

2013 Summary of BENEFITS

UnitedHealthcare Dual Complete™ (PPO SNP)

January 1, 2013 — December 31, 2013

Indiana: Adams, Allen, Boone, Fulton, Hamilton, Hancock, Hendricks, Johnson, Kosciusko, Madison, Marion, St. Joseph, Wells Counties

H1509-004



Section 1

Introduction to Summary of Benefits

Thank you for your interest in UnitedHealthcare Dual Complete (PPO SNP). Our plan is offered by UNITEDHEALTHCARE INSURANCE COMPANY/UnitedHealthcare, a Medicare Advantage Preferred Provider Organization (PPO) Special Needs Plan (SNP) that contracts with the Federal government. This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call UnitedHealthcare Dual Complete (PPO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call UnitedHealthcare Dual Complete (PPO SNP) and ask for the "Evidence of Coverage."

You have choices in your health care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like UnitedHealthcare Dual Complete (PPO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call UnitedHealthcare Dual Complete (PPO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How can I compare my options?

You can compare UnitedHealthcare Dual Complete (PPO SNP) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is UnitedHealthcare Dual Complete (PPO SNP) available?

The service area for this plan includes: Adams, Allen, Boone, Fulton, Hamilton, Hancock, Hendricks, Johnson, Kosciusko, Madison, Marion, St. Joseph, Wells Counties, IN. You must live in one of these areas to join the plan.

Who is eligible to join UnitedHealthcare Dual Complete (PPO SNP)?

You can join UnitedHealthcare Dual Complete (PPO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

However, individuals with End-Stage Renal Disease generally are not eligible to enroll in UnitedHealthcare Dual Complete (PPO SNP) unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join this plan.

Please call the plan to see if you are eligible to join.

Can I choose my doctors?

UnitedHealthcare Dual Complete (PPO SNP) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can

change at any time.

You can ask for a current provider directory. For an updated list, visit us at www.UHCCommunityPlan.com. Our customer service number is listed at the end of this introduction.

What happens if I go to a doctor who's not in your network?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

Where can I get my prescriptions if I join this plan?

UnitedHealthcare Dual Complete (PPO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.UHCCommunityPlan.com. Our customer service number is listed at the end of this introduction.

Does my plan cover Medicare Part B or Part D drugs?

UnitedHealthcare Dual Complete (PPO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

What is a prescription drug formulary?

UnitedHealthcare Dual Complete (PPO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Website at www.UHCCommunityPlan.com.

[UHCCommunityPlan.com](http://www.UHCCommunityPlan.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

* Your State Medicaid Office.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of UnitedHealthcare Dual Complete (PPO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of UnitedHealthcare Dual Complete (PPO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What is a Medication Therapy Management (MTM) program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact UnitedHealthcare Dual Complete (PPO SNP) for more details.

What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact UnitedHealthcare Dual Complete (PPO SNP) for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable osteoporosis drugs for some women.
- **Erythropoietin (Epoetin Alfa or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare

Part A coverage.

- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through Durable Medical Equipment.

Where can I find information on plan

ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select “Health and Drug Plans” then “Compare Drug and Health Plans” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call UnitedHealthcare for more information about UnitedHealthcare Dual Complete (PPO SNP).

Visit us at www.UHCCommunityPlan.com or, call us:

Customer Service Hours for October 1 – February 14:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Local

Customer Service Hours for February 15 – September 30:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Local

Current members should call toll-free **1-877-702-5110** for questions related to the Medicare Advantage and the Medicare Part D Prescription Drug Programs. (TTY/TDD 711)

Prospective members should call toll-free **1-888-834-3721** for questions related to the Medicare Advantage and the Medicare Part D Prescription Drug Programs. (TTY/TDD 711)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (**1-800-633-4227**). TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en un idioma que no sea inglés. Para obtener más información, llame a servicio al cliente al número de teléfono que aparece arriba.

If you have any questions about this plan's benefits or costs, please contact UnitedHealthcare for details.

Section 2

Summary of Benefits

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
Important Information		
<p>1 Premium and Other Important Information</p>	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2012 the monthly Part B Premium was \$0 or \$99.90 and may change for 2013 and the annual Part B deductible amount was \$0 or \$140 and may change for 2013.*</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General</p> <p>* Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services</p> <p>** Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$33.60 monthly plan premium in addition to your monthly Medicare Part B premium.*</p> <p>Some physicians, providers and suppliers that are out of a plan's network (i.e., out-of-network) accept "assignment" from Medicare and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare "assignment," your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare "limiting charge." If you are a member of a plan that charges a copay for out-of-network physician services, the higher Medicare "limiting charge" does not apply.</p> <p>See the publications Medicare You or Your Medicare Benefits available on www.medicare.gov for a full listing of benefits under Original Medicare, as well as for explanations of the rules related to "assignment" and "limiting charges" that apply by benefit type.</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
		<p>To find out if physicians and DME suppliers accept assignment or participate in Medicare, visit www.medicare.gov/physician or www.medicare.gov/supplier. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.</p> <p>In-Network \$6,700 out-of-pocket limit for Medicare-covered services.*</p> <p>In and Out-of-Network In 2012 the annual Part B deductible amount was \$0 or \$140 and may change for 2013.* Contact the plan for services that apply.</p> <p>Any annual service category deductible may count towards the plan level deductible, if there is one.</p> <p>\$10,000 out-of-pocket limit for Medicare-covered services.*</p>
<p>2 Doctor and Hospital Choice</p> <p>(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>In and Out-of-Network You can go to doctors, specialists, and hospitals in or out of the network. It will cost more to get out of network benefits.</p>
<p>Summary of Benefits</p>		
<p>Inpatient Care</p>		
<p>3 Inpatient Hospital Care</p> <p>(includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2012 the amounts for each benefit period were \$0 or:</p> <p>Days 1 - 60: \$1156 deductible*</p> <p>Days 61 - 90: \$289 per day*</p> <p>Days 91 - 150: \$578 per lifetime reserve day*</p> <p>These amounts may change for 2013.</p>	<p>In-Network No limit to the number of days covered by the plan each hospital stay.</p> <p>\$0 or \$1,188 copay for each Medicare-covered hospital stay*</p> <p>\$0 copay for each additional hospital day.</p> <p>Out-of-Network 30% of the cost for each hospital stay.**</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
	<p>Lifetime reserve days can only be used once.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	
<p>4 Inpatient Mental Health Care</p>	<p>In 2012 the amounts for each benefit period were \$0 or:</p> <p>Days 1 - 60: \$1156 deductible*</p> <p>Days 61 - 90: \$289 per day*</p> <p>Days 91 - 150: \$578 per lifetime reserve day*</p> <p>These amounts may change for 2013.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>\$0 or \$1,188 copay for each Medicare-covered hospital stay*</p> <p>Out-of-Network</p> <p>30% of the cost for each hospital stay.**</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
<p>5 Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2012 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day*</p> <p>Days 21 - 100: \$0 or \$144.50 per day*</p> <p>These amounts may change for 2013.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>In 2012 the amounts for each benefit period were:</p> <p>\$0 or:</p> <p>Days 1 - 20: \$0 per day*</p> <p>Days 21 - 100: \$144.50 per day*</p> <p>These amounts may change for 2013.</p> <p>You will not be charged additional cost sharing for professional services</p> <p>Out-of-Network</p> <p>30% of the cost for each SNF stay.**</p>
<p>6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>In-Network</p> <p>\$0 copay for each Medicare-covered home health visit*</p> <p>Out-of-Network</p> <p>30% of the cost for Medicare-covered home health visits**</p>
<p>7 Hospice</p>	<p>You must get care from a Medicare-certified hospice.</p> <p>You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care.</p>	<p>General</p> <p>You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>
<p>Outpatient Care</p>		
<p>8 Doctor Office Visits</p>	<p>0% or 20% coinsurance</p>	<p>In-Network</p> <p>0% or 20% of the cost for each Medicare-covered primary care doctor visit.*</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
		0% or 20% of the cost for each Medicare-covered specialist visit.* Out-of-Network 30% of the cost for each Medicare-covered primary care doctor visit** 30% of the cost for each Medicare-covered specialist visit**
9 Chiropractic Services	Supplemental routine care not covered 0% or 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	In-Network 0% or 20% of the cost for each Medicare-covered chiropractic visit* Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor. Out-of-Network 30% of the cost for Medicare-covered chiropractic visits.**
10 Podiatry Services	Supplemental routine care not covered. 0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network 0% or 20% of the cost for each Medicare-covered podiatry visit* \$0 copay for up to 4 supplemental routine podiatry visit(s) every year Medicare-covered podiatry visits are for medically-necessary foot care. Out-of-Network 30% of the cost for Medicare-covered podiatry visits** 30% of the cost for supplemental routine podiatry visits**

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
<p>11 Outpatient Mental Health Care</p>	<p>0% or 35% coinsurance for most outpatient mental health services</p> <p>0% or 35% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p>In-Network</p> <p>0% or 20% of the cost for each Medicare-covered individual therapy visit*</p> <p>0% or 20% of the cost for each Medicare-covered group therapy visit*</p> <p>0% or 20% of the cost for each Medicare-covered individual therapy visit with a psychiatrist*</p> <p>0% or 20% of the cost for each Medicare-covered group therapy visit with a psychiatrist*</p> <p>0% or 20% of the cost for Medicare-covered partial hospitalization program services*</p> <p>Out-of-Network</p> <p>30% of the cost for Medicare-covered Mental Health visits with a psychiatrist**</p> <p>30% of the cost for Medicare-covered Mental Health visits**</p> <p>30% of the cost for Medicare-covered partial hospitalization program services**</p>
<p>12 Outpatient Substance Abuse Care</p>	<p>0% or 20% coinsurance</p>	<p>In-Network</p> <p>0% or 20% of the cost for Medicare-covered individual substance abuse outpatient treatment visits*</p> <p>0% or 20% of the cost for Medicare-covered group substance abuse outpatient treatment visits*</p> <p>Out-of-Network</p> <p>30% of the cost Medicare-covered substance abuse outpatient treatment visits**</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
<p>13 Outpatient Services</p>	<p>0% or 20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility services Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>0% or 20% coinsurance for ambulatory surgical center facility services</p>	<p>In-Network</p> <p>0% or 20% of the cost for each Medicare-covered ambulatory surgical center visit*</p> <p>0% or 20% of the cost for each Medicare-covered outpatient hospital facility visit*</p> <p>Out-of-Network</p> <p>30% of the cost for Medicare-covered outpatient hospital facility visits**</p> <p>30% of the cost for Medicare-covered ambulatory surgical center visits**</p>
<p>14 Ambulance Services</p> <p>(medically necessary ambulance services)</p>	<p>0% or 20% coinsurance</p>	<p>In-Network</p> <p>0% or 20% of the cost for Medicare-covered ambulance benefits.*</p> <p>Out-of-Network</p> <p>30% of the cost for Medicare-covered ambulance benefits.**</p>
<p>15 Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>0% or 20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$0 or \$65 copay for Medicare-covered emergency room visits*</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
<p>16 Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>0% or 20% coinsurance</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>0% or 20% of the cost for Medicare-covered urgently-needed-care visits*</p>
<p>17 Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>0% or 20% coinsurance</p>	<p>In-Network</p> <p>0% or 20% of the cost for Medicare-covered Occupational Therapy visits*</p> <p>0% or 20% of the cost for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits*</p> <p>Out-of-Network</p> <p>30% of the cost for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits**</p> <p>30% of the cost for Medicare-covered Occupational Therapy visits.**</p>
Outpatient Medical Services and Supplies		
<p>18 Durable Medical Equipment</p> <p>(includes wheelchairs, oxygen, etc.)</p>	<p>0% or 20% coinsurance</p>	<p>In-Network</p> <p>0% or 20% of the cost for Medicare-covered durable medical equipment*</p> <p>Out-of-Network</p> <p>30% of the cost for Medicare-covered durable medical equipment**</p>
<p>19 Prosthetic Devices</p> <p>(includes braces, artificial limbs and eyes, etc.)</p>	<p>0% or 20% coinsurance</p>	<p>In-Network</p> <p>0% or 20% of the cost for Medicare-covered prosthetic devices*</p> <p>Out-of-Network</p> <p>30% of the cost for Medicare-covered prosthetic devices.**</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
<p>20 Diabetes Programs and Supplies</p>	<p>0% or 20% coinsurance for diabetes self-management training</p> <p>0% or 20% coinsurance for diabetes supplies</p> <p>0% or 20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered Diabetes self-management training*</p> <p>\$0 copay for Medicare-covered Diabetes monitoring supplies*</p> <p>0% or 20% of the cost for Medicare-covered Therapeutic shoes or inserts*</p> <p>Out-of-Network</p> <p>30% of the cost for Medicare-covered Diabetes self-management training**</p> <p>30% of the cost for Medicare-covered Diabetes monitoring supplies**</p> <p>30% of the cost for Medicare-covered Therapeutic shoes or inserts**</p>
<p>21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>0% or 20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered lab services*</p> <p>0% or 20% of the cost for Medicare-covered diagnostic procedures and tests*</p> <p>0% or 20% of the cost for Medicare-covered X-rays*</p> <p>0% or 20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays)*</p> <p>0% or 20% of the cost for Medicare-covered therapeutic radiology services*</p> <p>Out-of-Network</p> <p>30% of the cost for Medicare-covered therapeutic radiology services**</p> <p>30% of the cost for Medicare-covered outpatient X-rays**</p> <p>30% of the cost for Medicare-covered diagnostic radiology services**</p> <p>0% to 30% of the cost for Medicare-covered diagnostic procedures, tests, and lab services**</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
<p>22 Cardiac and Pulmonary Rehabilitation Services</p>	<p>0% or 20% coinsurance for Cardiac Rehabilitation services</p> <p>0% or 20% coinsurance for Pulmonary Rehabilitation services</p> <p>0% or 20% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p>In-Network</p> <p>0% or 20% of the cost for Medicare-covered Cardiac Rehabilitation Services*</p> <p>0% or 20% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services*</p> <p>0% or 20% of the cost for Medicare-covered Pulmonary Rehabilitation Services*</p> <p>Out-of-Network</p> <p>30% of the cost for Medicare-covered Cardiac Rehabilitation Services**</p> <p>30% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services**</p> <p>30% of the cost for Medicare-covered Pulmonary Rehabilitation Services**</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
Preventive Services, Wellness/Education and other Supplemental Benefit Programs		
<p>23 Preventive Services, Wellness/Education and other Supplemental Benefit Programs</p>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. • Cardiovascular Screening • Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. • Colorectal Cancer Screening • Diabetes Screening • Influenza Vaccine • Hepatitis B Vaccine for people with Medicare who are at risk • HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. • Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. • Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease • Personalized Prevention Plan Services (Annual Wellness Visits) 	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>In-Network</p> <p>Plan covers a physical exam annually.</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> • Nursing Hotline <p>Out-of-Network</p> <p>0% to 30% of the cost for Medicare-covered preventive services**</p> <p>\$0 copay for supplemental education/wellness programs</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
	<ul style="list-style-type: none"> • Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. • Prostate Cancer Screening — Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. • Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. • Screening and behavioral counseling interventions in primary care to reduce alcohol misuse • Screening for depression in adults • Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs • Intensive behavioral counseling for Cardiovascular Disease (bi-annual) • Intensive behavioral therapy for obesity • Welcome to Medicare Preventive Visits (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visits or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 	
<p>24 Kidney Disease and Conditions</p>	<p>0% or 20% coinsurance for renal dialysis</p> <p>0% or 20% coinsurance for kidney disease education services</p>	<p>In-Network</p> <p>0% or 20% of the cost for Medicare-covered renal dialysis*</p> <p>\$0 copay for Medicare-covered kidney disease education services*</p> <p>Out-of-Network</p> <p>30% of the cost for Medicare-covered kidney disease education services**</p> <p>20% of the cost for Medicare-covered renal dialysis**</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
Prescription Drug Benefits		
<p>25 Outpatient Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General</p> <p>\$0 yearly deductible for Medicare Part B drugs.*</p> <p>0% or 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.*</p> <p>30% of the cost for Medicare Part B drugs out-of-network.**</p> <p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.UHCMedicareSolutions.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Your provider must get prior authorization from UnitedHealthcare Dual Complete (PPO SNP) for certain drugs.</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
		<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network You pay a \$0 annual deductible.</p> <p>Initial Coverage Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 copay or • A \$1.15 copay or • A \$2.65 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • A \$0 copay or • A \$3.50 copay or • A \$6.60 copay. <p>Retail Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (31-day) supply • three-month (90-day) supply <p>Long Term Care Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (31-day) supply of generic drugs • 31-day supply of brand drugs.

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
		<p>Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed.</p> <p>Mail Order You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • three-month (90-day) supply <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,750, you pay a \$0 copay.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from UnitedHealthcare Dual Complete (PPO SNP).</p> <p>You can get out-of-network drugs the following way:</p> <ul style="list-style-type: none"> • one-month (31-day) supply <p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by UnitedHealthcare Dual Complete (PPO SNP) up to the plan's cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 copay or • A \$1.15 copay or • A \$2.65 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> • A \$0 copay or

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
		<ul style="list-style-type: none"> • A \$3.50 copay or • A \$6.60 copay. <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,750, you will be reimbursed in full for drugs purchased out-of-network.</p>
Outpatient Medical Services and Supplies		
26 Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network</p> <p>0% or 20% of the cost for Medicare-covered dental benefits*</p> <ul style="list-style-type: none"> • \$0 copay for up to 1 oral exam(s) every six months • \$0 copay for up to 1 cleaning(s) every six months • \$0 copay for up to 1 dental x-ray(s) <p>Out-of-Network</p> <p>30% of the cost for Medicare-covered comprehensive dental benefits**</p> <p>75% of the cost for supplemental preventive dental benefits</p>
27 Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network</p> <p>In general, supplemental routine hearing exams and hearing aids not covered.</p> <p>0% or 20% of the cost for Medicare-covered diagnostic hearing exams*</p> <p>Out-of-Network</p> <p>30% of the cost for Medicare-covered diagnostic hearing exams.**</p>

Benefit	Original Medicare	UnitedHealthcare Dual Complete (PPO SNP)
<p>28 Vision Services</p>	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery* • 0% or 20% of the cost for Medicare-covered exams to diagnose and treat diseases and conditions of the eye.* • \$0 copay for up to 1 supplemental routine eye exam(s) every two years • \$0 copay for contacts • \$0 copay for up to 1 pair(s) of lenses every two years • \$0 copay for up to 1 frame(s) every two years <p>Out-of-Network</p> <p>30% of the cost for Medicare-covered eye exams**</p> <p>30% of the cost for supplemental eye exams**</p> <p>\$0 copay for Medicare-covered eye wear**</p> <p>\$0 copay for supplemental eye wear**</p> <p>In and Out-of-Network</p> <p>\$150 plan coverage limit for eye wear every two years. This limit applies to both in-network and out-of-network benefits.</p>
<p>29 Over-the-Counter Items</p>	<p>Not covered.</p>	<p>General</p> <p>The plan does not cover Over-the-Counter items.</p>
<p>30 Transportation (Routine)</p>	<p>Not covered.</p>	<p>In-Network</p> <p>\$0 copay for up to 24 one-way trip(s) to plan approved location every year</p> <p>Out-of-Network</p> <p>75% of the cost for transportation.</p>
<p>31 Acupuncture</p>	<p>Not covered.</p>	<p>In-Network</p> <p>This plan does not cover Acupuncture.</p>

Medicaid Benefits

Additional Benefits for Members with Medicare and Medicaid

In order for you to better understand your health care options, the following chart describes a member's charge for certain services under Family and Social Services Administration of Indiana (Medicaid) and as a Dual eligible member (a member who qualifies for both Medicare (Part A & Part B) and receives Medicaid assistance).

Medicare Cost Sharing includes:

- Copayments
- Coinsurance
- Deductibles

Your Medicare cost sharing responsibility is based on your level of Medicaid eligibility. The Medicaid benefit categories and type of assistance are listed below:

- **Qualified Medicare Beneficiary (QMB)** – \$0, your Medicare cost sharing will be paid by Medicaid unless otherwise noted below.
- **Non-QMB Full Benefit Dual Eligible (FBDE) with Medicare Parts A and B** – your Medicare cost sharing will be paid by Medicaid only when the benefit is also covered by Medicaid (copayments may apply if indicated in chart below). For example, if chiropractic services are not covered by Medicaid you are responsible for paying any Medicare Cost Sharing.
- If you are not enrolled in a Medicaid Health Plan or receive medical benefits from Medicaid, but receive Medicare premium assistance from Medicaid, you are responsible for all of your Medicare Cost Sharing. Please refer to Section II of this document for your cost sharing responsibility.

Below is a summary of your Medicare cost sharing responsibility for Medicaid covered services:

Summary of Benefits Contract H1509, Plan 004

Benefit	Medicaid	UnitedHealthcare Dual Complete (HMO SNP)
Medicare-covered services		
Inpatient Hospital Care	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Inpatient Mental Health Care	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Skilled Nursing Facility (SNF)	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay

Benefit	Medicaid	UnitedHealthcare Dual Complete (HMO SNP)
	Medicaid covers additional days beyond Medicare 100 day limit	Plan covers up to 100 days each benefit period.
Home Health Care	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Hospice	Medicaid covers Medicare deductibles, copays, and coinsurances	You must get care from Medicare-certified hospice.
Doctor Office Visits	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Chiropractic Services	Medicaid covers Medicare deductibles, copays, and coinsurances \$0 copay for Medicaid chiropractic services 5 visits and 50 therapeutic physical medicine treatments per year	In Network \$0 copay
Podiatry Services	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Outpatient Mental Health Care	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Outpatient Substance Abuse Care	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Outpatient Services/ Surgery	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Ambulance Services	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Emergency Care	Medicaid covers Medicare deductibles, copays, and coinsurances	\$0 copay
Urgently Needed Care	Medicaid covers Medicare deductibles, copays, and coinsurances	\$0 copay
Outpatient Rehabilitation Services	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay

Benefit	Medicaid	UnitedHealthcare Dual Complete (HMO SNP)
Durable Medical Equipment	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Prosthetic Devices	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Bone Mass Measurement	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Colorectal Screening Exams	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Immunizations	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Mammograms	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Pap Smears and Pelvic Exams	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Prostate Cancer Screening Exams	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
End-Stage Renal Disease	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Prescription Drugs	Medicaid does not cover Part D covered drugs	Depending on your income and institutional status, you pay the following: For generic drugs purchased out-of-network (including brand drugs treated as generic), either: - A \$0 copay or

Benefit	Medicaid	UnitedHealthcare Dual Complete (HMO SNP)
		<ul style="list-style-type: none"> - A \$1.15 copay or - A \$2.65 copay For all other drugs purchased out-of-network, either: <ul style="list-style-type: none"> - A \$0 copay or - A \$3.50 copay or - A \$6.60 copay
Dental Services	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Hearing Services	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Vision Services	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Welcome to Medicare; and Annual Wellness Visit	Medicaid covers Medicare deductibles, copays, and coinsurances	In Network \$0 copay
Non-Medicare-covered additional services		
Additional Podiatry Services	\$0 copay for Medicaid podiatry services Routine foot care covered only for specified systemic conditions at 6 visits per year, second opinion required for specified services	In Network Includes 4 routine visits per year. Please see Section 2 for additional benefit details.
Additional Dental Services	\$0 copay for Medicaid dental services \$600 maximum benefit per year included with denture services, exam and cleaning 1 per year (2 per year for nursing facility residents), frequency of x-rays limited by type, periodontia limited, second opinions required for specified procedures Second opinions required for specified procedures, ambulatory services limited	In Network Includes oral exams, routine x-rays, and routine cleanings. Please see Section 2 for additional benefit details.
Additional Vision Services	\$0 copay for Medicaid vision services 1 pair eyeglasses every 2 years, age-specific minimum diopter correction	In Network Includes routine eye exam and credit for eyeglasses and contacts. Please see

Benefit	Medicaid	UnitedHealthcare Dual Complete (HMO SNP)
	required for initial and replacement eyeglasses	Section 2 for additional benefit details.
Health/Wellness Education	No coverage	In Network Includes written education materials, including newsletters. The plan also has a 24-hour nurseline benefit. Please see Section 2 for additional benefit details.
Transportation (Routine)	\$.50-\$2 per trip, depending on payment 20 one-way trips less than 50 miles per year	In Network Includes 24 one-way trips to plan approved locations. Please see Section 2 for additional benefit information.
Acupuncture	No coverage	No coverage
Medicaid only services The services listed below are available under Medicaid for people who qualify for full Medicaid coverage.		
Family Planning Services	\$0 copay	No coverage
Targeted Case Management	\$0 copay Quantity and frequency limits vary	No coverage
Private Duty Nursing	\$0 copay Limited to ventilator dependent beneficiaries only	No coverage
Inpatient/SNF/ICF for Mental Diseases	\$0 copay 15 hospital leave days per hospitalization, 30 therapeutic leave days per year	No coverage
Inpatient Psychiatric Services (under 21)	\$0 copay 60 therapeutic leave days per year	No coverage
Intermediate Care Facilities for the Mentally Retarded (ICF/MR)	\$0 copay 15 hospital leave days per hospitalization, 60 therapeutic leave days per year	No coverage

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 1-877-702-5110. 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 1-877-702-5110. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese: 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1-877-702-5110。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1-877-702-5110。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 1-877-702-5110. 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 1-877-702-5110. 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 1-877-702-5110 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 1-877-702-5110. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-702-5110번으로 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 1-877-702-5110. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: فوري، مترجم على للحصول لدينا الأدوية جدول أو بالصحة تتعلق أسئلة أي عن للإجابة المجانية الفوري المترجم خدمات نقدم إننا مجانية خدمة هذه بمساعدتك العربية يتحدث ما شخص سيقوم. 1-877-702-5110 على بنا الاتصال سوى عليك ليس

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 1-877-702-5110. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugues: 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 1-877-702-5110. 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 1-877-702-5110. 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 1-877-702-5110. Ta usługa jest bezpłatna.

Hindi: हमारे सुवास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-702-5110 पर 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、1-877-702-5110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。