



2027 SUMMARY OF BENEFITS

January 1, 2027 – December 31, 2027

The Health Plan SecureCare SNP (HMO D-SNP)
H3672-019

A Medicare Advantage Dual Eligible Special Needs Plan for Medicare beneficiaries who are also eligible for Medicaid assistance which pays Medicare copays, coinsurance, and deductibles.

Our service area includes the following counties in **West Virginia**:

Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, Wyoming.

This document is available in other formats such as braille, large print and audio CD. For additional information on available formats, call us at **1.877.847.7915 (TTY: 711)**.

INTRODUCTION

The benefit information provided in this booklet is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, access our Evidence of Coverage online at healthplan.org/medicare. Or call us to request a copy.

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.

The Health Plan SecureCare SNP (HMO D-SNP) is an HMO plan with a Medicare and a Medicaid contract. Enrollment in The Health Plan SecureCare SNP (HMO D-SNP) depends on contract renewal.

Based on a Model of Care review, The Health Plan SecureCare SNP (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2029.

ELIGIBILITY

To join The Health Plan SecureCare SNP (HMO D-SNP) you must be entitled to Medicare Part A, be enrolled in Medicare Part B, receive certain levels of assistance from the West Virginia Department of Human Services (Medicaid) which are listed in this document (QMB, QMB+, SLMB+, and FBDE), and live in our service area.

WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

This is a Health Maintenance Organization (HMO) plan. This means that The Health Plan SecureCare SNP (HMO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. You can see current provider lists on our website at findadoc.healthplan.org. Or call us and we will send you a copy.

Our plan requires you to choose an in-network doctor to be your primary care provider (PCP). We do not require a referral from your PCP to see network providers, including network specialists, for covered services. However, some services do require prior authorization from the plan. Contact us for additional information. Even though your PCP is not required to refer you, we recommend that they help with coordinating your care. If you use providers that are not in our network, the plan may not pay for these services.

Always show both your SecureCare SNP (HMO D-SNP) card and your Medicaid card when receiving care as a member of our plan.

HOW TO REACH US

If you are a member, call toll-free: 1.877.847.7907 (TTY:711)

If you are not a member, call toll free: 1.877.847.7915 (TTY:711)

Hours of operation:

- October 1 to March 31, 8:00 a.m. to 8:00 p.m. Eastern, 7 days a week.
- April 1 to September 30, 8:00 a.m. to 8:00 p.m. Eastern, Monday through Friday.

Or visit our website: healthplan.org/medicare

This plan may enroll dual eligible beneficiaries (people who receive both Medicare and Medicaid benefits) with certain levels of assistance from the West Virginia Department of Human Services (Medicaid), as noted in this chart:

Medicaid Eligible Categories & Coverage Information	
QMB: Qualified Medicare Beneficiary	QMB helps pay Medicare Part A and Part B premiums, and other cost sharing such as deductibles, coinsurance, and copayments.
QMB+ (Plus): Qualified Medicare Beneficiary with full Medicaid	QMB Plus helps pay Medicare Part A and Part B premiums, and other cost sharing such as deductibles, coinsurance, and copayments, and includes full Medicaid benefits.
FBDE: Full Benefit Dual Eligible	FBDE includes full Medicaid benefits, and Medicaid covers some Medicare cost sharing.
SLMB+ (Plus): Specified Low-Income Medicare Beneficiary Plus	SLMB Plus includes full Medicaid benefits, and Medicaid covers some Medicare cost sharing.

‡ The cost sharing information listed in this Summary of Benefits applies to members with Medicaid eligibility in one of the categories listed in the table above. Members who are eligible under these Medicaid categories have their Medicare deductibles, coinsurance, and copayments paid by Medicaid and pay \$0 for Medicare-covered medical services on this plan. If a member of this plan loses their applicable Medicaid eligibility, they may remain enrolled in the plan for a 6 month grace (deeming) period, but until they regain their applicable Medicaid eligibility, they may be responsible for some or all Medicare cost sharing amounts (such as deductibles, copays, or coinsurance), as well as remaining balances for medical services that Medicaid does not pay. ‡



Pre-Enrollment Checklist

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 **1.877.847.7915 (TTY: 711)**.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit healthplan.org/medicare or call **1.877.847.7915, (TTY: 711)** 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.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ **Effect on Current Coverage.** Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.
- ☐ In addition to your monthly plan premium (if applicable), you must continue to pay your Medicare Part B premium if not otherwise paid by a third party like the state. 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, 2028.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Premium, Deductible, and Maximum Out-of-Pocket Limit ‡	
Monthly Plan Premium	\$0 If you receive Extra Help from Medicare, your monthly plan premium is \$0 .
Annual Medical Deductible	\$0 If you have Medicaid assistance that pays your Medicare copays, coinsurance, and deductibles, you are not responsible for paying any out-of-pocket costs toward the annual medical deductible.
Maximum Out-of-Pocket Responsibility (Does not include Part D prescription drugs)	\$9,250 annually for in-network Medicare-covered Part A and Part B services. If you have Medicaid assistance that pays your Medicare copays, coinsurance, and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Medical Benefits	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 What You Pay On This Plan ‡
Inpatient Hospital Coverage*	\$0 copay The plan covers 90 days for each benefit period and up to 60 lifetime reserve days. 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. There's no limit to the number of benefit periods. If your hospital stay is longer than 90 days, you can use up to 60 lifetime reserve days. Once you have used up these additional 60 days, your inpatient hospital coverage will be limited to 90 days.
Outpatient Hospital Coverage*	\$0 copay
Ambulatory Surgical Center*	\$0 copay
Doctor Visit - Primary Care Provider	\$0 copay

Medical Benefits	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 What You Pay On This Plan ‡
Doctor Visit – Specialist	\$0 copay No referral is needed. However, organizational authorization may be required for out-of-network specialists.
Preventive Care (Medicare-covered zero cost sharing preventive services)	Medicare–covered zero cost sharing preventive services \$0 copay for the following: • Abdominal aortic aneurysm screenings • Alcohol misuse screenings and counseling • Bone mass measurements • Cardiovascular disease screenings • Cardiovascular disease (behavioral therapy) • Cervical and vaginal cancer screenings • Colorectal cancer screenings ◦ Blood-based biomarker tests ◦ Colonoscopies ◦ Computed tomography (CT) colonography ◦ Fecal occult blood tests ◦ Flexible sigmoidoscopies ◦ Multi-target stool DNA tests • Counseling to prevent tobacco use and tobacco-caused disease • Depression screenings • Diabetes screenings • Diabetes self-management training • Glaucoma screenings • Hepatitis B Virus (HBV) infection screenings • Hepatitis C virus screenings • Human immunodeficiency virus (HIV) services: ◦ HIV screenings ◦ Pre-exposure prophylaxis (PrEP) for HIV prevention • Lung cancer screenings • Mammograms (screening) • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Obesity behavioral therapy • Preventive visits: ◦ “Welcome to Medicare” preventive visit ◦ Yearly “Wellness” visit • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screenings • Sexually transmitted infections screenings and counseling • Shots: ◦ COVID-19 vaccines ◦ Flu vaccines

Medical Benefits	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 What You Pay On This Plan ‡
	○ Hepatitis B vaccines ○ Pneumococcal vaccines Any other preventive services approved by Medicare during the contract year will be covered
	Annual Physical Exam \$0 copay/1 per year
Emergency Care	\$0 copay If you are admitted to the hospital within 3 days for the same condition, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	\$0 copay If you are admitted to the hospital within 3 days for the same condition, you do not have to pay your share of the cost for urgently needed services.
Diagnostic Radiological Service* (such as MRIs, CT scans)	\$0 copay
Therapeutic Radiological Services* (such as radiation treatment for cancer)	\$0 copay
Lab Services*	\$0 copay
Diagnostic Tests and Procedures*	\$0 copay
Outpatient X-rays*	\$0 copay
Medicare-covered Hearing Exam	\$0 copay Exam to diagnose and treat hearing issues and balance issues
Routine Hearing Exam	\$0 copay for one exam every year

Medical Benefits	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 What You Pay On This Plan ‡
Hearing Aids	\$0 copay for hearing aids - This plan will cover up to \$2,000 every two years towards hearing aids, both ears combined. There is a limit of one hearing aid per ear. After this plan has paid our share, you will be responsible for the remaining cost(s). - Includes 2-year supply of batteries per aid (non-rechargeable models only) after purchase. - \$0 copay for provider visits for fittings and adjustments, covered for 12 months after hearing aid purchase. A TruHearing provider must be used, and the benefit is limited to models in the applicable TruHearing catalog.
Medicare-covered Dental Services*	\$0 copay
Routine Dental Services	\$0 copay for preventive and most dental services. Preventive dental services: • 3 exams every year • 2 cleanings and 1 set of bitewing X-rays every year • 1 full mouth X-ray every 3 years \$3,000 plan coverage limit each year for preventive and most dental services. Dental services require the use of a plan participating provider. Liberty Dental providers are considered in-network for this plan.
Vision Services: Medicare-covered vision exam to diagnose and treat conditions of the eye	\$0 copay
Vision Services: Medicare-covered eyewear	\$0 copay Limited coverage of eyewear related to cataract surgery.
Vision Services: Routine eye exam	\$0 copay for one exam per year Non-Medicare covered routine vision is provided through plan participating providers. Contact us for more details.
Vision Services: Routine eyewear	\$0 copay Our plan pays up to \$200 every year for routine eyewear that is purchased through a plan provider.

Medical Benefits	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 What You Pay On This Plan ‡
Inpatient Mental Health Services*	\$0 copay The plan covers 90 days for each benefit period and up to 60 lifetime reserve days. 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. There's no limit to the number of benefit periods. If your hospital stay is longer than 90 days, you can use up to 60 lifetime reserve days. Once you have used up these additional 60 days, your inpatient hospital coverage will be limited to 90 days.
Outpatient Individual and Group Mental Health Therapy Visit	\$0 copay
Skilled Nursing Facility* (Per benefit period, as defined by Original Medicare)	\$0 copay Our plan covers up to 100 days in a skilled nursing facility during each benefit period.
Physical Therapy*	\$0 copay
Ambulance	\$0 copay Authorization required for non-emergency Medicare-covered ambulance services.
Transportation (Routine)	\$0 copay Benefit allows up to 20 round trips to health related locations (and/or, for SSBCI eligible members, plan approved non-medical needs locations ◀), up to \$750 annual plan limit. The member must contact our transportation vendor to arrange transportation. Benefits marked with ◀ are Special Supplemental Benefits for the Chronically Ill (SSBCI), for qualifying members with conditions such as diabetes mellitus, cardiovascular disorders, chronic heart failure, cancer, and chronic lung disorders. A complete list of conditions and more details are available on page 12. Having a listed condition does not guarantee eligibility. Other requirements apply.
Medicare Part B Drugs* Part B drugs may be subject to step therapy. See Evidence of Coverage for details.	\$0 copay

Services with an * may require your provider to obtain prior authorization from the plan.

Prescription Coverage

This plan includes Medicare Part D Prescription coverage. In most cases you need to get your drugs at participating network retail and mail order pharmacies. Please go to healthplan.org/medicare to see the most up to date pharmacy directory or call us to discuss.

Specialty Tier Drugs have a 30-day supply limit.

What You Will Pay ‡

Annual Part D Prescription Drug Deductible	If you have Low Income Subsidy/Part D Extra Help, you will not have a deductible for your Part D Prescription Drugs. If you DO NOT have Low Income Subsidy/Part D Extra Help, you will pay the standard Part D Prescription deductible of \$700.
After you have paid the deductible amount (if applicable to you) and until you have reached the maximum out-of-pocket amount of \$2,400, you will pay the standard Medicare Part D prescription cost shares listed here:	If you have Low Income Subsidy/Part D Extra help, your cost shares will depend on your level of eligibility and will be: Tier 1: \$0 for all drugs Tier 2 – Tier 5: <i>For covered generic drugs (including some brand drugs treated as generics):</i> \$0, \$1.65, or \$5.80 <i>For all other covered drugs:</i> \$0, \$5.00, or \$14.40 If you DO NOT have Low Income Subsidy/Part D Extra Help, you will pay \$0 for Tier 1 drugs and the standard Part D prescription cost sharing of 25% of the total cost for drugs on Tier 2, Tier 3, Tier 4, and Tier 5.
Catastrophic Coverage	You pay nothing for covered Part D drugs if you reach the Catastrophic Coverage Stage.
IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR INSULIN AND VACCINES	
You won't will pay more than \$35 for a one-month supply for each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.	
Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call member services for more information.	

 Additional Benefits 	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 What You Pay On This Plan ‡
Meals	\$0 copay for meals provided through the approved vendor. When you get home after an inpatient hospital stay or immediately following surgery, we cover up to 2 home delivered meals per day for 7 days after discharge. Covered up to 4 times per year.
Personal Emergency Response System (PERS)	\$0 copay Plan covers a personal emergency response system and monthly monitoring fee. This must be received through our contracted vendor.
Flex Debit Card: Over-the-Counter Items (OTC) Healthy Food ◀ Utility Bill Assistance ◀	\$0 copay Every month, \$95 will be loaded onto a provided debit card to spend at participating retailers toward the purchase of approved items and services. This is a combined limit and may be used for over-the-counter items and/or, for SSBCI eligible members only, healthy food purchases ◀ and/or utility bill assistance ◀. Any unused amounts will not carry over to the next month. Unused amounts will also not carry over to the next calendar year. Benefits marked with ◀ are Special Supplemental Benefits for the Chronically Ill (SSBCI), for qualifying members with conditions such as diabetes mellitus, cardiovascular disorders, chronic heart failure, cancer, and chronic lung disorders. A complete list of conditions and more details are available at the end of this benefit chart. Having a listed condition does not guarantee eligibility. Other requirements apply.
Medicare-covered Foot Exams and Treatment (Podiatry)	\$0 copay
Routine Foot Care (Podiatry)	\$0 copay Routine foot care is covered for up to 4 visits every year.
Durable Medical Equipment* (like wheelchairs and oxygen)	\$0 copay Durable medical equipment must meet certain criteria to be covered. Contact the plan for more details.
Prosthetics* (like braces and artificial limbs)	\$0 copay

 Additional Benefits 	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 What You Pay On This Plan ‡
Diabetic Monitoring Supplies*	\$0 copay Only Roche/Accu-Check or Abbott/Freestyle supplies are covered. Coverage is limited to 100 strips for a 30-day supply. Additional quantities require coverage review.
Diabetic Therapeutic Shoes or Inserts*	\$0 copay
Health/Wellness Programs (like fitness, tobacco cessation, etc.)	\$0 copay SilverSneakers is the fitness program covered by this plan.
Home Health Care	\$0 copay
Cardiac/Pulmonary Rehabilitation Services	\$0 copay
Chiropractic Services*	\$0 copay This plan covers Medicare-covered chiropractic services only.
Telehealth Services	\$0 copay This applies to: • Primary Care Physician Services • Physician Specialist Services • Individual Sessions for Mental Health Specialty Services • Individual Sessions for Psychiatric Services • Individual Sessions for Outpatient Substance Abuse Services must be accessed through our contracted vendor.
Wellness Incentive Program	Earn \$25 on your InComm card after receiving any of these services: • Breast Cancer Screening • Colorectal Cancer Screening • Annual Wellness Visit Limit one incentive reward per service per year.

Services with an * may require your provider to obtain prior authorization from the plan.

Services marked with ◀ are Special Supplemental Benefits for the Chronically Ill (SSBCI), for qualifying members with one or more of the following chronic conditions: cardiovascular disorders, chronic heart failure, diabetes mellitus, chronic alcohol use disorder and other substance use disorders (SUDs), autoimmune disorders, cancer, dementia, overweight, obesity, and metabolic syndrome, chronic gastrointestinal disease, chronic kidney disease (CKD), severe hematologic disorders, HIV/AIDS, chronic lung disorders, chronic and disabling mental health conditions, neurologic disorders, stroke, post-organ transplantation,

immunodeficiency and immunosuppressive disorders, conditions associated with cognitive impairment, conditions with functional challenges, chronic conditions that impair vision, hearing (deafness), taste, touch, and smell, and conditions that require continued therapy services in order for individuals to maintain or retain functioning.

Having a listed condition does not guarantee eligibility for SSBCI benefits; you must be chronically ill to qualify, with one or more medically complex conditions that are life threatening or significantly limit overall health or function, have a high risk of hospitalization or other adverse health outcomes, and require intensive care coordination.

Eligibility will be determined upon member or provider request by The Health Plan after enrollment, based on information collected from you and your health care providers. All applicable eligibility requirements must be met before the benefits are provided. For details, please contact us.

This plan may enroll dual eligible beneficiaries (people who receive both Medicare and Medicaid benefits) with certain levels of assistance from the West Virginia Department of Human Services (Medicaid), as noted in this chart:

Medicaid Eligible Categories & Coverage Information	
QMB: Qualified Medicare Beneficiary	QMB helps pay Medicare Part A and Part B premiums, and other cost sharing such as deductibles, coinsurance, and copayments.
QMB+ (Plus): Qualified Medicare Beneficiary with full Medicaid	QMB Plus helps pay Medicare Part A and Part B premiums, and other cost sharing such as deductibles, coinsurance, and copayments, and includes full Medicaid benefits.
FBDE: Full Benefit Dual Eligible	FBDE includes full Medicaid benefits, and Medicaid covers some Medicare cost sharing.
SLMB+ (Plus): Specified Low-Income Medicare Beneficiary Plus	SLMB Plus includes full Medicaid benefits, and Medicaid covers some Medicare cost sharing.

‡ The cost sharing information listed in this Summary of Benefits applies to members with Medicaid eligibility in one of the categories listed in the table above. Members who are eligible under these Medicaid categories have their Medicare deductibles, coinsurance, and copayments paid by Medicaid and pay \$0 for Medicare-covered medical services on this plan. If a member of this plan loses their applicable Medicaid eligibility, they may remain enrolled in the plan for a 6 month grace (deeming) period, but until they regain their applicable Medicaid eligibility, they may be responsible for some or all Medicare cost sharing amounts (such as deductibles, copays, or coinsurance), as well as remaining balances for medical services that Medicaid does not pay. ‡

Summary of Medicaid-Covered Benefits for Plan H3672-019

The Health Plan SecureCare SNP (HMO D-SNP)

January 1, 2027 – December 31, 2027

State of West Virginia

The benefits previously described in this document summarize what is covered by The Health Plan SecureCare SNP (HMO D-SNP), which is a coordination-only plan and does not directly administer any state Medicaid benefits.

The chart on the next page gives a summary of Medicaid benefits and benefits under The Health Plan SecureCare SNP (HMO D-SNP). Medicaid may cover additional benefits that are not listed below, and there may be limitations on some services beyond what is listed below.

Medicaid is usually the payer of last resort — this means that as a member of our plan, we will process your claims first.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call West Virginia Department of Human Services (Medicaid) at 1.877.716.1212 (TTY:711), Monday–Friday, 9:00 a.m. until 5:00 p.m.

For more information, you can also visit the WV Medicaid website at bms.wv.gov.

WV Medicaid Benefits Summary

	MEDICAID	The Health Plan SecureCare SNP (HMO D-SNP)
Inpatient Hospital Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Emergency Care	Covered	Covered
Diagnostic Tests, Lab, and Radiology Services and X-Rays	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
Transportation (Routine)	Covered with limitations	Covered
Prescription Drug Benefits	Covered	Covered
Chiropractic Care	Covered with limitations	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Covered	Covered
Home Health Care	Covered with limitations	Covered
Hospice	Covered	Covered (see EOC for details)
Outpatient Hospital Services	Covered	Covered
Prosthetic Devices	Covered	Covered
Physical/Speech/Occupational Therapy	Covered with limitations	Covered
Hearing Services	Covered with limitations	Covered
Vision Services	Covered with limitations	Covered
Dental Services	Covered with limitations	Covered

Discrimination is Against the Law

The Health Plan of West Virginia (The Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex (consistent with the scope of sex discrimination as described by applicable law).

The Health Plan does not exclude people or treat them less favorably because of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex.

The Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Director, Health Equity & Wellness.

If you believe that The Health Plan of West Virginia has failed to provide these services or discriminated in another way on the basis of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex, you can file a grievance with: Director, Health Equity & Wellness, 1110 Main Street, Wheeling, West Virginia 26003, Phone: 740.699.6142, TTY: 711, Fax: 740.699.6163, civilrightscoordinator@healthplan.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Director, Health Equity & Wellness is available to help you.

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, 1.800.537.7697 (TDD)

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

This notice is available at The Health Plan's website: healthplan.org.



1110 Main Street, Wheeling, WV 26003-2704 | healthplan.org

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1.877.847.7907 (TTY: 711) or speak to your provider.

Spanish

Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1.877.847.7907 (TTY: 711) o hable con su proveedor.

Chinese (Simplified)

中文 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1.877.847.7907 (TTY: 711) 或咨询您的服务提供者。

Chinese (Traditional)

中文

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1.877.847.7907 (TTY: 711) 或與您的提供者討論。

German

Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1.877.847.7907 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Arabic

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1.877.847.7907 (TTY: 711) أو تحدث إلى مقدم الخدمة.

Pennsylvania Dutch

Hinweis: Wenn du Pennsylvaniä Deitsch redst, kannst du kostenlose Sprachhilfe-Dienste nutze. Auwersichtliche Hilfsmittel und Dienste, um Information in zugängliche Formate zu gebbe, sin au kostenlos verfügbar. Ruf 1.877.847.7907 (TTY: 711) an oder red mit deinem Anbieter für Hilfe.

Russian

РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1.877.847.7907 (TTY: 711) или обратитесь к своему поставщику услуг.

French

Français

ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1.877.847.7907 (TTY: 711) ou parlez à votre fournisseur.

Vietnamese

Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1.877.847.7907 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Korean

한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1.877.847.7907 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Cushite (Oromo)

HUBACHIISA: Afaan Oromoo dubbattu yoo ta’eef, tajaajilli gargaarsa Afaan Hiikuu (Turjumaanaa) bilisaan kan isiniif dhiyaatu ta’a. Gargaarsi walqabataa fi tajaajilli sirrii ta’ee fi odeeffannoo bifa unkaalee dhaqqabamoo ta’aaniin kennuunis bilisaan ni argama. 1.877.847.7907 (TTY: 711) irratti bilbilaa ykn dhiyeessaa keessan waliin haasa’aa.

Japanese

日本語

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1.877.847.7907 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

Italian

Italiano

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama 1.877.847.7907 (TTY: 711) o parla con il tuo fornitore.

Dutch

Nederlands

LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1.877.847.7907 (TTY: 711) of spreek met je provider.

Ukrainian

українська мова

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1.877.847.7907 (TTY: 711) або зверніться до свого постачальника.

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii gratuite de asistență lingvistică. De asemenea, sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru a furniza informații în formate accesibile. Sunați la 1.877.847.7907 (TTY: 711) sau vorbiți cu furnizorul dvs.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1.877.847.7907 (TTY: 711) o makipag-usap sa iyong provider.

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