University of Iowa HMO Rx Plus (HMO) offered by Health Alliance Midwest, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of University of Iowa PPO Rx. Next year, there will be changes to the plan’s costs and benefits. *This booklet tells about the changes.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.healthalliancemedicare.org](http://www.healthalliancemedicare.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

### What to do now

**1. ASK:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* handbook.
Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

3. **CHOOSE: Decide whether** you want to change your plan
   - If you don’t join another plan by December 7, 2022, you will be enrolled in University of Iowa HMO Rx Plus.
   - To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Please contact your plan administrator.
Additional Resources

- Please contact our Health Alliance Member Services number at 1-877-917-8550 for additional information. (TTY users should call 711.) Hours are from 8 a.m. – 8 p.m., Local Time, 7-days a week. From April 1 – September 30, voicemail will be used on weekends and holidays.
- This information may be available in a different format, including large print.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

About *University of Iowa HMO Rx Plus*

- Health Alliance Medicare is a Medicare Advantage Organization with a Medicare contract. Enrollment in Health Alliance Medicare depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Health Alliance - Midwest, Inc. When it says “plan” or “our plan,” it means University of Iowa HMO Rx Plus.
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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for University of Iowa HMO Rx Plus in several important areas. Please note this is only a summary of changes.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly plan premium</strong>*</td>
<td>$60</td>
<td>$60</td>
</tr>
<tr>
<td>*Your premium may be higher or lower than this amount. See Section 1.1 for details.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maximum out-of-pocket amount</strong></td>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Doctor office visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care visits: $10 copayment per visit</td>
<td></td>
<td>Primary care visits: $10 copayment per visit</td>
</tr>
<tr>
<td>Specialist visits: $35 copayment per visit</td>
<td></td>
<td>Specialist visits: $35 copayment per visit</td>
</tr>
<tr>
<td><strong>Inpatient hospital stays</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.</td>
<td>$280 copayment per day for days 1 to 7.</td>
<td>$280 copayment per day for days 1 to 7.</td>
</tr>
<tr>
<td></td>
<td>$0 copayment per day for days 8 and beyond.</td>
<td>$0 copayment per day for days 8 and beyond.</td>
</tr>
<tr>
<td><strong>Part D prescription drug coverage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible: $0</td>
<td>Deductible: $0</td>
<td></td>
</tr>
</tbody>
</table>
To find out which drugs are select insulins, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Copayment/Coinsurance during the Initial Coverage Stage:</td>
<td>Copayment/Coinsurance during the Initial Coverage Stage:</td>
</tr>
<tr>
<td>(See Section 1.6 for details.)</td>
<td>• Drug Tier 1: $9 copayment</td>
<td>• Drug Tier 1: $9 copayment</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 2: $20 copayment</td>
<td>• Drug Tier 2: $20 copayment</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 3: $47 copayment</td>
<td>• Drug Tier 3: $47 copayment</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 4: 50% of the total cost</td>
<td>• Drug Tier 4: 50% of the total cost</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 5: 33% of the total cost</td>
<td>• Drug Tier 5: 33% of the total cost</td>
</tr>
</tbody>
</table>
SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>$60</td>
<td>$60</td>
</tr>
<tr>
<td>(You must also continue to pay your Medicare Part B premium.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see section 7 regarding “Extra Help” from Medicare.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum out-of-pocket amount</td>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Your costs for covered medical services (such as copays count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 1.3 – Changes to the Provider and Pharmacy Network

Updated directories are also located on our website at HealthAlliance.org/IA-Retirees. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.

There are changes to our network of pharmacies for next year. Please review the 2023 Pharmacy Directory to see which pharmacies are in our network.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – There are no changes to your benefits or amounts you pay for medical services

Our benefits and what you pay for these covered medical services will be exactly the same in 2023 as they are in 2022.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.

If you received a favorable formulary exception request in 2022, your doctor may need to request a new formulary exception on your behalf in 2023. At the time of the approval, we would have indicated in the approval notice how long the authorization is valid. Please refer to that approval notice or call Health Alliance Member Services if you need to confirm when that approval expires.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a

OMB Approval 0938-1051 (Expires: February 29, 2024)
GCMHA23-ANOCuiahmorx-0922
temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

<table>
<thead>
<tr>
<th>Changes to Prescription Drug Costs</th>
</tr>
</thead>
</table>

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), the information about costs for Part D prescription drugs may not apply to you. We have included or sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2022, please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible. Call Member Services for more information.

**Important Message About What You Pay for Insulin** - You won’t pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible.

**Changes to the Deductible Stage**

<table>
<thead>
<tr>
<th>Stage</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1: Yearly Deductible Stage</td>
<td>Because we have no deductible, this payment stage does not apply to you.</td>
<td>Because we have no deductible, this payment stage does not apply to you.</td>
</tr>
</tbody>
</table>

**Changes to Your Cost-Sharing in the Initial Coverage Stage**

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

<table>
<thead>
<tr>
<th>Stage</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 2: Initial Coverage Stage</td>
<td>Your cost for a one-month supply at a network pharmacy:</td>
<td>Your cost for a one-month supply at a network pharmacy:</td>
</tr>
<tr>
<td></td>
<td>Preferred Generic (Tier 1):</td>
<td>Preferred Generic (Tier 1):</td>
</tr>
</tbody>
</table>
During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost**.

The costs in this row are for a one-month 30-day supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

You pay $35 per month for select insulins.

<table>
<thead>
<tr>
<th>Stage</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard cost-sharing:</strong></td>
<td>You pay $9 per prescription</td>
<td><strong>Standard cost-sharing:</strong> You pay $9 per prescription</td>
</tr>
<tr>
<td><strong>Generic (Tier 2):</strong></td>
<td><strong>Standard cost-sharing:</strong> You pay $20 per prescription</td>
<td><strong>Generic (Tier 2):</strong> You pay $20 per prescription</td>
</tr>
<tr>
<td><strong>Preferred Brand (Tier 3):</strong></td>
<td><strong>Standard cost-sharing:</strong> You pay $47 per prescription</td>
<td><strong>Preferred Brand (Tier 3):</strong> You pay $47 per prescription</td>
</tr>
<tr>
<td><strong>Non-Preferred Drug (Tier 4):</strong></td>
<td><strong>Standard cost-sharing:</strong> You pay 50% of the total cost</td>
<td><strong>Non-Preferred Drug (Tier 4):</strong> You pay 50% of the total cost</td>
</tr>
<tr>
<td><strong>Specialty Tier (Tier 5):</strong></td>
<td><strong>Standard cost-sharing:</strong> You pay 33% of the total cost</td>
<td><strong>Specialty Tier (Tier 5):</strong> You pay 33% of the total cost</td>
</tr>
</tbody>
</table>

Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage). OR you have paid $7,050 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). OR you have paid $7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).
SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in University of Iowa HMO Rx Plus

To stay in our plan you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled as a member of University of Iowa Rx Plus for 2023.

Section 2.2 – If you want to change plans

If you wish to end your membership in our plan please contact your plan administrator.

We hope to keep you as a member next year but if you want to change for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the Medicare & You 2023 handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Health Alliance - Midwest, Inc. offers other Medicare health plans AND Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change to a different Medicare health plan, enroll in the new plan. You will automatically be disenrolled from University of Iowa HMO Rx Plus.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from University of Iowa HMO Rx Plus.
- To change to Original Medicare without a prescription drug plan, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
  - or – Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

OMB Approval 0938-1051 (Expires: February 29, 2024)
GMCMHA23-ANOCuiahmorx-0922
If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023. If you wish to end your membership in our plan please contact your plan administrator.

**Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Iowa, the SHIP is called Senior Health Insurance Information Program (SHIIP).

Senior Health Insurance Information Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. Senior Health Insurance Information Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Senior Health Insurance Information Program at 1-800-351-4664 (TTY 1-800-735-2942). You can learn more about Senior Health Insurance Information Program by visiting their website [https://shiip.iowa.gov/](https://shiip.iowa.gov/).

### SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
  - **OMB Approval 0938-1051 (Expires: February 29, 2024)**
  - GMCMHA23-ANOCuiahmox-0922
Prescription Cost-sharing Assistance for Persons with HIV/AIDS. The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Iowa ADAP program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Iowa Department of Public Health at 515-281-7689.

SECTION 6 Questions?

Section 6.1 – Getting Help from University of Iowa HMO Rx Plus

Questions? We’re here to help. Please call Member Services at 1-877-917-8550. (TTY only, call 711). We are available for phone calls from 8 a.m. – 8 p.m., Local Time, 7-days a week. From April 1 – September 30, voicemail will be used on weekends and holidays. Calls to these numbers are free.

Read your 2023 Evidence of Coverage (it has details about next year’s benefits and costs)

This Annual Notice of Changes gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 Evidence of Coverage for University of Iowa HMO Rx Plus. The Evidence of Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at HealthAlliance.org/IA-Retirees. You can also review the Evidence of Coverage to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at HealthAlliance.org/IA-Retirees. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

OMB Approval 0938-1051 (Expires: February 29, 2024)
GMCMHA23-ANOCuiahmorx-0922
Visit the Medicare Website

You can visit the Medicare website www.medicare.gov. It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2023

You can read the Medicare & You 2023 Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don’t have a copy of this booklet, you can get it at the Medicare website www.medicare.gov or 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.

Health Alliance Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Spanish: ATENCIÓN: Si habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame 1-877-750-3350 (TTY: 711). Chinese: 注意：如果你講中文，語言協助服務，免費的，都可以給你。呼叫 1-877-750-3350 (TTY: 711)
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 (800) 965-4022 (TTY: 711). 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 (800) 965-4022 (TTY: 711). 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 (800) 965-4022 (TTY: 711)。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 (800) 965-4022 (TTY: 711)。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 (800) 965-4022 (TTY: 711). 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 (800) 965-4022 (TTY: 711). 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 (800) 965-4022 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (800) 965-4022 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드리겠습니다. 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 (800) 965-4022 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجمين الفوريين المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (800) 965-4022 (TTY: 711) سوياً. سيقوم شخص ما يتحدث العربية بالعربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें (800) 965-4022 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिंदी का बोलता है आपकी मदद कर सकता है. यह एक मुफ्त 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 (800) 965-4022 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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 (800) 965-4022 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou génjen sèvis entèprèt gratis pou reponn tout kesyon ou ta génjen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan (800) 965-4022 (TTY: 711). 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 (800) 965-4022 (TTY: 711). Ta usługa jest bezpłatna.
Japanese: 当社の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、(800) 965-4022 (TTY: 711) 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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Health Alliance Medicare, Member Services, 3310 Fields South Drive, Champaign, IL 61822 or 411 N. Chelan Avenue, Wenatchee, WA 98801, telephone for members in Illinois, Indiana, Iowa and Ohio: (800) 965-4022; telephone for members in Washington: (877) 750-3350 TTY: 711, fax: (217) 902-9705, MemberServices@HealthAlliance.org. 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, DC 20201, (800) 368-1019, TTY: (800) 537-7697.


Attention: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. IA, IL, IN, OH: Llame (800) 965-4022, WA Llame: (877) 750-3350 (TTY: 711).

注意: 如果你講中文, 語言協助服務, 免費的, 都可以給你。IA, IL, IN, OH: 呼叫 (800) 965-4022, WA: 呼叫 (877) 750-3350 (TTY: 711).

우의: 당신이한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. (800) 965-4022 IA, IL, IN, OH: 전화 WA: (877) 750-3350 전화 (TTY: 711).

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Attention: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. IA, IL, IN, OH: Appelez (800) 965-4022, WA: Appelez (877) 750-3350 (TTY: 711).

注意: あなたは、日本語、無料で言語支援サービスを、話す場合は、あなたに利用可能です。 (800) 965-4022 IA, IL, IN, OH: コール WA: コール (877) 750-3350 (TTY: 711).

Aufmerksamkeit: Wenn Sie Deutsch sprechen, Sprachassistenzdienste sind kostenlos, zur Verfügung. IA, IL, IN, OH: Anruf (800) 965-4022, WA: Anruf (877) 750-3350 (TTY: 711).


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ATTENZIONE: Se si parla italiano, servizi di assistenza linguistica, a titolo gratuito, sono a vostra disposizione. IA, IL, IN, OH: Chiamare (800) 965-4022, WA: Chiamare (877) 750-3350 (TTY: 711).

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