

2022

Medicare Advantage enrollment kit

*Eastern Oregon: Baker, Gilliam, Grant, Harney,
Lake, Malheur, Morrow, Sherman, Umatilla,
Union, Wallowa and Wheeler counties*



SUMMIT
HEALTH

H2765_109722A_M

Doctors you know and trust, health insurance you can count on.

Get more out of Medicare

Summit Health has partnered with local doctors and hospitals to bring better health to your community. This way, you get to see the doctors you already know and trust while we help ensure you get the care you need.

You work hard for others. We're here to work hard for you. Together, we can find a Medicare Advantage plan that works for you.

Let's explore your Medicare Advantage plan options...

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Why choose Summit Health

Care that feels like home

With our Medicare Advantage plans, you'll enjoy choosing from a local network of quality healthcare providers, hospitals and specialists. Your Summit Health Medicare Advantage plan also gives you access to our expert health coaches and caring customer service. We are a dedicated team, here to support you.

Our local partners include:

- Moda Partners, Inc.
 - Greater Oregon Behavioral Health, Inc. (GOBHI)
 - Good Shepherd Health Care System
 - Grande Ronde Hospital, Inc.
- Saint Alphonsus Health System, Inc.
 - CHI St. Anthony Hospital
 - Eastern Oregon IPA (Independent Physicians Association)
 - Yakima Valley Farm Workers Clinic



**Other providers are available in our network*

Our Medicare Advantage plans

Summit Health's Medicare Advantage plans come with and without pharmacy benefits. If you choose a plan with pharmacy coverage, you won't have a copay for vaccines! Our Medicare Advantage plans include:

- \$0 medical deductible
- \$0 copay preventive dental services plus a combined \$500 for other dental services
- \$0 copay routine hearing and vision exams
- \$0 copay fitness benefit

Optional supplemental benefits

Summit Health Medicare Advantage members also have the option to enroll in Extra Care. For an extra \$5 monthly premium, you can have routine chiropractic services, acupuncture and naturopathic services. We will pay 50% of services up to a combined \$500 annual maximum.

Pharmacy mail order

Did you know you can obtain up to a 90-day supply of non-specialty medications at your local pharmacy or through our mail order program? Call Customer Service at 1-844-827-2355 for more information (TTY users, call 711).





Why choose Summit Health

Added benefits

When you choose a Summit Health Medicare Advantage plan, you get more benefits. These added benefits include gym membership and wellness resources.



Nurse line

Need quick advice? The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day. Call for guidance on:

- Basic health conditions and symptoms
- Treatment for minor injuries and burns
- Home cold and flu remedies
- When to visit your doctor



Vision

Get a routine vision exam and eyewear through the VSP Advantage Elements plan, and coverage through VSP's Advantage provider network. All routine vision exams and eyewear claims are administered by VSP. You can learn more about VSP at vsp.com. If you have questions, please call VSP toll-free at 844-820-8723.



Text a doctor

Enjoy fast and private access to a dedicated doctor in under a minute — at no cost to you. With the CirrusMD app, all you need is Internet access to:

- Connect with a doctor via text, 24/7, without appointments or time limits
- Ask urgent or general health questions
- Message, share photos or video chat
- Get peace of mind any time of the day, even at 2 a.m.
- Continue conversations or follow up as often as you'd like



Dental

Two no-cost preventive dental visits through the Delta Dental of Oregon Medicare Advantage Network and up to \$500 of comprehensive dental benefits. (Total \$500 allowance is combined for in and out of network services).



Gym membership

Enjoy gym membership and wellness resources from Silver&Fit®. This benefit includes:

- Access to a fitness center or YMCA
- Group classes designed for older adults, where offered without an additional fee
- The option to work out at home with up to two fitness kits per year (you have 34 to choose from)
- Healthy Aging classes four times a year that you can take online or by mail
- A fitness tracker

Your fitness center must be participating in Silver&Fit for this benefit to apply. You can learn more at silverandfit.com. If you have questions, please call 1-877-427-4788.



Hearing

Receive a no-cost routine hearing aid exam and hearing aid coverage through TruHearing. Hearing aids are costly. This benefit makes them much more affordable. You can learn more at truhearing.com.

Why choose Summit Health

Find the Medicare plan that works for you

To continue working hard for others, it's important to find a Medicare Advantage plan that works hard for you. We offer four plans for you to choose from:

- Summit Health Core (HMO-POS)**
- Summit Health Value + Rx (HMO)**
- Summit Health Standard + Rx (HMO-POS)**
- Summit Health Premier + Rx (HMO-POS)**

- \$0 medical deductible
- \$0 copay preventive dental services plus a combined \$500 for other dental services
- \$0 copay routine hearing and vision exams
- \$0 copay fitness benefit

Compare your plan options side by side on the following pages or the 2022 Summary of Benefits. This is a summary of drug and health services covered by Summit Health Medicare Advantage plans for January 1, 2022 – December 31, 2022.

Summit Health Plan, Inc. is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage”.

To join a Summit Medicare Advantage plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Oregon: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler.

If you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other formats such as large print or Spanish.



Medical benefits

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

	Summit Health Core (HMO-POS) H2765-001		Summit Health Value + Rx (HMO) H2765-002		Summit Health Standard + Rx (HMO-POS) H2765-003		Summit Health Premier + Rx (HMO-POS) H2765-004	
Monthly Premium	\$22		\$69		\$99		\$140	
Medical Deductible	\$0		\$0		\$0		\$0	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Maximum out-of-pocket responsibility <i>(Does not include prescription drugs)</i>	\$4,000	\$4,000	\$6,650	N/A	\$5,100	\$8,000	\$4,000	\$7,750
Inpatient hospital coverage <i>(Copay per day 1-5) (Authorization rules may apply)</i>	\$350	30%	\$370	Not covered	\$350	50%	\$315	30%
Outpatient hospital coverage (Observation) <i>(Authorization rules may apply)</i>	\$350	30%	\$370	Not covered	\$350	50%	\$315	30%
Ambulatory surgical center <i>(Authorization rules may apply)</i>	\$350	30%	\$370	Not covered	\$350	50%	\$315	30%
Outpatient surgery <i>(Authorization rules may apply)</i>	\$350	30%	\$370	Not covered	\$350	50%	\$315	30%
Doctor Visits Primary care provider <i>(PCP)</i>	\$10	30%	\$10	Not covered	\$10	50%	\$10	30%
Specialists <i>(Referral rules may apply)</i>	\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
Preventive care	\$0	30%	\$0	Not covered	\$0	50%	\$0	30%
Emergency care	\$90		\$90		\$90		\$90	
Urgently needed services	\$35		\$50		\$35		\$35	



Medical benefits (continued)

	Summit Health Core (HMO-POS) H2765-001		Summit Health Value + Rx (HMO) H2765-002		Summit Health Standard + Rx (HMO-POS) H2765-003		Summit Health Premier + Rx (HMO-POS) H2765-004	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Diagnostic services/labs/imaging (Authorization rules may apply)								
Diagnostic radiology services (e.g. MRIs, CT scans)	20%	30%	20%	Not covered	20%	50%	20%	30%
Lab services	\$0	30%	\$0	Not covered	\$5	50%	\$5	30%
Outpatient x-rays	20%	30%	20%	Not covered	20%	50%	20%	30%
Hearing services								
Exams to diagnose and treat hearing and balance issues (Referral rules may apply)	\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
Routine hearing exam for hearing aids	\$0	Not covered	\$0	Not covered	\$0	Not covered	\$0	Not covered
Hearing aids (Copay per each aid)	\$699 - \$999	Not covered	\$699 - \$999	Not covered	\$699 - \$999	Not covered	\$699 - \$999	Not covered
Dental services								
Medicare-covered (Referral rules may apply)	\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
Preventive and comprehensive dental (Total \$500 allowance is combined for in and out of network services)	\$0 preventive \$500 allowance	\$500 allowance	\$0 preventive \$500 allowance	\$500 allowance	\$0 preventive \$500 allowance	\$500 allowance	\$0 preventive \$500 allowance	\$500 allowance
Vision services								
Medical eye exam (Medicare-covered) (Referral rules may apply)	\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
Routine vision services (Annual exam & glasses every 2 years)	\$0	50%	\$0	50%	\$0	50%	\$0	50%



Medical benefits (continued)

	Summit Health Core (HMO-POS) H2765-001		Summit Health Value + Rx (HMO) H2765-002		Summit Health Standard + Rx (HMO-POS) H2765-003		Summit Health Premier + Rx (HMO-POS) H2765-004	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Additional services								
Mental health services	\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
Skilled nursing facility (SNF) (Copay per day 21-100) (Authorization rules may apply)	\$150	30%	\$170	Not covered	\$165	50%	\$160	30%
Physical therapy (Authorization rules may apply)	\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
Ambulance (Authorization rules may apply)	\$250		\$300		\$300		\$250	
Transportation	Not covered		Not covered		Not covered		Not covered	
Medicare Part B Drugs (Authorization rules may apply)	20%	30%	20%	Not covered	20%	50%	20%	30%
Durable medical equipment (DME)	20%	30%	20%	Not covered	20%	50%	20%	30%
Diabetic monitoring supplies (Authorization rules may apply)	\$0-20%	30%	\$0-20%	Not covered	\$0-20%	50%	\$0-20%	30%
Outpatient prescription drugs								
Prescription drug deductible	This plan does not include Part D prescription drug coverage.		\$250 (waived on tiers 1,2, & 7)		\$200 (waived on tiers 1,2, & 7)		\$150 (waived on tiers 1,2, & 7)	
Initial coverage Stage			30-day supply	90-day supply (retail and mail order)	30-day supply	90-day supply (retail and mail order)	30-day supply	90-day supply (retail and mail order)
Tier 1 (preferred generic)			\$4	\$12	\$4	\$12	\$4	\$12
Tier 2 (generic)			\$10	\$30	\$10	\$30	\$10	\$30
Tier 3 (preferred brand)			\$45	\$135	\$45	\$135	\$45	\$135
Tier 4 (non-preferred brand)			\$100	\$300	\$100	\$300	\$100	\$300
Tier 5 (preferred specialty)			23%	N/A	24%	N/A	25%	N/A
Tier 6 (specialty)			28%	N/A	29%	N/A	30%	N/A
Tier 7 (vaccine)			\$0	N/A	\$0	N/A	\$0	N/A



Part D prescription drug coverage (continued)

You begin in the deductible stage when you fill your first prescription of the year. During this stage, you pay the full cost of your drugs until you have paid the Part D deductible (waived on Tier 1, Tier 2 and Tier 7) for your drugs. Cost sharing amounts are the same when received from network retail, mail-order, and home infusion pharmacies as well as if you reside in a long-term care facility. You may get up to a 31-day supply of drugs from an out-of-network pharmacy, but you will pay more than you pay at a network pharmacy. Cost sharing changes when you enter another stage of the Part D benefit.

During the coverage gap stage, you pay 25% of the cost for generic or brand name drugs. During the catastrophic coverage stage, you pay the greater of 5% or \$3.95 copay for generic drugs and \$9.85 copay for all other drugs.

For more information on the different stages, please access your Evidence of Coverage online at yoursummithealth.com or contact Pharmacy Customer Service at 844-827-2355, 7 am to 8 pm Pacific Time, seven days a week from October 1 through March 31, with the exception of Christmas Day and Thanksgiving Day. (After March 31, your call will be handled by our automated phone systems Saturdays, Sundays, and holidays.)

Optional Supplemental Benefits

You must pay an extra premium each month for these benefits.

Summit Health Extra Care	
Premium	\$5 per month
<p>Included Services:</p> <ul style="list-style-type: none">• Routine chiropractic services• Acupuncture• Alternative therapies (naturopathic services)	<p>Our plan pays up to \$500 every year. You pay 50% of the billed cost for these services until the plan maximum of \$500 for all services combined is met, then you pay 100% of the cost</p>

Additional information

This information is not a complete description of benefits. Call Customer Service at 1-844-827-2355 for more information (TTY users, call 711). Or, visit us at www.yoursummithealth.com.

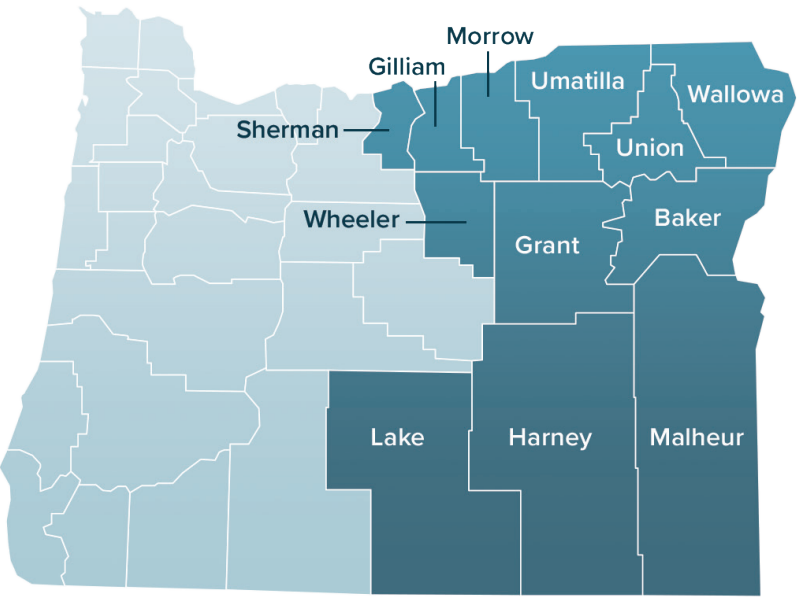
Our Customer Service team is available from 7 a.m. to 8 p.m., Pacific Time, seven days a week from Oct. 1 to March 31, with the exception of Christmas Day and Thanksgiving Day. After March 31, your call will be handled by our automated phone system on weekends and holidays.



Service area and eligibility requirements:

Summit Health Medicare Advantage plans are HMO plans with a Medicare contract. To join Summit Heath Medicare Advantage plan you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The Summit Health HMO plan service area includes the following counties in Eastern Oregon: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler.

Out-of-network /non-contracted Medicare providers are under no obligation to treat Summit Health Medicare Advantage members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.



How to obtain additional materials

You can search our online provider and pharmacy directory by clicking on the “Find Care” link on our website, yoursummithealth.com. Or, call us and we will send you a copy of the provider and pharmacy directories. To view the drugs covered by Summit Health Medicare Advantage plans, you can find our formulary on our website at yoursummithealth.com. Or call us and we will send you a copy of the formulary.



Low Income Subsidy premium

Summit Health Value + Rx (HMO)
Summit Health Standard + Rx (HMO-POS)
Summit Health Premier +Rx (HMO-POS)

Monthly plan premium for people who get Extra Help from Medicare to help pay for their prescription drug costs.

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare. The amount of Extra Help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get Extra Help.

Your level of extra help	Monthly Premium for Summit Health Value + Rx (HMO) H2765-002*	Monthly Premium for Summit Health Standard + Rx (HMO-POS) H2765-003*	Monthly Premium for Summit Health Premier + Rx (HMO-POS) H2765-004*
100%	\$28.50	\$58.50	\$99.50
75%	\$38.60	\$68.60	\$109.60
50%	\$48.80	\$78.80	\$119.80
25%	\$58.90	\$88.90	\$129.90

**This does not include any Medicare Part B premium you may have to pay.*

Summit Health Value + Rx (HMO), Summit Health Standard + Rx (HMO-POS), and Summit Health Premier + Rx (HMO-POS) premiums include coverage for both medical services and prescription drug coverage.

If you aren't getting Extra Help, you can see if you qualify by calling:

- 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

Please call our customer service team at 1-844-827-2355 (TTY users, please call 711). Our customer service team is available from 7 a.m. to 8 p.m., Pacific Time, seven days a week from Oct. 1 through March 31, with the exceptions of Christmas Day and Thanksgiving Day. After March 31, your call will be handled by our automated phone systems on weekends and holidays.

Summit Health Plan, Inc. is an HMO with a Medicare contract. Enrollment in Summit Health Plan, Inc. depends on contract renewal.

Pre-enrollment checklist

Summit Health Medicare Advantage plans

Before making an enrollment decision, it's important that you fully understand our benefits and rules. If you have any questions or need assistance, please call us to speak to a customer service representative at 1-844-827-2355.

Understanding the benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit YourSummitHealth.com or call 1-844-827-2355 to view a copy of the EOC
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they're not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/ coinsurance may change on Jan. 1, 2023.
- ☐ Generally an HMO plan does not cover services performed by out-of-network providers. For your HMO-POS plans you may use out-of-network providers to get some of your covered services. However, while we will pay for certain covered services provided by a noncontracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copayment/ coinsurance for services received by non-contracted providers.

How to enroll

Ready to enroll?

Read on to learn how. Remember, we are here to help. Please contact us at 1-844-931-1782 if you need assistance. Choose and complete the application for the plan you want. Application forms are enclosed. You can also enroll online at YourSummitHealth.com

Scan your completed application, and then fax or mail it to:

Fax: 1-833-949-1891

Mail: Summit Health Plan, Inc.

Attn: Medicare Membership Accounting
601 SW 2nd Ave
Portland, OR 97204-9748

If you would like help, we can work with you to find a Summit Health-contracted agent or broker near you. You can also enroll at www.yoursummithealth.com. Please keep a copy of your application for your records.

What happens after you enroll?

1. You will receive a letter in the mail acknowledging that you are enrolled in our plan.
2. You will receive your member ID card and a Welcome Packet.
3. You can expect to receive a Welcome Call from Summit Health to ensure you received and understand your plan information and benefits.
4. We encourage you to create an account on your personalized Member Dashboard where you will have access to your claims, additional benefits and discounts for being a member of Summit Health. You can also watch our webinar to understand your health coverage and get the most out of your 2022 benefits.



Tools for your health journey

All our plans come with programs, care teams, tools and resources designed to help you manage your well-being. Using your personal Member Dashboard, you can find dentists or pharmacies, get medical advice from health professionals, work with health coaches, compare medication prices, view your explanation of benefits and more.

Once you are an active member, use these care resources to help you be your healthy best! Simply log in to our Member Dashboard at yoursummithealth.com to get started.



Prescription price check

See prescription medication costs and how much you would pay by medication tier at an in-network pharmacy. This tool makes it easy. Simply log in to your Member Dashboard at www.yoursummithealth.com to find medication cost estimates and generic options.



Health coaching

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best.

Our care programs include:

- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Kidney Care
- Lifestyle Coaching
- Women’s Health & Maternity Care
- Respiratory Care
- Spine & Joint Care
- Weight Care



Care coordination and case management

When you’re sick, need hospitalization or surgery, or are seriously injured, we’ll give you support — so you can focus on healing.

We can help you:

- Understand and utilize all of your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



Quitting tobacco

We cover two smoking or chewing tobacco counseling quit attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.

If you use tobacco, but do not have signs or symptoms of tobacco-related disease, there is no coinsurance, copayment, or deductible for the Medicare covered smoking and tobacco use cessation preventive benefits.

If you use tobacco and have been diagnosed with a tobacco-related disease or are taking medicine that may be affected by tobacco, you will pay the applicable inpatient or outpatient cost-sharing.

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at: 844-827-2355 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Summit Health Plan
Attention: Appeal Unit
P.O. Box 820070
Portland, OR 97282
Fax: 855-466-7208

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

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

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nesseler-Cass coordinates our nondiscrimination work:

Dave Nesseler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@yoursummithealth.com



ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY: 711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

بولتے ہیں تو لسانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ 1-877-605-3229 (TTY: 711) پر کال کریں

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION: si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با (TTY: 711) 1-877-605-3229 تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzen zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

YourSummitHealth.com

0581 (08/20)

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવેલ) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કૌલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY: 711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสมารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)



Questions? We're here to help.

Contact a Summit Health agent or call us at 1-844-827-2355 (TTY users, please call 711). Our customer service team is available from 7 a.m. to 8 p.m., Pacific Time, seven days a week from Oct. 1 through March 31, with the exceptions of Christmas Day and Thanksgiving Day. After March 31, your call will be handled by our automated phone systems on weekends and holidays.



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