

# Everyone offers coverage; Humana delivers human care

## Major program features of your plan

We know that in order to achieve their best health, people need more than just good benefits. They need care that sees them as a whole person, with services and offerings that still keep you feeling good, even after you leave the doctor's office. So we are pleased to provide you with the following medical, behavioral health and pharmacy benefits, plus an array of additional benefits that will help keep you feeling your best.

- Doctor's office visits
- Care before and after you have a baby
- Hospital services
- Prescriptions
- No referrals needed for in-network providers
- Vision benefits for adults
- Behavioral health care and counseling services

For a full list of benefits and how to use them, find the **Member Handbook** at [Humana.com/SouthCarolinaHandbook](https://www.humana.com/SouthCarolinaHandbook). You may also request a printed copy by calling 866-432-0001 (TTY: 711).

### Important contact information for Humana

Member Services	866-432-0001 (TTY: 711)
24-hour nurse advice line	877-837-6952 (TTY: 711)
Behavioral Health Crisis Line	833-364-2274 (TTY: 711)
CenterWell Pharmacy®	800-379-0092 (TTY: 711)
Go365 Customer Service	888-225-4669
Mailing address	P.O. Box 14822, Lexington, KY 40512-4822
Website	<a href="https://www.humana.com/HealthySouthCarolina">Humana.com/HealthySouthCarolina</a>

# For South Carolinians, better health, better care, better value

At Humana Healthy Horizons®, the health of our members is at the heart of all we do. We encourage you to connect with us and put your health and wellness first. By conducting a Health Risk Assessment (HRA), we can understand your overall needs and connect you with the programs and services that will help keep you feeling your best. From free smartphones and care management to housing assistance, we understand that our members need more than just health insurance. They need a partner who can see them through the difficult times and point them toward that light at the end of the tunnel.

We care about you and strive to bring you solutions for the problems you face day to day, by providing value-added benefits like:

- **Go365 for Humana Healthy Horizons®** - earn rewards for healthy activities like doctor visits, flu shots, and preventive screenings
- **Housing assistance**
- **Expanded adult vision services**
- **Special benefits for moms:**
  - Free convertible car seat and portable crib
  - Free breast pump
  - Post-discharge meals
  - Produce boxes for maternal care
  - Rewards for prenatal and postpartum doctor visits
- **GED Testing**
- **Tobacco & Vaping Cessation Coaching** - with rewards to support your progress
- **Weight Management Coaching** - with rewards to help you reach your goals
- **Free sports physicals** - for children ages 6–18
- **Non-medical transportation**
- **And much more**

More information about value-added benefits can be found in your Member Handbook at [Humana.com/SouthCarolinaHandbook](https://www.humana.com/SouthCarolinaHandbook).

**Complete your HRA within 90 days of enrollment to earn \$20 in rewards. Download the Go365 for Humana Healthy Horizons app to get started. (See instructions on p. 7).**

## Finding providers in your plan

Your primary care physician (PCP) is your main source for healthcare, and should coordinate your care. You may see any provider within our network, including specialists and inpatient hospitals, without a referral from your PCP. We do recommend you call your PCP to tell him/her you are going to the other provider.

If you need a special service or procedure, call Member Services at **866-432-0001 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, to find out if prior authorization or approval is necessary.

You will find a list of in-network providers in our provider directory at **Humana.com/FindADoctor**. If you would like a printed copy of the provider directory, call **866-432-0001 (TTY: 711)**.

## It is important that you select a doctor and make regular visits to maintain your health

It's important that your primary care physician (PCP) is close to your home or work and is able to meet your health needs as well as cultural needs, such as language preference. If you wish to change your PCP, visit our Physician Finder at **Humana.com/FindADoctor**, where you can compare doctors in our extensive provider network. Or you can call Member Services at **866-432-0001 (TTY: 711)** to change your PCP.

## How to get care after hours

If you need nonemergency care after business hours, you can contact our 24-hour nurse advice line at **877-837-6952** or you can contact your PCP's office. If it's an emergency, call **911** or go to the nearest emergency room.

## What to do in case of an emergency

Emergency services are those services that you get when you are very ill or injured. These services try to keep you alive or keep you from getting worse. They are usually delivered in a hospital emergency room.

If your condition is severe, call **911** or go to the nearest emergency facility right away. You can go to any hospital or emergency facility. If you are not sure if it is an emergency, call your primary care physician. Your PCP will tell you what to do.

The hospital or facility does not need to be part of our provider network or in our service area. You also do not need to get approval ahead of time to get emergency care or for the services that you receive in an emergency room to treat your condition.

If you have an emergency when you are away from home, get the medical care you need. Be sure to call Member Services when you are able and let us know.

## Special care from pregnancy to parenthood

At Humana Healthy Horizons, we know you want your baby to have a good start in life. We support both of you with benefits designed specially for your needs, including:

- Prenatal and postnatal coverage
- Rewards for OB-GYN visits
- One-on-one care management
- Automatic plan enrollment for newborn at birth

It's peace of mind for you—so you can focus on loving your baby.

If you would like to choose a different health plan for your baby, you may contact South Carolina Healthy Connections Choices after delivery to request a change.

## HumanaBeginnings offers services and support

All moms need help during pregnancy and after their baby is born. HumanaBeginnings® is a program that helps pregnant women and new moms—and their babies—get the special care and guidance they need. You will work one-on-one with a nurse care manager who can:

- Help with prenatal and pediatrician appointment scheduling
- Offer healthy eating and exercise advice
- Provide postpartum information and support for you and your newborn

You can even earn rewards for completing your appointments.

## Accessing your behavioral health services

There are times when you may need to speak to a therapist or counselor.

We cover many different types of behavioral health services that can help with issues you may be facing. You can call a behavioral health provider for an appointment. You can get help finding a behavioral health provider by:

- Calling **866-432-0001 (TTY: 711)**
- Looking at our provider directory
- Going to our website, **Humana.com/HealthySouthCarolina**

You do not need a referral from your PCP for behavioral health services offered by an in-network provider.

In case of a behavioral health emergency, you can contact our behavioral health crisis line anytime at **833-364-2274 (TTY: 711)**. They can help you get the care you need.

## Digital support and information



### Humana's website

Your member website, located at [Humana.com/HealthySouthCarolina](https://www.humana.com/HealthySouthCarolina), provides links to educational materials to help you improve your health and take care of yourself:

- Member Handbook
- Provider directory
- Newsletters
- Over-the-counter (OTC) information
- Physician finder
- And more

You can download and print copies of the items mentioned above at any time. To obtain printed copies and alternative formats of all materials—at no cost—call Member Services at **866-432-0001 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

## Access personalized plan information with the MyHumana app

You're always on the go. That's why Humana has created the MyHumana app where you can:

- Review your health services history.
- Access your Humana member ID card instantly with a single tap.
- Find a provider by specialty or location. The MyHumana app can even use your current location to locate the nearest in-network provider—no matter where you are.\*

Download the MyHumana app for iPhone or Android by going to the Apple App Store® or Google Play®.

\* May require location sharing enabled on your phone.

# Using MyHumana on the web

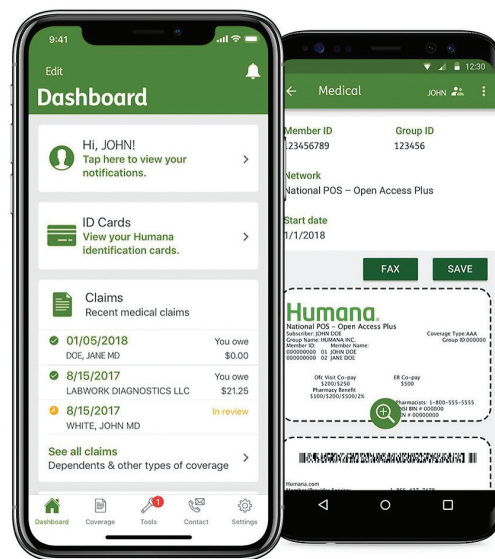
## How to sign in

When you go to [Humana.com/HealthySouthCarolina](https://www.humana.com/HealthySouthCarolina), select the green “Sign in” button at the top right, then type in your username and password. You’ll get access to key coverage information as well as useful member tools and resources.

## How to register for MyHumana

If you have not registered for MyHumana, you’ll need to create an account. (Only members who are 18 and older are eligible for a MyHumana account.)

- Go to [Humana.com/LogOn](https://www.humana.com/LogOn) and select the “Register now” link below the “Not registered?” heading.
- Select the “Get Started” button on the “Select your registration type” page.
- Choose Medicaid as your member type, and fill out the member information. You’ll need to enter your member ID number, date of birth and ZIP code. Select “Continue” when you’re ready.
- Now, you’ll get to set up your account information. Enter your email address, and create a username, password and choose a security question. Select “Submit” when you are done.
- A confirmation email will be sent to you to confirm your email address. Select the link in the email you receive to finish setting up your account.



You’re all set! Now you can sign in to your MyHumana account using your username and password.

## Stay connected with your smartphone

With a smartphone, you have easy access to health-related information and can stay connected to your care team and health plan. Any member who qualifies for the Federal Lifeline program will be eligible to receive a free smartphone with monthly talk minutes, text, and data. Benefits are subject to change by the FCC under the Lifeline program.



\* All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.



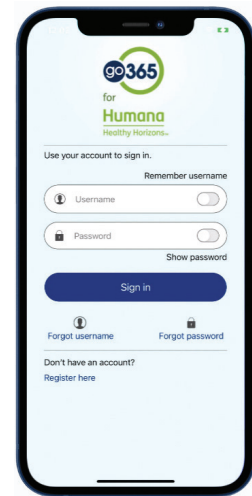
## Earn rewards with Go365 for Humana Healthy Horizons

With Go365 for Humana Healthy Horizons®, you have the opportunity to earn rewards for taking care of yourself, like getting key preventive screenings and working with a Wellness Coach. Participating in healthy activities and earning rewards is easy.

### How to earn and redeem rewards

1. Download the app from **Google Play** or the **App Store**.
2. If you don't already have a MyHumana account, register an account on the app and sign in. If you are registered on **MyHumana.com**, you can use the same login information on the app. Guardians without Humana coverage would not have a MyHumana account and should register by selecting "Register here" from the Go365 app's sign in screen. (Bonus: You'll earn \$25 in rewards!)
3. Select an activity to get started, and you are on your way!

Find more information about Go365 for Humana Healthy Horizons at [Humana.com/SouthCarolinaGo365](https://www.humana.com/SouthCarolinaGo365).



## We can help you quit smoking

Our Tobacco & Vaping Cessation Coaching Program offers one-on-one support for members who want to stop using nicotine products. Our National Board-Certified Health and Wellness Coaches are experts in guiding people who want to improve their lives and well-being.

Participants complete 8 sessions with a Wellness Coach and have 12 months to complete the program. Available to members 12 and older.

More information is available in the Go365 for Humana Healthy Horizons app. To get started, call **800-955-0782 (TTY: 711)** and press 1 for Tobacco & Vaping Cessation Coaching.

The program also offers support for both over-the-counter (OTC) and prescription nicotine replacement therapy (NRT) for members 18 and older.



## Complaints, grievances and plan appeals

We want you to be happy with us and the care you receive from our providers. Let us know right away if at any time you are not happy with anything about us or our providers. This includes if you do not agree with a decision we have made.



### Call Member Services

866-432-0001 (TTY: 711)



### Write to us

Grievance and Appeals Department  
P.O. Box 14546  
Lexington, KY 40512-4546

## Do you need help communicating?

**If you do not speak English**, we can help. We have people who help us talk to you in your preferred language. We provide this help for free. Just call our Member Services at **866-432-0001**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

**For people with disabilities:** If you use a wheelchair, or are blind, have trouble hearing or understanding, call us if you need additional assistance. We can tell you if a provider's office is wheelchair accessible or has devices for communication. Also, we have services like:

- Telecommunications relay service. This helps people who have trouble hearing or talking to make phone calls. Call **711** and give them our Member Services phone number. It is **866-432-0001 (TTY: 711)**. They will connect you to us.
- Information and materials in large print, audio (sound) and braille.
- Help in making or getting to appointments.
- Names and addresses of providers who specialize in your disability.

All of these services are provided to you for free.

## Need help getting to a medical appointment?

Transportation is available for doctor appointments, dialysis, X-rays, lab work, pharmacy, or other medical appointments. South Carolina Medicaid uses ModivCare for transportation services. The state covers ambulance transportation to and from medical appointments when a member must be transported on a stretcher and cannot ride in a car. You must get prior authorization for non-emergency ambulance or any other non-emergency transportation.

To ask for a ride, call at least 3 days before your appointment. To cancel a ride, call at least 24 hours in advance. Call member services at **866-432-0001 (TTY: 711)** Monday – Friday, from 8 a.m. to 5 p.m.

Visit [www.scdhhs.gov/transportation-beneficiary-information](http://www.scdhhs.gov/transportation-beneficiary-information) to find the ModivCare phone number for your county. If you need help finding the right phone number for ModivCare, call our Member Services at **866-432-0001 (TTY: 711)** and we can help.



## Reporting fraud and abuse

To report suspected fraud and/or abuse to the South Carolina Department of Health and Human Services, call the Fraud Hotline toll-free at **888-364-3224**, or send an email to **fraudres@scdhhs.gov**. You can also report fraud and abuse to Humana directly by visiting **Humana.com/Legal/fraud-waste-and-abuse**, or by contacting the Special Investigations Unit Hotline at **800-614-4126 (TTY: 711)**, 24 hours a day, 7 days a week.

## Know your rights

As a recipient of Medicaid and a member in a plan, you have the right to get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap or source of payment.

You have the right to get a copy of your bill and have the charges explained to you. You also have the right to get a copy of your medical records and request to have information added or corrected in your record, if needed.

For a full list of your rights as a Humana member, refer to your Member Handbook at **Humana.com/SouthCarolinaHandbook**.

You'll be receiving a Humana member ID card in the mail. When you receive it, look at the information on it and call us at **866-432-0001 (TTY: 711)** to choose your PCP if you did not pick the one listed on your ID card. When you visit your doctor, be sure to take your Humana member ID card with you.

## Let us know how we can best help you with your health goals



### Phone

**866-432-0001 (TTY: 711)**



### Web

**Humana.com/HealthySouthCarolina**

# Insurance ACE

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**The privacy of your personal and health information is important. You do not need to do anything unless you have a request or complaint.**

This Notice of Privacy Practices applies to all entities that are part of the Insurance ACE, an Affiliated Covered Entity under HIPAA. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single covered entity for purposes of HIPAA. A complete list of the members of the ACE is available at <https://huma.na/insuranceace>

We may change our privacy practices and the terms of this notice at any time, as allowed by law, including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

### **What is nonpublic personal or health information?**

Nonpublic personal or health information includes both medical information and personal information, like your name, address, telephone number, Social Security number, account numbers, payment information, or demographic information. The term “information” in this notice includes any nonpublic personal and health information. This includes information created or received by a healthcare provider or health plan. The information relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

### **How do we collect information about you?**

We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus, and the Medical Information Bureau.

### **What information do we receive about you?**

The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history, and your activity on our website. This also includes information regarding your medical benefit plan, your health benefits, and health needs assessments.

### **How do we protect your information?**

We have a responsibility to protect the privacy of your information in all formats including electronic and oral information. We have administrative, technical, and physical safeguards in

place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our employees about our privacy program and procedures

### **How do we use and disclose your information?**

We use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services

### **We have the right to use and disclose your information:**

- To a doctor, a hospital, or other healthcare provider so you can receive medical care.
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments.
- For healthcare operation activities, including processing your enrollment, responding to your inquiries, coordinating your care, improving quality, and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform, plan administration functions such as eligibility, enrollment, and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations. For example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission, or your plan sponsor must certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or treatment alternatives that may be of interest to you. If you have opted out, we will not contact you.
- To your family and friends if you are unavailable to communicate, such as in an emergency.
- To your family and friends, or any other person you identify. This applies if the information is directly relevant to their involvement with your healthcare or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm if the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation.
- To public health agencies, if we believe that there is a serious health or safety threat.
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process.
- For law enforcement purposes, to military authorities and as otherwise required by law.
- To help with disaster relief efforts.

- For compliance programs and health oversight activities.
- To fulfill our obligations under any workers' compensation law or contract.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.
- For research purposes in limited circumstances and provided that they have taken appropriate measures to protect your privacy.
- For procurement, banking, or transplantation of organs, eyes, or tissue.
- To a coroner, medical examiner, or funeral director.

### **Will we use your information for purposes not described in this notice?**

We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing.

The following uses and disclosures will require your written permission:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of personal and health information

### **What do we do with your information when you are no longer a member?**

Your information may continue to be used for purposes described in this notice. This includes when you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

### **What are my rights concerning my information?**

We are committed to responding to your rights request in a timely manner

- Access – You have the right to review and obtain a copy of your information that may be used to make decisions about you. You also may receive a summary of this health information. As required under applicable law, we will make this personal information available to you or to your designated representative.
- Adverse Underwriting Decision – If we decline your application for insurance, you have the right to be provided a reason for the denial.
- Alternative Communications – To avoid a life-threatening situation, you have the right to receive your information in a different manner or at a different place. We will accommodate your request if it is reasonable.
- Amendment – You have the right to request correction of any of this personal information through amendment or deletion. Within 60 business days of receipt of your written request, we will notify you of our amendment or deletion of the information in dispute, or of our refusal to make such correction after further investigation. If we refuse to amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.\*

\* This right applies only to our Massachusetts residents in accordance with state regulations.

- Disclosure – You have the right to receive a listing of instances in which we or our business associates have disclosed your information. This does not apply to treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- Notice – You have the right to request and receive a written copy of this notice anytime.
- Restriction – You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

### **If I believe that my privacy has been violated, what should I do?**

If you believe that your privacy has been violated, you may file a complaint with us by calling us at **1-866-861-2762** anytime.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also email your complaint to **OCRComplaint@hhs.gov**. If you elect to file a complaint, your benefits will not be affected, and we will not punish or retaliate against you in any way. We support your right to protect the privacy of your personal and health information.

### **Our responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our office, and on our website.

### **How do I exercise my rights or obtain a copy of this notice?**

All of your privacy rights can be exercised by obtaining the applicable forms. You may obtain any of the forms by:

- Contacting us at **1-866-861-2762**
- Accessing our website at **Humana.com** and going to the Privacy Practices link
- Send completed request form to:  
Humana Inc. Privacy Office 003/10911  
101 E. Main Street  
Louisville, KY 40202

## Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- 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, or language assistance services contact **866-432-0001 (TTY: 711)**, Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern time. If you believe that Humana, Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail, or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **866-432-0001 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.
- You can also file a civil rights complaint with the South Carolina Department of Health and Human Services, Civil Rights Division, 1801 Main Street, P.O. Box 8206, Columbia, South Carolina 29202, **888-808-4238, TTY: 888-842-3620, civilrights@scdhhs.gov**. Complaint form is available at **<https://www.scdhhs.gov/legal/office-civil-rights-privacy/privacyhealth-insurance-portability-and-accountability-act-hipaa>**.

This notice is available at **[Humana.com/SouthCarolinaDocuments](https://Humana.com/SouthCarolinaDocuments)**.

Humana Healthy Horizons in South Carolina is a Medicaid product of Humana Benefit Plan of South Carolina, Inc.

SCHMEDWEN\_0725\_Approved



**Auxiliary aids and services, free of charge, are available to you.**

**866-432-0001 (TTY: 711), Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern time.**

Humana Inc. and its subsidiaries comply with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

**English:** Call the number above to receive free language assistance services.

**Español (Spanish):** Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

**Tiếng Việt (Vietnamese):** Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

**Français (French):** Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

**Русский (Russian):** Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**ગુજરાતી (Gujarati):** મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.

**العربية (Arabic):** اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

**Português (Portuguese):** Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

**日本語 (Japanese):** 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

**Українська (Ukrainian):** Зателефонуйте за вказаним вище номером для отримання безкоштовної мовної підтримки.

**हिंदी (Hindi):** भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

**ខ្មែរ (Cambodian):** ហៅមកលេខទូរស័ព្ទខាងលើ ដើម្បីទទួលបានសេវាកម្មបកប្រែភាសាដោយមិនអស់ប្រាក់ ។

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