

Health Spotlight

The Art of Health Care:

Meet Riverside Muralist
Juan Navarro (page 3)

PLUS



Well-Care Visits:
Back to good health



Get the flu shot,
not the flu



Health plans
for ALL!



DualChoice





IEHP has been named one of the 100 Companies That Care[®] by PEOPLE Magazine, ranking No. 87 on the national list. PEOPLE's annual list spotlights companies that go above and beyond to "honor their employees, uplift their communities and make the world a better place." The list includes companies like Comcast, NBC Universal, Target Corporation and CarMax.

IEHP DualChoice Formulary: WHAT YOU NEED TO KNOW

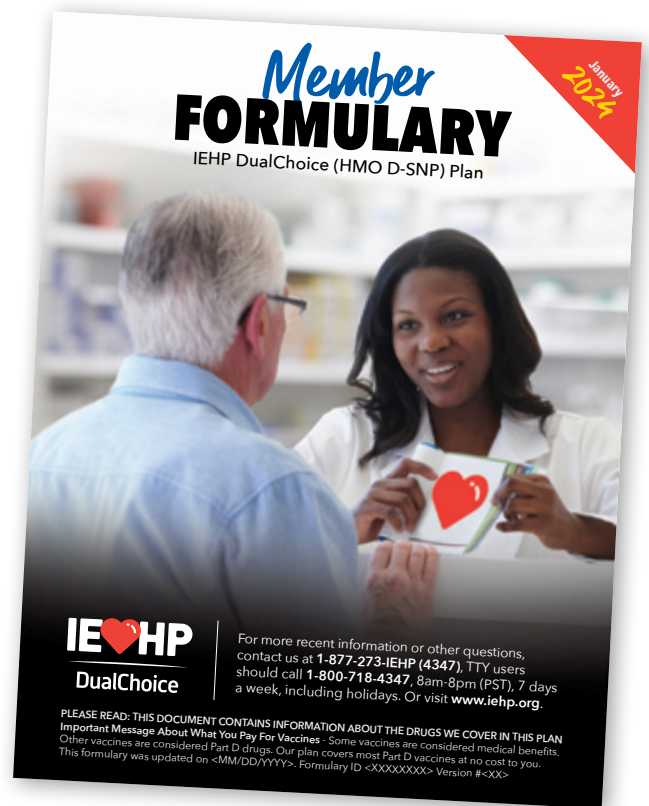
Our Formulary is a list of drugs covered by IEHP DualChoice (HMO D-SNP). It helps make sure we offer you safe drugs that work well.

You can access the updated Formulary (and the Formulary Change Log) anytime on our website. For a direct link, visit bit.ly/3mjOyTP.

What if your drug is not covered?

Call your doctor's office. Your doctor may:

- Change your drug to a covered drug.
- Decide your drug is "medically necessary" and fill out a Prior Authorization (PA) form.
- If a PA is needed, your doctor will send the forms to your pharmacy.



To learn more, please see your Member Handbook. You may also call IEHP DualChoice Member Services. The number is on the back of your member card.

Note: The Drug List may change year-round.

Our Mission Moments

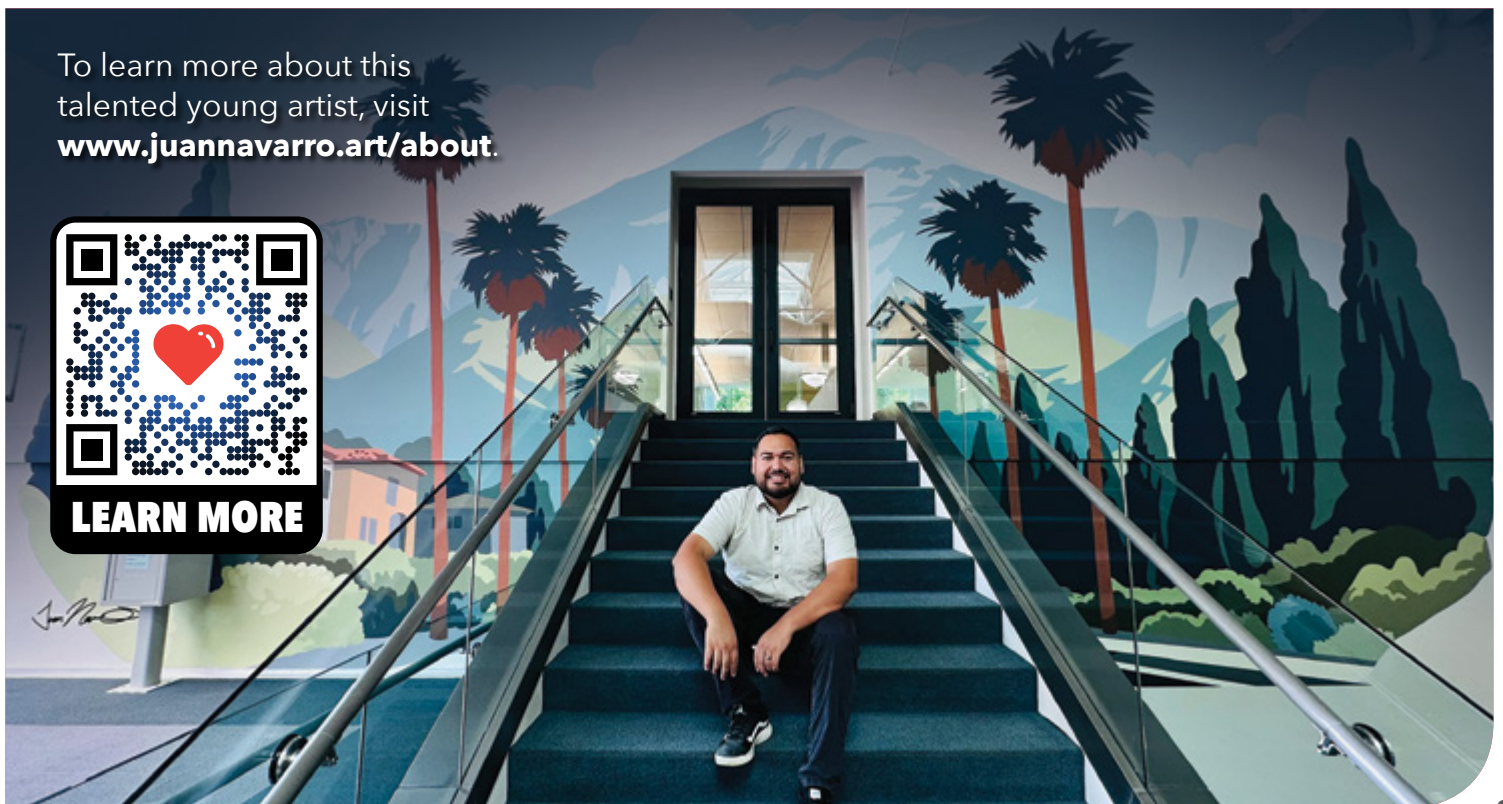
IEHP teams up with Riverside muralist Juan Navarro

At IEHP DualChoice, we heal and inspire the human spirit. Riverside-based muralist Juan Navarro hopes to do the same with his art. Navarro, who recently visited the White House as a National Medal recipient, is the artist-in-residence at Riverside Art Museum. Inspired by his Mexican American roots, Navarro leaves his mark on communities and organizations serving diverse populations with each swipe of his paint brush. He has more than 15 public works on display in communities like Riverside and is the owner and operator of Eastside Arthouse. That's why we were so excited for the chance to

work with him to create several full-scale murals at our headquarters in Rancho Cucamonga – murals that would celebrate the tapestry that makes the Inland Empire so special. The first mural is now complete in a central part of our headquarters – known as the Atrium – where hundreds of people visit daily.

“We went through a lot of different versions of topics,” Navarro said, “but this one [an homage to a tree-lined street in Riverside] was the best fit for this space, and we decided to focus on the regions IEHP DualChoice serves across Riverside and San Bernardino counties.”

To learn more about this talented young artist, visit www.juannavarro.art/about.



Yearly Well-Care Visits:

GET BACK TO GOOD HEALTH



Making sure you see your doctor for yearly well-care visits is a great way to stay healthy and prevent health problems. That's because the well-care visit is more than just a physical exam. It includes a Health Risk Assessment, a personalized prevention plan and will likely include:

- Routine measurements (like height, weight, and blood pressure)
- A review of medical and family history
- A review of current medicines
- Personalized health advice
- Advance care planning
- A cognitive and functional assessment

Don't wait until you get sick. Call your doctor today and set up a well-care visit.

Did You Know?

You can get medical advice 24 hours a day, 7 days a week. Call the IEHP 24-Hour Nurse Advice Line. Our trained nurses can offer medical advice right over the phone. They can also help guide you to the care you need, whether it's an urgent care center near you or another call with a doctor via video or phone chat.

Call 1-888-244-IEHP (4347). TTY users should call 711.



Q Do antibiotics help with the flu?

A No. Antibiotics only treat infections caused by bacteria. The flu is an infection caused by a virus. This means an antibiotic will not work against the flu.

Mail your questions to – Ask the Doctor –
IEHP DualChoice, P.O. Box 1800,
Rancho Cucamonga, CA 91729-1800

Get the shot **NOT THE FLU**

The Centers for Disease Control and Prevention (CDC) recommends the flu shot each year for everyone 6 months old and older, with few exceptions. For those who are at high risk for complications, a flu shot is vital. This includes people who are pregnant, 65 and older, and residents of nursing homes and long-term care facilities.

All IEHP DualChoice members can get a **FREE** flu shot from their doctor. Adult members can also get their free flu shot at certain network pharmacies, like CVS, Rite Aid and Walgreens. Just be sure to call first to set up your visit. Also, if you get your flu shot at work or from a clinic outside our network, please be sure to tell your doctor, so your records can be updated.

If you do get the flu but can't reach your doctor, call the IEHP 24-Hour Nurse Advice Line anytime at **1-888-244-IEHP (4347)**. TTY users should call 711.



Mental Health RIGHTS



You have rights as a patient when it comes to mental health services to:

- Be treated with respect and dignity
- Have your privacy protected
- Understand treatment options and alternatives
- Receive services appropriate for your age and culture
- Get care that does not discriminate based on your age, gender, race, religion sexual orientation, or type of illness



Scan the QR code to learn more about your mental health rights and responsibilities in your Member Handbook.



Community Resources at Your Fingertips

What is it?

Connect IE is a FREE one-stop website where you can find low-cost and no-cost community resources you might need, like:

- Food pantries
- Rental assistance
- Transportation
- Educational resources
- Job training
- Health care
- And much more!

How does it work?

1. Visit www.ConnectIE.org
2. Enter your ZIP code in the search bar.
3. Click “Search.”

That’s it! Start browsing for free and low-cost resources in your area.

HEALTH PLANS FOR ALL!

If you ever lose your health coverage, don't worry.



IEHP
Inland Empire Health Plan

No-cost health coverage for qualified IE residents with Medi-Cal:

- Care from more than 8,000 providers and specialists
- Care coordination
- Vision, dental and transportation benefits
- Immigration status does not matter

IEHP
DualChoice

No-cost integrated plan for those with both Medi-Cal and Medicare:

- Full coverage plan includes doctors, hospitals, pharmacies, long-term services and supports, behavioral health and more
- Care coordination
- Personal care teams

IEHP
Covered

Lowest cost private health coverage for those who don't quite qualify for Medi-Cal:

- Lowest cost Silver plan in the region (as low as \$10 a month)
- Care from more than 5,000 providers and specialists

Which plan is right for you?

Visit our new website www.iehp.org to browse our plans.



NONDISCRIMINATION NOTICE

Discrimination is against the law. IEHP DualChoice (HMO D-SNP) follows State and Federal civil rights laws. IEHP DualChoice does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

IEHP DualChoice provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Free language services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact IEHP DualChoice Member Services between 8am-8pm (PST), 7 days a week, including holidays by calling 1-877-273-4347. If you cannot hear or speak well, please call 1-800-718-4347. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

IEHP DualChoice
10801 Sixth St., Rancho Cucamonga, CA 91730
Tel. 1-877-273-4347
TTY: 1-800-718-4347
711 (Telecommunications Relay Service)

HOW TO FILE A GRIEVANCE

If you believe that IEHP DualChoice has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with IEHP DualChoice's Civil Rights

Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact IEHP DualChoice's Civil Rights Coordinator between 8am-8pm (PST), 7 days a week, including holidays by calling 1-877-273-4347. Or, if you cannot hear or speak well, please call 1-800-718-4347.
- In writing: Fill out a complaint form or write a letter and send it to:
IEHP DualChoice, Attn: Civil Rights Coordinator,
10801 Sixth Street, Suite 120, Rancho Cucamonga, CA 91730
- In person: Visit your doctor's office or IEHP DualChoice and say you want to file a grievance.
- Electronically: Visit IEHP DualChoice's website at www.iehp.org.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil
Rights Department of Health Care
Services Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.

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

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

writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

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

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



AVISO DE NO DISCRIMINACIÓN

La discriminación es ilegal. IEHP DualChoice (HMO D-SNP) cumple con las leyes de derechos civiles estatales y federales. IEHP DualChoice no discrimina ilegalmente ni excluye a las personas o las trata de manera diferente por motivos de sexo, raza, color, religión, ascendencia, nacionalidad, identificación con grupo étnico, edad, discapacidad mental, discapacidad física, condición médica, información genética, estado civil, género, identidad de género u orientación sexual.

IEHP DualChoice proporciona:

- Asistencia y servicios gratuitos para las personas con discapacidad con el propósito de ayudarles a comunicarse mejor, como:
 - ✓ Intérpretes calificados de lenguaje de señas
 - ✓ Información por escrito en otros formatos (impresión en letra grande, audio, formatos electrónicos accesibles y otros formatos)

- Servicios de idiomas sin costo a personas cuyo idioma principal no sea el inglés, como:
 - ✓ Intérpretes calificados
 - ✓ Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Servicios para Miembros de IEHP DualChoice al 1-877-273-4347, de 8am-8pm (Hora del Pacífico), los 7 días de la semana, incluidos los días festivos. Si tiene problemas auditivos o del habla, por favor llame al número 1-800-718-4347. Si usted lo solicita, este documento puede estar a su disposición en braille, impreso en letra grande, cinta de audio o formato electrónico. Para obtener una copia en alguno de estos formatos alternos, llame o escriba a:

IEHP DualChoice
10801 Sixth St., Rancho Cucamonga, CA 91730
Teléfono: 1-877-273-4347
TTY: 1-800-718-4347
711 (Servicio de retransmisión de telecomunicaciones)

CÓMO PRESENTAR UNA QUEJA FORMAL

Si considera que IEHP DualChoice no le ha proporcionado estos servicios o que lo ha discriminado ilegalmente de alguna otra forma por motivos de sexo, raza, color, religión, ascendencia, nacionalidad, identificación con grupo étnico, edad, discapacidad mental, discapacidad física, condición médica, información genética, estado civil, género, identidad de género u orientación sexual, puede presentar una queja formal ante el coordinador de derechos civiles de IEHP DualChoice. Puede presentar una queja formal por teléfono, por escrito, en persona o en línea:

- **Por teléfono:** Comuníquese con el coordinador de derechos civiles de IEHP DualChoice al 1-877-273-4347, de 8am-8pm (Hora del Pacífico), los 7 días de la semana, incluidos los días festivos. O, si no puede escuchar o hablar bien, llame al 1-800-718-4347.
- **Por escrito:** Conteste un formulario de quejas o escriba una carta y envíela a:
IEHP DualChoice, Attn: Civil Rights Coordinator,
10801 Sixth Street, Suite 120, Rancho Cucamonga, CA 91730
- **En persona:** Vaya al consultorio de su doctor o a IEHP DualChoice y mencione que quiere presentar una queja.
- **En línea:** Visite el sitio web de IEHP DualChoice en www.iehp.org.

OFICINA DE DERECHOS CIVILES — DEPARTAMENTO DE SERVICIOS DE SALUD DE CALIFORNIA

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Servicios de Salud de California por teléfono, por escrito o en línea:

- **Por teléfono:** Llame al **916-440-7370**. Si no puede hablar o escuchar bien, llame al **711 (Servicio de retransmisión de telecomunicaciones)**.
- **Por escrito:** Conteste un formulario de quejas o envíe una carta a:

**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Los formularios de quejas están disponibles en:
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- En línea: Envíe un correo electrónico a CivilRights@dhcs.ca.gov.

OFICINA DE DERECHOS CIVILES — DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE LOS EE. UU.

Si considera que ha sido discriminado por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, también puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. por teléfono, por escrito, o en línea:

- Por teléfono: Llame al **1-800-368-1019**. Si no puede hablar o escuchar bien, llame a la línea **TTY/TDD** al **1-800-537-7697**.
- Por escrito: Conteste un formulario de quejas o envíe una carta a:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Los formularios de quejas están disponibles en
<http://www.hhs.gov/ocr/office/file/index.html>.

- En línea: Visite el Portal de Quejas de la Oficina de Derechos Civiles en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.



TAGLINES

English Tagline

ATTENTION: If you need help in your language call 1-877-273-4347 (TTY: 1-800-718-4347). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-273-4347 (TTY: 1-800-718-4347). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-877-273-4347 (TTY: 1-800-718-4347). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-877-273-4347 (TTY: 1-800-718-4347). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, 1-877-273-4347 (TTY: 1-800-718-4347): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք 1-877-273-4347 (TTY: 1-800-718-4347): Այդ ծառայություններն անվճար են:

ប្រាសាទកម្ពុជា (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-877-273-4347 (TTY: 1-800-718-4347)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-877-273-4347 (TTY: 1-800-718-4347)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Simplified Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-877-273-4347 (TTY: 1-800-718-4347)。我们另外还提供针对残疾人士的帮助和服务，例如盲文和大字体阅读，提供您方便取用。请致电 1-877-273-4347 (TTY: 1-800-718-4347)。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-877-273-4347 (TTY: 1-800-718-4347) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-877-273-4347 (TTY: 1-800-718-4347) تماس بگیرید. این خدمات رایگان است.

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-877-273-4347 (TTY: 1-800-718-4347) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-877-273-4347 (TTY: 1-800-718-4347) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

Nge Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-877-273-4347 (TTY: 1-800-718-4347). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-877-273-4347 (TTY: 1-800-718-4347). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-877-273-4347 (TTY: 1-800-718-4347)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-877-273-4347 (TTY: 1-800-718-4347) へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-877-273-4347 (TTY: 1-800-718-4347) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-877-273-4347 (TTY: 1-800-718-4347) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-877-273-4347 (TTY: 1-800-718-4347). ອັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ໃຫ້ໂທຫາເບີ 1-877-273-4347 (TTY: 1-800-718-4347). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-877-273-4347 (TTY: 1-800-718-4347). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-877-273-4347 (TTY: 1-800-718-4347). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-877-273-4347 (TTY: 1-800-718-4347). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-877-273-4347 (TTY: 1-800-718-4347). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-877-273-4347 (линия TTY: 1-800-718-4347). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-877-273-4347 (линия TTY: 1-800-718-4347). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-877-273-4347 (TTY: 1-800-718-4347). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-877-273-4347 (TTY: 1-800-718-4347). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-877-273-4347 (TTY: 1-800-718-4347). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-877-273-4347 (TTY: 1-800-718-4347). Libre ang mga serbisyo ng ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-273-4347 (TTY: 1-800-718-4347) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-273-4347 (TTY: 1-800-718-4347) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-877-273-4347 (TTY: 1-800-718-4347). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-877-273-4347 (TTY: 1-800-718-4347). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-877-273-4347 (TTY: 1-800-718-4347). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-877-273-4347 (TTY: 1-800-718-4347). Các dịch vụ này đều miễn phí.



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 1-877-273-4347 (TTY: 1-800-718-4347). 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 1-877-273-4347 (TTY: 1-800-718-4347). 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 1-877-273-4347 (TTY: 1-800-718-4347)。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 1-877-273-4347 (TTY: 1-800-718-4347)。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 1-877-273-4347 (TTY: 1-800-718-4347). 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 1-877-273-4347 (TTY: 1-800-718-4347). 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 1-877-273-4347 (TTY: 1-800-718-4347) 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 1-877-273-4347 (TTY: 1-800-718-4347). 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 전화 1-877-273-4347 (TTY: 1-800-718-4347)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 1-877-273-4347 (TTY: 1-800-718-4347). 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 1-877-273-4347 (TTY: 1-800-718-4347). بمساعدتك. هذه خدمة مجانية 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 सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-273-4347 (TTY: 1-800-718-4347) 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 1-877-273-4347 (TTY: 1-800-718-4347). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 1-877-273-4347 (TTY: 1-800-718-4347). 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 1-877-273-4347 (TTY: 1-800-718-4347). 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 1-877-273-4347 (TTY: 1-800-718-4347). 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 **1-877-273-4347 (TTY: 1-800-718-4347)** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



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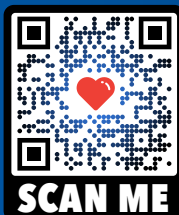


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