



P.O. Box 30770
Salt Lake City, UT 84130-0770



**Questions?
We're here to help.**

Toll-free **1-866-794-3033**,
TTY **711**, 8 a.m.-8 p.m. local
time, Monday-Friday

September 1, 2024

Member ID:

Dear

Welcome to UnitedHealthcare. Medicare approved your enrollment in the UnitedHealthcare MedicareRx for Groups (PDP) plan. We're glad to have you with us.

You can rely on UnitedHealthcare when it matters most, in moments big and small. Review the plan highlights below to help you get the most out of your membership. The Benefit Highlights document included with this letter is a short description of your plan benefits and the amount you'll pay for them. With that, you'll know just what to expect!

This is where you are:



Enrollment
approved



You are here
Review this letter and
explore your member site



Receive your
member ID card
in the mail



Coverage begins!
Start using your plan

Your coverage begins January 1, 2025.

Please talk with your plan sponsor if you have questions about your premium amount.



Your new member ID card will arrive soon

Start using it on January 1, 2025.

Make sure to watch the mail for this envelope. It will have your new UnitedHealthcare member ID card.



You'll need to show your member ID card every time you fill a prescription at a network pharmacy. You can also access your card anytime on the UnitedHealthcare app.

Access your plan 24/7, with an online account

You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site. If you haven't already registered, visit retiree.uhc.com/TRB, select **Register Now** and follow the steps to create your account and select your communication preferences. You just need your member ID number (██████████) and an email address to get started.

Here is some of what you can see and do after you register:

- **Verify your information**
Select your mail and text preferences and call us if you need to update your address, phone number or email address.
- **Pharmacy search**
Make sure your pharmacies are in-network.
- **Drug List (Formulary) and search tool**
Make sure your drugs are covered and review any restrictions.
- **Plan documents and coverage information**
Review details about your plan including your Evidence of Coverage (EOC) and the Notice of Privacy Practices.
- **Personal Support Network for Caregivers**
Let us know who supports you in your health so we can help support you both.
- **Print your UnitedHealthcare member ID card**
Print a temporary member ID card and request a new one if you need a replacement.

To get a paper copy of your EOC, Pharmacy Directory or Drug List, call the number on the first page of this letter.



For 24/7 access to your plan information

Scan the QR code with your mobile device to download the UnitedHealthcare app

Get ready to use your new plan



Prepare for your prescriptions

Your plan has a comprehensive drug list to help support your health. Visit **Pharmacies & Prescriptions** on your member site for details. Here are a few tips to get the most from your drug coverage:

- **Make sure your drugs are covered**
Look at the plan's Drug List (Formulary) online to understand if there are restrictions on your drugs.
- **Find ways you may save even more money**
Check the **Savings center** for personalized ways to help lower your drug costs.
- **Get the medications you take regularly delivered to you through Optum® Home Delivery Pharmacy**
Take advantage of convenient, no-cost shipping to your door. To sign up before January 1, 2025, select **Prescription benefits** to complete and submit a Home Delivery Enrollment Form.

Be sure to use a network pharmacy, or the plan may not pay for your prescriptions, except in an emergency. Find a network pharmacy and manage your drug coverage on the **Pharmacies & Prescriptions** page at retiree.uhc.com/TRB.

Use this information to fill a prescription if your member ID card hasn't arrived when your coverage starts.

Member ID: ██████████
RxGroup: ██████████
RxBin: ██████████
RxPCN: ██████████

The Medicare Prescription Payment Plan

If you have high Medicare-covered Part D drug costs, you may want to participate in the Medicare Prescription Payment Plan. This payment plan spreads your out-of-pocket prescription drug costs over the rest of the calendar year. For more details, see the Medicare Prescription Payment Plan information included with this letter.



Enjoy access to UnitedHealthcare Hearing

You have access to routine hearing exams, customized care options, brand name and private-label hearing aids and professional national support for your hearing needs.¹



For more information or to use your benefit, visit uhchearing.com/TRB or call **1-866-445-2071**, TTY **711**.



See if you qualify for Extra Help

People with limited income and resources may qualify for Extra Help. This is a Medicare program that helps pay for prescription drug costs.

If you qualify:

- Medicare could help pay for your premiums, annual deductibles, and prescription copays or coinsurance.
- You won't have a Late Enrollment Penalty (LEP).
- If you lose Extra Help during the year, you can change plans up to 3 months after you lose it or after you're notified that you no longer qualify (whichever is later). You should speak with your plan sponsor before you change plans. If you change plans, you may not be able to re-enroll in your group-sponsored plan.

Tip: Many people are not aware they qualify for Medicare's Extra Help program. If you'd like to apply or want more information, contact your local Social Security office or call toll-free at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also visit ssa.gov/medicare/part-d-extra-help.

If you think you qualify but you don't have or can't find proof, please call the number on the first page of this letter.

Thank you for enrolling in the UnitedHealthcare MedicareRx for Groups (PDP) plan

As a UnitedHealthcare member, you can count on a reliable experience for today and tomorrow. If you have any questions, visit retiree.uhc.com/TRB or the UnitedHealthcare app and select the **Chat now** button or call us toll-free at **1-866-794-3033**, TTY **711**, 8 a.m.-8 p.m. local time, Monday-Friday. This number will also be on your member ID card.

If you're looking at this letter for a loved one, we're here to support you too. Ask about our caregiving resources or visit uhc.com/caregiving.

Sincerely,

The UnitedHealthcare Team



Do we have the right address for you?

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



Frequently asked questions



What is a Late Enrollment Penalty (LEP)? Will I have to pay one?

An LEP is an amount Medicare adds to your monthly premium. If you have an LEP, you'll need to pay it for as long as you have Medicare Prescription Drug coverage. This penalty is required by law. It's designed to encourage people to enroll in a Medicare Drug plan when they are first eligible.

You may owe an LEP if:

- You didn't join a Medicare Drug plan when you were first eligible for Medicare **AND**
- You didn't have other prescription drug coverage that met Medicare's minimum standards **OR**
- You had a break in coverage of at least 63 days

We'll send you a separate letter if you owe an LEP. If you had an LEP with your last plan, you'll also have one with this new plan.

For more information about the LEP, call the number on the first page of this letter. If you still have questions, you can call Medicare at **1-800-633-4227**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week.



Can I change plans?

Talk with your plan sponsor before you change plans. You may not be able to re-enroll in your group-sponsored plan if you enroll in another plan. You can change your coverage election each year during open enrollment, which takes place in the Fall each year. Coverage is effective the following January 1.



What if I have Medigap (Medicare Supplemental Insurance) coverage?

Medigap plans sold before 2005 may have included prescription drug coverage. If you have a Medigap plan with prescription drug coverage, you should call your Medigap plan to let them know that you've joined a Medicare Prescription Drug plan. Your Medigap plan may remove the prescription drug coverage from your policy and update your premium.

For more information about Medigap call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week or visit medicare.gov for online help.



What is IRMAA?

The Income-Related Monthly Adjustment Amount (IRMAA) is an amount Social Security determines you may need to pay in addition to your monthly plan premium if your modified adjusted gross income on your IRS tax return from 2 years ago is above a certain limit. This extra amount is paid directly to Social Security, not to your plan. Social Security will contact you if you have to pay IRMAA.



The UnitedHealthcare app may not be available for all plan types.

This information is not a complete description of benefits. Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Contact the plan for more information. Premiums and/or copayments/coinsurance may change on January 1 of each year.

¹Please refer to your Evidence of Coverage (EOC) for details regarding your benefit coverage. Network limitations and exclusions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The discount program only covers hearing aids from a UnitedHealthcare Hearing network provider.

Optum Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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Benefit Highlights

Connecticut Teachers Retirement Board

Effective January 1, 2025 to December 31, 2025

This is a short highlight of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions.

Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket limit (the amount you and others on your behalf pay) is \$2,000. That means you're more protected from high drug costs in 2025.

Prescription drugs		
Deductible	\$200 for Part D prescription drugs	
Initial Coverage	Network pharmacy (31-day retail supply)	Mail service pharmacy (90-day supply)
Tier 1: Preferred Generic	5% coinsurance	5% coinsurance
Tier 2: Preferred Brand ¹	20% coinsurance	20% coinsurance
Tier 3: Non-Preferred Drug ¹	30% coinsurance	30% coinsurance
Tier 4: Specialty Tier ¹	30% coinsurance	30% coinsurance
Catastrophic Coverage	<p>After you and your plan or others on your behalf have paid a combined total of \$2,000 for your prescription drugs, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.</p> <p>If your plan includes additional prescription drug coverage, you will continue to pay the cost-sharing amounts from the Initial Coverage stage for those drugs. Please see your Additional Drug Coverage list for more information.</p>	

¹ Subject to Medicare guidance, coinsurance may not apply to Part D insulin products. You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan even if you haven't paid your Part D deductible. Most adult Part D vaccines are covered at no cost to you.

Your plan sponsor offers preferred insulin prescription drugs. Please see your Evidence of Coverage for more information.



Your plan sponsor offers additional prescription drug coverage. Please see your Additional Drug Coverage list for more information.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Drug lists (formulary), pharmacy network, premium and/or copayments/coinsurance may change each plan year.

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Medicare Prescription Payment Plan Questions and Answers

The Centers for Medicare & Medicaid Services (CMS) has created a new payment option that allows members with high drug costs to spread their costs for Medicare-covered Part D drugs over the course of the year.

How does the Medicare Prescription Payment Plan work?

Instead of paying for your Medicare-covered prescriptions at the pharmacy, your plan will pay the pharmacy and send you a monthly bill — this bill is separate from the monthly bill you receive for your Medicare plan premium, if you have one. You should always pay your plan premium bill first. Do not include payment for your Medicare plan premium with your Medicare Prescription Payment Plan payment.

Do I have to participate in the Medicare Prescription Payment Plan?

No. Participation in the Medicare Prescription Payment Plan is voluntary and may not be a good fit for everyone.

Is the Medicare Prescription Payment Plan right for me?

The program might be a good fit for you if you have high Medicare-covered Part D drug costs, will hit the \$2,000 annual out-of-pocket maximum amount before September and want to spread your Medicare-covered Part D drug costs throughout the remainder of the year.

The Medicare Prescription Payment Plan might not be a good fit for you if:

- Your plan has an annual out-of-pocket maximum less than \$2,000
- Your yearly Medicare-covered Part D drug costs are low and about the same each month
- You qualify for Extra Help or another government program to help save on your Medicare-covered Part D prescription drug costs

What other programs might help lower my drug costs?

The Medicare Prescription Payment Plan might help you manage your budget, **but it won't save you money or lower your drug costs.** Visit [medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs) to learn about programs that can help lower your drug costs.

How are my bills calculated in the program?

Your bill will be based on what you owe for your prescriptions divided by the number of months left in the year. You won't pay any interest or fees on the amount you owe, even if your payment is late. Your future payments increase as you continue to fill your prescriptions throughout the remainder of the year. All Medicare Part D prescription drug plans use the same formula to calculate your monthly payments under the Medicare Prescription Payment Plan.



How do I opt into the Medicare Prescription Payment Plan?

If you think this payment option is right for you, you have several ways to opt in. You can:

- Scan the QR code on the **Medicare Prescription Payment Plan Participation Request Form** that we've included to opt in online
- Call us at the toll-free number for members on your member ID card
- Complete the form that we've included and mail it to:
UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770

You can opt into or out of the program at any time throughout the year. If you leave the program, your Medicare Part D drug coverage and other Medicare benefits won't be affected, and you'll go back to paying the pharmacy directly for all your Medicare-covered out-of-pocket Part D drug costs. You are still required to pay your outstanding balance if you decide to switch plans or insurance providers.

If your benefits are administered by your former employer, union group or trust administrator (plan sponsor), you can opt into the program after you have enrolled in your Medicare Part D plan for the 2025 plan year.

Questions? We're here to help.

If you have more questions about the program and if it might be a good fit for you, please call Customer Service at the toll-free number for members on your member ID card.



Medicare Prescription Payment Plan Participation Request Form

The Medicare Prescription Payment Plan is a voluntary payment option 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). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call your plan for more information.



Scan this code to save time and complete your request online.

Complete all fields unless marked optional.

First name	Last name	Middle initial (optional)
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Medicare number

Birth date (MM/DD/YYYY) (____ / ____ / _____)	Phone number ()
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Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness)

City	County (optional)	State	ZIP code
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Mailing address, if different from your permanent address (P.O. Box allowed)

Address	City	State	ZIP code
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Read and sign below

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. My plan will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form and the terms and conditions listed below.
- **My plan will send me a letter to let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.

Signature	Date

Participation terms and conditions

If your request is approved:

- You will no longer pay the pharmacy when you fill your Medicare-covered Part D prescriptions. Your plan will pay your cost share and send you a monthly bill.
- You understand that your Medicare Prescription Payment Plan monthly billing amounts may vary.
- You understand that failing to pay your Medicare Prescription Payment Plan monthly bill in full may result in your removal from the program.
- You may opt out of this program at any time and go back to paying the pharmacy directly for your Medicare-covered Part D medications. You will still be responsible to pay any outstanding Medicare Prescription Payment Plan balance.

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under state law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name	Address (street, city, state, ZIP code)
Phone number ()	Relationship to participant

How to submit this form

Submit your completed form to:

UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770

Questions? We're here to help.

Call Customer Service at the toll-free number for members on your member ID card.



Nondiscrimination notice

Discrimination is against the law. The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

If you believe you were treated unfairly because of your race, color, national origin, age, disability, or sex, you can send a grievance to our Civil Rights Coordinator.

- **Email:** UHC_Civil_Rights@uhc.com
- **Mail:** Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Ave SW, HHH Building, Room 509F
Washington, D.C. 20201

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide 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 the toll-free phone number on your member identification card or listed on the cover of the booklet (TTY **711**).

This notice is available at

<https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice>.



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 or listed on the cover of the booklet. 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 o en la portada del folleto. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

Chinese Mandarin: 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或手冊封面列出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。

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或手冊封面列出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 libreng 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 libreng numero na nasa iyong kard ng pagkakakilanlan ng kasapi o nakalista sa pabalat ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyonang 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 ou sur la première de couverture de la brochure. 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 bảo hiểm 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 hội viên của bạn hoặc ghi trên bìa của quyển sách nhỏ. 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 an, die auf Ihrem Mitgliedsausweis oder auf dem Umschlag der Broschüre aufgeführt ist. 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 카드 또는 이 소책자 표지에 나와 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 или спереди на буклете. 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 أو على غلاف الكتيب. 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 या पुस्तिका के अग्रभाग पर सूचीबद्ध 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 o indicato sulla copertina dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos 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 ou indicado na parte da frente do folheto. 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 manm ou an oswa ki endike sou kouvèti ti liv la. 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 Pana/Pani karcie identyfikacyjnej lub na okładce broszury. 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 カードまたは本冊子の表紙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。

