HMSA Health Plans for Individuals and Families 2026

We're here with you. For the good times. For the tough times. For lifetimes.

hmsa

Aloha,

Thank you for choosing HMSA. It's our privilege to provide you with quality health plans that support your health and well-being and friendly customer service. We're proud to offer plans that give you:

- The freedom to choose from thousands of local doctors and other health care providers.
- Quality care from Hawaii's top doctors and hospitals.
- Convenient care when you need it, including telehealth benefits that let you talk to a doctor from home.
- Benefits if you need to travel to the Mainland and many locations worldwide.
- A variety of dental plans that make it easy to get the dental care you need and improve your overall health.

In the following pages, you'll find information about the benefits and services you'll have access to as an HMSA member. If you have questions, we're happy to help. See the back cover for ways to contact us.

Thank you for learning more about HMSA. No matter where you are in life, we've got a plan for you.

Mahalo,

Mark M. Mugiishi, M.D., F.A.C.S.
President and Chief Executive Officer

Why do I need health insurance?

Health insurance helps protect you from the high cost of medical care. Without insurance, you could pay $2,000 for a visit to the emergency room or $22,000 for a five-day stay in the hospital. Insurance also helps pay for visits to the doctor, prescription medications, and preventive services.

The federal government runs the health insurance marketplace on HealthCare.gov. If you need help paying for health insurance, you may qualify for financial help from the federal government. Go to HealthCare.gov to learn more.

How do I get health insurance?

There are two ways to shop for an individual health plan.

Visit HealthCare.gov if you would like to apply for financial help to pay for your health plan. Or call 1 (800) 318-2596.

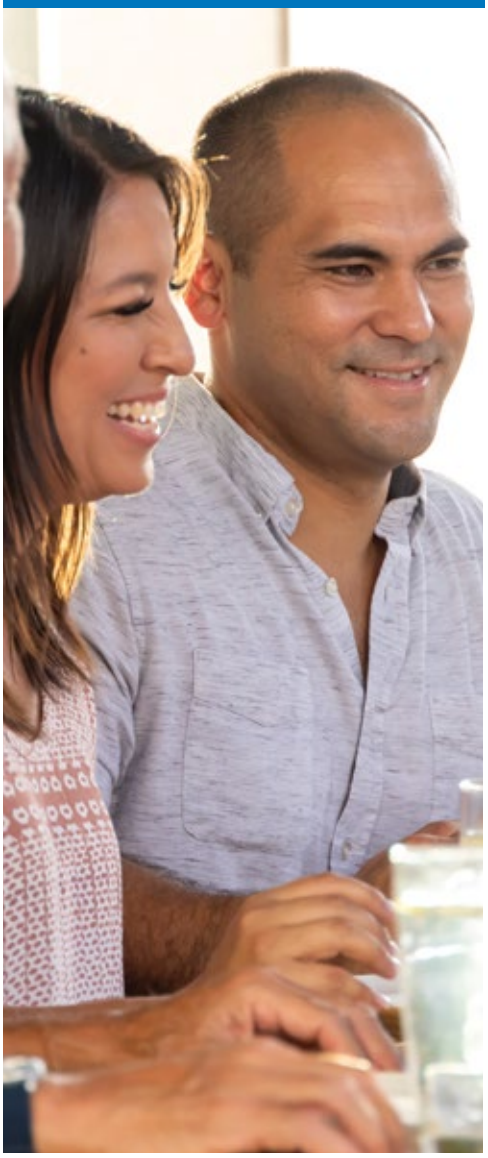
Visit hmsa.com to shop for an HMSA health plan. Or call (808) 948-5555, option 1, or 1 (800) 620-4672, option 1. Our representatives are available Monday through Friday, 8 a.m. to 5 p.m. You can also visit us at an HMSA Center where we can answer all of your questions in person. For locations and hours, visit hmsa.com.

HMSA offers plans that give you the freedom to choose your own doctors and specialists from our network.

- Our health plans include a deductible, premium, and out-of-pocket maximum.
- The deductible is the amount you pay for certain services each calendar year before your health plan pays.
- The premium is the amount you pay monthly to your health insurer for your health plan.
- The out-of-pocket maximum is the most you'll have to pay per calendar year for covered services. Once you reach this amount, your plan pays 100% of the allowed amount for covered services excluding taxes.

Here's what you need to know when shopping for your plan:

- Platinum and Gold plans usually have lower deductibles and higher monthly premiums.
- Silver and Bronze plans often have higher deductibles and lower monthly premiums.
- Catastrophic plans usually have high deductibles and low monthly premiums. These plans are designed to protect you from worst-case scenarios such as serious illness or injury. Certain eligibility rules apply.



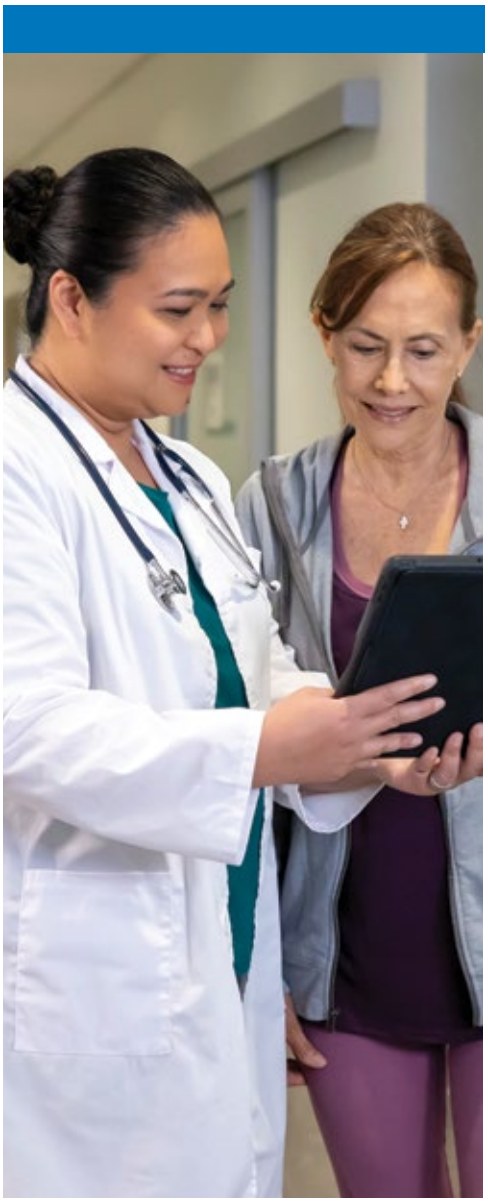
Get the best with HMSA

As an HMSA member, you'll have benefits at every stage of your life. Here's what you'll get with our health plans.

- **Choices.** You can choose from a statewide network of 10,000 doctors, specialists, and other health care providers.
- **Access to Hawaii's top-rated hospitals and clinics.** Hospitals and medical centers in our network specialize in childbirth, cardiac care, cancer treatment, full-service women's care, spine surgery, bariatric surgery, and more.
- **Convenient after-hours care.** When you need care that can't wait until the next day but it isn't an emergency, you have a few options. You can connect with a doctor online, visit an urgent care clinic, or go to a MinuteClinic®, the medical clinic in selected Longs Drugs stores on Oahu.
- **Telehealth benefits.** Telehealth is a safe, valuable option that helps you communicate with your doctor from your home or office. Talk to your doctor about the telehealth option that's best for you, whether it's a video visit or email check-in. For details about your plan benefits, check your *Guide to Benefits*.
- **Care when you travel.** Your plan gives you access to more than 1.7 million doctors and hospitals nationwide and in 190 countries and territories worldwide.
- **A healthy smile.** HMSA has comprehensive PPO and HMO dental plans that work with your medical plan to support your needs.
- **Vision care.** We've partnered with EyeMed Vision Care to bring you a vision plan that provides you with the right mix of independent and national and regional retail providers. You'll also have online tools that make it easy to manage your vision benefit and exclusive offers on vision extras.
- **Support for a healthier life.** Our tools and programs can help you live healthier and happier at little or no cost. Whether you want to lose weight or manage your stress, we offer programs and services that can help you reach your goal.
- **Discounts.** Our member discount program helps you save on health-related products and services like fitness apparel, acupuncture, massage therapy, gym memberships, and more.

- **Prescription drugs.** With HMSA, you'll enjoy better drug benefits with greater convenience and more savings. Save money with mail-order prescriptions and generic drugs. If you have long-term medications, save time by ordering a 90-day supply. And generic drugs are available for a copayment even before you meet the deductible. This benefit isn't included in the Catastrophic Plan.
- **Convenient online tools.** Manage your health plan online when you sign up on hmsa.com. Register by clicking My Account Login to see your claims, manage prescriptions, print a duplicate HMSA membership card, and learn about well-being programs available to you at little or no cost.
- **HMSA's Online Care®.** Download the app to see a doctor 24/7/365 and get professional advice, diagnoses, and prescriptions sent to your pharmacy.
- **Fitness benefits.** Move more for less with the Active&Fit Enterprise™ program. Join one of thousands of participating fitness centers for just $75 per benefit plan year. Access on-demand workout videos and get a home fitness kit, too.
- **Discounts on health-related products and services.** With HMSA365 and ChooseHealthy®, you can get discounts on massage therapy, medical transportation, healthy eating, and more.

To learn more about HMSA's health and well-being resources, visit **hmsa.com/well-being**.



Amwell is an independent company providing hosting and software services for HMSA's Online Care platform on behalf of HMSA.

The ChooseHealthy program is provided by American Specialty Health Group Inc. and ASH Technologies Inc. (dba ASH Technologies of Delaware Inc. in the state of Pennsylvania); all are subsidiaries of American Specialty Health Incorporated (ASH).

The ChooseHealthy program is an independent specialty health organization that provides discounts on health, fitness, and wellness products to HMSA members.

EyeMed Vision Care is an independent company making available routine vision benefits on behalf of HMSA.

The Active&Fit Enterprise program is provided by American Specialty Health Fitness Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated. All programs and services are not available in all areas. Active&Fit Enterprise and the Active&Fit Enterprise logo are trademarks of ASH and used with permission herein. Nonstandard services at the fitness center that call for an added fee are not part of the Active&Fit Enterprise program. Kits are subject to change.

Shopping for a dental plan

With HMSA Dental, you get the same great benefits you expect from our health plans. We've got you covered for cleanings, fillings, and services that improve your dental and overall health. Choose from hundreds of dentists across the state.

You can choose from two types of HMSA Dental plans:

- **HMSA Dental PPO**
  With this plan, you can choose from a network of over 90% of the dentists in Hawaii, so it's easy to find one who'll meet your needs. And you have access to a network of dentists if you travel to the Mainland.

  For help finding a dentist when you travel, visit hmsadental.com/find-a-dentist or call 1 (800) 792-4672.

  One of the best features of the PPO dental plan is the rollover benefit. These rollover dollars can help pay for unexpected visits or higher out-of-pocket costs for complex procedures. You must meet certain requirements to use this benefit. For more information about the rollover benefit, visit hmsadental.com/rollover.

- **HMSA Dental HMO**
  With this plan, you can visit any of the 12 dental centers in the statewide Hawaii Family Dental network or choose a dentist from our expanding HMO network in Hawaii. To help manage your out-of-pocket costs, these plans typically have low copayments and no calendar year maximum.

Oral Health for Total Health

HMSA members who are enrolled in Oral Health for Total Health℠ receive additional dental benefits that can improve total health, enhance quality of life, and lower medical and dental care costs. These additional dental benefits are covered at 100% when you visit a an in-network dentist. Also, these benefits do not count toward your dental annual maximum.

If you've been diagnosed with a qualifying medical condition, you can enroll in Oral Health for Total Health. If you have HMSA medical and dental plans, we may have already enrolled you.

Qualifying medical conditions include diabetes, coronary artery disease, stroke, oral cancer, head and neck cancers, Sjögren's syndrome, chronic obstructive pulmonary disease, end-stage renal disease, metabolic syndrome, and pregnancy.

To learn more and find your plan, go to **hmsadental.com**.

hmsa.com

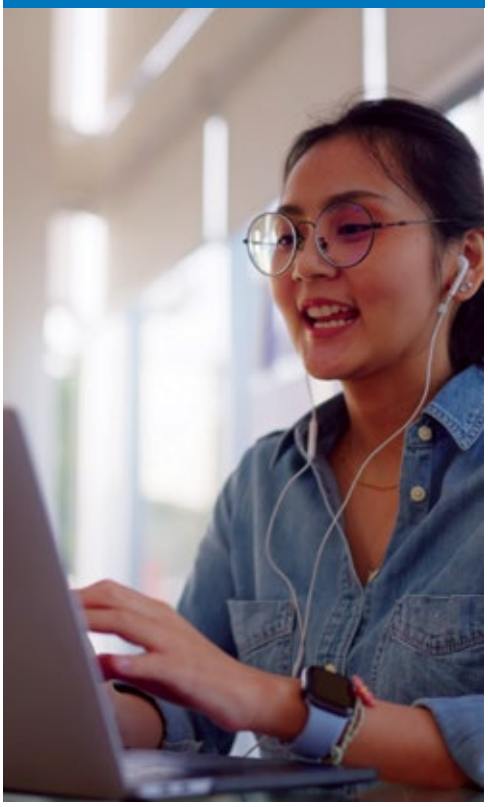
View health plan information, member benefits, and more on hmsa.com.

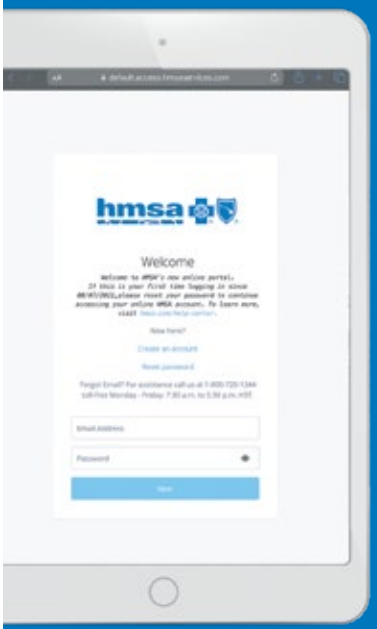
Click My Account Login to:

- Request or print a copy of your HMSA membership card.
- Use an annual maximum out-of-pocket calculator to see how much you need to pay for covered services in a plan year.
- See if you've reached your plan's deductible, if your plan has one.
- See the health care services you've used and how much you've paid for them.
- View your *Guide to Benefits* for details about your health plan.

You can also:

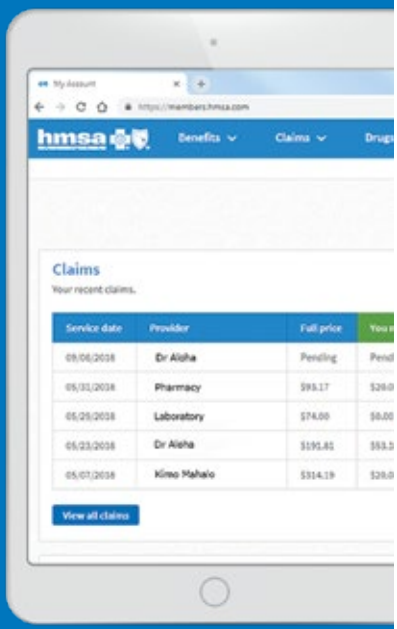
- Search for a doctor.
- Find health and fitness savings with HMSA365.
- Learn more about the well-being programs available to you and your family.
- Find information and resources related to the latest health news.





How to use My Account

To log in or register for My Account, go to hmsa.com and click My Account Login. If you're registering, click Register. Then enter a valid email address, create a password, and click Register. If you're logging in, enter your information and click Login.



HMSA Individual **Medical** Plans

Choose a health plan that meets your health needs and budget.

Plan Benefits	Platinum PPO	Gold PPO I	Gold PPO II
Estimated monthly premiums Premiums are based on a 21-year-old nonsmoker. Actual premiums will be based on an applicant's age on plan effective date.	$568.32	$515.42	$485.64
Deductible, single person	$0	$700	$2,000
Annual maximum out of pocket, single person	$5,200	$8,200	$8,200
	YOUR OUT-OF-POCKET COSTS		
Coinsurance[1] Percentages represent most of the plan's benefits. For a complete list of coinsurance percentages, check the plan's *Guide to Benefits*.	10%	20%*	25%*
Doctor office visit	$10	$30	$30
Specialist office visit	$20	$60	$60
Ambulance	10%	20%*	25%*
Emergency room	$100	20%*	25%*
Prescription drugs Generic/preferred/other brand-name/specialty (30-day supply)	$5/$10/$50◊/$150	$15/$30/$50◊/$200	$15/$30/$60◊◊/$250
Value-added benefits Available before you reach the deductible			
Adult vision	✓	✓	✓
HMSA's Online Care® ($0 copayment)	✓	✓	✓
Annual wellness exam	✓	✓	✓
Generic drugs (excluding single source)	✓	✓	✓
Fitness membership ($75 annual copayment) Must be at least 16 years of age to participate.	✓	✓	✓
Acupuncture/massage therapy (Complementary Care Rider)	✓		

[1] Your copayment may be higher if you receive services from a nonparticipating provider. Also, you may owe the difference between the amount billed by the nonparticipating provider and the eligible charge if you choose a high-cost procedure.

This is only a summary. For complete information, see your *Guide to Benefits*. All benefits are for services from a participating provider. For details about your benefits and costs, visit hmsa.com or call (808) 948-5555, option 1, or 1 (800) 620-4672, option 1. TTY users, call 711.

HMSA PPO PLANS

Preferred Provider Organization Plans

Freedom to choose your own doctor.

Silver PPO DIRECT Available only on hmsa.com	Silver PPO	Bronze PPO I	Bronze PPO II HSA	Catastrophic***
$424.26	$543.90	$388.17	$400.13	$232.29
$6,000	$6,000	$7,500	$7,100	$10,600
$8,900	$8,900	$10,000	$7,100	$10,600
YOUR OUT-OF-POCKET COSTS				
40%*	40%*	50%*	0%*	0%*
$40	$40	$50	$0*	$35**
$80	$80	$100	$0*	$0*
40%*	40%*	50%*	0%*	0%*
40%*	40%*	50%*	0%*	0%*
$20/$40/$80*◊◊◊/$350*	$20/$40/$80*◊◊◊/$350*	$25/$50*/$100*◊◊◊◊/$500*	$0*	$0*/$0*/$0*/$0*
✓	✓	✓	✓	✓
✓	✓	✓	✓	✓
✓	✓	✓	✓	✓
✓	✓	✓		
✓	✓	✓	✓	

*Member's cost after the deductible is met.

**First three visits per calendar year are covered before you reach the deductible.

***This is single coverage for individuals who are under 30 years of age or have a hardship exemption.

◊ $25 copayment plus $25 other brand-name cost share

◊◊ $30 copayment plus $30 other brand-name cost share

◊◊◊ $40 copayment plus $40 other brand-name cost share

◊◊◊◊ $50 copayment plus $50 other brand-name cost share

HMSA Individual **Dental** Plans

Plan Benefits	PPO PLANS *Freedom to choose your own dentist.*			
	Dental PPO Bronze		**Dental PPO Silver**	
Monthly premiums	$18.06 (ages 19+)	$36.97 (ages 0-18)	$27.73 (ages 19+)	$31.28 (ages 0-18)
Coverage	Adult	Pediatric[1]	Adult	Pediatric[1]
Deductible	$25 Applies to all categories	$25 Applies to all categories	$50 Applies to Basic and Major categories	$50 Applies to Basic and Major categories
Waiting period(s)	6-month Basic	None	3-month Basic 12-month Major	None
PREVENTIVE	**YOUR COINSURANCE (PARTICIPATING PROVIDER)[2]**			
Exams	10%		0%	
X-rays (bitewing/full-mouth)	10%		50%[5]	70%
Cleanings	10%		0%	
ROUTINE/BASIC	**YOUR COINSURANCE (PARTICIPATING PROVIDER)[2]**			
Fillings	40%		50%	70%
Periodontal treatment	Not a benefit	40% Scaling and root planing	60%[3]	70%
Root canals	Not a benefit	40%	60%[3]	70%
Extractions[4]	40% for nonsurgical extractions		50% nonsurgical	70% nonsurgical
All other X-rays	40%		50%	70%
MAJOR	**YOUR COINSURANCE (PARTICIPATING PROVIDER)[2]**			
Crowns	Not a benefit	60% Noble metal crowns	60%	70% Noble metal crowns
Bridges	Not a benefit	Not a benefit	60%	Not a benefit
Dentures (complete/partial)	Not a benefit	60%	60%	70%
Extractions[4]	Not a benefit	60% for surgical extractions	60% surgical	70% surgical
CALENDAR YEAR				
Calendar year maximum	$1,000	None	$1,000	None
Out-of-pocket maximum	Does not apply	$450 child/ $900 2+ children	Does not apply	$450 child/ $900 2+ children
Rollover	Yes	No	Yes	No

*Endodontic and periodontic services are Major services for adults age 19 years and older and are subject to the deductible.

[1]Pediatric benefits apply to members ages 0-18 years. Services will continue through the year they turn 19 years.

[2]Your copayment may be higher if you receive services from a nonparticipating provider. Also, you may owe the difference between the amount billed by the nonparticipating provider and the eligible charge or if you choose a high-cost procedure.

NOTE: The Affordable Care Act requires that all individual health plans include pediatric dental benefits as an essential health benefit.

			HMO PLANS *See dentists in our HMO dental network.*	
Dental PPO Gold		**Pediatric Essential**	**Dental HMO Silver**	
$39.44 (ages 19+)	$44.35 (ages 0-18)	$44.63 (ages 0-18)	$23.12 (ages 19+)	$24.06 (ages 0-18)
Adult	Pediatric[1]	Pediatric[1]	Adult	Pediatric[1]
$0	$0	$0	$0	$0
6-month Basic 12-month Major	None	None	12-month Major	None
YOUR COINSURANCE (PARTICIPATING PROVIDER)[2]			**YOUR COPAYMENT**	
0%		0%	$10	
0%		0%	$5 & up	
0%		0%	$10	
YOUR COINSURANCE (PARTICIPATING PROVIDER)[2]			**YOUR COPAYMENT**	
30%		30%	$40 & up	
50%[3]	30% Scaling and root planing	30% Scaling and root planing	$90 & up*	
50%[3]	30%	30%	$285*	
30% for nonsurgical extractions		30% for nonsurgical extrac-tions	$10 for nonsurgical extractions	
30%		30%	$5 & up	
YOUR COINSURANCE (PARTICIPATING PROVIDER)[2]			**YOUR COPAYMENT**	
50%	50% Noble metal crowns	50% Noble metal crowns	$225 & up	
50%	Not a benefit	Not a benefit	$225 & up	Not a benefit
50%		50%	$250 & up	
50% for surgical extractions		50% for surgical extractions	$155 for surgical extractions	
$1,000	None	None	None	None
Does not apply	$450 child/ $900 2+ children	$450 child/ $900 2+ children	Does not apply	$450 child/ $900 2+ children
Yes	No	No	No	No

[3]These services are covered under the major category. A 12-month waiting period may apply. Please refer to the *Dental Guide to Benefits* for information.

[4]Extractions for orthodontic reasons aren't covered.

Some pediatric services require authorization to ensure certain treatments, procedures, or devices meet the payment determination criteria before the service is rendered. Please refer to the *Dental Guide to Benefits* at hmsadental.com for complete information on provisions.

[5]For adults age 19 and older, the waiting period will be waived for X-rays. Please refer to the *Dental Guide to Benefits* for more information.

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
- 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/.

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An Independent Licensee of the Blue Cross and Blue Shield Association

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Commercial/ACA/Medicare
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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 format. 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) 447-5990 번으로 전화하거나 서비스 제공자와 상의하십시오. Medicare Advantage 및 민간 플랜 가입자는 1 (800) 776-4672 또는 TDD/TTY 1 (877) 447-5990 번으로 전화하십시오.

ພາສາລາວ
ຊືນຊາບ: ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມເພື່ອໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ ເຂົ້າເຖິງໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ສະມາຊິກ QUEST ແມ່ນໂທບໍ່ເສຍຄ່າໄດ້ທີ່ ເບີ 1 (800) 440-0640, TTY 1 (877) 447-5990 ຫຼື ປຶກສາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.ສະມາຊິກແຜນ ປະກັນ Medicare Advantage ແລະ ຊັ້ນທຸລະກິດ, ໂທ 1 (800) 776-4672 ຫຼື TDD/TTY 1 (877) 447-5990.

(continued on next page)

Kajin Ṃajōḷ
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 kōjerbal 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 kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. Me mwengei en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. QUEST mwengei, kohdo mwengei 1 (800) 440-0640, TTY 1 (877) 447-5990, me mwengei en kaiahn Pohnpei. Medicare Advantage me mwengei en kaiahn 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 โปรดโทรไปที่หมายเลขโทรฟรีที่หมายเลข 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.

Notes

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