

2026

Summary of Benefits

ConnectiCare Flex Plan 3 (HMO-POS)

Connecticut H3528-011-002

Serving: Fairfield, New Haven, New London, and Windham Counties

Effective January 1 through December 31, 2026

2026 Summary of Benefits

ConnectiCare Flex Plan 3 H3528-011-002

January 1, 2026 - December 31, 2026.

ConnectiCare, Inc. is an HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare 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 access the “Evidence of Coverage” at Connecticare.com/Medicare.

To join **ConnectiCare Flex Plan 3** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Connecticut: Fairfield, New Haven, New London, and Windham Counties.

Except in emergency or urgent situations, if you use 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 [Medicare.gov](https://www.Medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227) available 24 hours, 7 days a week including some federal holidays. TTY/TDD users should call 1-877-486-2048.

Have questions? Please call ConnectiCare Member Services Department at (800) 224-2273, TTY: 711, Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. or visit our website at Connecticare.com/Medicare.

Premium & Benefits	ConnectiCare Flex Plan 3
<p>Monthly Plan Premium You must keep paying your Medicare Part B premium.</p>	<p>\$49</p>
<p>Deductible</p>	<p>No deductible</p>
<p>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</p>	<p>In-Network: \$6,750 annually Out-of-Network: \$10,000 annually After you reach the maximum out-of-pocket limit, we will pay the full cost of covered Part A and Part B services for the rest of the year.</p>
<p>Inpatient Hospital</p>	<p><u>In-Network</u> Days 1-5: \$495 copay per day. \$0 copay per day for each additional day, for each inpatient stay. Unlimited days.</p> <p><u>Out-of-Network</u> 40% of the total cost for each inpatient stay. Unlimited days. Services may require authorization.</p>
<p>Outpatient Hospital</p>	<p><u>In-Network</u> \$325 copay \$0 for diagnostic colonoscopy <u>Out-of-Network</u> 40% of the total cost Services may require authorization. Limitations may apply. See your Evidence of Coverage (EOC) for details.</p>
<p>Ambulatory Surgery Center</p>	<p><u>In-Network</u> \$200 copay \$0 for diagnostic colonoscopy <u>Out-of-Network</u> 40% of the cost Services may require authorization. Limitations may apply. See your Evidence of Coverage (EOC) for details.</p>

Premium & Benefits	ConnectiCare Flex Plan 3
<p>Doctor Visits</p> <ul style="list-style-type: none"> Primary care providers Specialist 	<p><u>In-Network</u> \$5 per visit</p> <p><u>Out-of-Network</u> 40% of the cost per visit</p> <p><u>In-Network</u> \$50 per visit</p> <p><u>Out-of-Network</u> 40% of the cost per visit</p>
<p>Preventive Care</p> <p>Other preventive services are available.</p> <ul style="list-style-type: none"> Flu vaccine, diabetic screenings, etc. 	<p>\$0 copay</p>
<p>Emergency Care</p> <p>Copayment waived if admitted to the hospital within 1 day.</p>	<p>\$130 copay</p>
<p>Urgent Care</p>	<p>\$50 copay</p>
<p>Diagnostic Services/Labs/Imaging</p> <ul style="list-style-type: none"> Diagnostic tests and procedures Lab services Diagnostic radiology (e.g. MRIs, CAT scans) X-rays 	<p><u>In-Network</u> \$25 copay</p> <p><u>Out-of-Network</u> 40% of the total cost</p> <p><u>In-Network</u> \$0 at physician’s office or independent facility, \$15 all other locations</p> <p><u>Out-of-Network</u> 40% of the cost</p> <p><u>In-Network</u> \$275 copay \$0 for diagnostic mammograms</p> <p><u>Out-of-Network</u> 40% of the cost</p> <p><u>In-Network</u> \$45 copay</p> <p><u>Out-of-Network</u> 40% of the cost</p> <p>Services may require authorization.</p>

Premium & Benefits	ConnectiCare Flex Plan 3
<p>Hearing Services</p> <ul style="list-style-type: none"> • Medicare-covered hearing exam • Routine hearing exam (One per year) • Hearing aid fittings and evaluations (One per year) • Hearing aid 	<p><u>In-Network</u> \$50 copay per visit</p> <p><u>Out-of-Network</u> 40% of the cost</p> <p><u>In-Network</u> \$0 copay per visit</p> <p><u>Out-of-Network</u> 40% of the cost</p> <p>Not Covered</p> <p>Not Covered</p>
<p>Dental Services</p> <ul style="list-style-type: none"> • Medicare-covered dental services • Preventive dental <ul style="list-style-type: none"> • Oral exams • X-rays • Cleanings • Comprehensive dental 	<p><u>In-Network</u> \$50 copay per visit</p> <p><u>Out-of-Network</u> 40% of the cost</p> <p><u>In-Network</u> You pay \$0</p> <p>Covers up to one oral exam, one cleaning, and fluoride treatment every six months.</p> <p>Covers one standard x-ray every six months and one complete series (panorex x-rays) every 36 months.</p> <p>Limitations may apply. See your Evidence of Coverage (EOC) for details.</p> <p>Not Covered</p> <p>You can purchase comprehensive dental services as an Optional Supplemental Benefit (see below).</p>

Premium & Benefits	ConnectiCare Flex Plan 3
<p>Optional Supplemental Dental Benefits</p> <p>POS Option:</p> <ul style="list-style-type: none"> Comprehensive Dental Services Minor Restorative Services: fillings. <p>Major Restorative Services: (Endodontics, Periodontics, Prosthodontics and Oral and Maxillofacial Surgery) – Includes Root Canal Therapy, Periodontal Scaling and Planing, Periodontal Surgery Crowns, Fixed Bridgework, Partial and Full Dentures, Denture Adjustments, Repairs to Fixed Bridges, Re-Cement of Fixed Bridges, Crowns, and Inlays, Extractions and Oral Surgery, Implants, and Maintenance.</p> <p>Indemnity Option:</p> <ul style="list-style-type: none"> Preventive and comprehensive dental services: <p>Vision Services</p> <ul style="list-style-type: none"> Medicare-covered eye exams Medicare-covered eyewear Routine eye exam (One exam per year) Eyewear allowance 	<ul style="list-style-type: none"> \$33 monthly premium \$100 calendar year deductible \$2,000 annual benefit maximum or \$39 monthly premium \$100 calendar year deductible \$3,000 annual benefit maximum <p><u>In-Network</u> 20% of the cost after the \$100 calendar-year deductible is met. 50% of the cost after the \$100 calendar-year deductible is met.</p> <p><u>Out-Of-Network</u> In addition to the in-network cost-shares listed above, you pay the difference between the out-of-network allowance and the total amount billed by the dentist. Services may require authorization. Limitations may apply. See your Evidence of Coverage (EOC) for details.</p> <ul style="list-style-type: none"> \$157 monthly premium \$3,500 annual benefit maximum You pay 50% of the cost for all covered services. <p>\$50 copay \$0 copay \$0 copay Up to \$200 per year Limitations may apply. See your Evidence of Coverage (EOC) for details.</p>

Premium & Benefits	ConnectiCare Flex Plan 3
Ambulance (Ground)	<u>In-Network</u> \$325 copay <u>Out-of-Network</u> \$325 copay Services may require authorization.
Ambulance (Air)	<u>In-Network</u> 20% of the cost <u>Out-of-Network</u> 20% of the cost Services may require authorization.
Transportation	Not covered
Medicare Part B Drugs <ul style="list-style-type: none"> • Chemotherapy drugs • Other Part B drugs • Part B insulin drugs 	Prior authorization may be required for certain drugs. Step Therapy may be required for certain drugs. 20% coinsurance unless capped by Inflation Reduction Act (IRA) rules. 20% coinsurance unless capped by Inflation Reduction Act (IRA) rules. 20% coinsurance unless capped by Inflation Reduction Act (IRA) rules. Your Part B insulin cost share will not exceed \$35 for a one-month supply of any insulin on our formulary.

Outpatient Prescription Drugs

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**Part D Deductible
(Tiers 2 to 5)**

\$185

Retail Rx 31-day supply

Mail Order 100-day supply

**Part D Insulins
Tier 3 – Preferred Brand**

\$35 copay

\$105 copay

Initial Coverage

You are in the Initial Coverage Phase until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$2,100

Tier 1 – Preferred Generic

\$1 copay

\$2 copay

Tier 2 – Generic

\$10 copay

\$20 copay

Tier 3 – Preferred Brand

25% of the cost

25% of the cost

Tier 4 – Non-Preferred Brand

27% of the cost

27% of the cost

Tier 5 – Specialty Tier

30% of the cost

Not available

Tier 6 – Select Care

\$0 copay

\$0 copay

Catastrophic Coverage

You are in this stage after your year-to-date “out-of-pocket costs” (your payments) reach a total of \$2,100

During this stage, the plan will pay for the full cost of your covered Part D drugs.

Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year (through December 31, 2026).

Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit.

Extra Benefits	ConnectiCare Flex Plan 3
<p>Acupuncture</p> <ul style="list-style-type: none"> • Medicare-covered acupuncture 	<p><u>In-Network</u> \$50 copay per visit</p> <p><u>Out-of-Network</u> Not Covered</p> <p>Services may require authorization.</p>
<p>Additional Telehealth Services</p>	<p>You pay a \$5 - \$50 copayment for certain telehealth services including:</p> <ul style="list-style-type: none"> • Cardiac Rehabilitation Services • Primary Care Physician Services • Chiropractic Services • Occupational Therapy Services • Physician Specialist Services • Individual Sessions for Mental Health Specialty Services • Group Sessions for Mental Health Specialty Services • Podiatry Services • Other Health Care Professional • Individual Sessions for Psychiatric Services • Group Sessions for Psychiatric Services • Physical Therapy and Speech-Language Pathology Services • Opioid Treatment Program Services • Individual Sessions for Outpatient Substance Abuse • Group Sessions for Outpatient Substance Abuse.
<p>Chiropractic Services</p> <ul style="list-style-type: none"> • Medicare-covered chiropractic care 	<p><u>In-Network</u> \$15 copay per visit</p> <p><u>Out-of-Network</u> 40% copay per visit</p>
<p>Durable Medical Equipment (DME)</p>	<p><u>In-Network</u> 10% - 20% of the cost</p> <p><u>Out-of-Network</u> 40% of the cost</p> <p>Services may require authorization.</p>

Extra Benefits	ConnectiCare Flex Plan 3
Over-the-Counter (OTC) Items (Supplemental)	You get \$50 every 3 months for OTC items, available through catalog purchase only. Unused allowance does not carry over to the next month.
Podiatry Services	<u>In-Network</u> \$50 copay per visit <u>Out-of-Network</u> 40% of the cost
Wellness Programs - Fitness	\$0 copay
Worldwide Emergency Care <ul style="list-style-type: none"> • Urgent Care • Emergency Room • Emergency Transportation 	You are covered for worldwide emergency, urgent care, and ground ambulance services up to \$50,000 each year. \$0 copay \$0 copay \$0 copay

Notice of Availability

We offer free interpreter and translation services to help you understand your health or drug plan. This includes support from someone who speaks your language.

We also provide free aids and services—such as sign language interpreters and written materials in alternative formats—to ensure everyone can access the information they need. To request these services, please call Member Services at the number listed on your Member ID card.

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the Member Services number on the back of your ID card or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma.

También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles.

Llame al número del Departamento de Servicios para Miembros que figura en el reverso de su tarjeta de identificación o hable con su proveedor.

Simplified Chinese

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 ID 卡背面的客户服务号码或咨询您的服务提供商。

Traditional Chinese

注意：如果您說台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請撥打您 ID 卡背面的會員服務部電話號碼或諮詢您的服務提供者。

Russian

ВНИМАНИЕ! Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также бесплатны. Позвоните по номеру службы поддержки клиентов, указанному на обратной стороне вашей идентификационной карты, или обратитесь к своему поставщику услуг.

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nimewo Sèvis Manm ki sou do kat ID ou a oswa pale ak pwofesyonèl swen sante ou a.

Korean

주의:한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. ID 카드 뒷면에 있는 회원 서비스 번호로 전화하거나 서비스 제공업체에 문의하십시오.

Italian

ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente strumenti ausiliari e servizi adeguati per fornire informazioni in formati accessibili. Si prega di contattare il numero del Servizio per i membri riportato sul retro della propria tessera identificativa o di rivolgersi al proprio fornitore.

Yiddish

אַכטונג: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פריי פאר דיר. פאַסיקע אידס און באַדינונגס פֿאַר צושטעלן אינפֿאָרמאַציע אין צוטריטלעך פֿאַרמאַטירונגען זענען אויך פריי בנימצא. רופט דעם מיטגליד באַדינען נומער אין קריק פֿון דיין ID קאַרטל אָדער רעדט מיט דיין צושטעלער.

Bengali

মনোযোগ দিন: যদি আপনি বাংলা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। আপনার আইডি কার্ডের পিছনে থাকা সদস্য পরিষেবা নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

Polish

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer Działu Obsługi Klienta podany na odwrocie Twojej karty identyfikacyjnej lub porozmawiaj ze swoim dostawcą.

Arabic

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجانًا. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل بقسم خدمات الأعضاء على الرقم المدون على ظهر بطاقة هويتك أو تحدث إلى مقدم الخدمات.

French

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés sont également mis à votre disposition gratuitement pour vous fournir les informations dans des formats accessibles. Appelez les Services aux adhérents au numéro figurant au dos de votre carte d'adhérent, ou adressez-vous à votre prestataire.

Urdu

اردو

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت لسانی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ ممبر سروسز کو اپنے ID کارڈ کی پچھلی جانب موجود نمبر پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libheng serbisyo ng tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga accessible na format. Tawagan ang numero ng Mga Serbisyo sa Miyembro sa likod ng ID card mo o makipag-usap sa iyong provider.

Greek

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε τον αριθμό των υπηρεσιών Μέλους που βρίσκεται στο πίσω μέρος της κάρτας αναγνωριστικού σας ή απευθυνθείτε στον πάροχό σας.

Albanian

VINI RE: Nëse flisni anglisht, shërbimet falas të ndihmës gjuhësore janë të disponueshme për ju. Gjithashtu, disponohen falas ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të aksesueshme. Telefononi Shërbimet ndaj Anëtarëve në

numrin që ndodhet në pjesën e pasme të kartës suaj të identitetit ose flisni me ofruesin tuaj të shërbimit.

German

HINWEIS: Wenn Sie Sprache einfügen sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienste für die Übermittlung von Informationen in zugänglicher Form sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer des Mitgliederservices auf der Rückseite Ihres Ausweises an oder sprechen Sie mit Ihrem Anbieter.

Pennsylvania Dutch

GEB ACHT: Wann du Pennsylvanisch Deutsch schwetzsch, Schprooch Hilfe Services sin meeglich mitaus Koscht. Appropriate Auxiliary Aids un Services un Services Information zu gewwe in helfreiche Formats sin aa meeglich mitaus Koscht. Ruf die Member Services Nummer uff die Rickseit vun dei ID Kaart odder Schwetz mit dei Provider.

Vietnamese

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Ngoài ra, chúng tôi còn có các dịch vụ và phương tiện hỗ trợ khác phù hợp, hoàn toàn miễn phí để cung cấp thông tin theo các định dạng dễ sử dụng. Vui lòng gọi đến số điện thoại của bộ phận Dịch vụ thành viên có trên mặt sau thẻ ID của quý vị để trao đổi với nhà cung cấp dịch vụ của quý vị.

Somali

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa.

Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan.

Wac lambarka Adeegyada Macaamiisha ee ku qoran dhabarka danbe ee kaarkaaga aqoonsiga ama la hadal dhakhtarkaaga.

Japanese

注意：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。IDカードの裏面にある会員サービス番号に電話するか、プロバイダーにご相談ください。

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги з надання інформації в доступних форматах також пропонуються безкоштовно. Зателефонуйте на номер служби

підтримки учасників, указаний на звороті вашого посвідчення особи, або зверніться до свого постачальника послуг.

Romanian

ATENȚIE: Dacă vorbiți română, aveți la dispoziție servicii gratuite de asistență lingvistică. Sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru furnizarea informațiilor în formate accesibile. Contactați Serviciul pentru Membri la numărul de telefon înscris pe verso-ul cardului de identificare sau adresați-vă furnizorului dumneavoastră.

Amharic

ማስታወሻ፡ አማርኛ የምናገሩ ከሆነ፣ ገንዘብ ድጋፍ አገልግሎቶች ለእርስዎ ይኖራል። እንዲሁም፣ በሚገኙ ቅርፀቶች መረጃ ለማቅረብ ተገቢ የመረጃ ድጋፎች እና አገልግሎቶች በገንዘብ ይኖራሉ። በID ካርድዎ ጀርባ ላይ በለው የአባላት አገልግሎቶች ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።

Thai

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลข ฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจำตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

Persian

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی به صورت رایگان در دسترس شماست. همچنین، خدمات کمک‌های لازم برای ارائه اطلاعات به صورت‌های مختلف و قابل دسترسی، به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره خدمات اعضا که پشت کارت شناسایی شما درج شده تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Samoan

FAAMATALAGA: Afai e te tautala faa-Samoa, o loo i ai gagana fesoasoani i gagana e Le totogia mo oe. Fesoasoani fa'aopopo talafeagai ma auaunaga ina ia tuuina atu ai faamatalaga e maua i limits e faigofie ona maua o loo maua foi e le totogia. Vala'au le Auaunaga a Sui Auai i le numera o i taua o lau ID card pe talanoa i lauvrautua.

Ilocano

PAKAAMMO: No agsasaoka iti Ilocano, magun-odam dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti format a nalaka a ma-access. Tawagam ti numero ti Serbisio para Kadagiti Miembro iti likudan ti ID card-mo wenno makisaritaka iti provider-mo.

Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસલરી સહાય અને એક્સેસિબલ ફોર્મટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા ID કાર્ડની પાછળ આપેલા સભ્ય સેવાઓ નંબર પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Portuguese

ATENÇÃO: se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Também estão disponíveis, de forma gratuita, ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis. Ligue para o número dos Serviços de apoio aos membros que se encontra no verso do seu cartão de identificação ou fale com o seu prestador de serviços de saúde.

Hindi

ધ્યાન દે: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। अपने ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर पर कॉल करें या अपने प्रदाता से बात करें।

Khmer

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន ដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅលេខសេវាបម្រើសមាជិកនៅខាងក្រោយកាត ID របស់អ្នក ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີບໍລິການສະມາຊິກຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ ຫຼື ວິມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Karen

ဟ်သျှ်ဟ်သး- နမ့ၢ်ကတိၤ ကညီကျိၢ် အသိ, တၢ်အိၣ်ဒီး ကျိၢ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢ်ဘျုးလၢ်စ့ၤ လၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်န့ၢ်ဟူၤပီးလီၤဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအကြးအဘျုး လၢကဟ့ၢ် တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤန့ၢ်အိၣ်သ့တဖၣ် လၢတလၢ်ဘျုးလၢ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး ကရုၢ်ဖိတၢ်မၤစၢၤတၢ်မၤ အလီၤတဲစိနီၣ်ဂံၢ်လၢ အိၣ်ဖဲန့ၢ်အုၣ်သး (ID) ခးက့အလီၤ မ့တမ့ၢ် တဲတၢ်ဒီး ပုၤလၢအဟ့ၢ်န့ၢ်တၢ်ကွၢ်ထွဲန့ၢ် တက့ၢ်.

Swahili

KUMBUKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa zinapatikana pia bila malipo. Piga simu kwa nambari ya Huduma za Wanachama iliyo nyuma ya kadi yako ya kitambulisho au zungumza na mtoa huduma wako.

Serbian

PAŽNJA: Ukoliko govorite Srpski, dostupne su vam besplatne usluge jezičke podrške. Dostupne su vam i besplatne odgovarajuće pomoći i usluge za pružanje informacija u formatima za lak pristup.

Pozovite broj za usluge za članove koji se nalazi na poledini vaše ID kartice ili se obratite pružaocu usluge.

Croatian

PAŽNJA: Ako pričate Hrvatski, na raspolaganju su vam besplatne usluge pomoći za jezik. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno.

Nazovite broj Službe za članove na poledini vaše osobne iskaznice ili razgovarajte sa svojim pružateljem usluga.

Nepali

सावधान: तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। ID कार्डको पछाडिपट्टि लेखिएको Member Services नम्बरमा फोन गर्नुहोस्, नभए डाक्टरसँग कुरा गर्नुहोस्।

Yoruba

ÀKÍYÈSÍ: Bí o bá ní sọ èdè Yorùbá, àwọn isẹ̀ irànlọ̀wọ́ èdè ọ̀fẹ́ wà fún ọ. Àwọn ohun èlò irànlọ̀wọ́ àti àwọn isẹ̀ tó yẹ láti pèsè àlàyé ní àwọn ọ̀nà tó rọ̀rùn ló wà lọ́fẹ́ẹ́. Pe nọmbà Àwọn isẹ̀ Ọmọ ẹgbẹ́ tó wà ní ẹ̀yìn káàdì ìdánimọ̀ rẹ̀ tàbí bá olùpèsè rẹ̀ sọ̀rò.

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