Our team of Molina Medicare Trusted Advisors are happy to answer your questions and help you enroll.



### **Apply in Person**

If you prefer to meet face-to-face with one of our Molina Medicare Trusted Advisors, please call us to schedule an appointment.



### **Apply by Mail**

Simply complete the enrollment application and return it using the postage-paid envelope. If you do not already have an enrollment application, call us and we will be happy to mail one to you.



### **Apply Online**

Visit [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare) to apply online.

Molina Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.



## Language Assistance Services

Free aids and services, such as sign language interpreters, written translations, and written information in alternative formats, are available to you. Call 1-800-665-0898 (TTY: 711).

### 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 1-800-665-0898. Someone who speaks English 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 1-800-665-0898. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

### Chinese Mandarin:

如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-800-665-0898。说普通话的人士会帮助您。这是免费服务。

### Chinese Cantonese:

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打1-800-665-0898 聯絡我們。能說广东话的人士會為您提供協助。這是免費的服務。

### Tagalog:

May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posibleng katanungan ninyo tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-800-665-0898. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

### Vietnamese:

Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời các câu hỏi của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số 1-800-665-0898. Sẽ có nhân viên nói tiếng Việt trợ giúp quý vị. Đây là dịch vụ miễn phí.

### Korean:

당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-665-0898번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:**

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру 1-800-665-0898. Вам бесплатно поможет русскоязычный сотрудник.

**Arabic:**

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري ليس عليك سوى الاتصال بنا على الرقم 1-800-665-0898. سيقوم شخص يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:**

हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास नःशुल्क दुभाषिया सेवाएँ उपलब्ध हैं। दुभाषिया पाने के लिए, हमें 1-800-665-0898 पर कॉल करें। हर्दी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक नःशुल्क सेवा है।

**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、1-800-665-0898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。

**Armenian:**

Մենք ունենք անվերաբարձանկախ ծառայություններ՝ մեր առողջության կամ դեղերի ծրագրի վերաբերյալ Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ստանալու համար պարզապես զանգահարե՛ք մեզ՝ 1-800-665-0898 հեռախոսահամարով: Ինչ-որ մեկին, ով խոսում է հայերեն, կարող է օգնել Ձեզ: Սա անվերաբարձանկախ է:

**Cambodian:**

យើងមានសេវាកម្រិតដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានអំពីគម្រោង សុខភាព ឬផ្លូវរបស់អ្នក។ យើង។ ដើម្បីទទួលបានអ្នកបកប្រែ សូមទូរស័ព្ទមកយើងតាមរយៈលេខ 1-800-665-0898 ។ អ្នកដែលស្គាល់ខ្មែរអាចជួយអ្នកបាន។ នេះ។ គឺជាសេវាកម្មឥតគិតថ្លៃ។

**(Farsi) Persian:**

ما خدمات مترجم رایگان داریم تا به هر سوالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید پاسخ دهیم. برای دسترسی به مترجم شفاهی، کافی است با شماره 1-800-665-0898 با ما تماس بگیرید. کسی که در اینجا به زبان فارسی صحبت می کند، می تواند به شما کمک کند. این سرویس رایگان است.

**Hmong:**

Peb muaj cov kev pab cuam pab txhais lus pub dawb los teb cov lus nug uas koj muaj txog peb txoj phiaj xwm kev noj qab haus huv los sis tshuaj. Yog xav tau ib tus neeg txhais lus, tsuas yog hu rau peb ntawm 1-800-665-0898. Qee tus neeg uas hais lus Hmoob tuaj yeem pab koj. Qhov no yog ib qho kev pab cuam pub dawb.

**Laotian:**

ພວກເຮົາມີການບໍລິການພາສາຝຣັ່ງເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ການຢາຂອງພວກເຮົາ. ຖ້າຕ້ອງການພາສາຝຣັ່ງ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ 1-800-665-0898. ຄົນທີ່ເວົ້າ ພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຝຣັ່ງ.

**Mien:**

Yie mbuo mv nongc zinh taengx meih mbienv wac daih dau meih,haih doix yie mbuo nyei sinh beih nongx faix bong ndie nyei nyungh nyungc geh naiv.Oix duqv taux taengx meih mbienv wac,kungx zuqc mboqv yie mbuo nyei dienx wac 1-800-665-0898.Haih gorngv mienh wac nyei mienh haih bong taengx zuqc meih.Naiv se yietc nyungc mv nongc zinh nyei bong taengx.

**Punjabi:**

ਸਾਡੀ ਸਹਿਤ ਜਾਂਚਦਾਈ ਯੋਜਨਾ ਬਾਰੇਤੁਹਾਡੇਕਸਿਟੀ ਕਸਿ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇਕੋਲ ਮੁਫਤ ਦੁਬਾਸ਼ੀਏ ਸੇਵਾਦਾਂਗਨ। ਦੁਬਾਸ਼ੀਏ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਲਈ, ਸਾਨੂੰ 1-800-665-0898 'ਤੇਕਾਲ ਕਰੋ। ਕੋਈ ਵੀਅਕਤੀ ਜੋਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

**Thai:**

เรามีบริการล่ามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หาก ต้องการรับบริการล่าม เพียงโทรหาเราที่ 1-800-665-0898 คนที่สามารถพูด ภาษาไทยสามารถช่วยคุณได้บริการนี้ เป็นบริการที่ไม่มีค่าใช้จ่าย

**Ukrainian:**

Якщо у вас виникають будь-які запитання стосовно плану медичного обслуговування чи покриття препаратів, ви можете безкоштовно отримати послуги перекладача. Для цього зателефонуйте нам на номер 1-800-665-0898. Співробітник, який знає українську, допоможе вам. Ця послуга безкоштовна.

**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 1-800-665-0898. Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

**German:**

Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-665-0898. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Italian:**

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero 1-800-665-0898. Un nostro incaricato che parla italiano 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 1-800-665-0898. 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 asirans medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-665-0898. 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 polsku, należy zadzwonić pod numer 1-800-665-0898. Ta usługa jest bezpłatna.





## Ready to enroll or have questions?

**Call (866) 403-8293, TTY: 711**

Current Members Call:

**(800) 665-0898, TTY: 711**

Hours are October 1 - March 31, 8 a.m. – 8 p.m. local time, 7 days a week.  
From April 1 - September 30, Monday – Friday, 8 a.m. – 8 p.m. local time.

