

## Optum Rx Medicare Prescription Drug Plan Your 2024 Annual Notice of Changes

Administered for Michigan Public School Employees' Retirement System by Optum Rx<sup>®</sup>

Effective January 1, 2024 – December 31, 2024



You are currently enrolled as a member of the Optum Rx Medicare Prescription Drug Plan. Next year, there will be changes to the plan's costs and benefits. This document describes those changes, which will take effect January 1, 2024.

Optum Rx Medicare Prescription Drug Plan allows for enrollment changes at any time during the year. Please contact Office of Retirement Services (ORS) at 1-800-381-5111, 8:30 a.m. - 5 p.m., Monday - Friday, Eastern Time, for more information.

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### Optum Rx Member Services

<b>Phone (toll-free):</b>	<b>1-855-577-6517</b>
<b>TTY users:</b>	<b>711</b>
<b>Hours of operation:</b>	<b>24 hours a day, 7 days a week</b>
<b>Website:</b>	<b><a href="https://optumrx.com">optumrx.com</a></b>

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# *Annual Notice of Changes for 2024*

## **Table of Contents**

<b>What To Do Now</b> .....	<b>3</b>
<b>SECTION 1 Changes to Benefits and Costs for Next Year</b> .....	<b>6</b>
Section 1.1 Changes to the Monthly Premium.....	6
Section 1.2 Changes to the Pharmacy Network .....	6
Section 1.3 Changes to Your Part D Prescription Drug Coverage.....	7
Changes to Our Drug List .....	7
Changes to Your Prescription Drug Costs .....	7
Section 1.4 Changes to the Part D Plan Service Area.....	9
Service Area Expansion .....	9
<b>SECTION 2 Unless You Choose Another Plan, You Will Be Automatically Enrolled in the Optum Rx Medicare Prescription Drug Plan in 2024</b> .....	<b>10</b>
<b>SECTION 3 Programs That Help Pay for Prescription Drugs</b> .....	<b>10</b>
<b>SECTION 4 Questions?</b> .....	<b>10</b>
Section 4.1 Getting Help from Optum Rx.....	10
Section 4.2 Getting Help from Medicare .....	11

## What To Do Now

### 1. REVIEW YOUR BENEFITS:

- Check the changes to your benefits and costs to see if they affect you.** It is important to review benefit and cost changes to make sure they will work for you next year. Read this document about plan changes. This information is available in Section 1.
- Check the changes to your prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Review the 2024 Drug List and look in Section 1.3 for information about changes to our drug coverage.
- Think about your overall costs in the plan.** How much will you spend out of pocket for the services and prescription drugs you use regularly? How do the total costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.**

### 2. CHOOSE: Decide whether you want to change your plan

- If you want to **keep** the Optum Rx Medicare Prescription Drug Plan, you do not need to do anything. You will stay in our plan.
- If you decide other coverage will better meet your needs, contact ORS at 1-800-381-5111 for information about other options that may be available through your retirement system.

### 3. ENROLL:

- If you wish to enroll in another plan through ORS, log in to miAccount, [www.michigan.gov/orsmiaccount](http://www.michigan.gov/orsmiaccount), and click on Insurance Coverage. Or, complete the *Insurance Enrollment/Change Request (R0452C)* and return it to ORS with required proofs.

### If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch plans anytime during the year. If you enroll in another prescription drug plan other than Optum Rx Medicare Prescription Drug Plan, it may impact other benefits, such as medical coverage. It is important that you read your *Evidence of Coverage* thoroughly and understand any implications of leaving this plan.

## Summary of Important Costs for 2024

Drug Tier	Helpful Tips
Tier 1	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs, as well as some preferred specialty drugs.

<b>Tier 3</b>	Drugs listed under Tier 3 include non-preferred brand name drugs that generally have higher copayments than preferred brand-name drugs.
<b>Tier 4</b>	Drugs listed in Tier 4 include preferred specialty or high-cost drugs. These drugs cost \$950 or more for up to a 30-day maximum supply, and generally have a lower copayment than drugs in the non-preferred tier below.
<b>Tier 5</b>	Drugs listed in Tier 5 include non-preferred specialty or high-cost drugs. These drugs cost \$950 or more for up to a 30-day maximum supply, and generally have a higher copayment than drugs in the preferred tier above.

The table below compares costs for 2023 and 2024 for the Optum Rx Medicare Prescription Drug Plan in several important areas. **Note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes* and review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.**

2023 (this year)				
Covered Prescription Drugs	Retail Network Pharmacy	Retail Network & Home Delivery Pharmacy	Preferred Specialty Pharmacy	Non-Preferred Specialty Pharmacy
	30-day supply	90-day supply	30-day supply	30-day supply
<b>Cost-Sharing Tier 1</b> (Generic drugs)	20% coinsurance \$15 minimum / \$45 maximum	20% coinsurance \$37.50 minimum / \$112.50 maximum	n/a	n/a
<b>Cost-Sharing Tier 2</b> (Preferred Brand drugs)	20% coinsurance \$15 minimum / \$45 maximum	20% coinsurance \$37.50 minimum / \$112.50 maximum	n/a	n/a
<b>Cost-Sharing Tier 3</b> (Non-Preferred Brand drugs)	40% coinsurance \$15 minimum / no maximum*	40% coinsurance \$37.50 minimum / no maximum**	n/a	n/a
<b>Cost-Sharing Tier 4</b> (Preferred Specialty drugs) †	20% coinsurance \$50 minimum \$100 maximum	n/a	20% coinsurance \$50 minimum \$100 maximum	40% coinsurance \$50 minimum no maximum*
<b>Cost-Sharing Tier 5</b> (Non-Preferred Specialty drugs) †	40% coinsurance \$50 minimum no maximum*	n/a	40% coinsurance \$50 minimum no maximum*	40% coinsurance \$50 minimum no maximum*

† Drugs that cost \$830 or more for up to a 30-day maximum supply. * Only 20% coinsurance up to a \$45 maximum is credited to the Annual Coinsurance Maximum. ** Only 20% coinsurance up to a \$112.50 maximum is credited to the Annual Coinsurance Maximum.				
<b>2024 (next year)</b>				
<b>Covered Prescription Drugs</b>	<b>Retail Network Pharmacy 30-day supply</b>	<b>Retail Network &amp; Home Delivery Pharmacy 90-day supply</b>	<b>Preferred Specialty Pharmacy 30-day supply</b>	<b>Non-Preferred Specialty Pharmacy 30-day supply</b>
<b>Cost-Sharing Tier 1</b> (Generic drugs)	20% coinsurance \$15 minimum / \$45 maximum	20% coinsurance \$37.50 minimum / \$112.50 maximum	n/a	n/a
<b>Cost-Sharing Tier 2</b> (Preferred Brand drugs)	20% coinsurance \$15 minimum / \$45 maximum	20% coinsurance \$37.50 minimum / \$112.50 maximum	n/a	n/a
<b>Cost-Sharing Tier 3</b> (Non-Preferred Brand drugs)	40% coinsurance \$15 minimum / no maximum*	40% coinsurance \$37.50 minimum / no maximum**	n/a	n/a
<b>Cost-Sharing Tier 4</b> (Preferred Specialty drugs) †	20% coinsurance \$50 minimum \$100 maximum	n/a	20% coinsurance \$50 minimum \$100 maximum	40% coinsurance \$50 minimum no maximum*
<b>Cost-Sharing Tier 5</b> (Non-Preferred Specialty drugs) †	40% coinsurance \$50 minimum no maximum*	n/a	40% coinsurance \$50 minimum no maximum*	40% coinsurance \$50 minimum no maximum*
† Drugs that cost \$950 or more for up to a 30-day maximum supply. * Only 20% coinsurance up to a \$45 maximum is credited to the Annual Coinsurance Maximum. ** Only 20% coinsurance up to a \$112.50 maximum is credited to the Annual Coinsurance Maximum.				

**Annual Coinsurance Maximum (\$1,750 cumulative across all tiers)**

**For drugs subject to a 20% coinsurance:** When your applicable coinsurance amounts (as noted above and subject to plan limits) total \$1,750, your coinsurance will be waived and you will pay \$0 for these drugs for the remainder of the calendar year.

**For drugs subject to a 40% coinsurance:** Only 20% coinsurance (subject to plan minimum and maximum limits noted above) will be applied to your Annual Coinsurance Maximum. When your applicable coinsurance amounts total \$1,750, your cost share will be reduced by 20% (subject to plan minimum and maximum limits).

*For example:* If your medication cost was \$700, 40% of that equals a \$280 copayment that you will pay. Once your applicable coinsurance amounts have reached \$1,750, the \$700 drug cost will be reduced by 20% (\$45 max) which means you now pay a \$235 copayment for the same drug.

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 Changes to the Monthly Premium**

	2023 (this year)	2024 (next year)
Monthly premium	There is no premium for this plan.	There is no premium for this plan.

- Your retirement system does not charge a premium for Optum Rx Medicare Prescription Drug Plan coverage in 2024.
- Medicare applies a late enrollment penalty in the following situations:
  - o When individuals do not join a Medicare drug plan when they first became eligible
  - o When individuals have a continuous period of 63 days in a row or more without drug coverage that is at least as good as Medicare Part D coverage (also referred to as “creditable coverage”).
  - o Your retirement system pays the late enrollment penalty on behalf of its members in 2024. Members who disenroll from the Optum Rx Medicare Prescription Drug Plan through ORS are responsible for Medicare’s late enrollment penalty after their disenrollment.
- If you have a higher income, you may have to pay an additional amount each month for your Medicare prescription drug coverage. This will be paid directly to the government (not to Optum Rx or ORS). Please refer to Chapter 4, Section 10, of your *Evidence of Coverage* for more information.

**Section 1.2 Changes to the Pharmacy Network**

Amounts you pay for your prescription drugs may depend on which pharmacy you use. In most cases, your prescriptions are covered **only** if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing (including the Optum Rx<sup>®</sup> Specialty

Pharmacy), which may offer you a lower cost than the standard cost sharing offered by other network pharmacies for some drugs.

There are changes to our network pharmacies each year. An up-to-date Pharmacy Directory listing can be found by using the “Pharmacy Locator” on the member website at [optumrx.com](https://www.optumrx.com) (under the “Member Tools” tab). You can review the listing to see which pharmacies are in our network and are near you. For updated pharmacy information, you may also call Optum Rx. Our contact information is on the front cover of this document.

## Section 1.3 Changes to Your Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any additional coverage rules.**

There are 3 ways to get updated information about covered drugs for your plan:

- Visit [optumrx.com](https://www.optumrx.com) and click on the “Drug Pricing and Information” tool (found under the “Member Tools” tab).
- Visit [optumrx.com](https://www.optumrx.com) and download a copy of the formulary from the “Programs and Forms” page (found under the “Information Center” tab).
- Call Optum Rx at 1-855-577-6517 to have a copy mailed to you.

We made changes to our Drug List. This includes changes to covered drugs and changes to the additional rules that apply to our coverage for certain drugs. One of those changes includes the 30-day maximum supply limit on opioid drugs at both retail and home delivery pharmacies to help reduce the risks associated with taking these drugs. We are allowed to make changes to the Drug List from time to time throughout the year, as allowed by Medicare rules. We can also remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer.

If you are affected by a change in drug coverage, you can work with your doctor (or prescriber) to:

- **Find a different drug** that we cover. You can call Optum Rx to ask for a list of covered drugs that treat the same medical condition.
- **Ask us to make an exception** to cover the drug. You can ask for an exception before next year and we will give you an answer before the change takes effect. To learn how to ask for an exception, see Chapter 7 of your *Evidence of Coverage* or call Optum Rx.

In some situations, we will cover a **one-time**, temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3 of the *Evidence of Coverage*.) When you are using a temporary supply of a drug, you should talk with your doctor (or prescriber) to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask us to make an exception for you and cover your current drug.

If you currently have a formulary exception on file for the 2023 plan year, you may need to submit a new request for an exception for 2024. The approval letter you received contains a start and end date for the approval. Please refer to that letter to determine if a request for a new exception is needed.

### Changes to Your Prescription Drug Costs

**There are two drug payment stages that apply to this Plan. How much you pay for a Part D drug depends on which drug payment stage you are in.** The following information shows the two drug payment stages. You can also look in Chapter 4 of your *Evidence of Coverage* for more information about these stages.

**Note:** If you are in a program that helps pay for your drugs (called Extra Help), the information about costs for prescription drugs may not apply to you. We will send you a separate insert, called the “Low Income Subsidy Rider” (or the “LIS Rider”), that tells you about your drug coverage. If you receive this insert, please call Optum Rx. Our contact information is on the front cover of this document.

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

**Important Message About What You Pay for Insulin** - You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

**Changes to Your Cost Share in the Initial Coverage Stage**

	2023 (this year)	2024 (next year)
<p><b>Stage 1: Initial Coverage</b>            During this stage, the plan pays its share of the cost and <b>you pay your share of the cost of your drugs.</b></p> <p>You stay in this stage until your year-to-date Part D out-of-pocket costs (your payments) reach a total of \$8,000. Medicare sets this total and the rules for counting costs toward this amount. Your enhanced benefits include a plan-specific out-of-pocket maximum of \$1,750. Once you reach your enhanced plan out-of-pocket maximum of \$1,750, the plan will pay most of your drug costs for the remainder of the year.</p>	<p>Your cost for a one-month (30-day) supply filled at a network pharmacy:</p> <p>Refer to 2023 cost share table on page 4.</p>	<p>Your cost for a one-month (30-day) supply filled at a network pharmacy:</p> <p>Refer to 2024 cost share table on page 5.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>

**Changes to the Catastrophic Coverage Stage**

You remain in the Initial Coverage Stage until you reach the Catastrophic Coverage Stage. Since our plan has an out-of-pocket Annual Coinsurance Maximum of only \$1,750, you will likely never reach the \$8,000 out-of-pocket maximum for drugs covered by Medicare Part D and enter the Catastrophic Coverage Stage. For information about your costs in this stage, refer to the coinsurance table on pages 4 and 5 of this document, and look at Chapter 4 in your *Evidence of Coverage*.



	2023 (this year)	2024 (next year)
<p><b>Stage 2: Catastrophic Coverage</b></p> <p>During this stage, the plan will pay most of the cost of your drugs for the remainder of the plan year (through December 31, 2024).</p>	<p>Most members do not reach the Catastrophic Coverage Stage because your enhanced benefits include a plan-specific Annual Coinsurance of \$1,750. Once you reach your out-of-pocket maximum of \$1,750, the plan will pay <b>most</b> of your drug costs for the remainder of the year.</p> <p>If you <b>do</b> reach the calendar year maximum of \$7,400, you will pay whichever is the higher amount between the following:</p> <ul style="list-style-type: none"> <li>• 5% coinsurance</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• \$4.15 copayment for covered generic drugs (including brand drugs treated as generics)</li> <li>• \$10.35 copayment for all other covered drugs.</li> </ul>	<p>Most members do not reach the Catastrophic Coverage Stage because your enhanced benefits include a plan-specific Annual Coinsurance of \$1,750. Once you reach your out-of-pocket maximum of \$1,750, the plan will pay <b>most</b> of your drug costs for the remainder of the year.</p> <p>If you <b>do</b> reach the calendar year maximum (including manufacturer discounts) of \$8,000, you enter the Catastrophic Coverage Stage.</p> <p>Beginning in 2024, if you reach this stage, you pay nothing for covered Part D drugs. You may have cost</p> <ul style="list-style-type: none"> <li>• sharing for excluded drugs that are covered under our enhanced benefit.</li> </ul>

**Annual Coinsurance Maximum (\$1,750 cumulative across all tiers)**

**For drugs subject to a 20% coinsurance:** When your applicable coinsurance amounts (as noted above and subject to plan limits) total \$1,750, your coinsurance will be waived and you will pay \$0 for these drugs for the remainder of the calendar year.

**For drugs subject to a 40% coinsurance:** Only 20% coinsurance (subject to plan minimum and maximum limits noted above) will be applied to your Annual Coinsurance Maximum. When your applicable coinsurance amounts total \$1,750, your cost share will be reduced by 20% (subject to plan minimum and maximum limits).

*For example:* If your medication cost was \$700, 40% of that equals a \$280 copayment that you will pay. Once your applicable coinsurance amounts have reached \$1,750, the \$700 drug cost will be reduced by 20% (\$45 max) which means you now pay a \$235 copayment for the same drug.

**Section 1.4 Changes to the Part D Plan Service Area**

**Service Area Expansion**

The service area for this plan includes the United States, District of Columbia, Guam, Puerto Rico, the US Virgin Islands, Northern Mariana Islands, and American Samoa. Keep in mind, if you move out of the service area, you will be disenrolled from this plan. It is important that you notify both Optum Rx and ORS if you plan to move outside the service area.

## **SECTION 2 Unless You Choose Another Plan, You Will Be Automatically Enrolled in the Optum Rx Medicare Prescription Drug Plan in 2024**

If you want to change to a different plan for next year, please contact ORS at 1-800-381-5111, 8:30 a.m. - 5 p.m., Monday – Friday, Eastern Time. For more information, see Chapter 8 of the *Evidence of Coverage*. ORS can explain your options, implications of leaving this plan and the correct process to disenroll from this plan. Refer to section 5.2 of this document, Getting Help from Medicare, for information about selecting a different plan.

This prescription drug coverage is offered in conjunction with your Blue Cross Blue Shield of Michigan Medicare Plus Blue Group PPO medical coverage. If you choose a different Medicare Advantage plan, you will lose your prescription drug coverage and you may not get another opportunity to re-enroll in the plan again.

## **SECTION 3 Programs That Help Pay for Prescription Drugs**

You may qualify for help paying for prescription drugs. There are 3 basic 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. To see if you qualify, you can call:
  - 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048, 24 hours a day, 7 days a week.
  - The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778, 8 a.m. - 7 p.m., Monday – Friday.
  - Your state Medicaid office. You may locate this information in Chapter 2 of the *Evidence of Coverage*.
- **Help from your state’s pharmaceutical assistance program** - There are programs that help people pay for prescription drugs based on 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 people 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. Prescription drugs covered by our plan and by ADAP qualify for prescription cost-sharing assistance. For information on eligibility criteria, covered drugs, or how to enroll in the program, contact the program in your local state of residence.

## **SECTION 4 Questions?**

### **Section 4.1 Getting Help from Optum Rx**

If you have questions, we are here to help. Please call Optum Rx. Our contact information is on the front cover of this document.

**Read your 2024 *Evidence of Coverage* for details about next year’s benefits and costs.**

This *Annual Notice of Changes* provides a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for the Optum Rx Medicare Prescription Drug Plan. 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 prescription drugs. There are 2 ways to get an updated *Evidence of Coverage* document for your plan:

- Visit our website at **optumrx.com** and download a copy of the *Evidence of Coverage* from the “Forms” page.
- Call Optum Rx at 1-855-577-6517 to have a copy mailed to you.

### **Visit our website at optumrx.com**

As a reminder, you can find the most up-to-date information about our pharmacy network on our website by using the “Pharmacy Locator” tool and our list of covered drugs (Formulary) by using the “Drug Information” tool. Once you log in, both of these tools can be found under the “Member Tools” tab.

## **Section 4.2 Getting Help from Medicare**

To get information directly from Medicare:

**Call 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048, 24 hours a day, 7 days a week.**

### **Visit the Medicare website at medicare.gov**

It has information about cost, coverage, and quality ratings to help you compare Medicare Prescription Drug Plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. To view information about plans, go to medicare.gov and click on “Find Health & Drug Plans.”

### **Read the *Medicare & You* handbook**

Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers the most frequently asked questions about Medicare. If you do not have a copy of this document, you can get it at medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227), TTY -877-486-2048, 24 hours a day, 7 days a week.

### **Fraud, Waste, and Abuse**

Fraud, waste, and abuse is a serious matter. It is in your best interest to protect yourself from fraudulent schemes. The Centers for Medicare & Medicaid Services (also called CMS or Medicare) has partnered with a national Medicare Drug Integrity Contractor (MEDIC) to help detect, correct, and prevent fraudulent behavior within Medicare Part C and Medicare Part D. In collaboration with CMS, the MEDIC has developed several pamphlets that are designed to provide you with critical information related to fraud, waste, and abuse. They include information on what to look for and how to report it if you suspect that you may have been subjected to fraud. These pamphlets can be found online at **optumrx.com** on the “Forms” page.



## **Nondiscrimination notice and access to communication services**

Optum Rx and its family of affiliated Optum companies do not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities.

We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format, such as large print, or to get language assistance such as a qualified interpreter, please call the number located on the back of your prescription ID card (TTY 711). Representatives are available 24 hours a day, 7 days a week.

If you believe that we have failed to provide these services or have discriminated on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to:

Optum Rx Civil Rights Coordinator  
11000 Optum Circle  
Eden Prairie, MN 55344

Phone: **1-800-562-6223 (TTY 711)**  
Fax: **1-855-351-5495**  
Email: **Optum\_Civil\_Rights@Optum.com**

If you need help filing a complaint, please call the number located on the back of your prescription ID card (TTY 711). Representatives are available 24 hours a day, 7 days a week. You can also file a complaint directly with the U.S. Department of Health and Human Services online, by phone, or by mail:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at  
<https://www.hhs.gov/ocr/complaints/index.html>

Phone: **1-800-368-1019 (Toll-Free)**  
**1-800-537-7697 (TDD)**

Mail: U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your prescription plan ID card.

## 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 1-855-577-6517. 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 1-855-577-6517. 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 1-855-577-6517。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 1-855-577-6517。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-577-6517. 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 1-855-577-6517. 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 1-855-577-6517 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 1-855-577-6517. 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 1-855-577-6517 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 1-855-577-6517. 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 . سيقوم شخص ما يتحدث العربية 1-855-577-6517 على مترجم فوري، ليس عليك سوى الاتصال بنا على 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 1-855-577-6517 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 1-855-577-6517. 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 1-855-577-6517. 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 1-855-577-6517. 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 1-855-577-6517. Ta usługa jest bezpłatna.

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