MediGold is a Medicare Advantage organization with a Medicare contract. Enrollment in MediGold depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Medicare evaluates plans based on a 5-star rating system. Star ratings are calculated each year and may change from one year to the next. A sales person will be present with information and applications. For accommodations of persons with special needs at sales meetings, call 1-800-964-4525 (TTY 711). The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. If you have an employer group plan through MediGold please call for plan specific benefits, premiums and copays.
How much can you save?
Learn at a FREE seminar near you!
Call 1-800-964-4525 (TTY 711)
8 a.m. – 8 p.m., 7 days a week

Simple Savings
You want more savings. We get it. We offer it. We’re MediGold. This simple guide explains how to save more with us. You’ve likely heard good things about us from friends and family. We’re an Ohio-based, hospital-owned, not-for-profit Medicare Advantage organization with a Medicare contract. Our distinctions keep exceptional savings in the hands of older adults, as compared to Original Medicare and many other Medicare options. With us, you get high-quality and affordable coverage in one easy plan. Think of us as Medicare made easy.

With MediGold, you may choose from two types of Medicare Advantage plans. This includes health maintenance organizations (HMOs) and preferred provider organizations (PPOs). Both are great options!

Simple to Use
With MediGold, you only have one card to carry. Everything you need is built right in. This includes:
- Part A hospital coverage
- Part B physician and medical coverage
- Part D drug coverage – and so much more!

Simply Better
We cover everything Original Medicare does and more with bigger savings! For you, this means:
- Absolutely no deductibles to pay
- More services for $0
- Enhanced drug coverage (at no additional cost)
- Out-of-pocket cost protection – and more!

Want Immediate Assistance?
Simply call. Our personal advisors can help. They know Medicare and are experts on MediGold. Each exclusively serves Ohio seniors and local retirees eligible for Medicare.

You must continue to pay your Medicare Part B premium, which is likely deducted from your Social Security check.
Review

Simple Savers couldn’t be easier.

Included in all plan options!

$0 copay: Family doctor visits (unlimited)!
$0 copay: Annual physical exam
$0 copay: Annual eye exam
$0 copay: Annual hearing exam
$0 copay: Flu shot
$0 copay: Pneumonia vaccine
$0 copay: Prostate cancer screening
$0 copay: Mammogram
$0 copay: Diabetes screening
$0 copay: Welcome to Medicare visit (for those new to Medicare)
$0 copay: Annual wellness visit (for those who wish to discuss health goals and plan)
$0 copay: Diabetes self-management training
$0 copay: Glaucoma screening
$0 copay: Bone mass measurement
$0 copay: Cardiovascular screening
$0 copay: Cardiovascular disease risk reduction visit
$0 copay: Cervical cancer screening
$0 copay: Depression screening
$0 copay: Obesity screening and counseling
$0 copay: Preventive colonoscopy
$0 copay: Smoking cessation
$0 copay: Home health care (for those who are homebound)
$0 copay: Diabetes testing supplies (lancets, test strips and glucometers)

Simple Savings
It’s simple, isn’t it? You want bigger savings from a Medicare plan. MediGold works hard to keep more money in your pocket. One way we do this is through Simple Savers. These valuable features are automatically included in all MediGold plan options. You won’t want to miss these savings, and you won’t have to. Join MediGold today!

Want More?
Get it. If you choose a MediGold plan with Part D coverage, you’ll enjoy enhanced drug coverage beyond Medicare’s standard plan design, plus no deductibles to pay and no additional plan premium! Your drug coverage starts working on your first day of coverage. It also includes a $0 copay for preferred generic drugs and some drugs are covered through the gap. We’ll speak more about this later in this guide.

Thanks to MediGold, I pay $0 for hospital stays.
Garey Cole
Classic Preferred (HMO) Member
Chillicothe, Ohio

We get it. We offer it.
We’re MediGold.
If you’re looking for bigger savings, you’ll often find them with MediGold’s HMO plans.

With us, you’ll have access to emergency care worldwide. You’ll also have a large network of doctors and hospitals to choose from for all routine care. Routine care must be provided in-network if you choose an HMO option. Rest assured you won’t need a referral to visit a network specialist!

---

**HMO Plans**

**Best Savings**

<table>
<thead>
<tr>
<th>Medical Benefits (Highlights)</th>
<th>You pay:</th>
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<th>You pay:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Doctor Visits</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Specialty Doctor Visits</td>
<td>$40</td>
<td>$35</td>
<td>$30</td>
</tr>
<tr>
<td>Lab Test and Pathology</td>
<td>$20</td>
<td>$15</td>
<td>$0</td>
</tr>
<tr>
<td>Basic X-ray</td>
<td>$60</td>
<td>$50</td>
<td>$30</td>
</tr>
<tr>
<td>Diagnostic Test</td>
<td>$60</td>
<td>$50</td>
<td>$30</td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>$45</td>
<td>$40</td>
<td>$30</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>$75</td>
<td>$70</td>
<td>$50</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$275</td>
<td>$250</td>
<td>$150</td>
</tr>
<tr>
<td>Inpatient Hospital Visit</td>
<td>$300 per day 1–7, $0 after day 7</td>
<td>$250 per day 1–7, $0 after day 7</td>
<td>$100 after day 7</td>
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</tbody>
</table>

**Part D Drug Benefits – Extra savings available at mail. 90-day supply available. Ask for details.**

<table>
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<tr>
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*This plan design is also referred to as MediGold Southwest OH Essential Care (HMO) H3668 – Plan 017.
*This plan design is also referred to as MediGold Southwest OH Classic Preferred (HMO) H3668 – Plan 016.

These HMO plans are available in the following Ohio counties: Adams, Brown, Butler, Champaign, Clark, Clinton, Delaware, Fairfield, Fayette, Franklin, Greene, Hamilton, Highland, Knox, Licking, Madison, Montgomery, Pickaway, Pike, Richland, Ross, Union, and Warren.

This chart is not a complete list of benefits. For more detailed information about our plan options, please ask for a Summary of Benefits.

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**PPO Plans**

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<td>Specialty Doctor Visits</td>
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<td>Basic X-ray</td>
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<tr>
<td>Emergency Room Visit</td>
<td>$75 In–network; $50 Out-of-network</td>
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<tr>
<td>Outpatient Surgery</td>
<td>$250 In–network; $150 Out-of-network</td>
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*This plan design is also referred to as MediGold Southwest OH Classic Preferred (HMO) H3668 – Plan 016.

In addition to emergency care worldwide, you can use any Medicare provider who accepts our PPO plan members. This means you can access routine care and emergency care in- and out-of-network. As with any PPO, you generally pay higher costs for out-of-network care. With these plans, you won’t need a referral to see any provider who accepts Medicare and MediGold members.

These PPO plans are available in the following Ohio counties: Clark, Delaware, Fairfield, Fayette, Franklin, Greene, Knox, Licking, Madison, Montgomery, Pickaway, Richland, Ross and Union.

This chart is not a complete list of benefits. For a more detailed review of the plan you’re interested in, ask for a Summary of Benefits.

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**Summary of Benefits.**

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**Stay Well**

If you have a chronic condition or disease, our compassionate care managers provide the support and guidance you need to help manage or improve your health status. You determine the level of assistance you are comfortable receiving. Personal assistance is available by phone or during a Healthy House Call.

Your FREE Care Assistance may include:
- Helpful reminders about your $0 copay preventive services
- Assistance achieving personal health goals
- Help transitioning safely from the hospital to home
- Help to keep diabetes under control
- Help to manage other chronic conditions

**Travel Worldwide**

Relax. With MediGold, you’re covered for emergency care at any hospital in the world. If you’re admitted from an emergency room, your admission will be covered the same as it would be here at home. We also cover post-stabilization care following an emergency admission as may be medically necessary. You also have coverage for urgently needed care and renal dialysis anywhere in the United States. Plus, if you need a prescription while traveling, it’s not a problem. You will have access to network pharmacies, and lab facilities while traveling across the country.

**Hearing Aid Benefit**

In addition to your $0 copay annual hearing exam, MediGold now provides a hearing aid benefit. It’s offered by our partner, TruHearing. Copays range from $699 to $999 per hearing aid, depending on the style you choose. This could save you hundreds per hearing aid. The maximum benefit is two hearing aids per year (one for each ear). TruHearing offers Chime 500 and Chime 900 style options as well as four colors to choose from. Want to learn more? Call MediGold.

**Services with Ease**

Your MediGold primary care provider will help you to access all necessary services and supplies. Some services may require prior authorization. Your doctor will generally facilitate this on your behalf. A complete list of services that require prior authorization can be found in our evidence of coverage (EOC). You will receive an EOC upon enrollment, or you may request one before joining.

**Fitness Club Membership**

Often you save money by simply staying fit. We can help with that too. With all MediGold plans, you get a FREE SilverSneakers® membership. Your membership provides access to over 13,000 participating fitness centers across the country. In addition to exercise equipment, participating locations offer fitness classes designed specifically for seniors and taught by certified instructors.

**Optional Dental Plan Available!**

Need dental coverage? Consider our optional, supplemental dental plan. For an additional monthly premium of $22, you may separately purchase MediGold’s dental plan offered through Delta Dental of Ohio. You can easily elect this plan when you first enroll, or during an approved enrollment period once annually. Ask about it.

<table>
<thead>
<tr>
<th>Dental Plan Benefit</th>
<th>You Pay Only:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$0</td>
</tr>
<tr>
<td>Diagnostic and preventive services including exams, cleanings and fluoride</td>
<td>$0</td>
</tr>
<tr>
<td>Emergency palliative treatment</td>
<td>$0</td>
</tr>
<tr>
<td>X-rays; full mouth and bitewing radiographs</td>
<td>$0</td>
</tr>
<tr>
<td>Restorative services including fillings, oral surgery, periodontic and endodontic services</td>
<td>50% of the cost</td>
</tr>
</tbody>
</table>

Note: MediGold’s dental plan does not cover bridges, crowns or dentures. You will have an annual benefit maximum of $1,000 in dental coverage if you separately purchase this dental plan. MediGold HMO members must use Delta Dental PPO Network providers, while MediGold PPO members may also access out-of-network providers.

Again, if you choose to separately purchase MediGold’s dental plan, you must pay $322 in addition to your MediGold plan premium (if any), as well as your Medicare Part B premium.
Want to better understand our drug benefits?

Enhanced
To increase your savings, all but one of our plans automatically includes Part D drug coverage. With us, you’ll have drug coverage above the standard Medicare design without having to pay a separate monthly plan premium. That saves money!

Selection and Savings
We offer a large selection of generic and brand medications to choose from. Plus, certain medication are covered through the doughnut hole (coverage gap). That saves money. If a specific drug is not covered through the gap, you’ll still have discounts to bring your costs down. Ask about it.

Our Formulary
Want to review our formulary? Attend a MediGold seminar or visit us online at MediGold.com/formulary. You may also call to learn if your current drugs are on our list (or to request a copy of our formulary).

Don’t see your drug on our formulary? We can provide a one time (30 day) transition fill within the first 90 days of your enrollment. You may also request a formulary exception if needed. Check the formulary for any rules that may apply to some drugs, including quantity limits on certain drugs for safety purposes. To keep things easy, MediGold does not require step therapy.

If you prefer mail order, our mail order pharmacy is CVS Caremack. Some members consider this a good option for maintenance medications. Either way (retail or mail) – it’s your decision.

When using mail order, it could take up to 10-12 business days to receive medication at home once ordered. Additional savings may be available when using mail order depending on your specific plan, drugs and quantities. Once you become a member, call 1-866-785-9714 (TTY 711), 24 hours a day, and 7 days a week to learn more about mail order or to set up this service if desired.

Our Pharmacy Network
MediGold’s Pharmacy Network includes more than 68,000 pharmacies. Many locally trusted independent pharmacies, as well as national retail chains and specialty pharmacies participate. For a complete listing of network pharmacies, please visit MediGold.com/FindAProvider.

Stages of Drug Coverage
These stages were set by Medicare and are based on the total cost of your drugs each year.

Stage 1:
Your Annual Deductible
$0

Stage 2:
Your Initial Coverage Limit
$0 – $3,310

Stage 3:
The Coverage Gap
$3,311 – $4,850

Stage 4:
Your Catastrophic Coverage
$4,850+

You start saving right away. With us, you have no deductibles to pay. Benefits begin on your first day of coverage.

During this stage, you pay predictable copays or coinsurance based on the tier your drug is assigned within our formulary.

You will remain in this stage until your year-to-date total drug cost (the amount paid by MediGold and you) reaches $3,310.

During this stage, MediGold members with Part D coverage will continue to pay $0 for preferred generic drugs and will only pay 58% of the cost for generic drugs and 45% of the cost for brand name drugs.

You will remain in this stage until your year-to-date out-of-pocket drug cost (the amount paid by you) reaches $4,850.

If you reach this stage, you’ll begin to save significantly.

You reach this stage when your year-to-date total out-of-pocket drug cost reaches $4,850. If you reach this stage, you pay no more than 5% of your covered drug costs for the remainder of the year.
MediGold has been providing health and drug coverage to Ohio seniors and others with Medicare for nearly two decades. Our mission of compassionately serving seniors is well-recognized and respected by our members— and others! We provide the simple savings you deserve—while understanding and working to exceed all service expectations.

Highly Rated
MediGold works to consistently earn high ratings from the Centers for Medicare and Medicaid Services (CMS). We understand how important that is to you. At MediGold, we work every day to remain an exceptional option for seniors. Ask for our most current ratings!

New Doctors Have Joined!
Since last year, our network has grown— even larger. More doctors join each month. We want to ensure you are cared for by highly regarded providers in your area.

Check your doctors and hospital.
Call 1-800-964-4525 (TTY 711).

Extra Help
Are you someone with a limited income? If so, you may qualify for Extra Help toward the cost of your covered medications and plan premium.

To see if you qualify for Extra Help, you may call:
- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or
- Ohio Department of Medicaid; 1-800-324-8680 (TTY 711)

Credible Drug Coverage
MediGold members have credible drug coverage (unless they have chosen our Medical Only plan). If you are someone who had Medicare for a period of time without having had credible drug coverage (meaning drug coverage as good as or better than Medicare’s standard benefit design), a penalty could apply.

Generally speaking, few members face such penalties. Some do, however. If you believe this could apply to you, be sure to let us know. We can explain this in more detail. Part D penalties are collected by your Medicare plan at the direction of Medicare.

The difference is real. Others say they care, but I feel it with MediGold. I’m never disappointed when I talk with them. In fact, I know several of them by name! Trust me, MediGold gets it right.

Judie Nishwitz
Essential Care (HMO) Member
Dayton, Ohio
You Can Join MediGold if:
- You are eligible for Medicare Part A and Part B or soon will be
- You live in our Service Area for at least 6 consecutive months each year
- You do not have end-stage renal disease (also known as kidney failure)

When can you apply?
If you’re eligible and ready to save, you may apply during the annual enrollment period for coverage to begin January 1. The annual enrollment period runs from October 15 – December 7.

Some people can apply other times of the year during a special enrollment period. If any of the following situations sound like you, call or attend a seminar. We can let you know when you can apply:
- You are newly eligible for Medicare (Parts A and B)
- You recently moved into MediGold’s service area
- You receive Extra Help from the government toward your drug costs
- You lost employer-sponsored group health coverage
- You live in a long-term care facility

You can also leave a Medicare Advantage plan (to return back to Original Medicare) during the annual disenrollment period. This period runs from January 1 – February 14.

If you do so, you may also separately purchase drug coverage at this time.

Confirmation of Your Enrollment
After you apply, we’ll send your application to Medicare for approval. Once your enrollment has been approved, we’ll mail you a confirmation letter, your MediGold identification card and welcome mailing, which includes your evidence of coverage, provider directory, formulary and other plan materials. Once you’re official, you’ll be resting easy and enjoying the simple savings and exceptional coverage of MediGold.

Protected by Medicare
As a member, you will be able to exercise your right to a formal process for dealing with a complaint (also known as an appeal or grievance). Members receive an evidence of coverage in their welcome mailing, but you can request one prior to enrollment if you’d like to learn more about the appeal or grievance processes.

Monthly Premium Information
If the MediGold plan you selected has a monthly premium, your payment must be received by the 10th day of each month. MediGold has convenient payment options to choose from, including:
- Electronic funds transfer (EFT) – Many members save time and postage with this easy option. With EFT, we’ll automatically deduct your monthly premiums from your checking or savings account on or around the 10th of each month.
- Billing statements – If you don’t select an alternative payment method, you will receive billing statements each month, which you can mail with a check to:
  MediGold
  PO Box 394789
  Cleveland, Ohio 44101-4789

Social Security check deduction – Your monthly premium can be automatically deducted from your Social Security check each month.

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Social Security check deduction – Your monthly premium can be automatically deducted from your Social Security check each month.

Joining is Easy
It only takes a few minutes. Have your red, white and blue Medicare card handy.

Apply at a seminar
Call for dates, times and locations; or visit Medigold.com for a list of seminars

Apply over the phone
1-800-964-4525 (TTY 711); or

Apply online
Medigold.com/EnrollNow; or

Apply through the Centers for Medicare and Medicaid Services
www.medicare.gov

Want to understand this better? Call 1-800-964-4525 (TTY 711).

Ready to Save?
All of us at MediGold look forward to serving you. We’re proud of our service reputation and the exceptional coverage we offer Medicare beneficiaries. We’ll make your experience with us a great one.

Let us know how we can best help you to apply today. We’re here to help.
MediGold Southwest OH Essential Care (HMO)
(a Medicare Advantage Health Maintenance Organization (HMO) offered by Mount Carmel Health Plan, Inc. with a Medicare contract)

Summary of Benefits

January 1, 2016 – December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the Evidence of Coverage.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as MediGold Southwest OH Essential Care (HMO)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what MediGold Southwest OH Essential Care (HMO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.
- 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 http://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.
Sections in this booklet

- Things to Know About MediGold Southwest OH Essential Care (HMO)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Optional Benefits (you must pay an extra premium for these benefits)

This document is available in other formats such as Braille and large print.

Things to Know About MediGold Southwest OH Essential Care (HMO)

Hours of Operation

You can call us 7 days a week from 8 a.m. to 8 p.m. Eastern time.

MediGold Southwest OH Essential Care (HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-800-240-3851.
- If you are not a member of this plan, call toll-free 1-800-964-4525.
- Our website: MediGold.com
Who can join?

To join MediGold Southwest OH Essential Care (HMO), 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 Ohio: Adams, Brown, Butler, Champaign, Clermont, and Hamilton.

Which doctors, hospitals, and pharmacies can I use?

MediGold Southwest OH Essential Care (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan’s provider and pharmacy directory at our website (MediGold.com).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, MediGold.com.
- Or, call us and we will send you a copy of the formulary.
How will I determine my drug costs?

Our plan groups each medication into one of five "tiers". You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

**Summary of Benefits**

January 1, 2016 – December 31, 2016

**Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services**

<table>
<thead>
<tr>
<th>How much is the monthly premium?</th>
<th>$0 per month. In addition, you must keep paying your Medicare Part B premium.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much is the deductible?</td>
<td>This plan does not have a deductible.</td>
</tr>
</tbody>
</table>
| Is there any limit on how much I will pay for my covered services? | Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan:  
  • $3,400 for services you receive from in-network providers.  
  If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full costs for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs. |
| Is there a limit on how much the plan will pay? | No. There are no limits on how much our plan will pay. |
## Covered Medical and Hospital Benefits

### Note:
- Services with a ¹ may require prior authorization.

### Outpatient Care and Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>$250 copay</td>
<td></td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): $20 copay</td>
<td></td>
</tr>
<tr>
<td>Dental Services</td>
<td>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): $45 copay&lt;br&gt;This plan covers some preventive dental benefits for an extra cost (see Optional Benefits).</td>
<td></td>
</tr>
<tr>
<td>Diabetes Supplies and Services</td>
<td>Diabetes monitoring supplies: You pay nothing&lt;br&gt;Diabetes self-management training: You pay nothing&lt;br&gt;Therapeutic shoes or inserts: 20% of the cost</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Tests, Lab and Radiology Services, and X-Rays</td>
<td>Diagnostic radiology services (such as MRIs, CT scans): $195 copay&lt;br&gt;Diagnostic tests and procedures: $60 copay&lt;br&gt;Lab services: $20 copay&lt;br&gt;Outpatient x-rays: $60 copay&lt;br&gt;Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost</td>
<td></td>
</tr>
<tr>
<td>Doctor's Office Visits</td>
<td>Primary care physician visit: You pay nothing&lt;br&gt;Specialist visit: $45 copay</td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment (wheelchairs, oxygen, etc.)¹</td>
<td>20% of the cost</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. See the &quot;Inpatient Hospital Care&quot; section of this booklet for other costs. Worldwide coverage.</td>
<td></td>
</tr>
<tr>
<td><strong>Foot Care (podiatry services)</strong></td>
<td>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: $45 copay</td>
<td></td>
</tr>
</tbody>
</table>
| **Hearing Services**                         | Exam to diagnose and treat hearing and balance issues: $45 copay  
Routine hearing exam (for up to 1 every year): $0 copay  
Hearing aid fitting/evaluation (for up to 1 every year): You pay nothing  
Hearing aid: $699-999 copay for each hearing aid, depending on the type |
| **Home Health Care**                         | You pay nothing  
Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services.                                                                                                                                                                                                                      |
| **Mental Health Care**                       | Inpatient visit:  
Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.  
$275 copay per day for days 1 through 7  
You pay nothing per day for days 8 through 90  
Outpatient group therapy visit: $40 copay  
Outpatient individual therapy visit: $40 copay |
| **Outpatient Rehabilitation**                | Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): $50 copay  
Occupational therapy visit: $40 copay  
Physical therapy and speech and language therapy visit: $40 copay  
Outpatient Rehabilitation includes Intensive Cardiac Rehabilitation Services and Pulmonary Rehabilitation Services.                                                                                                                               |
| **Outpatient Substance Abuse**               | Group therapy visit: $40 copay  
Individual therapy visit: $40 copay                                                                                                                                                                                                                                                                                                    |
<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Information</th>
</tr>
</thead>
</table>
| Outpatient Surgery$^1$              | Ambulatory surgical center: $275 copay  
Outpatient hospital: $275 copay |
| Over-the-Counter Items              | Not covered                                                                      |
| Prosthetic Devices ($braces, artificial limbs, etc.$)$^1$ | Prosthetic devices: 20% of the cost  
Related medical supplies: 20% of the cost |
| Renal Dialysis                      | 20% of the cost  
$0 copay for kidney disease education services |
| Transportation                      | Not covered                                                                      |
| Urgently Needed Services            | $45 copay                                                                        |
| Vision Services                     | Exam to diagnose and treat diseases and conditions of the eye (including yearly  
  glaucoma screening): $0 – 45 copay, depending on the service  
Routine eye exam (for up to 1 every year): $0 copay  
Eyeglasses or contact lenses after cataract surgery: You pay nothing |
<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our plan covers many preventive services, including:</td>
<td></td>
</tr>
<tr>
<td>- Abdominal aortic aneurysm screening</td>
<td></td>
</tr>
<tr>
<td>- Alcohol misuse counseling</td>
<td></td>
</tr>
<tr>
<td>- Bone mass measurement</td>
<td></td>
</tr>
<tr>
<td>- Breast cancer screening (mammogram)</td>
<td></td>
</tr>
<tr>
<td>- Cardiovascular disease (behavioral therapy)</td>
<td></td>
</tr>
<tr>
<td>- Cardiovascular screenings</td>
<td></td>
</tr>
<tr>
<td>- Cervical and vaginal cancer screening</td>
<td></td>
</tr>
<tr>
<td>- Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</td>
<td></td>
</tr>
<tr>
<td>- Depression screening</td>
<td></td>
</tr>
<tr>
<td>- Diabetes screenings</td>
<td></td>
</tr>
<tr>
<td>- HIV screening</td>
<td></td>
</tr>
<tr>
<td>- Medical nutrition therapy services</td>
<td></td>
</tr>
<tr>
<td>- Obesity screening and counseling</td>
<td></td>
</tr>
<tr>
<td>- Prostate cancer screenings (PSA)</td>
<td></td>
</tr>
<tr>
<td>- Sexually transmitted infections screening and counseling</td>
<td></td>
</tr>
<tr>
<td>- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</td>
<td></td>
</tr>
<tr>
<td>- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</td>
<td></td>
</tr>
<tr>
<td>- &quot;Welcome to Medicare&quot; preventive visit (one-time)</td>
<td></td>
</tr>
<tr>
<td>- Yearly &quot;Wellness&quot; visit</td>
<td></td>
</tr>
<tr>
<td>Any additional preventive services approved by Medicare during the contract year will be covered.</td>
<td></td>
</tr>
<tr>
<td>$0 copay for an annual physical exam.</td>
<td></td>
</tr>
</tbody>
</table>
Inpatient Care

Inpatient Hospital Care\(^1\) Our plan covers an unlimited number of days for an inpatient hospital stay.
- $285 copay per day for days 1 through 7
- You pay nothing per day for days 8 through 90
- You pay nothing per day for days 91 and beyond

Inpatient Mental Health Care For inpatient mental health care, see the "Mental Health Care" section of this booklet.

Skilled Nursing Facility (SNF)\(^1\) Our plan covers up to 100 days in a SNF.
- You pay nothing per day for days 1 through 3
- $40 copay per day for days 4 through 20
- $125 copay per day for days 21 through 100
No prior hospital stay is required. SNF benefits are based on benefit periods. If you go into a SNF after one benefit period has ended, a new period begins. There's no limit to the number of benefit periods.

Prescription Drug Benefits

How much do I pay? For Part B drugs such as chemotherapy drugs: 20% of the cost
Other Part B drugs: 20% of the cost

Initial Coverage You pay the following until your total yearly drug costs reach $3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.
You may get your drugs at network retail pharmacies and mail order pharmacies.
### Standard Retail Cost-Sharing

<table>
<thead>
<tr>
<th>Tier</th>
<th>One-month supply</th>
<th>Two-month supply</th>
<th>Three-month supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Tier 2 (Generic)</td>
<td>$18 copay</td>
<td>$36 copay</td>
<td>$54 copay</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand)</td>
<td>$45 copay</td>
<td>$90 copay</td>
<td>$135 copay</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Brand)</td>
<td>$95 copay</td>
<td>$190 copay</td>
<td>$285 copay</td>
</tr>
<tr>
<td>Tier 5 (Specialty Tier)</td>
<td>33% of the cost</td>
<td>Not Offered</td>
<td>Not Offered</td>
</tr>
</tbody>
</table>

### Standard Mail Order Cost-Sharing

<table>
<thead>
<tr>
<th>Tier</th>
<th>One-month supply</th>
<th>Two-month supply</th>
<th>Three-month supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Tier 2 (Generic)</td>
<td>$18 copay</td>
<td>$36 copay</td>
<td>$36 copay</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand)</td>
<td>$45 copay</td>
<td>$90 copay</td>
<td>$90 copay</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Brand)</td>
<td>$95 copay</td>
<td>$190 copay</td>
<td>$190 copay</td>
</tr>
<tr>
<td>Tier 5 (Specialty Tier)</td>
<td>33% of the cost</td>
<td>Not Offered</td>
<td>Not Offered</td>
</tr>
</tbody>
</table>

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.
Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $3,310.

After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 58% of the plan’s cost for covered generic drugs until your costs total $4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Drugs Covered</th>
<th>One-month supply</th>
<th>Two-month supply</th>
<th>Three-month supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic)</td>
<td>All</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier</th>
<th>Drugs Covered</th>
<th>One-month supply</th>
<th>Two-month supply</th>
<th>Three-month supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic)</td>
<td>All</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,850, you pay the greater of:

- 5% of the cost, or
- $2.95 copay for generic (including brand drugs treated as generic) and a $7.40 copayment for all other drugs.
Optional Benefits *(you must pay an extra premium each month for these benefits)*

Package 1: Dental

Benefits include:
- Preventive Dental
- Comprehensive Dental

How much is the monthly premium?  
Additional $22 per month. You must keep paying your Medicare Part B premium and your $0 monthly plan premium.

How much is the deductible?  
This package does not have a deductible.

Is there a limit on how much the plan will pay?  
Our plan pays up to $1,000 every year. Our plan has additional coverage limits for certain benefits.

- You pay $0 for covered preventive dental care.
- You pay $0 for covered diagnostic dental procedures including exams and cleanings twice a year.
- You pay 50% of the cost for covered restorative services including fillings, oral surgery, periodontic and endodontic services.
Additional Information About MediGold

About MediGold
We’re local:
- Local, not-for-profit plan
- Owned and operated by local doctors and hospitals
- Local customer service representatives

Medicare made easy
We keep it simple:
- No referrals needed to seek covered care
- One ID card for all covered services

Simple Savers and more
We want to save you money:
- Simple Savers at no cost
- One copay per day per provider for all outpatient services

Your partner in health
We’re here to serve you:
- No cost SilverSneakers gym membership
- Health and wellness education programs
- Enhanced disease management programs

MediGold is a Medicare Advantage organization with a Medicare contract. Enrollment in MediGold depends on contract renewal.
Multi-Language Insert
Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-964-4525. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-964-4525. 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1-800-964-4525。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1-800-964-4525。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-964-4525. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-964-4525. 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 trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-964-4525. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-964-4525. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화1-800-964-4525번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 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 1-800-964-4525. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.
إننا نقدم خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على ترجمة فورية، ليس عليك سوى بمساعدتك. هذه خدمة مجانية. اتصل بنا على 1-008-469-5254. سيقوم شخص ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-964-4525 पर फोन करें. कोई व्यक्ति जो हिंदी 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 1-800-964-4525. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Disponemos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-964-4525. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-964-4525. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezplatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-964-4525. 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、1-800-964-4525 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。