

Coverage Details

2020 Medica Advantage Solution®

(HMO-POS & PPO)

MEDICARE PLANS



AFFORDABLE COVERAGE YOU CAN TRUST

Medica Advantage Solution offers a budget-friendly portfolio of plan options with medical and Part D drug coverage PLUS the extra benefits you want.

Advantage Solution is available in three areas of Minnesota: Twin Cities Metro, Greater Twin Cities Metro and Southeast Minnesota.

As a Minnesota health plan, Medica has been putting members first for nearly 45 years. When you carry a Medica card, you can rest assured we've got you covered.

MEDICA®



ALL THE PLAN FEATURES YOU WANT AND MORE



COST SAVINGS

One affordable premium for both medical and Part D drug coverage
\$0 premium plan available in the Twin Cities Metro
Plan options with low to no copays



PROVIDER ACCESS

Broad provider networks with no referrals required
Out-of-network coverage for most services when you travel in the U.S.
Worldwide emergency care
Extended travel benefit with PPO plan



PART D DRUG COVERAGE

Extensive drug formulary with over 3,600 prescription drugs
No Part D deductible on Tier 1 drugs
Copay savings when using preferred pharmacies



EXTRA BENEFITS

Dental coverage using any licensed dentist
Savings on hearing aids and exams
Prescription eyewear reimbursement with PPO plan
\$0 eVisits through virtuwell
Over-the-Counter (OTC) benefit allowance on health and wellness products
Extended travel benefit with PPO plan
Free SilverSneakers® fitness membership
Savings on healthy foods for those with chronic health conditions

NEW IN 2020
\$0
premium
plan available
in the Twin
Cities Metro



MEDICA ADVANTAGE SOLUTION

Advantage Solution is a Medicare Advantage plan, which is a type of private plan that administers your Part A and Part B benefits on behalf of Medicare. Some Medicare Advantage plans, like Advantage Solution, also include Part D prescription drug coverage and other additional benefits.

Medica Health Plans offers two types of Medicare Advantage plans: (1) Medicare Advantage HMO-POS plan and (2) Medicare Advantage PPO plan. Both types of plans have a network of doctors, hospitals, and other health care providers.

You will pay your lowest cost-sharing when you use network providers for covered services.

Out-of-Network Coverage

Emergency Services

You pay the same copay for emergency and urgent care services received out of network within the U.S. and its territories as you do in network. Outside the U.S. and its territories, you pay coinsurance for emergency care coverage worldwide. If the plan has an out-of-network deductible, it does not apply for emergency services.

Non-Emergency Services

When you visit an out-of-network provider for non-emergency care, you pay coinsurance for covered services after your out-of-network deductible is met (if your plan has one). You may use any provider that accepts Medicare. For HMO-POS plans, not all services are covered out of network. See the plan Summary of Benefits for more information.

Extended Travel Benefit

With the PPO plan, you also have coverage for extended time away from home. See page 13.

Advantage Solution Eligibility

You are eligible to enroll in Medica Advantage Solution if:

- » you have Medicare Part A and Part B
- » you do not have End-Stage Renal Disease (ESRD)
- » your permanent residence is in the Advantage Solution enrollment area

When can I enroll?

Initial Enrollment Period (IEP)

This is when you first become eligible for Medicare at around age 65. You have a seven-month window during which you can sign up for Medicare.

Annual Election Period (AEP)

Medicare open enrollment is October 15–December 7 each year for January 1 coverage. All enrollments options are available at this time.

Special Enrollment Period (SEP)

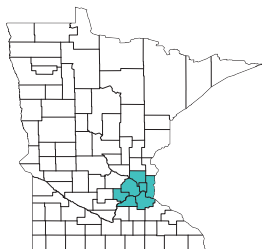
An SEP allows you to make changes to your coverage that normally you can only make during your IEP or AEP. There are many types of events that can trigger an SEP, such as when your current plan is no longer available.

Enrollment Areas and Provider Networks

Advantage Solution is available in three enrollment areas in Minnesota with different plan options in each area. Advantage Solution has a provider network that includes preferred major health care systems* and many other facilities and providers.

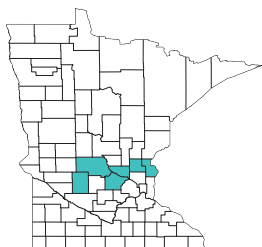
Enrollment Areas

Twin Cities Metro



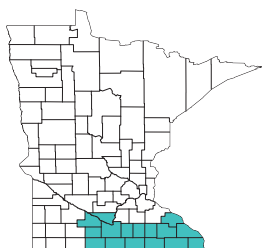
There are three Advantage Solution plan options available in the Twin Cities Metro to permanent residents of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington counties.

Greater Twin Cities Metro



There are two Advantage Solution plan options available in the Greater Twin Cities Metro to permanent residents of Chisago, Isanti, Kandiyohi, Sherburne, Stearns and Wright counties.

Southeast Minnesota



There is one Advantage Solution plan option available in Southeastern Minnesota to permanent residents of Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Houston, Martin, Mower, Nicollet, Olmsted, Steele, Wabasha, Waseca, Watonwan and Winona counties.

* These providers may also contract with other Medicare plans/Part D sponsors.

Provider Networks

Twin Cities Metro and Greater Twin Cities Metro

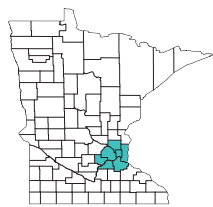
- » Allina Health
- » CentraCare Health
- » M Health Fairview
- » Hennepin Healthcare
- » North Memorial Health
- » And many more!

No referral required ever; access to any provider in the network.

Southeast Minnesota

- » Mayo Clinic Health System
- » Allina Health
- » M Health Fairview
- » Mankato Clinic
- » Olmsted Medical Center
- » And many more!

No referral required ever; access to any provider in the network.



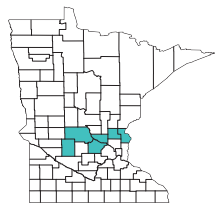
TWIN CITIES METRO

For residents of Anoka, Carver,
Dakota, Hennepin, Ramsey, Scott and
Washington counties.

	2019 Original Medicare	MEDICA ADVANTAGE SOLUTION PLAN OPTIONS					
		H6154-001 (HMO-POS)		H8889-001 (PPO)		H8889-003 (PPO)	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Monthly Premium		\$0	\$0	\$105	\$105	\$194.50	\$194.50
Annual Medical Deductible		\$0	\$400	\$0	\$0	\$0	\$0
Annual Out-of-Pocket Maximum		\$5,900	n/a	\$3,000	\$4,500**	\$3,000	\$4,500**
MEDICAL BENEFITS	YOU PAY	YOU PAY		YOU PAY		YOU PAY	
Preventive Services	\$0	\$0	40%	\$0	30%	\$0	20%
Annual Physical Exam	n/a	\$0	n/a	\$0	30%	\$0	20%
Primary Care	20%	\$20	40%	\$0	30%	\$0	20%
virtuwell eVisits	n/a	\$0	n/a	\$0	n/a	\$0	n/a
Specialist Office Visit	20%	\$50	40%	\$25	30%	\$10	20%
Urgent Care	20%	\$45	\$45*	\$0 - \$25	\$0 - \$25	\$0 - \$10	\$0 - \$10
Chiropractic	20%	\$20	n/a	\$20	30%	\$10	20%
Eye Exam - Routine Annual	100%	\$25	n/a	\$0	30%	\$0	20%
Hearing Exam - Routine Annual [†]	100%	\$0	n/a	\$0	n/a	\$0	n/a
X-Ray / Radiology	20%	20%	40%	15%	30%	10%	20%
Diagnostic Tests	20%	20%	40%	15%	30%	10%	20%
Lab Services	\$0	\$0	40%	\$0	30%	\$0	20%
Diabetes Supplies	20%	20%	40%	20%	30%	20%	20%
Durable Medical Equipment	20%	20%	n/a	20%	30%	20%	20%
Part B Drugs	20%	20%	40%	20%	30%	20%	20%
Outpatient Surgery	20%	\$250	40%	\$100	30%	\$50	20%
Ambulance (Ground)	20%	\$275	\$275*	\$265	\$265	\$80	\$80
Emergency Care - U.S.	20%	\$90	\$90*	\$100	\$100	\$50	\$50
Emergency Care - Worldwide	20%	20%	20%	20%	20%	20%	20%
Inpatient Hospital	Days 1-60: \$1,364 total Days 61-90: \$341/day	Days 1-5: \$350/day Days 6-90: \$0	40%*	\$250 per stay	30%	\$100 per stay	20%
Skilled Nursing Facility	Days 1-20: \$0/day Days 21-100: \$170.50/day	Days 1-20: \$0 Days 21-100: \$178/day	40%*	Days 1-20: \$0 Days 21-100: \$150/day	30%	Days 1-20: \$0 Days 21-100: \$100/day	20%
PART D DRUG COVERAGE							
Annual Part D Deductible	n/a	\$380 [†]	\$380 [†]	\$275 ^{††}	\$275 ^{††}	\$170 ^{††}	\$170 ^{††}
Level One - Initial Coverage (Shared drug costs \$0 - \$4,020)		30-Day Retail					
		Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 - Preferred Generic	100%	\$4	\$15	\$0	\$10	\$0	\$8
Tier 2 - Generic	100%	\$10	\$20	\$9	\$18	\$9	\$18
Tier 3 - Preferred Brand	100%	\$41	\$47	\$47	\$47	\$47	\$47
Tier 4 - Non-Preferred Drug	100%	45%	50%	50%	50%	50%	50%
Tier 5 - Specialty Drug	100%	26%	26%	28%	28%	30%	30%
Level Two - Coverage Gap "Donut Hole" (Member-only drug costs up to \$6,350)		Generic and Covered Brand at 25% for all plan options					
Level Three - Catastrophic Coverage (Member-only drug costs \$6,350 and up)		Generic at \$3.60 or 5%*** and Other Drugs at \$8.95 or 5%*** for all plan options					

* Out-of-Network medical deductible does not apply / ** Combined in- and out-of-network./ *** Whichever is greater

[†] When using an EPIC® provider. / ^{††} Deductible does not apply to Tier 1 drugs / ^{†††} Deductible does not apply to Tier 1 and 2 drugs



GREATER TWIN CITIES METRO

For residents of Chisago, Isanti, Kandiyohi, Sherburne, Stearns and Wright counties.

Monthly Premium
Annual Medical Deductible
Annual Out-of-Pocket Maximum

MEDICAL BENEFITS

Preventive Services
Annual Physical Exam
Primary Care
virtuwell® eVisits
Specialist Office Visit
Urgent Care
Chiropractic
Eye Exam - Routine Annual
Hearing Exam - Routine Annual†
X-Ray / Radiology
Diagnostic Tests
Lab Services
Diabetes Supplies
Durable Medical Equipment
Part B Drugs
Outpatient Surgery
Ambulance (Ground)
Emergency Care - U.S.
Emergency Care - Worldwide
Inpatient Hospital
Skilled Nursing Facility

PART D DRUG COVERAGE

Annual Part D Deductible

Level One - Initial Coverage (Shared drug costs \$0 - \$4,020)

Tier 1 - Preferred Generic
Tier 2 - Generic
Tier 3 - Preferred Brand
Tier 4 - Non-Preferred Drug
Tier 5 - Specialty Drug

Level Two - Coverage Gap "Donut Hole" (Member-only drug costs up to \$6,350)

Level Three - Catastrophic Coverage (Member-only drug costs \$6,350 and up)

2019 Original Medicare

YOU PAY

Days 1-60: \$1,364 total
Days 61-90: \$341/day
Days 1-20: \$0/day
Days 21-100: \$170.50/day

MEDICA ADVANTAGE SOLUTION PLAN OPTIONS

H6154-002 (HMO-POS)

IN-NETWORK

OUT-OF-NETWORK

H8889-002 (PPO)

IN-NETWORK

OUT-OF-NETWORK

\$68.70	\$68.70	\$125	\$125
\$0	\$400	\$0	\$0
\$6,700	n/a	\$3,000	\$4,500**
YOU PAY		YOU PAY	
\$0	40%	\$0	30%
\$0	n/a	\$0	30%
\$20	40%	\$0	30%
\$0	n/a	\$0	n/a
\$45	40%	\$25	30%
\$45	\$45*	\$0 - \$25	\$0 - \$25
\$15	n/a	\$15	30%
\$25	n/a	\$0	30%
\$0	n/a	\$0	n/a
20%	40%	15%	30%
20%	40%	15%	30%
\$0	40%	\$0	30%
20%	40%	20%	30%
20%	n/a	20%	30%
20%	40%	20%	30%
\$250	40%	\$100	30%
\$275	\$275*	\$265	\$265
\$90	\$90*	\$100	\$100
20%	20%	20%	20%
Days 1-5: \$320/day Days 6-90: \$0	40%*	Days 1-5: \$200/day Days 6-90: \$0	30%
Days 1-20: \$0 Days 21-100: \$178/day	40%*	Days 1-20: \$0 Days 21-100: \$150/day	30%

30-Day Retail

Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
\$8	\$15	\$0	\$10
\$10	\$20	\$10	\$20
\$40	\$47	\$47	\$47
45%	50%	50%	50%
26%	26%	27%	27%

Generic and Covered Brand at 25% for all plan options

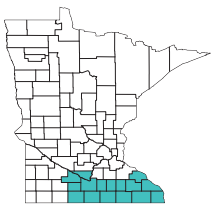
Generic at \$3.60 or 5%*** and Other Drugs at \$8.95 or 5%*** for all plan options



Local Customer Service

At Medica, you'll always receive the caring, personal service you deserve from our local Medicare experts, right here in Minnesota. Our health plan specialists can answer your questions and help you maximize your coverage.

* Out-of-Network medical deductible does not apply / ** Combined in- and out-of-network / *** Whichever is greater
† When using an EPIC provider. / ‡ Deductible does not apply to Tier 1 drugs / †† Deductible does not apply to Tier 1 and 2 drugs



SOUTHEAST MINNESOTA

For residents of Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Houston, Martin, Mower, Nicollet, Olmsted, Steele, Wabasha, Waseca, Watonwan and Winona counties.

	2019 Original Medicare	MEDICA ADVANTAGE SOLUTION	
		H8889-004 (PPO)	
		IN-NETWORK	OUT-OF-NETWORK
Monthly Premium		\$107.20	\$107.20
Annual Medical Deductible		\$0	\$0
Annual Out-of-Pocket Maximum		\$4,000	\$6,700*
MEDICAL BENEFITS	YOU PAY	YOU PAY	
Preventive Services	\$0	\$0	30%
Annual Physical Exam	n/a	\$0	30%
Primary Care	20%	\$0	30%
virtuwell® eVisits	n/a	\$0	n/a
Specialist Office Visit	20%	\$30	30%
Urgent Care	20%	\$0 - \$30	\$0 - \$30
Chiropractic	20%	\$15	30%
Eye Exam - Routine Annual	100%	\$0	30%
Hearing Exam - Routine Annual [†]	100%	\$0	n/a
X-Ray / Radiology / Diagnostic Tests	20%	15%	30%
Lab Services	\$0	\$0	30%
Diabetes Supplies / Durable Medical Equipment	20%	20%	30%
Part B Drugs	20%	20%	30%
Outpatient Surgery	20%	\$150	30%
Ambulance (Ground)	20%	\$265	\$265
Emergency Care - U.S.	20%	\$90	\$90
Emergency Care - Worldwide	20%	20%	20%
Inpatient Hospital	Days 1-60: \$1,364 total Days 61-90: \$341/day	Days 1-5: \$225/day Days 6-90: \$0	30%
Skilled Nursing Facility	Days 1-20: \$0/day Days 21-100: \$170.50/day	Days 1-20: \$0 Days 21-100: \$160/day	30%
PART D DRUG COVERAGE			
Annual Part D Deductible	n/a	\$275 [‡]	\$275 [‡]
Level One - Initial Coverage (Shared drug costs \$0 - \$4,020)		30-Day Retail	
		Preferred Pharmacy	Standard Pharmacy
Tier 1 - Preferred Generic	100%	\$8	\$15
Tier 2 - Generic	100%	\$12	\$20
Tier 3 - Preferred Brand	100%	\$45	\$47
Tier 4 - Non-Preferred Drug	100%	45%	50%
Tier 5 - Specialty Drug	100%	28%	28%
Level Two - Coverage Gap "Donut Hole" (Member-only drug costs up to \$6,350)		Generic and Covered Brand at 25%	
Level Three - Catastrophic Coverage (Member-only drug costs \$6,350 and up)		Generic at \$3.60 or 5%** and Other Drugs at \$8.95 or 5%**	

* Combined in- and out-of-network / ** Whichever is greater

[†] When using an EPIC provider. / [‡] Deductible does not apply to Tier 1 drugs

Special Supplemental Benefits for Those Who Need Them

Members with chronic conditions that meet certain criteria may have access to the benefits below.



Transportation Service

Members who qualify for special supplemental benefits for the chronically ill may be eligible for free transportation services. Medica helps you stay well by providing up to 48 one-way rides per year through our Provide-A-RideSM service. This service is available for rides to or from medical appointments.

- » Available in the Twin Cities Metro with PPO plans H8889-001 and H8889-003 only.



Meal Program

Members who qualify for special supplemental benefits for the chronically ill may be eligible to receive 2 meals per day, for 14 days, at no extra cost to you. Twenty-eight nutritious meals will be delivered to your home.

- » \$0 copay
- » Available in the Twin Cities Metro with PPO plans H8889-001 and H8889-003 only.



Healthy Savings[®] Program

With the Healthy Savings[®] program you save 50% on fresh fruits and vegetables up to \$65 per quarter at participating retail grocers. Scan your Healthy Savings card or barcode from the app at checkout to receive your savings. The large network of retailers includes Cub, Coborn's, Festival, Hy-Vee, Kowalski's, Lund's & Byerly's and many more. Visit www.medica.com/HealthySavings to see the full list of retailers.

- » Available with all plans



Part D Drug Coverage

Nationwide pharmacy network

Medica Advantage Solution has a large network of over 65,000 pharmacies, including national chains and independent pharmacies.

Drug formulary

5-tier formulary includes more than 3,600 prescription drugs.

Preferred pharmacies

You will pay your lowest prescription copays when you use a preferred pharmacy, which includes retailers like Walgreens, Walmart, Hy-Vee Pharmacy, Costco and other independent pharmacies nationwide.

Mail Order Savings

For 3-month supplies through mail order, you:

- » pay \$0 for Tier 1 drugs
- » get \$10 off the preferred copay on Tier 2 and Tier 3 drugs

EXTRAS TO MAKE YOUR PLAN EVEN BETTER



Dental Coverage

Advantage Solution includes reimbursement for dental services provided by any licensed dentist. This covers both preventive and restorative care.

Annual reimbursement with our PPO plans is \$500; with our HMO-POS plans it is \$400.



Savings on Hearing Aids & Exams

When hearing services are received from an EPIC Hearing provider, you receive the following special benefits.

- » \$0 copay for routine hearing exam
- » Special pricing on hearing aids – pay just \$599 for the Vista 610 hearing aid or \$899 for the Vista 810 hearing aid. Both come in various styles and colors.
- » \$0 copay for up to 3 provider visits within the first year of hearing aid purchase to help with fitting and adjustment of the hearing aid.



Eyewear Reimbursement

Receive an annual reimbursement for prescription eyewear with our PPO (H8889) plans.

Reimbursement amount varies by plan.

Metro Twin Cities	Annual Amount
H8889-001 (PPO)	\$75
H8889-003 (PPO)	\$125
Greater Metro Twin Cities	
H8889-002 (PPO)	\$75
Southeastern Minnesota	
H8889-004 (PPO)	\$75





\$0 eVisits through virtuwell®

With Advantage Solution you will have access to quick, convenient online care through virtuwell.

Available anytime, anywhere from your computer or mobile device, virtuwell® can treat over 50 common conditions.

- » Get a diagnosis, treatment plan and prescription (if needed), often in less than 30 minutes.
- » The service is available 24/7 with no appointment needed
- » \$0 copay.



Over-the-Counter (OTC) Savings

All plans have a benefit allowance that can be used toward the purchase of eligible over-the-counter (OTC) health and wellness products. Allowance amount varies by plan.

Metro Twin Cities	Quarterly Amount
H8889-001 (PPO)	\$50
H8889-003 (PPO)	\$50
H6154-001 (HMO-POS)	\$25
Greater Metro Twin Cities	
H8889-002 (PPO)	\$50
H6154-002 (HMO-POS)	\$25
Southeastern Minnesota	
H8889-004 (PPO)	\$50



Extended Travel Benefit

With the PPO plan, you have access to an extended travel benefit for times when you are continuously outside Minnesota for at least one month. Coverage kicks in Day 1 and lasts up to six consecutive months. During this period you pay in-network copays/coinsurance for all covered services. When you need to activate the benefit, just contact Medica.



SilverSneakers® Fitness Membership

Advantage Solution includes a FREE SilverSneakers membership. This program helps people age 65 and over improve their well being through a variety of fitness options.

- » More than 16,000 participating fitness locations nationwide
- » Enroll at multiple locations any time
- » Access to classes, exercise equipment and other amenities

Visit **SilverSneakers.com** for a complete list of facilities and options.



Personal Advocates and NurseLine

HealthAdvocateSM has your back if you have questions about your Medica plan coverage or need help navigating the medical system. Our trained Personal Health Advocates can help you tackle health-related issues -- from finding the right doctor to resolving claims questions.

NurseLine is available 24/7 -- highly trained nurses can answer your questions about symptoms, medications and health conditions.

HOW TO ENROLL IN MEDICA ADVANTAGE SOLUTION



There are three ways to enroll. Choose the one that works best for you:



Call **1-800-918-2416 (TTY: 711)** for fast and easy enrollment over the phone.



Go to **medica.com/Medicare** to complete your enrollment online.



Complete and sign a paper application and submit via mail, fax or web. You can request a paper application by calling **1-800-918-2416 (TTY: 711)**.

Submit your completed paper forms via mail, fax or web.

Mail to: Medica Medicare Solutions
PO Box 6300
Eau Claire, WI 54702-9713

Or fax to: 1-855-250-2166

Or upload securely at: **medica.com/EnrollmentUpload**

What to expect after you enroll

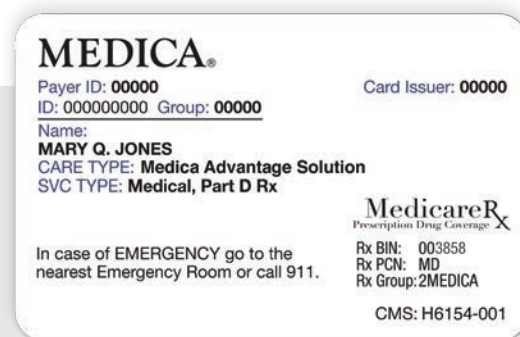
Once you have submitted your application, you can expect to receive the following communications from us:

1 Acknowledgement

Within about a week, you will receive a letter letting you know that your application has been received.

2 Member Packet

Within two weeks, you will receive your member packet, which will contain your Evidence of Coverage, member guide and other important materials that you will want to read and keep for future reference.



3 ID Card

Your ID card will arrive one to three weeks prior to your effective date. (NOTE: Your ID card is not included in your member packet—it is sent separately.)

4 Verification Communication

Medicare requires that we contact you to verify that you are familiar with the terms of your new plan.

5 Confirmation Letter

This letter confirms Medicare's approval of your enrollment in Medica Advantage Solution.

Discrimination is Against the Law

Medica complies with applicable Federal civil rights laws and will not discriminate against any person based on his or her race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law. Medica:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTYcommunication
- Written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages

If you need these services, contact the number on the back of your identification card. If you believe that Medica has failed to provide these services or discriminated in another way on the basis of your race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422, TTY: 711, civilrightscoordinator@medica.com.

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint. 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 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim
ntawv no, hu rau tus xov tooj nyob hauv daim ntawv
no los yog nyob nraum qab ntawm koj daim npav
Medica ID.

如果您需要免費翻譯此資訊，請致電本文檔中或者在您的Medica ID卡背面包含的號碼。

Nếu quý vị muốn trợ giúp dịch thông tin này miễn phí, hãy gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID Medica của quý vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqqaa Eenyummaa Medica irra jiruun bilbila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات،
فأتصل على الرقم الوارد في هذه الوثيقة أو على ظهر
بطاقة تعريف ميديكا الخاصة بك.

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