



FEHB



NALC FEHB High Option Plan — Aetna Medicare Advantage

A Medicare Advantage plan with Part D prescription drug coverage designed exclusively for NALC Health Benefit Plan High Option annuitants

NALCHBP.org/FEHBannuitant

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NALC Health Benefit Plan and Medicare

The NALC Health Benefit Plan and Aetna® have teamed up to offer NALC Health Benefit Plan High Option annuitants enhanced medical and prescription drug coverage all in one plan.

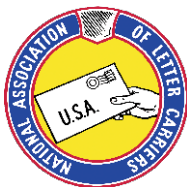
It's called the NALC High Option Plan — Aetna Medicare Advantage. It's a Medicare Advantage plan with Medicare Part D prescription drug coverage, designed exclusively for NALC Health Benefit Plan High Option annuitants. This plan is offered to you through the NALC Health Benefit Plan.

Take some time to review this brochure and visit NALCHBP.org/FEHBannuitant to view the Summary of Benefits.

You can also learn more about Medicare Parts A and B, the NALC High Option Plan — Aetna Medicare Advantage, and how you can opt in to the plan.

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FEHB



**You've
earned it**



Federal employees are fortunate to continue to have coverage under the Federal Employees Health Benefits (FEHB) Program when they retire, so why think about Medicare or the NALC High Option Plan — Aetna Medicare Advantage?

Most plans offered through FEHB are plans that include some level of cost sharing. Cost sharing means you may pay some portion of the costs — deductibles, coinsurance and copays — when you visit health care providers. And, we all know this can add up. Enrolling in Medicare Parts A and B and the NALC High Option Plan may save you money.

You have the following options available:

- Continue to stay in the NALC Health Benefit Plan High Option without electing Medicare
- Continue to stay in the NALC Health Benefit Plan High Option and enroll in Medicare Parts A and B, or
- Remain a member of the NALC Health Benefit Plan High Option, enroll in or remain enrolled in Medicare Parts A and B, and opt in to the NALC High Option Plan — Aetna Medicare Advantage

You must be a member of the NALC Health Benefit Plan High Option to opt in to the NALC High Option Plan — Aetna Medicare Advantage

As with all plan options offered by the NALC Health Benefit Plan, if you are a non-Postal employee, annuitant, survivor annuitant, or a former spouse eligible for coverage under the Spouse Equity Law or eligible for Temporary Continuation of Coverage (TCC), you become an associate member of National Association of Letter Carriers (the union) when you enroll in the NALC Health Benefit Plan. Associate members will be billed by the National Association of Letter Carriers for the \$36 annual membership fee.

How can you save money on health care costs by enrolling in Medicare and the NALC High Option Plan — Aetna Medicare Advantage?

If you enroll in Medicare Parts A and B, your FEHB plan may lower your out-of-pocket costs by waiving certain deductibles or coinsurance. If you are enrolled in the NALC Health Benefit Plan High Option and enroll in Medicare Parts A and B, you are also eligible to opt in to the NALC High Option Plan — Aetna Medicare Advantage, which will provide you with a Part B premium reduction of \$900 per person, per year, as well as other exciting benefits, while continuing to enjoy the high level of service available through the NALC Health Benefit Plan.

What's Medicare?

At first glance, Medicare may seem like a lot to figure out, especially since you keep your FEHB coverage after you retire. Medicare is a federal health insurance program for people age 65 and older, as well as some people under age 65 with disabilities, and people with end-stage renal disease (kidney failure).

Get a complete Medicare Advantage plan without having to suspend your FEHB coverage and while remaining an NALC Health Benefit Plan member

With the NALC High Option Plan — Aetna Medicare Advantage, your coinsurance and deductibles will continue to be \$0 for most medical expenses (as they are if you are in the NALC Health Benefit Plan High Option with Medicare Parts A and B). However, once you opt in to the NALC High Option Plan — Aetna Medicare Advantage, it's possible to decrease your monthly Medicare Part B premiums. Also, opting in to the NALC High Option Plan — Aetna Medicare Advantage offers more thorough coverage and programs to help you reach your health goals, as described in this brochure.





Highlights of the NALC High Option Plan — Aetna Medicare Advantage

- **No additional premium cost** (you pay the same NALC Health Benefit Plan High Option premium)
- **\$900 per year (\$75 monthly)** Medicare Part B premium reduction for eligible members
- **\$0 deductible and coinsurance** for medical care (you have this with your existing coverage if you are enrolled in Medicare Parts A and B)
- **Unlimited** physical, occupational and speech therapy visits
- **Prescription drug coverage** as low as \$0 (through Medicare Part D)
- **Dental** coverage
- **Vision** coverage
- **Continued access to your doctors** (see any provider, whether in the network or not). You pay the same out-of-pocket cost for both covered in-network and out-of-network medical benefits. The provider must be eligible to receive payment under Medicare and be willing to bill and accept payment from Aetna. Call the Aetna Retiree Solutions service center at **866-241-0262 (TTY: 711)** for assistance.
- **Additional programs**, like the SilverSneakers® fitness program, Healthy Home Visits, a nonemergency transportation program and home-delivered meals after discharge from an inpatient hospital stay, all at no additional cost.

Visit **Medicare.gov** to learn more, or call **800-MEDICARE (800-633-4227)**, 24 hours a day, 7 days a week. Those who are deaf and hard-of-hearing can call **TTY: 711**.

You can also request a copy of the “Medicare & You” brochure when you call. Or, just download it from the Medicare website **Medicare.gov**





What is Medicare? — The Four Parts

Medicare Part A = Hospital insurance

Covers most inpatient medical expenses, like hospital stays and home health care. Generally, no premium is required to enroll in and be covered by Medicare Part A.

Medicare Part B = Medical insurance

Covers doctor visits, durable medical equipment, outpatient procedures and lab services. Generally, Medicare Part B enrollees pay a monthly Part B premium and a deductible before Medicare covers services.

Original Medicare = Part A + Part B

Together, both parts provide coverage in and out of the hospital.

Medicare Part C = Medicare Advantage

Medicare Advantage plans are offered by private insurance companies and approved by Medicare. They may offer more benefits at a lower cost than Medicare Parts A and B. You must sign up for Parts A and B before enrolling in a Medicare Advantage plan (Medicare Part C).

Medicare Part D = Prescription Drug coverage

It's offered by private insurance companies to help pay prescription drug costs. It's included in some Medicare Advantage plans or can be added to Medicare Parts A and B coverage.

The NALC High Option Plan — Aetna Medicare Advantage combines Medicare Part C (Medicare Advantage) and Medicare Part D (prescription drug coverage) all in one plan.



Benefits-at-a-glance for NALC High Option Plan Annuitants with Medicare — **medical coverage**

While federal employees or annuitants are not required to elect any additional parts of Medicare, there are benefits to doing so. The following charts compare some commonly used services between the existing coverage available under the NALC Health Benefit Plan High Option (for annuitants also enrolled in Medicare Parts A and B) and the NALC High Option Plan — Aetna Medicare Advantage. Be sure to visit NALCHBP.org/FEHBannuitant where you'll find additional plan details in the Summary of Benefits, Schedule of Cost Sharing and Evidence of Coverage.



	Existing	New
Medical coverage	NALC Health Benefit Plan High Option plus separate enrollment in Medicare (assumes in-network providers are used)	NALC High Option Plan — Aetna Medicare Advantage
Medicare Part B Premium Reduction	Each eligible annuitant receives up to a \$600 per year Medicare Part B premium reimbursement if enrolled in the SilverScript® Prescription Drug Plan sponsored by the NALC Health Benefit Plan	Each eligible annuitant receives a \$900 per year (\$75 per month) Medicare Part B premium reduction
	Your responsibility	Your responsibility
Annual deductible	\$0 deductible	\$0 deductible
Annual out-of-pocket maximum	\$0 copay per person (medical) \$2,000 per person, if enrolled in the SilverScript® Prescription Drug Plan sponsored by the NALC Health Benefit Plan	\$0 copay per person (medical) \$2,000 per person (prescriptions only)
Coinsurance	\$0 coinsurance, except prescription drugs	\$0 coinsurance, except prescription drugs
Primary care and specialty physician visits	\$0 copay	\$0 copay
Adult annual preventive physical exam	\$0 copay	\$0 copay
Lab, X-ray and other diagnostic tests	\$0 copay	\$0 copay
Inpatient hospital	\$0 copay	\$0 copay
Home health services	\$0 copay, limited to 2 hours/day and up to 50 visits/year unless more visits are covered by Medicare	\$0 copay, limited to 8 hours per day/35 hours per week
Chiropractic services	\$0 copay, Medicare approved — unlimited; Enhanced Chiropractic Services — limit 24 visits per year	\$0, Medicare approved — unlimited; Enhanced Chiropractic Services — limit 25 visits per year
Physical, occupational and speech therapy	\$0 copay, limited to 75 visits unless more visits are covered by Medicare	\$0 copay, no visit limit
Routine vision exam	Not covered	\$0 copay
Hearing aids	\$2,500 every 36 months	\$2,500 every 36 months
Outpatient hospital	\$0 copay	\$0 copay
Emergency care	\$0 copay	\$0 copay
Urgent care	\$0 copay	\$0 copay
Covered services outside of the United States	Submit itemized bill for reimbursement; benefits subject to the non-PPO plan allowance and deductible	Submit itemized bill for reimbursement; benefits covered the same as within the United States



Benefits-at-a-glance for NALC High Option Plan Annuitants with Medicare — **pharmacy coverage**

Your pharmacy benefits are known as Part D. The below information explains these benefits and compares coverage available under the NALC Health Benefit Plan High Option (for annuitants also enrolled in Medicare Parts A and B) and the NALC High Option Plan — Aetna Medicare Advantage.

Part D medications: Your Part D medications will fall into one of the following tiers on our prescription drug list, also known as the formulary. Your cost share will depend on the tier placement and if you go to a preferred or standard pharmacy. It's always best to check the formulary each time you need to fill a prescription, so you'll know your share of the cost. The formulary guide will also show if any prior authorization is required to obtain medications.

Non-Part D Supplemental Benefit: Your plan includes additional coverage for some prescription drugs not normally covered in a Medicare prescription drug plan.

Additional reduced-cost drugs: Under the Essential Health Supplemental Benefit, you have a \$0 cost share for covered drugs. This benefit mirrors the coverage of certain preventive drugs that are part of the Affordable Care Act. The Reduced Cost Supplemental Benefit provides an additional list of other reduced-cost drugs. A valid prescription is required for all drugs.

	Existing	New
Prescription coverage		
Retail pharmacy (30-day supply of a covered drug)	Generic: 10% coinsurance of cost (hypertension, diabetes, and asthma: 5% coinsurance) Preferred brand: 20% coinsurance Non-preferred brand: 40% coinsurance Specialty: \$200 copay	Preferred generic: • \$0 copay at preferred* pharmacies • \$2 copay at standard* pharmacies Generic: 5% coinsurance Preferred brand: 20% coinsurance Non-preferred brand: 40% coinsurance Specialty: 25% coinsurance (\$200 max.)
Mail-order pharmacy or retail (90-day supply of a covered drug)	Generic: \$10 copay Preferred brand: \$75 copay Non-preferred brand: \$110 copay Specialty: \$400 copay Hypertension, diabetes, and asthma: Generic: \$4 copay Preferred brand: \$40 copay Non-preferred brand: \$60 copay	Preferred generic: • \$0 copay through preferred* retail or mail • \$4 copay through standard* retail or mail Generic: \$10 copay Preferred brand: \$75 copay Non-preferred brand: \$110 copay Specialty: 25% coinsurance (\$400 max.)

*Visit NALCHBP.org/FEHBannuitant to view preferred and standard pharmacies, as well as the prescription drug formulary, to determine the cost share for your medications. You can view your Summary of Benefits for additional details on the prescription drug Initial Coverage Limit and Coverage Gap.





Benefits-at-a-glance for NALC High Option Plan Annuitants with Medicare — **dental, vision and additional benefits**










	Existing	New
	NALC Health Benefit Plan High Option plus separate enrollment in Medicare (assumes in-network providers are used)	NALC High Option Plan — Aetna Medicare Advantage
Dental coverage		
Dental	Not covered	Annual benefit maximum \$750 per year for covered services Coverage includes cleanings, checkups, X-rays and comprehensive services
Preventive dental services	Not covered	\$0 deductible 0% coinsurance for each dental service
Comprehensive dental services	Not covered	\$25 deductible 50% coinsurance for each dental service
Vision coverage		
Vision	Not covered	\$0 copay routine vision exam \$100 eyewear reimbursement every 24 months
Additional benefits		
SilverSneakers® fitness program	Not included	Included
Meal benefit program	Not included	Included – up to 14 meals after discharge per patient
Routine transportation	Not included	Included – 24 one-way trips up to 60 miles each
Resources For Living® program	Not included	Included
Healthy Home Visit program	Not included	Included
Wellness rewards program	Included	Included. Earn gift cards when you complete important health care activities.

The charts shown on pages 9, 10 and 12 of this brochure assume that the items and services are covered by Medicare unless specifically noted otherwise. The middle column in this chart assumes Medicare Parts A and B are primary and covered services are provided by doctors and facilities that participate with Medicare. The last column assumes that you have Medicare Parts A and B, and have opted in to the NALC High Option Plan — Aetna Medicare Advantage.



NALC High Option Plan — Aetna Medicare Advantage comes with these additional benefits

The NALC High Option Plan — Aetna Medicare Advantage includes many additional benefits to help you reach your health goals, big and small. The NALC High Option Plan — Aetna Medicare Advantage also includes some programs available under your existing coverage with different vendors.

	SilverSneakers® fitness program	Get a gym membership at thousands of participating locations nationwide or get moving from the comfort of your home with live online classes.
	Transportation to appointments	Focus on your health and treatment plan and worry less about getting to the doctor. You can get 24 one-way trips, up to 60 miles per trip, for non-emergency trips to and from medical appointments.
	Home-delivered meals	Get up to 14 delicious and nutritious meals delivered to your home after your hospital stay.
	Healthy Lifestyle Coaching	Talking with a health coach can help you create a realistic plan to improve your health. This program could help you do things such as quit smoking, lose weight or eat better. Your coach will set up regular calls with you. You'll work together to help you reach your health goals.
	Healthy Home Visit program	Have a licensed health care professional assess your health and safety needs right in your own home. They'll also review your medications and family history.
	Resources For Living® program	A consultant can refer you to local services that can make life easier and more enjoyable. You only pay the cost of any services you use.
	Over-the-counter benefit	Get a \$30 allowance every three months to purchase supplies, like pain relievers, cold medications and first aid supplies via mail-order.
	Rewards program	With Aetna Healthy Rewards, you can earn gift cards when you complete important health care activities.
	Teladoc Health telemedicine	Teladoc is a convenient and quality alternative to emergency room and urgent care visits for nonemergency medical care. Care is available 24/7 by web, phone and the Teladoc mobile app. A Teladoc U.S. board-certified PCP can diagnose, treat and write short-term prescriptions for a wide range of general health issues.
	24-Hour Nurse Line	You have toll-free, 24-hour access to nurses who can help answer your health questions. This doesn't replace care from your regular doctor.



What do I need to know about Medicare enrollment?

There are several specific time periods during which you can enroll in Medicare Parts A and B. The first two (initial enrollment and special enrollment periods) are without penalty. The third (general enrollment period) is considered late enrollment, which could increase your costs significantly.

Initial Enrollment Period (IEP)

For most people, the IEP lasts for 7 months, starting three months before you turn age 65 and ending three months after the month you turn age 65. You can apply online at **SocialSecurity.gov** or enroll at your local Social Security office.

Special Enrollment Period (SEP)

After your IEP ends, you may still sign up for Medicare if you meet the criteria for SEP.

If you are still working and you're covered under a group health plan (usually through your employer), you have an 8-month SEP to sign up. This SEP begins with whichever comes first:

- The month after your employment ends
- The month after the group health plan insurance ends

Usually, you don't pay a late enrollment penalty if you sign up during a SEP.

General Enrollment Period (GEP)

Between January 1 and March 31 each year, Medicare offers a GEP. You can sign up during the GEP any year if both are true:

- You didn't sign up when you were first eligible (during your IEP), and
- You aren't eligible for a SEP

Medicare Part B late enrollment penalty

If you don't sign up for Medicare Part B when you're first eligible, your monthly premium may go up 10% for each 12-month period you were eligible, but didn't sign up. In most cases, you'll have to pay this penalty for as long as you have Medicare Part B. And, the penalty increases the longer you go without Part B coverage.



How do I enroll in Medicare Parts A and B?

Contact your local Social Security office:

- Apply online at **SSA.gov** (if you qualify)
- Call **800-772-1213** (TTY: 800-325-0778)

Medicare.gov is an excellent resource for additional details regarding the Medicare process.





The enrollment process for NALC High Option Plan — Aetna Medicare Advantage

It's easy to opt in

If you have Medicare Parts A and B as your primary coverage, and you are enrolled in the NALC Health Benefit Plan High Option, you can opt in to the NALC High Option Plan — Aetna Medicare Advantage. You will be automatically enrolled in a Medicare Part D plan when you opt in to the NALC High Option Plan — Aetna Medicare Advantage. Any dependents not enrolled in the NALC High Option Plan — Aetna Medicare Advantage will continue with coverage under the NALC Health Benefit Plan High Option.

To complete your NALC High Option Plan — Aetna Medicare Advantage enrollment once you're enrolled in the NALC Health Benefit Plan High Option:

1. Log in to: **AetnaRetireeHealth.com/NALCHBP**
2. Or, call the Aetna Retiree Solutions service center at **866-241-0262 (TTY: 711)** Monday–Friday, 8 AM–8 PM ET.
3. Provide the following information:
 - Your Medicare Parts A and B effective dates
 - Your Medicare number (MBI)

If you opt in to the NALC High Option Plan — Aetna Medicare Advantage and change your mind, you can switch back to the High Option Plan with Original Medicare at any time by calling the Aetna Retiree Solutions service center at **866-241-0262 (TTY: 711)** to request a disenrollment form.

Once you opt in to the NALC High Option Plan — Aetna Medicare Advantage, be sure to begin using your Medicare Advantage ID card. Each annuitant and dependent enrolled in the NALC High Option Plan — Aetna Medicare Advantage will receive a new card with a new Aetna member ID number to replace your current NALC Health Benefit Plan High Option ID card. Remember to show each of your providers your new Aetna Medicare Advantage ID card at your next visit. You will continue to be a member of the NALC Health Benefit Plan; however, your coverage will be under the NALC High Option Plan — Aetna Medicare Advantage.

About IRMAA

If your income is above a certain limit, you may be required to pay an Income Related Monthly Adjustment Amount, or IRMAA, to the government. This is in addition to the standard Medicare Part B and Part D premium amount. IRMAA could be assessed to the standard Medicare Part B premium and also added when enrolling in a Medicare Part D plan.

Since Aetna® is not responsible for IRMAA, please see the chart provided by Medicare, which lists additional costs by income at **[Medicare.gov/Basics/Costs/Medicare-costs](https://www.medicare.gov/Basics/Costs/Medicare-costs)**

If you must pay an additional amount, Social Security, not the NALC High Option Plan — Aetna Medicare Advantage, will send you a letter telling you what that additional amount will be and how to pay it. The additional amount will be withheld from your Social Security, Railroad Retirement Board or Office of Personnel Management benefit check, no matter how you pay your plan premium.





Helpful resources for you

For questions about the NALC High Option Plan — Aetna Medicare Advantage

Call Aetna Retiree Solutions service center at **866-241-0262 (TTY: 711)**, Monday–Friday, 8 AM–8 PM ET or visit **NALCHBP.org/FEHBannuitant** for one-on-one consultations.

To opt in to NALC High Option Plan — Aetna Medicare Advantage

Visit **AetnaRetireeHealth.com/NALCHBP** or call Aetna Retiree Solutions service center at **866-241-0262 (TTY: 711)**, Monday–Friday, 8 AM–8 PM ET.



Benefits where you are

The NALC High Option Plan — Aetna Medicare Advantage gives you the freedom to see any licensed provider or hospital as long as they are eligible to receive Medicare payment and accept the NALC High Option Plan — Aetna Medicare Advantage, even if they are not in the Aetna network. If you are not sure if your provider accepts the plan, call the Aetna Retiree Solutions service center at **866-241-0262 (TTY: 711)**, Monday–Friday, 8 AM–8 PM ET. They'll confirm or can help you find other nearby doctors or hospitals to meet your needs.

Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

This is a brief description of the features of this plan. Before making a final decision, please read the NALC Health Benefit Plan — High Option's Official Plan Brochure and the NALC High Option Plan — Aetna Medicare Advantage plan documents. All benefits under the NALC Health Benefit Plan — High Option are subject to the definitions, limitations and exclusions set forth in the Official Plan Brochure. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. External website links are provided for your information and convenience only and do not imply or mean that Aetna® or the NALC Health Benefit Plan endorses the content of such linked websites or third-party services. Aetna and the NALC Health Benefit Plan have no control over the content or materials contained therein. Aetna and the NALC Health Benefit Plan therefore make no warranties or representations, expressed or implied, about such linked websites, the third parties they are owned and operated by, and the information and/or the suitability or quality of the products contained on them. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Incentive-based activity awards will only be given for completing select wellness programs as determined by the plan sponsor. Teladoc Health is not available to all members. Teladoc and Teladoc physicians are independent contractors and are not agents of Aetna. Visit [Teladoc.com/Aetna](https://www.teladoc.com/Aetna) for a complete description of the limitations of Teladoc services. Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies. Vision care providers are contracted through EyeMed® Vision Care. All trademarks and logos are the intellectual property of their respective owners. For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call 866-241-0262 (TTY: 711) if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery. To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE (TTY users should call 1- 877-486-2048), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.

If you are a non-Postal employee, annuitant, survivor annuitant, or a Spouse Equity or TCC enrollee, you become an associate member of the NALC when you enroll in the NALC Health Benefit Plan, including the NALC High Option Plan — Aetna Medicare Advantage. Associate members will be billed by the National Association of Letter Carriers (the union) for the \$36 annual membership fee, which is subject to change.



Aetna® complies with applicable federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call **866-241-0262 (TTY: 711)**.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator

P.O. Box 14462, Lexington, KY 40512

800-648-7817 (TTY: 711)

Fax: 859-425-3379

CRCoordinator@aetna.com

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

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, DC 20201

Additionally, you may contact them at:

Toll free: 800-368-1019

TDD toll free: 800-537-7697



Multi-Language Insert

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-xxx-xxx-xxxx>. 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-xxx-xxx-xxxx>. 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-xxx-xxx-xxxx>。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-xxx-xxx-xxxx>。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-xxx-xxx-xxxx>. 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-xxx-xxx-xxxx>. 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-xxx-xxx-xxxx> 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 Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter <1-xxx-xxx-xxxx>. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 <1-xxx-xxx-xxxx>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-xxx-xxx-xxxx>. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على <1-xxx-xxx-xxxx>. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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-XXX-XXX-XXXX> 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-xxx-xxx-xxxx>. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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-xxx-xxx-xxxx>. 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-xxx-xxx-xxxx>. 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-xxx-xxx-xxxx>. Ta usługa jest bezpłatna.

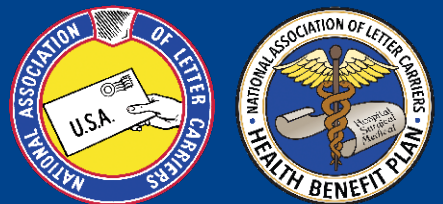
Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、<1-xxx-xxx xxxx>にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ‘ōlelo kā mākou i mea e pane ‘ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā‘au lapa‘au paha. I mea e loa‘a ai ke kōkua māhele ‘ōlelo, e kelepona mai iā mākou ma <1-xxx-xxxxxxx>. E hiki ana i kekahi mea ‘ōlelo Pelekānia/‘Ōlelo ke kōkua iā ‘oe. He pōmaika‘i manuahi kēia.

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