

2022



CENTERS PLAN
FOR HEALTHY
LIVING



Summary of Benefits

Centers Plan for Nursing Home Care (HMO I-SNP)

Centers Plan for Nursing Home Care (HMO I-SNP) Summary of Benefits

January 1, 2022 - December 31, 2022

Bronx, Erie, Kings (Brooklyn), Nassau, New York (Manhattan),
Niagara, Queens, Richmond (Staten Island), Rockland, Suffolk
and Westchester Counties

SUMMARY OF BENEFITS - Centers Plan for Nursing Home Care (HMO I-SNP)

My Primary Care Provider is:

Name: _____

Address: _____

Phone number: _____

My CPHL Representative is:

Name: _____

Phone number: _____

IMPORTANT CONTACT INFORMATION

Member Services is available 8:00 AM to 8:00 PM, seven days a week:

PHONE: 1-877-940-9330 (TTY users 711)

MAIL: Centers Plan for HealthyLiving
75 Vanderbilt Avenue
Suite 700
Staten Island, NY 10304

EMAIL: Memberservices@centersplan.com

WEBSITE: www.centersplan.com

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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, and the limitations and exclusions that may apply, call us and ask for the "Evidence of Coverage." The Evidence of Coverage is also available on our website at www.centersplan.com.

When this booklet says "we," "us," or "our," it means Centers Plan for Healthy Living, LLC. When it says "plan" or "our plan," it means Centers Plan for Nursing Home Care (HMO I-SNP).

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare Advantage plan, like Centers Plan for Nursing Home Care.
- There are different types of Medicare Advantage plans. Our plan is an **Health Maintenance Organization (HMO)**, which means you must get your care and services from providers in the plan's network (with the exception of emergency care, out-of-area urgent care, and out-of-area dialysis), and you may need a referral and/or authorization to get some types of care.
- Our plan is also a specialized Medicare Advantage Plan (a Medicare Advantage "Special Needs Plan" or "SNP"), which means its benefits are designed for people with special health care needs. Centers Plan for Nursing Home Care is designed specifically for people who live in a nursing home in our network.

Tips for comparing your Medicare choices

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets; or, use the Medicare Plan Finder available at www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Topics Covered in this Section

- Things to Know About Centers Plan for Nursing Home Care
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

This information is available for free in Spanish. Contact Member Services at 1-877-940-9330 for additional information, (TTY users should call 711) from 8:00 am to 8:00 pm, seven days a week. Member Services also has free language interpreter services available for people who do not speak English. We can also give you information in braille or large print.

Esta información está disponible gratis en otros idiomas. Comuníquese con nuestro Servicio para Miembros at 1-877-940-9330 para obtener información adicional, (los usuarios de TTY deben llamar al 711) de 8:00 am a 8:00 pm siete días a la semana. Los Servicios para Miembros también tienen servicios de intérpretes de idiomas gratis disponibles para las personas que no hablan inglés. También podemos darles información en sistema braille o en letra grande.

Things to Know About Centers Plan for Nursing Home Care

Hours of Operation

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m., eastern time.

Centers Plan for Nursing Home Care Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-877- 940-9330 (TTY 711)
- If you are not a member of this plan, call toll-free 1-877- 940-9330 (TTY 711)
- Our website: www.centersplan.com

Who can join?

To join **Centers Plan for Nursing Home Care**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in one of our network nursing homes.

Our service area includes the following counties in New York State: Bronx, Erie, Kings (Brooklyn), Nassau, New York (Manhattan), Niagara, Queens, Richmond (Staten Island), Rockland, Suffolk and Westchester counties.

Which doctors, hospitals, and pharmacies can I use?

Our plan has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for the services you receive. Generally, you must use network pharmacies to fill your prescriptions for covered Part D drugs.

Our plan's provider and pharmacy directories are available on our website at www.centersplan.com. Or, if you'd like to receive a copy of these directories by mail, call us and we will send you a copy of either or both of the directories (whichever you request).

What do we cover?

Like all Medicare Advantage plans, we cover everything that Original Medicare covers - and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- We cover Part D drugs; and we cover Part B drugs such as chemotherapy and some drugs administered by your provider.
 - You can see the complete plan formulary (list of covered Part D prescription drugs), and any restrictions on our website at www.centersplan.com. Or, if you prefer a hard copy of the formulary, call us and we will send you one.

How will I determine my drug costs?

The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. Later in this document we discuss the benefit stages: Deductible, Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium?

- \$0 per month for Part C
- \$42.40 per month for Part D
- You must keep paying your Medicare Part B premium.

How much is the deductible?

- This plan has deductibles for some hospital and medical services.
- The Part B medical deductible amount is \$233 per year.
- The Part D deductible is \$480 per year.

Is there any limit on how much I will pay for my covered services?

Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Your yearly limit in this plan is:

- \$7,550 for services you receive from in-network providers

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Is there a limit on how much the plan will pay?

Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

SECTION II - SUMMARY OF BENEFITS

Covered Medical and Hospital Benefits

Benefit Category	Centers Plan for Nursing Home Care
Monthly Plan Premium, including Part C and Part D Premium	<ul style="list-style-type: none"> • \$0 per month for your Part C premium • \$42.40 per month for your Part D premium • You must keep paying your Medicare Part B premium.
Medical Deductible	<p>\$233</p> <p>This plan has deductibles for some hospital and medical services.</p>
Prescription Drug (Part D) Deductible	<p>\$480</p>
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>\$7,550</p>

SUMMARY OF BENEFITS - Centers Plan for Nursing Home Care (HMO I-SNP)

Benefit Category	Centers Plan for Nursing Home Care
Inpatient Hospital Care	<p>The copayments for hospital benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>The amounts for each benefit period are:</p> <ul style="list-style-type: none">• \$1,556 deductible for each benefit period• \$0 copayment for days 1 through 60 for each benefit period• \$389 copayment per day for days 61 – 90 each benefit period• \$778 copayment for each "lifetime reserve day"• Beyond lifetime reserve days, you pay all costs <p style="text-align: center;">Authorization is required</p>

SUMMARY OF BENEFITS - Centers Plan for Nursing Home Care (HMO I-SNP)

Benefit Category	Centers Plan for Nursing Home Care
<p>Outpatient Hospital Coverage</p>	<ul style="list-style-type: none"> • 20% coinsurance for Medicare-covered Outpatient Hospital and Observation Services <p>Coverage of whole blood and packed red cells begins with the first pint of blood you need. The three (3) pint deductible is waived.</p> <p style="text-align: center;">Authorization is required</p>
<p>Doctor’s Office Visits</p>	<ul style="list-style-type: none"> • \$0 copayment for Primary Care Physician visits • 20% copayment for Specialist visits
<p>Preventive Care</p>	<p>There is no coinsurance, copayment or deductible for Medicare preventive services.</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol Misuse screenings & counseling • Annual wellness visit • Bone mass measurement (bone density) • Cardiovascular disease screenings • Cardiovascular disease (behavioral therapy) • Cervical and vaginal cancer screening • Colorectal cancer screenings <ul style="list-style-type: none"> ○ Multi-target stool DNA test ○ Screening barium enemas ○ Screening colonoscopies ○ Screening fecal occult blood tests ○ Screening flexible sigmoidoscopies • Depression screening

SUMMARY OF BENEFITS - Centers Plan for Nursing Home Care (HMO I-SNP)

Benefit Category	Centers Plan for Nursing Home Care
<p>Preventive Care (continued)</p>	<ul style="list-style-type: none"> • Diabetes screenings • Diabetes self-management training • Flu shot • Glaucoma tests • Hepatitis B Virus (HBV) infection screening • Hepatitis C screening test • HIV screening • Lung cancer screening • Mammograms (screenings) • Nutrition therapy services • Obesity screening and counseling • One time “Welcome to Medicare” preventive visit • Prostate cancer screenings • Sexually transmitted infections screening & counseling • Shots: <ul style="list-style-type: none"> ○ COVID-19 vaccines ○ Flu shots ○ Hepatitis B shots ○ Pneumococcal shots • Tobacco use cessation counseling • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Authorization and/or a Referral may be required for some of the services on this list. Please see the Evidence of Coverage for more information.</p>

SUMMARY OF BENEFITS - Centers Plan for Nursing Home Care (HMO I-SNP)

Benefit Category	Centers Plan for Nursing Home Care
<p>Emergency Care</p>	<p>20% coinsurance per visit up to a maximum of \$90</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Emergency Care not covered outside the U.S. and its territories except under limited circumstances</p>
<p>Urgently Needed Services</p>	<p>20% coinsurance per visit up to a maximum of \$65</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services.</p> <p>Urgently Needed Services are not covered outside of the U.S. and its territories except under limited circumstances.</p>
<p>Outpatient Diagnostic Tests, Lab and Radiology Services and X- Rays (Cost for these services may be different if received in an outpatient surgery setting)</p>	<p>20% coinsurance for the following services:</p> <ul style="list-style-type: none"> • Diagnostic Radiological Services (such as MRIs, CT scans) • Diagnostic tests and procedures • Lab services • Outpatient x-rays: • Therapeutic radiology services (such as radiation treatment for cancer) <p style="text-align: center;">Authorization is required for all radiology services except x-rays</p>

SUMMARY OF BENEFITS - Centers Plan for Nursing Home Care (HMO I-SNP)

Benefit Category	Centers Plan for Nursing Home Care
Hearing Services	<ul style="list-style-type: none"> • \$0 copayment for exam to diagnose and treat hearing and balance issues • \$0 copayment for 1 routine hearing exam a year • \$0 copayment for 1 hearing aid fitting/evaluation every 3 years • \$0 copayment for hearing aids, once every 3 years • Our plan pays up to \$500 per ear, every 3 years for hearing aids
Dental Services	<p>20% coinsurance for Medicare-covered dental services</p> <p>\$0 copayment for Preventive Dental Services</p> <p>We cover:</p> <ul style="list-style-type: none"> • Cleaning - one every year • Dental x-ray(s) - one every year • Oral exam - one every year
Vision Services	<p>\$0 copayment for Medicare-covered vision services</p> <p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> • For people with diabetes, screening for diabetic retinopathy is covered once per year <p>Please see the Evidence of Coverage (available at www.centersplan.com/plans) for more information.</p>

SUMMARY OF BENEFITS - Centers Plan for Nursing Home Care (HMO I-SNP)

Benefit Category	Centers Plan for Nursing Home Care
<p>Mental Health Services</p>	<p><u>Inpatient Mental Health Care:</u></p> <p>The amounts for each benefit period are:</p> <ul style="list-style-type: none"> • \$1,556 deductible for each benefit period. • Days 1–60: \$0 coinsurance per day of each benefit period. • Days 61–90: \$389 coinsurance per day of each benefit period. • Days 91 and beyond: \$778 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). • Beyond lifetime reserve days, you pay all costs <p>A benefit period begins when you are admitted to the hospital and ends when you have not been an inpatient at a hospital for 60 days in a row. Our plan covers up to 90 days for an inpatient hospital stay.</p> <p>Our plan has a 190-day lifetime limit for services in a psychiatric hospital. The limit does not apply to inpatient services provided in a psychiatric unit of a general hospital.</p> <p>Once you have used up these extra 190 days, your inpatient mental health services coverage will be limited to 90 days.</p> <p style="text-align: center;">Authorization is required for Inpatient Mental Health</p> <p><u>Outpatient Mental Health Care:</u></p> <p>20% coinsurance for group or individual therapy visits</p>

SUMMARY OF BENEFITS - Centers Plan for Nursing Home Care (HMO I-SNP)

Benefit Category	Centers Plan for Nursing Home Care
Skilled Nursing Facility (SNF)	<p>\$0 copayment for Medicare-covered skilled nursing facility stay.</p> <p>No prior hospital stay is required.</p>
Physical Therapy and Speech-language Pathology Services	<p>\$0 copayment per service</p>
Ambulance	<p>20% coinsurance for Medicare-covered Ground and Air Ambulance Services</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay for the ambulance services</p> <p style="text-align: center;">Authorization is required for non-emergency services</p>
Transportation	<p>Not covered</p>
Medicare Part B Drugs	<p>20% coinsurance</p> <p style="text-align: center;">Authorization is required</p>

SECTION III - PRESCRIPTION DRUG BENEFITS

Benefit Category	Centers Plan Nursing Home Care
PRESCRIPTION DRUG BENEFITS	
<p>Phases of Part D Benefit</p>	<p>Cost-sharing may change when entering another phase of the Part D benefit.</p> <p>There are 4 stages:</p> <p>Stage 1: Deductible: \$480</p> <p>Stage 2: Initial Coverage: You begin this stage when you fill your first prescription and stay in this stage until your year-to-date total cost total \$4,430. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>Stage 3: Coverage Gap: During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% the price for generic drugs. You stay in this stage until your year-to-date “out-of- pocket costs” (your payments) reach a total of \$7,050.</p> <p>Stage 4: Catastrophic Stage: During this stage, the plan will pay most of the costs of your drugs for the rest of the calendar year (through December 31, 2022).</p>

SUMMARY OF BENEFITS - Centers Plan for Nursing Home Care (HMO I-SNP)

Benefit Category	Centers Plan for Nursing Home Care
PRESCRIPTION DRUG BENEFITS	
<p>Initial Coverage</p>	<p>You pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>Generic Drugs: \$0, \$1.35, \$3.95 copayment or no more than 25% coinsurance per prescription</p> <p>All Other Drugs: \$0, \$4.00, \$9.85 copayment or no more than 25% coinsurance per prescription</p>
<p>Catastrophic Coverage</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050 you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost or • \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs

SECTION IV - ADDITIONAL BENEFITS

Additional Covered Medical Benefits

Benefit Category	Centers Plan for Nursing Home Care
ADDITIONAL BENEFITS	
Acupuncture (for lower back pain)	<p>20% coinsurance per visit for up to 12 visits in 90 days for chronic low back pain.</p> <p>This is Medicare-covered acupuncture which is only covered under certain circumstances. Contact plan, or see the Evidence of Coverage (www.centersplan.com) for details</p> <p style="text-align: center;">Authorization is required</p>
Ambulatory Surgery Center (ASC)	<p>20% coinsurance</p> <p style="text-align: center;">Authorization is required</p>
Cardiac and Pulmonary Rehabilitation Services	<p>20% coinsurance</p> <p style="text-align: center;">Authorization is required</p>
Chiropractic Care	<p>20% coinsurance for Medicare-covered Chiropractic Services (manipulation of the spine to correct a subluxation, which is when 1 or more of the bones of your spine move out of position).</p> <p style="text-align: center;">Authorization <u>and</u> a Referral are required</p>

SUMMARY OF BENEFITS - Centers Plan for Nursing Home Care (HMO I-SNP)

Benefit Category	Centers Plan for Nursing Home Care
ADDITIONAL BENEFITS	
<p>Diabetes Supplies and Services, Self-Management Training</p>	<p>20% coinsurance for Medicare-covered diabetes supplies and services (includes diabetic therapeutic shoes or inserts)</p> <p>\$0 copayment for Medicare covered self-management training</p> <p>Quantity limits apply to non-Part D diabetic supplies:</p> <ul style="list-style-type: none"> • <u>If you use insulin</u>, we cover up to 150 test strips and 150 lancets every 30 days. • <u>If you don't use insulin</u>, we cover up to 100 test strips and 100 lancets every 90 days. <p>Diabetes supplies and services are limited to a specific manufacturer, Abbott Diabetes Care.</p> <p style="text-align: center;">Authorization is required for diabetes self-management training</p>
<p>Durable Medical Equipment (DME)</p>	<p>20% coinsurance</p> <p style="text-align: center;">Authorization is required</p>
<p>Hospice</p>	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p> <p>Hospice is covered outside our plan.</p> <p>Please contact Member Services for details.</p>

SUMMARY OF BENEFITS - Centers Plan for Nursing Home Care (HMO I-SNP)

Benefit Category	Centers Plan for Nursing Home Care
ADDITIONAL BENEFITS	
Kidney Disease Education Services	\$0 copayment Authorization is required
Occupational Therapy Services	\$0 copayment per visit Authorization is required
Opioid Treatment Services	\$0 copayment per visit Authorization is required
Outpatient Substance Abuse	20% coinsurance per covered individual or group session Authorization is required
Podiatry Services (foot care)	<ul style="list-style-type: none"> • 20% coinsurance for Medicare-covered podiatry services • 20% coinsurance for one (1) routine foot care visit once a year
Prosthetic Devices (braces, artificial limbs, etc.)	20% coinsurance Authorization is required
Renal Dialysis	20% coinsurance
Supervised Exercise Therapy (SET)	\$0 copayment per visit Authorization is required

SUMMARY OF BENEFITS - Centers Plan for Nursing Home Care (HMO I-SNP)

For more information, please contact us at the phone number listed below or visit us at www.centersplan.com.

The following documents are also available on our website:

- Our Provider and Pharmacy Directories;
- Our Comprehensive Formulary (a complete list of the Part D prescription drugs we cover) and any restrictions;
- The Evidence of Coverage; and
- Various other important documents and forms.

Contact Member Services at 1-877-940-9330 (TTY users 711) for more information. Representatives are available 7 days a week from 8:00 am to 8:00 pm.

Centers Plan for Nursing Home Care (HMO I-SNP) is an HMO plan with a Medicare contract. Enrollment in Centers Plan for Nursing Home Care depends on contract renewal.

Enrolled members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid.

Notice of Nondiscrimination

Discrimination is Against the Law

Centers Plan for Healthy Living, LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Centers Plan for Healthy Living, LLC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Centers Plan for Healthy Living, LLC provides:

- Free aids and services 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)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at 1-877-940-9330 (TTY users please call 711).

If you believe that Centers Plan for Healthy Living, LLC 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 our Grievances and Appeals Department:

By Mail: Centers Plan for Healthy Living, LLC
Attn: G&A Department
75 Vanderbilt Avenue
Staten Island, NY 10304- 2604

By Phone: 1-877-940-9330 (TTY users call 711)

By Fax: 1-347-505-7089

By Email: GandA@centersplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member/Participant Services is available to help you seven days a week from 8am to 8pm.

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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

Language Assistance Services Notification

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-940-9330 (TTY: 711).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-940-9330 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-940-9330 (رقم هاتف الصم والبكم: 711).
Bengali	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৭৭-৯৪০-৯৩৩০ (TTY: ১-৭১১)
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-940-9330 (TTY : 711)。
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-940-9330 (ATS : 711).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-940-9330 (TTY: 711).
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-940-9330 (TTY: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-940-9330 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-940-9330 (TTY: 711)번으로 전화해 주십시오.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-940-9330 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-940-9330 (телетайп: 711).
Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-940-9330 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-940-9330 (TTY: 711).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-940-9330 (TTY: 711).
Yiddish	אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-877-940-9330 (TTY: 711).



For More Information or to Enroll
Call 1-877-940-9330 (toll free)
TTY Users call 711
Seven days a week, 8 am - 8 pm
MemberServices@centersplan.com
www.centersplan.com/isnp