



# Healthy Rewards Program

CAREFIRST BLUECROSS BLUESHIELD  
MEDICARE ADVANTAGE

| 2025

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# Welcome!

At CareFirst BlueCross BlueShield Medicare Advantage, we believe that preventive care plays an important role in staying healthy. That's why we encourage you to participate in our Healthy Rewards Program for a healthier and happier you!

## Earn a total of \$290 in Healthy Rewards when you complete these screenings or exams

- Health Risk Assessment
- Annual Wellness Visit
- Annual Flu Shot
- At-Home Visit
- Post Hospitalization Visit
- At-Home Colorectal Cancer Screening
- Colonoscopy or Flexible Sigmoidoscopy
- Mammogram (Breast Cancer Screening)
- Diabetes HbA1C Screening Test
- Diabetic Retinal Eye Exam



## We'd love to help

If you have any questions, please call Member Services at the number on the back of your member ID card. You can reach a customer service representative from 8 a.m.-8 p.m., EST, 7 days a week from October 1-March 31 and Monday-Friday from April 1-September 30.



# Start Earning Healthy Rewards!

## Follow these steps below:



Call your doctor to schedule the preventive screening, exam, or vaccination you need. We can help you to schedule your visit. Just call our Member Services number.



Take this booklet with you to your appointment.



Fill out any applicable forms starting from page 6. Be sure to write your full name and member identification number on the form (located on the front of your member ID card).



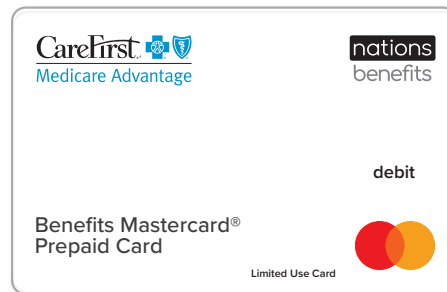
Tear out the completed form and mail it to:

CareFirst BlueCross BlueShield  
Medicare Advantage  
Attn: Quality Dept.  
PO Box 915  
Owings Mills, MD 21117

Or you can fax it to 410-779-3957.

Your Healthy Rewards will be loaded onto a prepaid healthcare benefit type card as shown below.

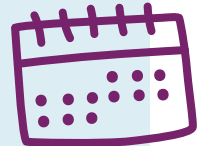
Please keep the card, as it will be reloaded with your reward, every time you complete one of the activities. The card will be reloaded the month following when we receive confirmation of completion. The Healthy Rewards do not roll over to the next year and expire on February 28, 2026.



## Complete your screenings today!

To receive eligible rewards, all services must be completed by December 31, 2025 and all completed forms must be submitted to the plan by January 31, 2026.

Any forms received after January 31, 2026 may not be eligible for a Healthy Reward.



Your Healthy Rewards will be loaded onto the healthcare prepaid benefit type card after we receive the completed form and have verified the services. Healthy Rewards cannot be used to buy tobacco or alcohol. Healthy Rewards cannot be converted to cash. All preventive measures must be completed in the 2025 calendar year. This reward can only be earned once per calendar year.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. Card can be used for eligible expenses wherever Mastercard is accepted.

# Here's How it Works

Activity	What you need to know	Reward
Health Risk Assessment	Complete and return HRA within 90 days of your enrollment effective date, and/or annually (no greater than 365 days from completing your last HRA) thereafter.	\$20
Annual Wellness Visit	One visit per year	\$30
Annual Flu Shot	One flu shot per year	\$20
At Home Visit (Porter)	One visit per year	\$30
Post-Hospitalization Physician Visit	Complete within thirty (30) days of leaving the hospital. (One per year)	\$20
Colonoscopy or Flexible Sigmoidoscopy	You must have a colorectal screening between January 1–December 31, 2025. Request your reward by January 31, 2026. You will need to provide the date of visit and the type of test.	\$50
At Home Colorectal Cancer Screening	One at home colorectal cancer screening per year	\$30
Breast Cancer Screening	One mammogram per year.	\$50
Diabetes HbA1c Test	One HbA1c screening per year	\$20
Diabetic Retinal Exam	One retinal exam per year	\$20

# Health Risk Assessment

Health Risk Assessments (HRAs) are used to help identify any health risks that could affect your health. After you answer each question, your case manager at CareFirst BlueCross BlueShield Medicare Advantage will use this and other health information to create a care plan personalized to your healthcare needs.

We will mail the care plan to you and your primary care provider (PCP). The care plan will include goals and actions for you to improve your health. We encourage you to talk to your PCP about your care plan at every visit.

To receive this reward, you must complete the HRA within the first 90 days of enrollment with the plan, and/or annually thereafter. CareFirst BlueCross BlueShield Medicare Advantage will reach out to you when you are due for your HRA.

You can complete this assessment in your own home. You don't have to go to the doctor to do it.

## Three ways to complete your HRA



**Complete it over the phone** when we call you! It's quick and confidential.



**Send it by mail.** Just ask the representative on the phone for a mailed copy. We'll mail it with a postage-paid envelope.



Send it online. Take the assessment at [carefirst.com/hraform](https://carefirst.com/hraform). It's fast and confidential.

## HRAs are offered at no charge to Medicare members

A member of our case management team will call you to discuss your HRA results and develop a personalized care plan shortly after we receive your completed HRA. Conversations with the case management team do not count as a completed HRA. You must complete the brief survey to be eligible for the Healthy Reward.

The HRA must be completed prior to December 31, 2025 for you to be eligible to receive a Healthy Reward.

# Annual Wellness Visit

CareFirst BlueCross BlueShield Medicare Advantage encourages all members to get an annual wellness visit once every 12 months. During this visit, your doctor will check on your health and work with you to develop a care plan made just for you.

The visit is offered to all Medicare members one time each year at no cost and it must be completed in-person in 2025 in order for you to be eligible for a Healthy Reward.

## During your annual wellness visit, remember to:



Ask your provider which screenings you should take.



Ask questions about your health numbers (blood pressure/body mass index).



Talk to your doctor about any over-the-counter drugs you take to see if they are safe to take along with any prescriptions prescribed to you.



Reduce the risk of falls by talking about how to prevent them.



Inform your doctor about any pain you may have or any physical or mental changes you are experiencing.



Discuss advance care planning with your doctor to make decisions about the care you'd want to receive if you become unable to speak for yourself.

# 2025 Annual Wellness Exam Form

We've included a form for you to fill out, sign and date after your Annual Wellness Exam with your provider. Tear off at the dotted line and complete all fields.

Tear off at the dotted line

INSTRUCTIONS
<ul style="list-style-type: none"> <li>■ Mail completed form to:            CareFirst BlueCross BlueShield Medicare Advantage Attn: Quality Dept.,            P.O. Box 915, Owings Mills, MD 21117</li> <li>■ Fax completed form to 410-779-3957</li> </ul>

COMPLETE THE INFORMATION BELOW	
Name:	
Member ID (found on Health ID card)	Member Date of Birth
Member Signature	
Name of Provider	Date of Visit
Practice Name	
Address	
Phone Number	Fax Number

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# Annual Flu Shot

CareFirst BlueCross BlueShield Medicare Advantage encourages members to get a flu shot. Human immune defenses become weaker with age. The flu can be serious for people age 65 and older or with other health risk factors.

An annual flu shot is offered at no cost to all Medicare members. It must be completed in-person in 2025 in order for you to be eligible to receive a Healthy Reward.

According to the Centers for Disease Control and Prevention, it is not possible to predict what any flu season will be like. The timing, severity and length of the flu season usually varies from one year to the next.

Flu vaccines are updated each season because flu viruses are constantly changing. Also, immunity decreases over time. Annual vaccination helps to ensure the best possible protection against flu.



## Get your flu shot today!

Call your doctor today to schedule your flu shot. Be sure to ask if your pharmacy can give you a shot at no cost.



# 2025 Annual Flu Shot Form

We've included a form for you to fill out, sign and date after you take your Annual Flu Shot. Tear off at the dotted line once you've completed all fields.

Tear off at the dotted line

INSTRUCTIONS	
<ul style="list-style-type: none"> <li>■ <b>Mail</b> completed form to:                CareFirst BlueCross BlueShield Medicare Advantage Attn: Quality Dept.,                P.O. Box 915, Owings Mills, MD 21117</li> <li>■ <b>Fax</b> completed form at 410-779-3957</li> </ul>	
COMPLETE THE INFORMATION BELOW	
Name of Healthcare Professional	
Practice/Pharmacy Name	
Practice/Pharmacy Phone	Practice/Pharmacy Fax
NPI Number	
Location/Address	
Member Name	
Member ID	Member Date of Birth
Date of Flu Shot	
Signature	

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# At-Home Visit

Your plan includes the option for you to have a comprehensive health assessment in the comfort of your own home. This benefit is available at no cost.

During the visit, a licensed practitioner will provide a thorough health evaluation including lab work and screenings for diabetes, colon cancer, and kidney and vascular diseases. They'll review your medical history and medications and answer any questions you may have.

You can opt into the care coordination. This service provides valuable assistance getting the most out of your care. We can help you schedule appointments or arrange transportation, get lower cost medications or medical equipment, and provide nutrition recommendations to improve your overall health.



## What happens at this visit?

Your in-home assessment does not replace your yearly visit with your PCP. Both you and your PCP will receive a Clinical Visit Summary report that summarizes the results of your assessment. This will help you have an informed discussion at your annual check-up or next PCP visit.



# 2025 At-Home Visit Form

We've included a form for you to fill out, sign and date after your At-Home Visit. Tear off at the dotted line and complete all fields.

Tear off at the dotted line

INSTRUCTIONS	
<ul style="list-style-type: none"> <li>■ <b>Mail</b> completed form to:                CareFirst BlueCross BlueShield Medicare Advantage Attn: Quality Dept.,                P.O. Box 915, Owings Mills, MD 21117</li> <li>■ <b>Fax</b> completed form to 410-779-3957</li> </ul>	
COMPLETE THE INFORMATION BELOW	
Name:	
Member ID (found on Health ID card)	Member Date of Birth
Member Signature	
Name of Healthcare Professional	Date of At-Home Visit
Practice Name	
Provider Address	
Phone Number	Fax Number

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# Post-Hospitalization Physician Visit

The post-hospitalization visit is offered at no cost to Medicare members who were admitted for either an observation or an inpatient stay.

If you complete your post-hospitalization visit within 30 days of discharge from the admission, you will be eligible to receive a healthy reward. This visit can be completed in-person or via telehealth (on your computer, phone, or tablet) with the provider.

CareFirst BlueCross BlueShield Advantage DualPrime understands that it can be tough going home after being in the hospital. You may have left the hospital with multiple follow-up instructions. You may have many medicines to take. You may also want more medical help and support in the weeks following your hospital stay.



## What happens at this visit?

This visit may be with a primary care provider or specialist. During this visit, your doctor will go over the instructions that you got at the hospital. Your doctor will see if you need to adjust any medication, follow-up on test results and discuss future treatments.



# 2025 Post-Hospitalization Physician Visit Form

We've included a form for you to fill out, sign and date after your visit with your provider. Tear off at the dotted line and complete all fields.

Tear off at the dotted line

INSTRUCTIONS	
<ul style="list-style-type: none"> <li>■ <b>Mail</b> completed form to: CareFirst BlueCross BlueShield Medicare Advantage Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117</li> <li>■ <b>Fax</b> completed form to 410-779-3957</li> </ul>	
COMPLETE THE INFORMATION BELOW	
Member Name	
Member ID	Member Date of Birth
Member Signature	
Hospital Admission Date	Hospital Discharge Date
Provider Appointment Date	
Name of Office Staff Member Completing Form	
Practice Name	
Name of Provider	Provider Phone
Provider Address	

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# Colorectal Cancer Screenings

According to the Centers for Disease Control and Prevention, regular screening is key to preventing colorectal cancer. CareFirst BlueCross BlueShield Medicare Advantage encourages you to talk with your provider about when to begin screening for colorectal cancer, what test to have and how often to have it.

## Colorectal Cancer Screenings (iFOBT, Colonoscopy, or Flex Sigmoidoscopy):

Colorectal cancer screenings can detect problems before any symptoms occur. Your provider will take into account your age, medical history, family history and general health to determine which screening is right for you.

Medicare covers three colorectal cancer screenings when ordered by a doctor—Colonoscopy, Flexible Sigmoidoscopy, and an iFOBT stool-based test. There is no age requirement for members to receive a colonoscopy, but you must be over the age of 50 to complete a Flexible Sigmoidoscopy or an iFOBT stool-based test. The screening must be completed within the recommended time frame in order for you to receive a Healthy Reward.

## At-Home Colorectal Cancer Screenings

At-home colorectal cancer screenings provide a convenient and non-invasive way for individuals to monitor their colon health.

These tests, often utilizing stool samples, allow for early detection of colorectal cancer or precancerous conditions. By collecting a sample at home and sending it for analysis, people can maintain regular screenings, which are crucial for early diagnosis and effective treatment.

While not a substitute for a colonoscopy, they can be a vital first step. In combination with professional medical advice, they enhance early detection efforts and can improve health outcomes.

## Screening guidelines

It is recommended that individuals get an iFOBT stool-based test every 12 months, a Flexible Sigmoidoscopy every five years or a Colonoscopy every 10 years.



## Colorectal Cancer Screening (iFobT)

1. Complete an iFOBT colorectal cancer screening kit before December 31, 2025. Use the kit as instructed.
2. Mail your sample to the lab to be processed. Instructions on how to do this will be included in your kit.
3. Fill out the form in this Healthy Rewards Program booklet.
4. After your visit with your provider, fax your completed form to 410-779-3957 or mail it to:  
CareFirst BlueCross BlueShield  
Medicare Advantage  
Attn: Quality Department  
P.O. Box 915  
Owings Mills, MD 21117

## Colonoscopy or Flexible Sigmoidoscopy

1. Talk with your provider to schedule an appointment for your colorectal cancer screening before December 31, 2025.
2. After you've completed your screening, fill out the form in this Healthy Rewards Program booklet.
3. After your procedure, fax your completed form to 410-779-3957 or mail it to:  
CareFirst BlueCross BlueShield  
Medicare Advantage  
Attn: Quality Department  
P.O. Box 915  
Owings Mills, MD 21117

### Who can earn this reward?

Medicare Advantage members who are eligible for a colorectal screening exam. One reward per member in 2025.

### How can I earn this reward?

You must have a colorectal screening between January 1, 2025, and December 31, 2025. Request your reward by January 31, 2026. You will need to provide the date of visit and the type of test.



# 2025 Colorectal Cancer Screening Form

We've included a form for you to fill out, sign and date after your Colorectal Cancer Screening. Tear off at the dotted line and complete all fields.

Tear off at the dotted line

INSTRUCTIONS	
<ul style="list-style-type: none"> <li>■ <b>Mail</b> completed form to:                CareFirst BlueCross BlueShield Medicare Advantage Attn: Quality Dept.,                P.O. Box 915, Owings Mills, MD 21117</li> <li>■ <b>Fax</b> completed form to 410-779-3957</li> </ul>	
COMPLETE THE INFORMATION BELOW	
<p>There are three ways to be screened for colorectal cancer—iFOBT kit, Flexible Sigmoidoscopy or Colonoscopy.</p> <p>You will only receive one healthy reward per calendar year regardless of how many tests were performed. Once completed, you are not eligible to receive another healthy reward through the Healthy Rewards Program for any additional colorectal cancer screenings in 2025.</p> <p>Please check off which ONE test you used for screening</p>	
<p> <input type="radio"/> iFOBT kit (test for blood in stool)                      <input type="radio"/> Colonoscopy                Date mailed kit to lab _____                      Date of test _____         </p> <p> <input type="radio"/> Flexible Sigmoidoscopy                Date of test _____         </p>	
Member Name	
Member ID	Member Date of Birth
Member Signature	
Name of Provider	Date of Visit
Provider Phone	Practice/Group Name
Provider Address	

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## 2025 At-Home Colorectal Screening Form

We've included a form for you to fill out, sign and date after your At-Home Colorectal Cancer Screening. Tear off at the dotted line and complete all fields.

Tear off at the dotted line

### INSTRUCTIONS

- **Mail** completed form to:  
 CareFirst BlueCross BlueShield Medicare Advantage Attn: Quality Dept.,  
 P.O. Box 915, Owings Mills, MD 21117
- **Fax** completed form to 410-779-3957

### COMPLETE THE INFORMATION BELOW

You can get tested for colorectal cancer with an At-Home Colorectal Cancer Screening. Once you complete your at-home colorectal cancer screening, please fill out the form and fax it back to 410-779-3957. You can also call member services at the number on the back of your member ID card.

Member Name

Member ID

Member Date of Birth

Member Signature

Name of Provider

Date of Screening

Provider Phone

Practice/Group Name

Provider Address

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# Mammograms (Breast Cancer Screening)

According to the Centers for Disease Control and Prevention, mammograms can help find breast cancer early, when it is easier to treat. CareFirst BlueCross BlueShield Medicare Advantage encourages you to talk with your provider about when to begin screening for breast cancer and how often to have it.

Mammograms check for breast cancer even if a woman does not have any signs or symptoms. During this screening, X-ray images are taken of each breast—the images look for lumps or tumors that cannot be felt.

Mammograms can also see other issues that may indicate breast problems. Some imaging centers may require a referral. Be sure to ask when you call to make your appointment. If a referral is needed, your primary care provider will provide one for you.

Talk with your provider if you have any questions.

Mammograms are offered at no cost to all Medicare members over the age of 40. This screening must be completed between October 1, 2024 and December 31, 2025 in order for you to be eligible to receive a Healthy Reward.



# 2025 Mammogram (Breast Cancer Screening) Form

We've included a form for you to fill out, sign and date after your Mammogram appointment. Tear off at the dotted line and complete all fields.

Tear off at the dotted line

INSTRUCTIONS	
<ul style="list-style-type: none"> <li>■ Mail completed form to: CareFirst BlueCross BlueShield Medicare Advantage Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117</li> <li>■ Fax completed form to 410-779-3957</li> </ul>	
COMPLETE THE INFORMATION BELOW	
Member Name	
Member ID	Member Date of Birth
Member Signature	
Date of Mammogram	Today's Date
Name of Mammogram Center	
Location Address	
Location Phone Number	

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# 2025 Diabetes HbA1C Test Form

We've included a form for you to fill out, sign and date after you take the HbA1C blood test. Tear off at the dotted line and complete all fields.

Tear off at the dotted line

HbA1C laboratory tests are recommended for members who have a diagnosis of diabetes. These tests are offered at no cost to Medicare members who need them.

Tests must be completed in-person in 2025 in order for you to be eligible to receive a Healthy Reward.

## INSTRUCTIONS

- Mail completed form to:  
 CareFirst BlueCross BlueShield Medicare Advantage Attn: Quality Dept.,  
 P.O. Box 915, Owings Mills, MD 21117
- Fax completed form to 410-779-3957

## COMPLETE THE INFORMATION BELOW

Member Name	
Member ID	Member Date of Birth
Member Signature	
Date of HbA1c	Value
Name of Provider/Practice	
Location Address	
Location Phone Number	

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# 2025 Diabetic Retinal Eye Exam Form

We've included a form for you to fill out, sign and date after your eye exam. Tear off at the dotted line and complete all fields.

Tear off at the dotted line

It is recommended that members with diabetes have a retinal eye exam once a year. According to the National Institute of Health, between 40–45 percent of Americans diagnosed with diabetes have some stage of diabetic retinopathy. This eye exam is offered at no cost to Medicare members who need it. It must be completed in-person in 2025 in order for you to be eligible to receive a Healthy Reward.

## INSTRUCTIONS

- **Mail** completed form to:  
 CareFirst BlueCross BlueShield Medicare Advantage Attn: Quality Dept.,  
 P.O. Box 915, Owings Mills, MD 21117
- **Fax** completed form to 410-779-3957

## COMPLETE THE INFORMATION BELOW

Member Name

Member ID

Member Date of Birth

Member Signature

Date of Eye Exam

Name of Provider/Practice

Location Address

Location Phone Number

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# Medical Information

Name:
Date of Birth:
Phone:

PRIMARY CARE PROVIDER
Name:
Phone:

EMERGENCY CONTACT
Name:
Relationship
Phone Number

OTHER DOCTORS
Name:
Specialty:
Name:
Specialty:
Name:
Specialty:
Name:
Specialty:

ALLERGIES

PHARMACY
Name:
Phone:

MEDICAL CONDITIONS

# Medication Record

Use these two pages to keep track of all medications you take. This includes prescription drugs, over-the-counter medications, herbal supplements and vitamins. Share this information with your provider and pharmacist during all visits. Remember to use a pencil so you can make any changes if necessary.

You should review this record when starting or stopping a new medication, changing your dosage or visiting with your provider.

Name of medication	Form (pill, patch, injection, etc.)	Dosage	How much and when





The Healthy Rewards Program is offered to all CareFirst BlueCross BlueShield Medicare Advantage members at no cost. For assistance in scheduling a screening or test or if you have questions about the program, please call a Member Services representative for assistance.



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# Notice of Nondiscrimination and Multi-Language Insert

(Updated 8/5/19)

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CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides 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, please call 1-833-536-2001.**

If you believe CareFirst has 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 CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

**To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.**

## **Civil Rights Coordinator, Corporate Office of Civil Rights**

Mailing Address	P.O. Box 8894 Baltimore, Maryland 21224
Email Address	<a href="mailto:civilrightscordinator@carefirst.com">civilrightscordinator@carefirst.com</a>
Telephone Number	410-528-7820
Fax Number	410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

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

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## 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 1-833-536-2001. 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 1-833-536-2001. 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 1-833-536-2001。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 1-833-536-2001。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 1-833-536-2001. 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 1-833-536-2001. 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 chýõng sức khỏe và chýõng trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-536-2001 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 1-833-536-2001. 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 1-833-536-2001 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 1-833-536-2001. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-536-2001. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के िए हमारे पास मुफ्त दुभाकिया सेवाएँ उपिब्ध हैं. एक दुभाकिया प्राप्त करने के किए, बस हमें 1-833-536-2001 पर फोन करें. कोई व्यक्ति जो ढ्दनी बोिता 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 1-833-536-2001. 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 1-833-536-2001. 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 1-833-536-2001. 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 1-833-536-2001. 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、1-833-536-2001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。