



2022 SUMMARY OF BENEFITS

Integra Harmony (HMO SNP)

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Integra Harmony (HMO SNP)

January 1, 2022 – December 31, 2022

Integra Harmony (HMO SNP) is a Health Maintenance Organization (HMO) Special Needs Plan (DSNP) with both federal and state contracts. Members who have both Medicare and Medicaid are known as dual-eligible members. As a dual-eligible member, you are entitled for benefits under both Medicare and the New York State Medicaid program. Integra Harmony (HMO SNP) offers Medicare coverage and some supplemental (extra) benefits. While you still receive your Medicaid benefits through the New York Medicaid program, we will help you coordinate these benefits. This document has a high level description of the benefits you receive through our plan, and a high level description of the Medicaid benefits you are entitled to under the New York State Medicaid program.

This is a summary of health services and drugs covered by Integra Harmony (HMO SNP). It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can access the “Evidence of Coverage” on our website at <https://www.integramanagedcare.com/member-resources>, or call us and request a copy.

Integra Managed Care is an HMO plan with a Medicare contract and a contract with the New York State Medicaid program. Enrollment in Integra Managed Care depends on contract renewal.

Contact us

- If you are a member of this plan, call toll-free 1-877-388-5195 (TTY 711)
- If you are not a member of this plan, call toll-free 1-877-388-5190 (TTY 711)
- Our website: www.integramanagedcare.com

Hours of operations

Our hours of operation are 8 am to 8 pm seven days a week from October 1 to March 31, and 8 am to 8 pm Monday through Friday from April 1 to September 30.

To join **Integra Harmony (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, receive full medical assistance from the New York State Medicaid Program (QMB+, SLMB+, FBDE), and live in our service area.

Our service area includes the following counties in New York: Bronx, Kings, New York, Queens and Nassau.

Integra Harmony (HMO SNP) members must use plan providers except in an emergency, urgently needed services, post-stabilization care services and renal dialysis out of the service

area. If you obtain care from an out of network provider, unless authorized by the plan, we may not pay for these services.

Integra Harmony (HMO SNP) covers Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at <https://www.integramanagedcare.com/member-resources>.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy 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.

This information is not a complete description of benefits. Call 1-877-388-5195 (TTY: 711) for more information.

This information is available in a different format, including Spanish, Braille, large print, and audio tapes.

Integra Managed Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, los servicios de asistencia lingüística están disponibles de forma gratuita. Llame a Servicios para Miembros de Integra Harmony (HMO SNP) al número que se encuentra al final de esta página. La llamada es gratis.

注意：如果您講中文，您可以免費獲得語言援助服務。請致電 Integra Harmony (HMO SNP)會員服務部：1-877-388-5195。（聽力障礙電傳：711）。該電話免費。「

COVERED MEDICAL AND HOSPITAL BENEFITS

SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION

SERVICES WITH A ² MAY REQUIRE A REFERRAL FROM YOUR DOCTOR

| Premiums and Benefits | What you pay with Integra Harmony (HMO SNP) (Bronx, Kings, New York, Queens Counties) | What you pay with Integra Harmony (HMO SNP) (Nassau County) |
|-----------------------|---|---|
| Monthly Plan Premium | <p>For Part C, there is no plan premium. For Part D, there is a monthly premium.</p> <p>Part C: \$0 Part D: \$0 - \$42.40</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> <p>You must continue to pay your Medicare Part B premium. Since you have full Medicaid, New York State pays the Part B premium on your behalf.</p> | <p>For Part C, there is no plan premium. For Part D, there is a monthly premium.</p> <p>Part C: \$0 Part D: \$0 - \$42.40</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> <p>You must continue to pay your Medicare Part B premium. Since you have full Medicaid, New York State pays the Part B premium on your behalf.</p> |
| Deductible | <p>The Part A Deductible is \$1,484 per benefit period.</p> <p>The Part B Deductible is \$0 or \$203.</p> <p>These are 2021 cost-sharing amounts and may change for 2022. Integra Harmony (HMO SNP) will provide updated rates as soon as they are released.</p> <p>For Part D, you pay either \$0 or \$480</p> <p>Since you receive “Extra Help” from Medicare with prescription drug costs, you pay \$0.</p> | <p>The Part A Deductible is \$1,484 per benefit period.</p> <p>The Part B Deductible is \$0 or \$203.</p> <p>These are 2021 cost-sharing amounts and may change for 2022. Integra Harmony (HMO SNP) will provide updated rates as soon as they are released.</p> <p>For Part D, you pay either \$0 or \$480</p> <p>Since you receive “Extra Help” from Medicare with prescription drug costs, you pay \$0.</p> |

| Premiums and Benefits | What you pay with Integra Harmony (HMO SNP) (Bronx, Kings, New York, Queens Counties) | What you pay with Integra Harmony (HMO SNP) (Nassau County) |
|--|--|--|
| Maximum Out-of-Pocket Responsibility (does not include prescription drugs) | You pay no more than \$6,700 annually for services received from in-network providers. | You pay no more than \$6,700 annually for services received from in-network providers. |

| Premiums and Benefits | What you pay with Integra Harmony (HMO SNP) (Bronx, Kings, New York, Queens Counties) | What you pay with Integra Harmony (HMO SNP) (Nassau County) |
|--|---|---|
| Inpatient Hospital Coverage ¹ | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 OR:</p> <p>\$1,484 deductible for each benefit period</p> <p>Days 1-60: \$0 copayment for each benefit period</p> <p>Days 61-90: \$371 copayment per day of each benefit period</p> <p>Days 91 and beyond: \$742 copayment for each “lifetime reserve day” after day 90 for each benefit period. (up to 60 days over your lifetime).</p> <p>A benefit period begins the day you’re admitted as an inpatient and ends when you haven’t received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins.</p> <p>Beyond lifetime reserve days, you are responsible for all costs.</p> <p>Since you have full Medicaid benefits, you pay \$0. Medicaid fee for service pays for days beyond those that our plan covers.</p> | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 OR:</p> <p>\$1,484 deductible for each benefit period</p> <p>Days 1-60: \$0 copayment for each benefit period</p> <p>Days 61-90: \$371 copayment per day of each benefit period</p> <p>Days 91 and beyond: \$742 copayment for each “lifetime reserve day” after day 90 for each benefit period. (up to 60 days over your lifetime).</p> <p>A benefit period begins the day you’re admitted as an inpatient and ends when you haven’t received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins.</p> <p>Beyond lifetime reserve days, you are responsible for all costs.</p> <p>Since you have full Medicaid benefits, you pay \$0. Medicaid fee for service pays for days beyond those that our plan covers.</p> |

| Premiums and Benefits | What you pay with Integra Harmony (HMO SNP) (Bronx, Kings, New York, Queens Counties) | What you pay with Integra Harmony (HMO SNP) (Nassau County) |
|--|---|---|
| <p>Outpatient Hospital¹</p> <p>Includes observation services</p> | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> |
| <p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary Care Providers • Specialists^{1,2} | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>Primary care visits: \$0 or \$203 deductible 0% or 20% coinsurance per visit</p> <p>Specialist visits: \$0 or \$203 deductible 0% or 20% coinsurance per visit</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>Primary care visits: \$0 or \$203 deductible 0% or 20% coinsurance per visit</p> <p>Specialist visits: \$0 or \$203 deductible 0% or 20% coinsurance per visit</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> |
| Preventive Care | You pay nothing for all Medicare approved preventive services. | You pay nothing for all Medicare approved preventive services. |
| Emergency Care | <p>\$0 or 20% coinsurance up to maximum of \$90 per visit</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> | <p>\$0 or 20% coinsurance up to maximum of \$90 per visit</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> |
| Urgently Needed Services | <p>\$0 or 20% coinsurance up to maximum of \$65 per visit</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> | <p>\$0 or 20% coinsurance up to maximum of \$65 per visit</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> |

| Premiums and Benefits | What you pay with Integra Harmony (HMO SNP) (Bronx, Kings, New York, Queens Counties) | What you pay with Integra Harmony (HMO SNP) (Nassau County) |
|---|--|--|
| Diagnostic Services/ Labs/ Imaging (include diagnostic tests and procedures, labs, diagnostic radiology, and X-rays) ¹ | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> |
| Hearing Services ¹ <ul style="list-style-type: none"> Hearing exam Hearing aid | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible 0% or 20% coinsurance for Medicare-covered hearing exams.</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> <p>Our plan pays \$500 per ear toward the purchase of hearing aids every 3 years.</p> | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible 0% or 20% coinsurance for Medicare-covered hearing exams.</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> <p>Our plan pays \$500 per ear toward the purchase of hearing aids every 3 years.</p> |

| Premiums and Benefits | What you pay with Integra Harmony (HMO SNP) (Bronx, Kings, New York, Queens Counties) | What you pay with Integra Harmony (HMO SNP) (Nassau County) |
|--|--|--|
| <p>Dental Services¹</p> <p>Integra's Dental Services are administered through Healthplex, a third party contracted with Integra. You can contact Healthplex Monday through Friday from 8:00 am – 6:00 pm by calling 1-800-468-9868; 711 for TTY.</p> <ul style="list-style-type: none"> • Crowns - single restoration selected codes only - 1 every 60 months per tooth. • Major restoratives - selected codes only - 1 every 60 months per tooth. • Root canal therapy - selected codes only - 1 per lifetime per tooth. • Periodontics - selected codes only - 1 every 60 months per quadrant. • Fixed Partial Denture Pontics - selected codes only - 1 every 60 months per tooth. • Fixed Partial Denture Retainers Crowns - selected codes only - 1 every 60 months per tooth. | <p>Preventive services are not covered.</p> <p>You can get preventive dental care as well as other dental care not covered by our plan through Medicaid, as long as it is a Medicaid-covered benefit.</p> <p>You pay \$0 for the below services as long as a prior authorization is secured:</p> <ul style="list-style-type: none"> • Restorative services • Endodontics • Periodontics • Prosthodontics • Other Oral/ Maxillofacial Surgery <p>All other covered services you pay; \$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> | <p>Preventive services are not covered.</p> <p>You can get preventive dental care as well as other dental care not covered by our plan through Medicaid, as long as it is a Medicaid-covered benefit.</p> <p>You pay \$0 for the below services as long as a prior authorization is secured:</p> <ul style="list-style-type: none"> • Restorative services • Endodontics • Periodontics • Prosthodontics • Other Oral/ Maxillofacial Surgery <p>All other covered services you pay; \$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> |

| Premiums and Benefits | What you pay with Integra Harmony (HMO SNP) (Bronx, Kings, New York, Queens Counties) | What you pay with Integra Harmony (HMO SNP) (Nassau County) |
|---|--|--|
| <p>Vision Services¹</p> <ul style="list-style-type: none"> • Medicare Covered Eye Exams • Eyewear <p>Integra's Eyewear Services are administered through Versant (previously Davis Vision), a third party contracted with Integra. You can contact Versant at 1-800-999-5431 Monday through Friday from 8:00 a.m. to 11:00 p.m., Saturday from 9:00 a.m. to 4:00 p.m., and Sunday from 12:00 p.m. to 4:00 p.m.</p> | <p>For Medicare covered eye exams:</p> <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> <p>You get a \$150 allowance per year for eyeglasses (lens and frames), contact lenses.</p> <p>You get one pair of glasses (lens and frames) per year or contact lenses unlimited up to a benefit max of \$150 annually.</p> <p>Your Medicaid benefits include eye wear beyond the plan's \$150 limit.</p> | <p>For Medicare covered eye exams:</p> <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> <p>You get a \$150 allowance per year for eyeglasses (lens and frames), contact lenses.</p> <p>You get one pair of glasses (lens and frames) per year or contact lenses unlimited up to a benefit max of \$150 annually.</p> <p>Your Medicaid benefits include eye wear beyond the plan's \$150 limit.</p> |

| Premiums and Benefits | What you pay with Integra Harmony (HMO SNP) (Bronx, Kings, New York, Queens Counties) | What you pay with Integra Harmony (HMO SNP) (Nassau County) |
|---------------------------------------|---|---|
| Mental Health Services ^{1,2} | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>Inpatient Mental Health¹ A per admission deductible is applied once during the defined benefit period.</p> <p>\$0 OR:</p> <p>\$1,484 deductible for each benefit period</p> <p>Days 1-60: \$0 copayment for each benefit period</p> <p>Days 61-90: \$371 copayment per day of each benefit period</p> <p>Days 91 and beyond: \$742 copayment for each “lifetime reserve day” after day 90 for each benefit period. (up to 60 days over your lifetime).</p> <p>A benefit period begins the day you’re admitted as an inpatient and ends when you haven’t received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins.</p> <p>Outpatient group therapy and individual therapy visits^{1,2} \$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>Inpatient Mental Health¹ A per admission deductible is applied once during the defined benefit period.</p> <p>\$0 OR:</p> <p>\$1,484 deductible for each benefit period</p> <p>Days 1-60: \$0 copayment for each benefit period</p> <p>Days 61-90: \$371 copayment per day of each benefit period</p> <p>Days 91 and beyond: \$742 copayment for each “lifetime reserve day” after day 90 for each benefit period. (up to 60 days over your lifetime).</p> <p>A benefit period begins the day you’re admitted as an inpatient and ends when you haven’t received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins.</p> <p>Outpatient group therapy and individual therapy visits^{1,2} \$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> |

| Premiums and Benefits | What you pay with Integra Harmony (HMO SNP) (Bronx, Kings, New York, Queens Counties) | What you pay with Integra Harmony (HMO SNP) (Nassau County) |
|---------------------------------------|--|--|
| Skilled Nursing Facility ¹ | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>You are covered for up to 100 days:</p> <p>\$0 or;</p> <p>Days 1-20 of a benefit period: \$0 copayment</p> <p>Days 21-100: \$185.50 copayment per day</p> <p>Days 101 and beyond: all costs not covered under Medicare.</p> <p>Our plan's Medicare benefits cover up to 100 days each benefit period.</p> <p>A 3-day prior hospital stay is required.</p> <p>A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins.</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>You are covered for up to 100 days:</p> <p>\$0 or;</p> <p>Days 1-20 of a benefit period: \$0 copayment</p> <p>Days 21-100: \$185.50 copayment per day</p> <p>Days 101 and beyond: all costs not covered under Medicare.</p> <p>Our plan's Medicare benefits cover up to 100 days each benefit period.</p> <p>A 3-day prior hospital stay is required.</p> <p>A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins.</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> |

| Premiums and Benefits | What you pay with Integra Harmony (HMO SNP) (Bronx, Kings, New York, Queens Counties) | What you pay with Integra Harmony (HMO SNP) (Nassau County) |
|---|---|---|
| Physical therapy ¹ | <p>This is the 2021 cost sharing amounts and may change for 2021. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> | <p>This is the 2021 cost sharing amounts and may change for 2021. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> |
| <p>Ambulance</p> <p>Medicare-covered Ground Ambulance Services ¹ Prior Authorization is not required for emergency services.</p> <p>Medicare-covered Air Ambulance Services ¹</p> | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> |
| Medicare Part B Drugs ¹ | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible \$0 or 20% of the cost for chemotherapy drugs and other Part B Drugs</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible \$0 or 20% of the cost for chemotherapy drugs and other Part B Drugs</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> |

| Premiums and Benefits | What you pay with Integra Harmony (HMO SNP) (Bronx, Kings, New York, Queens Counties) | What you pay with Integra Harmony (HMO SNP) (Nassau County) |
|--|---|---|
| Ambulatory Surgery Center ¹ | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> | <p>This is the 2021 cost sharing amounts and may change for 2022. We will provide updated rates as soon as they are released.</p> <p>\$0 or \$203 deductible \$0 or 20% coinsurance</p> <p>Since you have full Medicaid benefits, you pay \$0.</p> |
| Over-the-Counter Items | <p>You get a \$150 monthly allowance for eligible over the counter items.</p> <p>This includes Nicotine Replacement Therapy (NRT).</p> <p>This includes up to \$50 eligible to be spent on Food and Grocery items through our OTC program.</p> <p><i>*There is a \$150 monthly cap of which up to \$50 of the \$150 can be spent on Food & Grocery. The \$50 for Food & Grocery is for members eligible for Special Supplemental Benefits and are considered Chronically Ill.*</i></p> <p><i>*The funds renew monthly and do not roll over.*</i></p> | <p>You get a \$125 monthly allowance for eligible over the counter items.</p> <p>This includes Nicotine Replacement Therapy (NRT).</p> <p>This includes up to \$50 eligible to be spent on Food and Grocery items through our OTC program.</p> <p><i>*There is a \$125 monthly cap of which up to \$50 of the \$125 can be spent on Food & Grocery. The \$50 for Food & Grocery is for members eligible for Special Supplemental Benefits and are considered Chronically Ill.*</i></p> <p><i>*The funds renew monthly and do not roll over.*</i></p> |

| Premiums and Benefits | What you pay with Integra Harmony (HMO SNP) (Bronx, Kings, New York, Queens Counties) | What you pay with Integra Harmony (HMO SNP) (Nassau County) |
|--|--|--|
| Telehealth Services Provided by Teladoc | <p>\$0 cost share</p> <p>You have the option of receiving General Practitioner telehealth services received through Teladoc, a contracted vendor providing board certified General Practitioner services remotely.</p> <p>Teladoc telehealth services are available by phone, secure video through your personal computer, or using a mobile device such as a tablet 24 hours a day, 7 days a week.</p> | <p>\$0 cost share</p> <p>You have the option of receiving General Practitioner telehealth services received through Teladoc, a contracted vendor providing board certified General Practitioner services remotely.</p> <p>Teladoc telehealth services are available by phone, secure video through your personal computer, or using a mobile device such as a tablet 24 hours a day, 7 days a week.</p> |
| Medicare Part D - Prescription Drugs | | |
| Deductible Stage | <p>The deductible is \$480.</p> <p>Your deductible amount is either \$0 or \$480, depending on the level of “Extra Help” you receive.</p> <p>Since you receive "Extra Help" and have full Medicaid benefits, you pay \$0.</p> <p>If you did not have “Extra Help,” you would pay 100% coinsurance until you met the deductible of \$480.</p> | <p>The deductible is \$480.</p> <p>Your deductible amount is either \$0 or \$480, depending on the level of “Extra Help” you receive.</p> <p>Since you receive "Extra Help" and have full Medicaid benefits, you pay \$0.</p> <p>If you did not have “Extra Help,” you would pay 100% coinsurance until you met the deductible of \$480.</p> |

| Premiums and Benefits | What you pay with Integra Harmony (HMO SNP) (Bronx, Kings, New York, Queens Counties) | What you pay with Integra Harmony (HMO SNP) (Nassau County) |
|-------------------------|--|--|
| Initial Coverage Stage: | <p>You pay the following cost sharing, depending on the type of drug and your level of Extra Help:</p> <p>Generic Drugs: You pay \$0, \$1.35 or \$3.95 per prescription.</p> <p>If you did not have “Extra Help,” you would pay 25% coinsurance</p> <p>*This is for a 30-day supply at a retail pharmacy, a 31-day supply for a Long Term pharmacy, or up to a 90-day supply through our mail order service.</p> <p>All Other Part D Drugs: You pay \$0, \$4.00 or \$9.85 per prescription.</p> <p>If you did not have “Extra Help,” you would pay 25% coinsurance</p> <p>*This is for a 30-day supply at a retail pharmacy, a 31-day supply for a Long Term pharmacy, or up to a 90-day supply through our mail order service.</p> <p>Since you receive "Extra Help" and have full Medicaid benefits, you pay \$0.</p> | <p>You pay the following cost sharing, depending on the type of drug and your level of Extra Help:</p> <p>Generic Drugs: You pay \$0, \$1.35 or \$3.95 per prescription.</p> <p>If you did not have “Extra Help,” you would pay 25% coinsurance</p> <p>*This is for a 30-day supply at a retail pharmacy, a 31-day supply for a Long Term pharmacy, or up to a 90-day supply through our mail order service.</p> <p>All Other Part D Drugs: You pay \$0, \$4.00 or \$9.85 per prescription.</p> <p>If you did not have “Extra Help,” you would pay 25% coinsurance</p> <p>*This is for a 30-day supply at a retail pharmacy, a 31-day supply for a Long Term pharmacy, or up to a 90-day supply through our mail order service.</p> <p>Since you receive "Extra Help" and have full Medicaid benefits, you pay \$0.</p> |

| Premiums and Benefits | What you pay with Integra Harmony (HMO SNP) (Bronx, Kings, New York, Queens Counties) | What you pay with Integra Harmony (HMO SNP) (Nassau County) |
|------------------------------|---|---|
| Coverage Gap Stage: | <p>Since you receive "Extra Help" and have full Medicaid benefits, to help pay your prescription drugs, this payment stage does not apply to you.</p> <p>If you did not receive "Extra Help" and have full Medicaid benefits: During this stage, you would pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.</p> <p>You would stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$7,050 and you move to the Catastrophic Stage. This amount and rules for counting costs toward this amount have been set by Medicare.</p> | <p>Since you receive "Extra Help" and have full Medicaid benefits, to help pay your prescription drugs, this payment stage does not apply to you.</p> <p>If you did not receive "Extra Help" and have full Medicaid benefits: During this stage, you would pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.</p> <p>You would stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$7,050 and you move to the Catastrophic Stage. This amount and rules for counting costs toward this amount have been set by Medicare.</p> |
| Catastrophic Coverage Stage: | <p>Since you receive "Extra Help" and have full Medicaid benefits, you pay \$0.</p> <p>If you did not receive "Extra Help" and have full Medicaid benefits: Once your out-of-pocket costs reach \$7050 you enter the Catastrophic Coverage Stage and you pay either a coinsurance or a copayment, whichever is the larger amount: 5% coinsurance —or— For generic: \$3.95 All other drugs: \$9.85 *Our plan pays the rest of the cost.</p> | <p>Since you receive "Extra Help" and have full Medicaid benefits, you pay \$0.</p> <p>If you did not receive "Extra Help" and have full Medicaid benefits: Once your out-of-pocket costs reach \$7050 you enter the Catastrophic Coverage Stage and you pay either a coinsurance or a copayment, whichever is the larger amount: 5% coinsurance —or— For generic: \$3.95 All other drugs: \$9.85 *Our plan pays the rest of the cost.</p> |

SUMMARY OF MEDICAID-COVERED BENEFITS

People who qualify for Medicare and Medicaid are known as dual eligibles. As a dual eligible, you are eligible for benefits under both the federal Medicare program and the New York State Medicaid program.

The kind of Medicaid benefits you receive are determined by your state and may vary based upon your income and resources. With the assistance of Medicaid, some dual eligibles do not have to pay for certain Medicare costs. The Medicaid benefit categories and type of assistance served by our plan are listed below:

- **Full Benefit Dual Eligible (FBDE):** is an individual who is enrolled in Medicare Part A and/or Part B, and eligible for Medicaid benefits under New York's Medicaid Plan because the individual falls within a federal mandatory coverage group or an optional coverage group (such as medically needy) but who does not meet the income or resource criteria for QMB or SLMB.
- **Qualified Medicare Beneficiary (QMB+):** is an individual who meets all of the Qualified Medicare Beneficiary (QMB) eligibility requirements and who also meets the criteria for full Medicaid benefits under New York's Medicaid Plan.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** is an individual (i) who meets all the Specified Low-Income Medicare Beneficiary (SLMB) eligibility requirements and who also meets the criteria for full Medicaid benefits under New York's Medicaid Plan.

SUMMARY OF MEDICAID BENEFITS

*Not covered by Integra Harmony,
Accessed through New York State Medicaid Program*

In order to qualify for enrollment in Integra Harmony (HMO SNP), you must receive full assistance from the New York State Medicaid Program. The benefits described in the Covered Medical and Hospital Benefits section (above) are covered by Medicare; you can access them using your Integra ID card. The benefits described below are covered by Medicaid; you can access them benefits by using your Medicaid card. If you have any questions concerning what benefits you are entitled to under the Medicaid program, please call the New York City Human Resources Administration (HRA) at 1-888-692-6116. If you live outside of New York City, please call your local district.

| Benefit | Medicaid Coverage |
|--|--|
| Inpatient Hospital Care including Substance Abuse and Rehabilitation Services | Covers Medicare deductibles, copays, and coinsurances. Includes inpatient mental health services, and both voluntary or involuntary admissions for mental health services. Up to 365 days per year (366 days for leap year) |
| Inpatient Mental Health in excess of 190-Day Lifetime Limit | Covers Medicare deductibles, copays, and coinsurances. All inpatient mental health services, including voluntary or involuntary admissions for mental health services, over the Medicare 190-Day Lifetime Limit. |
| Non-Medicare Covered Care in Skilled Nursing Facility | Covers Medicare deductibles, copays and coinsurances. Skilled nursing facility days provided by a licensed facility, exceeding the first 100 days in the Medicare Advantage benefit period. Medicaid covers additional days beyond Medicare 100-day limit. |

| Benefit | Medicaid Coverage |
|--|---|
| Non-Medicare Covered Home Health Care | <p>Covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covered home health services include the provision of skilled services not covered by Medicare (e.g. physical therapist to supervise maintenance program for patients who have reached their maximum restorative potential or nurse to pre-fill syringes for disabled individuals with diabetes) and /or home health aide services as required by an approved plan of care.</p> |
| PCP Office Visits | Covers Medicare deductibles, copays, and coinsurances. |
| Specialist Office Visits | Covers Medicare deductibles, copays, and coinsurances. |
| Chiropractic Services | <p>Covers Medicare deductibles, copays, and coinsurances. (Depending on your level of Medicaid coverage.)</p> <p>Manual manipulation of the spine to correct subluxation provided by chiropractors or other qualified providers.</p> |
| Podiatry Services | <p>Covers Medicare deductibles, copays, and coinsurances. (Depending on your level of Medicaid coverage.)</p> <p>Medically necessary foot care, including care for medical conditions affecting lower limbs. Visits for routine foot care up to 4 visits per year.</p> |
| Outpatient Mental Health | <p>Covers Medicare deductibles, copays, and coinsurances.</p> <p>\$0 copay for covered services.</p> <p>Covers individual and group therapy visits.</p> <p>Members are able to self-refer for one assessment from a network provider in a twelve (12) month period.</p> |
| Outpatient Substance Abuse Care | <p>Covers Medicare deductibles, copays, and coinsurances.</p> <p>Individual and group visits.</p> <p>Members are able to self-refer for one assessment from a network provider in a twelve (12) month period.</p> |

| Benefit | Medicaid Coverage |
|--|--|
| Outpatient Services/Surgery | Covers Medicare deductibles, copays, and coinsurances. Medically necessary visits to an ambulatory surgery center or outpatient hospital facility. |
| Ambulance Services | Covers Medicare deductibles, copays, and coinsurances. Transportation provided by an ambulance service, including air ambulance. Emergency transportation if for the purpose of obtaining hospital services for a member who suffers from severe, life-threatening or potentially disabling conditions which require the provision of emergency services while the member is being transported. Includes transportation to a hospital emergency room generated by a "Dial 911". |
| Emergency Room | Covers Medicare deductibles, copays, and coinsurances. Care provided in an emergency room. |
| Urgently Needed Care | Covers Medicare deductibles, copays, and coinsurances. |
| Outpatient Rehabilitation Services (Occupational Therapy (OT), Physical Therapy (PT), Speech Therapy (ST)) | Covers Medicare deductibles, copays, and coinsurances. Medicaid will require prior authorization (PA) for most medically necessary therapy visits. |
| Durable Medical Equipment | Covers Medicare deductibles, copays, and coinsurances. Covers durable medical equipment, including devices and equipment other than prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period of time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. Must be ordered by a qualified practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bars). Medical/Surgical supplies, enteral/parenteral formula and supplements, and hearing aid batteries. |
| Prosthetics | Covers Medicare deductibles, copays, and coinsurances. |

| Benefit | Medicaid Coverage |
|--|---|
| Diabetes Monitoring | Covers Medicare deductibles, copays, and coinsurances. |
| Diagnostic Testing | Covers Medicare deductibles, copays, and coinsurances. Diagnostic tests, x-rays, lab services and radiation therapy. |
| Bone Mass Measurement | Covers Medicare deductibles, copays, and coinsurances. Bone Mass Measurement for people at risk. |
| Colorectal Screening | Covers Medicare deductibles, copays, and coinsurances. Colorectal screening for people, age 50 and older. |
| Immunizations | Covers Medicare deductibles, copays, and coinsurances. Flu, hepatitis B vaccine for people who are at risk, Pneumonia vaccine, COVID-19. |
| Mammograms | Covers Medicare deductibles, copays, and coinsurances. Annual screening for women age 40 and older. No referral necessary. |
| Pap Smears and Pelvic Exams | Covers Medicare deductibles, copays, and coinsurances. Pap smears and Pelvic Exams for eligible members. |
| Prostate Cancer Screening Exams | Covers Medicare deductibles, copays, and coinsurances. Prostrate Cancer Screening exams for men age 50 and older. |
| Prescription Drugs | Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from the Medicare Part D benefit). |
| Outpatient Drugs | Covers Medicare Cost sharing for Medicare Part B drugs. All Medicare Part B covered prescription drugs and other drugs obtained by a provider and administered in a physician office or clinic setting covered by Medicaid. (No Part D.) |

| Benefit | Medicaid Coverage |
|------------------------------|---|
| Hearing Services | <p>Covers Medicare deductibles, copays, and coinsurances.</p> <p>Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing.</p> <p>Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, earmolds, special fittings and replacement parts.</p> |
| Vision Services | <p>Covers Medicare deductibles, copays, and coinsurances.</p> <p>Services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and poly-carbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services.</p> <p>Coverage also includes the repair or replacement of parts.</p> <p>Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease.</p> <p>Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary.</p> <p>Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p> |
| Routine Physical Exam | <p>Covers Medicare deductibles, copays, and coinsurances.</p> <p>Up to one routine physical per year.</p> |

| Benefit | Medicaid Coverage |
|---------------------------------------|---|
| Private Duty Nursing Services | <p>Private duty nursing services provided by a person possessing a license and current registration from the NYS Education Department to practice as a registered professional nurse or licensed practical nurse. Private duty nursing services can be provided through an approved certified home health agency, a licensed home care agency, or a private Practitioner. The location of nursing services may be in the Member's home.</p> <p>Private duty nursing services are covered when determined by the attending physician to be medically necessary. Nursing services may be intermittent, part-time or continuous and provided in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.</p> |
| Transportation – Non-Emergency | <p>Transportation expenses are covered when transportation is essential in order for a Member to obtain necessary medical care and services which are covered under the Medicaid program.</p> <p>Transportation services means transportation by ambulance, ambulette, fixed wing or airplane transport, invalid coach, taxicab, livery, public transportation, or other means appropriate to the Member's medical condition; and a transportation attendant to accompany the Member, if necessary. Such services may include the transportation attendant's transportation, meals, lodging and salary; however, no salary will be paid to a transportation attendant who is a member of the Member's family.</p> <p><i>For Members with disabilities, the method of transportation must reasonably accommodate their needs, taking into account the severity and nature of the disability.</i></p> |

| Benefit | Medicaid Coverage |
|-------------------------------|--|
| Dental | Dental services include, but shall not be limited to, preventive, prophylactic and other dental care, services, supplies, routine exams, prophylaxis, oral surgery (when not covered by Medicare), and dental prosthetic and orthotic appliances required to alleviate a serious health condition, including one which affects employability. |
| Personal Care Services | <p>Personal care services (PCS) are the provision of some or total assistance with such activities as personal hygiene, dressing and feeding; and nutritional and environmental support function tasks (meal preparation and housekeeping). Such services must be essential to the maintenance of the Member's health and safety in his or her own home.</p> <p>Personal care must be medically necessary, ordered by the Member's physician and provided by a qualified person in accordance with a plan of care.</p> |

| Benefit | Medicaid Coverage |
|--|---|
| Medical and Surgical Supplies, Enteral and Parenteral Formula and Hearing Aid Batteries | <p>These items are generally considered to be one-time only use, consumable items routinely paid for under the Durable Medical Equipment category of fee-for-service Medicaid.</p> <p>Coverage of enteral formula and nutritional supplements are limited to coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding.</p> <p>Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions:</p> <ol style="list-style-type: none"> 1. tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2. individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3. children who require medical formulas due to mitigating factors in growth and development. <p>Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein or which contain modified protein.</p> |

| Benefit | Medicaid Coverage |
|--|---|
| Nutrition | Nutrition services includes the assessment of nutritional needs and food patterns, or the planning for the provision of foods and drink appropriate for the individual's physical and medical needs and environmental conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs. In addition, these services may include the assessment of nutritional status and food preferences, planning for provision of appropriate dietary intake within the patient's home environment and cultural considerations, nutritional education regarding therapeutic diets as part of the treatment milieu, development of a nutritional treatment plan, regular evaluation and revision of nutritional plans, provision of in-service education to health agency staff as well as consultation on specific dietary problems of patients and nutrition teaching to patients and families. These services must be provided by a qualified nutritionist. |
| Medical Social Services | Medical social services include assessing the need for, arranging for and providing aid for social problems related to the maintenance of a patient in the home where such services are performed by a qualified social worker and provided within a plan of care. These services must be provided by a qualified social worker. |
| Social and Environmental Supports | Services and items that support the medical needs of the Members and are included in a Member's plan of care. These services and items include but are not limited to the following: home maintenance tasks, homemaker/chore services, housing improvement, and respite care. |

| Benefit | Medicaid Coverage |
|--|--|
| Adult Day Health Care | Adult day health care is care and services provided in a residential health care facility or approved extension site under the medical direction of a physician to a person who is functionally impaired, not homebound, and who requires certain preventive, diagnostic, therapeutic, rehabilitative or palliative items or services. Adult day health care includes the following services: medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure time activities which are a planned program of diverse meaningful activities, dental, pharmaceutical, and other ancillary services. |
| Social Day Care | A structured, comprehensive program which provides functionally impaired individuals with socialization; supervision and monitoring; personal care; and nutrition in a protective setting during any part of the day, but for less than a 24 hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, care giver assistance and case coordination and assistance. |
| Personal Emergency Response Services (PERS) | Personal Emergency Response Services (PERS) is an electronic device which enables certain high-risk patients to secure help in the event of a physical, emotional or environmental emergency. A variety of electronic alert systems now exist which employ different signaling devices. Such systems are usually connected to a patient's phone and signal a response center once a "help" button is activated. In the event of an emergency, the signal is received and appropriately acted upon by a response center. |

| Benefit | Medicaid Coverage |
|---|--|
| Hospice services | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Family Planning Services | Family planning services include contraception, sterilization, emergency contraception and follow up, screening and referral to a PAR provider for pregnancy, medically necessary induced abortions. |
| Methadone Maintenance Treatment Programs | <p>Medicaid coverage provided.</p> <p>Consists of drug detoxification, drug dependence counseling, and rehabilitation services which include chemical management of the patient with methadone. Facilities that provide methadone maintenance treatment do so as their principal mission and are certified by the Office of Alcohol and Substance Abuse Services (OASAS).</p> |
| Certain Mental Health Services | <p>Medicaid coverage of Certain Mental Health Services includes:</p> <ul style="list-style-type: none"> •Intensive Psychiatric Rehabilitation Treatment Programs •Day Treatment •Continuing Day Treatment •Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units) •Partial Hospitalizations •Assertive Community Treatment (ACT) •Personalized Recovery Oriented Services (PROS) |
| Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs | Rehabilitative services in community residences are interventions, therapies and activities which are medically therapeutic and remedial in nature, and are medically necessary for the maximum reduction of functional and adaptive behavior defects associated with the person's mental illness. |

| Benefit | Medicaid Coverage |
|---|---|
| Office of Mental Retardation and Developmental Disabilities (OMRDD) Services | <p>The New York State Office for People With Developmental Disabilities (OPWDD) is responsible for coordinating services for New Yorkers with developmental disabilities.</p> <p>Services Include:</p> <ul style="list-style-type: none"> -Long Term Therapy Services -Day Treatment -Medicaid Service Coordination (MSC) |
| Comprehensive Medicaid Case Management | <p>A program which provides "social work" case management referral services</p> <p>Comprehensive Medicaid Case Management (CMCM) case managers will assist in accessing necessary services in accordance with goals contained in a written case management plan.</p> |
| Home and Community Based Waiver Program Services | <p>There are a number of Home and Community-Based Waiver Programs that provides authorized services.</p> <p>The programs include the Long Term Home Health Care Program, the Traumatic Brain Injury (TBI) Program, the ICF/MR Waiver, as well as Medicaid Care at Home HCBS Programs and OPWDD Care at Home Programs.</p> |
| Directly Observed Therapy for Tuberculosis Disease | <p>Tuberculosis directly observed therapy (TB/DOT) is the direct observation of oral ingestion of TB medications to assure patient compliance with the physician's prescribed medication regimen.</p> |
| AIDS Adult Day Health Care | <p>Adult Day Health Care Programs (ADHCP) are programs designed to assist individuals with HIV disease to live more independently in the community or eliminate the need for residential health care services.</p> |
| Assisted Living Program | <p>Assisted Living Program provides personal care, housekeeping, supervision, home health aides. Personal emergency response services, nursing, physical therapy, occupational therapy, speech therapy, medical supplies and equipment, adult day health care, a range of home health services and the case management services of a registered professional nurse. Services are provided in an adult home or enriched housing setting.</p> |

Non-Discrimination Statement

Integra Managed Care, Inc. (“Integra”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, or disability. Integra does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Integra Managed Care provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Integra Managed Care at 1-877-388-5195 (TTY/TDD: 711)

If you believe that Integra Managed Care has not provided you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Integra by:

- Mail: Appeals and Grievance Manager
Integra Managed Care, Inc.
P.O. Box 18023
Hauppauge, NY 11788
- Phone: 1-877-388-5195 (TTY/TDD: 711)
Monday through Friday 8:00 AM to 5:00 PM.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at available at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>
- Phone: 1-800-868-1019 (TTY/TDD: 1-800-537-7697)

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 1-877-388-5195. 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 1-877-388-5195. 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 1-877-388-5195。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 1-877-388-5195。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 1-877-388-5195. 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 1-877-388-5195. 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 1-877-388-5195 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 1-877-388-5195. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-388-5195 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 1-877-388-5195. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: اننا نقدم خدمات المترجم الفوري للإجابة عن أي أسئلة تتعلق بخطةنا للصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري؛ ليس عليك سوى الاتصال على الرقم التالي 1-877-388-5195. سيقوم شخص ما يتحدث اللغة الانجليزية بمساعدتك. هذه خدمة مجانية.

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 1-877-388-5195. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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 1-877-388-5195. 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 1-877-388-5195. Yon moun ki pale Kreyòl kapab edew. 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 1-877-388-5195. Ta usługa jest bezpłatna.

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 1-877-388-5195 फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えする ために、無料の通訳サービスがあります。通訳をご用命になるには、 1-877-388-5195 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。

