



An Independent Licensee of the Blue Cross and Blue Shield Association

## BENEFITS AT-A-GLANCE: MEDICAL

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

	Comprehensive Medical (689)	Preferred Provider Plan (773)
	PPO Network	PPO Network
	Member Cost	Member Cost
Annual Deductible	Single: \$200 Family: \$600	\$0
Annual Copayment Maximum	Single: \$2,200 Family: \$6,600	Single: \$2,500 Family: \$7,500
<b>To help maintain your health</b>		
Annual Well-Woman Exam	\$0	\$0
Annual Well-Child Care (age 21 & younger)	\$0	\$0
Preventive Screenings <small>(Grade A &amp; B recommendations of the U.S. Preventive Services Task Force. For a list of all covered screenings, see <a href="https://hmsa.com/preventive">https://hmsa.com/preventive</a>)</small>	\$0	\$0
Immunizations (standard & travel)	\$0	\$0
<b>If you need immediate medical attention</b>		
HMSA Online Care	\$0	\$0
Urgent Care	\$12 copayment	10% coinsurance
Emergency Room	20% coinsurance*	10% coinsurance
Ambulance (ground or interisland air)	20% coinsurance*	20% coinsurance
<b>If you visit a doctor's office or clinic (outpatient)</b>		
Doctor Visit	\$12 copayment	10% coinsurance
Specialist Visit	\$12 copayment	10% coinsurance
Physical Therapy	\$12 copayment	20% coinsurance
Radiology - General (e.g., X-ray)	20% coinsurance*	20% coinsurance
Radiology - Other (e.g., MRI, CT scan, Ultrasound)	20% coinsurance*	20% coinsurance
Lab Tests (e.g., bloodwork)	\$0	20% coinsurance
<b>If you have a hospital stay (inpatient)</b>		
Hospital Room & Board	20% coinsurance*	10% coinsurance
Surgery	20% coinsurance* (cutting) 20% coinsurance* (non-cutting)	10% coinsurance (cutting) 10% coinsurance (non-cutting)
Radiology - General (e.g., X-ray)	20% coinsurance*	10% coinsurance
Radiology - Other (e.g., MRI, CT scan, Ultrasound)	20% coinsurance*	10% coinsurance
Lab Tests (e.g., bloodwork)	20% coinsurance*	10% coinsurance

	Comprehensive Medical (689)	Preferred Provider Plan (773)
	PPO Network	PPO Network
	Member Cost	Member Cost
<b>If you're pregnant</b>		
Routine Prenatal & Postnatal Care	\$0	10% coinsurance
Delivery	\$0	10% coinsurance
Hospital Room & Board	20% coinsurance*	10% coinsurance

Visit [hmsa.com](https://hmsa.com) to access your suite of well-being tools and to log in to your My Account profile to view in-depth information about your health plan.

\*Services where deductible applies

## Key Terms

Term	Definition
<b>Actual Charge vs. Eligible Charge</b>	Actual Charge: The amount that nonparticipating providers can charge for health care services and products. This amount is usually higher than the eligible charge. Eligible Charge: The maximum amount that participating providers agree to charge for covered health care services and products.
<b>Annual Deductible</b>	The amount you pay each calendar year for covered health care services and products before your plan starts to pay (excluding contraceptives, prescription drugs and supplies, preventive care, and well-child care). Until you meet the deductible each calendar year, you pay 100 percent of your medical expenses.
<b>Coinsurance vs. Copayment</b>	Coinsurance: The percentage of your out-of-pocket costs for covered health care services and products after you've met your deductible (if your plan has one). Copayment: The fixed dollar amount you pay participating providers for covered health care services and products after you've met your deductible (if your plan has one).
<b>Guide to Benefits (GTB)</b>	Your comprehensive guide and legal document that explains your benefits in detail including, exclusions, limitations, terms, and conditions for a specific plan.
<b>HMSA Online Care</b>	A service that immediately lets you connect to a board-certified doctor through video chat to diagnose conditions and prescribe medication 24/7, 365 days a year.
<b>Annual Copayment Maximum</b>	The maximum amount you have to pay for covered services and products (your deductibles, copayments, and coinsurance) in a calendar year before your health plan pays 100 percent of the cost of covered benefits.
<b>Participating Provider vs. Nonparticipating Provider</b>	Participating Provider: Providers who have a contract with HMSA are "in network" and have agreed to charge you a lower rate than nonparticipating providers. Nonparticipating Provider: Providers who don't have a contract with HMSA are considered "out-of-network." They can charge any amount for health care services and products, which can be more than what your plan will pay.
<b>PPO vs. HMO</b>	PPO (Preferred Provider Organization): A plan that gives you the freedom to see any provider, both in and out of network, without a referral. Our network has more than 5,000 doctors, specialists, and other health care professionals. No other health plan in Hawaii has a larger provider network. HMO (Health Maintenance Organization): A plan with a designated primary care provider (PCP) and a health center for all care. If you see providers outside your health center, you'll need a referral from your PCP.
<b>Provider</b>	A physician, hospital, pharmacy, or laboratory.
<b>U.S. Preventive Services Task Force</b>	An independent volunteer panel of national experts in prevention and evidence-based medicine that recommends certain clinical preventive services (e.g., screenings).

Understand important information about your plan: This "benefits at-a-glance"-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits, and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at [hmsa.com/appeals](https://hmsa.com/appeals).



An Independent Licensee of the Blue Cross and Blue Shield Association

## BENEFITS AT-A-GLANCE: DRUG

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

	Drug (881)
	Member Cost
Maximum Out-of-Pocket	Single: \$3,600 Family: \$4,200
<b>1-30-day supply from pharmacies</b>	
Generic	\$3 copayment
Preferred	\$7 copayment
Non-Preferred	\$40 copayment
Tier 4: mostly Specialty drugs	\$40 copayment
<b>84-90-day supply from participating pharmacies or mail-order prescription drug program</b>	
Generic	\$8 copayment
Preferred	\$17 copayment
Non-Preferred	\$60 copayment
Tier 4: mostly Specialty drugs	\$60 copayment

To learn more about HMSA's drug tiers, please visit [hmsa.com/drug-list](https://hmsa.com/drug-list).

### Key Terms

Term	Definition
<b>Cost Share</b>	A portion of the total drug cost you are required to pay in addition to a copayment or coinsurance.
<b>Drug Tiers</b>	The way in which HMSA categorizes drug types that are covered under the plan. The common categories are generic, preferred, brand name, and specialty drugs.
<b>Formulary</b>	A list of drugs that are covered under your drug plan. For a detailed list, please visit <a href="https://hmsa.com/drug-list">hmsa.com/drug-list</a> .
<b>Mail-Order Prescription Drug Program</b>	Program where you can get prescription drugs from our mail-order provider at the best prices possible and have medications delivered to your home. For more information, visit <a href="https://hmsa.com">hmsa.com</a> .
<b>Annual Copayment Maximum</b>	The maximum amount you have to pay for covered services (your deductibles, copayments, and coinsurance) in a calendar year before your health plan pays 100 percent of the cost of covered benefits.

Understand important information about your plan: This "benefits at-a-glance"-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits, and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at [hmsa.com/appeals](https://hmsa.com/appeals).



An Independent Licensee of the Blue Cross and Blue Shield Association

## BENEFITS AT-A-GLANCE: VISION

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

Vision (EQ) – For PPO Network Plans		
	Member Cost	
	Adult	Child
<b>Routine Eye Care</b>		
Eye Exam (one per calendar year)	\$0	\$0
<b>Lenses &amp; Frames (from participating vision care facilities)</b>		
Eyeglass Lenses	\$0 (Plan pays up to \$500)*	\$0
Contact Lenses		\$0 (for two pairs of nondisposable contact lenses or for disposable contact lenses twice per Calendar Year)
Polycarbonate Lenses		\$0
Frames		\$0
<b>Additional Benefits</b>		
Contact Lens Fitting (one per calendar year)	\$0	\$0
Lasik Surgery	Plan pays up to \$5000	Not a benefit
Lens Enhancements (Tinting, UV Lenses, Anti-Reflective Coating)	\$0 (See “Eyeglass Lenses” benefit above)	\$0

\*Plan pays up to \$500 per calendar year for any combination of frames, eyeglass lenses, contact lenses, and polycarbonate lenses.

### Key Terms

Term	Definition
<b>Contact Lens Fitting</b>	An eye exam to ensure that you have the correct fit and prescription for your contacts.
<b>Lenses</b>	Single vision or multifocal lenses for eyeglasses and non-disposable and disposable contact lenses.
<b>Polycarbonate Lens</b>	An impact-resistant eyeglass material that is thinner and lighter than traditional plastic eyeglass lenses. These lenses provide UV protection and are scratch resistant.

**Understand important information about your plan:** This benefits at-a-glance-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at [hmsa.com/appeals](http://hmsa.com/appeals).



An Independent Licensee of the Blue Cross and Blue Shield Association

## BENEFITS AT-A-GLANCE: DENTAL

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

HMSA Group Dental PPO Plan (C59)	
PPO Network	
Member Cost	
Calendar Year Maximum	\$2500
Rollover Amount	Accumulate \$700 per year with a maximum of \$1500
<b>Preventive Care<sup>(1)</sup></b>	
Exams (two per calendar year)	\$0
Cleaning* (two per calendar year)	\$0
Topical Fluoride* (age 18 & younger two per calendar year)	\$0
X-rays (excluding periapical)	\$0
Sealants (age 16 and younger)	\$0
<b>Basic Care</b>	
Fillings (amalgam & composite)	20% coinsurance
Endodontics (root canal therapy)	20% coinsurance
Periodontics (gum maintenance)	20% coinsurance
<b>Major Care</b>	
Waiting Period	N/A
Crowns, Bridges, Dentures, Implants	20% coinsurance
Orthodontics – All Ages	Plan pays up to a lifetime maximum of \$6000 paid 25% initially, remaining 75% paid in equal monthly payments over the term of the Treatment Plan, not to exceed thirty-six (36) months

\***Enhanced Dental Benefits:** Additional dental services and support for pregnant women and members diagnosed with diabetes, coronary artery disease, or oral cancer.

1) Does not include the Hawaii State general excise tax (GET) on preventive services.

### Key Terms

Term	Definition
<b>Calendar Year Maximum</b>	The maximum dollar amount the plan will pay toward covered services during a calendar year.
<b>Rollover Amount</b>	A portion of your unused calendar year maximum that may be carried over to the next calendar year when you have at least one covered dental service per year and the benefits to not exceed \$900. You can rollover up to \$700 per year with a maximum amount of \$1500.

**Understand important information about your plan:** This benefits at-a-glance-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at [hmsa.com/appeals](https://hmsa.com/appeals).



An Independent Licensee of the Blue Cross and Blue Shield Association

## BENEFITS AT-A-GLANCE: COMPCARE

*All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.*

	Acupuncture & Massage Therapy (N03)*	
	Preferred Provider Plan	Comprehensive Medical
	Member Cost	Member Cost
Office Visits	\$10 copayment	\$10 copayment

\*A maximum number of visits per calendar year may apply.

	Active & Fit Program
	Member Cost
Fitness Facility Access	\$100 Annual Member Fee
Home Exercise Program	\$10 Annual Member Fee

**Understand important information about your plan:** This benefits at-a-glance-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at [hmsa.com/appeals](https://hmsa.com/appeals).

# Discrimination is against the law

HMSA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). HMSA does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

## Services HMSA provides

HMSA offers the following services to support people with disabilities and those whose primary language is not English. There is no cost to you.

- Qualified sign language interpreters are available for people who are deaf or hard of hearing.
- Large print, audio, braille, or other electronic formats of written information is available for people who are blind or have low vision.
- Language assistance services are available for those who have trouble with speaking or reading in English. This includes:
  - Qualified interpreters.
  - Information written in other languages.

If you need modifications, appropriate auxiliary aids and services, or language assistance services, please call 1 (800) 776-4672. TTY users, call 711.

## How to file a grievance or complaint

If you believe HMSA 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 with:

- Phone: 1 (800) 462-2085
- TTY: 711
- Email: [appeals@hmsa.com](mailto:appeals@hmsa.com)
- Fax: (808) 952-7546
- Mail: HMSA Member Advocacy and Appeals  
P.O. Box 1958  
Honolulu, HI 96805-1958

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:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1 (800) 368-1019, 1 (800) 537-7697 (TDD)

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

This notice is available at HMSA's website: <https://hmsa.com/non-discrimination-notice/>.

(continued on next page)



An Independent Licensee of the Blue Cross and Blue Shield Association

ATTENTION: If you don't speak English, language assistance services are available to you at no cost. Auxiliary aids and services are also available to give you information in accessible formats at no cost. QUEST members, call 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, or speak to your provider. Medicare Advantage and commercial plan members, call 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

**‘Ōlelo Hawai‘i**

NĀ MEA: Inā 'a'ole 'oe 'ōlelo Pelekania, loa'a nā lawelawe kōkua 'ōlelo iā 'oe me ka uku 'ole. Loa'a nā kōkua kōkua a me nā lawelawe no ka hā'awi 'ana iā 'oe i ka 'ike ma nā 'ano like 'ole me ka uku 'ole. Nā lālā QUEST, e kelepona iā 1 (800) 440-0640 me ka uku 'ole, TTY 1 (877) 447-5990, a i 'ole e kama'ilio me kāu mea ho'olako. 'O nā lālā Medicare Advantage a me nā lālā ho'olālā kalepa, e kelepona iā 1 (800) 776-4672 a i 'ole TDD/TTY 1 (877) 447-5990.

**Bisaya**

PAHIBALO: Kung dili English ang imong pinulongan, magamit nimo ang mga serbisyo sa tabang sa pinulongan nga walay bayad. Ang mga auxiliary nga tabang ug serbisyo anaa sab aron mohatag og impormasyon kanimo sa daling ma-access nga mga format nga walay bayad. Mga membro sa QUEST, tawag sa 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, o pakig-istorya sa imong provider. Mga membro sa Medicare Advantage ug commercial plan, tawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

**繁體中文**

請注意：如果你不諳英文，我們將為您提供免費的語言協助服務。輔助支援和服務也能免費以無障礙的方式為您提供資訊。QUEST 會員請致電免費熱線 1 (800) 440-0640、聽障熱線 (TTY) 1 (877) 447-5990 或與您的服務提供者聯絡。Medicare Advantage 及商業計劃會員請致電 1 (800) 776-4672 或聽障／語障熱線 (TDD/TTY) 1 (877) 447-5990。

**简体中文**

注意：如果您不会说英语，我们可以免费为您提供语言协助服务。同时，我们还配备辅助工具和相关服务，免费为您提供无障碍格式的信息。QUEST 会员请拨打免费电话 1 (800) 440-0640, TTY 1 (877) 447-5990, 或咨询您的医疗服务提供者。Medicare Advantage 和商业计划会员请致电 1 (800) 776-4672 或 TDD/TTY 1 (877) 447-5990。

**Ilokano**

BASAEN: No saanka nga agsasao iti Ingles, mabalinmo a magun-odan ti libre a serbisio a tulong iti lengguahe. Adda met dagiti kanayonan a tulong ken serbisio a makaited kenka iti libre nga impormasion iti nalaka a maawatan a pormat. Dagiti miembro ti QUEST, tawaganyo ti 1 (800) 440-0640 a libre iti toll, TTY 1 (877) 447-5990, wenno makisaritaka iti provider-yo. Dagiti miembro ti Medicare Advantage ken plano a pang-komersio, tawaganyo ti 1 (800) 776-4672 wenno TDD/TTY 1 (877) 447-5990.

**日本語**

注意：英語を話されない方には、無料で言語支援サービスをご利用いただけます。また、情報をアクセシブルな形式で提供するための補助ツールやサービスも無料でご利用いただけます。QUESTプログラムの加入者の方は、フリーダイヤル1 (800) 440-0640までお電話ください。TTYをご利用の場合は1 (877) 447-5990までお電話いただくか、担当医療機関にご相談ください。Medicare Advantageプランおよび民間保険プランの加入者の方は、1 (800) 776-4672までお電話いただくか、TDD/TTYをご利用の場合は1 (877) 447-5990までお電話ください。

**한국어**

주의: 영어를 사용하지 않는 경우, 무료로 언어 지원 서비스를 이용할 수 있습니다. 무료로 접근 가능한 형식으로 정보를 받기 위해 보조 지원 및 서비스 역시 이용할 수 있습니다. QUEST 가입자는 수신자 부담 전화 1 (800) 440-0640, TTY 1 (877) 447-5990번으로 전화하거나 서비스 제공자와 상의하십시오. Medicare Advantage 및 민간 플랜 가입자는 1 (800) 776-4672 또는 TDD/TTY 1 (877) 447-5990번으로 전화하십시오.

**ພາສາລາວ**

ຊົນຊາບ: ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແລະມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍຍັງມີກຽມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມເພື່ອໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ເຂົາເຈົ້າໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ສະມາຊິກ QUEST ແມ່ນໂທບໍ່ເສຍຄ່າໄດ້ທີເບີ 1 (800) 440-0640, TTY 1 (877) 447-5990 ຫຼື ປຶກສາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. ສະມາຊິກແຜນປະກັນ Medicare Advantage ແລະ ຊົນທຸລະກິດ, ໂທ 1 (800) 776-4672 ຫຼື TDD/TTY 1 (877) 447-5990.

(continued on next page)

## Kajin Majōl

KŌJELLA: Ñe kwōjab jelā kenono kajin Belle, ewōr jibañ in ukok ñan kwe im ejellok wonnen. Ewōr kein roñjak im jibañ ko jet ñan wāween ko kwōmaron ebōk melele im ejellok wonnen. Armej ro rej kōjrbal QUEST, kall e 1 (800) 440-0640 ejellok wonnen, TTY 1 (877) 447-5990, ñe ejab kenono ibben taktō eo am. Medicare Advantage im ro rej kōjrbal injuran ko rej make wia, kall e 1 (800) 776-4672 ñe ejab TDD/TTY 1 (877) 447-5990.

## Lokaiahn Pohnpei

Kohdo: Ma ke mwahu en kiahn Pohnpei, me mwengei en kiahn Pohnpei. Me mwengei en kiahn Pohnpei, me mwengei en kiahn Pohnpei. QUEST mwengei, kohdo mwengei 1 (800) 440-0640, TTY 1 (877) 447-5990, me mwengei en kiahn Pohnpei. Medicare Advantage me mwengei en kiahn Pohnpei, kohdo mwengei 1 (800) 776-4672 me TDD/TTY 1 (877) 447-5990.

## Gagana Sāmoa

FAASILASILAGA: Afai e te lē tautala le faa-Igilisi, o loo avanoa mo oe e aunoa ma se totogi auaunaga fesoasoani i le gagana. O loo maua fo'i fesoasoani faaopo'opo ma auaunaga e tuuina atu ai iā te oe faamatalaga i auala eseese lea e maua e aunoa ma se totogi. Sui auai o le QUEST, valaau aunoa ma se totogi i le 1 (800) 440-0640, TTY 1 (877) 447-5990, pe talanoa i lē e saunia lau tausiga. Sui auai o le Medicare Advantage ma sui auai o peleni inisiua tumaoti, valaau i le 1 (800) 776-4672 po o le TDD/TTY 1 (877) 447-5990.

## Español

ATENCIÓN: Si no habla inglés, tiene a su disposición servicios gratuitos de asistencia con el idioma. También están disponibles ayuda y servicios auxiliares para brindarle información en formatos accesibles sin costo alguno. Los miembros de QUEST deben llamar al número gratuito 1 (800) 440-0640, TTY 1 (877) 447-5990 o hablar con su proveedor. Los miembros de Medicare Advantage y de planes comerciales deben llamar al 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

## Tagalog

PAUNAWA: Kung hindi ka nakapagsasalita ng Ingles, mayroon kang makukuhang mga serbisyo sa tulong sa wika nang libre. Mayroon ding mga auxiliary na tulong at serbisyo para bigyan ka ng impormasyon sa mga naa-access na format nang libre. Sa mga miyembro ng QUEST, tumawag sa 1 (800) 440-0640 nang toll-free, TTY 1 (877) 447-5990, o makipag-usap sa iyong provider. Sa mga miyembro ng Medicare Advantage at commercial plan, tumawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

## ไทย

โปรดให้ความสนใจ: หากท่านไม่พูดภาษาอังกฤษ เรามีบริการให้ความช่วยเหลือทางภาษาแก่ท่านโดยไม่มีค่าใช้จ่าย และยังมีความช่วยเหลือและบริการเสริมเพื่อให้ข้อมูลแก่ท่านในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่าย สำหรับสมาชิก QUEST โปรดโทรไปที่หมายเลขโทรศัพท์ที่หมายเลข 1 (800) 440-0640, TTY 1 (877) 447-5990 หรือพูดคุยกับผู้ให้บริการของคุณ สำหรับสมาชิก Medicare Advantage และแผนเชิงพาณิชย์ โปรดโทรไปที่หมายเลข 1 (800) 776-4672 หรือ TDD/TTY 1 (877) 447-5990

## Tonga

FAKATOKANGA: Kapau óku íkai keke lea Faka-Pilitania, óku í ai e tokotaha fakatonulea óku í ai ke tokonií koe íkai ha totongi. Óku í ai mo e kulupu tokoni ken au óatu e ngaahi fakamatala mo e tokoni íkai ha totongi. Kau memipa QUEST, ta ki he 1 (800) 440-0640 taé totongi, TTY 1 (877) 447-5990, pe talanoa ki hoó kautaha. Ko kinautolu óku Medicare Advantage mo e palani fakakomesiale, ta ki he 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

## Foosun Chuuk

ESINESIN: Ika kese sine Fosun Merika, mei wor aninisin fosun fonu ese kamo mi kawor ngonuk. Mei pwan wor pisekin aninis mi kawor an epwe esinei ngonuk porous non och wewe ika nikinik epwe mecheres me weweoch ngonuk ese kamo. Chon apach non QUEST, kekeri 1 (800) 440-0640 namba ese kamo, TTY 1 (877) 447-5990, ika fos ngeni noumw ewe chon awora aninis. Medicare Advantage ika chon apach non ekoch otot, kekeri 1 (800) 776-4672 ika TDD/TTY 1 (877) 447-5990.

## Tiếng Việt

CHÚ Ý: Nếu quý vị không nói được tiếng Anh, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các phương tiện và dịch vụ hỗ trợ cũng có sẵn để cung cấp cho quý vị thông tin ở các định dạng dễ tiếp cận mà không mất phí. Hội viên QUEST, xin gọi số miễn cước 1 (800) 440-0640, TTY 1 (877) 447-5990, hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị. Hội viên Medicare Advantage và chương trình thương mại, xin gọi số 1 (800) 776-4672 hoặc TDD/TTY 1 (877) 447-5990.