5/6/2025

DISABILITY BOARD AGENDA
210 W. 6TH AVE, KENNEWICK CITY HALL
CASCADE CONFERENCE ROOM

4:30 PM

1. **CALL TO ORDER**
2. **ATTENDANCE**
3. **PUBLIC COMMENT**
4. **APPROVAL OF MINUTES**
   a. Approval of the minutes dated April 1, 2025
5. **FIRE CLAIMS: NONE**
6. **POLICE CLAIMS: NONE**
7. **NEW BUSINESS**
   a. Claim: Police Member #5 is requesting reimbursement for a dental claim
   b. Claim: Police Member # 4 is requesting reimbursement for a glasses claim
8. **UNFINISHED BUSINESS: NONE**
9. **BOARD COMMENTS/DISCUSSION**
10. **CONCLUSION**

NEXT MEETING DATE: JUNE 3, 2025

DISABILITY BOARD
REGULAR MEETING
April1, 2025 - DRAFT

1. **CALL TO ORDER:** Mayor Crawford called the regular meeting of the Kennewick Disability Board to order at 4:39 p.m. The late start was due to unsuccessful attempts to reach a board member by phone.

2. **ATTENDANCE:**

Board Members Present:
Gretl Crawford, *Mayor*
Chuck Torelli, *Mayor Pro Tem*
Dennis Waters, *Fire Representative*

City Staff Present:
Krystal Johnston, *Acting Board Secretary*
Richard Stoddard, *Accounting Supervisor*

3. **PUBLIC COMMENT:** NONE

4. **APPROVAL OF MINUTES:**

Ms. Johnston clarified that according to Robert's Rules of Order, newly elected members have the right to vote on the minutes from meetings that occurred before they joined the Board.

Motion/second/carried unanimously to approve the March 4, 2025 minutes as presented.

5. **FIRE CLAIMS:** NONE

6. **POLICE CLAIMS:** NONE

7. **NEW BUSINESS:**
   a. **Pre-approval: Police Member #23 is requesting preapproval for hearing aids**: The Board briefly discussed the claim.

Motion/second/carried unanimously to direct the member to submit itemized quotes from Costco and Hearing Healthcare Associates with equipment and care plan costs listed separately.

   b. **WSLEA Conference Approval to Attend**: Ms. Johnston outlined the efforts made to locate registration and conference information online, as well as to confirm whether WSLEA is a registered non-profit organization. This investigation arose because their previous website is now linked to a casino and calls to event organizers were not successful.

   Through thorough research, the City Clerk's office successfully found registration materials from another city. Upon examining the conference agenda and previous Disability Board meeting documents, it became apparent that the benefits of the sessions for the Disability Board were unclear, and there was no documented process for debriefing those who did not attend.

   Lastly, there was no evidence to suggest that the City of Kennewick is a member of WSLEA, as no dues payments were recorded in the City's financial system.

Motion/second/carried unanimously to deny sending a delegate due to lack of information and lack of a formal request for participation by board members present.

8. **UNFINISHED BUSINESS: NONE**

9. **BOARD COMMENTS/DISCUSSION:**

   Commissioner Waters spoke to his efforts to get in touch with Fire members who have not submitted their required paperwork. He will work directly with Secretary Ralston about his next steps. Commissioner Waters suggested the police member seeking assistance with his claims might find it helpful to work directly with Commissioner Kraft.

   Commissioner Waters will reach out to Chief Thrall, current president of the WSLEA to get good contact information and a better understanding of the conference.

10. **CONCLUSION:** Mayor Crawford concluded the meeting at 4:58 p.m.

DRAFT
Krystal Johnston, CMC, CPRO
Acting Disability Board Secretary

member #5

LEOFF I – CERTIFICATION CLAIM FORM – Police

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.
I **further certify** that I am an active/retired member of the Kennewick Police Department; that the following claim was required by an allowable provider; **I am enclosing the required explanation of benefits**; and that I am eligible for reimbursement under the following plan(s):

Asuris [ ] Medicare [ ] Other [ ] _____

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
3/24/25	Dental Injury	Clearwater Dental	42.00	$42.00
3/24/25	" "	Columbia River Endodontics	410.00	410.00

TOTAL: $452.00

[redacted] [redacted]

4/1/25
Date

Board Use Only

RECEIVED
APR 02 2025
CITY OF KENNEWICK
CITY CLERK'S OFFICE

TO: Kennewick Disability Board
RE: Persistent Dental Injury

Dear Board;

Last September 9th, I submitted a request for reimbursement of $240.87 in reference to charges I incurred from my (then) dentist, Dr. Rowe. I was experiencing pain in a tooth after biting down on a piece of walnut shell in a salad I was eating back in July. Dr. Rowe was relatively certain I had cracked the tooth but since it was only periodically painful, he adopted a "wait & see" attitude as far as any treatment was concerned. The board approved the reimbursement & I have been essentially tolerating the tooth ever since, hoping it would be something transient and not need further treatment. It has continued to bother me periodically ever since.

On March 24th, I was seen by Dr. Rose with Clearwater Dental for a second opinion on the tooth. A cracked tooth can be difficult to diagnose because the crack is often invisible on an Xray. Dr. Rose did an examination and essentially concurred with Dr. Rowe but referred me to Columbia River Endodontics for a more definitive diagnosis. I was seen there the same day (March 24th) by Dr. Dadresanfar who X-rayed the tooth with a more sophisticated machine and was able to see evidence of a crack in the root of the tooth.

The combined total out-of-pocket expense to get this tooth diagnosed was $452.00, which I'm submitting to the board for consideration of reimbursement. I have been referred (by Dr. Rose) to Columbia Basin Oral & Maxillofacial Surgeons to have the broken tooth extracted in the near future. Since it is a primary molar, an implant will be necessary for me to properly chew.

At the present time, the pain in the tooth fluctuates but it's steadily getting worse. Dr. Dadresanfar informed me that it will eventually get abscessed & could get infected and advised it's best not to wait until that happens. If the Board needs some kind of preauthorization regarding the charges that will be incurred at Columbia Basin Oral, I will need to be advised of that. If the tooth becomes chronic, it could possibly need removal on an emergency basis before I would have a chance to do that.

Thank you for your consideration.

[redacted]

Patient Notes Master

FOR

[redacted]

Today

Date Entered	Format	Type	Tooth	Status	User	
3/24/25 2:53 PM	Text	Chart	30	Verified	Sarah Rea	This note has not been modified

PT PRESENTS FOR: Consult on previous diagnoses of tooth extraction #30 (Dr. Rowe diagnoses) due to likely root fracture.
PT REPORTS: Pt reports biting down on a walnut while eating a salad back in June2025, felt an excruciating pain and ever since has had on and off again pain in that area. Pt said the pain can last for awhile and then go away for a month or two but whenever the pain comes back it is often worse than before. Today it isn't hurting as bad but when he called to schedule appt last week it was really painful. Pt said Dr. Rowe (Ideal Dentistry) has been monitoring the situation since last June. At first, things appeared to be inconclusive, and they chose to monitor the symptoms. As things progress, however, Dr. Rowe determined the pt was likely experiencing a fractured root and tooth #30 would need to be extracted. Pt is here today to get a 2nd opinion.
HEALTH Hx: Dr reviewed with patient – no changes.
PA: PA revealed #30 w/ existing crown and root canal, possible PDL thickening around Distal root but otherwise appeared WNL.
RADIOGRAPHIC FINDINGS: No PARL or recurrent decay detected, possible PDL thickening noted around distal root #30.
Clinically: #30 is tender to the touch and when the pt pushes on it with his finger or tongue, pt reports being able to eat on it without too much issue though.
Dx: Dr Rose informed pt based on his onset of symptoms and what he is currently experiencing that #30 root fracture is a likely possibility. Also informed pt that teeth w/ existing root canals can also become re-infected and need RCT retreats which can present with similar tooth pain. Neither of these diagnoses can be verified on our X-ray but Dr Rose recommended the pt have a consult w/ our endodontist and have a Conebeam taken to further evaluate the area before deciding to potentially have to tooth removed due to suspicion of root fracture.
Tx RECOMMENDED: 1) If the tooth has a root fracture it will need to be extracted, leaving a space to need to be restored afterwards. Discussed replacing space w/ implant and crown. Pt is familiar with the process because he already has an implant and would like to do that option over a bridge. 2) If it is determined an RCT retreat is needed at the endodontist, informed pt they will do treatment at their office. Pt understood.
Dr discussed Dx, Tx options and RBAs and reviewed radiographs and findings with the patient. All questions answered and patient left in good condition.
REFERRAL: CRE and CBOMS (if EXT needed)
DR/ASSISTANT: ROSE/SJR
NV: Consult w/ CRE for conebeam and eval LR

March 24, 2025

Eric Rose, D.M.D.
5000 Clearwater
Kennewick WA 99336

Dear Dr. Rose,

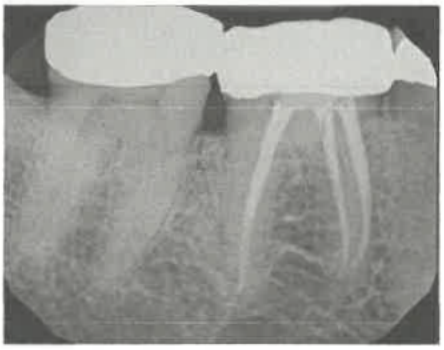
Thank you for the referral for endodontic therapy. We appreciate your trust and confidence in allowing us to care for your patients.

Patient: [redacted]
Tooth: #30
Date of Service: March 24, 2025
Procedure: Endodontic Evaluation with CBCT scan
Remarks: No Endodontic treatment recommended at this time. We suspect a possible crack due to a lateral lesion on the distal root on CBCT, and recommend monitoring for possible extraction in the future if symptoms worsen.
Status: Patient to Monitor Symptoms

Thanks again for your referral!

Sincerely,

Bahareh Dadresanfar, D.D.S.
Office: 509-783-1335
Cell: 509-316-5800



Pre Op#30
03/24/2025

Columbia River Endodontics
7409 W. Grandridge Blvd
Kennewick, WA 99336
Phone: 509-783-1335

[redacted]

Date: 04/01/2025
Acct # 46452

Date	Description	Amount
03/24/2025	[redacted]	
	140 #30 limited evaluation	150.00
	220 #30 X-ray - 1st PA	26.00
	364 #30 CBCT Capture & Interp	234.00
	Credit Card Payment	-410.00

End Balance: 0.00

ACCOUNT HISTORY REPORT

FOR

35518: [redacted]

Yesterday

Account Aging	
Current:	$0.00
30 Days:	$0.00
60 Days:	$0.00
90 Days:	$0.00
Contract:	$0.00
Balance Due:	$0.00
Estimated Insurance:	$0.00
Balance Due Now:	**$0.00**

Date	Name	Provider	Type	Description	Debit	Credit	Balance
			>>>>>>>>> Sum of all account activity prior to 3/24/2025				$0.00
3/24/2025	[redacted]	01	Service	00220 Pa X-ray,first Flm Tooth 30	$42.00		$42.00
3/24/2025		16	Service	09310 Consultation	$0.00		$42.00
3/24/2025			Acct Pmt	Credit Card		$42.00	$0.00
3/24/2025		BT	PM Note	EMAILED REF TO CRENDO #30 WITH PA. ALSO IN SD IS REF FOR CBOMS #30 IF HE DECIDES TO HAVE IT EXT. REF WAS NOT SENT TO CBOMS BT			$0.00
			>>>>>>>>> Sum of all account activity after 3/24/2025				$0.00
					$42.00	$42.00	$0.00

September 9, 2024

TO: Kennewick Disability Board
RE: Attached Requests for Reimbursement

Dear Board:

Attached, you will find two requests for reimbursement for medical/dental services not covered by our insurance.

Issue #1: In May of this year, a temporary spinal cord stimulator was surgically implanted in my back at Apex Spine. Part of the pre-requisite for getting this implanted was undergoing a "psychological evaluation" (via phone). No one has ever owned up to who actually "required" this-Apex says it was the insurance company, but they say no, wasn't them, but at any rate, I was charged $100.00 for this (up front) and the provider refused to bill our insurance, even though there was coverage. They wanted the full $100 bucks so that's what they got. I turned the bill into our insurance for re-imbursement, which turned into a very lengthy process (it was initially sent to the wrong address and, rather than forward it on, they ash canned it). I was eventually sent a "re-imbursement" check by our insurance company for $33.34 and advised this is all they would pay for this service (see attached). No wonder the provider wouldn't accept our insurance. I didn't receive the (attached) EOB regarding this matter until about a month ago. I am enclosing all the documentation regarding this matter that was forwarded to me.

Issue #2: While eating a salad in late June, I bit down on a piece of walnut shell and injured a molar on the lower right side of my jaw. After three weeks, it hadn't quit hurting, so I saw my dentist, Dr. Rowe. He examined and x-rayed it but couldn't come to a definitive diagnosis so advised me to let a few more weeks go by and see how it did. After two more weeks, the tooth was still hurting so I re-visited Dr. Rowe. Using his drill, he created a small gap between the molar and the tooth opposed to it so less pressure would be exerted on the effected tooth. That has helped, but it's still bothering me. Dr. Rowe now feels fairly certain that the tooth was cracked when I bit down on it and may have to be extracted at a later date if it becomes chronic. There was no charge for the second visit. Needless to say, there was no insurance coverage for any of this, so it was entirely out of pocket. Again, I believe I have attached all the paperwork the board will need to evaluate this matter for re-imbursement. **Please note the fact that for the time being, I am not seeking further treatment for the tooth but, depending on how chronic it gets, it might need further treatment in the future which could include extraction and implantation of a prosthetic tooth.**

Please let me know if you have any questions. Thank you for your consideration in this matter.

[redacted]

Letter of explanation submitted to the board on 9/9/24 RE: current dental issue.

member #4

LEOFF I – CERTIFICATION CLAIM FORM – POLICE

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.
I **further certify** that I am an active/retired member of the Kennewick Police Department; that the following claim was required by an allowable provider; **I am enclosing the required explanation of benefits**; and that I am eligible for reimbursement under the following plan(s):

Premera Blue Cross [ ] Medicare [✓] Other [ ] _____

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
4-2-25	EYE EXAMINATION	CENTER VISION CLINIC	$197.00	$111.88

TOTAL: $111.88

[redacted] [redacted] 4-4-25

Print Name Signature Date

Board Use

Meeting Date _____ Chairman _____ Council Member _____

Approved _____ Chairman Pro-tem _____ Council Member _____

Denied _____ Member "At Large" _____

RECEIVED
APR 02 2025
CITY OF KENNEWICK
CITY CLERK'S OFFICE

Center Vision Clinic
8127 W Grandridge Blvd, Ste 11
Kennewick WA 99336-7166

Center Vision Clinic

Phone (509) 783-8383
Fax (509) 735-2592
admin@centervisionclinic.org

Date of Service: 04/02/2025

[redacted]

Invoice: 57314
Patient: [redacted]
Provider: Dr. Banta, Aaron

Bill Code	Proc Code	Description	Insurance	Amount	Insur	Patient
POF	V2020	Patient Owned Frame - Handling/Pr...	Eyefinity	25.00	0.00	25.00
TF-7x28	V2303	Qnt 2: Trifocal - Flat Top 7x28	Eyefinity	170.00	170.00	0.00
VSP Poly...	V2784	Qnt 2: (AD) VSP Polycarbonate MF...	Eyefinity	44.00	9.00	35.00
VSP AR A	V2750	Qnt 2: (QM) VSP A/R - A SV & MF	Eyefinity	59.00	18.00	41.00
Nose Pads		Nose Pads Replacement		10.00	0.00	10.00
TAX		Sales Tax		0.88	0.00	0.88
04/02/2025		Patient - Credit Card VISA		-111.88	0.00	-111.88
Balance		Invoice Balance:		$197.00	197.00	0.00
		Previous Balance:			$70.00	$0.00
		Overall Balance:			**$267.00**	**$0.00**

To login to the Patient Portal visit the website: https://www.crystalpm.com/PatientPortal.jsp?crystalpmid=7608
username: [redacted]
password: password hidden
Portal allows access to view/download/transmit medical records and gives ability to send secure messages to our office.
If we are billing your insurance, plan benefits are not a guarantee of payment. You will be responsible for any overages after your claim processes.

PO Box 997100
Sacramento, CA 95899-7100

vsp vision care

IMPORTANT REGENCE PLAN INFORMATION
556266010 / 30028049 / 8277576900

[redacted]

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Notice of Denial of Payment

Date: 2025-04-12

Member#: [redacted]

Name: [redacted]

Date(s) of Service: 2025-04-02

Provider Name: Aaron Banta, OD

Claim Number: 556266010

Coverage for your medical services/items was denied

We've denied the payment of the medical services/items listed below that you or your doctor requested:

CPT Code	Description of Service	Denial Code
V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	7K
V2750	ANTI-REFLECTIVE COATING PER LENS	7K

Why was coverage denied?

We denied the payment of medical services/items listed above because:

Denial Code	Denial Description
7K	Service is not a covered benefit.

Share a copy of this decision with your doctor and discuss next steps. If your doctor asked for coverage on your behalf, we already sent them a copy of this denial notice.

You have the right to appeal our decision

You have the right to ask Regence MedAdvantage (PPO) to review our decision by asking us for an appeal within **65 calendar days** of the date of this notice. If you ask for an appeal after 65 days, you must explain why your appeal is late. See "How to ask for an appeal with Regence MedAdvantage (PPO)" on the next page.

How to keep your services while we review your case: If we're stopping or reducing a service, you can keep getting the service while your case is being reviewed . **For service to continue, you must ask for an appeal within 10 days** of the date of this notice or before the service is stopped or reduced, whichever is later. Your doctor must agree that you should continue getting the service. You may have to pay for these services if you lose your appeal.

If you want someone else to act for you

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at: 1-800-541-8981 to learn how to name your representative. TTY users call 711.

Important Information About Your Appeal Rights

There are 2 kinds of appeals with Regence MedAdvantage (PPO)

Standard Appeal

- **Request for Service:** For services you haven't received yet, we'll give you a written decision within **30**

days after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed.

- **Request for Payment:** For appeals related to payment of a medical service/item you already received, we'll give you a written decision within **60 days**. You can't ask for a fast appeal if you're asking us to pay you back for a medical service/item you already received.

Fast Appeal (only available for service requests)

- We'll give you a decision on a fast appeal within 72 hours after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting for a standard appeal.

- We'll automatically give you a fast appeal if a doctor asks for one for you or supports your request. For a fast appeal without support from a doctor, we'll decide whether your request requires a fast appeal. If we don't give you a fast appeal, we'll process a standard appeal.

How to ask for an appeal with Regence MedAdvantage (PPO)

Step 1: You, your representative, or your doctor can ask for an appeal. Your written request must include:

- Your name
- Address
- Plan Member number
- Reasons for appealing
- Whether you want a standard or fast appeal (for a fast appeal, explain why you need one).
- Any evidence you want us to review, like medical records, doctor supporting statements, or other information that explains why you need the medical service/item.

If you're asking for an appeal and missed the deadline, you can ask for an extension and should include your reason for being late.

Keep a copy of everything you send for your records.

Step 2: Submit your appeal by mail, phone, fax, or online.

For a Standard Appeal:

Mailing Address:
Regence MedAdvantage (PPO)
Attn: Appeals & Grievances, M/S B32AG
PO Box 1827
Medford, OR 97501

In Person Delivery Address:
Regence MedAdvantage (PPO)
2057 Commerce Dr
Medford, OR 97504

Phone:	866-749-0355
TTY Users Call:	711
Fax:	888-309-8784

If you ask for a standard appeal by phone, we will send you a letter confirming what you told us.

For a Fast Appeal:	Phone:	866-749-0355
	TTY Users Call:	711
	Fax:	888-309-8784

What happens next

If you ask for an appeal and we continue to deny your request for payment of a medical service/item, we'll automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

Get help & more information

- Regence MedAdvantage (PPO) Toll Free: 800-541-8981 TTY users call: 711
- Regence MedAdvantage (PPO) hours of operation are:
  - April 1 to September 30, 8:00 a.m. - 8:00 p.m., Monday thru Friday. Oc
  - ober 1 to March 31, 8:00 a.m. - 8:00 p.m., seven days a week
- **Medicare:** 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048
- Medicare Rights Center: 1-888-HMO-9050
- Eldercare Locator: Call 1-800-677-1116 or Eldercare.acl.gov/Public/Index.aspx to find help in your community.
- **State Health Insurance Program:** call your State Health Insurance Assistance Program for free, personalized health insurance counseling. Visit SHIPhelp.org or call 1-877-839-2675 to get the number for your local SHIP.

Get information in another format

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0829. This information collection is for the notice Medicare health plans must provide when a request for either a medical service or payment is denied, in whole or in part. The time required to complete this information collection is estimated to average less than 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory under Section 1852(g)(1)(B) of the Act and the regulatory authority set forth in Subpart M of Part 422 at 42 CFR 422.568, 422.572, 417.600(b), and 417.840. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-541-8981. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sabre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-541-8981. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-541-8981 我 们的中文工作人员很乐意帮助您。这是 一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，請此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-541-8981 。我們講中 文的人員將樂意為您提供幫助。這 是 一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-541-8981. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interpretation, ii vous suffit de nous appeler au 1-800-541-8981. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễnphí đê trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-541-8981 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-541-8981. Man wird Ihnen dart auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-541-8981 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-541-8981. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: لغة خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لديك. للحصول على مترجم فوري، فبي فقط سوف الاتصال بنا على 1-800-541-8981 سيوفر شخص ما يتحدث العربية يتصل على هذه الخدمة مجانية.

Hindi: हमारे सुवास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं. एक दभाषिया प्राप्त करने के लिए, बस हमें 1-800-541-8981 पेर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सवा है.

Italian: É disponibile un servizio di interpretariato gratuito per rispondere a eventu ali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contatta re ii numero 1-800-541-8981. Un nostro incaricato che parla Italiarnovi fomira l'assistenza necessaria. E un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de edicação. Para obter um intérprete, contate-nos através do número 1-800-541-8981. Irá encontrar alguem que fale o idioma Portugues para o ajudar. Este serviço é gratuito.

French-Creole: Nou genyen sèvis entèrèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-541-8981. Von moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoż w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwoni ćpod number 1-800-541-8981 Ta usług jest bezpłatne.

Japanese: 当社の健康 健康保険と薬品 処方薬ランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳ご用命になるには、1-800-541-8981 にお電話ください。日本語を話す人 者 が支援たします。これは無料のサ ー ビスです。

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