



2016 Summary of Benefits

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Absolute Total Care: **Summary of Benefits**



This is a summary of health services covered by Absolute Total Care for January 1, 2016. This is only a summary. Please read the Member Handbook for the full list of benefits.

- ❖ Absolute Total Care is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to members. This combined program is called Healthy Connections Prime. It is for people with both Medicare and Healthy Connections Medicaid who are 65 or older, have Medicare Parts A, B, and D, and are eligible for full Healthy Connections Medicaid benefits. More information about who is eligible can be found in Chapter 1 of the Member Handbook.
- ❖ Under Absolute Total Care (ATC) you can get your Medicare and Healthy Connections Medicaid services in one health plan. An ATC, care manager will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.
- ❖ Limitations and restrictions may apply. For more information, call ATC Member Services or read the ATC Member Handbook.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year.
- ❖ You can get this information for free in other formats, such as large print, braille, or audio. Call 1-855-735-4398 from 8 a.m. to 8 p.m., seven days a week. TTY users call 711. The call is free.
- ❖ You can get this information for free in other languages. Please call our customer service number at 1-855-735-4398 from 8 a.m. to 8 p.m., seven days a week. TTY users call 711. The call is free.



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- ❖ Puede obtener esta información en otros idiomas gratis. Llame al 1-866-896-1844 de 8:00 a. m. a 8:00 p. m., los siete días de la semana. Los usuarios de TTY deben llamar al 711.



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The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care managers to help you manage all your providers and services. They all work together to provide the care you need.
What is an ATC care manager?	An ATC care manager is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	Long-term services and supports (LTSS) are a variety of services and supports that help people meet their daily needs for assistance and improve the quality of their lives. LTSS are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.



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Will you get the same Medicare and Healthy Connections Medicaid benefits in ATC that you get now?	<p>You will get your covered Medicare and Healthy Connections Medicaid benefits directly from ATC. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Healthy Connections Medicaid benefits directly from ATC, but you may get some benefits the same way you do now, outside of the plan. This plan also offers services that are not usually covered by Medicare or Healthy Connections Medicaid.</p> <p>When you enroll in ATC, you and your care team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs. During this time, you can keep seeing the providers you see now for 180 days. You can also continue to receive the same services and any that were authorized prior to your enrollment in ATC.</p> <p>When you join our plan, if you are taking any Medicare Part D prescription drugs that ATC does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for ATC to cover your drug, if medically necessary.</p>



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<p>Can you go to the same doctors you see now?</p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with ATC and have a contract with us, you can keep going to them. Providers with an agreement with us are “in-network.” You must use the providers in ATC’s network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of ATC’s plan. If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must return to a network hospital in order for your care to continue to be covered.</p> <p>To find out if your doctors are in the plan’s network, call Member Services or read ATC’s Provider and Pharmacy Directory.</p> <p>If ATC is new for you, you can continue seeing the doctors you go to now for 180 days after you first enroll, even if they are out-of-network. If you need to continue seeing your out-of-network providers after your first 180 days in our plan, we will only cover that care if the provider enters a single case agreement with us. If you are getting ongoing treatment from an out-of-network provider and think they may need a single case agreement in order to keep treating you, contact your care manager at 1-855-735-4398 (TTY: 711).</p>
<p>What happens if you need a service but no one in ATC’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, ATC will pay for the cost of an out-of-network provider.</p>
<p>Where is ATC available?</p>	<p>The service area for this plan includes Abbeville, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Chester, Chesterfield, Clarendon, Colleton, Dillon, Fairfield, Florence, Georgetown, Greenville, Hampton, Jasper, Kershaw, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Union, and Williamsburg Counties in South Carolina. You must live in one of these areas to join the plan.</p>



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Do you pay a monthly amount (also called a premium) under ATC?	You will not pay any monthly premiums to ATC for your health coverage.
What is prior authorization?	Prior authorization means that you must get approval from ATC before you can get a specific service or drug or see an out-of-network provider. ATC may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.
What is a referral?	A referral means that your primary care provider must give you approval to see someone who isn't your primary care provider. If you don't get approval, ATC may not cover the services, and you may be billed for these services. You don't need a referral for some specialists, such as women's health specialists. For more information on when a referral is necessary, see the Member Handbook.



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Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, or member cards, please call ATC Member Services:</p> <p>CALL 1-855-735-4398</p> <p>Calls to this number are free. Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and Federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.</p>



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Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued)	<p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL 1-855-735-4398</p> <p>Calls to this number are free. Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Member Service also has free telephonic and in-person language interpreter services available for people who do not speak English.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-855-735-4398</p> <p>Calls to this number are free. The Behavioral Health Crisis Line is available 24 hours a day, 7 days a week, 365 days a year. We have free interpreter services for people who do not speak English.</p> <p>TTY 711</p> <p>Calls to this number are free. The Behavioral Health Crisis Line is available 24 hours a day, 7 days a week, 365 days a year.</p>



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The following chart is a quick overview of what services you may need, your costs and rules about the benefits.

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0	None.
	Wellness visits, such as a physical	\$0	None.
	Specialist care	\$0	None.
	Care to keep you from getting sick, such as flu shots	\$0	None.
	“Welcome to Medicare” preventive visit (one time only)	\$0	None.
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization required.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization required.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization required.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 copay for a 30-day supply.</p> <p>\$0 copay for a 90-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see ATC's List of Covered Drugs (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of some drugs is available through mail order and certain retail pharmacies. For more information, please refer to our List of Drugs to view those drugs available for an extended-day supply.</p>
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Brand name drugs</p>	<p>\$0 copay for a 30-day supply.</p> <p>\$0 copay for a 90-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see ATC's List of Covered Drugs (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of some drugs is available through mail order and certain retail pharmacies. For more information, please refer to our List of Drugs to view those drugs available for an extended-day supply.</p>



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You need drugs to treat your illness or condition (continued)	Over-the-counter drugs	\$0	<p>There may be limitations on the types of drugs covered. Please see ATC's List of Covered Drugs (Drug List) for more information.</p> <p>Our plan covers up to \$25 every calendar month for eligible over-the-counter items available via mail order. Any unused amount does not carry over to the next month.</p> <p>Please contact the plan for more information.</p>
	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.</p> <p>Prior authorization required.</p>
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization required.
	Chiropractic services (only for manual manipulation for certain approved conditions)	\$0	None.



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You need emergency care	Emergency room services	\$0	Emergency room services do not require a referral or prior authorization and can be provided at an in-network or out-of-network facility. Emergency room services are not covered outside the U.S. and its territories except under limited circumstances.
	Ambulance services	\$0	Ambulance services for emergencies do not require a referral or prior authorization and can be provided by an in-network or out-of-network provider. Prior authorization is required for ambulance services in non-emergency situations.
	Urgent care	\$0	Urgent care services do not require a referral or prior authorization. You can get urgent care services at in-network providers or at out-of-network providers if network providers are temporarily unavailable or inaccessible. Not covered outside the U.S. and its territories.
You need hospital care	Hospital stay	\$0	Prior authorization required, except in an emergency.
	Doctor or surgeon care	\$0	During an authorized hospital stay, doctor and surgeon care are covered.



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You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization required.
	Medical equipment for home care	\$0	Prior authorization required.
	Skilled nursing care	\$0	Referral is required.
You need eye care	Treatment for eye injuries or diseases	\$0	None.
	Initial replacement of lens due to cataract surgery	\$0	None.
You need dental care	Emergency medical procedures by oral surgeons	\$0	Prior authorization may be required.
	Dental procedures related to organ transplants, cancer, joint replacement, heart valve replacement, and trauma	\$0	Prior authorization may be required.
You need foot care	Podiatry services	\$0	None.
You need hearing/auditory services	Hearing screenings	\$0	Routine hearing exam limited to one exam annually.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	The plan also offers additional disease management services for certain chronic conditions. Contact Member Services for more information. A referral and prior authorization may be required.



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	Diabetes supplies and services	\$0	Prior authorization required.
	Cardiac and pulmonary rehabilitation services	\$0	None.
You have a mental health condition	Mental or behavioral health services	\$0	Prior authorization required.
	Partial hospitalization	\$0	Prior authorization required.
You have a substance abuse problem	Substance abuse services	\$0	Prior authorization required.
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Prior authorization required.
You need durable medical equipment (DME)	Wheelchairs	The copay is \$0 for Durable Medical Equipment covered by Medicare. The copay is \$3.40 for Medical Supplies covered only by Healthy Connections Medicaid.	Referral and prior authorization required.



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You need durable medical equipment (DME) (continued)	Canes	The copay is \$0 for Durable Medical Equipment covered by Medicare. The copay is \$3.40 for Medical Supplies covered only by Healthy Connections Medicaid.	Referral and prior authorization required.
	Crutches	The copay is \$0 for Durable Medical Equipment covered by Medicare. The copay is \$3.40 for Medical Supplies covered only by Healthy Connections Medicaid.	Referral and prior authorization required.



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You need durable medical equipment (DME) (continued)	Walkers	The copay is \$0 for Durable Medical Equipment covered by Medicare. The copay is \$3.40 for Medical Supplies covered only by Healthy Connections Medicaid.	Referral and prior authorization required.
	Oxygen	The copay is \$0 for Durable Medical Equipment covered by Medicare. The copay is \$3.40 for Medical Supplies covered only by Healthy Connections Medicaid.	Referral and prior authorization required.



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You need prosthetics	Prosthetic devices	The copay is \$0 for Prosthetic Devices covered by Medicare. The copay is \$3.40 for Medical Supplies covered only by Healthy Connections Medicaid.	Referral and prior authorization required.
You need help living at home	Meals brought to your home	\$0	Prior authorization required.
	Homemaker services, such as cleaning or housekeeping	\$0	Prior authorization required.
	Changes to your home, such as ramps and wheelchair access	\$0	Prior authorization required.
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0	Prior authorization required.



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<p>You need help living at home (continued)</p>	Home health care services	<p>The copay is \$0 for Home Health Care Services covered by Medicare.</p> <p>The copay is \$3.30 for Home Health Care Services covered only by Healthy Connections Medicaid.</p>	<p>Prior authorization required.</p> <p>Home Health Care Services covered by Medicare have a \$0 copay.</p> <p>Home Health Care Services covered by Healthy Connections Medicaid have a \$3.30 copay.</p>
	Services to help you live on your own	<p>The copay is \$0 for Home Health Care Services covered by Medicare.</p> <p>The copay is \$3.30 for Home Health Care Services covered only by Healthy Connections Medicaid.</p>	<p>Prior authorization required.</p> <p>Home Health Care Services covered by Medicare have a \$0 copay.</p> <p>Home Health Care Services covered by Healthy Connections Medicaid have a \$3.30 copay.</p>
	Adult day services or other support services	\$0	Referral is required.



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You need a place to live with people available to help you	Nursing home care	\$0	Prior authorization may be required. You must contribute toward the cost of this service when your income is more than an allowable amount. This contribution, known as the patient pay amount, is required only for those living in a nursing home. You will not need to pay if you are in the nursing home for short-term rehabilitation.
Your caregiver needs some time off	Respite care	\$0	Prior authorization required. Respite care can be provided in a community residential care facility (CRCF) or a nursing home. Members are limited to 28 total days of respite care per year. Up to 14 days of respite care can be received in a nursing home.
You need care for advanced illness or life-threatening injury	Palliative care	\$0	Prior authorization required.
You need family planning services	Birth control (condoms)	\$0	Family planning supplies are covered only with a prescription.
	Family planning lab and diagnostic tests	\$0	Prior authorization required.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Treatment for sexually transmitted infections (STIs)	\$0	Prior authorization required.



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Other services that ATC covers

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Other services covered by ATC	Your costs for <u>in-network</u> providers
Education and Wellness Programs	\$0
End Stage Renal Disease Services	\$0
Infusion Services	\$0
Nursing Home Transition Services	\$0
Preventive Services	\$0
Services Provided at Federally Qualified Health Centers	\$0
Targeted Case Management	\$0
Telemedicine	\$0
Nutritional Benefit	\$0
Membership in Health Club/Fitness Classes	\$0, limited to a maximum member reimbursement of \$250 per year
Nursing Hotline	\$0
Enhanced Disease Management	\$0
Bathroom Safety Devices	\$0
In-Home Safety Assessment	\$0
Post discharge In-home Medication Reconciliation	\$0
Re-admission Prevention	\$0
Incontinence Supplies	\$3.30



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Other services covered by ATC	Your costs for <u>in-network</u> providers
Hearing Aids	\$0, limited to a maximum \$750 per year



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Benefits covered outside of ATC

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Other services covered by Medicare or Healthy Connections Medicaid
Please contact your care manager for more information.
Some hospice care services: \$0 copay
Dental services <ul style="list-style-type: none">• Diagnostics (oral evaluation and x-rays): \$3.40 copay• Preventive care (annual cleaning): \$3.40 copay• Restorative care (fillings): \$3.40 copay• Surgical care (extractions / removals): \$3.40 copay
Non-emergency medical transportation: \$0 copay

Services that ATC, Medicare, and Healthy Connections Medicaid do not cover

Services <u>not</u> covered by ATC, Medicare, or Healthy Connections Medicaid
Acupuncture
Chiropractic care (except manual manipulation for certain approved conditions)
Cosmetic surgery or cosmetic work
Dentures
Elective or voluntary enhancement procedures or services
Experimental medical and surgical treatments, items and drugs



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Absolute Total Care: **Summary of Benefits**

Services <u>not</u> covered by ATC, Medicare, or Healthy Connections Medicaid
Eyeglasses, regular eye exams, and certain visual procedures such as LASIK
Full-time nursing care in your home
Naturopath services
Non-prescription contraceptive supplies
Orthopedic shoes (unless included with brace or for diabetic foot disease). Supportive devices for feet (except for diabetic foot disease)
Personal items in your hospital or nursing home room
Private room in hospital
Routine foot care (except for certain approved conditions)
Services not considered “reasonable and necessary”
Services provided to veterans in a VA facility
Surgical treatment for morbid obesity



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Absolute Total Care: **Summary of Benefits**

Your rights as a member of the plan

As a member of ATC, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the Member Handbook. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - Get information in other formats (e.g., large print, braille, audio)
 - Be free from any form of restraint or seclusion
 - Not be billed by network providers
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and change your PCP at any time
 - See a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your doctor advises against it
 - Stop taking medicine
 - Ask for a second opinion. ATC will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.



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Absolute Total Care: **Summary of Benefits**

- Have interpreters to help with communication with your doctors and your health plan.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency
 - See an out of network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a state fair hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the ATC Member Handbook. If you have questions, you can also call ATC Member Services.



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Absolute Total Care: **Summary of Benefits**

If you have a complaint or think we should cover something we denied

If you have a complaint or think ATC should cover something we denied, call ATC at 1-855-735-4398 (TTY: 711). You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the ATC Member Handbook. You can also call ATC Member Services at 1-855-735-4398 from 8 a.m. to 8 p.m., seven days a week. On weekends and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users call 711. Additionally, you can fax your appeal to ATC at 1-844-273-2671. Or you can write to our plan at the following address:

Absolute Total Care
Attn: Medicare Appeals & Grievances
7700 Forsyth Blvd
St Louis, MO 63105

There is a special ombudsman for this program called the Healthy Connections Prime Advocate. The Healthy Connections Prime Advocate does not work for us or Healthy Connections Medicaid. They can help you understand your rights and the appeal process, and they can help you with your appeal. You can reach the Healthy Connections Prime Advocate at 1-844-477-4632. TTY users should call 711.

If you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

Call us at ATC Member Services. Phone numbers are on the cover of this summary, or

- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You may also contact your local South Carolina police department.



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Absolute Total Care: Summary of Benefits

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 1-855-735-4398. 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 1-855-735-4398. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我們提供免費的翻譯服務，幫助您解答關於健康或藥物保險的任何疑問。如果您需要此翻譯服務，請致電 1-855-735-4398。我們的中文工作人員很樂意幫助您。這是一項免費服務。

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 1-855-735-4398。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 1-855-735-4398. 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 1-855-735-4398. 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 1-855-735-4398 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 1-855-735-4398. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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Absolute Total Care: Summary of Benefits

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 1-855-735-4398. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: الاتصال بنا على 1-855-735-4398. سيسيقوم شخص خاص م ايتحدث ال عربيه إننا نقدم خدمات المترجم الفوري الم جانبة إل حاجة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بلساعدتك. هذه خدمة مجانية فوري، ليس عليك سوى

Hindi: हमारे वा य या दवा की योजना के बारे म आपके िकसी भी प्र न के जवाब देने के िलए हमारे पास म त दभाषिया सेवाएँ उपल ध ह . एक दभाषिया प्रा त करने के िलए, बस हम 1-855-735-4398 पर फोन कर . कोई यिक्त जो िह दी बोलता है आपकी मदद कर सकता है. यह एक म त 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 1-855-735-4398. 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 1-855-735-4398. 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 1-855-735-4398. 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 1-855-735-4398. 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、1-855-735-4398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。



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1441 Main Street
Suite 900
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1-855-735-4398
TTY: 711

<http://mmp.absolutetotalcare.com>