

Wellcare Simple Ruby (HMO) *offered by* Health Net of California, Inc.

Annual Notice of Changes for 2025

You are currently enrolled as a member of Wellcare No Premium Ruby (HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.wellcare.com/healthnetCA. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
-

What to do now

1. ASK: Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- ☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- ☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- ☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Wellcare Simple Ruby (HMO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Wellcare No Premium Ruby (HMO).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-800-275-4737 for additional information. (TTY users should call 711.) Hours are: Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day. This call is free.
- We must provide information in a way that works for you (in languages other than English, in braille, in audio, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Wellcare Simple Ruby (HMO)

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Health Net of California, Inc. When it says “plan” or “our plan,” it means Wellcare Simple Ruby (HMO).

H0562_079_2025_CA_ANOC_HMAPD_154779E_M

Annual Notice of Changes for 2025
Table of Contents

| | |
|---|-----------|
| Summary of Important Costs for 2025 | 5 |
| SECTION 1 We Are Changing the Plan's Name..... | 9 |
| SECTION 2 Changes to Benefits and Costs for Next Year..... | 9 |
| Section 2.1 – Changes to the Monthly Premium | 9 |
| Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount..... | 9 |
| Section 2.3 – Changes to the Provider and Pharmacy Networks..... | 10 |
| Section 2.4 – Changes to Benefits and Costs for Medical Services | 10 |
| Section 2.5 – Changes to Part D Prescription Drug Coverage..... | 19 |
| SECTION 3 Administrative Changes | 25 |
| SECTION 4 Deciding Which Plan to Choose | 25 |
| Section 4.1 – If you want to stay in Wellcare Simple Ruby (HMO)..... | 25 |
| Section 4.2 – If you want to change plans | 26 |
| SECTION 5 Deadline for Changing Plans | 26 |
| SECTION 6 Programs That Offer Free Counseling about Medicare..... | 27 |
| SECTION 7 Programs That Help Pay for Prescription Drugs..... | 27 |
| SECTION 8 Questions? | 28 |
| Section 8.1 – Getting Help from Wellcare Simple Ruby (HMO)..... | 28 |
| Section 8.2 – Getting Help from Medicare | 29 |

Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Wellcare Simple Ruby (HMO) in several important areas. **Please note this is only a summary of costs.**

| Cost | 2024 (this year) | 2025 (next year) |
|--|--|--|
| Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details. | \$0 | \$0 |
| Deductible | \$0 | \$50 except for insulin furnished through an item of durable medical equipment. |
| Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.) | From network providers: \$3,850 | From network providers: \$4,150 |
| Doctor office visits | Primary care visits: \$0 copay per visit Specialist visits: \$0 copay per visit | Primary care visits: \$0 copay per visit Specialist visits: \$0 copay per visit |
| Inpatient hospital stays | For covered admissions, per admission: \$300 copay per day, for days 1 to 5 and a \$0 copay per day, for days 6 to 90 for each covered hospital stay Additional days are <u>not</u> covered. | For covered admissions, per admission: \$425 copay per day, for days 1 to 5 and a \$0 copay per day, for days 6 to 90 for each covered hospital stay \$0 copay per day, for days 91 to 100 for additional covered days |

| Cost | 2024 (this year) | 2025 (next year) |
|--|--|---|
| Part D prescription drug coverage (See Section 2.5 for details.) | <p>Deductible: \$300 except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> Drug Tier 1 - Preferred Generic Drugs: Standard cost sharing: You pay a \$10 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$0 copay for a one-month (30-day) supply. Drug Tier 2 - Generic Drugs: Standard cost sharing: You pay a \$20 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$10 copay for a one-month (30-day) supply. Drug Tier 3 - Preferred Brand Drugs: Standard cost sharing: You pay a \$47 copay for a one-month (30-day) supply. You pay \$35 per month supply of each covered | <p>Deductible: \$420 except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> Drug Tier 1 - Preferred Generic Drugs: Standard cost sharing: You pay a \$5 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$0 copay for a one-month (30-day) supply. Drug Tier 2 - Generic Drugs: Standard cost sharing: You pay a \$10 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$0 copay for a one-month (30-day) supply. Drug Tier 3 - Preferred Brand Drugs: Standard cost sharing: You pay 25% of the total cost for a one-month (30-day) supply. You pay \$35 per month supply of each covered |

| Cost | 2024 (this year) | 2025 (next year) |
|------|---|--|
| | <p>insulin product on this tier.</p> <p>Preferred cost sharing: You pay a \$42 copay for a one-month (30-day) supply.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none">• Drug Tier 4 - Non-Preferred Drugs: Standard cost sharing: You pay 50% of the total cost for a one-month (30-day) supply. <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Preferred cost sharing: You pay 50% of the total cost for a one-month (30-day) supply.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none">• Drug Tier 5 - Specialty Tier: Standard cost sharing: You pay 28% of the total cost for a one-month (30-day) supply. | <p>insulin product on this tier.</p> <p>Preferred cost sharing: You pay 25% of the total cost for a one-month (30-day) supply.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none">• Drug Tier 4 - Non-Preferred Drugs: Standard cost sharing: You pay 44% of the total cost for a one-month (30-day) supply. <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Preferred cost sharing: You pay 44% of the total cost for a one-month (30-day) supply.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none">• Drug Tier 5 - Specialty Tier: Standard cost sharing: You pay 28% of the total cost for a one-month (30-day) supply. |

| Cost | 2024 (this year) | 2025 (next year) |
|------|--|--|
| | <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Preferred cost sharing: You pay 28% of the total cost for a one-month (30-day) supply.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none">• Drug Tier 6 - Select Care Drugs: Standard cost sharing: You pay a \$0 copay for a one-month (30-day) supply. <p>Preferred cost sharing: You pay a \$0 copay for a one-month (30-day) supply.</p> | <p>Preferred cost sharing: You pay 28% of the total cost for a one-month (30-day) supply.</p> <ul style="list-style-type: none">• Drug Tier 6 - Select Care Drugs: Standard cost sharing: You pay a \$0 copay for a one-month (30-day) supply. <p>Preferred cost sharing: You pay a \$0 copay for a one-month (30-day) supply.</p> |
| | <p>Catastrophic Coverage:</p> <ul style="list-style-type: none">• During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing. | <p>Catastrophic Coverage:</p> <ul style="list-style-type: none">• During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. |

SECTION 1 We Are Changing the Plan’s Name

On January 1, 2025, our plan name will change from Wellcare No Premium Ruby (HMO) to Wellcare Simple Ruby (HMO).

You will receive a new ID Card in the mail that displays the new plan name on or before December 31, 2024. Going forward, all other communications regarding your 2025 plan and benefits will also reflect the new name.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

| Cost | 2024 (this year) | 2025 (next year) |
|--|------------------|------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium.) | \$0 | \$0 |

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

| Cost | 2024 (this year) | 2025 (next year) |
|---|------------------|--|
| Maximum out-of-pocket amount | \$3,850 | \$4,150 |
| Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | | Once you have paid \$4,150 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year. |

Section 2.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at www.2025wellcaredirectories.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider & Pharmacy Directory www.2025wellcaredirectories.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 Provider & Pharmacy Directory www.2025wellcaredirectories.com to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost | 2024 (this year) | 2025 (next year) |
|------------------|--|---|
| Referrals | <p>The following in-network benefits have a change in referral requirements.</p> <ul style="list-style-type: none"> Routine acupuncture do(es) <u>not</u> require a referral. Cardiac and Pulmonary rehabilitation services do(es) <u>not</u> require a referral. Chiropractic services do(es) <u>not</u> require a referral. Home health do(es) <u>not</u> require a referral. Inpatient hospital care do(es) <u>not</u> require a referral. Inpatient services in a psychiatric hospital do(es) <u>not</u> require a referral. Opioid treatment program services do(es) <u>not</u> require a referral. Outpatient surgery - Outpatient hospital services do(es) <u>not</u> require a referral. Diagnostic radiology services do(es) <u>not</u> require a referral. Therapeutic radiology services do(es) <u>not</u> require a referral. X-ray services do(es) <u>not</u> require a referral. Physician/Practitioner services, including doctor's office visits- Other healthcare professionals do(es) <u>not</u> require a referral. Medicare-covered Barium Enemas do(es) <u>not</u> require a referral. | |
| | | <ul style="list-style-type: none"> Routine acupuncture may require a referral. Cardiac and Pulmonary rehabilitation services may require a referral. Chiropractic services may require a referral. Home health may require a referral. Inpatient hospital care may require a referral. Inpatient services in a psychiatric hospital may require a referral. Opioid treatment program services may require a referral. Outpatient surgery - Outpatient hospital services may require a referral. Diagnostic radiology services may require a referral. Therapeutic radiology services may require a referral. X-ray services may require a referral. Physician/Practitioner services, including doctor's office visits- Other healthcare professionals may require a referral. Medicare-covered Barium Enemas may require a referral. Diabetes Self-Management Training may require a referral. Medicare-covered Digital Rectal Exams may require a referral. |

| Cost | 2024 (this year) | 2025 (next year) |
|------|--|---|
| | <ul style="list-style-type: none"> Diabetes Self-Management Training do(es) <u>not</u> require a referral. Medicare-covered Digital Rectal Exams do(es) <u>not</u> require a referral. Medicare-covered EKG following Welcome Visit do(es) <u>not</u> require a referral. Glaucoma Screening do(es) <u>not</u> require a referral. Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures, tests and lab services do(es) <u>not</u> require a referral. Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services do(es) <u>not</u> require a referral. Outpatient mental health care - Non-psychiatric services do(es) <u>not</u> require a referral. Outpatient mental health care - Psychiatric services do(es) <u>not</u> require a referral. PT and speech language pathology services do(es) <u>not</u> require a referral. Outpatient rehabilitation services - Occupational therapy do(es) <u>not</u> require a referral. Outpatient substance use disorder services do(es) <u>not</u> require a referral. | <ul style="list-style-type: none"> Medicare-covered EKG following Welcome Visit may require a referral. Glaucoma Screening may require a referral. Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures, tests and lab services may require a referral. Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services may require a referral. Outpatient mental health care - Non-psychiatric services may require a referral. Outpatient mental health care - Psychiatric services may require a referral. PT and speech language pathology services may require a referral. Outpatient rehabilitation services - Occupational therapy may require a referral. Outpatient substance use disorder services may require a referral. Outpatient surgery - Outpatient hospital observation - Outpatient hospital observation may require a referral. Outpatient surgery - Ambulatory surgical center may require a referral. Partial hospitalization services may require a referral. |

| Cost | 2024 (this year) | 2025 (next year) |
|------|---|--|
| | <ul style="list-style-type: none"> • Outpatient surgery - Outpatient hospital observation - Outpatient hospital observation do(es) <u>not</u> require a referral. • Outpatient surgery - Ambulatory surgical center do(es) <u>not</u> require a referral. • Partial hospitalization services do(es) <u>not</u> require a referral. • Physician/Practitioner services, including doctor's office visits - Specialist do(es) <u>not</u> require a referral. • Physician/Practitioner services, including doctor's office visits - Additional telehealth services do(es) <u>not</u> require a referral. • Podiatry services do(es) <u>not</u> require a referral. • Services to treat kidney disease, including dialysis do(es) <u>not</u> require a referral. • Services to treat kidney disease and conditions - Kidney disease education services do(es) <u>not</u> require a referral. • Skilled nursing facility (SNF) care do(es) <u>not</u> require a referral. • Supervised Exercise Therapy (SET) do(es) <u>not</u> require a referral. | <ul style="list-style-type: none"> • Physician/Practitioner services, including doctor's office visits - Specialist may require a referral. • Physician/Practitioner services, including doctor's office visits - Additional telehealth services may require a referral. • Podiatry services may require a referral. • Services to treat kidney disease, including dialysis may require a referral. • Services to treat kidney disease and conditions - Kidney disease education services may require a referral. • Skilled nursing facility (SNF) care may require a referral. • Supervised Exercise Therapy (SET) may require a referral. |
| | <p>If your benefit does or does not require a referral, it may still require a prior authorization from the plan.</p> | |

| Cost | 2024 (this year) | 2025 (next year) |
|--|--|--|
| Ambulance services - Air transportation | You pay a \$250 copay per one-way trip for Medicare-covered air ambulance services. Cost-sharing is <u>not</u> waived if you are admitted to a hospital. | You pay a \$300 copay per one-way trip for Medicare-covered air ambulance services. Cost-sharing is <u>not</u> waived if you are admitted to a hospital. |
| Ambulance services - Ground transportation | You pay a \$250 copay per one-way trip for Medicare-covered ground ambulance services. Cost-sharing is <u>not</u> waived if you are admitted to a hospital. | You pay a \$300 copay per one-way trip for Medicare-covered ground ambulance services. Cost-sharing is <u>not</u> waived if you are admitted to a hospital. |
| Routine chiropractic services | You pay a \$0 copay per visit, up to 12 visit(s) every year for routine chiropractic services. | Routine chiropractic services are <u>not</u> covered. |
| Routine dental services - Comprehensive dental services - Diagnostic and Preventive Dental Services | Diagnostic dental services are covered under comprehensive dental services. | Diagnostic dental services are covered under diagnostic and preventive dental services. |
| Routine dental services - Diagnostic and Preventive Dental Services - Other Diagnostic Services | You pay a \$0 - \$15 copay depending on the service. | You pay a \$15 copay. |
| Routine dental services - Comprehensive dental services - Oral and Maxillofacial Surgery | You pay a \$15 - \$150 copay depending on the service. | You pay a \$0 - \$70 copay depending on the service. |
| Routine dental services - Comprehensive dental services - Periodontics | Limited to 1 periodontic service(s) every 12 to 36 months depending on type of service. | Unlimited periodontic services every year. |
| Routine dental services - Comprehensive dental services - Prosthodontics - fixed | You pay a \$0 - \$2,250 copay depending on the service. | You pay a \$0 - \$225 copay depending on the service. |

| Cost | 2024 (this year) | 2025 (next year) |
|---|---|--|
| Routine dental services - Comprehensive dental services - Adjunctive General Services | You pay a \$0 copay. | You pay a \$0 - \$125 copay depending on the service. |
| Routine dental services - Comprehensive dental services - Prosthodontics - removable | You pay a \$0 - \$2,250 copay depending on the service. | You pay a \$70 - \$250 copay depending on the service. |
| Routine dental services - Diagnostic and Preventive Dental Services - Other Preventive Dental services | You pay a \$0 - \$2,250 copay depending on the service. | You pay a \$0 - \$55 copay depending on the service. |
| Emergency services | <p>You pay a \$135 copay for each Medicare-covered service.</p> <p>Copayment is waived if you are admitted to a hospital within 24 hours.</p> | <p>You pay a \$140 copay for each Medicare-covered service.</p> <p>Copayment is waived if you are admitted to a hospital within 24 hours.</p> |
| Emergency care - Worldwide Emergency Coverage | <p>You pay a \$135 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to the hospital.</p> | <p>You pay a \$140 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to the hospital.</p> |
| Inpatient hospital care | <p>For covered admissions, per admission:</p> <p>You pay a \$300 copay per day, for days 1 to 5 and a \$0 copay per day, for days 6 to 90 for each covered hospital stay. Additional days are <u>not</u> covered.</p> | <p>For covered admissions, per admission:</p> <p>You pay a \$425 copay per day, for days 1 to 5 and a \$0 copay per day, for days 6 to 90 for each covered hospital stay. You pay a \$0 copay per day, for days 91 to 100 for additional covered days.</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|--|---|---|
| Inpatient services in a psychiatric hospital | For Medicare-covered admissions, per admission: You pay a \$300 copay per day, for days 1 to 5 and a \$0 copay per day, for days 6 to 90 for each Medicare-covered hospital stay | For Medicare-covered admissions, per admission: You pay a \$425 copay per day, for days 1 to 5 and a \$0 copay per day, for days 6 to 90 for each Medicare-covered hospital stay |
| Nutritional/dietary counseling benefit | You pay a \$0 copay for each individual nutritional/dietary counseling visit. | Nutritional/dietary counseling visits are <u>not</u> covered. |
| Outpatient diagnostic tests and therapeutic services and supplies - Outpatient x-ray services | You pay a \$0 copay for each Medicare-covered service. | You pay a \$50 copay for each Medicare-covered service. |
| Outpatient mental health care - Non-psychiatric services - Group sessions | You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is <u>not</u> covered. | You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is covered. |
| Outpatient mental health care - Psychiatric services - Group sessions | You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is <u>not</u> covered. | You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is covered. |
| Outpatient substance use disorder services - Group sessions | You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is <u>not</u> covered. | You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is covered. |
| Outpatient surgery - Ambulatory surgical center | You pay a \$250 copay for each Medicare-covered service. | You pay a \$300 copay for each Medicare-covered service. |

| Cost | 2024 (this year) | 2025 (next year) |
|---|---|---|
| Outpatient surgery - Outpatient hospital services | You pay a \$0 copay for a Medicare-covered diagnostic colonoscopy. You pay a \$300 copay for all other Medicare-covered outpatient hospital services. | You pay a \$0 copay for a Medicare-covered diagnostic colonoscopy. You pay 15% of the total cost for Medicare-covered outpatient surgical services. You pay a \$300 copay for Medicare-covered non-surgical services, including outpatient palliative care. |
| Outpatient surgery - Outpatient hospital observation | You pay a \$135 copay for outpatient observation services when you enter observation status through an emergency room. You pay a \$300 copay for outpatient observation services when you enter observation status through an outpatient facility. | You pay a \$140 copay for outpatient observation services when you enter observation status through an emergency room. You pay 15% of the total cost for outpatient observation services when you enter observation status through an outpatient facility. |
| Partial hospitalization services | You pay a \$100 copay per day for each Medicare-covered service. | You pay a \$130 copay per day for each Medicare-covered service. |
| Skilled nursing facility (SNF) care | For Medicare-covered admissions, per admission: You pay a \$0 copay per day, for days 1 to 20, a \$203 copay per day, for days 21 to 40, and a \$0 copay per day, for days 41 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs. | For Medicare-covered admissions, per admission: You pay a \$0 copay per day, for days 1 to 20, a \$214 copay per day, for days 21 to 40, and a \$0 copay per day, for days 41 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs. |
| Additional Smoking Cessation | You pay a \$0 copay for each covered service, up to 5 visit(s) every year. | Additional smoking cessation services are <u>not</u> covered. |

| Cost | 2024 (this year) | 2025 (next year) |
|--|--|---|
| Urgently needed services - Worldwide Urgent Care Coverage | <p>You pay a \$135 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to a hospital.</p> | <p>You pay a \$140 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to a hospital.</p> |
| Wellcare Spendables™ | <p>You pay a \$0 copay. You receive a \$101 quarterly allowance to be used towards any of the benefits described below. The allowance will be automatically loaded onto your Wellcare Spendables™ card at the beginning of each quarter. Any unused allowance amount will expire at the end of every quarter.</p> <p>You can use the amount on this card for any of the following as you best see fit for your needs if it does not exceed the maximum balance on the card.</p> <p>Over-the-Counter items (OTC) You can use your Wellcare Spendables™ card on plan-approved over-the-counter items. Your card can be used at participating retail locations, online or via mobile app for home delivery.</p> | <p>Over-the-Counter items (OTC) You pay a \$0 copay. You receive a \$30 quarterly allowance to be used towards over-the-counter (OTC) items. The allowance will be automatically loaded onto your Wellcare Spendables™ card at the beginning of each quarter. Any unused allowance amount will expire at the end of every quarter.</p> <p>You can use the Wellcare Spendables™ card on plan-approved over-the-counter items. Your card can be used at participating retail, online or via mobile app for home delivery.</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|--------------------------------|--|--|
| Social Support Platform | Social support platform is <u>not</u> a covered benefit. | <p>You pay a \$0 copay for each covered service. Unlimited social support platform services every year.</p> <p>Our plan provides an online social support platform to support your overall well-being. You have access to community, therapeutic activities, and plan-sponsored resources to help manage stress and anxiety. The platform makes it easy for you to join and stay involved to maintain a healthy behavioral health journey. It is available online 24/7, so you can use it whenever you want.</p> <p>Twill platform includes:</p> <ul style="list-style-type: none">• Tailored Well-Being Programs• Peer and Expert Support• Personalized Digital Health Tools <p>Please refer to your Evidence of Coverage for more details.</p> |

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get "Extra Help" Paying for Prescription Drugs* (also called the *Low-Income Subsidy Rider or the LIS Rider*), which tells you about your drug costs. If you receive "Extra Help" and you haven't received this insert by September 30th, 2024, please call Member Services and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

| Stage | 2024 (this year) | 2025 (next year) |
|--|--|--|
| Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier) drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. | The deductible is \$300. During this stage, you pay either \$10 or \$0 cost sharing for drugs on Tier 1: Preferred Generic Drugs, either \$20 or \$10 cost sharing for drugs on Tier 2: Generic Drugs, and \$0 cost sharing for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs, and Tier 5: Specialty Tier until you have reached the yearly deductible. | The deductible is \$420. During this stage, you pay either \$5 or \$0 cost sharing for drugs on Tier 1: Preferred Generic Drugs, either \$10 or \$0 cost sharing for drugs on Tier 2: Generic Drugs, and \$0 cost sharing for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs, and Tier 5: Specialty Tier until you have reached the yearly deductible. |

Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Tier 3 - Preferred Brand Drugs, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Please see the following chart for the changes from 2024 to 2025.

| Stage | 2024 (this year) | 2025 (next year) |
|--|--------------------------------------|--------------------------------------|
| Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. | Your cost for a one-month supply is: | Your cost for a one-month supply is: |

| Stage | 2024 (this year) | 2025 (next year) |
|--|---|---|
| Stage 2: Initial Coverage Stage (continued) | <p>Drug Tier 1 - Preferred Generic Drugs: <i>Standard cost sharing:</i> You pay a \$10 copay per prescription. Your cost for a one-month mail-order prescription is \$10. <i>Preferred cost sharing:</i> You pay a \$0 copay per prescription.</p> <p>Drug Tier 2 - Generic Drugs: <i>Standard cost sharing:</i> You pay a \$20 copay per prescription. Your cost for a one-month mail-order prescription is \$20. <i>Preferred cost sharing:</i> You pay a \$10 copay per prescription. Your cost for a one-month mail-order prescription is \$10.</p> | <p>Drug Tier 1 - Preferred Generic Drugs: <i>Standard cost sharing:</i> You pay a \$5 copay per prescription. Your cost for a one-month mail-order prescription is \$5. <i>Preferred cost sharing:</i> You pay a \$0 copay per prescription.</p> <p>Drug Tier 2 - Generic Drugs: <i>Standard cost sharing:</i> You pay a \$10 copay per prescription. Your cost for a one-month mail-order prescription is \$10. <i>Preferred cost sharing:</i> You pay a \$0 copay per prescription. Your cost for a one-month mail-order prescription is \$0.</p> |

| Stage | 2024 (this year) | 2025 (next year) |
|--|--|---|
| Stage 2: Initial Coverage Stage (continued) | | |
| For 2024 you paid a \$47 or \$42 copayment for drugs on Tier 3: Preferred Brand Drugs. For 2025 you will pay 25% coinsurance for drugs on this tier. | Drug Tier 3 - Preferred Brand Drugs: <i>Standard cost sharing:</i> You pay a \$47 copay per prescription. Your cost for a one-month mail-order prescription is \$47. | Drug Tier 3 - Preferred Brand Drugs: <i>Standard cost sharing:</i> You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 25%. |
| | <i>Preferred cost sharing:</i> You pay a \$42 copay per prescription. Your cost for a one-month mail-order prescription is \$42. | <i>Preferred cost sharing:</i> You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 25%. |
| | Drug Tier 4 - Non-Preferred Drugs: <i>Standard cost sharing:</i> You pay 50% of the total cost. Your cost for a one-month mail-order prescription is 50%. | Drug Tier 4 - Non-Preferred Drugs: <i>Standard cost sharing:</i> You pay 44% of the total cost. Your cost for a one-month mail-order prescription is 44%. |
| | <i>Preferred cost sharing:</i> You pay 50% of the total cost. Your cost for a one-month mail-order prescription is 50%. | <i>Preferred cost sharing:</i> You pay 44% of the total cost. Your cost for a one-month mail-order prescription is 44%. |

| Stage | 2024 (this year) | 2025 (next year) |
|---|---|---|
| Stage 2: Initial Coverage Stage (continued) | | |
| | Drug Tier 5 - Specialty Tier: <i>Standard cost sharing:</i> You pay 28% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. <i>Preferred cost sharing:</i> You pay 28% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. | Drug Tier 5 - Specialty Tier: <i>Standard cost sharing:</i> You pay 28% of the total cost. Insulin products are <u>not</u> covered on this tier. <i>Preferred cost sharing:</i> You pay 28% of the total cost. Insulin products are <u>not</u> covered on this tier. |
| | Drug Tier 6 - Select Care Drugs: <i>Standard cost sharing:</i> You pay a \$0 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$0 copay per prescription. | Drug Tier 6 - Select Care Drugs: <i>Standard cost sharing:</i> You pay a \$0 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$0 copay per prescription. |
| We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.” Most adult Part D vaccines are covered at no cost to you. | Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage). | Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). |

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic

Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 3 Administrative Changes

The information in the Administrative Changes grid below reflects year over year changes to your plan that do not directly impact benefits or cost-shares.

| Description | 2024 (this year) | 2025 (next year) |
|------------------------------------|-----------------------|---|
| Medicare Prescription Payment Plan | <u>Not</u> Applicable | <p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).</p> <p>To learn more about this payment option, please contact us at 1-833-750-9969. (TTY only, call 1-800-716-3231.) We are available for phone calls 24 hours a day, 7 days a week, 365 days a year or visit Medicare.gov.</p> |

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Wellcare Simple Ruby (HMO)

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Wellcare Simple Ruby (HMO).

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR*– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Wellcare Simple Ruby (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Wellcare Simple Ruby (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *OR*– Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called California Health Insurance Counseling and Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. California Health Insurance Counseling and Advocacy Program (HICAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222 (TTY users should call 711). You can learn more about California Health Insurance Counseling and Advocacy Program (HICAP) by visiting their website (<https://www.aging.ca.gov/hicap/>).

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the California AIDS

Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call California AIDS Drug Assistance Program (ADAP) at 1-844-421-7050 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday (excluding holidays). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-833-750-9969 (TTY only, call 1-800-716-3231.) We are available for phone calls 24 hours a day, 7 days a week, 365 days a year or visit [Medicare.gov](https://www.medicare.gov).

SECTION 8 Questions?

Section 8.1 – Getting Help from Wellcare Simple Ruby (HMO)

Questions? We're here to help. Please call Member Services at 1-800-275-4737. (TTY only, call 711). We are available for phone calls. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day. Calls to these numbers are free.

Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Wellcare Simple Ruby (HMO). The *Evidence of Coverage* 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. A copy of the *Evidence of Coverage* is located on our website at www.wellcare.com/healthnetCA. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.wellcare.com/healthnetCA. As a reminder, our website has the most up-to-date information about our provider network (*Provider & Pharmacy Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

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

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document 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. If you don't have a copy of this document, you can get it at the Medicare website (<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.

ATTENTION: If you need help in your language, call 1-844-428-2224 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-844-428-2224 (TTY: 711). These services are free.

انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على 1-844-428-2224 (TTY: 711). تتوفر أيضًا مساعدات وخدمات للأشخاص ذوي الإعاقات مثل المستندات بطريقة برايل وبطباعة كبيرة. اتصل على 1-844-428-2224 (TTY: 711). هذه الخدمات مجانية.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ցանկանում եք օգնություն ստանալ ձեր լեզվով, զանգահարեք 1-844-428-2224 (TTY՝ 711): Հասանելի են նաև հաշմանդամություն ունեցող անձանց համար նախատեսված օժանդակ միջոցներ և ծառայություններ, օրինակ՝ բրայլյան գրատեսակով և խոշոր տառաչափով փաստաթղթեր: Չանգահարեք 1-844-428-2224 (TTY՝ 711): Այս ծառայություններն անվճար են:

注意：如果您需要以您的语言提供的帮助，请致电 1-844-428-2224（TTY：711）。此外，还为残疾人提供辅助和相关服务，如盲文文件和大字体文件。请致电 1-844-428-2224（TTY：711）。这些服务均免费提供。

注意：如果您需要以您母語提供的協助，請致電 1-844-428-2224 (TTY：711)。我們也為殘疾人士提供輔助和服務，例如點字和大字體印刷的文件。請致電 1-844-428-2224 (TTY：711)。這些服務均為免費。

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 1-844-428-2224 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਬਰੇਲ ਲਿਪੀ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ਾਂ ਵਰਗੀਆਂ ਅਸਮਰੱਥਾ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ। 1-844-428-2224 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਮੁਫਤ ਸੇਵਾਵਾਂ ਹਨ।

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है, तो 1-844-428-2224 (TTY: 711) पर कॉल करें. विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज जैसी सहायताएं और सेवाएं भी उपलब्ध हैं. 1-844-428-2224 (TTY: 711) पर कॉल करें. ये सेवाएं निःशुल्क हैं.

THOV MUAB SIAB RAU: Yog tias koj xav tau kev pab ua koj hom lus, ces hu rau 1-844-428-2224 (TTY: 711). Tsis tas i ntawd, peb tseem muaj cov neeg pab thiab cov kev pab cuam rau cov neeg uas muaj cov kev xiam oob qhab, xws li cov ntaub ntawv ua ntawv su rau neeg dig muag thiab ntawv luam loj. Hu rau 1-844-428-2224 (TTY: 711). Cov kev pab cuam no pab dawb xwb.

注意：言語のヘルプが必要な場合は1-844-428-2224（TTY：711）までお電話ください。障害をお持ちの方には、点字や大判プリントなどの補助機能やサービスもご利用になれます。1-844-428-2224（TTY：711）にお電話ください。これらのサービスは無料です。

주의: 귀하의 구사 언어로 도움을 받으셔야 한다면 1-844-428-2224(TTY: 711)번으로 연락해 주십시오. 점자 및 큰 활자 인쇄 형식으로 된 문서 등 장애인을 위한 도움 및 서비스도 제공됩니다. 1-844-428-2224(TTY: 711)번으로 연락해 주십시오. 이러한 서비스는 무료입니다.

ຂໍຄວນເອົາໃຈໃສ່: ຫາກທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາ 1-844-428-2224 (TTY: 711). ນອກຈາກນີ້ ຍັງມີຄວາມຊ່ວຍເຫຼືອສໍາລັບຜູ້ພິການ ເຊັ່ນ: ເອກະສານເປັນອັກສອນນູນ ແລະ ຕົວພິມໃຫຍ່ອີກດ້ວຍ. ໃຫ້ໂທຫາ 1-844-428-2224 (TTY: 711). ບໍລິການເຫຼົ່ານີ້ຟຣີ.

LIOUH EIX: Oix se nongc zuqc meih nyei wac jouh mienh bong zouc, cingv mboqv 1-844-428-2224 (TTY: 711). Hac haih weic waic fangx mienh zoux sic taengx qaqv, hnangv mangh wenh souh nzangc caux domh nzangc yenx benx nyei souh nzangc. Mboqv 1-844-428-2224 (TTY: 711). Naiv deix bong taengx meih se mv siou zinh.

ចំណាំ៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ 1-844-428-2224 (TTY: 711) ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្នាបសម្រាប់ជនពិការភ្នែក និងពុម្ពអក្សរធំ ក៏មានផងដែរ។ សូមទូរសព្ទទៅលេខ 1-844-428-2224 (TTY: 711)។ សេវាទាំងនេះមិនគិតថ្លៃនោះទេ។

توجه: اگر به زبان خودتان نیاز به کمک دارید با شماره 1-844-428-2224 (TTY: 711) تماس بگیرید. پشتیبانی و خدمات برای افراد دارای معلولیت، مانند اسناد با خط بزرگ و چاپ درشت، نیز موجود است. با شماره 1-844-428-2224 (TTY: 711) تماس بگیرید. این خدمات رایگان است.

ВНИМАНИЕ: если вам требуется помощь на родном языке, позвоните по номеру 1-844-428-2224 (TTY: 711). Также доступны сопутствующая помощь и услуги для людей с ограниченными возможностями, такие как материалы, напечатанные крупным шрифтом и шрифтом Брайля. Позвоните по номеру 1-844-428-2224 (TTY: 711). Эти услуги предоставляются бесплатно.

ATENCIÓN: Si necesita ayuda en su idioma llame al 1-844-428-2224 (TTY: 711). También están disponibles ayudas y servicios para personas con discapacidades, como documentos en Braille y letra grande. Llame al 1-844-428-2224 (TTY: 711). Estos servicios son gratuitos.

ATENSYON: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa 1-844-428-2224 (TTY: 711). Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, gaya ng mga dokumento sa braille at malaking print. Tumawag sa 1-844-428-2224 (TTY: 711). Libre ang mga serbisyonang ito.

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ โปรดโทร 1-844-428-2224 (TTY: 711) นอกจากนี้ ยังมีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารที่เป็นอักษรเบรลล์และเอกสารที่ใช้ตัวอักษรขนาดใหญ่ โปรดโทร 1-844-428-2224 (TTY: 711) บริการเหล่านี้ไม่มีค่าใช้จ่าย

УВАГА! Якщо ви потребуєте підтримки своєю мовою, телефонуйте за номером 1-844-428-2224 (TTY: 711). Також доступні засоби та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля та великим шрифтом. Телефонуйте за номером 1-844-428-2224 (TTY: 711). Ці послуги безкоштовні.

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi số 1-844-428-2224 (TTY: 711). Các hỗ trợ và dịch vụ dành cho người khuyết tật, chẳng hạn như tài liệu bằng chữ nổi và bản in cỡ chữ lớn cũng được cung cấp. Gọi số 1-844-428-2224 (TTY: 711). Các dịch vụ này miễn phí.