Your Prescription Drug Plan Renewal Materials

We are pleased to provide you with your Express Scripts Medicare® (PDP) renewal materials for the 2015 plan year. **Please remember that your renewal in this plan is automatic—no action is required to continue your membership for 2015.** Both the plan and the Centers for Medicare & Medicaid Services (CMS) want to ensure that you understand your 2015 prescription drug benefit. Please promptly review the enclosed materials to become familiar with your 2015 benefits.

The following renewal materials are enclosed:

- **Quick Reference Guide**
  Refer to this guide, located on the other side of this document, when you need help with important address and phone number information for your plan.

- **Annual Notice of Changes**
  This document provides a summary of any changes to your benefits and costs for the renewal year, beginning January 1, 2015. Please note that the cost-sharing amounts you pay for covered drugs during the Initial Coverage and Coverage Gap stages will change in 2015. Therefore, you may see changes to the amounts you pay for some medications, particularly if your medication changes tiers.

- **Evidence of Coverage**
  Use this document to find an overview of your rights and the rules you must follow when using your Medicare prescription drug coverage. Make sure to keep it in a safe place where you can find it.

- **Formulary**
  The formulary lists many of the drugs covered by your plan. If you do not see your drug on the list, please call the Express Scripts Medicare Customer Service number on the enclosed Quick Reference Guide to confirm coverage of your medication.

- **Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs (“LIS Rider”)**
  If you qualify for a low-income subsidy and have been receiving Extra Help, this document is included in this package. Use this document to understand the assistance you will be receiving for the 2015 plan year with premiums and copayments.

- **Express Scripts Pharmacy℠ Prescription Order Form**
  Use the home delivery service order form to order maintenance supplies of medications through our convenient mail-order service. This form also has space for you to provide information to us regarding any medication allergies or health conditions you may have, as well as other pertinent information to ensure that all of your medications will work together safely.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Express Scripts Medicare depends on contract renewal.
## Quick Reference Guide

### Fairfax County Public Schools
**Office of Benefit Services**

For enrollment-related questions:

**Write to:**

FCPS Office of Benefit Services  
8115 Gatehouse Road, Suite 2700  
Falls Church, VA 22042

If you need help right away:

**Call:** 1.571.423.3200 (option 3, then option 2)  
**Fax:** 1.571.423.5000  
**Email:** HRBenefitsEnrollment@fcps.edu  
**Hours of Operation:** Monday through Friday, 8:00 a.m. to 4:30 p.m., Eastern Time  
**Website:** [www.fcps.edu/hr/benefits/health/retireehealth.shtml](http://www.fcps.edu/hr/benefits/health/retireehealth.shtml)

### Grievance Contact Information
To file a grievance:

**Write to:**  
Express Scripts Medicare  
Express Scripts  
Attn: Grievance Resolution Team  
P.O. Box 630035  
Irving, TX 75063-0035  
**Call:** 1.866.211.5492  
**TTY Users Call:** 1.800.716.3231  
**Fax:** 1.614.822.2099  
**Hours of Operation:** 24 hours a day, 7 days a week

### Administrative Coverage Reviews and Appeals Contact Information
If you need a decision about whether a medication is covered:

**Write to:**  
Express Scripts  
Attn: Medicare Administrative Appeals  
P.O. Box 66587  
St. Louis, MO 63166-6571  
**Call:** 1.800.413.1328  
**TTY Users Call:** 1.800.716.3231  
**Fax:** 1.877.328.9799  
**Hours of Operation:** 24 hours a day, 7 days a week

### Express Scripts Medicare Customer Service

**Call:** 1.866.211.5492  
**TTY Users Call:** 1.800.716.3231  
**Hours of Operation:** 24 hours a day, 7 days a week

### Initial Clinical Coverage Reviews (Including Prior Authorization Requests)

**Contact Information**

To request a Prior Authorization:

**Write to:**  
Express Scripts  
Attn: Medicare Reviews  
P.O. Box 66571  
St. Louis, MO 63166-6571  
**Call:** 1.800.935.6103  
**TTY Users Call:** 1.800.716.3231  
**Fax:** 1.614.822.2099  
**Hours of Operation:** 24 hours a day, 7 days a week

### Clinical Appeals Contact Information
If you need to appeal an adverse determination:

**Write to:**  
Express Scripts  
Attn: Medicare Clinical Appeals  
P.O. Box 66588  
St. Louis, MO 63166-6588  
**Call:** 1.800.935.6103  
**TTY Users Call:** 1.800.716.3231  
**Fax:** 1.614.822.2099  
**Hours of Operation:** 24 hours a day, 7 days a week

### Paper Claim Submission

**Mail request for payment with receipts to:**  
Express Scripts  
ATTN: MED D CLAIMS  
P.O. Box 2858  
Clinton, IA 52733-2858

It is preferable to use a Direct Claim Form. To obtain a Direct Claim Form, download from [www.Express-Scripts.com](http://wwwExpress-Scripts.com) or call Customer Service.
Express Scripts Medicare (PDP) for Fairfax County Public Schools

Annual Notice of Changes for 2015

You are currently enrolled as a member of Express Scripts Medicare® (PDP). The benefit described in this document is your final benefit after combining the standard Medicare Part D benefit with additional coverage being provided by Fairfax County Public Schools (FCPS).

Please note: The cost-sharing amounts you pay for covered drugs during the Initial Coverage and Coverage Gap stages will change in 2015. Therefore you may see changes to the amounts you pay for some medications, particularly if your medication changes tiers.

During the FCPS Open Enrollment period, you may elect to make changes to your FCPS sponsored coverage, such as adding or removing dependents, selecting from one of the other health plan options offered or cancelling coverage altogether. Remember, if you choose to cancel medical and/or dental coverage through FCPS, your coverage cannot be reinstated.

Changes to your Medicare Part D coverage for next year (for plans not sponsored by FCPS) can generally be made from October 15 through December 7.

Additional Resources

- For help or more information, contact Express Scripts Medicare Customer Service at 1.866.211.5492 (TTY users should call 1.800.716.3231), 24 hours a day, 7 days a week. We have free language interpreter services available for non-English speakers.

- This information is also available in braille. Please call Express Scripts Medicare Customer Service at the numbers above if you need plan information in another format.

About Express Scripts Medicare

- Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Express Scripts Medicare depends on contract renewal.

- When this booklet says “we,” “us” or “our,” it means Express Scripts Insurance Company or Medco Containment Life Insurance Company. When it says “plan” or “our plan,” it means Express Scripts Medicare.
Think About Your Medicare Coverage for Next Year

Each fall, FCPS allows you to make changes to your coverage election, including selecting coverage from other health plans that are offered by FCPS. Additionally, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. It’s important to review your coverage now to make sure it will meet your needs next year. Please see Section 3 for more information about deadlines for changing plans.

Important things to do:

- **Check the changes to our benefits and costs to see if they affect you.** It is important to review benefit and cost changes to make sure they will work for you next year. Look in Section 1 for information about benefit and cost changes for our plan.

- **Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section 1 for information about changes to our drug coverage.

- **Think about your overall costs in the plan.** How much will you spend out of pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?

If you decide to stay with Express Scripts Medicare:

If you want to stay with us next year, it’s easy – you don’t need to do anything. You will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, look in Section 2.2 to learn more about your choices. Please see Section 3 for information about deadlines for changing plans. If you enroll in a new plan, your new coverage will begin on January 1, 2015.
Annual Notice of Changes for 2015

Table of Contents

SECTION 1. Changes to Benefits and Costs for Next Year.............................. 4
SECTION 2. Deciding Which Plan to Choose .......................................................... 10
SECTION 3. Deadline for Changing Plans .......................................................... 10
SECTION 4. Programs That Offer Free Counseling About Medicare............... 10
SECTION 5. Programs That Help Pay for Prescription Drugs ......................... 11
SECTION 6. Questions? .................................................................................... 11
SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

You will be informed in October of any changes to the amount that you pay for your premium, to be effective starting January 1, 2015. If you have any questions, please contact the FCPS Office of Benefit Services.

- Your monthly plan premium will be more if you are required to pay a late enrollment penalty. If you are required to pay a late enrollment penalty, you will receive a separate communication from FCPS.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs.

Section 1.2 – Changes to the Pharmacy Network

Changes to basic rules for the plan’s Part D drug coverage

Effective June 1, 2015, before your drugs can be covered under the Part D benefit, CMS will require your doctors and other prescribers to either accept Medicare or to file documentation with CMS showing that they are qualified to write prescriptions.

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

There are some changes to our network of pharmacies for next year. However, the majority of pharmacies that participate in our network in 2014 will continue to participate in 2015.

To get the most current information about our network of pharmacies, visit us on the Web at www.Express-Scripts.com, call Customer Service for updated pharmacy information or you can ask us to mail you a Pharmacy Directory.

Section 1.3 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or “drug list.” We have included a copy of our 2015 drug list in this envelope.
We made some changes to our drug list, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the drug list to determine whether your drugs will be covered next year and to see if there will be any restrictions.** The drug list we included in this envelope includes many – but not all – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. Contact Customer Service to determine whether your drug is covered.

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask Express Scripts Medicare to make an exception** to cover the drug. To learn what you must do to ask for an exception, see Chapter 7 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)) or call Customer Service.

- **Find a different drug** that we cover. You can call Customer Service at the numbers on the front cover of this document to ask for a list of covered drugs that treat the same medical condition.

In some situations, we will cover a temporary supply of a drug. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, Section 5.2 of the Evidence of Coverage.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask Express Scripts Medicare to make an exception for you and cover your current drug.

If you currently have a formulary exception on file, you may need to submit a new request for an exception. The approval letter you received contains a start and end date for the approval. Please refer to this letter to determine if a request for a new exception is needed.

**Changes to Your Prescription Drug Costs**

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), the information about costs for Part D prescription drugs may not apply to you. We have included a separate insert, called “Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs” (also called the “Low Income Subsidy Rider” or “LIS Rider”), which tells you about your drug coverage. If you get Extra Help and didn’t receive this insert with this packet, please call Customer Service and ask for the LIS Rider. Phone numbers for Customer Service are on the front cover of this booklet.
This plan has three drug payment stages. Which “Drug Payment Stage” you are in may affect how much you pay for a Part D drug.

The following chart summarizes changes to the plan’s drug payment stages and your cost-sharing amounts for covered prescription drugs. The changes shown will take effect on January 1, 2015, and will stay the same for the entire calendar year. The costs in this chart are for prescriptions filled at network pharmacies. Generally, we cover drugs filled at an out-of-network pharmacy only when you are not able to use a network pharmacy. There may be restrictions for prescriptions filled at out-of-network pharmacies, such as a limit on the amount of the drug you can receive.

<table>
<thead>
<tr>
<th></th>
<th>2014 (this year)</th>
<th>2015 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEMBER OUT-OF-POCKET MAXIMUM</strong></td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>This plan has a yearly out-of-pocket maximum (costs paid by yourself only). Once you reach this amount, you will pay $0 for your covered prescription drugs for the remainder of the calendar year, and the cost-share amounts listed in the various stages will not apply to you.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>YEARLY DEDUCTIBLE STAGE</strong></td>
<td>Because this plan does not have a deductible, this stage does not apply to you.</td>
<td>Because this plan does not have a deductible, this stage does not apply to you.</td>
</tr>
</tbody>
</table>
INITIAL COVERAGE STAGE
During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.**

In this stage, how much you pay for a drug depends on which “tier” the drug is in. The table below shows your costs for drugs in each of our three drug tiers. Express Scripts Medicare moved some of the drugs on the drug list to different drug tiers. To see if any of your drugs have been moved to different tiers, look them up in the drug list or call Express Scripts Medicare Customer Service for more information.

| Drugs in Tier 1  
(Generic Drugs) | 2014 (this year) | 2015 (next year) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost for a one-month (34-day) supply of a drug in Tier 1 that is filled at a retail network pharmacy</td>
<td>You pay 20% of the total cost ($7 minimum and $25 maximum).</td>
<td>You pay $7 per prescription.</td>
</tr>
<tr>
<td>Cost for a three-month (90-day) supply of a drug in Tier 1 that is filled at a retail network pharmacy*</td>
<td>You pay 20% of the total cost ($21 minimum and $75 maximum).</td>
<td>You pay $21 per prescription.</td>
</tr>
<tr>
<td>Cost for a three-month (90-day) supply of a drug in Tier 1 that is filled through our home delivery service*</td>
<td>You pay 20% of the total cost ($14 minimum and $50 maximum).</td>
<td>You pay $14 per prescription.</td>
</tr>
</tbody>
</table>

| Drugs in Tier 2  
(Preferred Brand Drugs) | 2014 (this year) | 2015 (next year) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>34-day supply filled at a retail network pharmacy</td>
<td>You pay 20% of the total cost ($15 minimum and $25 maximum).</td>
<td>You pay 20% of the total cost ($50 maximum).</td>
</tr>
<tr>
<td>90-day supply filled at a retail network pharmacy*</td>
<td>You pay 20% of the total cost ($45 minimum and $75 maximum).</td>
<td>You pay 20% of the total cost ($150 maximum).</td>
</tr>
<tr>
<td>90-day supply filled through our home delivery service*</td>
<td>You pay 20% of the total cost ($30 minimum and $50 maximum).</td>
<td>You pay 20% of the total cost ($100 maximum).</td>
</tr>
</tbody>
</table>
**Drugs in Tier 3**  
*(Non-Preferred Brand Drugs)*

<table>
<thead>
<tr>
<th></th>
<th>2014 (this year)</th>
<th>2015 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>34-day supply filled at a retail network pharmacy</td>
<td>You pay 20% of the total cost ($15 minimum and $25 maximum).</td>
<td>You pay 20% of the total cost ($50 maximum).</td>
</tr>
<tr>
<td>90-day supply filled at a retail network pharmacy*</td>
<td>You pay 20% of the total cost ($45 minimum and $75 maximum).</td>
<td>You pay 20% of the total cost ($150 maximum).</td>
</tr>
<tr>
<td>90-day supply filled through our home delivery service*</td>
<td>You pay 20% of the total cost ($30 minimum and $50 maximum).</td>
<td>You pay 20% of the total cost ($100 maximum).</td>
</tr>
</tbody>
</table>

*Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service for more information.*

For 2015, you will stay in this stage until the total cost of your Part D drugs reaches $2,960 (in 2014, the limit is $2,850). Once you reach this limit, you move on to the Coverage Gap stage. Most members will not reach this stage.
### Coverage Gap Stage

Because the member out-of-pocket maximum and your total out-of-pocket drug costs include different costs, you may reach the Catastrophic Coverage stage ($4,700) prior to reaching your member out-of-pocket maximum.

If you reach the out-of-pocket limit first, you leave the Coverage Gap stage and move on to the Catastrophic Coverage stage.

**If you reach your member out-of-pocket maximum first, you will pay $0 for your covered prescription drugs for the remainder of the plan year.**

<table>
<thead>
<tr>
<th>2014 (this year)</th>
<th>2015 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>During this stage, the plan will continue to cover your drugs at the same cost-sharing amount as in the Initial Coverage stage until you qualify for the Catastrophic Coverage stage.</td>
<td>For 2015, you will stay in the Coverage Gap stage until you pay $4,700 out of pocket for Part D drugs (in 2014, you pay $4,550). Once you reach this yearly out-of-pocket amount, you move on to the Catastrophic Coverage stage.</td>
</tr>
</tbody>
</table>

### Catastrophic Coverage Stage

This stage is the last of the drug payment stages. If you reach this stage, you will stay in this stage until the end of the calendar year.

You pay the greater of:

- $2.55 for a generic drug (including brand drugs treated as generics) and $6.35 for all other drugs

  OR

- 5% of the total cost, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.

<table>
<thead>
<tr>
<th>2014 (this year)</th>
<th>2015 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay the greater of:</td>
<td>You pay the greater of:</td>
</tr>
<tr>
<td>$2.65 for a generic drug (including brand drugs treated as generics) and $6.60 for all other drugs</td>
<td>$2.65 for a generic drug (including brand drugs treated as generics) and $6.60 for all other drugs</td>
</tr>
</tbody>
</table>

  OR

- 5% of the total cost, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.
SECTION 2  Deciding Which Plan to Choose

Section 2.1 – If You Want to Stay in Express Scripts Medicare

To stay in this plan, you don’t need to do anything. You will automatically stay enrolled as a member of our plan for 2015.

Section 2.2 – If You Want to Change Plans

We hope to keep you as a member for next year, but if you are considering changing prescription drug plans, please review the materials that FCPS will send in October for specific information about your plan options for 2015. If you choose a Medicare Part D plan outside of the plans offered by FCPS but still maintain health insurance coverage through FCPS, you will lose prescription coverage through the FCPS plan. Additionally, the premium you pay to FCPS will not change if you enroll in another Medicare Part D plan.

You may find more information about Medicare Part D plans available in your area by contacting Medicare. You may visit http://www.medicare.gov and click on “Find Health and Drug Plans” or call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048, 24 hours a day, 7 days a week.

As a reminder, Express Scripts Medicare offers other Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums and cost-sharing amounts.

SECTION 3  Deadline for Changing Plans

If you want to change to a different Medicare prescription drug plan or to a Medicare health plan for next year, you can generally make changes from October 15 through December 7. The Annual Enrollment Period established by FCPS will differ from these dates. FCPS open enrollment dates will be communicated in the information mailed to you in October. Your change in coverage will take effect on January 1, 2015.

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

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid or those who get Extra Help paying for their drugs are allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2 of the Evidence of Coverage.

SECTION 4  Programs That Offer Free Counseling About Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. A SHIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and
answer questions about switching plans. You can contact the SHIP in your state by using the contact information provided in the Appendix of the enclosed Evidence of Coverage or by contacting Medicare.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. There are two basic kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to seventy-five (75) percent or more of your drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not have a coverage gap or a late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, 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 (applications); or
  - Your State Medicaid Office (applications).

- **Help from your state’s pharmaceutical assistance program.** The State Pharmaceutical Assistance Program helps people pay for prescription drugs based on their financial need, age or medical condition. To learn more about the program, check with your State Pharmaceutical Assistance Program (the name and phone numbers for your organization are in the Appendix of the enclosed Evidence of Coverage).

- **Prescription cost-sharing assistance for persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. For information on eligibility criteria, covered drugs, or how to enroll in the program, check with your state AIDS Drug Assistance Program (the name and phone numbers for your state’s ADAP organization are in the Appendix of the enclosed Evidence of Coverage).

SECTION 6 Questions?

We’re here to help. Please call Customer Service at 1.866.211.5492. Customer Service is available 24 hours a day, 7 days a week. TTY users should call 1.800.716.3231.

Section 6.1 – Other Plan Information

Read your 2015 Evidence of Coverage (it has details about next year’s benefits)

This Annual Notice of Changes gives you a summary of changes in your benefits and costs for 2015. For additional plan details, look in the enclosed 2015 Evidence of Coverage. The
Evidence of Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

Visit our website
You can visit our website at www.Express-Scripts.com for the most up-to-date information about our pharmacy network and drug coverage.

Notice of Privacy Practices
We have sent you a Notice of Privacy Practices upon your enrollment in this plan. Any changes made to this notice will be made available on our website. Should you require another copy of this notice, please contact Express Scripts Medicare Customer Service.

Section 6.2 – Getting Help From Medicare

- To get information directly from Medicare: Call 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

- Visit the Medicare website: You can visit the Medicare website (http://www.medicare.gov). It has information about cost, coverage and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to http://www.medicare.gov and click on “Review and Compare Your Coverage Options.”)

Read Medicare & You 2015: You can read the Medicare & You 2015 handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don’t have a copy of this booklet, you can get it at the Medicare website (http://www.medicare.gov) or by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.
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 the numbers on the back of your Member ID card. 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 a los números que figuran en el dorso de su tarjeta de identificación. 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，请致电您会员 ID 卡背面的号码。我们讲中文的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，請致電您會員 ID 卡背面的號碼。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 numerong nasa likod ng iyong Miyembrong ID card. 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 aux numéros figurant au dos de votre carte de membre. 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 các số điện thoại ở mặt sau thẻ Hồi Viên của quý vị. Sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.


**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 가입자 ID 카드 뒷면의 전화 번호로 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 номерам телефонов на оборотной стороне идентификационной карточки участника. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.
We provide free translation services to answer any questions about our health or medication plans.

To obtain a translation, all you need to do is call us on the numbers on the back of your member ID card.

We will arrange for a person who speaks your language to assist you. This is a free service.