

# 2021 Asuris Medicare Advantage Plan Information

Thank you for your interest in applying for the Asuris NW Health Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. You will be receiving an "Enrollment Verification Letter" from Asuris NW Health within 15 calendar days of receipt of the enrollment request.

Enrollment Packet – click links below to download and save documents

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[Apply Online](#)

[Summary of Benefits](#)

[Provider Search](#)

[Pharmacy Search](#)

Formulary: [Primary](#) [Classic](#) [Enhanced](#)

## Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15<sup>th</sup> to December 7<sup>th</sup>. This will give you a January 1<sup>st</sup> effective date for your new plan.

## Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15<sup>th</sup> and December 7<sup>th</sup>. *If they are signed prior to October 15<sup>th</sup> they will be returned to you with a new application.* If they are received after December 7<sup>th</sup>, you will not be able to change plans until the next AEP for January of the following year.

## Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:

**CDA Insurance LLC**

PO Box 26540

Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470

Secure File Upload: [Click here](#)

Email: [cs@cda-insurance.com](mailto:cs@cda-insurance.com)

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613. Our website: <https://medicare-washington.com>

Y0062\_MULTIPLAN\_CDA INSURANCE Washington 2021



## MEDICARE ADVANTAGE PLANS

# 2021 PPO Summary of Benefits

for residents of Chelan and Spokane counties



The information listed is a summary of what we cover and **what you pay**. It does not list every service, coverage limitation or exclusion. **The Asuris TruAdvantage + Rx Enhanced plan is not available in Chelan County.**

	Asuris TruAdvantage + Rx Primary (PPO)		Asuris TruAdvantage + Rx Classic (PPO)	
<b>Plan number</b>	H5010-007		H5010-002	
<b>Monthly plan premium</b>	\$28		\$97	
<b>Annual deductible</b> Medical	\$0		\$0	
Prescription	\$0 (Tiers 1,2) \$300 (Tiers 3,4,5)		\$0 (Tiers 1,2) \$200 (Tiers 3,4,5)	
<b>Maximum out-of-pocket responsibility</b>	\$6,700 in-network \$10,000 combined in- and out-of-network		\$5,900 in-network \$10,000 combined in- and out-of-network	
	<b>In-network</b>	<b>Out-of-network</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>Inpatient hospital coverage<sup>1</sup></b>	Days 1-4: \$450 / day Days 5+: \$0 / day	Days 1+: 30%	Days 1-4: \$360 / day Days 5+: \$0 / day	Days 1+: 30%
<b>Ambulatory surgery center services<sup>1</sup></b>				
For wound care	\$50	30%	\$40	30%
For all other services	\$375	30%	\$325	30%
<b>Outpatient hospital services<sup>1</sup></b>				
For wound care	\$50	30%	\$40	30%
For observation	\$90	30%	\$90	30%
For all other services	\$450	30%	\$400	30%
<b>Doctor visits</b>				
Primary care provider	\$20	30%	\$10	30%
Specialist	\$50	30%	\$40	30%
<b>Preventive care</b>	\$0	30%	\$0	30%

**1-** Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

To join an Asuris Medicare Advantage plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our **Chelan** and **Spokane** counties service area.

Asuris TruAdvantage + Rx Enhanced (PPO)		Asuris Esteem (PPO) (no Rx)		What you should know
H5010-004		H5010-001		
\$223 (not available in Chelan County)		\$0		You must continue to pay your Medicare Part B premium.
\$0		\$0		Amount you pay for health care services before your health plan begins to pay. Deductible amounts reset every calendar year on January 1.
\$0		Not covered		
\$5,000 in-network \$8,300 combined in- and out-of-network		\$5,000 in-network \$10,000 combined in- and out-of-network		Annual limit on your out-of-pocket costs for Part A (hospital) and Part B (medical) services. Does not include prescription drugs.
In-network	Out-of-network	In-network	Out-of-network	
Days 1-5: \$310 / day  Days 6+: \$0 / day	Days 1+: 30%	Days 1-4: \$360 / day  Days 5+: \$0 / day	Days 1+: 30%	There is no limit/maximum to number of days.
\$30	30%	\$40	30%	
\$300	30%	\$300	30%	
\$30	30%	\$40	30%	
\$90	30%	\$90	30%	
\$350	30%	\$350	30%	
\$5	30%	\$5	30%	
\$30	30%	\$40	30%	
\$0	30%	\$0	30%	Cost-sharing may apply if you receive other services during your preventive care visit.

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	Asuris TruAdvantage + Rx Primary (PPO)		Asuris TruAdvantage + Rx Classic (PPO)	
	In-network	Out-of-network	In-network	Out-of-network
<b>Emergency care</b>	\$90	\$90	\$90	\$90
<b>Urgently needed services</b>	\$50	\$50	\$40	\$40
<b>Diagnostic services/labs/imaging</b>				
Lab services <sup>1</sup>	\$0 - \$30	30%	\$0 - \$10	30%
Outpatient X-rays	\$30	30%	\$10	30%
Diagnostic tests and procedures <sup>1</sup>	\$30	30%	\$10	30%
Diagnostic radiology (MRI, CT, etc.) <sup>1</sup>	20%	30%	20%	30%
<b>Hearing services</b>				
Medical hearing exam	\$50	30%	\$40	30%
Routine hearing exam <sup>2</sup>	\$0	\$150	\$0	\$150
Hearing aids (1 per ear, per year) <sup>2</sup>	\$699 or \$999 per aid	Not covered	\$699 or \$999 per aid	Not covered
<b>Dental services</b>				
Medical dental services	\$50	30%	\$40	30%
Preventive dental services <sup>2</sup>	\$0	30%	\$0	30%
Comprehensive dental services - diagnostic <sup>2</sup>	Not covered; available as an optional supplemental benefit	Not covered; available as an optional supplemental benefit	\$0	50%
Comprehensive dental services - restorative <sup>2</sup>	Not covered; available as an optional supplemental benefit	Not covered; available as an optional supplemental benefit	Not covered; available as an optional supplemental benefit	Not covered; available as an optional supplemental benefit

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Asuris TruAdvantage + Rx Enhanced (PPO)		Asuris Esteem (PPO) (no Rx)		What you should know
In-network	Out-of-network	In-network	Out-of-network	
\$90	\$90	\$90	\$90	Copay waived if admitted to the hospital within 48 hours.
\$30	\$30	\$40	\$40	
\$0	30%	\$0 - \$10	30%	Lower copay amount applies to HbA1C testing; higher copay applies to all other lab services.
\$0	30%	\$10	30%	
\$0	30%	\$10	30%	
20%	30%	20%	30%	
\$30	30%	\$40	30%	
\$0	\$150	\$0	\$150	Routine hearing services provided by TruHearing® for in-network coverage. Hearing aids covered only if obtained from TruHearing.
\$599 or \$899 per aid	Not covered	\$699 or \$999 per aid	Not covered	
\$30	30%	\$40	30%	
\$0	30%	\$0	30%	Covers preventive exams, bitewing X-rays, cleanings and topical fluoride two times per calendar year. Full-mouth X-rays covered once every three years.
\$0	50%	\$0	50%	Covers diagnostic exams and intraoral-periapical X-rays two times per calendar year.
50%; \$1,000 benefit limit per calendar year	50%; \$1,000 benefit limit per calendar year	50%; \$1,000 benefit limit per calendar year	50%; \$1,000 benefit limit per calendar year	Covers crowns, dentures, partials, bridges, implants, restorations, endodontics, periodontics and oral surgery.

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	Asuris TruAdvantage + Rx Primary (PPO)		Asuris TruAdvantage + Rx Classic (PPO)	
	In-network	Out-of-network	In-network	Out-of-network
<b>Vision services</b>				
Medical vision services	\$0	30%	\$0	30%
Routine vision exam <sup>2</sup>	\$0	30%	\$0	30%
Routine vision hardware <sup>2</sup>	Lenses: \$0 Frames or contact lenses: \$100 allowance per year	Lenses: 50% Frames or contact lenses: \$100 allowance per year	Lenses: \$0 Frames or contact lenses: \$100 allowance per year	Lenses: 50% Frames or contact lenses: \$100 allowance per year
<b>Mental health services<sup>1</sup></b>				
Inpatient	Days 1-4: \$400 / day  Days 5-190: \$0 / day	Days 1-190: 30%	Days 1-4: \$360 / day  Days 5-190: \$0 / day	Days 1-190: 30%
Outpatient therapy (individual and group)	\$40	30%	\$40	30%
<b>Skilled nursing facility<sup>1</sup></b>	Days 1-20: \$0 / day  Days 21-100: \$167 / day	Days 1-100: 30%	Days 1-20: \$0 / day  Days 21-100: \$160 / day	Days 1-100: 30%
<b>Physical therapy<sup>1</sup></b>	\$40	30%	\$40	30%
<b>Ambulance (air/ground)<sup>1</sup></b>	\$275	\$275	\$275	\$275
<b>Transportation</b>	Not covered	Not covered	Not covered	Not covered
<b>Medicare Part B drugs<sup>1</sup></b>	20%	30%	20%	30%
<b>Alternative care</b>				
Acupuncture (Medicare- covered)	\$20	30%	\$20	30%
Chiropractic (Medicare-covered)	\$20	30%	\$20	30%
Chiropractic (additional) <sup>2</sup>	\$20	30%	\$20	30%

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Asuris TruAdvantage + Rx Enhanced (PPO)		Asuris Esteem (PPO) (no Rx)		What you should know
In-network	Out-of-network	In-network	Out-of-network	
\$0	30%	\$0	30%	
\$0	30%	\$0	30%	Routine vision services provided by VSP® Vision Care for in-network coverage. Covered lenses include basic single-vision, lined bifocal, lined trifocal or lenticular lenses. One pair of lenses/frames or single purchase of contact lenses per year.
Lenses: \$0 Frames or contact lenses: \$150 allowance per year	Lenses: 50% Frames or contact lenses: \$150 allowance per year	Lenses: \$0 Frames or contact lenses: \$100 allowance per year	Lenses: 50% Frames or contact lenses: \$100 allowance per year	
Days 1-5: \$310 / day Days 6-190: \$0 / per day	Days 1-190: 30%	Days 1-4: \$360 / day Days 5-190: \$0 / day	Days 1-190: 30%	There is a 190-day lifetime maximum.
\$30	30%	\$40	30%	
Days 1-20: \$0 / day Days 21-100: \$160 / day	Days 1-100: 30%	Days 1-20: \$0 / day Days 21-100: \$160 / day	Days 1-100: 30%	Up to 100 days covered per benefit period.
\$30	30%	\$40	30%	Includes occupational therapy and speech language therapy.
\$250	\$250	\$275	\$275	Copay applies for each one-way transport.
Not covered	Not covered	Not covered	Not covered	
20%	30%	20%	30%	Usually administered in a hospital setting, like chemotherapy drugs.
\$20	30%	\$20	30%	Limited to treatment of chronic low back pain.
\$20	30%	\$20	30%	Limited to manipulation of the spine to correct a subluxation.
\$20	30%	\$20	30%	Limit of 18 visits per year.

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	Asuris TruAdvantage + Rx Primary (PPO)		Asuris TruAdvantage + Rx Classic (PPO)	
	In-network	Out-of-network	In-network	Out-of-network
<b>Annual physical exam</b>	\$0	30%	\$0	30%
<b>Fitness program (Silver&amp;Fit®)<sup>2</sup></b>	\$0	Not covered	\$0	Not covered
<b>Meal delivery service<sup>2</sup></b>				
Chronic health status	\$0	Not covered	\$0	Not covered
Post-discharge	\$0	Not covered	\$0	Not covered
<b>Over-the-counter items<sup>2</sup></b>	Not covered	Not covered	Not covered	Not covered
<b>Palliative care and support<sup>2</sup></b>	\$0	30%	\$0	30%
<b>Personal emergency response system (PERS)<sup>2</sup></b>	\$0	Not covered	\$0	Not covered
<b>Podiatry services</b>				
Medicare-covered	\$50	30%	\$40	30%
Diabetic routine foot care <sup>2</sup>	\$0	30%	\$0	30%
<b>Virtual companionship<sup>2</sup></b>	\$0	Not covered	\$0	Not covered
<b>Virtual visits (telehealth)</b>	\$20	30%	\$10	30%

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Asuris TruAdvantage + Rx Enhanced (PPO)		Asuris Esteem (PPO) (no Rx)		What you should know
In-network	Out-of-network	In-network	Out-of-network	
\$0	30%	\$0	30%	In addition to the Medicare Annual Wellness Visit.
\$0	Not covered	\$0	Not covered	Fitness center membership, home fitness options including a complimentary Fitbit, weekly health coaching and more.
\$0	Not covered	\$0	Not covered	Requires enrollment in care management program. Chronic health: 2 meals/day for 56 days, 112-meal limit. Post-discharge: 2 meals per day, 28 days, 56-meal limit.
\$0	Not covered	\$0	Not covered	
Not covered	Not covered	\$40 every 3 months	\$40 every 3 months	Unused balance does not accumulate or carry over from quarter to quarter.
\$0	30%	\$0	30%	Includes care planning, pain/symptom management and counseling services for patients, caregivers and families in case of serious illness.
\$0	Not covered	\$0	Not covered	Benefit includes device and monthly monitoring services.
\$30	30%	\$40	30%	
\$0	30%	\$0	30%	Limit of 6 visits per year.
\$0	Not covered	\$0	Not covered	Virtual support services by phone. Limit of 4 visits per month; up to 60 minutes per visit.
\$5	30%	\$5	30%	Medical and mental health services provided by MDLIVE® or other provider by phone or video.

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	Asuris TruAdvantage + Rx Primary (PPO)	Asuris TruAdvantage + Rx Classic (PPO)	Asuris TruAdvantage + Rx Enhanced (PPO)
<b>Prescription deductible</b>	\$0 (Tiers 1,2) \$300 (Tiers 3,4,5)	\$0 (Tiers 1,2) \$200 (Tiers 3,4,5)	\$0

**Initial coverage** (after deductible, what you pay until you and the plan pay \$4,130 for prescription drugs)

<b>Tier 1: Preferred generic</b>	<b>1-month</b>	<b>3-month</b>	<b>1-month</b>	<b>3-month</b>	<b>1-month</b>	<b>3-month</b>
Preferred retail	\$3	\$0	\$3	\$0	\$3	\$0
Mail order	\$0	\$0	\$0	\$0	\$0	\$0
Standard retail	\$10	\$20	\$10	\$20	\$10	\$20
<b>Tier 2: Generic</b>						
Preferred retail / mail order	\$13	\$26	\$13	\$26	\$8	\$16
Standard retail	\$20	\$40	\$20	\$40	\$15	\$30
<b>Tier 3: Preferred brand</b>						
Preferred retail / mail order	\$40	\$100	\$40	\$100	\$40	\$100
Standard retail	\$47	\$117.50	\$47	\$117.50	\$47	\$117.50
<b>Tier 4: Non-preferred drug</b>						
Preferred retail / mail order	40%	40%	40%	40%	40%	40%
Standard retail	45%	45%	45%	45%	45%	45%
<b>Tier 5: Specialty</b>						
Preferred retail / mail order	27%	N/A	29%	N/A	33%	N/A
Standard retail	27%	N/A	29%	N/A	33%	N/A

**Coverage gap** (what you pay after you and your plan pay \$4,130 for prescription drugs)

Generic drugs	You pay 25%
Brand-name drugs	You pay 25%

**Catastrophic coverage** (what you pay after your total out-of-pocket costs reach \$6,550)

Generic drugs	You pay the greater of \$3.70 or 5%
Brand-name drugs	You pay the greater of \$9.20 or 5%

You may pay more than your copay or coinsurance amount if you get drugs from an out-of-network pharmacy. Long-term care facility residents pay the same as at a standard retail pharmacy and are limited to a one-month supply (three-month supply is not available). Cost-sharing may change if you qualify for Extra Help. To find out if you qualify, call the Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778) between 7 a.m. and 7 p.m., Monday through Friday.

## Optional supplemental dental benefits

Optional supplemental benefits are not available for the Asuris Esteem plan and Asuris TruAdvantage + Rx Enhanced plan as they already include these benefits.

	<b>Dental Option I (for Primary PPO plan)</b>		<b>Dental Option II (for Classic PPO plan)</b>	
<b>Monthly plan premium</b> (in addition to your monthly plan and Part B premiums)	\$24		\$24	
	<b>In-network</b>	<b>Out-of-network</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>Comprehensive dental services<sup>2</sup></b>				
Diagnostic	50%; \$1,000 benefit limit per calendar year for all comprehensive dental services	50%; \$1,000 benefit limit per calendar year for all comprehensive dental services	Included in standard medical benefits	Included in standard medical benefits
Restorative			50%; \$1,000 benefit limit per calendar year	50%; \$1,000 benefit limit per calendar year

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## Pre-enrollment checklist

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Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-541-8981**.

### 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 **asuris.com/medicare** or call **1-800-541-8981** 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 are 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/co-insurance may change on January 1, 2022.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted 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 co-pay for services received by non-contracted providers.

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### Covered preventive care services

Our plans cover the following Medicare-covered preventive services, along with any additional preventive services that Medicare approves during the contract year.

Abdominal aortic aneurysm screening  
Alcohol misuse screenings and counseling  
Annual Wellness Visit  
Bone mass measurements (bone density)  
Breast cancer screening (mammogram)  
Cardiovascular disease screenings  
Cardiovascular disease behavioral therapy  
Cervical and vaginal cancer screening

Colorectal cancer screenings (multi-target stool DNA test, barium enemas, colonoscopy, fecal occult blood test or flexible sigmoidoscopies)  
Depression screening  
Diabetes screening  
Diabetes self-management training  
Glaucoma tests  
Hepatitis B virus (HBV) infection screening  
Hepatitis C screening test  
HIV screening  
Lung cancer screenings with Low Dose Computed Tomography (LDCT)

Medicare Diabetes Prevention Program (MDPP)  
Nutrition therapy services  
Obesity screenings and counseling  
Prostate cancer screenings  
Sexually transmitted infections screening and counseling  
Immunizations for flu, hepatitis B and pneumococcus  
Tobacco use cessation counseling  
“Welcome to Medicare” preventive visit (one time)

## Important information about benefits

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### Routine hearing services

For more information about your routine hearing benefits or to find a hearing provider, call TruHearing at **1-855-542-1711** (TTY: 711), 8 a.m. to 8 p.m. Monday through Friday. Or visit **truhearing.com**.

### Routine vision services

For more information about your routine vision benefits or to find a vision provider, call VSP Vision Care at **1-844-299-3401** (TTY: 1-800-428-4833), 5 a.m. to 6 p.m. Pacific time, Monday through Friday, or 7 a.m. to 5 p.m. Pacific time, Saturday and Sunday. Or visit **vsp.com**.

### Virtual companionship

Eligible members are able to receive support services, such as grocery and pharmacy pick-up/delivery, technology assistance, phone visits and more. For more information or to see if you qualify, call Papa Pals at **1-877-310-0303** (TTY: 711) 5 a.m. to 8 p.m. Pacific time, Monday through Friday, or 5 a.m. to 5 p.m. Pacific time, Saturday and Sunday. Or visit **Joinpapa.com/asuris**.

### The Silver&Fit program

Includes a basic membership at one or more participating fitness centers, plus an expanded home fitness program with two home fitness kits, one Stay Fit kit (Fitbit, Garmin, yoga or strength training), weekly 1-to-1 health coaching, and more. For more information or to sign up, call Silver&Fit at **1-888-797-8086** (TTY: 711), 5 a.m. to 6 p.m. Pacific time, Monday through Friday. Or visit **SilverandFit.com**.

### Over-the-counter items

Members of select plans receive a prepaid discount card and a list of product categories that are eligible for the OTC program. Allowance renews each quarter; unused credit does not accumulate or carry over to the next quarter. The card can be used at participating retail locations or online at **NationsOTC.com**. For more information, call Asuris Customer Service at **1-800-541-8981** (TTY: 711).

### Meal delivery service

No-cost meals for chronic condition or post-hospital stay nutritional support for those who qualify and participate in the plan's care/case management program. Mom's Meals delivers meals to all 50 states plus U.S. territories. For more information or to see if you qualify, call Asuris Customer Service at **1-800-541-8981** (TTY: 711).

### Personal emergency response system (PERS)

Receive a Lively™ Mobile Plus medical alert device and monthly monitoring per calendar year when arranged by the plan. For more information, call GreatCall at **1-800-358-9586** (TTY: 711). Or visit **greatcall.com/Asuris**.

### Virtual visits (telehealth)

Primary care and mental health visits are available by mobile app, video or phone. For more information or to schedule an appointment, call MDLIVE at **1-800-400-6354** (TTY: 711), 24 hours a day, 7 days a week. Or visit **mdlive.com**.

### 24-hour nurse line

Asuris Advice24 gives you 24/7 access to a medical professional for self-care suggestions for minor injuries and illnesses or help determining if an urgent care facility or emergency room is needed for more immediate care. Call **1-866-523-0078** (TTY: 711).

### Urgent and emergency care when you travel

If you travel outside the United States, you can leave home without worrying about access to care if you need it. The plan covers urgent care and medical emergencies anywhere in the world. Part D prescription drug coverage is not available outside the United States and its territories.



## NONDISCRIMINATION NOTICE

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

### **Asuris:**

**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, and accessible electronic formats, other formats)

**Provides 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 listed above, please contact:

#### **Medicare Customer Service**

1-800-541-8981 (TTY: 711)

#### **Customer Service for all other plans**

1-888-232-8229 (TTY: 711)

If you believe that Asuris 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 civil rights coordinator below:

#### **Medicare Customer Service**

Civil Rights Coordinator  
MS: B32AG, PO Box 1827  
Medford, OR 97501  
1-866-749-0355 (TTY: 711)  
Fax: 1-888-309-8784  
medicareappeals@asuris.com

#### **Customer Service for all other plans**

Civil Rights Coordinator  
MS CS B32B, P.O. Box 1271  
Portland, OR 97207-1271  
1-888-232-8229 (TTY: 711)  
CS@asuris.com

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

U.S. Department of Health and Human Services  
200 Independence Avenue SW,  
Room 509F HHH Building  
Washington, DC 20201

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

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

## Language assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-232-8229 (TTY: 711).

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1-888-232-8229 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-232-8229 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-232-8229 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-232-8229 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-232-8229 (телетайп: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-232-8229 (ATS : 711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-232-8229 (TTY:711) まで、お電話にてご連絡ください

Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-888-232-8229 (TTY: 711.)

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki he fika 1-888-232-8229 (TTY: 711)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-232-8229 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-232-8229 (TTY: 711)។

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-232-8229 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: 1-888-232-8229 (TTY: 711)

ማስታወሻ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፤ በሚከተለው ቁጥር ይደውሉ 1-888-232-8229 (መስማት ለተሳናቸው:- 711)።

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-232-8229 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-232-8229 (टिप्पणी: 711)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-232-8229 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-232-8229 (TTY: 711)

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-232-8229 (TTY: 711)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-232-8229 (TTY: 711)

Afaan dubbattan Oroomiffaa tiif, tajaajila gargaarsa afaanii tola ni jira. 1-888-232-8229 (TTY: 711) tiin bilbilaa.

توجه: اگر بہ زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-232-8229 (TTY: 711) تماس بگیرید.

ملحوظة: إذا كنت تتحدث فاذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-232-8229 (رقم هاتف الصم والبكم 711 TTY: 711)

This document is available electronically and may be available in other formats. A complete list of covered services can be found in our Evidence of Coverage (EOC) on our website at **asuris.com/medicare** or by calling **1-800-541-8981** (TTY: 711). Asuris Northwest Health is a PPO/PDP plan with a Medicare contract. Enrollment in Asuris Northwest Health depends on contract renewal. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Out-of-network/noncontracted providers are under no obligation to treat Asuris 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.

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 **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.

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## For more information

Prospective members call  
**1-844-278-7472** (TTY: 711)  
8 a.m. to 5 p.m., Monday  
through Friday.

Current PPO members call  
**1-800-541-8981** (TTY: 711)

Customer Service hours  
are 8 a.m. to 8 p.m., Monday  
through Friday (October 1  
through March 31, our telephone  
hours are from 8 a.m. to 8 p.m.,  
seven days a week).

