# Medicare Advantage
# **Group Plans**

**A plan for life.**

# Welcome!

Being eligible for Medicare means you have important choices to make. If you're looking for a Medicare Advantage plan that gives you the benefits you need – including hearing and vision – plus no-cost tools and programs that help you get and stay healthy, **CDPHP has you covered**.

▶ Live your healthiest life with **$0 flu shots, cancer screenings, and other preventive services**

▶ Travel worry-free with **emergency coverage worldwide**

▶ Take your health care into your own hands with **apps that help you stay healthy, and give you 24/7 access to doctors**

▶ Get the service you deserve with **award-winning customer service based in Albany**

▶ **Talk to a nurse, dietitian, or educator** about your specific health concerns

## To enroll in a CDPHP Medicare Advantage plan today, you need to:

▶ Have Medicare Parts A and B

▶ Reside in our 29-county service area for at least six months of the year

▶ Complete an application and submit it to your employer at least one month before your effective date

# Make the Most of Your Pharmacy Benefit

Your group Medicare Advantage plan comes with a prescription drug benefit. Not only are prescription medications covered, but you also have access to resources to help you stay healthy and save money.

**Drug List (Formulary) –** Your CDPHP Medicare Advantage plan covers most prescription drugs. CDPHP keeps a list of the medications covered under your plan in a document called a drug list or formulary. You can search for specific medications you take or search the formulary by medical condition.

**Medication Therapy Management –** As a CDPHP Medicare Advantage member with prescription drug coverage, you can receive no-cost medication reviews with a pharmacist who can help you minimize side effects and potentially save you money.

**Rx For Less –** Save money on many generic prescription medications at participating pharmacies. You may be able to get some medication for as little as a penny per pill.+
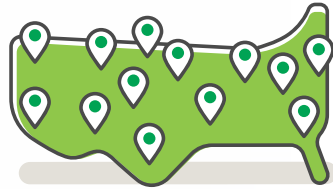
# Get the coverage you need
**and the extras you want.**

# My Healthy Life

Choose from coverage options designed to fit your needs and budget.

## NATIONWIDE COVERAGE

» All plans cover emergency and urgent care anywhere in the U.S.

» Receive routine care across the country with a PPO[1] plan

## HEARING CARE

» All plans include hearing aid benefits

» Copays start as low as $199

## VIDEO DOCTOR VISITS

» Doctor On Demand gives access to virtual doctor visits 24/7 with no copay

» Get mental health virtual services through aptihealth with no copay

## EASY ACCESS TO DOCTORS AND PRESCRIPTIONS

» Thousands of in-network providers

» Hundreds of conveniently-located pharmacies

» Most area hospitals are in-network

## $0 PREVENTIVE VISITS

» No-cost annual physical

» No-cost cancer screenings

1 Out-of-network/non-contracted providers are under no obligation to treat CDPHP Medicare Advantage members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

# Get and Stay Healthy at No Extra Cost

Take advantage of tools and resources to help you live your healthiest life.

## IN-HOME SUPPORT

» 30 hours of no-cost, in-home companionship and support services through Papa

» Assistance with transportation, house help, technology support, and grocery drop-off

## GYM MEMBERSHIPS AND WELLNESS CLASSES

» No-cost SilverSneakers membership

» Includes many local gyms and YMCA locations

» Online fitness and health classes

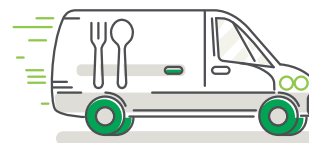## WEIGHT LOSS REIMBURSEMENT

» Up to $100 reimbursement

» Qualifying programs include WW and Noom

## CDPHP HEALTH HUB

» Members can personalize their experience by setting goals and tracking progress

» Earn Life Points Rewards redeemable for gift cards for completing healthy activities

## AT-HOME MEAL DELIVERY

» 14 no-cost, home-delivered meals from a CDPHP-approved provider following an in-patient stay at a hospital, skilled nursing facility, or rehab facility

# Worry-free Travel Wherever You Go

Across town or around the world, you're covered with CDPHP Medicare Advantage.

| | CDPHP Medicare Advantage HMO | CDPHP Medicare Advantage PPO[1] |
|---|:---:|:---:|
| Out-of-area emergency visits | ✓ | ✓ |
| Out-of-area urgent care visits | ✓ | ✓ |
| Out-of-area PCP visits | not covered | ✓ |
| Out-of-area routine specialist visits | not covered | ✓ |
| Doctor On Demand | ✓ | ✓ |

## Thousands of Doctors to Serve You

Finding a provider, pharmacy, or hospital is only a click or phone call away.

### Go Online

▸ Go to **findadoc.cdphp.com**

▸ Select your plan type and location (e.g., Medicare HMO, Medicare PPO)

▸ Search by specialty or the provider or facility name

### Make a Call

▸ Call (518) 641-3950 or 1-888-248-6522 (TTY: 711) and let our member services representative help you find what you're looking for.

▸ Call your doctors' offices to ask if they participate with CDPHP.

**TIP!** *Not every CDPHP plan type requires you to select a primary care physician (PCP), but all members are encouraged to maintain a doctor-patient relationship with an internal medicine, family practice, osteopathic manipulative treatment, or general practice physician.*

# Getting started with CDPHP

If you **enroll with CDPHP**, here's what you'll receive from us and why it's important:

### 1. Approval Letter

We send this letter to let you know when your enrollment has been approved by Medicare and to make sure you understand the plan you selected.

### 2. Member Welcome Guide with ID Card

Your member welcome guide will provide you with your ID card as well as assistance in setting up your member account. You'll need your card when you visit the doctor, hospital, or pharmacy (if you have prescription coverage).
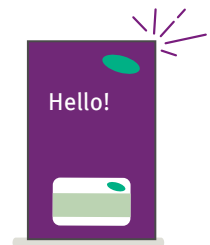
### 3. Member Welcome Kit

Your kit provides detailed information about your plan. It also includes important documents you can review, complete, and return to us. You can access this kit online via your member account if you prefer.

### 4. Welcome Call or Letter

Finally, we'll call or send you a letter to confirm you received your Member Welcome Kit, verify you chose a primary care doctor, learn more about your health care needs, and help you get started with CDPHP.

After you sign up for an online member account, you'll receive emails with helpful tips on topics like how to best use your account or how to earn Life Points Rewards.

# Still have questions?

Contact member services for information about:

▶ benefits

▶ pharmacy

▶ CDPHP provider network

Please call member services at (518) 641-3950 or toll free at 1-888-248-6522 (TTY 711) Monday through Sunday, 8 a.m. to 8 p.m.*

Contact your employer group for information about:

▶ enrollment

▶ premiums

Add your Voice to the mix:

**CDPHP® INsights™**

To join, visit **insights.cdphp.com/join**

*Our hours are 8 a.m. - 8 p.m. seven days a week from October 1 - March 31.
From April 1 - September 30, Monday – Friday, our hours are 8 a.m. - 8 p.m.
A voice messaging service is used weekends, after-hours, and federal holidays.
Calls will be returned within one business day.

## Discrimination is Against the Law

CDPHP® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

## Multi-language Interpreter Services:

ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call 1-888-248-6522 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-248-6522 (TTY: 711)

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 1-888-248-6522（TTY：711）

[1] *Out-of-network/non-contracted providers are under no obligation to treat CDPHP Medicare Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.*

A plan for life.

# IMPORTANT INFORMATION:

## 2023 Medicare Star Ratings

**CMS** CENTERS FOR MEDICARE & MEDICAID SERVICES

CDPHP Medicare Advantage - H5042

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For 2023, CDPHP Medicare Advantage - H5042 received the following Star Ratings from Medicare:

### Overall Star Rating: ★★★★★
Health Services Rating: ★★★★★
Drug Services Rating: ★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

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### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

**5** This plan got **MEDICARE'S HIGHEST RATING** (5 stars)

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

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### Get More Information on Star Ratings Online
Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](medicare.gov/plan-compare).

### Questions about this plan?
Contact CDPHP Medicare Advantage 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 888-519-4455 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 888-248-6522 (toll-free) or 711 (TTY).

**CDPHP**®

## A plan for life.

**Group Name:** Greenwich Central School District-Medicare
**Group ID#:** 20031637

| BENEFITS | YOU PAY | |
|---|---|---|
| | In-Network | Out-of-Network |
| **Doctor Visits** | | |
| Primary care | $10 | $10 |
| Specialist | $10 | $10 |
| Preferred Live Video Doctor Visits | Covered in full | Not Covered |
| Telehealth services from a CDPHP Network provider | PCP or Specialist cost share based on provider | PCP or Specialist cost share based on provider |
| **Preventive Care** | | |
| Annual wellness exam<br>Medicare-covered screenings - mammogram, prostate, pap test, bone mass measurement, pneumonia and flu shot | Covered in Full | Covered in Full |
| **Hospital and Outpatient Services** | | |
| Inpatient hospital stays | Covered in full | Covered in full |
| Inpatient mental health care (190 days per lifetime) | Covered in full | Covered in full |
| Outpatient hospital and ambulatory surgical center- same day surgery & other services | Covered in full | Covered in full |
| Home health services | Covered in full | Covered in full |
| **Emergency Care** | | |
| Worldwide emergency room care (waived if admitted) | $35 | |
| Urgent care | $10 | |
| Ambulance | Covered in full | |

| PRESCRIPTION DRUGS - PART D          YOU PAY | YOU PAY | |
|---|---|---|
| **Rx Rider:** 533P  **Rx Deductible:** $0 | | |
| **Initial Coverage Stage** | **Retail Pharmacy (30 day supply)** | **Mail Order (up to a 90 day supply)** |
| Tier 1 Preferred generic | $5 | $10 |
| Tier 2 Generic | $5 | $10 |
| Tier 3 Preferred brand | $10 | $20 |
| Tier 4 Non-preferred drugs | $25 | $50 |
| Tier 5 Specialty tier | $25 | Not Available |
| **Coverage Gap Stage** | If your total drug costs (paid by both you and CDPHP) reach $4,660, you will pay either the above stated cost share or less. | |
| **Catastrophic Coverage Stage** | At $7,400, you pay the greater of 5% coinsurance or $4.15  for all generics and multi-source brands (Tiers 1-3) and the greater of 5% coinsurance or $10.35 for all other Tier 1-3 drugs. For Tier 4 & 5 drugs, you pay the lesser of 5% coinsurance or the above stated cost share. | |
| **Shingles Vaccine** | Covered in full | |

| PRESCRIPTION DRUGS – PART B | YOU PAY | |
|---|---|---|
| | In-Network | Out-of-Network |
| Physician administered injectables (including chemotherapy) Office visit copayment may apply | Covered in full | Covered in full |
| Retail pharmacy/Oral chemotherapy (per prescription) | Covered in full | Covered in full |
| BENEFITS | YOU PAY | |
| **Rehabilitation** | | |
| Skilled nursing facility (100 days per benefit period) | Covered in full | Covered in full |
| Physical, occupational, and speech therapy | $10 | $10 |
| **Diagnostic Services** | | |
| Laboratory services (cost share waived at preferred laboratories) | Covered in full | Covered in full |
| Radiology and imaging (X-rays, ultrasounds) | Covered in full | Covered in full |
| Advanced imaging (CT scan, MRI, PET scan) | $10 | $10 |
| **Additional Coverage** | | |
| Blood glucose monitors and test strips by Ascencia Diabetes Care | Covered in full | |
| Diabetic Supplies (you pay whichever cost share is less) | Covered in full | Covered in full |
| Dialysis | Covered in full | Covered in full |
| Acupuncture (10 visits) | 50% | 50% |
| Chiropractor | $10 | $10 |
| Durable Medical Equipment | Covered in full | Covered in full |
| Vision allowance | $100 allowance per plan year | |
| Hearing aids | $199 or $499 copayment depending on model per plan year | |
| In-Home Support Services (30 hours annually) | Covered in full | |
| **Dental Rider** | | |
| Rider: 592P | $250 Reimbursement towards 2 cleanings and exams and 1 annual x-ray per plan year | |
| **Out of Pocket Maximum** | | |
| Maximum Annual Out-of-Pocket Protection (Excludes: Part D costs, eyewear, hearing aids and dental if applicable) | $4,000 Combined in and out of network | |
| WELLNESS PROGRAMS | | |

**Life Points Rewards®:** Members are eligible to earn up to 125 Life Points Rewards per contract by completing program activities.

**CDPHP Senior Fit®:** Enjoy access to SilverSneakers® participating gyms. You can also work out and take fitness and wellness classes at many other area gyms, like the CDPHP® Fitness Connect at the Ciccotti Center, at no additional cost.

**Weight management program:** Receive up to $100 reimbursement for participation in a weight loss program with an eligible vendor.

CDPHP® Medicare Advantage is a PPO with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.

If you have a question or wish to receive additional information, please contact member services at (518) 641-3950 or 1-888-248-6522 (TTY: 711). Or, visit our website at www.cdphp.com. This summary is designed to highlight the benefits of the plan being offered and does not detail all benefits, limitations, or exclusions. It is not a contract and may be subject to change. Many preventive services are covered in full. For more detailed information, an Evidence of Coverage is available for your review upon request.

CDPHP® Medicare Advantage
# GROUP HMO & PPO PLANS
# MEMBER APPLICATION

# Group Enrollment Request Form to Enroll in a Medicare Advantage Plan (Part C)

## Who can use this form?

People with Medicare who are eligible to join their employer based Medicare Advantage Plan.

**To join a plan, you must:**

- Reach out to your employer to confirm eligibility for this plan
- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

**Important:** To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

## What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional—you can't be denied coverage because you don't fill them out.

## Applicant:

Please print and use ink. If you have questions about benefits, pharmacy, or the CDPHP provider network, call CDPHP member services at (518) 641-3950 ot 1-888-248-6522 (TTY:711).

## Reminders:

- Your application must be completed and submitted to your employer prior to your requested effective date.
- Contact your employer for information about enrollment and to confirm premium amount and payment responsibilities.

## What happens next?

- Send your completed and signed form to your employer prior to the requested effective date.
- Once your enrollment is processed, you will receive an ID card (with a new ID number) and a welcome packet in the mail.
- If you previously had a non-Medicare CDPHP plan, you will receive a letter telling you that we have ended your membership in that plan. This is a necessary step, but rest assured, you are covered by your new Group Medicare Advantage Plan.

## Employer Group/Broker:

Complete the "Employer Group Office Use only" section at the beginning of the application. Scan and email to: MedicareEligibility@cdphp.com or fax to (518) 641-5006.

## Member:

Return completed application to your employer.

## Employer:

Complete Employer section and email to MedicareEligibility@cdphp.com or fax to (518) 641-5006.

# CDPHP Group Medicare Enrollment Application

| FOR EMPLOYER GROUP OFFICE USE ONLY | | |
|---|---|---|
| Employer Group Admin Initials *(required)*: | Effective Date: | QE or Reason:  ☐ ICEP/IEP  ☐ OEP  ☐ AEP  ☐ SEP |
| Employer or Union Name: | | Group #: |

Please note: By submitting this application, you attest that the member below is not working and/or eligible to receive employer or union benefits. (Only applies to groups >20 employees.) If the applicant is currently enrolled in a CDPHP active offering through your group, please disenroll through your standard procedure (i.e. electronic enrollment file, secure portal, enrollment/change form).

| Section 1 – All fields on this page are required (unless marked optional) | | | |
|---|---|---|---|

**Select the plan you want to join:**
☐ HMO                ☐ PPO

| FIRST name: | LAST name: | [Optional: Middle Initial]: | |
|---|---|---|---|
| **Birth Date: (MM/DD/YYYY)** __ __ / __ __ / __ __ __ __ | **Sex:** ☐ M ☐ F | **Home Phone Number:** (_____) _____-_____ | **Mobile Phone Number:** (_____) _____-_____ |

**Permanent Residence street address (Don't enter a PO Box):**

| City: | [Optional: County]: | State: | ZIP Code: |
|---|---|---|---|

**Mailing address, if different from your permanent address (PO Box allowed):**
Street Address:                City:                State:        ZIP Code:

**E-mail address (Optional)**

| Your Medicare information: |
|---|

**Medicare Number:**                __ __ __ __ - __ __ __ - __ __ __ __

| Answer these important questions: |
|---|

Will you have other prescription drug coverage (like VA, TRICARE) in addition to CDPHP?  ☐ Yes ☐ No
Name of other coverage:                Member number for this coverage:                Group number for this coverage:
_____    _____    _____

Are you the retiree?   ☐ Yes  ☐ No    If "Yes", retirement date __ __ / __ __ / __ __ __ __

If "No" name of retiree  ☐ Yes  ☐ No    If "Yes", name of spouse (if enrolling) _____

**Please contact your group administrator for assistance with enrolling eligible family members. A separate application is needed for each person to be enrolled in this plan.**

**Member:** Return completed application to your employer. **Employer:** Complete Employer section and email to MedicareEligibility@cdphp.com or fax to (518) 641-5006.

# CDPHP Group Medicare Enrollment Application

**IMPORTANT: Read carefully before signing**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in CDPHP.
- By joining this Medicare Advantage Plan, I acknowledge that CDPHP will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal Law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my CDPHP coverage begins, I must get all of my medical and prescription drug coverage benefits from CDPHP. Benefits and services provided by CDPHP and contained in my CDPHP "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor CDPHP will pay for benefits that are not covered.
- If I am enrolled in a PPO plan, I understand that when my CDPHP coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services. If medically necessary, CDPHP provides refunds for all covered services, even if I get services out of network.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  1. This person is authorized under State law to complete this enrollment, and
  2. Documentation of this authority is available upon request by Medicare.

**Member:** Return completed application to your employer. **Employer:** Complete Employer section and email to MedicareEligibility@cdphp.com or fax to (518) 641-5006.

**Section 2 – All fields in this section are optional**

**Answering these questions is your choice. You can't be denied coverage because you don't fill them out.**

Please contact CDPHP Medicare Advantage at (518) 641-3950 or 1-888-248-6522 if you need information in another language or format (Braille). Our office hours are 8 a.m.-8 p.m. seven days a week, October 1-March 31. From April 1-September 30, Monday-Friday, our hours are 8 a.m.-8 p.m. A voice messaging service is used after hours, weekends, and on federal holidays. Calls will be returned within one business day. TTY users can call 711.

Do you work? ☐ Yes ☐ No    Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic, or health center:

**Signature**    **Today's date:**

If you're the authorized representative, sign above and fill out these fields:

Name:    Address:

Phone Number:    Relationship to enrollee:

**Office Use Only:**    **DATE RECEIVED**

Name of staff member/agent/broker (if assisted in enrollment):

_____

Signature: _____ Broker ID: _____

## PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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**Member:** Return completed application to your employer. **Employer:** Complete Employer section and email to MedicareEligibility@cdphp.com or fax to (518) 641-5006.

# Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CDPHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CDPHP:

▶ 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 CDPHP Civil Rights Coordinator.

If you believe that CDPHP 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: CDPHP Civil Rights Coordinator, 500 Patroon Creek Blvd., Albany, NY 12206, 1-844-391-4803 (TTY/TDD: 711), Fax (518) 641-3401. You can file a grievance by mail, fax, or electronically at https://www.cdphp.com/customer-support/email-cdphp. If you need help filing a grievance, the CDPHP Civil Rights Coordinator 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 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, DC 20201, 1-800-368-1019 (TDD 1-800-537-7697).

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

**Multi-language Interpreter Services**

CDPHP®

ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call 1-888-248-6522 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-248-6522 (TTY: 711)

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 1-888-248-6522（TTY：711）

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-248-6522 (телетайп: 711)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-248-6522 (TTY: 711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-248-6522 (TTY: 711)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-248-6522 (TTY: 711)

אױפמערקזאם: אויב איר רעדט אידיש, זענען פאראן פאר אײך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-888-248-6522 (TTY: 711).

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-888-248-6522 (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-248-6522 (TTY: 711).

تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل برقم 1-888-248-6522 (رقم هاتف الصم والبكم: 711)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-248-6522 (ATS : 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں.(TTY: 711) 1-888-248-6522

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-248-6522 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-248-6522 (TTY: 711)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-248-6522 (TTY: 711)

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