

2022 Wellcare Medicare Advantage Plan Information

Thank you for your interest in applying for the Wellcare Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. Wellcare will send out an outbound enrollment verification letter by mail within 15 calendar days from receipt of the enrollment request.

Enrollment Packet – click links below to view the information

Star Rating: [HMO](#) / [PPO](#)

[Download Application](#)

Benefits: [Low Premium Open PPO \(North\)](#) / [Low Premium Open PPO \(South\)](#) / [No Premium Open PPO \(Lane\)](#) / [Assist & No Premium Open HMO](#) / [Giveback, Patriot & Premium Ultra \(PPO\)](#)

[Providers](#)

[Formulary](#)

[Pharmacy Locator](#)

Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15th to December 7th. This will give you a January 1st effective date for your new plan.

Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15th and December 7th. ***If they are signed prior to October 15th they will be returned to you with a new application.*** If they are received after December 7th, you will not be able to change plans until the next AEP for January of the following year.

Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:

CDA Insurance LLC
PO Box 26540
Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470
Secure File Upload: [Click here](#)
Email: cs@cda-insurance.com

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613. Our website: <https://medicare-oregon.com/>

Y0062_MULTIPLAN_CDA INSURANCE Oregon 2022 (Pending)



2022 Summary of Benefits

Oregon

Wellcare No Premium Open (PPO)

H5439 | 017

We know how important it is to have a health plan you can count on.

This is a summary of drug and health services covered by Wellcare No Premium Open (PPO) from January 1, 2022 to December 31, 2022.

This booklet will provide you with a summary of what we cover and the cost-sharing responsibilities. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at www.wellcare.com/healthnetor. Or, you may call us to ask for a copy at the phone number listed on the back cover.

Who can join?

To enroll in one of our plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

Our service area includes Lane county in Oregon.

If you want to know more about the 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.

Preferred Provider Organizations (PPOs) You'll enjoy the freedom and flexibility to access your health care where you want it and when you want it. You may seek care from any Medicare provider in the country who agrees to see you as a Medicare member, but you'll generally pay less when you use contracted providers in our network. Out-of-network providers may choose not to bill our plan and may ask you to pay for services up front. If this happens, you can fill out a claim form and submit it to us with a copy of the bill and any documentation you have about payments you have made.

Out-of-network/non-contracted providers are under no obligation to treat Wellcare No Premium Open (PPO) plan members, except in emergency situations. Please call our member services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Our plans also include prescription drug coverage and access to our large network of pharmacies. Our plans use a formulary. Our drug plans are designed specifically for Medicare beneficiaries and include a comprehensive selection of affordable generic and brand name drugs.

Which doctors, hospitals and pharmacies can I use? Wellcare No Premium Open (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You can save money by using our preferred mail-order pharmacy and by using providers in the plan's network. With some plans if you use providers that are not in our network, your share of the costs for covered services may be higher.

You can see our plan's provider and pharmacy directory and for plans with prescription drug coverage, our complete plan Formulary (list of Part D prescription drugs) on our website at www.wellcare.com/healthnetor.

For more information, please call us at 1-866-277-6583 (TTY users should call 711). Hours are Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. Visit us at www.wellcare.com/healthnetOR.

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). Please call member services if you need plan information in another format.

Benefits

	Wellcare No Premium Open (PPO) H5439, Plan 017
Service Area	Our service area includes Lane county in Oregon.
PPO plans do not require a prior authorization or referral for out-of-network services.	
Monthly plan premium You must continue to pay your Medicare Part B premium.	\$0
Deductible	No deductible
Maximum out-of-Pocket Responsibility (does not include prescription drugs)	\$3,450 in-network annually \$3,450 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	In-Network For each admission, you pay: <ul style="list-style-type: none"> • \$450 copay per day for days 1 through 4 • \$0 copay per day for days 5 through 90 • \$0 copay per day for days 91 and beyond * Out-of-Network For each admission, you pay: <ul style="list-style-type: none"> • \$450 copay per day for days 1 through 4 • \$0 copay per day for days 5 and beyond
Outpatient Hospital coverage Outpatient hospital services	In-Network \$400 copay for surgical and non-surgical services * Out-of-Network \$400 copay for surgical and non-surgical services

Services with an asterisk () may require prior authorization.*

Benefits

	Wellcare No Premium Open (PPO) H5439, Plan 017
Outpatient hospital observation services	<p>In-Network \$120 copay for outpatient observation services when you enter observation status through an emergency room. \$400 copay for outpatient observation services when you enter observation status through an outpatient facility. *</p> <p>Out-of-Network \$120 copay for outpatient observation services when you enter observation status through an emergency room. \$400 copay for outpatient observation services when you enter observation status through an outpatient facility.</p>
Ambulatory surgical center (ASC)	<p>In-Network \$250 copay *</p> <p>Out-of-Network \$250 copay</p>
Doctor Visits Primary Care Providers	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p>
Specialists	<p>In-Network \$35 copay</p> <p>Out-of-Network \$35 copay</p>

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Benefits

	Wellcare No Premium Open (PPO) H5439, Plan 017
Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu shots, Hepatitis B shots, Pneumococcal shots))	In-Network \$0 copay Out-of-Network \$0 copay
Emergency care	\$120 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide emergency coverage	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for Worldwide Emergency Services.
Urgently needed services	\$25 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide urgent care coverage	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for Worldwide Urgently Needed Services.

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Benefits

	Wellcare No Premium Open (PPO) H5439, Plan 017
Diagnostic Services/Labs/Imaging	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	In-Network \$0 copay * Out-of-Network \$0 copay
Diagnostic tests and procedures	In-Network \$0 copay for each Medicare-covered spirometry test for members with a diagnosis of COPD. \$0 copay for the removal of abnormal tissue and/or polyps during a colonoscopy performed as a preventive screening for colorectal cancer. 20% coinsurance for all other Medicare-covered diagnostic procedures and tests. * Out-of-Network \$0 copay for each Medicare-covered spirometry test for members with a diagnosis of COPD. \$0 copay for the removal of abnormal tissue and/or polyps during a colonoscopy performed as a preventive screening for colorectal cancer. 20% coinsurance for all other Medicare-covered diagnostic procedures and tests.
Outpatient X-rays	In-Network \$0 copay * Out-of-Network \$0 copay
Diagnostic radiology services (e.g. MRI, CAT Scan)	In-Network \$0 copay for a DEXA scan. \$0 copay for a Diagnostic Mammogram. \$225 copay for diagnostic radiology services at all other locations.

Services with an asterisk () may require prior authorization.*

Benefits

	Wellcare No Premium Open (PPO) H5439, Plan 017
	<p>\$400 copay for diagnostic radiology services received in an outpatient setting. *</p> <p>Out-of-Network \$0 copay for a DEXA scan. \$0 copay for a Diagnostic Mammogram. \$225 copay for diagnostic radiology services at all other locations. \$400 copay for diagnostic radiology services received in an outpatient setting.</p>
Therapeutic Radiology	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>
<p>Hearing services Hearing Exam Medicare Covered</p>	<p>In-Network \$35 copay *</p> <p>Out-of-Network \$35 copay</p>
Routine hearing exam	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 exam every year</p>

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Benefits

	Wellcare No Premium Open (PPO) H5439, Plan 017
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 fitting(s) / evaluation(s) every year</p>
Hearing aid allowance	Up to a \$1,500 allowance for both ears combined every year for hearing aids.
All types	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>Limited to 2 hearing aid(s) every year</p>
Additional Hearing Information	<p>What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.</p>

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Benefits

Wellcare No Premium Open (PPO) H5439, Plan 017	
Dental services	
Preventive services	<p>In-Network \$0 copay *</p> <p>Out-of-Network 70% coinsurance</p> <p>Cleanings 2 every year Dental x-rays 1 every 12 to 36 months Oral exams 2 every year</p>
Fluoride Treatment	<p>In-Network \$0 copay *</p> <p>Out-of-Network 70% coinsurance</p> <p>1 every year</p>
Comprehensive services	
Medicare Covered	<p>In-Network \$35 copay for each Medicare-covered service. *</p> <p>Out-of-Network \$35 copay for each Medicare-covered service.</p>
Diagnostic Services	<p>In-Network 40% coinsurance *</p> <p>Out-of-Network 70% coinsurance</p> <p>1 diagnostic service(s) every year</p>

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Benefits

	Wellcare No Premium Open (PPO) H5439, Plan 017
Restorative Services	<p>In-Network 40% coinsurance *</p> <p>Out-of-Network 70% coinsurance</p> <p>1 restorative service(s) every 12 to 84 months</p>
Endodontics/ Periodontics/ Extractions	<p>In-Network 40% coinsurance *</p> <p>Out-of-Network 70% coinsurance</p> <p>1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth</p>
Non-routine services	<p>In-Network 40% coinsurance *</p> <p>Out-of-Network 70% coinsurance</p> <p>1 non-routine service(s) every day to 24 months</p>
Prostodontics, Other Oral/Maxillofacial Surgery, Other Services	<p>In-Network 40% coinsurance *</p> <p>Out-of-Network 70% coinsurance</p> <p>Prostodontics are not covered 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime</p>

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Benefits

	Wellcare No Premium Open (PPO) H5439, Plan 017
Additional Dental Information	What you should know: This plan includes coverage of preventive and comprehensive services up to \$1,000.
Vision Services Eye Exam Medicare Covered	In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$35 copay (all other Medicare-covered eye exams) * Out-of-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$35 copay (all other Medicare-covered eye exams)
Routine eye exam (Refraction)	In-Network \$0 copay * Out-of-Network 40% coinsurance 1 exam every year
Glaucoma screening	In-Network \$0 copay for each Medicare-covered service. Out-of-Network \$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	In-Network \$0 copay * Out-of-Network \$35 copay

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Benefits

	Wellcare No Premium Open (PPO) H5439, Plan 017
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	In-Network \$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year * Out-of-Network 40% coinsurance Up to a \$200 combined allowance every year.
Mental Health Services	
Inpatient visit	In-Network For each admission, you pay: <ul style="list-style-type: none"> • \$315 copay per day for days 1 through 5 • \$0 copay per day for days 6 through 90 * Out-of-Network For each admission, you pay: <ul style="list-style-type: none"> • \$315 copay per day for days 1 through 5 • \$0 copay per day for days 6 through 90
Outpatient individual therapy visit	In-Network \$25 copay Out-of-Network \$25 copay
Outpatient group therapy visit	In-Network \$25 copay Out-of-Network \$25 copay

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Benefits

	Wellcare No Premium Open (PPO) H5439, Plan 017
Skilled nursing facility (SNF)	<p>In-Network For each benefit period, you pay:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$184 copay per day for days 21 through 100 <p>*</p> <p>Out-of-Network For each benefit period, you pay:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$184 copay per day for days 21 through 100
Therapy and Rehabilitation Services	
Physical Therapy	<p>In-Network \$30 copay</p> <p>*</p> <p>Out-of-Network \$30 copay</p>
Outpatient rehabilitation services provided by an occupational therapist	<p>In-Network \$30 copay</p> <p>*</p> <p>Out-of-Network \$30 copay</p>
Pulmonary rehabilitation services	<p>In-Network \$30 copay</p> <p>Out-of-Network \$30 copay</p>

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Benefits

	Wellcare No Premium Open (PPO) H5439, Plan 017
Ambulance Ground Ambulance	In-Network \$260 copay * Out-of-Network \$260 copay
Air Ambulance	In-Network \$260 copay * Out-of-Network \$260 copay
Transportation Services	In-Network <u>Not covered</u> Out-of-Network <u>Not covered</u>
Medicare Part B Drugs Chemotherapy drugs	In-Network 20% coinsurance * Out-of-Network 20% coinsurance
Other Part B drugs	In-Network 20% coinsurance * Out-of-Network 20% coinsurance

Services with an asterisk () may require prior authorization.*

Prescription Drug Coverage	Wellcare No Premium Open (PPO) H5439, Plan 017	
Stage 1: Annual Prescription Deductible		
Deductible	\$125 for Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier) Part D prescription drugs. For all other covered drugs, you will not have to pay any deductible and will start receiving coverage immediately.	
Stage 2: Initial Coverage (after you pay your deductible, if applicable)		
You pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap.		
Retail cost-sharing (30-day/90-day supply)		
	Preferred	Standard
Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 / \$0 copay	\$2 / \$6 copay
Tier 2 (Generic Drugs - includes generic drugs and may include some brand drugs.)	\$8 / \$24 copay	\$15 / \$45 copay
Tier 3 (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	\$37 / \$111 copay	\$47 / \$141 copay
Tier 4 (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	\$90 / \$270 copay	\$100 / \$300 copay

Prescription Drug Coverage	Wellcare No Premium Open (PPO) H5439, Plan 017	
	Preferred	Standard
Tier 5 (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	31% coinsurance / Not Available	31% coinsurance / Not Available
Tier 6 (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	\$0 / \$0 copay	\$0 / \$0 copay

Prescription Drug Coverage	Wellcare No Premium Open (PPO) H5439, Plan 017	
Stage 2: Initial Coverage (after you pay your deductible, if applicable) (Continued)		
Mail-order cost-sharing (30-day/90-day supply)		
	Preferred	Standard
Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 / \$0 copay	\$2 / \$6 copay
Tier 2 (Generic Drugs - includes generic drugs and may include some brand drugs.)	\$8 / \$0 copay	\$15 / \$45 copay
Tier 3 (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	\$37 / \$74 copay	\$47 / \$141 copay
Tier 4 (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	\$90 / \$180 copay	\$100 / \$300 copay
Tier 5 (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	31% coinsurance / Not Available	31% coinsurance / Not Available

Prescription Drug Coverage	Wellcare No Premium Open (PPO) H5439, Plan 017	
	Preferred	Standard
Tier 6 (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	\$0 / \$0 copay	\$0 / \$0 copay
Stage 3: Coverage Gap		
	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap. During this stage, for Tier 1 and select drugs on Tier 6, you pay your copayment or coinsurance. Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.	
Stage 4: Catastrophic Coverage		
	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs. 	

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our preferred or standard network, or whether the prescription is a short-term (30-day supply) or long term (90-day supply).

Excluded Drugs:

This plan includes enhanced drug coverage of certain excluded drugs. Generic only Sildenafil and Vardenafil on Tier 1 have a quantity limit of six pills every 30 days.

Because these drugs are excluded from Part D coverage under Medicare, they are not covered by Extra Help. Also, the amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage.

Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.

Additional Benefits

	Wellcare No Premium Open (PPO) H5439, Plan 017
Chiropractic Services Medicare-covered	In-Network \$20 copay * Out-of-Network \$20 copay
Acupuncture Medicare-covered	In-Network \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$35 copay for Medicare-covered Acupuncture received in a Specialist office. \$20 copay for Medicare-covered Acupuncture received in a Chiropractor office. * Out-of-Network \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$35 copay for Medicare-covered Acupuncture received in a Specialist office. \$20 copay for Medicare-covered Acupuncture received in a Chiropractor office.
Podiatry Services (Foot Care) Medicare Covered	In-Network \$35 copay Out-of-Network \$35 copay What you should know: Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.

Services with an asterisk () may require prior authorization.*

Additional Benefits

	Wellcare No Premium Open (PPO) H5439, Plan 017
Virtual Visits	<p>Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more.</p> <p>A virtual visit (also known as a telehealth consult) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device.</p>
Home health agency care	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>
Medical Equipment/Supplies Durable Medical Equipment (DME)	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>
Prosthetics	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>
Diabetic supplies	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>

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Additional Benefits

	Wellcare No Premium Open (PPO) H5439, Plan 017
Diabetic therapeutic shoes or inserts	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>
Opioid treatment program services	<p>In-Network \$35 copay</p> <p>Out-of-Network \$35 copay</p>
Over-the-Counter (OTC) Items	<p>\$0 copay The maximum total benefit is \$25 every three months</p> <p>What you should know: Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.</p>
Wellness Programs Fitness	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay Coverage includes: Activity Tracker and Physical Fitness</p> <p>What you should know: This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit or Garmin fitness tracker may be selected as part of a home fitness kit.</p>

Services with an asterisk () may require prior authorization.*

Additional Benefits

	Wellcare No Premium Open (PPO) H5439, Plan 017
Additional sessions of smoking and tobacco cessation counseling	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p> <p>Limited to 5 visit(s) every year</p>
Additional Routine Annual Physical	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p> <p>What you should know: Wellness programs are a great way to maintain your health. Whether it's an extra checkup during the year or you just have a simple health question, we are here as your partner in health.</p>
24-Hour Nurse Advice Line	\$0 copay
<p>Special Supplemental Benefits for Chronically Ill (SSBCI) To qualify for these benefits you must meet specific criteria, including having a qualifying chronic condition and determined to be eligible for high-risk care management. For a complete list of eligibility criteria, please see the Evidence of Coverage.</p>	<p>Robotic Companion: You pay \$0 copay Covers an interactive companion cat or dog from a contracted provider. Limitations apply.</p> <p>Referral may be required *</p>

Services with an asterisk () may require prior authorization.*

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al número de Servicios para Miembros que se indica para su estado en la página siguiente.

注意：如果您說中文，您可以免費獲得語言援助服務。請撥打針對您所在州列示於下一頁的會員服務部電話號碼。

Chú ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí dành cho quý vị. Hãy gọi số điện thoại của bộ phận Dịch Vụ Thành Viên thuộc bang của quý vị ở trang tiếp theo.

주의사항: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 다음 페이지에서 가입자의 주에 해당하는 목록 내 가입자 서비스부 번호로 전화해 주십시오.

Atensyon: Kung nagsasalita ka ng Tagalog, may mga available na lib्रेng tulong sa wika para sa iyo. Tumawag sa numero ng Mga Serbisyo para sa Miyembro na nakalista para sa iyong estado sa susunod na page.

Dumngeg: No agsasau ka iti Ilokano, dagiti tulong nga serbisio, a libre, ket available para kaniam. Awagam iti numero dagiti serbisio iti Miembro a nakalista para iti estadom iti sumaruno a panid.

La Silafia: Afai e te tautala i le gagana Samoa, o lo’o avanoa ia te oe ‘au’aunaga fesoasoani i le gagana, e leai se totogi. Vala’au le Member Services numera lisiina mo lou setete i le isi itulau.

Maliu: Ke wala’au Hawai’i ‘oe, loa’a ke kōkua ma ka unuhi ‘ōlelo me ke kākī ‘ole. E kelepona i ka helu kelepona o ka Māhele Kōkua Hoa i hō’ike ‘ia no kou moku’āina ma kēia ‘ao’ao a’e.