

## Changes to Our Plan’s Formulary

The table below outlines changes to our formulary that may impact you.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Effective Date
SYMBICORT	Deletion of Drug From Formulary	Generic Available	BREYNA 80/4.5 mcg	02/01/2024
SYMBICORT	Deletion of Drug From Formulary	Generic Available	BREYNA 160/4.5 mcg	02/01/2024

\*Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.

‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

“Wellcare” is issued by Wellcare of Washington, Inc.

“Wellcare” is issued by WellCare Health Insurance Company of Washington, Inc.

New Mexico (NM) Dual Eligible Special Needs Plan (D-SNP) Members: As a Wellcare by Allwell D-SNP member, you have coverage from both Medicare and Medicaid. Medicaid services are funded in part by the state of New Mexico. NM Medicaid benefits may be limited to payment of Medicare premiums for some members.

Louisiana D-SNP members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Louisiana Medicaid. Learn more about providers who participate in Louisiana Medicaid by visiting [www.myplan.healthy.la.gov/en/find-provider](http://www.myplan.healthy.la.gov/en/find-provider) or <https://www.louisianahealthconnect.com>. For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at <https://ldh.la.gov/medicaid> and select the “Learn about Medicaid Services” link. To request a written copy of our Medicaid Provider Directory, please contact us.

Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any benefits above and beyond traditional Medicare benefits are applicable to Wellcare Medicare Advantage only and do not indicate increased Medicaid benefits.

## Discrimination Is Against the Law

Wellcare By Allwell complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Wellcare By Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### Wellcare By Allwell:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters
- Provides written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language services at no cost to people whose primary language is not English, such as: qualified interpreters and information written in other languages

### If you need these services, contact Member Services at:

Wellcare By Allwell: **1-844-796-6811** (TTY/TDD: **711**). Between October 1 and March 31, representatives are available seven days a week, 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.

If you believe that Wellcare By Allwell failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Chief Compliance Officer. You can file a grievance in person, by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination.

### Submit your grievance to:

Wellcare By Allwell - Appeals & Grievances - Medicare Operations

P.O. Box 279410 Sacramento, CA 95827

Fax: **1-844-273-2671**

Email: **Arizona\_Medicare@CENTENE.COM**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at U.S. Department of Health and Human Services; 200 Independence Avenue SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: **1-800-368-1019, 1-800-537-7697** (TTY/TDD).

## La discriminación es un delito

Wellcare By Allwell cumple con las leyes federales aplicables sobre derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Wellcare By Allwell no excluye ni trata a las personas de manera diferente por su raza, color, nacionalidad, edad, discapacidad o sexo.

### Wellcare By Allwell proporciona:

- Asistencia y servicios sin costo alguno a las personas con discapacidades para comunicarse de manera eficaz con nosotros, tales como intérpretes calificados de lengua de señas
- Información escrita en otros formatos (letra grande, audios, formatos electrónicos accesibles, otros formatos)
- Servicios de idiomas sin costo para las personas cuyo idioma principal no es el inglés, como, por ejemplo: intérpretes calificados e información escrita en otros idiomas.

### Si necesita estos servicios, llame a Servicios para Miembros al siguiente número:

Wellcare By Allwell: **1-844-796-6811** (TTY/TDD: **711**). Entre el 1 de octubre y el 31 de marzo, los representantes están disponibles los siete días de la semana, de 8 a.m. a 8 p.m. Entre el 1 de abril y el 30 de septiembre, los representantes están disponibles de lunes a viernes de 8 a.m. a 8 p.m.

Si considera que Wellcare By Allwell no le brindó estos servicios o lo discriminó de otra manera por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo, puede presentar una queja ante el Oficial de Cumplimiento. Puede presentar una queja en persona, por correo, fax o correo electrónico. Su queja se debe realizar por escrito y se debe enviar en un plazo de 180 días a partir de la fecha en que la persona que presenta la queja toma conocimiento de lo que se considera como discriminación.

### Envíe su queja a la siguiente dirección:

Wellcare By Allwell- Appeals & Grievances- Medicare Operations

P.O. Box 279410 Sacramento, CA 95827

Fax: **1-844-273-2671**

Correo electrónico: **Arizona\_Medicare@CENTENE.COM**

También puede presentar un reclamo con respecto a los derechos civiles ante la Oficina de Derechos Civiles del U.S. Department of Health and Human Services de manera electrónica a través del Portal de Reclamos de la Oficina de Derechos Civiles, disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>** o por correo postal a: U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington D. C. 20201. Asimismo, puede presentar dicha queja por teléfono llamando al **1-800-368-1019** o al **1-800-537-7697** (TTY/TDD).

If you, or someone you are helping, have questions about Wellcare By Allwell, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you are helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive oral interpretation, ASL, written translation, or auxiliary services, please contact Member Services at **1-844-796-6811** (TTY **711**).

<p><b>Spanish</b></p>	<p>Si usted, o alguien a quien está ayudando, tiene preguntas sobre Wellcare by Allwell, y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo y/o visual que le impide la comunicación, tiene derecho a recibir ayudas y servicios auxiliares sin costo alguno y de manera oportuna. Para obtener servicios de interpretación oral, lengua de señas estadounidense (ASL), traducción escrita o servicios auxiliares, comuníquese con Servicios para Miembros al <b>1-844-796-6811</b> (TTY <b>711</b>).</p>
<p><b>Navajo</b></p>	<p>Ha'át'éego nisin, yá'át'éehgo daaztsaáidii daaztsaastiinii dóó haash yáázh bąąhózhqod íít tsínáaztiin, Wellcare By Allwell hózhqod t'áá hwiilt'íi yáadááł. Hózhqod t'áá át'éego t'áá diidljigi yáadááł dine'é binaaltsoos daaztsaáidii binaaltsoosii dóó at'ish daaztsaáidii hwiilt'íi hózhqod a'jigo áyiilaa daaztsaáidii dah anáadah yáadááł. Ha'át'éego nisin, yá'át'éehgo daaztsaáidii daaztsaastiinii dóó haash yáázh bee at'ááhągo atdziilii nisin át'ááltsooígíi hónáaná, bee át'éego dine'é at'ish daaztsaáidii hónáaná hózhqod t'áá hwiilt'íi hózhqod béégashii binaaltsoos yee nisin hólqo hastiinii dóó iiná hastiinii hwiilt'íi hózhqod a'jigo áyiilaa dah daaztsaáidii at'ááhągo atdziilii daaztsaáidii binaaltsoosii hwiilt'íi hózhqod a'jigo áyiilaa daaztsaáidii dah anáadah yáadááł. Áádóó oral interpretation, ASL, at'ááhągo daaztsaáidii, dóó béégashii binaaltsoos yee hwiilt'íi, t'áá hwiilt'íi Member Services <b>1-844-796-6811</b> hólqo hastiinii (TTY <b>711</b>) dah.</p>
<p><b>Chinese (Mandarin)</b></p>	<p>如果您或您正在帮助的人对 Wellcare By Allwell 有任何疑问但不精通英语，您有权及时获得以您所用语言提供的免费帮助和信息。如果您或您正在帮助的人有妨碍交流的听力和/或视力障碍，您有权及时获得免费辅助工具和服务。如需口译、美国手语 (ASL)、书面翻译或辅助服务，请致电 <b>1-844-796-6811</b> (TTY <b>711</b>) 联系会员服务部。</p>

<p><b>Chinese (Cantonese)</b></p>	<p>如果您或您協助的人對 Wellcare By Allwell 有疑問且不熟練使用英文，您有權利及時免費獲得以您的語言提供的幫助和資訊。如果您或您協助的人患有妨礙溝通的聽覺和/或視覺病況，您有權利及時免費獲得輔助工具和服務。若要獲得口譯、ASL、書面翻譯或輔助服務，請致電 <b>1-844-796-6811</b> (TTY <b>711</b>) 聯絡會員服務部。</p>
<p><b>Vietnamese</b></p>	<p>Nếu quý vị hoặc người quý vị đang giúp đỡ, có thắc mắc về Wellcare By Allwell, và không thành thạo tiếng Anh, quý vị có quyền nhận sự giúp đỡ và thông tin miễn phí và kịp thời bằng ngôn ngữ của quý vị. Nếu quý vị hoặc người quý vị đang giúp đỡ, có bệnh trạng về thính giác và/hoặc thị giác cản trở giao tiếp, quý vị có quyền nhận các hỗ trợ và dịch vụ phụ trợ miễn phí và kịp thời. Để nhận dịch vụ phiên dịch nói, ASL, dịch thuật văn bản hoặc dịch vụ phụ trợ, vui lòng liên hệ bộ phận Dịch Vụ Thành Viên theo số <b>1-844-796-6811</b> (TTY <b>711</b>).</p>
<p><b>Arabic</b></p>	<p>إذا كان لديك أنت أو لدى شخص تساعدك أسئلة حول Wellcare By Allwell، ولم تكن ملماً باللغة الإنكليزية، فلدك الحق بالحصول على المساعدة والمعلومات بلغتك ومن دون أي تكلفة وفي الوقت المناسب. إذا كنت تعاني أنت أو شخص تساعدك من حالة سمعية و/أو بصرية تعيق التواصل، فلدك الحق بالحصول على مساعدات وخدمات إضافية من دون أي تكلفة وفي الوقت المناسب. للحصول على خدمات الترجمة الشفهية الفورية أو ASL (لغة الإشارة الأمريكية) أو الترجمة الكتابية أو خدمات إضافية، يرجى الاتصال بقسم خدمات الأعضاء على الرقم <b>1-844-796-6811</b> (TTY <b>711</b>).</p>
<p><b>Tagalog</b></p>	<p>Kung kayo, o ang tinutulungan ninyo, ay may mga tanong tungkol sa Wellcare By Allwell, at limitado ang kaalaman sa Ingles, may karapatan kayong humingi ng tulong at impormasyon sa inyong wika sa paraang maagap at nang wala kayong babayaran. Kung kayo, o ang taong tinutulungan ninyo, ay may kondisyon sa pandinig at/o paningin na nakakaapekto sa komunikasyon, may karapatan kayong makatanggap ng mga pansuportang tulong at serbisyo sa paraang maagap at nang wala kayong babayaran. Para makatanggap ng serbisyo sa pasalitang pagsasalin, ASL, pasulat na pagsasalin, o mga pansuportang serbisyo, mangyaring makipag-ugnayan sa Mga Serbisyo para sa Miyembro sa <b>1-844-796-6811</b> (TTY <b>711</b>).</p>

<p><b>Korean</b></p>	<p>귀하 또는 귀하가 돕고 있는 다른 사람이 Wellcare By Allwell에 관한 질문이 있지만 영어가 유창하지 않은 경우, 적절한 시기에 무료로 귀하의 언어로 도움과 정보를 받을 권리가 있습니다. 귀하 또는 귀하가 돕고 있는 다른 사람이 소통에 지장을 주는 청각 및/또는 시각적 문제를 가지고 있는 경우, 적절한 시기에 무료로 보조 지원과 서비스를 받을 권리가 있습니다. 구두 통역, ASL, 서면 번역 또는 보조 서비스를 받기 원하시면 <b>1-844-796-6811</b>(TTY <b>711</b>)번으로 가입자 서비스부에 연락해 주십시오.</p>
<p><b>French</b></p>	<p>Si vous, ou une personne que vous aidez, avez des questions sur Wellcare By Allwell et que vous ne maîtrisez pas l'anglais, vous avez le droit d'obtenir de l'aide et des informations dans votre langue, gratuitement et en temps utile. Si vous, ou une personne que vous aidez, souffrez d'un trouble auditif et/ou visuel qui entrave la communication, vous avez le droit de bénéficier d'aides et de services auxiliaires gratuitement et en temps utile. Pour bénéficier de services d'interprétation, d'ASL, de traduction ou de services auxiliaires, veuillez contacter les services aux adhérents au <b>1-844-796-6811</b> (TTY <b>711</b>).</p>
<p><b>German</b></p>	<p>Wenn Sie oder eine Person, der Sie helfen, Fragen zu Wellcare By Allwell haben und kein Englisch sprechen, haben Sie das Recht auf zusätzliche Unterstützung und das Recht darauf, kostenlos und zeitnah Informationen in Ihrer Sprache zu erhalten. Wenn Sie oder eine Person, der Sie helfen, Hör- und/oder Seheinschränkungen haben, die die Kommunikation beeinträchtigen, haben Sie das Recht auf zusätzliche kostenlose und zeitnahe Unterstützung. Für mündliche Verdolmetschungen in andere Sprachen und in Gebärdensprache, amerikanische Gebärdensprache (ASL), schriftliche Übersetzungen oder weitere Unterstützung wenden Sie sich bitte an unseren Kundendienst unter: <b>1-844-796-6811</b> (TTY <b>711</b>).</p>
<p><b>Russian</b></p>	<p>Если у вас или лица, которому вы помогаете, возникли вопросы о плане страхования Wellcare By Allwell, при этом вы не владеете английским языком в достаточной мере, у вас есть право бесплатно и своевременно получить помощь и информацию на вашем языке. При наличии у вас или лица, которому вы помогаете, связанного со слухом или зрением медицинского состояния, которое затрудняет коммуникацию, у вас есть право бесплатно и своевременно получить сопутствующую помощь и услуги. Для получения услуг устного перевода, перевода на американский жестовый язык (ASL), письменного перевода либо сопутствующих услуг обратитесь в отдел обслуживания участников плана по номеру <b>1-844-796-6811</b> (TTY <b>711</b>).</p>



Thai	<p>หากคุณหรือคนที่คุณให้การช่วยเหลือมีคำถามเกี่ยวกับ Wellcare By Allwell และไม่ถนัดในการใช้ภาษาอังกฤษ คุณสามารถขอความช่วยเหลือและ ขอรับข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายได้ทันที หากคุณหรือ คนที่คุณให้การช่วยเหลือมีความพิการด้านการได้ยินและ/หรือมองเห็นที่ เป็นอุปสรรคต่อการสื่อสาร คุณสามารถขอรับความช่วยเหลือและ บริการเพิ่มเติมโดยไม่เสียค่าใช้จ่ายได้ทันที หากต้องการ ล่ามแปลภาษา, ภาษามือ ASL, คำแปลเป็นลายลักษณ์อักษร หรือบริการเสริมอื่นๆ โปรดติดต่อบริการ สำหรับสมาชิก ที่หมายเลข <b>1-844-796-6811</b> (TTY 711)</p>
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## **Section 1557 Non-Discrimination Language**

### **Notice of Non-Discrimination**

Wellcare By Fidelis Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

#### **Wellcare By Fidelis Care:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Member Services at **1-800-247-1447** (TTY: **711**). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Wellcare By Fidelis Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Wellcare By Fidelis Care's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>** or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019** (TDD: **1-800-537-7697**).

## Sección 1557: Idioma de No Discriminación

### Aviso de No Discriminación

Wellcare By Fidelis Care cumple con las leyes federales aplicables sobre derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

#### Wellcare By Fidelis Care:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que puedan comunicarse adecuadamente con nosotros, tales como intérpretes calificados de lengua de señas e información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Proporciona servicios de idiomas gratuitos a personas cuyo idioma principal no es el inglés, tales como intérpretes calificados e información escrita en otros idiomas.

Si necesita estos servicios, llame a Servicios para Miembros al **1-800-247-1447** (TTY: **711**). Del 1 de octubre al 31 de marzo, puede llamarnos los 7 días de la semana, de 8 a.m. a 8 p.m. Del 1 de abril al 30 de septiembre, puede llamarnos de lunes a viernes, de 8 a.m. a 8 p.m. Se utiliza un sistema de mensajería fuera del horario de atención, los fines de semana y los días festivos federales.

Si cree que Wellcare By Fidelis Care no le ha brindado estos servicios o que lo ha discriminado de alguna manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja formal. Llame al número que aparece más arriba para informar que necesita ayuda para presentar esta queja formal. El Departamento de Servicios para Miembros de Wellcare By Fidelis Care está disponible para brindarle asistencia.

También puede presentar una queja de derechos civiles a la U.S. Department of Health and Human Services, Office for Civil Rights. de manera electrónica a través del Portal de Reclamos de la Oficina de Derechos Civiles, disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019** (TDD: **1-800-537-7697**).

**Multi-Language Insert**  
**Multi-language Interpreter Services**

Form Approved  
OMB# 0938-1421

**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 **1-800-247-1447** (TTY: **711**). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, llámenos al **1-800-247-1447** (TTY: **711**). Alguien que habla español puede ayudarle. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-800-247-1447** (TTY: **711**)。您将获得讲汉语普通话的译员的帮助。这是一项免费服务。

**Chinese Cantonese:** 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-800-247-1447** (TTY: **711**)。會說廣東話的人員可以幫助您。此為免費服務。

**Tagalog:** May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-800-247-1447** (TTY: **711**). May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:** Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-800-247-1447** (TTY: **711**). Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi chúng tôi theo số điện thoại **1-800-247-1447** (TTY: **711**). Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

**German:** Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-800-247-1447** (TTY: **711**). Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

**Korean:** 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-800-247-1447**(TTY: **711**)번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Russian:** Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-800-247-1447** (TTY: **711**). Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

**Arabic:** نوفر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-800-247-1447** (TTY: **711**). يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

**Hindi:** हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-800-247-1447** (TTY: **711**) पर कॉल करें। हिन्दी में बात करने वाला सहायक आपकी मदद करेगा। यह एक निःशुल्क सेवा है।

**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero **1-800-247-1447** (TTY: **711**). Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número **1-800-247-1447** (TTY: **711**). Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-247-1447** (TTY: **711**). Yon moun ki pale Kreyòl Ayisyen ka ede w. Se yon sèvis gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-800-247-1447** (TTY: **711**). Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Japanese:** 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-800-247-1447** (TTY : **711**) にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

## **Section 1557 Non-Discrimination Language**

### **Notice of Non-Discrimination**

Wellcare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

#### **Wellcare:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Member Services at **1-833-444-9089** (TTY: **711**). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Wellcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Wellcare Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>** or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019** (TDD: **1-800-537-7697**).

## Sección 1557: Idioma de No Discriminación

### Aviso de No Discriminación

Wellcare cumple con las leyes federales aplicables sobre derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

#### Wellcare:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que puedan comunicarse adecuadamente con nosotros, tales como intérpretes calificados de lengua de señas e información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Proporciona servicios de idiomas gratuitos a personas cuyo idioma principal no es el inglés, tales como intérpretes calificados e información escrita en otros idiomas.

Si necesita estos servicios, llame a Servicios para Miembros al **1-833-444-9089** (TTY: **711**). Del 1 de octubre al 31 de marzo, puede llamarnos los 7 días de la semana, de 8 a.m. a 8 p.m. Del 1 de abril al 30 de septiembre, puede llamarnos de lunes a viernes, de 8 a.m. a 8 p.m. Se utiliza un sistema de mensajería fuera del horario de atención, los fines de semana y los días festivos federales.

Si cree que Wellcare no le ha brindado estos servicios o que lo ha discriminado de alguna manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja formal. Llame al número que aparece más arriba para informar que necesita ayuda para presentar esta queja formal. El Departamento de Servicios para Miembros de Wellcare está disponible para brindarle asistencia.

También puede presentar una queja de derechos civiles a la U.S. Department of Health and Human Services, Office for Civil Rights. de manera electrónica a través del Portal de Reclamos de la Oficina de Derechos Civiles, disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019** (TDD: **1-800-537-7697**).

**Multi-Language Insert**  
**Multi-language Interpreter Services**

Form Approved  
OMB# 0938-1421

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-833-444-9089** (TTY: **711**). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, llámenos al **1-833-444-9089** (TTY: **711**). Alguien que habla español puede ayudarle. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-833-444-9089** (TTY: **711**)。您将获得讲汉语普通话的译员的帮助。这是一项免费服务。

**Chinese Cantonese:** 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-833-444-9089** (TTY: **711**)。會說廣東話的人員可以幫助您。此為免費服務。

**Tagalog:** May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-833-444-9089** (TTY: **711**). May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:** Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-833-444-9089** (TTY: **711**). Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi chúng tôi theo số điện thoại thoại **1-833-444-9089** (TTY: **711**). Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.



**German:** Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-833-444-9089** (TTY: **711**). Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

**Korean:** 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-833-444-9089**(TTY: **711**)번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Russian:** Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-833-444-9089** (TTY: **711**). Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

**Arabic:** نوفر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-833-444-9089** (TTY: **711**). يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

**Hindi:** हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-833-444-9089** (TTY: **711**) पर कॉल करें। हिन्दी में बात करने वाला सहायक आपकी मदद करेगा। यह एक निःशुल्क सेवा है।

**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero **1-833-444-9089** (TTY: **711**). Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número **1-833-444-9089** (TTY: **711**). Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-833-444-9089** (TTY: **711**). Yon moun ki pale Kreyòl Ayisyen ka ede w. Se yon sèvis gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-833-444-9089** (TTY: **711**). Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Japanese:** 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-833-444-9089** (TTY : **711**) にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

## Do you think Wellcare By Trillium Advantage has treated you unfairly?

Wellcare By Trillium Advantage must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's:

- Age
- Gender identity
- Race
- Sexual orientation
- Color
- Marital status
- Religion
- Disability
- Health Status
- National Origin
- Sex
- Need for Services

You have a right to enter, exit, and use buildings and services. You have the right to get information in a way you understand. Wellcare By Trillium Advantage will make reasonable changes to policies, practices, and procedures by talking with you about your needs.

To report concerns, get help filing a complaint or to get more information, please contact Member Services at **1-844-867-1156** (TTY: **711**). From October 1 - March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 - September 30, you can call us Monday - Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. The call is free.

If you believe you have been discriminated against, you may also contact:

**Levi Welbourne**, *Senior Manager, Grievance & Appeals*

555 International Way, Building B, Springfield, OR 97477

Phone: **1-541-214-3948**

Toll-free: **1-844-867-1156** (TTY: **711**)

Email: **[grievances@trilliumchp.com](mailto:grievances@trilliumchp.com)**

Web: **<https://wellcare.trilliumadvantage.com/legal/nondiscrimination-notice.html>**

You have a right to file a civil rights complaint with these organizations:

### **U.S. Department of Health and Human Services Office for Civil Rights (OCR)**

Web: **<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>**

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

Email: **[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)**

Mail: Office for Civil Rights, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

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### **Oregon Health Authority (OHA) Civil Rights**

Web: **[www.oregon.gov/OHA/EI](http://www.oregon.gov/OHA/EI)**

Phone: **1-844-882-7889**, (TTY: **711**)

Email: **[OHA.PublicCivilRights@odhsoha.oregon.gov](mailto:OHA.PublicCivilRights@odhsoha.oregon.gov)**

Mail: Office of Equity and Inclusion Division,  
421 SW Oak St., Suite 750,  
Portland, OR 97204

### **Bureau of Labor and Industries Civil Rights Division**

Phone: **1-971-673-0764**, (TTY: **711**)

Email: **[boli\\_help@boli.oregon.gov](mailto:boli_help@boli.oregon.gov)**

Mail: Bureau of Labor and Industries Civil Rights Division,  
800 NE Oregon St., Suite 1045,  
Portland, OR 97232

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Updated: 11/01/2023

## ¿Considera que Wellcare By Trillium Advantage le dio un trato injusto?

Wellcare By Trillium Advantage debe cumplir con las leyes estatales y federales de derechos civiles. En ninguno de sus programas ni actividades puede tratar a las personas injustamente a causa de las siguientes características:

- Edad
- Orientación sexual
- ligión
- Nacionalidad
- Identidad de género
- Color de piel
- Discapacidad
- Sexo
- Raza
- Estado civil
- Estado de Salud
- Necesidad de recibir servicios

Tiene derecho a ingresar, salir y utilizar los edificios y servicios. Tiene derecho a obtener información de una manera que usted pueda comprender. Wellcare By Trillium Advantage se comunicará con usted para hablar sobre sus necesidades, a fin de realizar cambios razonables en sus políticas, prácticas y procedimientos.

Para informar sus inquietudes, recibir ayuda para presentar un reclamo u obtener más información, comuníquese con Servicios para Miembros al **1-844-867-1156** (TTY: **711**). Del 1 de octubre al 31 de marzo, puede llamarnos los 7 días de la semana, de 8 a.m. a 8 p.m. Del 1 de abril al 30 de septiembre, puede llamarnos de lunes a viernes, de 8 a.m. a 8 p.m. Se utiliza un sistema de mensajería fuera del horario de atención, los fines de semana y los días festivos federales. La llamada es gratuita.

Si cree que ha sido discriminado, también puede comunicarse con la siguiente persona:

**Levi Welbourne**, *Gerente Sénior, Grievance & Appeals*

555 International Way, Building B  
Springfield, OR 97477

Teléfono: **1-541-214-3948**

Línea gratuita: **1-844-867-1156** (TTY: **711**)

Correo electrónico: **[grievances@trilliumchp.com](mailto:grievances@trilliumchp.com)**

Sitio web: **<https://wellcare.trilliumadvantage.com/legal/nondiscrimination-notice.html>**

Tiene derecho a presentar un reclamo de derechos civiles ante las siguientes organizaciones:

### **U.S. Department of Health and Human Services Office for Civil Rights (OCR)**

Sitio Web: **<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>**

Teléfono: **1-800-368-1019, 1-800-537-7697** (TDD)

Correo electrónico: **[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)**

Correo Postal: Office for Civil Rights, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

### **Oregon Health Authority (OHA) Civil Rights**

Sitio Web: **[www.oregon.gov/OHA/EI](http://www.oregon.gov/OHA/EI)**

Teléfono: **1-844-882-7889**, (TTY: **711**)

Correo electrónico: **[OHA.PublicCivilRights@odhsosha.oregon.gov](mailto:OHA.PublicCivilRights@odhsosha.oregon.gov)**

Correo Postal: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750, Portland, OR 97204

### **Bureau of Labor and Industries Civil Rights Division**

Teléfono: **1-971-673-0764**, (TTY: **711**)

Correo electrónico: **[boli\\_help@boli.oregon.gov](mailto:boli_help@boli.oregon.gov)**

Correo Postal: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St., Suite 1045, Portland, OR 97232

You can get this letter in another language, large print, or another way that is best for you. You can also have a language interpreter. This help is free. Call **1-844-867-1156** (TTY: **711**).

Puede obtener esta carta en otro idioma, letra grande u otra forma que sea la mejor para usted. También puede tener un intérprete de idiomas. Esta ayuda es gratuita. Llame al **1-844-867-1156** (TTY: **711**).

### **English**

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-844-867-1156** (TTY: **711**).

### **Spanish (Español)**

ATENCIÓN: Si no habla Inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-867-1156** (TTY: **711**).

### **(العربية) Arabic**

انتباه: إذا كنت لا تجيد التحدث باللغة الإنجليزية، فنحن نوفر لك خدمات مساعدة لغوية مجانية. اتصل على الرقم **1-844-867-1156** (TTY: **711**).

### **Chuukese (Kapasen Chuuk)**

ESINESIN: Ika kese sine fosun Merika (English), mi wor aninisin awewen kapas ika fos, ese kamo, mi kawor ngonuk. Kekeri **1-844-867-1156** (TTY: **711**).

### **German (German)**

ACHTUNG: Wenn Sie kein Englisch sprechen, stehen Ihnen kostenlos Sprachdienstleistungen zur Verfügung. Rufen Sie dazu folgende Nummer an: **1-844-867-1156** (TTY: **711**).

### **Hmong (Lus Hmoob)**

UA TIB ZOO SAIB: Yog tias koj hais tsis tau lus Askiv, muaj cov kev pab cuam txhais lus rau yam koj tsis tau them nqi li. Hu rau **1-844-867-1156** (TTY: **711**).

### Japanese (日本語)

注意：英語を話さない方は、無料で言語支援サービスを利用できます。1-844-867-1156 (TTY : 711) にお電話ください。

### Korean (한국어)

주의: 영어 외 다른 언어를 사용하시는 분은 무료로 언어 지원 서비스를 이용할 수 있습니다. 1-844-867-1156 (TTY: 711)번으로 연락해 주십시오.

### Marshallese (Kajin Majol)

LUKKUN LALE: Ñe kojjab kajin Pälle, jermal in jibañ ikijen kajin, ilo ejelok onean, rej maroñ in jibañ eok. Kurlok 1-844-867-1156 (TTY: 711).

### Portuguese (Português)

ATENÇÃO: se não falar inglês, estão disponíveis serviços de assistência gratuitos no seu idioma. Ligue para o número 1-844-867-1156 (TTY: 711).

### Russian (Русский)

ВНИМАНИЕ: если вы не говорите на английском языке, вы можете бесплатно получить помощь переводчика. Позвоните по номеру 1-844-867-1156 (TTY: 711).

### Simplified Chinese (简体中文)

注意：如果您不会说英语，我们可为您提供免费语言协助服务。请致电 1-844-867-1156 (TTY : 711)。

### Somali (Soomaali)

FIIRO GAAR AH: Hadii aanad ku hadal Ingiriisi, adeegyada kaalmada luuqada, oo bilaash ah, ayaad heleysaa. La hadal 1-844-867-1156 (TTY: 711).

### Tagalog (Tagalog)

ATENSYON: Kung hindi kayo nagsasalita ng Ingles, available para sa inyo ang mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-867-1156 (TTY: 711).

### Traditional Chinese (繁體中文)

注意：如果您不會講英語，我們有提供免費的語言協助服務。請致電 1-844-867-1156 (TTY : 711)。

**Ukrainian (Українська)**

УВАГА! Якщо ви не володієте англійською мовою, вам доступні безкоштовні послуги мовної підтримки. Телефонуйте за номером **1-844-867-1156** (телетайп: **711**).

**Vietnamese (Tiếng Việt)**

LƯU Ý: Nếu quý vị không nói tiếng Anh, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số **1-844-867-1156** (TTY: **711**).

## Non-discrimination Notification

Wellcare By Allwell complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, health status, sex, sexual orientation, gender identity or disability and will not use any policy or practice that has the effect of discriminating on the basis of race, color, national origin, health status, sex, sexual orientation, gender identity or disability.

### Race, Ethnicity and Language Information (REL)

Wellcare By Allwell promises to keep your race, ethnicity, and language (REL) information private. We use some of the following ways to protect your information:

- Keeping paper documents in locked file cabinets.
- Requiring that all electronic information stays on physically secure media.
- Maintaining your electronic information in password-protected files.

We may use or share your REL info to perform our work. These activities may include:

- Finding health care gaps.
- Making intervention programs.
- Designing and directing outreach materials.
- Telling health care professionals and doctors about your language needs.

We will never use your REL information for approving, rate setting, or benefit decisions. We will not give your REL information to unauthorized people.

### Contact Us

If you believe Wellcare By Allwell has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance by calling **1-844-796-6811** (TTY: **711**). Tell them you need help filing a grievance. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **[ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)** or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201. Call **1-800-368-1019** (TDD: **1-800-537-7697**).

### Language Assistance

Communicating with you is important. Wellcare By Allwell provides the following at no cost to you.

- Interpreter services in the language you speak. This includes sign language.
- Written materials in the language you speak and/or in large print, Braille, audio, and electronic formats. This includes the Evidence of Coverage. The Evidence of Coverage is always available at **[wellcare.mhswi.com/plan-benefit-materials.html](https://wellcare.mhswi.com/plan-benefit-materials.html)**.



If you need these services, contact Wellcare By Allwell at **1-844-796-6811** (TTY: **711**). Between October 1 and March 31, representatives are available seven days a week, 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.

### **English**

Attention: If you speak English, language assistance services are available to you free of charge. Call **1-844-796-6811** (TTY: **711**).

### **Español (Spanish)**

Atención: Si habla español, hay servicios de asistencia lingüística disponibles sin costo para usted. Llame al **1-844-796-6811** (TTY: **711**).

### **Lus Hmoob (Hmong)**

Ua Tib Zoo Saib: Yog tias koj hais lus Hmoob, peb muaj cov kev pab cuam txhais lus uas koj tsis tas them nqi dab tsi. Hu rau **1-844-796-6811** (TTY: **711**).

### **普通话 (Mandarin Chinese)**

请注意：如果您说普通话，我们可以为您提供免费语言支持服务。请致电 **1-844-796-6811** (TTY: **711**)。

### **ພາສາລາວ (Laotian)**

ຂໍຄວນໃສ່ໃຈ: ຫາກວາທານເວົ້າພາສາລາວ, ພວກເຮົາມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ **1-844-796-6811** (TTY: **711**).

### **မြန်မာဘာသာ (Burmese)**

သတိပြုရန်- သင်သည် မြန်မာစကားပြောဆိုပါက၊ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို အခမဲ့ရယူနိုင်သည်။ **1-844-796-6811** (TTY: **711**) သို့ ဖုန်းခေါ်ဆိုပါ။

### **Somali (Somali)**

Fiiro gaar ah: Hadii aad ku hadasho Soomaali, adeegyada kaalmada luuqada ayaad heleysaa oo kuu bilaash ah. La hadal **1-844-796-6811** (TTY: **711**).

### **Русский (Russian)**

Внимание: если вы говорите на русском языке, вы можете бесплатно получить помощь переводчика. Позвоните по номеру **1-844-796-6811** (TTY: **711**).

### **Hrvatski (Croatian)**

Pažnja: ako govorite hrvatski, usluge jezične pomoći dostupne su vam besplatno. Nazovite **1-844-796-6811** (TTY: **711**).

### **German (German)**

Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachdienstleistungen zur Verfügung. Rufen Sie dazu folgende Nummer an: **1-844-796-6811** (TTY: **711**).

**العربية (Arabic)**

انتباه: في حال كنت تتحدث اللغة العربية، تتوفر لك خدمات مساعدة لغوية مجانية. اتصل على الرقم **1-844-796-6811** (TTY: **711**).

**Tiếng Việt (Vietnamese)**

Lưu ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số **1-844-796-6811** (TTY: **711**).

**한국어 (Korean)**

주의: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. **1-844-796-6811**(TTY: **711**)번으로 전화해 주십시오.

**Deutsch (Pennsylvania Dutch)**

Wichdich: Wann du Deitsch schwetzscht, kannscht du en Interpreter griege unni as es ennich eppes koschte zellt. Ruf **1-844-796-6811** (TTY: **711**) uff.

**Polski (Polish)**

Uwaga: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-844-796-6811** (TTY: **711**).

**हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं। **1-844-796-6811** (TTY: **711**) पर कॉल करें.

**Shqip (Albanian)**

Vëmendje: Nëse flisni shqip, shërbimet e asistencës gjuhësore ju vihen në dispozicion falas. Telefononi **1-844-796-6811** (TTY: **711**).

**Multi-Language Insert**  
**Multi-language Interpreter Services**

Form Approved  
OMB# 0938-1421

**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 the plan numbers on the following pages. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que habla español puede ayudarle. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打以下页面上的计划号码联系我们。您将获得讲汉语普通话的译员的帮助。这是一项免费服务。

**Chinese Cantonese:** 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電下頁的計劃電話號碼。會說廣東話的人員可以幫助您。此為免費服務。

**Tagalog:** May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa mga sumusunod na pahina. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:** Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, il suffit de nous appeler aux numéros figurant sur les pages suivantes. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi chúng tôi theo số điện thoại chương trình ở các trang sau. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

**German:** Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie eine der Telefonnummern auf den folgenden Seiten an. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

**Korean:** 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 다음 페이지에 있는 플랜 번호로 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Russian:** Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номерам, представленным на следующих страницах. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

**Arabic:** نوّقر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على أرقام الخطة التي تظهر في الصفحات التالية. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

**Hindi:** हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें अगले पेज पर दिए गए प्लान नंबर पर कॉल करें। हिन्दी में बात करने वाला सहायक आपकी मदद करेगा। यह एक निःशुल्क सेवा है।

**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare i numeri del piano riportati nelle pagine seguenti. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através dos números do plano nas páginas seguintes. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon tradiktè nan bouch, annik rele nimewo yo pou plan an ki make sou paj ki annapre yo. Yon moun ki pale Kreyòl Ayisyen ka ede w. Se yon sèvis gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod podany na kolejnych stronach numer odnoszący się do planu. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Japanese:** 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、次からのページに記載されている弊社の計画担当の電話番号にお問い合わせください。日本語の通訳担当者が対応します。これは無料のサービスです。

## ALABAMA

Wellcare Assist (HMO),  
Wellcare No Premium (HMO),  
Wellcare Giveback Open (PPO),  
Wellcare No Premium Open (PPO)

**1-833-444-9088 (TTY: 711)**

Wellcare Complete - Giveback (HMO),  
Wellcare Complete No Premium (HMO)

**1-800-977-7522 (TTY: 711)**

HMO D-SNP, PPO D-SNP

**1-833-444-9089 (TTY: 711)**

## ARIZONA

PPO

**1-833-444-9088 (TTY: 711)**

HMO, HMO C-SNP

**1-800-977-7522 (TTY: 711)**

HMO D-SNP

**1-844-796-6811 (TTY: 711)**

## ARKANSAS

Wellcare Assist Compass (HMO),  
Wellcare No Premium Preferred (HMO),  
Wellcare Giveback Dividend (HMO),  
Wellcare Patriot Giveback (HMO-POS),  
Wellcare No Premium Open (PPO)

**1-833-444-9088 (TTY: 711)**

Wellcare Assist (HMO),  
Wellcare Giveback (HMO),  
Wellcare Low Premium (HMO),  
Wellcare No Premium (HMO)

**1-800-977-7522 (TTY: 711)**

HMO D-SNP

**1-844-796-6811 (TTY: 711)**

HMO-POS D-SNP, PPO D-SNP

**1-833-444-9089 (TTY: 711)**

## CALIFORNIA

Wellcare Giveback (HMO),  
Wellcare No Premium (HMO)

**1-866-999-3945 (TTY: 711)**

Wellcare Assist (HMO),  
Wellcare Giveback (HMO),  
Wellcare Low Premium (HMO),  
Wellcare No Premium (HMO)

**1-800-977-7522 (TTY: 711)**

Wellcare Low Premium (HMO),  
Wellcare No Premium Focus (HMO),  
Wellcare Premium Ultra (HMO),  
Wellcare No Premium Open (PPO),  
Wellcare Speciality No Premium  
(HMO C-SNP)

**1-800-977-7522 (TTY: 711)**

Wellcare CalViva Health Dual Align  
(HMO D-SNP)

**1-833-236-2366 (TTY: 711)**

Wellcare Dual Liberty (HMO D-SNP)

**1-800-431-9007 (TTY: 711)**

## CONNECTICUT

HMO, PPO

**1-833-444-9088 (TTY: 711)**

HMO D-SNP, PPO D-SNP

**1-833-444-9089 (TTY: 711)**

## DELAWARE

HMO-POS

**1-800-977-7522 (TTY: 711)**

HMO-POS D-SNP

**1-844-796-6811 (TTY: 711)**

## FLORIDA

Wellcare Giveback (HMO),

Wellcare No Premium (HMO),

Wellcare No Premium Open (PPO),

Wellcare Premium Enhanced Open (PPO)

**1-833-444-9088 (TTY: 711)**

Wellcare Complete No Premium (HMO)

**1-800-977-7522 (TTY: 711)**

HMO D-SNP, PPO D-SNP

**1-833-444-9089 (TTY: 711)**

## GEORGIA

HMO, HMO-POS, HMO D-SNP, PPO,  
PPO D-SNP

**1-866-892-8340 (TTY: 711)**

## HAWAII

Wellcare 'Ohana No Premium (HMO),

Wellcare 'Ohana Dual Liberty (HMO D-SNP),

Wellcare 'Ohana Assist Open (PPO),

Wellcare 'Ohana Low Premium Open (PPO),

Wellcare 'Ohana No Premium Open (PPO),

Wellcare 'Ohana Patriot Open (PPO)

**1-877-457-7621 (TTY: 711)**

Wellcare 'Ohana Dual Align (HMO D-SNP)

**1-888-846-4262 (TTY: 711)**

## ILLINOIS

Wellcare Complete - Giveback (HMO)

**1-800-977-7522 (TTY: 711)**

Wellcare Assist Compass (HMO), Wellcare  
Giveback Open (PPO), Wellcare No Premium  
(HMO-POS), Wellcare No Premium Open  
(PPO), Wellcare No Premium Value (HMO-  
POS)

**1-833-444-9088 (TTY: 711)**

Wellcare No Premium Essential (HMO),  
Wellcare No Premium Essential Value (HMO),  
Wellcare No Premium Exclusive (HMO)

**1-866-892-8340 (TTY: 711)**

## INDIANA

HMO, PPO

**1-800-977-7522 (TTY: 711)**

HMO D-SNP, PPO D-SNP

**1-844-796-6811 (TTY: 711)**

## KANSAS

HMO, PPO

**1-800-977-7522 (TTY: 711)**

HMO D-SNP, PPO D-SNP

**1-844-796-6811 (TTY: 711)**

## KENTUCKY

HMO, HMO-POS, PPO

**1-833-444-9088 (TTY: 711)**

HMO D-SNP, PPO D-SNP

**1-833-444-9089 (TTY: 711)**

## LOUISIANA

HMO, PPO

**1-833-444-9088 (TTY: 711)**

HMO D-SNP

**1-833-444-9089 (TTY: 711)**

## MAINE

HMO, PPO, PFFS

**1-833-444-9088 (TTY: 711)**

HMO D-SNP, PPO D-SNP

**1-833-444-9089 (TTY: 711)**

## MASSACHUSETTS

HMO, PPO

**1-833-444-9088 (TTY: 711)**

## **MICHIGAN**

Wellcare Assist (HMO), Wellcare Giveback (HMO), Wellcare All Dual Assure (HMO D-SNP), Wellcare Low Premium (HMO-POS), Wellcare No Premium (HMO-POS), Wellcare Dual Access (HMO-POS D-SNP), Wellcare No Premium Open (PPO), Wellcare Patriot Giveback Open (PPO), Wellcare Dual Access Open (PPO D-SNP)

**1-866-892-8340 (TTY: 711)**

Wellcare Complete - Giveback (HMO), Wellcare Complete No Premium (HMO)

**1-800-977-7522 (TTY: 711)**

Wellcare Complete Dual Access (HMO D-SNP)

**1-844-796-6811 (TTY: 711)**

## **MISSISSIPPI**

HMO, HMO-POS, PPO

**1-833-444-9088 (TTY: 711)**

HMO D-SNP, PPO D-SNP

**1-833-444-9089 (TTY: 711)**

## **MISSOURI**

Wellcare Assist (HMO) H1664007000, Wellcare Giveback (HMO) H1664006000, Wellcare No Premium (HMO) H1664001000, H1664004000

**1-800-977-7522 (TTY: 711)**

Wellcare Assist (HMO) H9335006000, Wellcare Giveback (HMO) H9335005000, Wellcare No Premium (HMO) H9335001000, Wellcare Mutual of Omaha Low Premium Open (PPO), Wellcare Mutual of Omaha No Premium Open (PPO), Wellcare Patriot Giveback Open (PPO)

**1-833-444-9088 (TTY: 711)**

Wellcare Dual Access (HMO D-SNP) H1664005000

**1-844-796-6811 (TTY: 711)**

Wellcare Dual Access (HMO D-SNP) H9335003000, Wellcare Dual Access Open (PPO D-SNP)

**1-833-444-9089 (TTY: 711)**

## **NEBRASKA**

HMO, PPO

**1-800-977-7522 (TTY: 711)**

HMO D-SNP, PPO D-SNP

**1-844-796-6811 (TTY: 711)**

## **NEVADA**

HMO, HMO C-SNP, PPO

**1-800-977-7522 (TTY: 711)**

HMO D-SNP

**1-844-796-6811 (TTY: 711)**

## **NEW HAMPSHIRE**

HMO, PPO

**1-833-444-9088 (TTY: 711)**

## **NEW JERSEY**

HMO, HMO-POS, PPO

**1-833-444-9088 (TTY: 711)**

## **NEW MEXICO**

HMO, PPO

**1-800-977-7522 (TTY: 711)**

HMO D-SNP

**1-844-796-6811 (TTY: 711)**



## NEW YORK

Wellcare Fidelis No Premium (HMO),  
Wellcare Fidelis Assist (HMO-POS),  
Wellcare Fidelis Dual Access (HMO D-SNP),  
Wellcare Fidelis Dual Plus (HMO D-SNP)

**1-800-247-1447 (TTY: 711)**

Wellcare Assist (HMO), Wellcare No  
Premium (HMO), Wellcare Patriot No  
Premium (HMO), Wellcare Advantage  
No Premium (PFFS), Wellcare Advantage  
Premium Enhanced (PFFS), Wellcare  
Premium Enhanced (PFFS), Wellcare  
Premium Ultra (PFFS), Wellcare Assist  
Open (PPO), Wellcare Giveback Open  
(PPO), Wellcare No Premium Open (PPO),  
Wellcare Premium Ultra Open (PPO)

**1-833-444-9088 (TTY: 711)**

Wellcare Dual Access (HMO D-SNP), Wellcare  
Dual Access Open (PPO D-SNP)

**1-833-444-9089 (TTY: 711)**

## NORTH CAROLINA

HMO, PPO

**1-833-444-9088 (TTY: 711)**

HMO D-SNP, PPO D-SNP

**1-833-444-9089 (TTY: 711)**

## OHIO

Wellcare Dividend Giveback (HMO), Wellcare  
No Premium Essential (HMO-POS), Wellcare  
Dual Access Extra (HMO-POS D-SNP)

**1-866-892-8340 (TTY: 711)**

Wellcare Assist (HMO), Wellcare Giveback  
(HMO), Wellcare No Premium (PPO),  
Wellcare No Premium Open (PPO)

**1-800-977-7522 (TTY: 711)**

Wellcare Dual Access (HMO D-SNP), Wellcare  
All Dual Assure (HMO D-SNP), Wellcare Dual  
Access Open (PPO D-SNP)

**1-844-796-6811 (TTY: 711)**

## OKLAHOMA

HMO, PPO

**1-800-977-7522 (TTY: 711)**

HMO D-SNP, PPO D-SNP

**1-844-796-6811 (TTY: 711)**

## OREGON

HMO, PPO

**1-844-582-5177 (TTY: 711)**

HMO D-SNP

**1-844-867-1156 (TTY: 711)**

## PENNSYLVANIA

HMO, PPO

**1-800-977-7522 (TTY: 711)**

HMO D-SNP, PPO D-SNP

**1-844-796-6811 (TTY: 711)**

## RHODE ISLAND

HMO, PPO

**1-833-444-9088 (TTY: 711)**

PPO D-SNP

**1-833-444-9089 (TTY: 711)**

## SOUTH CAROLINA

HMO, HMO-POS, PPO, HMO D-SNP,  
PPO D-SNP

**1-866-892-8340 (TTY: 711)**

## TENNESSEE

HMO, HMO-POS, PPO

**1-833-444-9088 (TTY: 711)**

PPO D-SNP

**1-833-444-9089 (TTY: 711)**

## TEXAS

Wellcare Complement Assist (HMO),  
Wellcare Complete - Giveback (HMO),  
Wellcare Complete No Premium (HMO),  
Wellcare Giveback (HMO), Wellcare No  
Premium (HMO), Wellcare Patriot No  
Premium (HMO), Wellcare Complete No  
Premium Open (PPO)

### **1-800-977-7522 (TTY: 711)**

Wellcare Assist (HMO), Wellcare Giveback  
(HMO), Wellcare No Premium (HMO),  
Wellcare TexanPlus Classic No Premium  
(HMO), Wellcare TexanPlus Patriot  
Giveback (HMO), Wellcare TexanPlus  
No Premium (HMO-POS), Wellcare  
No Premium Open (PPO), Wellcare No  
Premium Rx Plus Open (PPO), Wellcare  
Mutual of Omaha No Premium Open  
(PPO), Wellcare Mutual of Omaha No  
Premium Secure Open (PPO)

### **1-833-444-9088 (TTY: 711)**

Wellcare Dual Liberty Nurture (HMO  
D-SNP)

### **1-844-796-6811 (TTY: 711)**

Wellcare Dual Access (HMO  
D-SNP), Wellcare All Dual Assure (HMO  
D-SNP), Wellcare Dual Access Open (PPO  
D-SNP)

### **1-833-444-9089 (TTY: 711)**

## VERMONT

HMO, PPO

### **1-833-444-9088 (TTY: 711)**

## WASHINGTON

Wellcare Giveback Open (PPO), Wellcare  
Low Premium Open (PPO)

### **1-844-582-5177 (TTY: 711)**

Wellcare Assist (HMO), Wellcare Giveback  
(HMO), Wellcare No Premium (HMO),  
Wellcare Mutual of Omaha Low Premium  
Open (PPO), Wellcare Mutual of Omaha  
No Premium Open (PPO), Wellcare Patriot  
Giveback Open (PPO)

### **1-833-444-9088 (TTY: 711)**

Wellcare Dual Access (HMO D-SNP),  
Wellcare Dual Liberty (HMO D-SNP),  
Wellcare Dual Access Open (PPO D-SNP)

### **1-833-444-9089 (TTY: 711)**

## WISCONSIN

HMO D-SNP

### **1-844-796-6811 (TTY: 711)**