

Changes to Our Plan's Formulary

Our Plan may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug with the same or fewer restrictions. Or, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

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
AVITA CRE 0.025%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRETINOIN CREAM 0.025%	11/01/2023
AVITA GEL 0.025%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRETINOIN GEL 0.025%	07/01/2023
BYDUREON BC INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider	11/01/2023
BYETTA INJ 10 MCG	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider	11/01/2023
CALCITRIOL INJ 1 MCG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CALCITRIOL SOL 1 MCG/ML	07/01/2023
CAZANT PAK	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VELIVET PAK	01/01/2023
CEFACLOR SUS 125 MG / 5 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250 MG / 5 ML	12/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Effective Date
CEFACLOR SUS 375 MG / 5 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250 MG / 5 ML	12/01/2023
CEFTAZIDIME D5W IV SOL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	12/01/2023
DALIRESP TAB	Deletion Of Drug From Formulary	Generic Available	ROFLUMILAST TAB	05/01/2023
DIGOX TAB 0.125 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.125 MG	01/01/2023
DIGOX TAB 0.25 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.25 MG	01/01/2023
ELLA TAB 30 MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider	04/01/2023
ESBRIET CAP 267 MG	Deletion Of Drug From Formulary	Generic Available	PIRFENIDONE CAP 267 MG	05/01/2023
FREAMINE III INJ 10%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TROPHAMINE INJ 10%, TRAVASOL INJ 10%	10/01/2023
GILENYA CAP 0.5 MG	Deletion Of Drug From Formulary	Generic Available	FINGOLIMOD CAP 0.5 MG	05/01/2023
HETLIOZ CAP 20 MG	Deletion Of Drug From Formulary	Generic Available	TASIMELTEON CAP 20 MG	05/01/2023
ISOPTO ATROP SOL 1% OP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ATROPINE SULFATE OPHTH SOLN 1%	11/01/2023
KYNMOBI FILM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	APOKYN INJ 10 MG/ML	08/01/2023
LARISSIA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AVIANE TAB	02/01/2023
LEVO-T TAB	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	LEVOTHYROXINE SODIUM TAB	08/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Effective Date
LIDOCAINE HCL GEL 2%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GLYDO GEL 2%	07/01/2023
LILLOW TAB 0.15-30 MG-MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVONORGESTREL-ETHINYL ESTRADIOL TAB 0.15-30 MG-MCG	12/01/2023
MYORISAN CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLARAVIS CAP	07/01/2023
NEVIRAPINE TAB 100 MG ER	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NEVIRAPINE TAB 400MG ER	11/01/2023
NORVIR SOLN 80 MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORVIR PACKET 100 MG	04/01/2023
OXANDROLONE TAB 10 MG	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider	11/01/2023
OXANDROLONE TAB 2.5 MG	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider	11/01/2023
OZEMPIC INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider	11/01/2023
PASER PACKETS 4 GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider	03/01/2023
PRENATAL VIT TAB LOW IRON	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1 MG	03/01/2023
PROCALAMINE INJ 3%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLINIMIX INJ 4.25/D5W	08/01/2023
PROCTO-PAK CRE 1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCORTISONE PERIANAL CREAM 1%	09/01/2023
ROSADAN CREAM 0.75%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	METRONIDAZOLE CREAM 0.75%	03/01/2023
RYBELSUS TAB	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider	11/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Effective Date
STAVUDINE CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	10/01/2023
SYNERCID INJ 500 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider	09/01/2023
TOPOSAR INJ 100/5 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ETOPOSIDE INJ 20 MG/ML	09/01/2023
TOPOSAR INJ 1 GM / 50 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ETOPOSIDE INJ 1 GM / 50 ML	09/01/2023
TRICARE TAB PRENATAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1 MG; M-NATAL PLUS TAB	12/01/2023
TRULICITY INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider	11/01/2023
VICTOZA INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider	11/01/2023

*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.

**If you are currently taking this drug, this change will not affect your coverage for this drug for the rest of the plan year.

Discrimination is Against the Law

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

Arizona Complete Health:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters
- 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:

Arizona Complete Health: **1-800-977-7522** (TTY/TDD: **711**)

If you believe that Arizona Complete Health 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).

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**

La Discriminación es un Delito

Arizona Complete Health cumple con las leyes de derechos civiles Federales vigentes y no discrimina por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo. Arizona Complete Health no excluye a personas ni las trata de forma diferente por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo.

Arizona Complete Health proporciona lo siguiente:

- 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 y otros formatos)
- Servicios de idiomas sin costo alguno 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 siguiente número:

Arizona Complete Health: **1-800-977-7522** (TTY/TDD: **711**)

Si considera que Arizona Complete Health 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 una queja de derechos civiles a la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. de manera electrónica a través del Portal de Quejas de la Oficina de Derechos Civiles, el cual se encuentra disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o puede enviarla por correo 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).

Los formularios de queja están disponibles en **<http://www.hhs.gov/ocr/office/file/index.html>**

ATTENTION: If you speak a language other than English, oral interpretation and written translation are available to you at no cost to understand the information provided. Call **1-800-977-7522** (TTY:TDD **711**)

Spanish	Si habla español, contamos con servicios de interpretación oral y traducción escrita, disponibles para usted de manera gratuita, para que pueda comprender la información. Llame al 1-800-977-7522 (TTY:TDD 711).
Navajo	Dine k'ehji yanilti go ata' hane' ná hólo doo naaltsoos t'aa Dine k'ehji bee bik'e'ashchiigo nich'' adoolniilgo bee haz'a aldo ako dii t'a at'e t'aa'jiik'e kot'eegol nich'' sa'até. Koji holne 1-800-977-7522 (TTY:TDD 711).
Chinese (Mandarin)	若您讲中文，我们会免费为您提供口译和笔译服务。请致电 1-800-977-7522 (TTY:TDD 711)。
Chinese (Cantonese)	我們為中文使用者免費提供口譯和筆譯。請致電 1-800-977-7522 (TTY:TDD 711)。
Vietnamese	Nếu quý vị nói tiếng Việt, quý vị được cung cấp dịch vụ phiên dịch và biên dịch, miễn phí, để quý vị hiểu được thông tin. Hãy gọi 1-800-977-7522 (TTY:TDD 711).
Arabic	إذا كنت تتحدث لغة غير الإنكليزية، تتوفر لك ترجمة شفوية وترجمة كتابية مجاناً لكي تفهم المعلومات الموقرة. اتصل على الرقم 1-800-977-7522 (TTY:TDD 711).
Tagalog	Kung ikaw ay nagsasalita ng Tagalog, may oral na interpretasyon at nakasulat na pagsasalin na maaari mong gamitin nang wala kang babayaran para maunawaan ang impormasyong ibinigay. Tumawag sa 1-800-977-7522 (TTY:TDD 711).
Korean	한국어를 하실 경우, 제공된 정보의 이해를 위한 구두 통역 및 서면 번역 서비스를 무료로 제공해드릴 수 있습니다. 1-800-977-7522 (TTY:TDD 711) 번으로 전화하십시오.
French	Si vous parlez français, vous disposez, sans frais, d'une interprétation orale et d'une traduction écrite pour pouvoir comprendre les informations fournies. Appelez le 1-800-977-7522 (TTY:TDD 711).
German	Für alle, die Deutsch sprechen, stehen kostenlose Dolmetscher- und Übersetzungsservices zur Verfügung. Telefon: 1-800-977-7522 (TTY:TDD 711).
Russian	Если вы говорите по-русски, вам бесплатно доступны услуги устного и письменного перевода предоставляемой информации. Звоните по телефону 1-800-977-7522 (TTY:TDD 711).
Japanese	日本語を話される方は、提供された情報を理解するための通訳（口頭）および翻訳（筆記）を無料でご利用いただけます。電話番号 1-800-977-7522 (TTY:TDD 711)。

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**).

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

Sección 1557: Aviso Multilingüe 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 lingüísticos 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**). Desde el 1 de octubre hasta el 31 de marzo, puede llamarnos los 7 días de la semana, de 8 a.m. a 8 p.m. Desde el 1 de abril hasta el 30 de septiembre, puede llamarnos de lunes a viernes, de 8 a.m. a 8 p.m. Fuera del horario laboral, los fines de semana y los días festivos federales se utiliza un sistema de mensajería.

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 ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. de manera electrónica a través del Portal para Quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> 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**).

Los formularios de queja están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Insert
Multi-Language Interpreter Services

Form Approved
OMB# 0938-1421

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-800-247-1447** (TTY: **711**). Alguien que habla español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费翻译服务，以便回答您可能对我们的健康或药物计划提出的任何问题。如需翻译，请拨打电话 **1-800-247-1447** (TTY: **711**)。会说中国广东话的人员可为您提供帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可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**)。會說中文的人可以幫助您。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 qui parle français peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời bất kỳ câu hỏi nào quý vị có thể có về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **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: 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 الرقم **1-800-247-1447** (الهاتف النصي: **711**). يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Hindi: हमारे पास हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए मुफ्त दुभाषिया सेवाएँ मौजूद हैं। दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-247-1447** (TTY: **711**) पर कॉल करें। कोई हिंदी बोलने वाला व्यक्ति आपकी मदद कर सकता है। यह एक मुफ्त दी जाने वाली 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, senpleman rele nou nan **1-800-247-1447** (TTY:**711**). Yon moun ki pale Kreyòl Franse ka ede w. Se yon sèvis gratis.

Polish: Oferujemy darmową pomoc tłumacza ustnego przy uzyskiwaniu odpowiedzi na pytania dotyczące Pana/Pani stanu zdrowia lub planu leczenia. Aby skorzystać z usług tłumacza ustnego, wystarczy zadzwonić do nas pod numer **1-800-247-1447** (kod wewn.: **711**). Osoba mówiąca w języku polskim może Panu/Pani pomóc. Usługa ta jest darmowa.

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。

Multi-Language Insert
Multi-Language Interpreter Services

Form Approved
OMB# 0938-1421

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que hable español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们有免费的口译服务来回答您就我们的健康或药物计划提出的任何问题。如需口译员，只需拨打以下页面上的计划号码致电联系我们。会说中文普通话的人员可以协助您。此为免费服务。

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Tagalog: Meron kaming libreng serbisyo ng interpreter para sagutin anumang tanong na meron ka tungkol sa aming plano ng kalusugan o gamot. Para makakuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa sumusunod na mga pahina. Matutulongan ka ng sinumang nagsasalita ng Tagalog. Libreng serbisyo ito.

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Form CMS-10802

(Expires 12/31/25)

Y0020_WCM_100189M_FINAL_02_C Internal Approved 07082022

NA3WCMINS18110M_CMLI

Updated: 02/01/2023

Arabic: نوفر خدمات مترجم فوري للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للاستعانة بمترجم، ما عليك سوى الاتصال بنا على أرقام الخطة في الصفحات التالية. شخص يتحدث العربية يمكنه مساعدتك. هذه الخدمة تقدم مجاناً.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके होने वाले किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया प्राप्त करने के लिए, हमें निम्नलिखित पृष्ठों पर दिए गए प्लान नंबरों पर कॉल करें। कोई हिंदी भाषी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

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Portuguese: Temos serviços de intérprete gratuitos para responder quaisquer perguntas que você possa ter sobre nossos planos de saúde ou de medicamentos. Para solicitar um intérprete, ligue para nós através dos números do plano nas páginas a seguir. Um funcionário que fala português poderá ajudá-lo. Este serviço é gratuito.

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Polish: Oferujemy bezpłatne usługi tłumaczeniowe w przypadku pytań dotyczących naszego planu zdrowotnego i lekowego. Aby skorzystać z tłumacza, prosimy zadzwonić do nas pod numery podane na kolejnych stronach. Pomocą posłużą osoby mówiące po polsku. Usługa jest bezpłatna.

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Samoan: E iai a matou auaunaga fa'aliliu upu fua e tali ai so'o se fesili e te ono iai e uiga i la matou fuafuaga fa'alesoifua maloloina po'o vaila'au. Mo le mauaina o se fa'aliliu upu, na'o le vala'au mai i numerua o fuafuaga o lo'o i itulau nei. E mafai e se tasi e tautala i le gagana Samoa ona fesoasoani ia te oe. Ose auaunaga e leai se totogi.

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☎ 1-800-977-7522

💻 Or visit www.wellcare.com/allwellAZ

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+ HMO D-SNP

☎ 1-800-431-9007

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☎ 1-833-402-6707

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☎ 1-855-766-1452

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☎ 1-833-298-3361

💻 Or visit www.wellcare.com/allwellMO

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📞 1-844-786-7711

+ HMO D-SNP

📞 1-833-260-4124

💻 Or visit www.wellcare.com/allwellMS

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+ HMO D-SNP, PPO D-SNP

1-833-853-0864

💻 Or visit www.wellcare.com/NE

NEVADA

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📞 1-833-854-4766

+ HMO D-SNP

📞 1-833-717-0806

💻 Or visit www.wellcare.com/allwellNV

NEW MEXICO

+ HMO, PPO

📞 1-833-543-0246

+ HMO D-SNP

📞 1-844-810-7965

💻 Or visit www.wellcare.com/allwellNM

NEW YORK

+ HMO, HMO-POS, HMO D-SNP

📞 1-800-247-1447

💻 Or visit www.wellcare.com/fidelisNY

OHIO

+ HMO, PPO

📞 1-855-766-1851

+ HMO D-SNP, PPO D-SNP

📞 1-866-389-7690

💻 Or visit www.wellcare.com/allwellOH

OKLAHOMA

+ HMO, PPO

📞 1-833-853-0865

+ HMO D-SNP, PPO D-SNP

📞 1-833-853-0866

💻 Or visit www.wellcare.com/OK

OREGON

+ HMO, PPO

📞 1-888-445-8913

💻 Or visit www.wellcare.com/healthnetOR

+ HMO D-SNP

📞 1-844-867-1156

💻 Or visit www.wellcare.com/trilliumOR

PENNSYLVANIA

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+ HMO D-SNP, PPO D-SNP

📞 1-866-330-9368

💻 Or visit www.wellcare.com/allwellPA

SOUTH CAROLINA

+ HMO, HMO D-SNP

📞 1-855-766-1497

💻 Or visit www.wellcare.com/allwellSC

TEXAS

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+ HMO D-SNP

 1-877-935-8023

 Or visit www.wellcare.com/allwellTX

WISCONSIN


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 1-877-935-8024

 Or visit www.wellcare.com/allwellWI

WASHINGTON

+ PPO

 1-888-445-8913

 Or visit www.wellcare.com/healthnetOR

TTY FOR ALL STATES: 711

HOURS OF OPERATION

 **October 1 to March 31:** Monday–Sunday, 8 a.m. to 8 p.m.

 **April 1 to September 30:** Monday–Friday, 8 a.m. to 8 p.m.

Multi-Language Insert
Multi-Language Interpreter Services

Form Approved
OMB# 0938-1421

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que hable español puede ayudarle. Este es un servicio gratuito.

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Form CMS-10802

(Expires 12/31/25)

Y0020_WCM_100189M_FINAL_01_C Internal Approved 07082022

NA3WCMINS18099M_WMLI

Updated: 02/01/2023

Arabic: نوفر خدمات مترجم فوري للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للاستعانة بمترجم، ما عليك سوى الاتصال بنا على أرقام الخطة في الصفحات التالية. شخص يتحدث العربية يمكنه مساعدتك. هذه الخدمة تقدم مجاناً.

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☎ 1-877-457-7621

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+ HMO, HMO-POS, HMO C-SNP, PPO

☎ 1-833-444-9088

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+ HMO, HMO C-SNP, HMO D-SNP, HMO-POS,
HMO-POS C-SNP, HMO-POS D-SNP, PPO,
PPO D-SNP

☎ 1-866-892-8340

ALL OTHER STATES

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☎ 1-833-444-9088

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

☎ 1-833-444-9089

TTY FOR ALL OF THE ABOVE: 711

HOURS OF OPERATION

📅 October 1 to March 31: Monday–Sunday, 8 a.m. to 8 p.m.

📅 April 1 to September 30: Monday–Friday, 8 a.m. to 8 p.m.

💻 Or visit www.wellcare.com/medicare or www.wellcare.com/ohana

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

**Wellcare Assist (HMO), Wellcare No Premium Essential (HMO), Wellcare No Premium Exclusive (HMO)

Do you think Trillium Community Health Plan (Trillium) has treated you unfairly?

Trillium 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

You have a right to enter, exit, and use buildings and services. You have the right to get information in a way you understand. Trillium 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 **1-541-485-2155**; Toll Free: **1-877-600-5472**; TTY: **1-877-600-5473**, Monday through Friday, 8:00 a.m. to 5:00 p.m. You can leave a message at other times, including weekends and federal holidays. We will return your call the next business day. The call is free.

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

Emily Farrell, Non-Discrimination Coordinator

555 International Way, Building B
Springfield, OR 97477

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

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

Email: **emilyann.farrell@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**

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

Oregon Health Authority (OHA) Civil Rights

Web: **www.oregon.gov/OHA/OEI**

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

Email: **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**

Email: **crdemail@boli.state.or.us**

Mail: 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/TDD **711**).

Puede recibir esta carta en otro idioma, en letra grande o en otro formato que sea más conveniente para usted. También puede acceder a servicios de interpretación. Esta asistencia es gratuita. Llame al **1-844-867-1156** (TTY/TDD **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: **1-877-600-5473**

Español (Spanish)

ATENCIÓN: Si no habla Inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-867-1156**; TTY: **1-877-600-5473**

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị không nói tiếng Anh, có các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-844-867-1156**; TTY: **1-877-600-5473**

繁體中文 (Chinese)

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：**1-877-600-5473**

Русский (Russian)

ВНИМАНИЕ! Если вы не говорите по-английски, вы можете бесплатно получить помощь переводчика. Позвоните по номеру **1-844-867-1156**; TTY: **1-877-600-5473**

한국어 (Korean)

주의: 영어 외 다른 언어를 사용하시는 분은 무료로 언어 지원 서비스를 이용할 수 있습니다. 전화: **1-844-867-1156**; TTY: **1-877-600-5473**

Українська (Ukrainian)

УВАГА: якщо ви не володієте англійською мовою, вам доступні безкоштовні послуги мовної підтримки. Телефонуйте за номером **1-844-867-1156**; TTY: **1-877-600-5473**

日本語 (Japanese)

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: **1-877-600-5473**）までお電話ください。

:العربية (Arabic)

ملاحظة: إذا كنت لا تجيد التحدث باللغة الإنجليزية، فنحن نوفر لك خدمات مساعدة لغوية مجانية. اتصل بالرقم **1-844-867-1156**؛ الهاتف النصي: **1-877-600-5473**

Română (Romanian)

ATENȚIE: Dacă nu vorbiți limba engleză, aveți la dispoziție gratuit servicii de asistență lingvistică. Apelați numărul de telefon **1-844-867-1156**; TTY: **1-877-600-5473**

ខ្មែរ (Cambodian)

ចំណាំ៖ បុរសិនបីអ្នកមិននិយាយភាសាអង់គ្លេសទេ នោះមានសេវាជំនួយផ្លូវភាសាដោយឥតគិតថ្លៃសម្រាប់អ្នក។ សូមទូរសព្ទទៅលេខ **1-844-867-1156**; TTY: **1-877-600-5473**

Afaan Oromoo (Oromo)

XIYYEEFFANNO: Afaan Ingiliffaa hin dubbattu taanan, gargaarsi tajaajiloota afaanii, kan kaffaltii irraa bilisaa siif jira. **1-844-867-1156** irratti bilbila; TTY: **1-877-600-5473**

Deutsch (German)

ACHTUNG: Wenn Sie kein Englisch sprechen, stehen Ihnen kostenlos Sprachdienstleistungen zur Verfügung. Rufen Sie dazu folgende Nummer an: **++1-844-867-1156**; TTY: **++1-877-600-5473**

(Farsi) فارسی

توجه: اگر به زبان انگلیسی صحبت نمی‌کنید، خدمات کمک‌زبانی به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره **1-844-867-1156** تماس بگیرید؛ شماره برای ناشنویان: **1-877-600-5473**

Français (French)

ATTENTION : si vous ne parlez pas anglais, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le **1-844-867-1156** ; TTY : **1-877-600-5473**.

ภาษาไทย (Thai)

หมายเหตุ: หากคุณใช้ภาษาอังกฤษไม่ได้ เรามีความช่วยเหลือด้านภาษาฟรีพร้อมให้บริการแก่คุณ โทร **1-844-867-1156**; TTY: **1-877-600-5473**