



Annual Notice of Changes 2024

UHC Dual Complete NJ-Y001 (HMO D-SNP)



Toll-free **1-800-514-4911**, TTY **711**

8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September



myuhc.com/CommunityPlan

Do we have the right address for you?

If not, please let us know so we can keep you informed about your plan.

**United
Healthcare®**

Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to myuhc.com/communityplan to review the details online. All of the below documents will be available online by **October 15, 2023**.

Provider Directory and Pharmacy Directory.

Review the 2024 Provider Directory and Pharmacy Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) and pharmacies will be in the network next year.

List of Covered Drugs (Formulary)

You can look up which drugs will be covered by your plan next year and review any new restrictions on our website.

Evidence of Coverage (EOC)

Review your 2024 EOC for details about plan benefits. The EOC 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. It also has information about the quality program, how medical coverage decisions are made and your Rights and Responsibilities as a member.

Would you rather get paper copies?

If you want a paper copy of what is listed above, please contact our Customer Service at **1-866-480-1086** (TTY users should call **711**). Hours are 8 a.m.–8 p.m.: 7 Days Oct–Mar; M–F Apr–Sept.

Reduce the clutter and get plan documents faster.

Visit myuhc.com/communityplan to sign up for paperless delivery.

Annual Notice of Changes for 2024

Introduction



You are currently enrolled as a member of our plan.

Next year, there will be some changes to our benefits, coverage, rules. This **Annual Notice of Changes** tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the **Evidence of Coverage**, which is located on our website at **UHCCommunityPlan.com**. Key terms and their definitions appear in alphabetical order in the last chapter of your **Evidence of Coverage**.

Additional resources

- This document is available for free in Spanish. You can get this **Annual Notice of Changes** for free in other formats, such as large print, braille, or audio. Call Toll-free **1-800-514-4911**, TTY **711**, 8am–8pm: 7 Days Oct–Mar; M–F Apr–Sept. The call is free.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-800-514-4911**. Someone that speaks Spanish can help you. This is a free service.
- Our members can request their preferred language other than English and/or alternate format, by contacting Member Services number at the bottom of this page. Member's information will be noted as a standing request for future mailings and communications, so members do not need to make a separate request each time.
- To change a standing request for preferred language and/or format, members can contact Member Services to have their preference updated for future communications.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

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If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

A. Disclaimers

- UHC Dual Complete NJ-Y001 (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in UHC Dual Complete NJ-Y001 (HMO D-SNP) depends on contract renewal. This plan is available to anyone who has both Medicare and full New Jersey Medicaid benefits.
- Members must use network plan providers, pharmacies, DME (Durable Medical Equipment) suppliers. Members will be enrolled automatically into Medicaid (NJ FamilyCare) coverage under our plan, and disenrolled from any Medicaid (NJ FamilyCare) plan they are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers. Members will be enrolled into Medicare Part D prescription drug coverage under the plan and will be automatically disenrolled from any other Medicare Advantage or Medicare Part D prescription drug coverage.
- Los miembros deben usar los proveedores, las farmacias y los distribuidores de Equipo Médico Duradero (Durable Medical Equipment, DME) de la red del plan. Los miembros serán inscritos automáticamente en la cobertura de Medicaid (NJ FamilyCare) conforme a nuestro plan, y se cancelará la inscripción en cualquier plan de Medicaid (NJ FamilyCare) en el que estén inscritos actualmente. Todos sus servicios, artículos y medicamentos cubiertos por Medicaid pasarán a estar cubiertos por nuestro plan, y usted debe recibirlos de proveedores dentro de la red. Los miembros serán inscritos en la cobertura de medicamentos con receta de la Parte D de Medicare del plan, y se cancelará automáticamente su inscripción en cualquier otra cobertura de medicamentos con receta de la Parte D de Medicare o de Medicare Advantage.
- The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

B. Reviewing your Medicare and NJ FamilyCare (Medicaid) coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to Section E for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and NJ FamilyCare programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**.
- NJ FamilyCare services in **Section F2**.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

B1. Information about UHC Dual Complete NJ-Y001 (HMO D-SNP)

- UHC Dual Complete NJ-Y001 (HMO D-SNP) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- Coverage under UHC Dual Complete NJ-Y001 (HMO D-SNP) is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- When this **Annual Notice of Changes** says “we,” “us,” “our,” or “our plan,” it means UHC Dual Complete NJ-Y001 (HMO D-SNP).

B2. Important things to do

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit changes to make sure they will work for you next year.
 - Refer to **Section E1** for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Can you use the same pharmacies?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our **Provider and Pharmacy Directory**.
- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

If you decide to stay with UHC Dual Complete NJ-Y001 (HMO D-SNP):

If you want to stay with us next year, it’s easy – you don’t need to do anything. If you don’t make a change, you automatically stay enrolled in UHC Dual Complete NJ-Y001 (HMO D-SNP).

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section F2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

C. Changes to our plan name

On January 1, 2024, our plan name will change from UnitedHealthcare Dual Complete® ONE (HMO D-SNP) to UHC Dual Complete NJ-Y001 (HMO D-SNP).

We will mail you a new UnitedHealthcare member ID card. If you have questions, or if your UnitedHealthcare member ID card is damaged, lost, or stolen, call Customer Service at **1-800-514-4911** (TTY users should call **711**) right away and we will send you a new card.

You will see the new plan name reflected on future communications where the plan name is referenced.

D. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2024. **Please review the 2024 Provider and Pharmacy Directory** to find out if your providers or pharmacy are in our network. An updated **Provider and Pharmacy Directory** is located at our website at myuhc.com/communityplan. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a **Provider and Pharmacy Directory**.

It is important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your **Evidence of Coverage**.

E. Changes to benefits for next year

E1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes. For details about the coverage for these services, see **Chapter 4, Medical Benefits Chart** (what is covered), in your **2024 Evidence of Coverage**. A copy of the Evidence of Coverage is located at our website at myuhc.com/communityplan. You may also call Customer Service to ask us to mail you an **Evidence of Coverage**.

This section is continued on the next page.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

	2023 (this year)	2024 (next year)
Food, over-the-counter (OTC), home and bath safety devices and utility bill credit	<p>\$300 credit a month loaded to your UnitedHealthcare UCard® for covered over-the-counter products, healthy food and certain utility bills. Your credit amount expires at the end of each month.</p> <p>Home and bath safety devices not covered.</p>	<p>\$290 credit a month loaded to your UnitedHealthcare UCard® for covered over-the-counter products, select home and bath safety devices, healthy food and certain utility bills. Your credit amount expires at the end of each month.</p> <p>Use your UCard online or in-store to access your benefits.</p> <p>See your Evidence of Coverage for more information.</p>

E2. Changes to prescription drug coverage

Changes to our “Drug List”

An updated **List of Covered Drugs** is located at our website at myuhc.com/communityplan. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a **List of Covered Drugs**. We made 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 **make sure your drugs will be covered next year** and to find out if there are any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Customer Service at the numbers at the bottom of the page to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.

This section is continued on the next page.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

- You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
- To learn what you must do to ask for an exception, refer to **Chapter 9** of your **Evidence of Coverage** or call Customer Service at the numbers at the bottom of the page.
- If you need help asking for an exception, contact Customer Service. Refer to **Chapters 2 and 3** of your **Evidence of Coverage** to learn more about how to contact your Care Manager.

F. Choosing a plan

F1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2024.

F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have NJ FamilyCare, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- You moved out of our service area,
- Your eligibility for NJ FamilyCare or Extra Help changed, **or**
- If you recently moved into, currently are getting care in, or just moved out of a nursing facility or a long-term care hospital.

This section is continued on the next page.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Your Medicare services

You have four options for getting your Medicare services. By choosing one of these options, you automatically end your membership in our plan.

1. You can change to:

Another Medicare health plan

Here is what to do:

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

For Program of All-inclusive Care for the Elderly (PACE) inquiries, call **1-855-921-PACE (7223)**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-792-8820** (TTY: **711**). Their website can be found at **state.nj.us/humanservices/doas/services/ship/**. For more information or to find a local SHIP office in your area, please visit **state.nj.us/humanservices/doas/services/ship/**.

OR

Enroll in a new Medicare plan.

You will automatically be disenrolled from our plan when your new plan's coverage begins.

Your NJ FamilyCare (Medicaid) enrollment will automatically be changed to our NJ FamilyCare plan, UnitedHealthcare Community Plan. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at **1-800-701-0710** (TTY: **711**).

This section is continued on the next page.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

2. You can change to:**Original Medicare with a separate Medicare prescription drug plan****Here is what to do:**

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-792-8820** (TTY: **711**). Their website can be found at **state.nj.us/humanservices/doas/services/ship/**. For more information or to find a local SHIP office in your area, please visit **state.nj.us/humanservices/doas/services/ship/**.

OR

Enroll in a new Medicare prescription drug plan.

You will automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your NJ FamilyCare (Medicaid) enrollment will automatically be changed to our NJ FamilyCare plan, UnitedHealthcare Community Plan. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at **1-800-701-0710** (TTY: **711**).

This section is continued on the next page.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

3. You can change to:**Original Medicare without a separate Medicare prescription drug plan**

NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the State Health Insurance Assistance Program (SHIP) at **1-800-792-8820** (TTY: **711**). Their website can be found at **state.nj.us/humanservices/doas/services/ship/**.

Here is what to do:

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-792-8820** (TTY: **711**). Their website can be found at **state.nj.us/humanservices/doas/services/ship/**.

Your NJ FamilyCare (Medicaid) enrollment will automatically be changed to our NJ FamilyCare plan, UnitedHealthcare Community Plan. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at **1-800-701-0710** (TTY: **711**).

This section is continued on the next page.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

4. You can change to:**A different Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)****Here is what to do:**

Call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at **1-800-792-8820** (TTY: **711**). Their website can be found at **state.nj.us/humanservices/doas/services/ship/**.

You will automatically be disenrolled from our plan when your coverage with the new FIDE SNP plan begins.

OR

You can do this by calling the new FIDE SNP plan directly, or through a broker or agent contracted with the new FIDE SNP plan.

You will automatically be disenrolled from our plan when your coverage with the new FIDE SNP plan begins. Your NJ FamilyCare (Medicaid) coverage will also be shifted to the new FIDE SNP, and will be covered through that new plan.

Your NJ FamilyCare services

For questions about how to get your NJ FamilyCare services after you leave our plan, contact NJ FamilyCare at **1-800-701-0710** (TTY: **711**). Ask how joining another plan or returning to Original Medicare affects how you get your NJ FamilyCare coverage.

G. Getting help**G1. Our plan**

We're here to help if you have any questions. Call Customer Service at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your Evidence of Coverage

Your **Evidence of Coverage** is a legal, detailed description of our plan's benefits. It has details about benefits for 2024. It explains your rights and the rules to follow to get services and prescription drugs we cover.

This section is continued on the next page.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit **myuhc.com/communityplan**.

An up-to-date copy of the **Evidence of Coverage** is available on our website at myuhc.com/communityplan. You may also call Customer Service at the numbers at the bottom of the page to ask us to mail you an **Evidence of Coverage** for 2024.

Our website

You can visit our website at UHCCommunityPlan.com. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (**Provider and Pharmacy Directory**) and our “Drug List” (**List of Covered Drugs**).

G2. State Health Insurance Assistance Program (SHIP)

You can also call the SHIP. In New Jersey the SHIP is called the State Health Insurance Assistance Program (SHIP). SHIP can help you understand your plan choices and answer questions about switching plans. SHIP is not connected with us or with any insurance company or health plan. SHIP has trained counselors and services are free. The SHIP phone number is **1-800-792-8820** (TTY: **711**). For more information or to find a local SHIP office in your area, please visit state.nj.us/humanservices/doas/services/ship.

G3. Office of the Insurance Ombudsperson

The Ombudsperson Program can help you if you have a problem with our plan. The ombudsperson’s services are free and available in all languages. The Ombudsperson Program:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Ombudsperson Program is **1-800-446-7467** (TTY: **711**).

G4. 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**.

Medicare’s Website

You can visit the Medicare website (medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare’s website. (For information about plans, refer to medicare.gov and click on “Find plans.”)

This section is continued on the next page.



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

Medicare & You 2024

You can read the **Medicare & You 2024** 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. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website ([medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) 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**.

G5. NJ FamilyCare (Medicaid)

You are enrolled in both Medicare and in Medicaid. The Medicaid program in New Jersey is also called **NJ FamilyCare**. If you have questions about your NJ FamilyCare (Medicaid) coverage, call the NJ Department of Human Services, Division of Medical Assistance and Health Services at **1-800-701-0710** (TTY: **711**).



If you have questions, please call UHC Dual Complete NJ-Y001 (HMO D-SNP) at **1-800-514-4911**, TTY **711**, 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. The call is free. For more information, visit myuhc.com/communityplan.

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, please call us using the toll-free number on your member identification card. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用您的会员身份证上的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡上的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libheng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libheng numero sa iyong kard ng pagkakakilanlan ng kasapi. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyong ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng thành viên của bạn. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer auf Ihrem Mitgliedsausweis an. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Cispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon kòm manm ou an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej członka planu. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員IDカードに記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

UHC Dual Complete NJ-Y001 (HMO D-SNP) Customer Services



Call 1-800-514-4911

Calls to this number are free. 8 a.m.–8 p.m., 7 days a week, October–March; Monday–Friday, April–September. Customer Services also has free language interpreter services available for non-English speakers.

TTY 711

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