

CarePartners Access (PPO) offered by CarePartners of Connecticut

Annual Notice of Changes for 2023

You are currently enrolled as a member of CarePartners Access PPO. Next year, there will be some changes to the plan's costs and benefits. *Please see page 4 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules, please review the *Evidence of Coverage*, which is located on our website at www.carepartnersct.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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

What to do now

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

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital)
 - Review the changes to our drug coverage, including authorization requirements and costs
 - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Think about whether you are happy with our plan.

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

- Use the Medicare Plan Finder at www.medicare.gov/plan-compare or review the list in the back of your *Medicare & You 2023* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in CarePartners Access.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with CarePartners Access.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-866-632-0060 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30.
- This information is available in different formats, including large print.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About CarePartners Access

- CarePartners Access is a Medicare Advantage PPO Plan. Enrollment in CarePartners Access depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means CarePartners of Connecticut. When it says “plan” or “our plan,” it means CarePartners Access.

Annual Notice of Changes for 2023

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for CarePartners Access in several important areas. **Please note this is only a summary of costs.**

| Cost | 2022 (this year) | 2023 (next year) |
|---|--|--|
| <p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p> | \$0 | \$0 |
| Deductible | \$1,000 | \$1,000 |
| <p>Maximum out-of-pocket amounts</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)</p> | <p>From network providers: \$4,900</p> <p>From network and out-of-network providers combined: \$10,000</p> | <p>From network providers: \$4,900</p> <p>From network and out-of-network providers combined: \$8,950</p> |
| Doctor office visits | <p><u>In-Network:</u> Primary care visits: \$0 per visit</p> <p>Specialist visits: \$45 per visit</p> <p><u>Out-of-Network:</u> Primary care visits: \$50 per visit after the deductible</p> <p>Specialist visits: \$50 per visit after the deductible</p> | <p><u>In-Network:</u> Primary care visits: \$0 per visit</p> <p>Specialist visits: \$45 per visit</p> <p><u>Out-of-Network:</u> Primary care visits: \$50 per visit after the deductible</p> <p>Specialist visits: \$50 per visit after the deductible</p> |
| Inpatient hospital stays | <p><u>In-Network:</u> \$795 per stay after the deductible for Medicare-covered services received</p> | <p><u>In-Network:</u> \$795 per stay after the deductible for Medicare-covered services received</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|------|--|--|
| | <p>in a general acute care, rehabilitation, or long-term acute care hospital.</p> <p>\$1,763 per stay after the deductible for Medicare-covered services received in a psychiatric hospital.</p> <p><u>Out-of-Network:</u> 30% coinsurance per stay after the deductible for Medicare-covered services received in a general acute care, rehabilitation, or long-term acute care or psychiatric hospital.</p> | <p>in a general acute care, rehabilitation, or long-term acute care hospital.</p> <p>\$1,763 per stay after the deductible for Medicare-covered services received in a psychiatric hospital.</p> <p><u>Out-of-Network:</u> 30% coinsurance per stay after the deductible for Medicare-covered services received in a general acute care, rehabilitation, or long-term acute care or psychiatric hospital.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|---|--|--|
| <p>Part D prescription drug coverage</p> <p>(See Section 1.5 for details.)</p> | <p>Deductible: \$0</p> <p>Copayment/ Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0-\$10 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$0-\$20 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$0-\$30 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 90-day supply.</p> | <p>Deductible: \$0</p> <p>Copayment/ Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0-\$10 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$0-\$20 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$0-\$30 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 90-day supply.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|------|--|--|
| | <p>Drug Tier 2: \$0-\$15 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$0-\$30 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$0-\$45 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 3: \$47 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$94 per prescription at a retail pharmacy for up to a 60-day supply.</p> | <p>Drug Tier 2: \$0-\$15 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$0-\$30 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$0-\$45 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 3: \$47 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$94 per prescription at a retail pharmacy for up to a 60-day supply.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|------|--|--|
| | <p>\$141 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$47 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$94 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$94 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 4: \$100 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$200 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$300 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$100 per prescription at a mail order pharmacy for a 30-day supply.</p> | <p>\$141 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$47 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$94 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$94 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 4: \$100 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$200 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$300 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$100 per prescription at a mail order pharmacy for a 30-day supply.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|------|---|---|
| | <p>\$200 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$200 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 5: 33% per prescription at a retail or mail order pharmacy for a 30-day supply.</p> <p>60-day and 90-day supplies are not covered for drugs on Tier 5.</p> <p>Drug Tier 6: \$0 per Tier 6 vaccine.</p> | <p>\$200 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$200 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 5: 33% per prescription at a retail or mail order pharmacy for a 30-day supply.</p> <p>60-day and 90-day supplies are not covered for drugs on Tier 5.</p> <p>Drug Tier 6¹: \$0 per Tier 6 vaccine. Not applicable at Mail Order.</p> |

¹ For 2023, Tier 6 vaccine drugs will also be covered at \$0 copay during the coverage gap or “donut hole” stage of your benefit.

| Cost | 2022 (this year) | 2023 (next year) |
|--|---|---|
| <p>To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by the “SI” symbol in the Requirements/Limits column of the Drug List. If you have questions about the Drug List, you can also call Member Services. (Phone numbers for Member Services are printed on the back cover of this document).</p> | <p>Select Insulin Drugs: Covered on different drug tiers at applicable drug tier cost-share.</p> | <p>Select Insulin Drugs²: \$35 per prescription at a retail pharmacy for a 30-day supply. \$70 per prescription at a retail pharmacy for up to a 60-day supply. \$105 per prescription at a retail pharmacy for up to a 90-day supply. \$35 per prescription at a mail order pharmacy for a 30-day supply. \$70 per prescription at a mail order pharmacy for up to a 60-day supply. \$70 per prescription at a mail order pharmacy for up to a 90-day supply.</p> |

² For 2023, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out-of-pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month (30-day) supply of covered insulin during the deductible, initial coverage, and coverage gap or “donut hole” stages of your benefit. You will pay 5% of the cost of your covered insulin in the catastrophic stage. Your cost may be less if you receive Extra Help from Medicare.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

| Cost | 2022 (this year) | 2023 (next year) |
|---|------------------|------------------|
| <p>Monthly premium</p> <p>There is no change to the plan premium for the upcoming benefit year.</p> <p>(You must also continue to pay your Medicare Part B premium.)</p> | \$0 | \$0 |

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

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

| Cost | 2022 (this year) | 2023 (next year) |
|--|------------------|--|
| <p>In-network maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays and deductibles) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p> <p>There is no change to the in-network maximum out-of-pocket amount for the upcoming benefit year.</p> | \$4,900 | <p>\$4,900</p> <p>There is no change to your in-network maximum out-of-pocket amount for 2023. Once you have paid \$4,900 out-of-pocket for covered services, you will pay nothing for your covered services from network providers for the rest of the calendar year.</p> |
| <p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p> | \$10,000 | <p>\$8,950</p> <p>Once you have paid \$8,950 out-of-pocket for covered services, you will pay nothing for your covered services from network or out-of-network providers for the rest of the calendar year.</p> |

Section 1.3 – Changes to the Provider and Pharmacy Networks

There are changes to our network of providers and pharmacies for next year. An updated *Provider Directory* is located on our website at www.carepartnersct.com. You may also call Member Services for updated provider information or to ask us to mail you a *Provider Directory*.

Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, pharmacies, etc.) are in our network.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost | 2022 (this year) | 2023 (next year) |
|---|--|---|
| <p>Diabetes self-management training, diabetic services and supplies</p> | <p>Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products.</p> | <p>Covered therapeutic Continuous Glucose Monitors (CGMs) include FreeStyle Libre products.</p> |
| <p>Medicare Part B non-chemo prescription drugs</p> | <p><u>In-Network:</u> You pay 20% coinsurance for Medicare Part B non-chemotherapy prescription drugs.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare Part B non-chemotherapy prescription drugs.</p> | <p><u>In-Network:</u> You pay \$35 per month for Select Insulin when used in an insulin pump.</p> <p>You pay 20% coinsurance for all other Medicare Part B non-chemotherapy prescription drugs.</p> <p><u>Out-of-Network:</u> You pay \$35 per month after the deductible for Select Insulin when used in an insulin pump.</p> <p>You pay 30% coinsurance after the deductible for all other Medicare Part B non-chemotherapy prescription drugs.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|--|---|---|
| | <p>Prior authorization may be required for in-network services.</p> | <p>Prior authorization may be required for in-network services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Medicare Part B Step Therapy Drug Categories</p> | <p>Part B Step Therapy Drug Categories</p> <ul style="list-style-type: none"> • Atypical hemolytic uremic syndrome • Autoimmune • Iron preparations, Parenteral • Leucovorin • Lysosomal storage disorders • Neutropenia • Oncology • Paroxysmal nocturnal hemoglobinuria • Retinal Disorders • Triamcinolone Acetonide Injection • Viscosupplements | <p>Part B Step Therapy Drug Categories</p> <ul style="list-style-type: none"> • Rare Diseases • Autoimmune • Iron preparations, Parenteral • Oncology • Oncology, Supportive • Retinal Disorders • Triamcinolone Acetonide Injection • Viscosupplements <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|-------------------------------------|---|---|
| <p>Office visit services</p> | <p><u>In-network and Out-of-network:</u></p> <p>You pay the applicable PCP or Specialist cost-share for each covered visit or consultation in an outpatient location.</p> <p>You pay \$0 for surgery services furnished in the physician’s office.</p> | <p><u>In-network and Out-of-network:</u></p> <p>You pay the applicable PCP or Specialist cost-share for each covered visit or consultation in an outpatient location.</p> <p>You pay the applicable PCP or Specialist cost-share for surgery services furnished in the physician’s office.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|--|---|--|
| <p>Outpatient diagnostic labs</p> | <p><u>In-network and Out-of-network:</u></p> <p>You pay the applicable cost-share for Medicare-covered lab services.</p> <p>There is no copay if lab services are performed and billed as part of an office visit.</p> <p>Prior authorization may be required for in-network services.</p> | <p><u>In-network and Out-of-network:</u></p> <p>You pay the applicable cost-share for Medicare-covered lab services.</p> <p>There is no copay if lab services are performed and billed as part of an office visit or urgent care visit.</p> <p>Prior authorization may be required for in-network services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|--|
| <p>Outpatient diagnostic tests</p> | <p><u>In-network and Out-of-network:</u></p> <p>You pay the applicable cost-share for Medicare-covered outpatient diagnostic tests.</p> <p>There is no copay if outpatient diagnostic tests are performed and billed as part of an office visit.</p> <p>Prior authorization may be required for in-network services.</p> | <p><u>In-network and Out-of-network:</u></p> <p>You pay the applicable cost-share for Medicare-covered outpatient diagnostic tests.</p> <p>There is no copay if outpatient diagnostic tests are performed and billed as part of an office visit or urgent care visit.</p> <p>Prior authorization may be required for in-network services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|--|---|--|
| <p>Outpatient diagnostic X-rays</p> | <p><u>In-network and Out-of-network:</u></p> <p>You pay the applicable cost-share for Medicare-covered outpatient diagnostic X-rays.</p> <p>There is no copay if outpatient diagnostic X-rays are performed and billed as part of an office visit.</p> <p>Prior authorization may be required for in-network services.</p> | <p><u>In-network and Out-of-network:</u></p> <p>You pay the applicable cost-share for Medicare-covered outpatient diagnostic X-rays.</p> <p>There is no copay if outpatient diagnostic X-rays are performed and billed as part of an office visit or urgent care visit.</p> <p>Prior authorization may be required for in-network services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Outpatient hospital services</p> | <p><u>In-Network and Out-of-Network:</u> See the following sections in this chart for applicable details and changes:</p> <p>Outpatient surgery, see “Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers” in this chart.</p> | <p><u>In-Network and Out-of-Network:</u> See the following sections in this chart for applicable details and changes:</p> <p>Outpatient surgery, see “Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers” in this chart.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|------|---|---|
| | <p>Laboratory tests, see “Outpatient diagnostic labs” in this chart.</p> <p>Diagnostic tests, see “Outpatient diagnostic tests” in this chart.</p> <p>X-rays, see “Outpatient diagnostic X-rays” in this chart.</p> <p>Mental health care, see “Outpatient mental health care” in this chart.</p> <p>Chemical dependency care, see “Outpatient substance abuse services” in this chart.</p> <p>Drugs and biologicals that you can’t give yourself, see “Medicare Part B Step Therapy Drug Categories” and “Medicare Part B non-chemo prescription drugs” in this chart.</p> | <p>Laboratory tests, see “Outpatient diagnostic labs” in this chart.</p> <p>Diagnostic tests, see “Outpatient diagnostic tests” in this chart.</p> <p>X-rays, see “Outpatient diagnostic X-rays” in this chart.</p> <p>Mental health care, see “Outpatient mental health care” in this chart.</p> <p>Chemical dependency care, see “Outpatient substance abuse services” in this chart.</p> <p>Drugs and biologicals that you can’t give yourself, see “Medicare Part B Step Therapy Drug Categories” and “Medicare Part B non-chemo prescription drugs” in this chart.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| Outpatient mental health care | <p><u>In-Network:</u> You pay \$40 for each individual or group therapy visit for Medicare-covered outpatient mental health services.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for each individual or group therapy visit for Medicare-covered outpatient mental health services.</p> | <p><u>In-Network:</u> You pay \$20 for each individual or group therapy visit for Medicare-covered outpatient mental health services.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for each individual or group therapy visit for Medicare-covered outpatient mental health services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| Outpatient rehabilitation services | <p><u>In-Network:</u> You pay \$40 for each Medicare-covered visit.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for each Medicare-covered visit.</p> | <p><u>In-Network:</u> You pay \$30 for each Medicare-covered visit.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for each Medicare-covered visit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| <p>Outpatient substance abuse services</p> | <p><u>In-Network:</u> You pay \$40 for each individual or group therapy visit for Medicare-covered outpatient substance abuse services.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for each individual or group therapy visit for Medicare-covered outpatient substance abuse services.</p> | <p><u>In-Network:</u> You pay \$20 for each individual or group therapy visit for Medicare-covered outpatient substance abuse services.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for each individual or group therapy visit for Medicare-covered outpatient substance abuse services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| <p>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</p> | <p><u>In-Network:</u> You pay \$0 for Medicare-covered colonoscopies.</p> <p>You pay \$250 per day after the deductible for other outpatient procedures and services, including, but not limited to, diagnostic and therapeutic endoscopy, and outpatient surgery performed in an ambulatory surgical center.</p> <p>You pay \$250 per day after the deductible for other outpatient procedures and services, including, but not limited to, diagnostic and therapeutic endoscopy, and outpatient surgery performed in an outpatient hospital.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for outpatient procedures and services, including, but not limited to, diagnostic and therapeutic endoscopy, and outpatient surgery</p> | <p><u>In-Network:</u> You pay \$0 for Medicare-covered colonoscopies.</p> <p>You pay \$200 per day after the deductible for other outpatient procedures and services, including, but not limited to, diagnostic and therapeutic endoscopy, and outpatient surgery performed in an ambulatory surgical center.</p> <p>You pay \$300 per day after the deductible for other outpatient procedures and services, including, but not limited to, diagnostic and therapeutic endoscopy, and outpatient surgery performed in an outpatient hospital.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for outpatient procedures and services, including, but not limited to, diagnostic and therapeutic endoscopy, and outpatient surgery</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|------|---|---|
| | <p>performed at hospital outpatient facilities and ambulatory surgical centers.</p> <p>Prior authorization may be required for in-network services.</p> | <p>performed at hospital outpatient facilities and ambulatory surgical centers.</p> <p>Prior authorization may be required for in-network services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|--|
| <p>Over-the-Counter (OTC) for Medicare Items</p> | <p><u>In-Network and Out-of-Network:</u> You receive an allowance of \$50 per calendar quarter to use toward Medicare-approved over-the-counter (OTC) items.</p> <p>Eligible purchases include:</p> <ul style="list-style-type: none"> • From the OTC catalog supplied by plan-approved online vendor <i>only</i>. | <p><u>In-Network and Out-of-Network:</u> You receive an allowance of \$65 per calendar quarter to use toward Medicare-approved over-the-counter (OTC) items.</p> <p>Eligible purchases include:</p> <ul style="list-style-type: none"> • From the OTC catalog supplied by plan-approved online vendor. • Purchases at participating retailers, including CVS Pharmacy, Dollar General, Walmart, and Walgreens. <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Pulmonary rehabilitation services</p> | <p><u>In-Network:</u> You pay \$30 per visit for Medicare-covered services.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered services.</p> | <p><u>In-Network:</u> You pay \$20 per visit for Medicare-covered services.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|--------------------------------------|--|---|
| Vision - Diabetic retinopathy | <p><u>In-Network:</u> You pay \$45 for an annual diabetic retinopathy screening.</p> <p><u>Out-of-Network:</u> You pay \$50 after the deductible for an annual diabetic retinopathy screening.</p> | <p><u>In-Network:</u> You pay \$0 for an annual diabetic retinopathy screening.</p> <p><u>Out-of-Network:</u> You pay \$50 after the deductible for an annual diabetic retinopathy screening.</p> |

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

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

To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by the “SI” symbol in the Requirements/Limits column of the Drug List. If you have questions about the Drug List, you can also call Member Services. (Phone numbers for Member Services are printed on the back cover of this document).

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.”

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

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 (30-day) supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

Getting Help from Medicare - If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

- **Additional Resources to Help** - Please contact our Member Services number at 1-866-632-0060 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30.

Changes to the Deductible Stage

| Stage | 2022 (this year) | 2023 (next year) |
|---|--|--|
| Stage 1: Yearly Deductible Stage | Because we have no deductible, this payment stage does not apply to you. | Because we have no deductible, this payment stage does not apply to you. |

Changes to Your Cost-sharing in the Initial Coverage Stage

| Stage | 2022 (this year) | 2023 (next year) |
|---|---|---|
| <p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply, or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p> | <p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Tier 1: <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$10 per prescription.</p> <p>Tier 2: <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$15 per prescription.</p> <p>Tier 3: <i>Preferred cost-sharing:</i> You pay \$47 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$47 per prescription.</p> | <p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Tier 1: <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$10 per prescription.</p> <p>Tier 2: <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$15 per prescription.</p> <p>Tier 3: <i>Preferred cost-sharing:</i> You pay \$47 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$47 per prescription.</p> |

| Stage | 2022 (this year) | 2023 (next year) |
|-------|---|---|
| | <p>Tier 4: <i>Preferred cost-sharing:</i> You pay \$100 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$100 per prescription.</p> <p>Tier 5: <i>Preferred cost-sharing:</i> You pay 33% of the total cost.</p> <p><i>Standard cost-sharing:</i> You pay 33% of the total cost.</p> <p>Tier 6: <i>Preferred cost-sharing:</i> You pay \$0 for all Tier 6 vaccines.</p> <p><i>Standard cost-sharing:</i> You pay \$0 for all Tier 6 vaccines.</p> | <p>Tier 4: <i>Preferred cost-sharing:</i> You pay \$100 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$100 per prescription.</p> <p>Tier 5: <i>Preferred cost-sharing:</i> You pay 33% of the total cost.</p> <p><i>Standard cost-sharing:</i> You pay 33% of the total cost.</p> <p>Tier 6: <i>Preferred cost-sharing:</i> You pay \$0 for all Tier 6 vaccines.</p> <p><i>Standard cost-sharing:</i> You pay \$0 for all Tier 6 vaccines.</p> |

| Stage | 2022 (this year) | 2023 (next year) |
|-------|--|---|
| | <p>Select Insulin Drugs: Covered on different drug tiers at applicable drug tier cost-share.</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p> <p>CarePartners Access does not offer additional gap coverage. This means that you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs, including brand/generic Tier 6 Vaccine drugs and Insulins.</p> | <p>Select Insulin Drugs: You pay \$35 per prescription at a preferred or standard retail pharmacy.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> <p>CarePartners Access offers additional gap coverage for Select Insulins and Tier 6 Vaccines. During the Coverage Gap stage, your copayment will be \$35 for a 30-day supply of Select Insulins and \$0 for Tier 6 Vaccines.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

SECTION 2 Administrative Changes

| Description | 2022 (this year) | 2023 (next year) |
|---|------------------|------------------|
| <p>Pharmacy Benefit Manager (PBM) Change</p> <p>CarePartners of Connecticut partners with a Pharmacy Benefit Manager (PBM) to administer our pharmacy benefit. Our PBM partner for the 2023 plan year is changing to OptumRx. You will receive an updated CarePartners of Connecticut ID card. Please begin using your updated ID card on 1/1/23.</p> <p>To ensure your pharmacy has your most up to date information, please show your new ID card when you fill a prescription for the first time on or after 1/1/23</p> <p>If you don't have your new CarePartners of Connecticut ID card with you when you fill your prescription, ask the pharmacy to call the plan to obtain the necessary information</p> <p>If the pharmacy is not able to obtain the necessary information, you may have to pay the full cost of the prescription when you pick it up and then submit for reimbursement</p> | CVS/Health | OptumRx |

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in CarePartners Access

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our CarePartners Access plan.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year, but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, CarePartners of Connecticut offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CarePartners Access.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CarePartners Access.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area. For more information, see Chapter 10, Section 2 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage Plan for January 1, 2023, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

SECTION 5 Programs That Offer Free Counseling About Medicare

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

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. CHOICES counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call CHOICES at 1-800-994-9422. You can learn more about CHOICES by visiting their website (portal.ct.gov/AgingandDisability/Content-Pages/Programs/CHOICES-Connecticuts-program-for-Health-insurance-assistance-Outreach-Information-and-referral-Couns).

SECTION 6 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday, for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Connecticut AIDS Drug Assistance Program (CADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Connecticut AIDS Drug Assistance Program (CADAP) at 1-800-424-3310.

SECTION 7 Questions?

Section 7.1 – Getting Help from CarePartners Access

Questions? We're here to help. Please call Member Services at 1-866-632-0060. (TTY only, call 711). We are available for phone calls from 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30. Calls to these numbers are free.

Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 *Evidence of Coverage* for CarePartners Access. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.carepartnersct.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.carepartnersct.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

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

Read Medicare & You 2023

Read the *Medicare & You 2023* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). 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 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). 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 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)。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 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)。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 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). 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 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). 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 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) 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 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). 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 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)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 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). 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، سيقوم شخص ما يتحدث العربية **1-888-341-1507 (HMO)/1-866-632-0060 (PPO)** 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 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) 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 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). 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 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). 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 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). 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 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). 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、1-888-341-1507 (HMO)/1-866-632-0060 (PPO)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。