



2023 Annual Notice of Changes

Oregon

Jackson and Josephine Counties

ATRIO Choice Rx (PPO)

January 1, 2023 - December 31, 2023

ATRIO Choice Rx (PPO) offered by ATRIO Health Plans

Annual Notice of Changes for 2023

You are currently enrolled as a member of ATRIO Choice Rx (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 **atriohp.com**. You may also call Customer Service 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

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website 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 do not join another plan by December 7, 2022, you will stay in ATRIO Choice Rx.

- 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 ATRIO Choice Rx.
- 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

- Please contact our Customer Service number at **1-877-672-8620** for additional information. (TTY users should call 711) Hours are 8 a.m. to 8 p.m. local time, seven days a week from October 1 to March 31. From April 1 to September 30 hours are 8 a.m. to 8 p.m. local time, Monday through Friday.
- This document is available in other alternative formats, such as 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 ATRIO Choice Rx

- ATRIO Health Plans has PPO and HMO D-SNP plans with Medicare and Oregon Health Plan contracts. Enrollment in ATRIO Health Plans depends on contract renewal.
- When this document says "we," "us," or "our," it means ATRIO Health Plans. When it says "plan" or "our plan," it means ATRIO Choice Rx.

H6743_025-000_ANOC_2022_M

File & Use OMB Approval 0938-1051 (Expires: February 29, 2024)

**Annual Notice of Changes for 2023
Table of Contents**

Summary of Important Costs for 2023 4

**SECTION 1 Unless You Choose Another Plan, You Will Be
Automatically Enrolled in ATRIO Choice Rx in 2023..... 6**

SECTION 2 Changes to Benefits and Costs for Next Year 6

Section 2.1 – Changes to the Monthly Premium 6

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts 7

Section 2.3 – Changes to the Provider and Pharmacy Networks 7

Section 2.4 – Changes to Benefits and Costs for Medical Services 8

Section 2.5 – Changes to Part D Prescription Drug Coverage 17

SECTION 3 Administrative Changes 19

SECTION 4 Deciding Which Plan to Choose..... 19

Section 4.1 – If you want to stay in ATRIO Choice Rx 19

Section 4.2 – If you want to change plans 19

SECTION 5 Deadline for Changing Plans..... 20

SECTION 6 Programs That Offer Free Counseling about Medicare 21

SECTION 7 Programs That Help Pay for Prescription Drugs 21

SECTION 8 Questions?..... 22

Section 8.1 – Getting Help from ATRIO Choice Rx..... 22

Section 8.2 – Getting Help from Medicare 22

Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for ATRIO Choice Rx 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 than this amount. See Section 2.1 for details.</p>	\$0	\$0
<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 2.2 for details.)</p>	<p>From network providers: \$4,500</p> <p>From network and out-of-network providers combined: \$6,500</p>	<p>From network providers: \$4,500</p> <p>From network and out-of-network providers combined: \$6,500</p>
<p>Doctor office visits</p>	<p><u>In-Network</u></p> <p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$45 copay per visit</p> <p><u>Out-of-Network</u></p> <p>Primary care visits: \$40 copay per visit</p> <p>Specialist visits: \$50 copay per visit</p>	<p><u>In-Network</u></p> <p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$40 copay per visit</p> <p><u>Out-of-Network</u></p> <p>Primary care visits: \$50 copay per visit</p> <p>Specialist visits: \$65 copay per visit</p>
<p>Inpatient hospital stays</p>	<p><u>In-Network</u></p> <p>\$400 copay per day for days 1-5; \$0 copay per day for days 6 and beyond</p> <p><u>Out-of-Network</u></p> <p>\$500 copay per day for days 1-5; \$0 copay per day for days 6-90</p>	<p><u>In-Network</u></p> <p>\$400 copay per day for days 1-5; \$0 copay per day for days 6 and beyond</p> <p><u>Out-of-Network</u></p> <p>\$500 copay per day for days 1-5; \$0 copay per day for days 6-90</p>

Cost	2022 (this year)	2023 (next year)
<p>Part D prescription drug coverage (See Section 2.5 for details.)</p>	<p>Deductible: \$275 Copayment or Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$5 copay • Drug Tier 2: \$20 copay • Drug Tier 3: \$45 copay • Drug Tier 4: \$95 copay • Drug Tier 5: 28% coinsurance • Drug Tier 6: \$0 copay 	<p>Deductible: \$100 Copayment or Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copay • Drug Tier 2: \$8 copay • Drug Tier 3: \$47 copay • Drug Tier 4: \$100 copay • Drug Tier 5: 30% coinsurance • Drug Tier 6: \$0 copay

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in ATRIO Choice Rx in 2023

On January 1, 2023, we will be combining ATRIO Choice Rx (H6743-018-001) with one of our other plans, ATRIO Choice Rx (H6743-025-000). The information in this document tells you about the differences between your current benefits with ATRIO Choice Rx and the benefits you will have on January 1, 2023, as a member of ATRIO Choice Rx.

If you do nothing by December 7, 2022, we will automatically enroll you in our ATRIO Choice Rx. This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through ATRIO Choice Rx. If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$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.

Section 2.2 – 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) 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>	\$4,500	<p>\$4,500</p> <p>Once you have paid \$4,500 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) 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>	\$6,500	<p>\$6,500</p> <p>Once you have paid \$6,500 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 2.3 – Changes to the Provider and Pharmacy Networks

Updated *Directories* are located on our website at atriohp.com (on the home page, click on *Find a Provider*). You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 *Pharmacy Directory* to see which pharmacies 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 Customer Service so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2022 (this year)	2023 (next year)
<p>Acupuncture for lower back pain (Medicare-covered)</p>	<p><u>In-Network</u> You pay \$45 copay for each Medicare-covered visit.</p> <p><u>Out-of-Network</u> You pay \$50 copay for each Medicare-covered visit.</p>	<p><u>In-Network</u> You pay \$20 copay for each Medicare-covered visit.</p> <p><u>Out-of-Network</u> You pay \$65 copay for each Medicare-covered visit.</p>
<p>Acupuncture (Non-Medicare covered)</p>	<p><u>In-Network</u> Not covered</p> <p><u>Out-of-Network</u> Not covered</p>	<p><u>In-Network</u> You pay \$20 copay for each visit</p> <p><u>Out-of-Network</u> You pay \$65 copay for each visit</p> <p>Our plan covers up to 30 combined visits for routine acupuncture, routine chiropractic, and naturopathy services every year.</p> <p>Must use American Specialty Health providers to pay in-network cost sharing for acupuncture services, chiropractic services and naturopathy services.</p>

Cost	2022 (this year)	2023 (next year)
<p>Ambulance Services</p>	<p><u>In-Network</u> You pay \$275 copay for each one-way Medicare-covered ground transportation service.</p> <p>You pay \$275 copay for each one-way Medicare-covered air transportation service.</p> <p><u>Out-of-Network</u> You pay \$275 copay for each one-way Medicare-covered ground transportation service.</p> <p>You pay \$275 copay for each one-way Medicare-covered air transportation service.</p>	<p><u>In-Network</u> You pay \$250 copay for each one-way Medicare-covered ground transportation service.</p> <p>You pay \$250 copay for each one-way Medicare-covered air transportation service.</p> <p><u>Out-of-Network</u> You pay \$250 copay for each one-way Medicare-covered ground transportation service.</p> <p>You pay \$250 copay for each one-way Medicare-covered air transportation service.</p>
<p>Chiropractic Services (Non-Medicare-covered)</p>	<p><u>In-Network</u> Not covered</p> <p><u>Out-of-Network</u> Not covered</p>	<p><u>In-Network</u> You pay \$20 copay for each visit</p> <p><u>Out-of-Network</u> You pay \$65 copay for each visit</p> <p>Our plan covers up to 30 combined visits for routine acupuncture, routine chiropractic and naturopathy services every year.</p> <p>Must use American Specialty Health providers to pay in-network cost sharing for acupuncture services, chiropractic services and naturopathy services.</p>
<p>Dental Services (Medicare-covered)</p>	<p><u>In-Network</u> You pay \$45 copay for each Medicare-covered dental services visit.</p> <p><u>Out-of-Network</u> You pay \$45 copay for each Medicare-covered dental services visit.</p>	<p><u>In-Network</u> You pay \$45 copay for each Medicare-covered dental services visit.</p> <p><u>Out-of-Network</u> You pay \$65 copay for each Medicare-covered dental services visit.</p>
<p>Dental Services (Non-Medicare covered Preventive and Comprehensive)</p>	<p>Plan provides an annual allowance of \$750 towards preventive and comprehensive dental services at any provider through a Flex Card.</p>	<p>Plan provides an annual allowance of \$1,400 towards preventive and comprehensive dental services at any provider through a Flex Card.</p>

Cost	2022 (this year)	2023 (next year)
<p>Diabetic Services and Supplies</p>	<p>Prior authorization is required for items over \$750. Quantity limit of 100 Test Strips and 100 lancets per 90-day supply for individuals who are non-Insulin dependent. Quantity limit of 300 Test Strips and 300 lancets per 90-day supply for individuals who are Insulin dependent. 1 lancet device per 6 months for both Insulin dependent and non-Insulin dependent individuals. 1 continuous glucose monitor per 6 months for both Insulin dependent and non-Insulin dependent individuals. Prior Authorization is required for amounts exceeding this quantity limit.</p> <p>No limits to manufacturers for diabetic supplies or services.</p>	<p>Prior authorization is required for items over \$750. Quantity limits may apply. Diabetic supplies and services are limited to certain manufacturers. Preferred Test Strips - OneTouch by LifeScan Or FreeStyle by Abbott's. Preferred Continuous Glucose Monitoring system - FreeStyle Libre (Abbott's) or Dexcom.</p>
<p>Durable Medical Equipment (DME) and Related Supplies</p>	<p><u>In-Network</u> You pay 15% coinsurance for Medicare-covered DME.</p> <p><u>Out-of-Network</u> You pay 30% coinsurance for Medicare-covered DME.</p> <p>DME is not limited to specified vendors or manufacturers</p>	<p><u>In-Network</u> You pay 20% coinsurance for Medicare-covered DME.</p> <p><u>Out-of-Network</u> You pay 50% coinsurance for Medicare-covered DME.</p> <p>Plan has preferred vendors for DME</p>
<p>Emergency Services</p>	<p><u>In & Out-of-Network</u> You pay \$90 copay for each visit for Medicare-covered emergency services.</p>	<p><u>In & Out-of-Network</u> You pay \$110 copay for each visit for Medicare-covered emergency services.</p>
<p>Hearing Exams (Medicare-covered)</p>	<p><u>In-Network</u> You pay \$45 copay for each Medicare-covered hearing exam.</p> <p><u>Out-of-Network</u> You pay \$50 copay for each Medicare-covered hearing exam.</p>	<p><u>In-Network</u> You pay \$45 copay for each Medicare-covered hearing exam.</p> <p><u>Out-of-Network</u> You pay \$65 copay for each Medicare-covered hearing exam.</p>

Cost	2022 (this year)	2023 (next year)
<p>Hearing Exams (Non-Medicare-covered)</p>	<p><u>In-Network</u> You pay \$0 copay for each routine hearing exam (1 routine hearing exam every year).</p> <p>You pay \$0 copay for routine hearing aid fitting/evaluation visits (unlimited number of visits for 1 year after purchase).</p> <p><u>Out-of-Network</u> You pay \$45 copay for each routine hearing exam (1 routine hearing exam every year).</p> <p>You pay \$45 copay for routine hearing aid fitting/evaluation visits (unlimited number of visits for 1 year after purchase).</p>	<p><u>In-Network</u> You pay \$0 copay for each routine hearing exam (1 routine hearing exam every year).</p> <p>You pay \$0 copay for routine hearing aid fitting/evaluation visits (unlimited number of visits for 1 year after purchase).</p> <p><u>Out-of-Network</u> You pay \$0 copay when using Amplifon network providers for each routine hearing exam (1 routine hearing exam every year).</p> <p>You pay \$0 copay for routine hearing aid fitting/evaluation visits (unlimited number of visits for 1 year after purchase).</p>
<p>Meal Benefit</p>	<p><u>In-Network</u> You pay \$0 copay (up to 2 meals per day for 14 days - 28 meals per episode- after a qualifying event; once per year)</p> <p><u>Out-of-Network</u> Not covered</p>	<p><u>In-Network</u> You pay \$0 copay (up to 2 meals per day for 14 days - 28 meals per episode- after an inpatient (excluding observations), skilled nursing stay (direct admission/post hospital admits) with prior authorization (unlimited), or for home health recipients with approved home health certification).</p> <p><u>Out-of-Network</u> Not covered</p>
<p>Medical Supplies</p>	<p><u>In-Network</u> You pay 15% coinsurance for Medicare-covered medical supplies.</p> <p><u>Out-of-Network</u> You pay 18% coinsurance for Medicare-covered medical supplies.</p>	<p><u>In-Network</u> You pay 20% coinsurance for Medicare-covered medical supplies.</p> <p><u>Out-of-Network</u> You pay 50% coinsurance for Medicare-covered medical supplies.</p>

Cost	2022 (this year)	2023 (next year)
Medicare Part B Prescription Drugs	Step Therapy required for Part B to Part B drugs	Step Therapy required for Part B to Part B and Part D to Part B drugs
Naturopathy/ Alternative Services (Non-Medicare covered)	<p><u>In-Network</u> Not covered</p> <p><u>Out-of-Network</u> Not covered</p>	<p><u>In-Network</u> You pay \$20 copay for each visit</p> <p><u>Out-of-Network</u> You pay \$65 copay for each visit</p> <p>Our plan covers up to 30 combined visits for routine acupuncture, routine chiropractic, and naturopathy services every year. Must use American Specialty Health providers to pay in-network cost sharing for acupuncture services, chiropractic services and naturopathy services.</p>
Occupational Therapy Services	Prior authorization required after 10 visits	Prior authorization required after 20 visits
Opioid Treatment Program Services	<p><u>In-Network</u> You pay 20% coinsurance for each Medicare-covered opioid treatment program services visit.</p> <p><u>Out-of-Network</u> You pay 50% coinsurance for each Medicare-covered opioid treatment program services visit.</p>	<p><u>In-Network</u> You pay \$40 copay for each Medicare-covered opioid treatment program services visit.</p> <p><u>Out-of-Network</u> You pay 50% coinsurance for each Medicare-covered opioid treatment program services visit.</p>
Other Health Care Professionals (e.g. nurse practitioner; physician assistant)	<p><u>In-Network</u> You pay \$45 copay for each Medicare-covered visit.</p> <p><u>Out-of-Network</u> You pay 50% coinsurance for each Medicare-covered visit.</p>	<p><u>In-Network</u> You pay \$45 copay for each Medicare-covered visit.</p> <p><u>Out-of-Network</u> You pay \$65 copay for each Medicare-covered visit.</p>

Cost	2022 (this year)	2023 (next year)
<p>Outpatient Diagnostic Procedures, Tests, and Lab Services</p>	<p><u>In-Network</u> You pay \$20 copay for Medicare-covered diagnostic procedures and tests. You pay \$20 copay for Medicare-covered outpatient lab services.</p> <p><u>Out-of-Network</u> You pay 30% coinsurance for Medicare-covered diagnostic procedures and tests. You pay 15% coinsurance for Medicare-covered outpatient lab services.</p>	<p><u>In-Network</u> You pay \$20 copay for Medicare-covered diagnostic procedures and tests. You pay \$0 copay for Medicare-covered outpatient lab services.</p> <p><u>Out-of-Network</u> You pay 30% coinsurance for Medicare-covered diagnostic procedures and tests. You pay \$20 copay for Medicare-covered outpatient lab services.</p>
<p>Outpatient Diagnostic and Therapeutic Radiology Services</p>	<p><u>In-Network</u> You pay 20% coinsurance for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans). You pay \$20 copay for Medicare-covered outpatient X-rays. You pay 20% coinsurance for Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer).</p> <p><u>Out-of-Network</u> You pay 30% coinsurance for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans). You pay 30% coinsurance for Medicare-covered outpatient X-rays. You pay 30% coinsurance for Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer).</p>	<p><u>In-Network</u> You pay \$0 to \$150 copay for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans). You pay \$20 copay for Medicare-covered outpatient X-rays. You pay \$60 copay for Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer).</p> <p><u>Out-of-Network</u> You pay 30% coinsurance for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans). You pay \$20 copay for Medicare-covered outpatient X-rays. You pay 30% coinsurance for Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer).</p>

Cost	2022 (this year)	2023 (next year)
<p>Outpatient Surgery & Observation Services</p>	<p><u>In-Network</u> You pay \$300 copay for Medicare-covered outpatient hospital surgical services.</p> <p>You pay \$225 copay for Medicare-covered surgery services at an ambulatory surgical center.</p> <p>You pay \$300 copay for Medicare-covered observation services.</p> <p><u>Out-of-Network</u> You pay 50% coinsurance for Medicare-covered outpatient hospital surgical services.</p> <p>You pay 40% coinsurance for Medicare-covered surgery services at an ambulatory surgical center.</p> <p>You pay 50% coinsurance for Medicare-covered observation services.</p>	<p><u>In-Network</u> You pay \$300 copay for Medicare-covered outpatient hospital surgical services.</p> <p>You pay \$225 copay for Medicare-covered surgery services at an ambulatory surgical center.</p> <p>You pay \$300 copay for Medicare-covered observation services.</p> <p><u>Out-of-Network</u> You pay 50% coinsurance for Medicare-covered outpatient hospital surgical services.</p> <p>You pay \$325 copay for Medicare-covered surgery services at an ambulatory surgical center.</p> <p>You pay 50% coinsurance for Medicare-covered observation services.</p>
<p>Over-the-Counter Items</p>	<p>You receive an allowance of \$35 per quarter.</p>	<p>You receive an allowance of \$50 per quarter.</p>
<p>Partial Hospitalization Services</p>	<p><u>In-Network</u> You pay \$0 copay for Medicare-covered partial hospitalization services.</p> <p><u>Out-of-Network</u> You pay 50% coinsurance for Medicare-covered partial hospitalization services.</p>	<p><u>In-Network</u> You pay \$55 copay for Medicare-covered partial hospitalization services.</p> <p><u>Out-of-Network</u> You pay 50% coinsurance for Medicare-covered partial hospitalization services.</p>
<p>Physical & Speech Therapy</p>	<p>Prior authorization required after 10 visits</p>	<p>Prior authorization required after 20 visits</p>

Cost	2022 (this year)	2023 (next year)
<p>Primary Care Physician Visits</p>	<p><u>In-Network</u> You pay \$0 copay for each Medicare-covered primary care doctor visit.</p> <p><u>Out-of-Network</u> You pay \$40 copay for each Medicare-covered primary care doctor visit.</p>	<p><u>In-Network</u> You pay \$0 copay for each Medicare-covered primary care doctor visit.</p> <p><u>Out-of-Network</u> You pay \$50 copay for each Medicare-covered primary care doctor visit.</p>
<p>Prosthetic Devices</p>	<p><u>In-Network</u> You pay 15% coinsurance for Medicare-covered prosthetics.</p> <p><u>Out-of-Network</u> You pay 18% coinsurance for Medicare-covered prosthetics.</p>	<p><u>In-Network</u> You pay 20% coinsurance for Medicare-covered prosthetics.</p> <p><u>Out-of-Network</u> You pay 50% coinsurance for Medicare-covered prosthetics.</p>
<p>Pulmonary Rehabilitation Services (Medicare-covered)</p>	<p><u>In-Network</u> You pay \$30 copay for each Medicare-covered pulmonary rehab visit.</p> <p><u>Out-of-Network</u> You pay 50% coinsurance for each Medicare-covered pulmonary rehab visit.</p>	<p><u>In-Network</u> You pay \$20 copay for each Medicare-covered pulmonary rehab visit.</p> <p><u>Out-of-Network</u> You pay 50% coinsurance for each Medicare-covered pulmonary rehab visit.</p>
<p>Skilled Nursing Facility (SNF) Care</p>	<p><u>In-Network</u> You pay \$0 copay per day for days 1-20; \$125 copay per day for days 21-100 for each Medicare-covered SNF stay.</p> <p><u>Out-of-Network</u> You pay \$125 copay per day for days 1-100 for each Medicare-covered SNF stay.</p>	<p><u>In-Network</u> You pay \$0 copay per day for days 1-20; \$150 copay per day for days 21-100 for each Medicare-covered SNF stay.</p> <p><u>Out-of-Network</u> You pay \$150 copay per day for days 1-100 for each Medicare-covered SNF stay.</p>
<p>Specialist Visits</p>	<p><u>In-Network</u> You pay \$45 copay for each Medicare-covered specialist visit.</p> <p><u>Out-of-Network</u> You pay \$50 copay for each Medicare-covered specialist visit.</p>	<p><u>In-Network</u> You pay \$40 copay for each Medicare-covered specialist visit.</p> <p><u>Out-of-Network</u> You pay \$65 copay for each Medicare-covered specialist visit.</p>

Cost	2022 (this year)	2023 (next year)
<p>Supervised Exercise Therapy (SET) (Medicare-covered)</p>	<p><u>In-Network</u> You pay \$30 copay for each Medicare-covered SET visit.</p> <p><u>Out-of-Network</u> You pay 50% coinsurance for each Medicare-covered SET visit.</p>	<p><u>In-Network</u> You pay \$25 copay for each Medicare-covered SET visit.</p> <p><u>Out-of-Network</u> You pay 50% coinsurance for each Medicare-covered SET visit.</p>
<p>Telehealth Services (Non-Medicare covered)</p>	<p><u>In-Network</u> Not covered</p> <p><u>Out-of-Network</u> Not covered</p>	<p><u>In-Network</u> You pay \$0 copay for additional telehealth services through Teladoc.</p> <p><u>Out-of-Network</u> Must use Teladoc providers.</p>
<p>Transportation Services (Non-Medicare covered)</p>	<p><u>In-Network</u> Not covered</p> <p><u>Out-of-Network</u> Not covered</p>	<p><u>In-Network</u> You pay \$0 copay for non-emergency transportation services (up to 24 one-way trips every year to plan-approved health related locations) through SafeRide</p> <p><u>Out-of-Network</u> Must use SafeRide</p>
<p>Vision Care (Medicare-covered)</p>	<p><u>In-Network</u> You pay \$45 copay for each Medicare-covered eye exam.</p> <p><u>Out-of-Network</u> You pay \$45 copay for each Medicare-covered eye exam.</p>	<p><u>In-Network</u> You pay \$45 copay for each Medicare-covered eye exam.</p> <p><u>Out-of-Network</u> You pay \$65 copay for each Medicare-covered eye exam.</p>
<p>Vision Care (Non-Medicare-covered Eyewear)</p>	<p>\$150 allowance for frames every two years; \$100 allowance towards contact lenses, fitting and evaluation every two years; standard progressive lenses are covered in full every two years. Must use VSP providers to pay in-network cost sharing for routine eye exams and routine eyewear.</p>	<p>\$150 allowance for frames every year; \$100 allowance towards contact lenses, fitting and evaluation every year; standard progressive lenses are covered in full every year. Must use VSP providers to pay in-network cost sharing for routine eye exams and routine eyewear.</p>
<p>Worldwide Emergency/Urgent Care Services</p>	<p>\$90 copay</p>	<p>\$110 copay</p>

Section 2.5 – 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.

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 Customer Service 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 sent you 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 have not received this insert by September 30th, please call Customer Service 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 even if you haven’t paid your deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin (Part D) - You won’t pay more than \$35, while you are in the Coverage Gap, for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of Tiers 3, 4, and 5 drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$275.</p> <p>During this stage, you pay \$0 - \$20 cost sharing for drugs on Tiers 1, 2, and 6 and the full cost of drugs on Tiers 3, 4, and 5 until you have reached the yearly deductible.</p>	<p>The deductible is \$100.</p> <p>During this stage, you pay \$0 - \$8 cost sharing for drugs on Tiers 1, 2, and 6 and the full cost of drugs on Tiers 3, 4, and 5 until you have reached the yearly deductible.</p>

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>Once you pay the yearly deductible, you move to the Initial Coverage Stage. 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 (31-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. The number of days in a one-month supply has changed from 2022 to 2023 as noted in the chart.</p> <p>For information about the costs for a long-term supply or 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 30-day supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 Preferred Generic: You pay \$5 copay per prescription.</p> <p>Tier 2 Generic: You pay \$20 copay per prescription.</p> <p>Tier 3 Preferred Brand: You pay \$45 copay per prescription.</p> <p>Tier 4 Non-Preferred Drug: You pay \$95 copay per prescription.</p> <p>Tier 5 Specialty Tier: You pay 28% coinsurance of the total cost.</p> <p>Tier 6 Select Care Drugs: You pay \$0 copay per prescription.</p>	<p>Your cost for a 31-day supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 Preferred Generic: You pay \$0 copay per prescription.</p> <p>Tier 2 Generic: You pay \$8 copay per prescription.</p> <p>Tier 3 Preferred Brand: You pay \$47 copay per prescription.</p> <p>Tier 4 Non-Preferred Drug: You pay \$100 copay per prescription.</p> <p>Tier 5 Specialty Tier: You pay 30% coinsurance of the total cost.</p> <p>Tier 6 Select Care Drugs: You pay \$0 copay per prescription.</p>

Stage	2022 (this year)	2023 (next year)
	<p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

SECTION 3 Administrative Changes

Description	2022 (this year)	2023 (next year)
Plan ID number	H6743-018-001	H6743-025-000
Plan Name	ATRIO Choice Rx	ATRIO Choice Rx

Each Medicare Advantage plan has a plan ID number associated with it, which is provided by the Centers for Medicare and Medicaid Services. For 2023, ATRIO will consolidate many plans. This will result in a NEW plan ID for your plan. Due to this change, you will receive a new ID card for 2023. Please be on the look-out for your new ID card in the mail in December.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in ATRIO Choice Rx

To stay in our plan, you do not 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 ATRIO Choice Rx.

Section 4.2 – 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 2.1 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, or call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

As a reminder, ATRIO Health Plans 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 ATRIO Choice Rx.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from ATRIO Choice Rx.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service 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 5 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.

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.

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 change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare

prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 6 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 Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIBA 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 SHIBA at 1-800-722-4134 (TTY 1-888-370-4307). You can learn more about SHIBA by visiting their website (shiba.oregon.gov).

SECTION 7 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 CAREAssist. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call CAREAssist at 1-971-673-0144 (TTY 711).

SECTION 8 Questions?

Section 8.1 – Getting Help from ATRIO Choice Rx

Please call Customer Service at **1-877-672-8620** (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m. local time, seven days a week from October 1 to March 31. From April 1 to September 30 hours are 8 a.m. to 8 p.m. local time, Monday through Friday. 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 ATRIO Choice Rx. 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 **atriohp.com** (on the home page, click on the *Member* tab, then *View my Plan*). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at **atriohp.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 8.2 – 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 do not have a copy of this document, you can get it at the Medicare website (**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.



Notice about Nondiscrimination and Accessibility Requirements

Discrimination is Against the Law

ATRIO Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATRIO Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATRIO Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need any of the services listed above, contact ATRIO Customer Service toll free at 1-877-672-8620, daily from 8 a.m. to 8 p.m. TTY users should call 711.

If you believe that ATRIO Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

ATRIO Compliance Officer
2965 Ryan Drive SE
Salem, OR 97301
1-877-672-8620

File a complaint with ATRIO Compliance Hotline: 1-877-309-9952
compliance@atriohp.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, contact Customer Service toll free at 1-877-672-8620, daily from 8 a.m. to 8 p.m. TTY users should call 711.

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Español (Spanish) - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-672-8620 (TTY: 711).

Tiếng Việt (Vietnamese) - CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-877-672-8620 (TTY: 711)

繁體中文 (Chinese) - 注意：如果您講國語，您可以免費獲得語言援助服務。請致電 1-877-672-8620 (TTY : 711) 。

Русский (Russian) - ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами перевода. Телефон: 1-877-672-8620 (телетайп: 711).

한국어 (Korean) - 유의사항: 무료 한국어 지원 서비스를 이용하실 수 있습니다. 전화번호는 1-877-672-8620 (TTY: 711) 번입니다.

Українська (Ukrainian) - УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-672-8620 (телетайп: 711).

日本語 (Japanese) - 注意事項：日本語でのサービスをご希望の場合、1-877-672-8620 (TTY:711) までご連絡ください。このサービスは無料です。

"إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-672-8620 (رقم هاتف الصم والبكم: 1-800-735-2900).

فارسی – (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما موجود است. با شماره 1-877-672-8620 تماس بگیرید (TTY: 1-800-735-2900).

Română (Romanian) - ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-672-8620 (TTY: 711).

ខ្មែរ (Cambodian) - ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អលក្ខណ៍ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរទូរស័ព្ទ 1-877-672-8620 (TTY: 711)។

Oroomiffa (Oromo) - XIYYEEFFANNAA: Afaandubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, niargama. 1-877-672-8620 (TTY: 711) Bilbilaa.

Deutsch (German) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-672-8620 (TTY: 711).

فارسی – (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما موجود است. با شماره 1-877-672-8620 تماس بگیرید (TTY: 1-800-735-2900).

Français (French) - ATTENTION : Si vous parlez français, des services d'aide linguistique sont disponibles gratuitement. Appelez le 1-877-672-8620 (ATS : 711).

ภาษาไทย (Thai) - โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-672-8620 (TTY: 711)

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-672-8620. 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 1-877-672-8620. 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 1-877-672-8620。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 1-877-672-8620。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-672-8620. 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 1-877-672-8620. 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 1-877-672-8620 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 1-877-672-8620. 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 1-877-672-8620번으로 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 1-877-672-8620. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-672-8620. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-672-8620 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 1-877-672-8620. 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 1-877-672-8620. 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 1-877-672-8620. 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 1-877-672-8620. 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、1-877-672-8620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。