



Prime (HMO-POS) and Value Plus (HMO)

Summary of Benefits

January 1-December 31, 2020



MARTIN'S POINT[®]

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

Summary of Benefits

Martin's Point Generations Advantage Prime (HMO-POS) and Value Plus (HMO) January 1 – December 31, 2020

For more information about benefits or enrollment, call us or visit our website at www.MartinsPoint.org/Medicare.

1-888-408-8285 (TTY: 711)

We are available 8 am-8 pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year.

H5591_2020_Prime Value Plus SB_M Accepted 09/01/2019

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Section 1: Introduction

This is a summary of drug and health services covered by Martin's Point Generations Advantage Prime and Value Plus.

January 1, 2020 - December 31, 2020

Martin's Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, HMO SNP, and Local and Regional PPO products. Enrollment in a Martin's Point Generations Advantage plan depends on contract renewal.

This information may be available in other formats such as large print, Braille, or an electronic copy on our website. For more information call Generations Advantage.

The benefit information provided 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, please see the Evidence of Coverage on our website, or you may contact us. To join Martin's Point Generations Advantage Prime or Value Plus, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

For Generations Advantage Prime (HMO-POS) plan:

Our service area includes all counties in Maine and New Hampshire.

The plan has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

The plan has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network for defined services.

For Generations Advantage Value Plus (HMO) plan:

Our service area includes: Androscoggin, Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, and York counties in Maine, as well as Hillsborough and Strafford counties in New Hampshire.

The plan has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

Section 2: Summary of Benefits

This is a summary of the premiums and benefits covered by the Martin's Point Generations Advantage Prime (HMO-POS) and Value Plus (HMO). The table below shows the monthly plan premium amount for each of the regions we serve. In addition, you must keep paying your Medicare Part B premium.

Monthly Plan Premium	Plan Service Area	Monthly Premium
Martin's Point Generations Advantage Prime	Cumberland County and York counties in Maine	\$0
	Androscoggin, Kennebec and Sagadahoc counties in Maine; Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties in New Hampshire	\$29
	Aroostook, Franklin, Hancock, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo and Washington counties in Maine; Belknap, Carroll, Coos, and Grafton counties in New Hampshire	\$89
Martin's Point Generations Advantage Value Plus	Androscoggin, Kennebec, Sagadahoc and York counties in Maine; Hillsborough and Strafford counties in New Hampshire	\$0
	Aroostook, Franklin, Hancock, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo, and Washington counties in Maine	\$29

Benefit	Prime (HMO-POS) Plan	Value Plus (HMO) Plan
Deductible (our plan does not have a medical deductible)	You pay nothing	You pay nothing
Maximum Out-of-Pocket Responsibility (does not include prescription drugs) Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.	\$6,500 annually	\$6,700 annually
Inpatient Hospital Our plan covers an unlimited number of days for an inpatient hospital stay.	In Network: You pay per admission: \$325 per day for days 1-5; \$0 per day for days 6 and beyond	You pay per admission: \$325 per day for days 1-5; \$0 per day for days 6 and beyond
Outpatient Hospital Services may require that your provider get prior authorization (approval in advance). Please have your provider contact the plan for more details.	In Network: You pay \$350 for Medicare-covered surgery services at a hospital outpatient facility.	You pay \$350 for Medicare-covered surgery services at a hospital outpatient facility.
Ambulatory & Surgical Center (ASC)	In Network: You pay \$175 for Medicare-covered surgery services at an ambulatory surgical center.	You pay \$200 for Medicare-covered surgery services at an ambulatory surgical center.

Benefit	Prime (HMO-POS) Plan	Value Plus (HMO) Plan
<p>Doctor visits</p>	<p>In Network:</p> <p>Primary Care You pay \$0 for each Primary Care Physician (PCP) office visit for Medicare-covered services.</p> <p>Specialists You pay \$40 for each specialist office visit for Medicare-covered services.</p>	<p>Primary Care You pay \$0 for post-operative and post-discharge visits with your PCP.</p> <p>You pay \$0 for a brief emotional/behavioral assessment with your PCP.</p> <p>You pay \$10 for all other PCP services and visits.</p> <p>Specialists You pay \$50 for each specialist office visit for Medicare-covered services.</p>
<p>Preventive Care</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.</p>	<p>In Network: You pay nothing.</p>	<p>You pay nothing.</p>
<p>Emergency Care</p> <p>Note: You do not have to pay this amount if you are admitted to a hospital within 24 hours for the same condition. Emergency care is covered worldwide.</p>	<p>In- and Out-of-Network: You pay \$90 for each Medicare-covered emergency room visit.</p>	<p>In- and Out-of-Network: You pay \$90 for each Medicare-covered emergency room visit.</p>
<p>Urgently Needed Services</p> <p>Urgent care is covered nationwide.</p>	<p>In- and Out-of-Network: You pay \$40 for each Medicare-covered urgent care visit when performed at an urgent care center.</p>	<p>In- and Out-of-Network: You pay \$40 for each Medicare-covered urgent care visit when performed at an urgent care center.</p>

Benefit	Prime (HMO-POS) Plan	Value Plus (HMO) Plan
<p>Diagnostic Services / Labs / Imaging</p> <p>Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p>	<p>In Network:</p> <p>Diagnostic Radiology Service (e.g., MRI) You pay 20% of the cost of complex diagnostic radiology (PET, CT, MRI, MRA, nuclear medicine)</p> <p>Lab Services You pay 20% for genetic labs. You pay \$0-\$5 copay for all other lab services.</p> <p>Diagnostic Tests and Procedures You pay 15% of the cost of simple diagnostic radiology.</p> <p>Outpatient X-rays You pay 15% of the cost for X-rays.</p>	<p>Diagnostic Radiology Service (e.g., MRI) You pay 20% of the cost of complex diagnostic radiology (PET, CT, MRI, MRA, nuclear medicine)</p> <p>Lab Services You pay 20% for genetic labs. You pay \$0-\$5 copay for all other lab services.</p> <p>Diagnostic Tests and Procedures You pay 15% of the cost of simple diagnostic radiology.</p> <p>Outpatient X-rays You pay 15% of the cost for X-rays.</p>
<p>Hearing Services</p>	<p>In Network:</p> <p>Hearing Exam You pay \$40 per visit for Medicare-covered hearing services.</p> <p>Hearing Aid Fittings and Evaluations You pay \$0 for 1 year of hearing aid fittings and ongoing hearing aid evaluations when used in conjunction with your hearing aid benefit. <i>Services must be received from an Amplifon provider.</i></p> <p>Hearing Aids You pay \$595, \$695, or \$895 copay per ear, depending on Tier selected. <i>Services must be received from an Amplifon provider.</i></p>	<p>Hearing Exam You pay \$50 per visit for Medicare-covered hearing services.</p> <p>Hearing Aid Fittings and Evaluations You pay \$0 for 1 year of hearing aid fittings and ongoing hearing aid evaluations when used in conjunction with your hearing aid benefit. <i>Services must be received from an Amplifon provider.</i></p> <p>Hearing Aids You pay \$595, \$695, or \$895 copay per ear, depending on Tier selected. <i>Services must be received from an Amplifon provider.</i></p>

Benefit	Prime (HMO-POS) Plan	Value Plus (HMO) Plan
<p>Dental Services (Medicare-covered) Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p>	<p>In Network: You pay \$50 per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).</p>	<p>You pay \$50 per visit for Medicare-covered dental services (non-routine dental care required to treat illness or injury).</p>
<p>Preventive and Comprehensive Dental Members must use Delta Dental PPO/Martin's Point Generations Advantage network dentist in Maine, New Hampshire, or Vermont to obtain these supplemental dental benefits.</p>	<p>Preventive and Comprehensive Dental services are covered. <i>Please see Dental page below for more information.</i></p>	<p>Not a covered benefit.</p>
<p>Vision Services</p>	<p>In Network:</p> <p>Annual Routine Eye Exam You pay \$0 for an annual routine eye exam.</p> <p>Medicare-Covered Physician Services You pay \$40 for non-routine Medicare-covered physician services.</p> <p>Glaucoma Testing You pay \$0 for glaucoma testing.</p> <p>Diabetic Retinopathy You pay \$0 for a diabetic eye exam (retinopathy).</p> <p>Eyeglass Frames, Lenses, and Contacts: Eyeglasses are covered through the Wellness Wallet. <i>See Wellness Wallet section below for more information.</i></p>	<p>Annual Routine Eye Exam You pay \$0 for an annual routine eye exam.</p> <p>Medicare-Covered Physician Services You pay \$50 for non-routine Medicare-covered physician services.</p> <p>Glaucoma Testing You pay \$0 for glaucoma testing.</p> <p>Diabetic Retinopathy You pay \$0 for a diabetic eye exam (retinopathy).</p> <p>Eyeglass Frames, Lenses, and Contacts: Eyeglasses are covered through the Wellness Wallet. <i>See Wellness Wallet section below for more information.</i></p>

Benefit	Prime (HMO-POS) Plan	Value Plus (HMO) Plan
<p>Mental Health Services Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p>	<p>Inpatient Visit You pay per admission: \$220 per day for days 1-7; \$0 per day for days 8 and beyond</p> <p>Outpatient Individual Therapy Visit You pay \$25 per visit for individual therapy.</p> <p>Outpatient Group Therapy Visit You pay \$25 per visit for group therapy.</p>	<p>Inpatient Visit You pay per admission: \$220 per day for days 1-7; \$0 per day for days 8 and beyond</p> <p>Outpatient Individual Therapy Visit You pay \$25 per visit for individual therapy.</p> <p>Outpatient Group Therapy Visit You pay \$25 per visit for group therapy.</p>
<p>Skilled Nursing Facility Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p>	<p>In Network: For each benefit period you pay for Medicare-covered services: \$0 per day for days 1-20; \$178 per day for days 21-100</p>	<p>For each benefit period you pay for Medicare-covered services: \$0 per day for days 1-20; \$178 per day for days 21-100</p>
<p>Physical Therapy Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p>	<p>In Network: You pay \$40 for each Medicare-covered visit.</p>	<p>You pay \$40 for each Medicare-covered visit.</p>
<p>Ambulance Non-emergency ambulance transportation services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p> <p>Ambulance services are covered worldwide.</p>	<p>In- and Out-of-Network: You pay \$295 for each Medicare-covered emergency ambulance service (one-way).</p>	<p>In- and Out-of-Network: You pay \$295 for each Medicare-covered emergency ambulance service (one-way).</p>
<p>Transportation</p>	<p>Not a covered benefit.</p>	<p>Not a covered benefit.</p>
<p>Medicare Part B drugs Services may require that your provider get prior authorization (approval in advance). Please see the Evidence of Coverage for more information.</p>	<p>In Network: You pay 20% of the cost of Medicare-covered services.</p>	<p>You pay 20% of the cost of Medicare-covered services.</p>

Outpatient Prescription Drugs Prime (HMO-POS) Plan

	Standard Retail (30-day supply)	Preferred Retail (30-day supply)	Mail-Order (90-day supply)	
Phase 1: Initial Coverage				
Cost sharing Tier 1 (Preferred Generic)	\$4	\$0	\$10	Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please refer to the Evidence of Coverage for more information.
Cost sharing Tier 2 (Generic)	\$18	\$10	\$45	
Cost sharing Tier 3 (Preferred Brand)	\$47	\$40	\$117.50	
Cost sharing Tier 4 (Non-Preferred Drug)	\$100	\$95	\$250	
Cost sharing Tier 5 (Specialty Tier)	33%	33%	33%	

Martin’s Point Generation Advantage’s pharmacy network includes limited lower-cost, preferred pharmacies in suburban areas in Maine and New Hampshire. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-866-544-7504 (TTY:711) or consult the online pharmacy directory at MartinsPoint.org/Medicare.

Outpatient Prescription Drugs (Generations Advantage Value Plus (HMO) Plan)

	Standard Retail (30-day supply)	Preferred Retail (30-day supply)	Mail-Order (90-day supply)	
Deductible Phase				
\$275 Part D deductible for Tiers 3 through 5 drugs				
Phase 2: Initial Coverage				
Cost sharing Tier 1 (Preferred Generic)	\$4	\$0	\$10	Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please refer to the Evidence of Coverage for more information.
Cost sharing Tier 2 (Generic)	\$18	\$10	\$45	
Cost sharing Tier 3 (Preferred Brand)	\$47	\$40	\$117.50	
Cost sharing Tier 4 (Non-Preferred Drug)	\$100	\$95	\$250	
Cost sharing Tier 5 (Specialty Tier)	28%	28%	28%	

Martin’s Point Generation Advantage’s pharmacy network includes limited lower-cost, preferred pharmacies in suburban areas in Maine and New Hampshire. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-866-544-7504 (TTY:711) or consult the online pharmacy directory at MartinsPoint.org/Medicare.

Additional Benefits	Prime (HMO-POS) Plan	Value Plus (HMO) Plan
<p>Wellness Wallet (Fitness, Naturopathic Services, Acupuncture, Nutrition/Dietary Education, Weight Management Programs, Eyewear)</p> <p>Please see the Evidence of Coverage for more information.</p>	<p>The plan will reimburse up to \$400 each year in total for Fitness Benefit, Naturopathic Services, Acupuncture, Nutrition/Dietary Education, Weight Management Programs, and Eyewear.</p>	<p>The plan will reimburse up to \$300 each year in total for Fitness Benefit, Naturopathic Services, Acupuncture, Nutrition/Dietary Education, Weight Management Programs, and Eyewear.</p>
<p>Over-The-Counter items (OTC)</p> <p>More than 150 covered items including: non-prescription medicine (pain relief, cough, allergies), toothpaste, first aid items, and vitamins. Members can order online, over the phone, or visit a designated store location.</p> <p>Please see the Evidence of Coverage for more information.</p>	<p>The plan will cover up to \$50 per quarter for members to purchase select CVS brand over-the-counter (OTC) products.</p>	<p>The plan will cover up to \$50 per quarter for members to purchase select CVS brand over-the-counter (OTC) products.</p>

All plans cover Part B drugs such as chemotherapy and some drugs administered by your provider.

In addition, **Generations Advantage Prime** and **Value Plus** cover Part D drugs.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions, our plan’s pharmacy directory and our plan’s provider directory on our website at www.MartinsPoint.org/Medicare.

If you want to know more about the coverage and costs of Original Medicare, look in your Medicare & You 2020 Handbook. You can download a copy of from the Medicare website (www.medicare.gov) or ask for a printed 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.

Benefit	Prime (HMO-POS) Plan	Value Plus (HMO) Plan
<p>Point-of-Service</p> <p>The Prime plan has a Point-of-Service (POS) benefit where you can use an out-of-network provider for certain services. Under the POS, you will generally pay a higher cost share when using an out-of-network provider. Please refer to the Evidence of Coverage for more information.</p>	<p>Services available in the POS benefit:</p> <p>Doctor Visits (Primary Care and Specialist)</p> <ul style="list-style-type: none"> ➤Chiropractic visits \$55 ➤Physician Specialist visits \$55 ➤Podiatry visits \$55 ➤Primary Care visits \$35 <p>(allowed only outside the plan’s service area)</p> <p>Outpatient Services</p> <ul style="list-style-type: none"> ➤Diabetes self-management 20% for supplies and shoes; \$0 for training ➤Durable medical equipment 30% ➤Medicare Part B prescription drugs, including chemotherapy 20% ➤Outpatient diagnostic tests/procedures, X-rays, and lab services 0-20%; all other labs: \$5 ➤Outpatient mental health and substance abuse visits \$30 individual/group ➤Outpatient rehabilitation services (Physical, Occupational, and Speech therapy) \$55 ➤Outpatient surgery in a hospital or ambulatory surgical center \$400/\$200 ➤Radiation therapy 30% <p>Dental Services</p> <p>Medicare-covered only dental services \$55</p> <p>Hearing Services</p> <p>Medicare-covered hearing services \$55</p> <p>Vision Services</p> <ul style="list-style-type: none"> ➤Medicare-covered vision services \$55 ➤Annual routine eye exam 30% 	<p>Not covered under this plan.</p>

Section 3: Dental Benefit Overview

The **Generations Advantage Prime (HMO-POS)** plan includes the following benefits when seeing a Delta Dental PPO/Martin’s Point Generations Advantage network dentist. This benefit overview is provided for summary purposes only.

Dental Benefit	Prime	Value Plus	
Benefit Maximum	\$1,000		
Office Visit Copay	\$50		
Category A: Diagnostic/Preventative			
Oral exam and routine cleaning once in a calendar year	No cost sharing (must pay office visit copay)	Preventive and Comprehensive Dental is not a covered benefit under the Value Plus plan.	
Problem-focused exams as needed			
Bitewing x-rays once every calendar year and panoramic x-rays once in a 5 calendar year period			
X-rays of individual teeth as needed			
Category B: Basic Restorative			
Fillings	You pay 50% of the cost + \$50 office visit copay		
Surgical and routine extractions			
Root canals			
Treatment of gum disease (periodontics, including periodontal maintenance cleanings)	\$50 deductible applies		
Category C: Major Restorative			
Dentures	You pay 50% of the cost + \$50 office visit copay \$50 deductible applies		
Crowns			
Implants			

Delta Dental PPO/Martin’s Point Generations Advantage Dental Network

Plan benefits are available only when you receive your dental care from a Delta Dental PPO/Martin’s Point Generations Advantage network dentist in Maine, New Hampshire, or Vermont:

- ▶ **No Balance Billing:** Participating dentists accept Northeast Delta Dental’s fees for services as payment in full.
- ▶ **No Claims Paperwork:** Participating dentists will prepare and submit claims for you.
- ▶ **Direct Payment:** Northeast Delta Dental pays participating dentists directly, so you don’t have to pay the covered amount up front and wait for reimbursement.

To find out if your dentist participates in the Delta Dental PPO/ Martin’s Point Generations Advantage dental network, please visit our website at MartinsPoint.org/Medicare, visit www.nedelta.com/Dentist-Search, or call **Northeast Delta Dental’s Customer Service Department at 1-800-832-5700 (TTY: 1-800-332-5905) Monday through Friday, 8 am–4:45 pm.**

Claim Process for Participating Dentists

Present your Generations Advantage member ID card to your participating dentist at the time of your visit. Your participating dentist will submit your claim to Northeast Delta Dental. Members can register online to view claims and benefit information at www.nedelta.com.

Non-participating Dentists

No benefits are available under your policy if you choose to visit a dentist who is not participating in the Delta Dental PPO/Martin’s Point Generations Advantage dental network. Non-participating dentists are welcome to join the Delta Dental PPO/Martin’s Point Generations Advantage dental network at any time.

Identification Cards

Your Generations Advantage member ID card includes your dental group number and the Northeast Delta Dental customer service number. Your member ID number for dental benefits is the same as your Generations Advantage Prime plan member ID number.



MARTIN'S POINT®

HEALTH CARE

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

Martin's Point Health Care:

- 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, 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, contact the Martin's Point Generations Advantage Grievance Specialist.

Martin's Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, HMO SNP, Local and Regional PPO products. Enrollment in a Martin's Point Generations Advantage plan depends on contract renewal.

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If you believe that Martin's Point Health Care 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: Grievance Department, Martin's Point Generations Advantage, PO Box 9746, Portland, ME 04104, 1-866-544-7504, TTY: 711, Fax: 207-828-7847. (We're available 8 am–8 pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year.) You can file a grievance in person, by mail, or by fax. If you need help filing a grievance, the Martin's Point Generations Advantage Grievance Specialist 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 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 (TDD: 1-800-537-7697)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-553-7054 (TTY: 711).
Français (French)	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-553-7054 (ATS : 711).
Español (Spanish)	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-553-7054 (TTY: 711).
繁體中文 (Chinese)	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 1-877-553-7054（TTY：711）。
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-553-7054 (TTY: 711).
नेपाली (Nepali)	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-877-553-7054 (टिडिवाइ: 711) ।
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-553-7054 (رقم هاتف الصم والبكم: 711).
Oroomiffa (Oromo)	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-553-7054 (TTY: 711).
Português (Portuguese)	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-553-7054 (TTY: 711).
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-553-7054 (телетайп: 711).
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-553-7054 (TTY: 711)번으로 전화해 주십시오.
λληνικά (Greek)	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-553-7054 (TTY: 711).
Srpsko-hrvatski (Serbo-Croatian)	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-553-7054 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).
ខ្មែរ (Cambodian)	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-877-553-7054 (TTY: 711)។
Bahasa Indonesia (Indonesian)	PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-877-553-7054 (TTY: 711).
Polski (Polish)	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-553-7054 (TTY: 711).



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MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

For more information about benefits or enrollment, call us
or visit our website at MartinsPoint.org/Medicare

1-888-408-8285 (TTY: 711)

We are available 8 am–8 pm, seven days a week from
October 1 to March 31; and Monday through Friday the rest
of the year.

Martin's Point Generations Advantage,
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