

# What's the Medicare Prescription Payment Plan?

Medicare

The Medicare Prescription Payment Plan is a new payment option in the prescription drug law that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). Starting in 2025, anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option. **All plans offer this payment option and participation is voluntary.**

If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). There's no cost to participate in the Medicare Prescription Payment Plan.

## What to know before participating

### How does it work?

When you fill a prescription for a drug covered by Part D, you won't pay your pharmacy (including mail order and specialty pharmacies). Instead, you'll get a bill each month from your health or drug plan.

Even though you won't pay for your drugs at the pharmacy, you're still responsible for the costs. If you want to know what your drug will cost before you take it home, call your plan or ask the pharmacist.

**This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs.** Go to page 5 to learn about Extra Help and other programs that might save you money, if you qualify.

### How is my monthly bill calculated?

Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year. All plans use the same formula to calculate your monthly payments.

Go to page 6 for examples of how the monthly bill is calculated.

**Your payments might change every month, so you might not know what your exact bill will be ahead of time.** Future payments might increase when you fill a new prescription (or refill an existing prescription) because as new out-of-pocket costs get added to your monthly payment, there are fewer months left in the year to spread out your remaining payments.

In a single calendar year (January – December), you'll never pay more than:

- The total amount you would have paid out of pocket to the pharmacy if you weren't participating in this payment option.
- The Medicare drug coverage annual out-of-pocket maximum (\$2,000 in 2025).

The prescription drug law caps your out-of-pocket drug costs at \$2,000 in 2025. **This is true for everyone with Medicare drug coverage, even if you don't participate in the Medicare Prescription Payment Plan.**

### **Will this help me?**

It depends on your situation. **Remember, this payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs.**

You're most likely to benefit from participating in the Medicare Prescription Payment Plan if you have high drug costs earlier in the calendar year. Although you can start participating in this payment option at any time in the year, starting earlier in the year (like before September), gives you more months to spread out your drug costs. Go to [Medicare.gov/prescription-payment-plan/will-this-help-me](https://www.Medicare.gov/prescription-payment-plan/will-this-help-me) to answer a few questions, and find out if you're likely to benefit from this payment option.

### **This payment option may not be the best choice for you if:**

- Your yearly drug costs are low.
- Your drug costs are the same each month.
- You're considering signing up for the payment option late in the calendar year (after September).
- You don't want to change how you pay for your drugs.
- You get or are eligible for Extra Help from Medicare.
- You get or are eligible for a Medicare Savings Program.
- You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a coupon program, or other health coverage.

Go to page 5 to learn about programs that can help lower your costs.

## Who can help me decide if I should participate?

- **Your health or drug plan:** Visit your plan's website, or call your plan to get more information. If you need to pick up a prescription urgently, call your plan to discuss your options.
- **Medicare:** Visit [Medicare.gov/prescription-payment-plan](https://www.Medicare.gov/prescription-payment-plan) to learn more about this payment option and if it might be a good fit for you.
- **State Health Insurance Assistance Program (SHIP):** Visit [shiphelp.org](https://www.shiphelp.org) to get the phone number for your local SHIP and get free, personalized health insurance counseling.

## How do I sign up?

Visit your health or drug plan's website, or call your plan to start participating in this payment option:

- **In 2024, for 2025:** If you want to participate in the Medicare Prescription Payment Plan for 2025, contact your plan now. Your participation will start January 1, 2025.
- **During 2025:** Starting January 1, 2025, you can contact your plan to start participating in the Medicare Prescription Payment Plan anytime during the calendar year.

Remember, this payment option may not be the best choice for you if you sign up late in the calendar year (after September). This is because as new out-of-pocket drug costs are added to your monthly payment, there are fewer months left in the year to spread out your payments.

## What to know if I'm participating

### What happens after I sign up?

Once your health or drug plan reviews your participation request, they'll send you a letter confirming your participation in the Medicare Prescription Payment Plan. Then:

1. When you get a prescription for a drug covered by Part D, your plan will automatically let the pharmacy know that you're participating in this payment option, and you won't pay the pharmacy for the prescription.

Even though you won't pay for your drugs at the pharmacy, you're still responsible for the costs. If you want to know what your drug will cost before you take it home, call your plan or ask the pharmacist.

2. Each month, your plan will send you a bill with the amount you owe for your prescriptions, when it's due, and information on how to make a payment. You'll get a separate bill for your monthly plan premium (if you have one).

## How do I pay my bill?

After your health or drug plan approves your participation in the Medicare Prescription Payment Plan, you'll get a letter from your plan with information about how to pay your bill.

## What happens if I don't pay my bill?

You'll get a reminder from your health or drug plan if you miss a payment. If you don't pay your bill by the date listed in that reminder, you'll be removed from the Medicare Prescription Payment Plan. You're required to pay the amount you owe, but **you won't pay any interest or fees, even if your payment is late**. You can choose to pay that amount all at once or be billed monthly. If you're removed from the Medicare Prescription Payment Plan, **you'll still be enrolled in your Medicare health or drug plan**.

**Always pay your health or drug plan monthly premium first (if you have one), so you don't lose your drug coverage.** If you're concerned about paying both your monthly plan premium and Medicare Prescription Payment Plan bills, go to page 5 for information about programs that can help lower your costs.

Call your plan if you think they made a mistake about your Medicare Prescription Payment Plan bill. If you think they made a mistake, you have the right to follow the grievance process found in your Member Handbook or Evidence of Coverage.

## How do I leave?

You can leave the Medicare Prescription Payment Plan at any time by contacting your health or drug plan. Leaving won't affect your Medicare drug coverage and other Medicare benefits. Keep in mind:

- If you still owe a balance, you're required to pay the amount you owe, even though you're no longer participating in this payment option.
- You can choose to pay your balance all at once or be billed monthly.
- You'll pay the pharmacy directly for new out-of-pocket drug costs after you leave the Medicare Prescription Payment Plan.

## What happens if I change health or drug plans?

If you leave your current plan, or change to a new Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage), your participation in the Medicare Prescription Payment Plan will end.

Contact your new plan if you'd like to participate in the Medicare Prescription Payment Plan again.

## What programs can help lower my costs?

If you have limited income and resources, find out if you're eligible for one of these programs:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs. Visit [ssa.gov/medicare/part-d-extra-help](https://ssa.gov/medicare/part-d-extra-help) to find out if you qualify and apply. You can also apply with your State Medical Assistance (Medicaid) office. Visit [Medicare.gov/ExtraHelp](https://Medicare.gov/ExtraHelp) to learn more.
- **Medicare Savings Programs:** State-run programs that might help pay some or all of your Medicare premiums, deductibles, copayments, and coinsurance. Visit [Medicare.gov/medicare-savings-programs](https://Medicare.gov/medicare-savings-programs) to learn more.
- **State Pharmaceutical Assistance Programs (SPAPs):** Programs that might include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit [go.medicare.gov/spap](https://go.medicare.gov/spap) to learn more.
- **Manufacturer Pharmaceutical Assistance Programs (sometimes called Patient Assistance Programs (PAPs)):** Programs from drug manufacturers to help lower drugs costs for people with Medicare. Visit [go.medicare.gov/pap](https://go.medicare.gov/pap) to learn more.

Many people qualify for savings and don't realize it. Visit [Medicare.gov/basics/costs/help](https://Medicare.gov/basics/costs/help), or contact your local Social Security office to learn more. Find your local Social Security office at [ssa.gov/locator/](https://ssa.gov/locator/).

## Where can I get more information?

- **Your health or drug plan:** Visit your plan's website, or call your plan to get more information.
- **Medicare:** Visit [Medicare.gov/prescription-payment-plan](https://Medicare.gov/prescription-payment-plan), or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

## Examples of how a monthly bill is calculated

### Example 1:

You take several high-cost drugs that have a total out-of-pocket cost of \$500 each month. In January 2025, you join the Medicare Prescription Payment Plan through your Medicare drug plan or Medicare health plan with drug coverage.

**We calculate your first month's bill in the Medicare Prescription Payment Plan differently than your bill for the rest of the months in the year:**

- **First, we figure out your “maximum possible payment” for the first month:**

$$\begin{array}{r}
 \$2,000 \text{ [annual out-of-pocket maximum]} \\
 - \$0 \text{ [no out-of-pocket costs before using this payment option]} \\
 = \$2,000 \\
 \hline
 12 \text{ [remaining months in the year]}
 \end{array}
 \qquad
 = \$166.67 \text{ [your “maximum possible payment” for the first month]}$$

- **Then, we figure out what you'll pay for January:**

- Compare your total out-of-pocket costs for January (\$500) to the “maximum possible payment” we just calculated: \$166.67.
- Your **plan will bill you the lesser of the two amounts**. So, you'll pay \$166.67 for the month of January.
- You have a remaining balance of \$333.33 (\$500-\$166.67).

**For February and the rest of the months left in the year, we calculate your payment differently:**

$$\begin{array}{r}
 \$333.33 \text{ [remaining balance]} + \$500 \text{ [new costs]} \\
 = \$833.33 \\
 \hline
 11 \text{ [remaining months in the year]}
 \end{array}
 \qquad
 = \$75.76 \text{ [your payment for February]}$$

**We'll calculate your March payment like we did for February:**

$$\begin{array}{r}
 \$757.57 \text{ [remaining balance]} + \$500 \text{ [new costs]} \\
 = \$1,257.57 \\
 \hline
 10 \text{ [remaining months in the year]}
 \end{array}
 \qquad
 = \$125.76 \text{ [your payment for March]}$$

**In April, when you refill your prescriptions again, you'll reach the annual out-of-pocket maximum for the year (\$2,000 in 2025).** You'll continue to pay what you already owe and get your prescription(s), but after April you won't add any new out-of-pocket costs for the rest of the year.

$$\begin{array}{r}
 \$1,131.81 \text{ [remaining balance]} + \$500 \text{ [new costs]} \\
 = \$1,631.81 \\
 \hline
 9 \text{ [remaining months in the year]}
 \end{array}
 \qquad
 = \$181.31 \text{ [your payment for April and all remaining months in the year]}$$

Even though your payment varies each month, by the end of the year, **you'll never pay more than:**

- The total amount you would have paid out-of-pocket.
- The total annual out-of-pocket maximum (\$2,000 in 2025).

Remember, this is just your monthly payment for your out-of-pocket drug costs. You still need to pay your health or drug plan's premium (if you have one) each month.

### Example 1: Start participating in January with high drug costs early in the year

Month	Your drug costs (without this payment option)	Your monthly payment (with this payment option)	Notes
January	\$500	\$166.67	This is when you started participating in this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
February	\$500	\$75.76	
March	\$500	\$125.76	
April	\$500	\$181.31	This month you reached the annual out-of-pocket maximum (\$2,000 in 2025). You'll have no new out-of-pocket drug costs for the rest of the year.
May	\$0.00	\$181.31 *	*You'll still get your \$500 drugs each month, but because you've reached the annual out-of-pocket maximum, you won't add any new out-of-pocket costs for the rest of the year. You'll continue to pay what you already owe.
June	\$0.00	\$181.31 *	
July	\$0.00	\$181.31 *	
August	\$0.00	\$181.31 *	
September	\$0.00	\$181.31 *	
October	\$0.00	\$181.31 *	
November	\$0.00	\$181.31 *	
December	\$0.00	\$181.31 *	
<b>Total</b>	<b>\$2,000.00</b>	<b>\$2,000.00</b>	<b>You'll pay the same total amount for the year, even if you don't use this payment option.</b>

**If you're concerned about paying \$500 each month from January to April, this payment option will help you manage your costs. If you prefer to pay \$500 each month for 4 months and then pay \$0 for the rest of the year, this payment option might not be right for you. Contact your health or drug plan for personalized help.**

**Example 2:**

You take several drugs that have a total out-of-pocket cost of \$80 each month. In January 2025, you join the Medicare Prescription Payment Plan through your Medicare drug plan or Medicare health plan with drug coverage.

**We calculate your first month's bill in the Medicare Prescription Payment Plan differently than your bill for the rest of the months in the year:**

- **First, we figure out your “maximum possible payment” for the first month:**

\$2,000 [annual out-of-pocket maximum]	
- \$0 [no out-of-pocket costs before using this payment option]	
= \$2,000	
12 [remaining months in the year]	<b>= \$166.67 [your “maximum possible payment” for the first month]</b>

- **Then, we figure out what you'll pay for January:**

- Compare your total out-of-pocket costs for January (\$80) to the “maximum possible payment” we just calculated: \$166.67.
- **Your plan will bill you the lesser of the two amounts.** So, you'll pay \$80 for the month of January.
- You have a remaining balance of \$0.

**For February and the rest of the months left in the year, we calculate your payment differently:**

\$0 [remaining balance] + \$80 [new costs] = \$80	
11 [remaining months in the year]	<b>= \$7.27 [your payment for February]</b>

We'll calculate your March payment like we did for February:

\$72.73 [remaining balance] + \$80 [new costs] = \$152.73	
10 [remaining months in the year]	<b>= \$15.27 [your payment for March]</b>

Even though your payment varies each month, by the end of the year, **you'll never pay more than:**

- The total amount you would have paid out-of-pocket.
- The total annual out-of-pocket maximum (\$2,000 in 2025).

Remember, this is just your monthly payment for your out-of-pocket drug costs. You still need to pay your health or drug plan's premium (if you have one) each month.



### Example 2: Start participating in January with consistent costs throughout the year

Month	Your drug costs (without this payment option)	Your monthly payment (with this payment option)	Notes
January	\$80.00	\$80.00	This is when you started using this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
February	\$80.00	\$7.27	
March	\$80.00	\$15.27	
April	\$80.00	\$24.16	
May	\$80.00	\$34.16	
June	\$80.00	\$45.59	
July	\$80.00	\$58.93	
August	\$80.00	\$74.92	
September	\$80.00	\$94.93	
October	\$80.00	\$121.59	
November	\$80.00	\$161.59	
December	\$80.00	\$241.59	
<b>Total</b>	<b>\$960.00</b>	<b>\$960.00</b>	<b>You'll pay the same total amount for the year, even if you don't use this payment option.</b>

Depending on your specific circumstances, you might not benefit from using this payment option due to the higher payments that start in September. Contact your health or drug plan for personalized help.

**Example 3:**

You pay \$4 every month in out-of-pocket costs for a prescription you use regularly. In April 2025, you need a new one-time prescription that costs \$613, so your total out-of-pocket costs in April are \$617. That same month, before you fill your prescriptions, you decide to participate in the Medicare Prescription Payment Plan through your Medicare drug plan or Medicare health plan with drug coverage.

**We calculate your first month's bill in the Medicare Prescription Payment Plan differently than your bill for the rest of the months in the year:**

- **First, we figure out your “maximum possible payment” for the first month:**

\$2,000 [annual out-of-pocket maximum]	
- \$12 [your out-of-pocket costs before using this payment option]	
= \$1,988	
9 [remaining months in the year]	<b>= \$220.89 [your “maximum possible payment” for the first month]</b>

- **Then, we figure out what you'll pay for April:**

- Compare your total out-of-pocket costs for April (\$617) to the “maximum possible payment” we just calculated: \$220.89.
- **Your plan will bill you the lesser of the two amounts.** So, you'll pay \$220.89 for the month of April.
- You have a remaining balance of \$396.11 (\$617 - \$220.89).

**For May and the rest of the months left in the year, we calculate your payment differently:**

\$396.11 [remaining balance] + \$4 [new costs] = \$400.11	
8 [remaining months in the year]	<b>= \$50.01 [your payment for May]</b>

Your payments will vary throughout the year. That's because you're adding drug costs during the year, but you have fewer months left in the year to spread your payments across.

**By the end of the year, you'll never pay more than:**

- The total amount you would have paid out-of-pocket.
- The total annual out-of-pocket maximum (\$2,000 in 2025).

Remember, this is just your monthly payment for your out-of-pocket drug costs. You still need to pay your health or drug plan's premium (if you have one) each month.

### Example 3: Start participating in April with varying costs throughout the year

Month	Your drug costs (without this payment option)	Your monthly payment (with this payment option)	Notes
January	\$4.00	\$4.00*	*You made these payments directly to the pharmacy before you started participating in the Medicare Prescription Payment Plan.
February	\$4.00	\$4.00*	
March	\$4.00	\$4.00*	
April	\$617.00	\$220.89	This is when you started using this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
May	\$4.00	\$50.01	
June	\$4.00	\$50.59	
July	\$124.00	\$71.25	This month, you need a drug that's \$120, in addition to your \$4 drug. Following the same formula we used in May, your payments increase because you're adding drug costs during the year, but you have fewer months left in the year to spread your payments across.
August	\$4.00	\$72.05	
September	\$4.00	\$73.05	
October	\$124.00	\$114.39	This month, you need a drug that's \$120, in addition to your \$4 drug. Following the same formula we used in May, your payments increase because you're adding drug costs during the year, but you have fewer months left in the year to spread your payments across.
November	\$4.00	\$116.39	
December	\$4.00	\$120.38	
<b>Total</b>	<b>\$901.00</b>	<b>\$901.00</b>	<b>You'll pay the same total amount for the year, even if you don't use this payment option.</b>

If you're concerned about paying \$617 in April, this payment option will help you spread your costs across monthly payments that vary throughout the year. If you're concerned about higher payments later in the year, this payment option might not be right for you. Contact your health or drug plan for personalized help.



## Medicare

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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## Nondiscrimination notice and access to communication services

We do not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities.

We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format such as large print or to get language assistance such as a qualified interpreter, please call the number located on the back of your member identification card, TTY **711**. Representatives are available 24 hours a day, 7 days a week.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, or if you need help filing a complaint, please call the number located on the back of your member ID card, TTY **711**.

Representatives are available 24 hours a day, 7 days a week. You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone, or by mail:

**Online** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>

**Phone** Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

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

## Aviso de no discriminación y acceso a servicios de comunicación

No discriminamos por raza, color, nacionalidad, sexo, edad o discapacidad en los programas de salud o actividades.

Proporcionamos asistencia sin cargo para personas con discapacidades o cuyo idioma principal no es el inglés. Para solicitar un documento en otro formato como en letra grande o recibir asistencia de idiomas como un intérprete calificado, llame al número que se encuentra al dorso de su tarjeta de identificación de miembro, TTY **711**. Los representantes están disponibles las 24 horas del día, los 7 días de la semana.

Si considera que no hemos proporcionado estos servicios o hemos discriminado de otro modo en función de la raza, el color, la nacionalidad, la edad, una discapacidad o el sexo, o si necesita ayuda para presentar una queja, llame al número que se encuentra al dorso de su tarjeta de identificación de miembro, TTY **711**.

Los representantes están disponibles las 24 horas del día, los 7 días de la semana. También puede presentar una queja ante el Departamento de Salud y Servicios Humanos de los EE. UU. (U.S. Department of Health and Human Services) en línea, por teléfono o por correo postal:

**En línea** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Los formularios de quejas están disponibles en <https://www.hhs.gov/ocr/complaints/index.html>

**Por teléfono** Línea gratuita **1-800-368-1019, 1-800-537-7697** (TDD)

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

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your member plan ID card.

## Pennsylvania Public School Employees' Retirement System (PSERS)

### 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 1-800-773-7725. 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 1-800-773-7725. 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 1-800-773-7725。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 1-800-773-7725。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 1-800-773-7725. 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 1-800-773-7725. 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 1-800-773-7725 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 1-800-773-7725. 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 1-800-773-7725 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 1-800-773-7725. 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 1-800-773-7725. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-773-7725 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 1-800-773-7725. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-773-7725. 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 1-800-773-7725. 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 1-800-773-7725. 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、1-800-773-7725 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。