July 2016

Dear valued member:

Each year, Minuteman Health (MHI) is required by state and federal laws and national accreditation standards to tell you about certain rights and services available to you as a member. In the following pages you will find this information:

I. MHI Contact Information and Service Hours
II. MHI's In-Plan Providers, including Professional Qualifications, such as Board Certification status
III. Utilization Management Decisions
IV. Utilization Management Contact Information
V. Women's Health & Cancer Rights Act of 1998; Annual Notice of Rights
VI. MHI's Quality Management Program and Information about Program Progress
VII. Member Rights and Responsibilities
VIII. Inquiries and Grievances
IX. External Appeal Process
X. Race, Ethnicity and Language Data Collected by MHI
XI. How We Protect Your Privacy
XII. MHI Case Management
XIII. MHI 24-Hour Nurse Line
XIV. How to get Information about your MHI Plan
XV. Understanding Your Benefits - The Evidence of Coverage (EOC)
XVI. Pharmacy Management Procedures and the Drug Formulary, Including Updates
XVII. Information about Translations Services and TYY Services for Hearing Impaired

Please review this information at your earliest convenience. As always, we are here to help answer your questions. If you need assistance or would like a copy of the information listed above, please call the Member Services Team at 855-MHI-1776 (855-644-1776) Monday through Friday from 8am until 6pm.

Sincerely,

Anthony Taylor
Member Services Manager

MHI-NH-ANNUALMEMBERNOTICE-2016-06-30-ALL

INTERPRETER AND TRANSLATION SERVICES

This is important information. You can call the MHI Member Services team to have this information read to you. We can answer your questions in English or Spanish. For other languages, MHI uses an interpreter. Our hours are Monday through Friday from 8AM to 6:00PM. Translation services are FREE for our Members.

Language	Notice
1. Spanish	Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Minuteman Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (855) 644-1776.
2. French	Si vous, ou quelqu'un que vous êtes en train d’aider, a des questions à propos de Minuteman Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (855) 644-1776.
3. Chinese	如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱 (Minuteman Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 (855) 644-1776。
4. Nepali	यदि तपाई ंआफ्ना लादि आफैंआवेिनको काम िि ै, वा कसैलाई मद्दत िि ै हुनहु ुन्छ, Minuteman Health बारेप्रश्नहरू छन्भनेआफ्नो मातभृ ाषामा दन:शलु ्क सहायता वा जानकारीपाउनेअदिकार छ । ि ोभाषे(इन्टरप्रेटर) सँि कुरा िनुपुरे (855) 644-1776] मा फोन िनुहोस्।
5. Vietnamese	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Minuteman Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (855) 644-1776.
6. Portuguese	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Minuteman Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (855) 644-1776.
7. Greek	Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω απο το Minuteman Health , έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση.Για να μιλήσετε σε έναν διερμηνέα, καλέστε (855) 644-1776.

8. Arabic	إن كان لديك أو لدى شخص تساعده أسئلة بخصوص (Minuteman Health)، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل بـ ((855) 644-1776here).
9. Serbo-Croation	Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Minuteman Health, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite (855) 644-1776.
10. Indonesian	Jika Anda, atau seseorang yang Anda tolong, memiliki pertanyaan tentang Minuteman Health, Anda berhak untuk mendapatkan pertolongan dan informasi dalam Bahasa Anda tanpa dikenakan biaya. Untuk berbicara dengan seorang penerjemah, hubungi (855) 644-1776.
11. Korean	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Minuteman Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (855) 644-1776로 전화하십시오.
12. Russian	Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Minuteman Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (855) 644-1776.
13. French Creole-Haitian Creole	Si oumenm oswa yon moun w ap ede gen kesyon konsènan Minuteman Health, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan (855) 644-1776.
14. Bantu-Kirundi	Nimba wewe canke umuntu uriko urafasha afise ibibazo vyerekeye Minuteman Health, utegerezwa kugira uburenganzira bwo kuronka ubufasha n’amakuru arambuye mu rurimi gwawe ataco utanze canke kurihira. Hamagara (855) 644-1776 uhamagara umusobanuzi.
15. Polish	Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie Minuteman Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku .Aby porozmawiać z tłumaczem, zadzwoń pod numer (855) 644-1776.

I. MHI CONTACT INFORMATION & SERVICE HOURS

For Member Service

- Call the MHI Member Services Team at 855-MHI-1776 (855-644-1776) Monday through Friday from 8am until 6pm.

For Medical Care

- Contact your PCP's office at the number listed in the MHI In-Plan Provider Directory. MHI requires all PCPs to provide or make appropriate arrangements to assure coverage 24 hours a day, 7 days a week.
- Please talk to your PCP's staff to find out their office hours and how they handle care after normal business hours.

For Emergency Care

- Go to the nearest emergency room or dial 911.

For Care Coordination

- Call MHI Health Services at 855-MHI-1776 (855-644-1776) (choose prompt 3, then prompt 2) Monday through Friday from 8am until 6pm.
- Our clinical case managers will work directly with you and your care team to assist in coordinating the care that you need.

If you need to submit a claim

- Contact the MHI Member Services Team at 855-MHI-1776 (855-644-1776) Monday through Friday from 8am until 6pm.

II. MHI'S IN-PLAN PROVIDERS

In-Plan Providers are part of the Minuteman Health provider network. There are three ways to find In-Plan Providers:

- Check the Minuteman Health In-Plan Provider Directory at www.minutemanhealth.org
- Call the MHI Member Services Team
- Visit the In-Plan Provider & Pharmacy search tool at www.minutemanhealth.org

III. UTILIZATION MANAGEMENT DECISIONS

- To encourage open clinical dialogue between MHI In-Plan Providers and our members, MHI providers have always been, and continue to be, free to communicate with members regarding the treatment options available to them, including medication treatment options, regardless of benefit coverage limitations.
- UM decision-making is based only on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

IV. UTILIZATION MANAGEMENT CONTACT INFORMATION

- Contact the MHI Member Services Team at 855-MHI-1776 (855-644-1776) Monday through Friday from 8am until 6pm.
- The MHI Member Services Team can answer general inquiries about utilization management (UM) decisions. For example, they can confirm whether a prior approval request has been approved for coverage.
- If you need assistance directly from UM review staff, the Member Services Team will transfer your call to the appropriate UM department. For example, you may speak with UM review staff in Health Services or Pharmacy Services.
- UM review staff are available at least eight hours a day during normal business hours, Monday through Friday from 9am until 5pm.

V. WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998; ANNUAL NOTICE OF RIGHTS

If your plan covers mastectomies, and if you are receiving benefits under the plan in connection with a mastectomy, you have the right to receive coverage of:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

In accordance with the above, MHI provides coverage based on what you and your attending physician determine to be appropriate for you. If your plan requires deductibles, coinsurance, or copayments for other benefits under the plan, these

requirements may apply to the above procedures to the same extent that they apply to other benefits.

VI. MHI'S QUALITY MANAGEMENT PROGRAM

MHI has a written Quality Management Program Description. This document provides information about the program. It also explains how the program is evaluated. If you would like more information about the program or program results, please contact Gerri McNamara, MHI Clinical Manager, Population Health, at 857-317-6487.

VII. MHI MEMBER RIGHTS AND RESPONSIBILITIES

MHI members have specific rights and responsibilities that form the basis of quality health care. We are pleased to share the MHI Member Rights and Responsibilities Statement, which tells you what you can expect of us and what we ask of you.

Member Rights
As a Member of MHI, you have certain rights. These are to:

- Receive information on MHI, its services, In-Plan Providers, policies, procedures, and your rights and responsibilities. MHI will not release information that by law may not be given to Members or any third party. We will not disclose privileged information about In-Plan Providers.
- Be treated with respect and with recognition of your dignity and right to privacy.
- Participate in health care decisions with your doctor or other health care provider.
- Expect that your doctor or other health care provider will fully and openly discuss appropriate, medically necessary treatment options, regardless of the cost or benefit coverage. It does not mean that MHI covers all treatment options. If you are unsure about coverage, please contact the Member Services team.
- Contact us with a grievance or complaint about MHI or an In-Plan Provider.
- Refuse a treatment, drug or other procedure recommended by your doctor or other health care provider as the law allows. Providers should tell you about any potential medical effects of refusing treatment.
- Select an In-Plan Primary Care Provider (PCP) who is accepting new patients. For a list of PCPs, search the Minuteman Health Provider Directory, visit the In-Plan Provider & Pharmacy search tool at www.minutemanhealth.org, or call the MHI Member Services team.
- Change your PCP. You may choose any In-Plan PCP, except those who have notified MHI that they no longer accept new patients.
- Have access, during MHI's business hours, to the Member Services Team, who can answer your questions and help resolve problems.
- Expect that your medical records and information on your relationship with your doctor will remain confidential, in accordance with state and federal law and MHI policies.
- Make recommendations regarding MHI's member rights and responsibilities policies.

Because MHI is a CO-OP, you have a number of additional Member rights. You may elect Members to the MHI Board of Directors (if you are age 18 or older).

Member Responsibilities
As a Member of MHI, you have certain responsibilities. These are to:

- Provide, as much as possible, the information your providers need to care for you. This includes information on your present and past medical conditions, as you understand them, before and during any course of treatment.
- Follow the treatment plans and instructions for care that you have agreed on with your provider.
- Read MHI materials to become familiar with your benefits and services. If you have any questions, please call the Member Services Team.
- Follow all MHI policies and procedures.
- Treat providers and MHI staff with the respect and courtesy that you would expect for yourself.
- Arrive on time for appointments or give proper notice if you must cancel or will be late.
- Understand your health problems, which is an important factor in your treatment, and participate in developing mutually agreed

upon treatment goals to the extent possible. If you do not understand your illness or treatment, talk it over with your doctor.
- Participate in decision-making on your health care.
- Inform MHI of any other insurance coverage you may have. This helps us process claims and work with other payers.
- Notify us of status changes (such as a new address) that could affect your eligibility for coverage.
- Help MHI and In-Plan Providers get prior medical records as needed. You agree that MHI may obtain and use any of your medical records and other information needed to administer the plan.
- Consider the potential effects if you do not follow your provider's advice. When a service recommended by an In-Plan Physician is covered, you may choose to decline it for personal reasons. For example, you may prefer to get care from out-of-plan providers rather than In-Plan Providers. In these cases, MHI may not cover substitute or alternate care that you prefer.

VIII. INQUIRIES AND GRIEVANCES

If you are unhappy with MHI or any of the care you receive you should call MHI. You can ask MHI to reconsider:

- An action we have taken or not taken
- An MHI policy
- The absence of a policy you think we should have

These requests are called inquiries. We will respond to your inquiry and ask you if you are satisfied with our response. If you are not satisfied with our response, MHI will offer to start a review of your complaint through the internal grievance process. Grievances can be oral or written. Procedures and timelines for the internal grievance process are in your Explanation of Coverage (EOC). MHI'S Complaints and Appeals Coordinator will help you with the grievance process.

If MHI has denied your clinical appeal and you do not agree with MHI's decision, you can ask for an external appeal. The External Appeal Process is outlined in the next section.

IX. EXTERNAL APPEAL PROCESS

If MHI has denied your clinical appeal and issued a Final Adverse Determination, you can ask for a non-MHI, external appeal. To do so, you need to contact the New Hampshire Insurance Department (NHID) Commissioner's office for assistance. MHI will provide you with the necessary filing forms when it notifies you of its final decision. You can also obtain the necessary forms by calling NHID or accessing its website. Information on contacting NHID is at the end of this section. You must submit the request within 180 days after you receive MHI's final decision on your appeal.

NHID will complete a preliminary review within 7 days of receipt of your application to determine if your request is complete and eligible for external review. Requests that are accepted will be sent to an independent review board (IRO) chosen by NHID.

Within 10 days of receiving notice of the acceptance of the appeal, Minuteman must provide you and the IRO with all the information in Minuteman's possession that is relevant to the appeal. If you would like, you or your representative will then have 10 more days to submit new or additional information to the IRO.

At the end of this 10-day period, the record of the case will be closed and no new information may be submitted. The IRO will then have 20 days to review all of the information and documents received, and render a decision upholding or reversing the determination of the insurer.

Please note that you may also request an Expedited External Review if you would be significantly harmed by having to wait. You may request an expedited review by checking the appropriate box on the appeals request form, and by having your treating health care provider complete the certification form that is attached to the appeal request form. The insurance commissioner will immediately make a determination whether the request for expedited review meets eligibility requirements and will notify MHI. MHI will provide documentation to the independent review organization by telephone, facsimile or any other available expeditious manner. If the request for expedited external review is not complete, the insurance commissioner shall notify you immediately and attempt to obtain the information or documents

to complete the request. Expedited external reviews must be completed as quickly as possible but in no event later than 72 hours.

How to contact the New Hampshire Insurance Department:

- Toll-free: 800-852-3416
- Fax: 603-271-1406
- Website: www.nh.gov/insurance/consumers/appeals
- Email: REQUESTS@INS.NH.GOV
- Address: Independent External Review
  New Hampshire Insurance Department
  21 South Fruit Street, Suite 14
  Concord, NH 03301

If you are in a self-funded plan, please contact MHI's Member Services Team at 855-MHI-1776.

Final Adverse Determinations:
Remember, an external appeal is only available following a clinical appeal that is denied by MHI. This is called a "Final Adverse Determination." An "adverse determination" is a decision by MHI, based upon a review of information provided, to deny, reduce, modify or terminate health care services for failure to meet the requirements of coverage based on medical necessity, appropriateness of health care setting and level of care, or effectiveness. When the MHI formal internal grievance or appeal process is completed for an "adverse determination," it becomes a "final" adverse determination.

X. RACE, ETHNICITY AND LANGUAGE DATA COLLECTED BY MHI

The Commonwealth of MA has established statewide goals for improving health care quality and reducing racial and ethnic disparities in health care. MHI wants to do its part to remove any barriers to fair and unbiased treatment for all of our members. To help us do this, we collect information about your race and ethnic background. Using this information we may be able to identify possible issues that affect the care or treatment you receive. MHI will then be able to work with our provider community to address any issues.

The information we collect is designed for the purpose of data collection. It will not be used for determining eligibility, rating or claim payment. MHI keeps this information confidential according to our policies and state and federal law. These policies are outlined in the next section.

XI. HOW WE PROTECT YOUR PRIVACY

MHI is committed to protecting your privacy. We keep members' protected health information (PHI) confidential according to our policies and applicable state and federal law, including the Health Insurance Portability and Accountability Act (HIPAA). MHI'S Notice of Privacy Practices contains more detailed information about MHI's policies and practices regarding the collection, use and disclosure of your PHI. It also sets forth your rights with respect to your PHI. You can request a complete copy of MHI's Notice of Privacy Practices by contacting the Member Services Team.

How does MHI protect my PHI?
MHI has detailed policies on confidentiality and protection of PHI. These policies apply to all oral, written, and electronic information that we have about you. All MHI employees are required to protect the confidentiality of your personal information, including PHI. An employee may only access, use, or disclose your information when he or she has an appropriate reason to do so. Each employee or temporary employee must sign a statement that he or she has read and understands these policies. Minuteman Health conducts annual training on confidentiality and privacy. Any employee who violates the policy is subject to discipline, which may include termination of employment. You may request a copy of Minuteman Health's Notice of Privacy Practices from Minuteman Health's Member Services. MHI also includes confidentiality provisions in all of its contracts with In-Plan Providers. Finally, MHI maintains physical, electronic, and procedural safeguards to protect your information.

How does MHI use and disclose my PHI?
HIPAA and other laws allow or require us to use or disclose your PHI for many different reasons. MHI may use and disclose your information in connection with your treatment, the payment for your health care, and our health care operations, including our quality and utilization management activities. We also can disclose your information to providers and other health plans that have a relationship with you for their treatment, payment and some limited health care operations. In addition, federal law allows or

requires us to use or disclose your PHI to serve other purposes, such as for public health activities, or when we are required by law to disclose the information. We do not need your authorization for these purposes.

For other uses and disclosures of your information, we must get your written authorization. A written authorization request will specify the purpose of the requested disclosure, the persons or class of persons to whom the information may be given, and an expiration date for the authorization. If you do provide a written authorization, you generally have the right to revoke it.

Will MHI disclose my PHI to anyone outside MHI?
MHI may share your PHI in certain circumstances with your doctors, other health plans that have a relationship with you, certain governmental entities, individuals involved in your care, our affiliates and third party "business associates" (such as consultants and auditors) that perform various activities for us, and individuals that you have authorized to receive information. For more information about how we use and disclose member information refer to our complete Notice of Privacy Practices at http://www.minutemanhealth.org/members/members-forms-documents.

Will MHI disclose my PHI to my employer?
In general, MHI will release to your employer only enrollment and disenrollment information, information that has been de-identified so that your employer cannot identify you or summary health information. If your employer would like more specific PHI about you to perform plan administrative functions, we will either get your written authorization or we will ask your employer to certify that they have established procedures in their group health plan for protecting your PHI.

Can I get a copy of my medical records?
MHI does not provide medical care. Members receive care and treatment from providers based in their own facilities. Under Massachusetts law, you have a right to obtain a copy of your medical records. To obtain a copy, contact your health care provider directly.

You also have the right to see and get a copy of some of the records that MHI maintains such as your medical management records, and any other records that MHI uses to make decisions about you. Requests for access to copies of these records must be in writing and sent to the MHI Legal Department. Please provide us with the specific information we need to fulfill your request. We may charge a reasonable fee for the cost of producing and mailing the copies.

XII MHI CASE MANAGEMENT

Registered Nurses in MHI'S Health Services Department provide case management. Our nurses work with your physician to help you navigate the complex health care delivery system. Our primary goal is to restore you to your highest possible level of function. This process is known as Case Management.

What is Case Management?
At MHI, our Case Managers:

- Identify patients with complicated illnesses, multiple risk factors and/or higher than average use of services
- Assess the opportunities to coordinate, manage and monitor the total care of a patient
- Identify and eliminate barriers to ensure that you get the best care available

The Case Manager is like a "coach" for the patient. We ensure optimal communication between all members of the health care team. Working closely with your physician, your Case Manager will:

- Explain your condition and answer your questions
- Help you navigate the health care system
- Develop a treatment plan for your care

Who is a candidate for Case Management?
Any member of MHI can be a candidate for Case Management. A member may be identified:

- By your physician
- By referral from an inpatient hospital stay
- By referral from the Disease Management or Utilization Management Team
- By referral from MHI's health information line
- At your request

If you are facing a major illness, a complex diagnosis, or a chronic medical condition you will certainly benefit from Case Management services.

How can we help?
The Case Managers at MHI are here for you. You can call us when you or a member of your family is facing a difficult or complex medical situation. Please

call 855-MHI-1776 (855-644-1776), and ask our Member Services Team to connect you with a Case Manager. The Case Management Program is available Monday through Friday from 8:30am until 4:30pm.

XIII. MHI 24-HOUR NURSE LINE

MHI provides a Health Information Line that is staffed by licensed nurses and clinicians. MHI's 24-Hour Nurse Line is available by telephone and through e-mail (response within 24 hours). Interpretation services are available if you call into the 24-Hour Nurse Line by telephone. Using this service, you can become well-informed about wellness and prevention and make better use of covered services.

The MHI 24-Hour Nurse Line provides access to resources for answers to a broad range of health-related questions. For example, you can get:

- Advice about a sick child or family member
- Answers to medication questions, such as advice on how much medicine to give to a sick child
- Answers to questions about your health
- Help in deciding what level of care is most appropriate for your condition
- Help in deciding whether and where to go to seek care
- Help on how to apply self-care prior to a visit
- Information about pregnancy

To call the MHI Nurse Line:
Call the MHI Nurse Line at 866-389-7613. An experienced nurse will listen carefully to your concerns and give you information to help you choose the care that's right for you.

To e-mail the MHI Nurse Line:
Access the 24-hour MHI Secure Nurse Line Messaging Center at: http://minutemanhealth.org/members/secure-nurse-email. After entering the required information, click on the submit button. An experienced nurse will respond to your question within 24 hours.

XIV. HOW TO GET INFORMATION ABOUT YOUR PLAN

At MHI, we continually review the coverage that we offer. We work with doctors, pharmacists and other clinical professionals to compare emerging medical technology with the services we already cover. We also look for ways to improve and simplify how we administer covered services. As a result, from time to time we provide updates to your coverage, and we notify you, your employer and our providers of these changes.

To obtain an updated copy of your Explanation of Coverage (EOC) or for the latest coverage information about your Plan, MHI's contracted providers or specific information about covered services, please call the Member Services Team at 855-MHI-1776 (855-644-1776) Monday through Friday from 8am until 6pm.

XV. UNDERSTANDING YOUR BENEFITS – THE EVIDENCE OF COVERAGE (EOC)

Did you know that you have access to a comprehensive description of all available benefits under your plan? This document is called the Explanation of Coverage (EOC). In it, you will find information about how to use your plan, covered services, excluded services, co-payments or other charges which may be your responsibility, appeals and grievances, prescription drug coverage, enrollment and much more. The EOC also includes information about In-Plan Providers, how to obtain specialty care, behavioral healthcare services and hospital services. It explains how services are covered if using out-of-plan providers.

To access your EOC online, please follow these steps:

1. Sign into your account by visiting www.minutemanhealthdirect.org and completing the login information.

2. At the top right-hand of your screen, choose "Your Health Plan." This should make a drop down menu appear.

3. Select "Plan Benefits."

4. Click on "Member Handbook." This will open your EOC.

If you need any help accessing your EOC online or would like to request a free paper copy, please contact the Member Services Team at 855-644-1776.

XVI. PHARMACY MANAGEMENT PROCEDURES AND THE DRUG FORMULARY, INCLUDING UPDATES

- Your Prescription Benefit is based on the MHI Formulary, a list of prescription drugs covered by MHI. Please call the Member Services Team at 855-MHI-1776 or visit www.minutemanhealth.org for a copy of the MHI Formulary.

- MHI continually reviews new prescription drugs and makes new policies about what drugs are covered, and which drugs are not, by reviewing information about the drugs.

- MHI will provide you (or your employer if you are in a Group plan) with 60 days' prior written notice before making substantive changes in the formulary. Changes can be found on the Minuteman Health website at www.minutemanhealth.org. Please call the Member Services Team if you would like a hard copy.

XVII. INFORMATION ABOUT TRANSLATION SERVICES & TYY SERVICES FOR THE HEARING IMPAIRED

To have this information read to you call the Member Services Team. The Member Services Team can answer your questions in English or Spanish. For all other languages, MHI uses an interpreter service. All translation services are FREE for members and are available by calling the Member Services Team at 855-644-1776 Monday through Friday from 8am until 6pm.

For those with partial or total hearing loss, please call our TTY Line at 800 439-2370 for help.