



2024 Summary of Benefits

Aetna Medicare Eagle II (PPO)
H2293 - 015



Here's a summary of the services we cover from January 1, 2024 through December 31, 2024. Keep in mind: This is just a summary. Need a complete list of what we cover and any limitations? Just visit [AetnaMedicare.com/H2293-015](https://www.aetnamedicare.com/H2293-015) where you'll find the plan's *Evidence of Coverage (EOC)*. You may call us to request a copy.

We're here to help

You may have questions as you read through this information. And that's OK — we're here to help.

Not a member yet?

Call 1-833-859-6031 (TTY: 711)

October 1–March 31: 8 AM to 8 PM, 7 days a week

April 1–September 30: 8 AM to 8 PM,
Monday–Friday

An Aetna® team member will answer your call.

Already a member?

Call 1-833-570-6670 (TTY: 711)

8 AM to 8 PM, 7 days a week

An Aetna team member will answer your call.

Are you eligible to enroll?

To join Aetna Medicare Eagle II (PPO), you must:

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:
Texas: Bexar, Collin, Dallas, Denton, Fort Bend, Harris, Hays, Montgomery, Tarrant, Travis, Williamson

What you should know

- **Plan type:** Aetna Medicare Eagle II (PPO) is a PPO plan. This is a Medicare Advantage plan that does not cover prescription drugs. You can use in-network and out-of-network providers. You will typically pay more for out-of-network care.
- **Primary Care Physician (PCP):** You have the option to choose a PCP. We recommend choosing a PCP because when we know who your doctor is we can better support your care.
- **Referrals:** Aetna Medicare Eagle II (PPO) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.
- **Prior authorizations:** Your provider will work with us to get approval before you receive certain services.
- **Contact information:** To get more information about some benefits, please see the Contact quick reference chart at the end of this document.
- **Provider directory:** View your provider directory at [AetnaMedicare.com/H2293-015](https://www.aetnamedicare.com/H2293-015).

Plan premium, deductible, and maximum out-of-pocket (MOOP)



| Out-of-pocket costs | |
|----------------------------|--|
| Monthly premium | <p>\$0</p> <p>You must continue to pay your Medicare Part B premium.</p> <p>With this plan, the monthly premium you pay to the SSA is reduced by \$50.</p> |
| Plan deductible | \$0 |
| MOOP | <p>\$5,000 for in-network services</p> <p>\$8,950 for in- and out-of-network services combined</p> <p>Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium doesn't count toward your MOOP.</p> |

Medical and hospital benefits



Hospital coverage

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your in-network costs | Your out-of-network costs |
|--|--|---------------------------|
| Inpatient (unlimited number of days) | \$365 per day, days 1-5; \$0 per day, days 6-90; \$0 for additional days | 30% per stay |
| Outpatient hospital observation services | \$350 per stay | 30% per stay |
| Outpatient hospital | \$40 - \$350 \$40 for outpatient hospital services other than surgery \$350 for each outpatient hospital surgery | 30% |
| Ambulatory surgical center | \$350 | 30% |



Doctor visits

| Benefit | Your in-network costs | Your out-of-network costs |
|------------|-----------------------|---------------------------|
| PCP | \$0 | 30% |
| Specialist | \$40 | 30% |



Preventive, emergency and urgent care

| Benefit | Your in-network costs | Your out-of-network costs |
|---|--|---|
| Preventive care | \$0 | 0% – 30% 0% for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines 30% for all other Medicare-covered preventive services |
| For a full list of preventive services available, see the EOC. Some covered services may have an associated cost. | | |
| Emergency and urgent care (inside the U.S.) | \$120 for emergency care \$60 for urgent care | \$120 for emergency care \$60 for urgent care |
| Emergency and urgent care, including ambulance (outside the U.S.) | \$120 for emergency care \$120 for urgent care \$270 for ambulance | \$120 for emergency care \$120 for urgent care \$270 for ambulance |



Diagnostic services, labs, imaging

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your in-network costs | Your out-of-network costs |
|--|-----------------------|---------------------------|
| Diagnostic tests and procedures | \$50 | 30% |
| Lab services | \$0 | 30% |
| Diagnostic radiology services, such as MRI | \$375 | 30% |
| Outpatient x-rays | \$40 | 30% |



Hearing services

| Benefit | Your in-network costs | Your out-of-network costs |
|-------------------------|--|---------------------------|
| Diagnostic hearing exam | \$40 | 30% |
| Routine hearing exam | \$0 | 30% |
| | You get one routine hearing exam every year. You can visit a provider in the NationsHearing network, or an out-of-network provider. | |
| Hearing aids | You get an annual benefit amount (allowance) up to a maximum amount of \$1,250 per ear, every year. This benefit amount can only be used to purchase hearing aids through a NationsHearing network provider. If the cost is over the benefit amount, you pay the difference. | Not Covered |



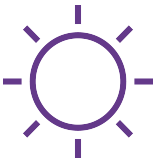
Dental services

| Benefit | Your in-network costs | Your out-of-network costs |
|-----------------|--|--|
| Dental services | <p>\$0 for preventive services including oral exams, bitewing x-rays and cleanings</p> <p>20% - 50% for comprehensive services including things like fillings, extractions, crowns, root canals, dentures and oral surgery</p> | <p>30% for preventive services including oral exams, bitewing x-rays and cleanings</p> <p>30% - 70% for comprehensive services including things like fillings, extractions, crowns, root canals, dentures and oral surgery</p> <p>\$3,000 annual benefit amount (allowance). This is the total amount that will be paid for covered comprehensive services in the plan year. You are responsible for the cost of any comprehensive services over this amount. This benefit uses the Aetna Dental PPO Network, which is different from your medical network. You can use a provider in or out of the Aetna Dental PPO Network. However, network providers agree to bill us directly so you won't have to pay the provider and then submit a reimbursement request - and you may save money. To find a provider and learn more about this benefit visit AetnaMedicare.com/H2293-015</p> |



Vision services

| Benefit | Your in-network costs | Your out-of-network costs |
|---|---|---------------------------|
| Diagnostic eye exam (includes diabetic eye exams) | \$0 | 30% |
| Glaucoma screening | \$0 | 30% |
| Routine eye exam | \$0 | 30% |
| | Our plan covers one exam every year. | |
| Contacts and eyeglasses | You get a vision eyewear benefit amount (allowance) up to \$400 every year for covered prescription eyewear. This benefit amount is administered through EyeMed. You can choose to use a provider outside of the EyeMed network, but you may be responsible for additional costs. Your benefit amount is applied at the time of purchase. If your eyewear purchase is more than your benefit amount, you'll need to pay the difference. | |



Mental health services

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your in-network costs | Your out-of-network costs |
|-------------------------------------|---|---------------------------|
| Inpatient psychiatric hospital stay | \$375 per day, days 1-5; \$0 per day, days 6-90 | 30% per stay |
| Outpatient mental health therapy | \$40 | 30% |
| Outpatient psychiatric therapy | \$40 | 30% |



Skilled nursing facility (SNF) and therapy

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification. Note: Members must meet the Centers for Medicare & Medicaid Services (CMS) criteria for medically necessary skilled care to be covered.

| Benefit | Your in-network costs | Your out-of-network costs |
|-----------------------------|---|---------------------------|
| SNF care | \$10 per day, days 1-20; \$203 per day, days 21-100 | 30% per stay |
| | Our plan covers up to 100 days per benefit period. | |
| Physical and speech therapy | \$40 | 30% |
| Occupational therapy | \$40 | 30% |



Ambulance and routine transportation

Your doctor often needs approval from us before we cover non-emergency air ambulance. This is called **prior authorization** or pre-certification.

| Benefit | Your in-network costs | Your out-of-network costs |
|---|-----------------------|---------------------------|
| Ambulance (ground or air, one-way trip) | \$270 | \$270 |
| Routine, non-emergency transportation | Not Covered | Not Covered |



Medicare Part B drugs

Medicare Part B only covers certain medicines for certain conditions. These medicines are often given to you in your doctor's office. They can include things like vaccines, injections, and nebulizers, among others. They can also include medicines you take at home using special medical equipment. Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your in-network costs | Your out-of-network costs |
|--------------------|---|---------------------------|
| Chemotherapy drugs | 0% - 20% Minimum cost share ensures member cost sharing does not exceed the adjusted Medicare coinsurance for Part B rebatable drugs | 30% |
| Other Part B drugs | 0% - 20% Minimum cost share ensures member cost sharing does not exceed the adjusted Medicare coinsurance for Part B rebatable drugs | 30% |

Other covered benefits



Complementary and alternative medicine (CAM)

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your in-network costs | Your out-of-network costs |
|-------------------|--|---|
| Acupuncture | \$20 for Medicare-covered care \$20 for routine care Medicare coverage is limited to services to treat chronic low back pain. For routine services, we also cover up to twenty visits every year as necessary to meet your individual needs. American Specialty Health will manage your acupuncture benefit. On your initial visit, your provider will discuss and establish your treatment plan. Establishing medical necessity is the responsibility of ASH and your provider. | 50% for Medicare-covered care 50% for routine care |
| Chiropractic care | \$20 for Medicare-covered care \$20 for routine care Medicare coverage is limited to fixing a subluxation. This is when one or more of the bones in your spine move out of place. For routine services, we also cover up to twelve visits every year as necessary to meet your individual needs. | 30% for Medicare-covered care 30% for routine care |



Diabetic supplies

We cover blood glucose monitors and diabetic test strips from **OneTouch®/LifeScan**.

Keep in mind: You'll pay more for other brands.

Your doctor may need approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your in-network costs | Your out-of-network costs |
|-------------------|---|---|
| Diabetic supplies | 0% – 20% 0% for OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices 20% for non-OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices (prior authorization may be required) | 0% – 20% 0% for OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices 20% for non-OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices (prior authorization may be required) |



Fitness program

| Benefit | Your costs in our plan |
|------------------|---|
| Physical fitness | <p>\$0</p> <p>You're eligible for a basic membership at SilverSneakers participating facilities. If you prefer to exercise at home, you can also access online classes or get an at-home fitness kit. This membership also includes classes and workshops taught by instructors trained in senior fitness, workout videos, a mobile app, and online fitness nutrition tips. You will also have access to online enrichment classes to support your health and wellness, as well as your mental fitness.</p> |



Foot care (podiatry services)

| Benefit | Your in-network costs | Your out-of-network costs |
|--------------------------|--------------------------------|-------------------------------|
| Foot exams and treatment | \$40 for Medicare-covered care | 30% for Medicare-covered care |



Home care and support

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your in-network costs | Your out-of-network costs |
|------------------|---|---------------------------|
| Home health care | \$0 | 30% |
| Meals | <p>\$0</p> <p>Our plan covers up to 14 meals over 7 days after you're discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility. Upon discharge, you'll be contacted by NationsMarket to schedule delivery.</p> | |



Medical equipment and supplies

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your in-network costs | Your out-of-network costs |
|--|-----------------------|---------------------------|
| Durable medical equipment (DME), like CPAP* machines, wheelchairs and oxygen | 20% | 30% |
| Prosthetics, such as braces and artificial limbs | 20% | 30% |

*CPAP stands for “continuous positive airway pressure.”



Over-the-counter (OTC) benefit

You will receive a \$105 benefit amount (allowance) each quarter to purchase approved over-the-counter (OTC) health and wellness items like first aid supplies, cold and allergy medicine, pain relievers, COVID-19 tests, and more. The \$105 benefit amount is available the first day of each calendar quarter. Calendar quarters begin in January, April, July, October. Be sure to use the full benefit amount each calendar quarter, because any unused amount will not roll over into the next calendar quarter.

We have partnered with OTC Health Solutions (OTCHS) to provide this benefit. The benefit amount is not connected to a payment or debit card. You will use your Aetna Medicare Eagle II (PPO) member ID to confirm benefit eligibility, confirm available benefit amount, and make purchases. You can purchase approved products online, by phone or in CVS stores. For details view the OTCHS catalog at AetnaMedicare.com/H2293-015.

| Benefit | |
|---------|---|
| OTC | \$105 quarterly |
| OTC kit | \$0 |
| | You'll be mailed two kits of pre-selected OTC items. You don't need to order the kits, they will be mailed directly to you. |



Resources For Living®

Benefit

| | |
|----------------------|---|
| Resources For Living | Resources For Living helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more. |
|----------------------|---|



Substance abuse

Your doctor may need approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your in-network costs | Your out-of-network costs |
|------------------------------------|-----------------------|---------------------------|
| Outpatient substance abuse therapy | \$40 | 30% |



24-Hour Nurse Line

Talk to a registered nurse anytime, day or night.

| Benefit | Your costs in our plan |
|------------|------------------------|
| Nurse Line | \$0 |

Contact quick reference

| Contact name | Phone number (TTY: 711) | Website |
|---|--|---|
| Aetna: Before you enroll | 1-833-859-6031 | AetnaMedicare.com |
| Aetna: After you enroll | Member Services: 1-833-570-6670 | AetnaMedicare.com/H2293-015 |
| Your agent/broker (use this space to write down your agent/broker's phone number) | | |
| Find a network doctor or hospital | 1-833-570-6670 | AetnaMedicare.com/findprovider |
| 24-Hour Nurse Line | 1-855-493-7019 | Please call |
| Aetna (dental) | 1-833-570-6670 | AetnaMedicare.com/dental |
| EyeMed (vision) | 1-844-486-3485 (TTY: 711) | AetnaMedicareVision.com |
| NationsHearing | 1-877-225-0137 (TTY: 711 for the hearing and speech impaired) | Aetna.NationsBenefits.com/Hearing |
| OneTouch/LifeScan | 1-877-764-5390 Brochure code: 123AET200 | OneTouch.orderpoints.com |
| Over-the-counter (OTC) benefit | 1-833-331-1573 (TTY: 711) | cvs.com/otchs/myorder |
| SilverSneakers | 1-888-423-4632 (TTY/TDD: 711) | SilverSneakers.com |

Aetna, CVS Pharmacy® and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

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

Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2023 Tivity Health, Inc. All rights reserved.

To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

© 2023 Aetna Inc.

Y0001_H2293_015_PA03_SB24_M

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-833-859-6031 (TTY: 711)**. From October 1 to March 31, you can call us 7 days a week from 8 AM to 8 PM local time. From April 1 to September 30, we're here Monday through Friday from 8 AM to 8 PM local time.

Understanding the benefits

- The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [AetnaMedicare.com](https://www.aetna.com/medicare) or call **1-833-859-6031 (TTY: 711)** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Understanding important rules

- Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

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 1-833-570-6670. Someone who speaks English 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 1-833-570-6670. 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 1-833-570-6670。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 1-833-570-6670。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 1-833-570-6670. 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 1-833-570-6670. 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 1-833-570-6670. 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 1-833-570-6670. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-570-6670. 번으로 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 1-833-570-6670. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-570-6670. سيقوم شخص ما يتحدث العربية 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 1-833-570-6670. पर फोन करें. कोई व्यक्ति जो हिन्दी 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 1-833-570-6670. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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 1-833-570-6670. 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 1-833-570-6670. 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 1-833-570-6670. Ta usługa jest bezpłatna.

Japanese: 当社の健康 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、1-833-570-6670. 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。

Hawaiian: He kōkua māhele 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma 1-833-570-6670. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

Y0001_NR_30475b_2023_C

Form CMS-10802
(Expires 12/31/25)

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your *Evidence of Coverage*). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

傳統漢語(中文) **(CHINESE):** 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。