

## 2024 L.A. Care Medicare Plus (HMO D-SNP) Dental Benefits Highlight

L.A. Care Medicare Plus	
<ul style="list-style-type: none"> <li>· <b>0% Coinsurance Plan</b></li> <li>· <b>Frequencies and Limitations Apply*</b></li> <li>· <b>No Out-Of-Network Benefits</b></li> </ul>	<b>No Deductible</b>
Covered Services	Member Responsibility
<b>Diagnostic Services</b> Oral evaluations, bitewing radiographic images	0%
<b>Preventive Services</b> Prophylaxis, topical application of fluoride varnish	0%
<b>Restorative Services</b> Crowns, Core Buildup	0%
<b>Endodontic Services</b> Endodontic therapy, pulp cap, pupal debridement	0%
<b>Periodontal Services</b> Periodontal maintenance, gingival flap procedure, guided tissue regeneration	0%
<b>Prosthodontics Services - Removable &amp; Fixed</b> Denture repair, rebases, relines, tissue conditioning, bridges (pontic & retainer crowns)	0%
<b>Oral &amp; Maxillofacial, Other Services</b> Extractions, alveoplasty, anesthesia, palliative treatment, consultation, teledentistry	0%

L.A. Care Medicare Plus (HMO D-SNP) has partnered with LIBERTY Dental Plan to provide covered dental services through participating dental providers. LIBERTY Dental Plan offers dental benefits to support improved oral health for whole-body wellness. Follow these simple steps to get started on your oral health journey.

### **How to Locate a Dental Provider**

You may request a list of participating dental providers from LIBERTY Dental Plan or locate one online at [www.LIBERTYDentalPlan.com/lacaremedicare](http://www.LIBERTYDentalPlan.com/lacaremedicare). Dental benefits are only available if they are provided by a contracted LIBERTY provider that is also contracted with Denti-cal. Please check with your dental office before receiving services to make sure the office is a LIBERTY/Denti-cal provider. To ensure the dental office is a participating dentist of our plan, please provide the office your L.A. Care Member ID number to confirm. Referrals are not required.

### **Make a Dental Appointment**

To find a dentist in your area, you can go to our website at [www.LIBERTYDentalPlan.com/lacaremedicare](http://www.LIBERTYDentalPlan.com/lacaremedicare), download the mobile app on your smart phone, or call us toll-free at **1-855-552-8243**/TTY: **1-877-855-8039**, Monday through Friday from 8 a.m. to 8 p.m. Once you have located a Participating Provider, you can call the office to schedule an appointment. The dental office will contact us to verify your eligibility. Be sure to identify yourself as a L.A. Care Medicare Plus/LIBERTY Dental Plan member when you call the dentist for an appointment. We also suggest that you take this information with you, along with your L.A. Care Medicare Plus Member Identification Card (ID) when you go to your appointment. You can then reference benefits and applicable charges which are the out-of-pocket costs associated with your plan.

### **Log in to Your LIBERTY Dental Plan Member Portal**

Your LIBERTY Dental Plan account now has information about your dental coverage.

When you log into your account online you can:

- View your Dental Benefit Plan
- View Dental Claim Status
- Find a Dentist
- View Dental History and Benefits

### **Review Your Dental Benefits**

Your Schedule of Dental Benefits will explain how your plan works, including a list of dental services that are covered, and what you will be financially responsible for. Your Schedule of Dental Benefits is also available from the Member Portal.

Note: The Schedule of Dental Benefits is reviewed annually and is subject to change effective January 1 of each year.

What L.A. Care Medicare Plus dental benefit does not cover may be available through the Medi-Cal Dental Program. For a full list of services covered by the Medi-Cal Dental Program, call 1-800-322- 6384 (TTY 1-800-735-2922). These resources can also help you locate a Medi-Cal dental provider and file a grievance or complaint.

**No Deductible**  
**\$0 Copay/Coinsurance on all Covered Preventive and Comprehensive Services**

- The following is a **complete** list of dental procedures for which benefits are payable under this Plan.
- Non-listed procedures are not covered. This Plan does not allow alternate benefits.
- If elected, Member is responsible for all non-covered procedures.
- The member must visit a contracted dental office to utilize covered benefits.

CDT Code	Description	Member Responsibility	Pre Auth Required	Limitations	Documentation/ X Rays Required
<b>Diagnostic Services</b>					
D0140	Limited oral evaluation	0%			
D0160	Oral evaluation, problem focused	0%			
D0170	Re-evaluation, limited, problem focused	0%			
D0171	Re-evaluation, post operative office visit	0%			
D0180	Comprehensive periodontal evaluation	0%		1 (D0180) every 6 months	
D0273	Bitewings, three radiographic images	0%			
D0274	Bitewings, four radiographic images	0%			
<b>Preventive Services</b>					
D1110	Prophylaxis, adult	0%		3 (D1110) every calendar year	
D1206	Topical application of fluoride varnish	0%			
<b>Restorative Services</b>					
D2720	Crown, resin with high noble metal	0%	Y		Bitewing and periapical x-ray required with pre-authorization; include narrative when necessary
D2722	Crown, resin with noble metal	0%	Y		
D2750	Crown, porcelain fused to high noble metal	0%	Y		
D2752	Crown, porcelain fused to noble metal	0%	Y		
D2790	Crown, full cast high noble metal	0%	Y		
D2792	Crown, full cast noble metal	0%	Y		
D2950	Core buildup, including any pins when required	0%			
<b>Endodontic Services</b>					
D3110	Pulp cap, direct (excluding final restoration)	0%			
D3120	Pulp cap, indirect (excluding final restoration)	0%			
D3220	Therapeutic pulpotomy (excluding final restoration)	0%			
D3221	Pulpal debridement, primary and permanent teeth	0%			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0%	Y		Pre-op x-ray upon pre-authorization

D3320	Endodontic therapy, premolar tooth (excluding final restoration)	0%	Y	1 of (D3310-D3330) per tooth in a lifetime	submission (must see whole tooth including all apices) and post-op x-ray required with claim submission.
D3330	Endodontic therapy, molar tooth (excluding final restoration)	0%	Y		
<b>Periodontal Services</b>					
D4240	Gingival flap procedure, four or more teeth per quadrant	0%	Y		Diagnostic full mouth x-rays, perio charting, and narrative required with pre-authorization. Include photos when necessary.
D4241	Gingival flap procedure, one to three teeth per quadrant	0%	Y		
D4266	Guided tissue regeneration, natural teeth, resorbable barrier, per site	0%	Y		
D4267	Guided tissue regeneration, natural teeth, non-resorbable barrier, per site	0%	Y		
D4910	Periodontal maintenance	0%			
<b>Removable Prosthodontic Services</b>					
D5421	Adjust partial denture, maxillary	0%			
D5422	Adjust partial denture, mandibular	0%			
D5621	Repair cast partial framework, mandibular	0%			
D5622	Repair cast partial framework, maxillary	0%			
D5630	Repair or replace broken retentive clasping materials, per tooth	0%			
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	0%			
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	0%			
D5710	Rebase complete maxillary denture	0%		2 of (D5710-D5761) per arch every calendar year	
D5711	Rebase complete mandibular denture	0%			
D5720	Rebase maxillary partial denture	0%			
D5721	Rebase mandibular partial denture	0%			
D5730	Reline complete maxillary denture, direct	0%		2 of (D5710-D5761) per arch every calendar year	
D5731	Reline complete mandibular denture, direct	0%			
D5740	Reline maxillary partial denture, direct	0%			
D5741	Reline mandibular partial denture, direct	0%			
D5760	Reline maxillary partial denture, indirect	0%			

D5761	Reline mandibular partial denture, indirect	0%			
	Tissue conditioning, maxillary	0%		2 of (D5850, D5851) per arch every calendar year	
D5851	Tissue conditioning, mandibular	0%			
<b>Fixed Prosthodontic Services</b>					
D6240	Pontic, porcelain fused to high noble metal	0%	Y		Diagnostic full mouth or panoramic x-rays required with pre-authorization.
D6242	Pontic, porcelain fused to noble metal	0%	Y		
D6750	Retainer crown, porcelain fused to high noble metal	0%	Y		
D6752	Retainer crown, porcelain fused to noble metal	0%	Y		
<b>Oral &amp; Maxillofacial Services</b>					
D7140	Extraction, erupted tooth or exposed root	0%			
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	0%	Y		Periapical x-ray required with pre-authorization
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	0%	Y		Diagnostic full mouth or panoramic x-rays and narrative required with pre-authorization. Include photos when necessary.
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	0%	Y		
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	0%	Y		
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	0%	Y		
<b>Adjunctive General Services</b>					
D9222	Deep sedation/general anesthesia, first 15 minute increment	0%	Y	Not payable on the same date of service as D9239, D9243	Narrative required showing need for service with pre-authorization.
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	0%	Y		
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	0%	Y	Not payable on the same date of service as D9222, D9223	
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	0%	Y		
D9310	Consultation, other than requesting dentist	0%			
D9995	Teledentistry, synchronous; real-time encounter	0%			
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	0%			

## Dental Exclusions and Limitations

Our plan partners with Liberty Dental to provide your dental benefits. Please note that some services require clinical review for pre-authorization approval prior to treatment. Certain documentation must be submitted with these pre-authorization requests. These services are clinically reviewed using the provided documentation to determine if they are indicated and appropriate based on industry standards, and that they meet all requirements specific to such service as outlined in LIBERTY's Clinical Criteria and Guidelines. Any treatment which, in the opinion of LIBERTY's Dental Director, is not necessary or does not meet plan's criteria will not be covered. If the required documentation is not provided, the service cannot be adequately reviewed and will therefore be denied. If the prior authorization is denied for any reason, the service will not be covered, and you will be responsible for all associated costs. Dental procedures for cosmetic or aesthetic reasons are not covered. Coverage is limited to the services listed in the Schedule of Benefits. If a service is not listed, it is not included and is not covered. To locate a network provider or to review LIBERTY Dental Plan's Clinical Guidelines you may call Member Services at **(855) 552-8243** or search the LIBERTY Dental online provider directory at [libertydentalplan.com/lacaremedicare](http://libertydentalplan.com/lacaremedicare). It is recommended that you work with your in-network dentist to check benefit coverage prior to obtaining dental services. If you choose to use a provider outside of the network, the services you receive will not be covered. Additional Limitations and Exclusions are listed below the Schedule of Benefits.

### Exclusions & Limitations

1. Some services are clinically reviewed to determine if the services are necessary and appropriate based upon industry standards and LIBERTY clinical guidelines. Below are some of LIBERTY's clinical criteria and guidelines. Access to a complete and comprehensive list of LIBERTY's clinical criteria and guidelines is available through Member Services at **(855) 552-8243** or search the LIBERTY Dental member site at [libertydentalplan.com](http://libertydentalplan.com). Required documentation for each service is listed in the Schedule of Benefits. Services requested without the required documentation provided will be denied.
2. Requests for crowns, root canals and partial dentures require the tooth/teeth to have a good long-term restorative, endodontic, and periodontal (at least 50% bone support) prognosis for approval.
3. Teeth without root canal treatment must show evidence of decay, fracture, failing restoration, etc., undermining more than 50% of the tooth.
4. Replacement of an existing crown, partial or denture which, in the opinion of LIBERTY's Dental Director, is satisfactory or that can be made satisfactory is not covered.
5. Cosmetic or experimental dental services, and/or procedures not generally performed in a general dentist office.
  - Crowns for the purposes of esthetics, or as a result of normal wear & attrition, recession, abfraction and/or abrasion are not covered.
6. Any procedure not specifically listed as a covered benefit in this Schedule of Benefits.
  - Any requested services that are in conjunction or reliant upon the completion of a denied service will also be denied.
7. Any treatment covered under an individual or group medical plan, auto insurance, no fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.
8. Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
9. Services for injuries and/or conditions which are paid or payable under Worker's Compensation or Employer Liability Laws, and treatment provided without cost to you by any municipality, county, or other political subdivision is not covered.

10. Fees related to broken appointments, preparing, or copying dental reports, duplication of x rays, itemized bills or claim forms are not covered.
11. Cost of hospitalization and/or pharmaceuticals.
12. Any services performed by a non-network general dentist or non-network specialist.
13. Services that cannot be performed because of the general health of the patient.
14. Services which are not consistent with the usual and customary services provided by a network general dentist or specialist.
15. Any dental treatment started prior to the member's effective date.
16. Treatment related to cysts, neoplasms and/or malignancies.
17. Services which, in the opinion of the network general dentist or specialist, are not necessary for the patient's dental health.

You can get this document for free in other formats, such as large print, braille, and/or audio. Call 1-855-552-8243, Monday to Friday, between 8:00 a.m. and 8:00 p.m. local time. The call is free.

## **NONDISCRIMINATION NOTICE**

Discrimination is against the law. L.A. Care Health Plan follows State and Federal civil rights laws. L.A. Care Health Plan does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

L.A. Care Health Plan provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact L.A. Care Health Plan 24 hours a day, 7 days a week, including holidays, by calling **1-833-522-3767**. If you cannot hear or speak well, please call **TTY 711**. Upon request, this document can be made available to you in braille, large print, audio cassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

L.A. Care Health Plan Member Services Department  
1055 West 7th Street, 10th Floor Los Angeles, CA 90017  
1-833-522-3767 TTY: 711

## **HOW TO FILE A CIVIL RIGHTS GRIEVANCE**

If you believe that L.A. Care Health Plan has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with L.A. Care Health Plan Chief Compliance Officer. You can file a civil rights grievance by phone, in writing, in person, or electronically:

- **By phone**: Contact L.A. Care Health Plan Chief Compliance Officer, 24 hours a day, 7 days a week, including holidays, by calling **1-833-522-3767**. Or, if you cannot hear or speak well, please call **TTY 711**.
- **In writing**: Fill out a complaint form or write a letter and send it to:

L.A. Care Health Plan Chief Compliance Officer  
1055 West 7th Street, 10th Floor Los Angeles, CA 90017

Email: [civilrightscoordinator@lacare.org](mailto:civilrightscoordinator@lacare.org)



- **In person:** Visit your doctor's office or L.A. Care Health Plan and say you want to file a civil rights grievance.
- **Electronically:** Visit L.A. Care Health Plan website at [www.lacare.org/members/member-support/file-grievance/grievance-appeal-form](http://www.lacare.org/members/member-support/file-grievance/grievance-appeal-form)

or send an email to [civilrightscoordinator@lacare.org](mailto:civilrightscoordinator@lacare.org).

## **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:  
**U.S. Department of Health and Human Services 200  
Independence Avenue, SW  
Room 509F, HHH Building Washington, D.C.  
20201**

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

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

L.A. Care Medicare Plus (HMO D-SNP) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. Enrollment in L.A. Care Medicare Plus depends on contract renewal.

H1224\_2023\_DSNP\_NDN\_C



**(Chinese)**

注意：如果您說中文，您可獲得語言協助服務。我們也為殘障人士提供免費輔助和服務。我們有免費口譯員服務以回答您對我們健康計劃或藥物計劃可能持有的任何疑問。若需要上述免費服務，您僅需致電 1-833-522-3767 (TTY: 711) 即可，服務時間為每週 7 天，每天 24 小時（包含假日）。上述電話均為免費。

**(Farsi)**

هجوته رگهه بزاین افریست بحصی مدینک، امدخت ادماد زی نادر ایتخر امشی مدنشاد ادماد و امدخت رالگین ربکی اخشص ولعمل زیندو جومدی مدنشاد. امدخت همجرت افشهی رالگین رار ربکی یوگخساپ هبهه نوگر و سلی لهکن کمات سد در و مرد همید دری نام ای داوی نام لهتشدیشاد و ایتخر دارم. ربکی درت فایا نید امدخت، متسیفا کاد امشو در 24 مت عاسه نایش روز و 7 روز ههتف، ل ماشلا یطعتت ری مس امتس دیریگدا نید، (TTY: 1-833-522-3767) (TTY: 711) در 24 مت عاسه نایش روز و 7 روز ههتف، ل ماشلا یطعتت ری مس امتس دیریگدا نید، (TTY: 1-833-522-3767) (TTY: 711) امتس رالگین اتس.

**(Hindi)**

आनंद: यदि आप हिंदी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं, नि: शुल्क उपलब्ध हैं। विकलांग लोगों के लिए मुझे सहायता और सेवाएं भी उपलब्ध हैं। हमारे द्वारा या दवा योजना के बारे में आपके किसी भी सवाल का उत्तर देने के लिए हमारे पास मुझे दुभाषिणा सेवाएं हैं। ये नि: शुल्क सेवाएं करने के लिए, बस हम 1-833-522-3767 पर कॉल करें। (TTY: 711), दिन के 24 घंटे, सप्ताह के 7 दिनों, छुट्टियों सहित। फोन करना मुझ है।

**(Hmong)**

CEEB TOOM: Yog tias koj hais lus Hmoob, yeej muaj cov kev pab txhais lus rau koj. Puav leej muaj cov neeg pab dawb thiab cov kev pab rau cov tib neeg muaj cov kev tsis taus. Peb muaj cov neeg txhais lus pab dawb los teb tej lus nug uas koj muaj txog peb lub tswv yim tswj xyuas kev noj qab haus huv thiab tshuaj. Xav tau cov kev pab dawb no, tsuas hu rau peb ntawm 1-833-522-3767 (TTY: 711), 24 teev ib hnub twg, 7 hnub ib lim tiam twg, nrog rau cov hnub caiv. Hu xov tooj dawb xwb.

**(Japanese)**

ご注意：日本語を話される方は、言語支援サービスをご利用いただけます。障がいをお持ちの方は、援助とサービスも無料でご利用いただけます。私どもの医療保険プランや薬剤保険プランについてのご質問にお答えするために、無料の通訳サービスもご用意しています。これら無料サービスの利用をご希望の方は、1-833-522-3767 (TTY: 711) にて弊社までお電話ください。祝日を含む毎日 24 時間体制で受け付けております。この番号はフリーダイヤルです。

**(Korean)**

주의: 귀하가 한국인을 사용하는 경우 귀하는 언어 지원 서비스를 이용하실 수 있습니다. 장애가 있는 사람들을 위한 무료 지원 및 서비스 또한 이용하실 수 있습니다. 저희의 건강 또는 약품 플랜에 관한 귀하의 문의사항에 답변해드리기 위한 무료 통역 서비스가 마련되어 있습니다. 무료 서비스를 받으시려면 저희에게 1-833-522-3767(TTY: 711)번으로 공휴일 포함 주 7 일, 하루 24 시간 동안 전화하십시오. 통화료는 무료입니다.

**(Laotian)**

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອຂອງພວກເຮົາຈະມີພາສາລາວ ນັ້ນ ມີ ພ້ອມສໍາລັບທ່ານ. ມີ ຄວາມຊ່ວຍເຫຼືອ ອາດຈະ ການບໍລິການທີ່ບໍ່ເສຍຄ່າສໍາລັບຄົນລາວ ການອີກດ້ວຍ.

ພວກເຮົາມີບໍລິການບາງຢ່າງສໍາລັບເສຍຄ່າ

ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບ ບັນດາບັນຫາ ນັ້ນ ຂະນາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ.

ຖ້າຕ້ອງການຮັບການບໍລິການບໍ່ເສຍຄ່າ ຫຼື ນີ້, ພຽງແຕ່ ໂທມາຫາພວກເຮົາໄດ້ທີ່

1-833-522-3767 (TTY: 711), ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ, ລວມທັງວັນພັກ. ການໂທແມ່ນບໍ່ເສຍຄ່າ.

**(Mein)**

COR FIM JANGX LONGX OC: Beiv taux meih gorngv benx ang gitv waac nor, ninh mbuo se duqv mbenc maaih tengx nzie waac jauv-louc bun meih oc. Corc aengx zoix mbenc duqv maaih jaa- dorngx aengx caux gong-bou jauv-louc liouh bun nzie wuaaic fangx nyei buonc mienh. Yie mbuo mbenc maaih faan waac mienh wang-henh tengx nzie dau waac bun muangx dongh meih maaih waac qiemx zuqc naaic gorngv taux yie mbuo goux heng-wangc a'fai ndie-daan wuov. Liouh zipv longc taux naaiv deix zuangx wang-henh jauv-louc nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-833-522-3767 (TTY: 711), yietc hnoi yiem zuov benx 24 norm ziangh hoc, yietc norm leix baaiz bouc dauh yiem zuov benx 7 hnoi, lemh jienv hnoi-gingc yaac maiv dingh oc.

Naaiv norm douc waac gorn se wang-henh longc.

**(Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਮੁਫਤ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਡਰੱਗ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਆਰੀਏ ਸੇਵਾਵਾਂ

ਹਨ ਇਹਨਾਂ ਮੁਫਤ ਸੇਵਾਵਾਂ ਨੂੰ

ਪਾਪਤ ਕਰਨ ਲਈ, ਬੱਸ ਸਾਨੂੰ

ਇਸ ਤੇ ਕਾਲ ਕਰੋ

1-833-522-3767 (TTY: 711), ਇੱਕ ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਛੁੱਟੀਆਂ ਸਮੇਤ ਕਾਲ ਕਰਨਾ ਿਨਸ਼ੁਲਕ ਹੈ

**(Russian)**

ВНИМАНИЕ! Если вы не говорите по-Руски, вам будут оказаны услуги языковой поддержки. Лицам с инвалидностью предоставляются бесплатные услуги и средства. Мы предоставляем услуги устного перевода, чтобы ответить на любые вопросы о нашем плане страхования или лекарственного обеспечения. Чтобы воспользоваться этими бесплатными услугами, просто позвоните нам по телефону 1-833-522-3767 (линия TTY: 711) 24 часа в сутки, 7 дней в неделю, включая праздничные дни. Звонок бесплатный.

**(Spanish)**

ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia idiomática. También hay asistencia y servicios gratuitos para las personas que tienen discapacidades. Tenemos servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener acerca de nuestro plan de salud o de medicamentos. Para obtener estos servicios gratuitos, simplemente llámenos al 1-833-522-3767 (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos. La llamada es gratuita.

### (Tagalog)

PAALALA: Kung nagsasalita kayo ng Tagalog, may makukuha kayong mga serbisyo ng tulong sa wika. Mayroon ding mga libreng tulong at serbisyo para sa mga taong may mga kapansanan. Mayroon kaming mga libreng serbisyo ng interpreter para sagutin ang anumang tanong ninyo tungkol sa aming planong pangkalusugan o panggamot.

Para makuha ang mga libreng serbisyong ito, tawagan lang kami sa

1-833-522-3767 (TTY: 711), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Libre ang tawag.

### (Thai)

โปรดทราบ : ถ้า คุณพูดภาษาไทย มีบริการความช่วยเหลือด้านภาษาไทย

ให้คุณ นอกจากนี้

ยังมีความช่วยเหลือและบริการต่าง ๆ ฟรีให้แ้ กับบุคคลทุพพลภาพด้วย

เรามีบริการล่ามฟรีเพื่อตอบคำถามที่ คุณอาจมีเกี่ยวกับแผนประกันสุขภาพหรือยาของเรา

ถ้า ต้องการบริการฟรีเหล่านี้ ี่ โปรดโทรศัพท์ถึงเราที่

1-833-522-3767 (สำหรับผู้

บกพร่องทางการได้ยินหรือผู้

ที่มีปัญหาในการพูด กด 711)

ได้ทุกวันตลอด 24 ชั่วโมง รวมทั้งวันหยุด โดยไม่เสียค่าใช้จ่ายใด ๆ

### (Ukrainian)

В АЖЛ И В О! Якщо Ви розмовляєте українською, скористайтеся послугами мовної підтримки. Ми також безкоштовно надаємо спеціальні засоби зв'язку й послуги людям з особливими потребами. Скориставшись безкоштовними послугами перекладача, Ви можете отримати відповіді на будь-які запитання про план медичного страхування чи план страхового покриття лікарських засобів. Щоб безкоштовно отримати ці послуги, просто зателефонуйте нам на номер

1-833-522-3767 (TTY: 711). Ми готові відповідати на Ваші дзвінки цілодобово, 7 днів на тиждень, у тому числі у святкові дні. Дзвінки безкоштовні.

### (Vietnamese)

LƯU Ý: Nếu quý vị nói Tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ dành cho quý vị. Chúng tôi cũng sẵn có những phương tiện trợ giúp và dịch vụ miễn phí dành cho người khuyết tật. Chúng tôi có dịch vụ thông dịch viên miễn phí để giải đáp bất kỳ thắc mắc nào quý vị có thể có về chương trình bảo hiểm sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận những dịch vụ miễn phí này, quý vị chỉ cần gọi cho chúng tôi theo số 1-833-522-3767 (TTY: 711), 24 giờ mỗi ngày, 7 ngày trong tuần, kể cả ngày lễ. Cuộc gọi này miễn phí.

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