

2024 Summary of Benefits

CareFirst BlueCross BlueShield Advantage
DualPrime (HMO-SNP)

January 1, 2024–December 31, 2024

HOURS OF OPERATION

- Call 1-844-331-6334 (TTY:711)
- October 1–March 31
8 am–8 pm ET, 7 days a week
- April 1–September 30
8 am–8 pm ET, Monday–Friday

carefirst.com/mddsnp

2024 Summary of Benefits

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) H8854, Plan 002

This is a summary of drug and health services covered by CareFirst BlueCross BlueShield Advantage DualPrime (HMO SNP) plan from January 1, 2024–December 31, 2024.

CareFirst BlueCross BlueShield Advantage DualPrime is an HMO D-SNP plan with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in CareFirst BlueCross BlueShield Advantage DualPrime depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion.

To get a complete list of services we cover, please request the “Evidence of Coverage.”

To join CareFirst BlueCross BlueShield Advantage DualPrime, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, have Medical Assistance from the

State of Maryland, and live in our service area. Our service area includes the entire state of Maryland.

To be eligible for CareFirst BlueCross BlueShield Advantage DualPrime, beneficiaries must have a Medicaid level of Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB).

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as braille or large print.

Want more information?

For more information, please call us at 1-844-386-6762 (TTY users should call 711) or visit us at carefirst.com/mddsnp.

2024 Summary of Benefits

Premiums and Benefits	CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)
Monthly Plan Premium	\$0–\$28.20 (based on your level of Extra Help)
Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$0 annually for Medicare-covered services from in-network providers.
Inpatient Hospital Coverage*	You pay a \$0 copay for days 1–90.
Outpatient Hospital Coverage*	
Outpatient Hospital, including surgery	You pay a \$0 copay for each Medicare-covered outpatient hospital visit.
Outpatient Hospital Observation Services	You pay a \$0 copay for each Medicare-covered outpatient hospital observation service.
Ambulatory Surgical Center (ASC)*	You pay a \$0 copay for each Medicare-covered ASC visit.
Doctor Visits (Primary Care Providers and Specialists)	
Primary Care Providers (PCP)	You pay a \$0 copay for each Medicare-covered PCP visit.
Specialist	You pay a \$0 copay for each Medicare-covered Specialist visit.
Preventive Care	Our plan covers all Medicare-covered preventive services at no cost. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay a \$0 copay for each Medicare-covered emergency care visit.
Urgently Needed Services	You pay a \$0 copay for each Medicare-covered urgent care visit.

If your Medicaid status changes from Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB), you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing will apply.

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CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)	
Diagnostic Services*	
Tests and Procedures	You pay a \$0 copay for each Medicare-covered test and procedure.
Lab Services	You pay a \$0 copay for each Medicare-covered lab service.
Diagnostic Radiology Services (e.g. CT, MRI)	You pay a \$0 copay for each Medicare-covered diagnostic radiology.
Therapeutic Radiology Services	You pay a \$0 copay for each Medicare-covered therapeutic radiological services.
X-Rays	You pay a \$0 copay for each Medicare-covered x-ray.
Hearing Services	
Exam to diagnose and treat hearing and balance issues	You pay a \$0 copay for each Medicare-covered service.
Routine hearing exams	You pay a \$0 copay for one routine hearing exam annually. You pay a \$0 copay for one fitting and evaluation for hearing aids annually (including up to 3 follow-up visits annually).
Hearing aids	Our plan pays up to \$1,950 every 3 years for hearing aids.
Dental Services	
Comprehensive	You pay a \$0 copay for Medicare-covered dental services.
Preventive	<p>\$0 copay for the following services:</p> <ul style="list-style-type: none"> ■ Oral exam & cleaning: every 6 months ■ Comprehensive oral exam: every 36 months ■ Fluoride treatment: every 6 months ■ Palliative treatment: 3 every 12 months ■ Bitewing x-ray: once every 12 months ■ Panoramic x-ray: once every 36 months ■ Vertical bitewing x-ray: once every 36 months ■ Intraoral imaging: once every 36 months

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Premiums and Benefits	CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)
Additional comprehensive coverage	<p>\$0 copay and \$3,000 annual allowance towards the following services (member is responsible for all costs over allowance):</p> <ul style="list-style-type: none"> ■ Restorative services: 1 per tooth once every 24 months ■ Endodontics: 1 per lifetime, per patient, per tooth ■ Crowns: once per tooth per 60 months ■ Simple extractions ■ Periodontics: 1 per quadrant of scaling every 36 months ■ Periodontal maintenance: once every 3 months ■ Denture repairs: once every 12 months ■ Denture relines/rebase: once every 36 months ■ Denture adjustments: 2 every 12 months
Denture coverage	<p>\$0 copay for the following services (Does not apply to comprehensive dental allowance):</p> <ul style="list-style-type: none"> ■ Upper, lower, partial, or any combination of dentures ■ Dentures once every 60 months
Vision Services	
Exam to diagnose and treat diseases and conditions of the eye	You pay a \$0 copay for each Medicare-covered service.
Preventive Glaucoma screening	You pay a \$0 copay for each Medicare-covered service.
Eyeglasses or contact lenses after cataract surgery	You pay a \$0 copay for each Medicare-covered service.
Diabetic eye exam	You pay a \$0 copay for each Medicare-covered service.
Routine eye exam	You pay a \$0 copay for each routine eye exam (1 exam annually).
Eyewear allowance	Our plan provides \$150 annual allowance towards eyewear, includes contact lenses, eyeglass frames and lenses.

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Premiums and Benefits	CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)
Mental Health Services*	
Inpatient	You pay a \$0 copay for each Medicare-covered inpatient mental health service.
Outpatient	You pay a \$0 copay for each Medicare-covered outpatient mental health service.
Skilled Nursing Facility (SNF)*	You pay a \$0 copay for days 1-100.
Physical Therapy*	You pay a \$0 copay for each Medicare-covered outpatient rehabilitation service.
Ambulance*	You pay a \$0 copay for ambulance services.
Routine Transportation	You pay a \$0 copay for 24 one-way trips per year to a healthcare location.
Medicare Part B Prescription Drugs*	You pay a \$0 copay for Part B Drugs.

If your Medicaid status changes from Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB), you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing will apply.

**Prior authorization may be required*

Part D

Premiums and Benefits	CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)
Deductible (if applies)	No Deductible
Initial Coverage Period (30 and 90-day supply available retail or by mail order)	<ul style="list-style-type: none"> ■ You pay for generic drugs (including brand drugs treated as generic): \$0 copay/\$1.55 copay/\$4.50 copay (depending on your level of Extra Help). ■ For all other drugs: \$0 copay/\$4.60 copay/\$11.20 copay (depending on your level of Extra Help)
Catastrophic Coverage	<ul style="list-style-type: none"> ■ Your plan pays for all costs of generic drugs or all other drugs.

If you no longer qualify for "Extra Help" while enrolled in the plan, the following will apply to you: you won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, even if you haven't paid your deductible. You also will have cost sharing of 25% of the total cost of your Part D prescription drugs and drug deductible of \$545.

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Additional Benefits	CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)
Meals	
Meals with Nutrition Therapy	Members with COPD, CHF, Diabetes or ESRD will receive a medical nutrition therapy assessment and 3 follow-up coaching and goal setting sessions per benefit period.
Readmission Prevention	Members post-discharge from an inpatient stay pay a \$0 copay for 14 meals per 1 week period. Limited to 8 benefit periods per year.
Chronic Condition Meals	Members with COPD, CHF, Diabetes or ESRD will receive 12 consecutive weeks of meals. Members will also receive up to 4 medical nutrition therapy sessions. Limited to 4 benefit periods per year.
24-Hour Nurse Advice Hotline	You pay a \$0 copay for services provided by the 24-Hour Nurse Advice Line
Flex Benefit (Over-the-Counter, Groceries, Utilities)	<p>\$100 monthly allowance. All members can use the monthly allowance towards mail order OTC, however members with qualifying conditions can use all or a portion of the monthly allowance towards OTC, Grocery or Utilities. OTC is mail order only and Grocery and Utilities is through a debit card (provided to members annually). Qualifying conditions for Grocery and Utilities benefit:</p> <ul style="list-style-type: none"> ■ Chronic alcohol and other drug dependencies ■ Autoimmune disorders ■ Cancer ■ Cardiovascular disorders ■ Chronic heart failure ■ Dementia ■ Diabetes ■ End-stage renal disease (ESRD) ■ Severe hematologic disorders ■ HIV/AIDS ■ Chronic lung disorders ■ Chronic and disabling mental health conditions ■ Neurologic disorders ■ Stroke ■ BMI health risks ■ Chronic physical disability

If your Medicaid status changes from Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB), you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing will apply.

2024 Summary of Benefits

Additional Benefits	CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)
Personal Emergency Response System	No cost PERS device if you are living with a disability or chronic condition such as COPD, CHF, Diabetes, or ESRD.
Healthy Rewards Program	Members can receive \$15 reward cards for completing select preventive screenings and tests.
Home & Bathroom Safety Devices	You pay a \$0 copay for 2 home and bathroom safety devices through the plan's catalog.
Durable Medical Equipment (DME) and Related Supplies*	
Durable Medical Equipment (e.g., wheelchairs, oxygen)	You pay a \$0 copay for each Medicare-covered DME.
Prosthetics (e.g., braces, artificial limbs)	You pay a \$0 copay for each Medicare-covered prosthetics.
Foot Care (Podiatry Services)*	
Foot exams and services	You pay a \$0 copay for each Medicare-covered service.
Routine foot care	You pay a \$0 copay for each routine foot care visit—Limited to 4 visits per year

**Prior authorization may be required*

If your Medicaid status changes from Full Benefit Dual Eligible (FBDE) or Qualified Medicare Beneficiary (QMB), you may have to pay a monthly premium and all Medicare deductibles, maximum out of pocket costs, and cost-sharing will apply.

Statement of Maryland Medicaid Assistance (Medicaid)

Benefits and Cost-Sharing

Eligibility

The CareFirst BlueCross BlueShield Advantage DualPrime (HMO SNP) plan is available to beneficiaries with both Medicare Parts A and B and who receive Medical Assistance from the state Medicaid program to cover Medicare cost-sharing.

CareFirst BlueCross BlueShield Advantage DualPrime members who are Full Benefit Dual Eligible (FBDE) and Qualified Medicare Beneficiary (QMB) are covered by the state Medicaid program for their Medicare cost sharing.

Cost Sharing and Protection for Members

In the CareFirst BlueCross BlueShield Advantage DualPrime plan, the state Medicaid program pays the cost sharing for Medicare covered medical services you receive. You pay no cost sharing for the Medicare covered benefits described in the Covered Medical and Hospital Benefits section of this Summary of Benefits. You will pay small copayments for prescriptions covered under the Medicare Part D prescription drug benefit. These small copayments only apply as long as you are receiving “extra help.” When you receive covered health care services, the network provider should bill CareFirst BlueCross BlueShield Advantage DualPrime first and then Maryland Medical Assistance second. Network providers are not permitted to balance bill you for services that are covered by both CareFirst BlueCross BlueShield Advantage DualPrime and Medicaid.

If you receive covered services from a non-network provider, the non-network provider may not understand CareFirst BlueCross BlueShield DualPrime or these billing rules. If you receive a bill from a provider for Medicare covered services, please notify Member Services so we can help you. Please see chapter 7, “Asking us to pay our share of a bill you have received for covered medical services or drugs”, of your CareFirst BlueCross BlueShield Advantage DualPrime Evidence of Coverage for more information.

The benefits described on the next page are covered by Medicaid. You can see what Maryland Department of Health covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage. Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, CareFirst BlueCross BlueShield Advantage DualPrime will cover the benefits described in the previous sections of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Maryland Department of Health, 1-855-642-8572. Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Original Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share.

Maryland Medical Assistance (Medicaid) Program Benefits

Benefits	Medicaid	CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)
Ambulance Services	Emergency Only	Covered
Ambulatory Surgical Center	Covered	Covered
Dental Services	Covered with limits	Covered with limits
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Covered	Covered
Doctor Visits	Covered	Covered
Home Health Services	Covered	Covered
Hospice Services	Covered	Covered by Original Medicare; Not covered by the plan.
Inpatient Hospital Coverage	Covered	Covered
Durable Medical Equipment	Covered	Covered
Urgently Needed Services	Covered	Covered
Mental Health Services	Covered	Covered
Outpatient Hospital Coverage	Covered	Covered
Podiatry Services (Foot Care)	Covered with limits	Covered with limits
Prescription Drugs	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered with limits on days per benefit period.

Statement of Maryland Medicaid Assistance (Medicaid)

Benefits	Medicaid	CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)
Routine Transportation	Covered with limits	Covered with limits
Vision Services	Covered	Covered
Health and Wellness Program	Not Covered	Covered
Meals with Medical Nutrition Therapy	Not Covered	Covered
Telehealth	Covered with limits	Covered
Personal Emergency Response System	Covered with limits	Covered



CONNECT WITH US:



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CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage DSNP, Inc. and CareFirst Advantage, Inc., which are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Notice of Nondiscrimination and Multi-Language Insert

(Updated 8/5/19)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. CareFirst:

- Provides free aid 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 these services, please call 1-844-386-6762.

If you believe CareFirst 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 our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 8894 Baltimore, Maryland 21224
Email Address	civilrightscordinator@carefirst.com
Telephone Number	410-528-7820
Fax Number	410-505-2011

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
800-368-1019, 800-537-7697 (TDD)

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

CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., and CareFirst Advantage DSNP, Inc., independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The Blue Cross® and Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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 1-844-386-6762. 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 1-844-386-6762. 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 1-844-386-6762。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 1-844-386-6762。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-386-6762. 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 1-844-386-6762. 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 1-844-386-6762 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 1-844-386-6762. 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 1-844-386-6762 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-386-6762. 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 1-844-386-6762 سيقوم شخص ما يتحدث العربية 1. بمساعدتك. هذه خدمة مجانية

Hindi: हमारे सवास य या दवा की योजना के बारे में आपकी भी पर न केजवाब देने के लिए हमारे पास मुफत दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-386-6762 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफत 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 1-844-386-6762. Un nostro incaricato che parla Italiano vi 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 1-844-386-6762. 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 1-844-386-6762. 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 1-844-386-6762. 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、1-844-386-6762 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。