

**Clark County**

# Here for you— rain or shine.

**2020 Medicare Advantage Enrollment Guide**

No referrals | Alternative care | Dental options | Over-the-counter meds | \$0 fitness program



## 5-Star Rating\* for Customer Service and More



**From 2016–2019, members have rated PacificSource’s Customer Service 5 out of 5 stars (for both HMO & PPO plans).**

Our overall 2019 rating, out of 5 stars, is 4.0 for HMO and 3.5 for PPO.

In addition to our Customer Service rating, our plans received a 5-star rating in many other categories, including:

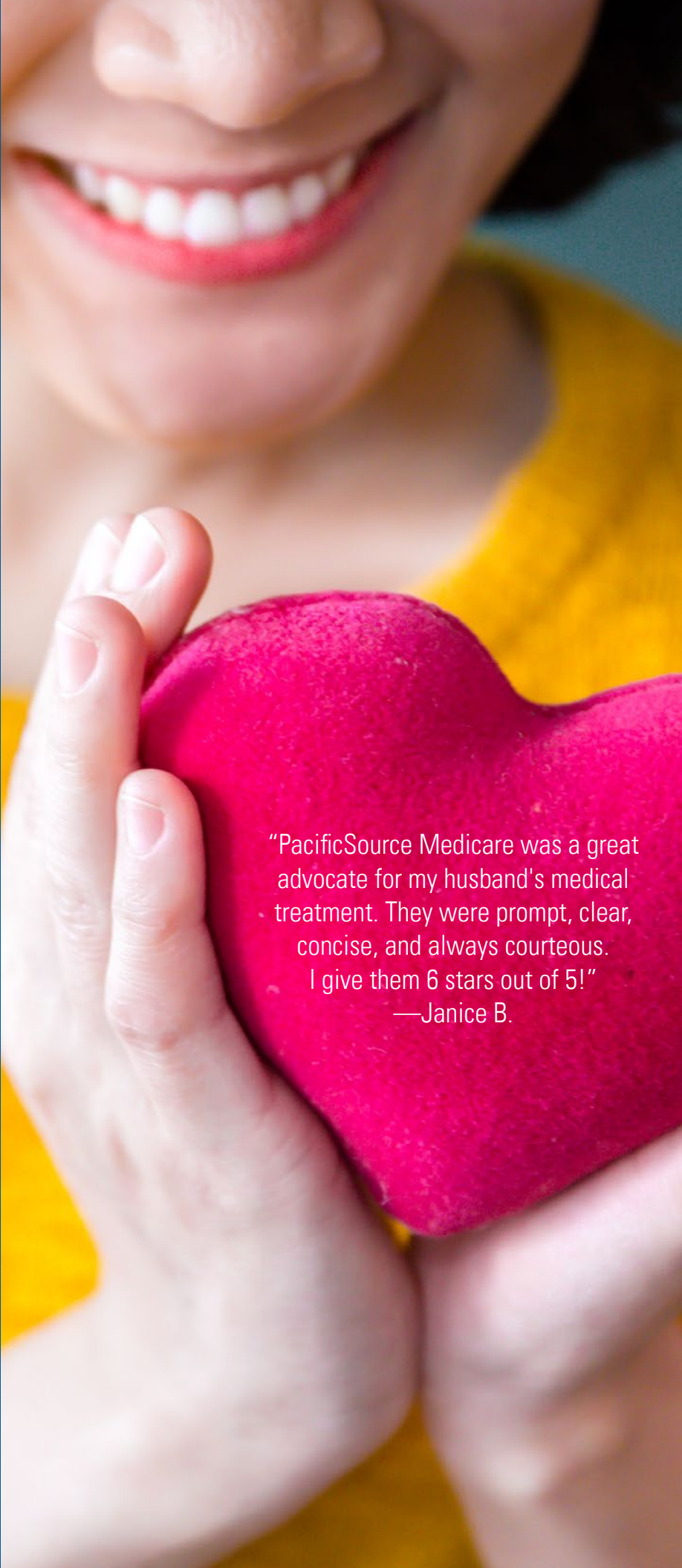
- Getting Appointments and Care Quickly
- Improving or Maintaining Mental Health
- Complaints about Health or Drug Plan (more stars = fewer complaints)
- Availability of TTY Services and Foreign Language Interpretation

\*Medicare’s Consumer Assessment of Healthcare Providers and Systems (CAHPS®) evaluates plans based on a 5-star rating system.

## Are you in our area?



Our Medicare Advantage plans cover select counties in Oregon, Montana, Idaho, and Washington. To be eligible to enroll in one of our plans, your main residence must be within our plan service area. The plans highlighted in this brochure are available in **Clark County, Washington.**



“PacificSource Medicare was a great advocate for my husband's medical treatment. They were prompt, clear, concise, and always courteous. I give them 6 stars out of 5!”  
—Janice B.

# At your service— rain or shine



Like the weather, health can be unpredictable. Health insurance shouldn't be. From choosing the right plan, to programs that help you stay well, to extra support when you need it the most—you can rely on us for caring service every step of the way.

## Why choose PacificSource Medicare?

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### ✓ Real people, not phone trees

We are a not-for-profit, regional health insurance company with local offices to serve you. When you call or stop by, expect friendly, knowledgeable people ready to help you.



### ✓ Quality, affordable care

We work with your doctors **to make sure cost doesn't get in the way of your healthcare.** With all our Medicare Advantage plans, you get:

- **\$0 annual routine physicals**—even if other conditions are addressed during the visit
- **\$0 colonoscopies**—preventive and diagnostic
- **\$0 mammograms**—preventive and diagnostic
- **Vision benefits**—routine exams and eyeglasses or contacts
- **Mail-order prescription discount** (see page 7)
- **\$0 chronic care and transitional care management**
- **And more**



### ✓ A port in the storm: support beyond healthcare

Our Member Support Specialists can connect you to community resources to support your health needs. Examples include assistance finding transportation to doctor visits, meal delivery, and help with discharge instructions after a hospital stay.



## Community Involvement

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**Over \$2 million invested in our communities in 2018:** a combined impact of our company, our Foundation, and our employee-raised contributions

### Tending to the Places We Call Home

Since 1992, our Foundation for Health Improvement has promoted better health, better care, and lower healthcare costs in the communities we serve. Our grants increase healthcare access across vulnerable populations and promote health excellence via innovative care and community wellness programs.

Caring is so much a part of our culture at PacificSource that our employees have branched beyond the Foundation to engage in charitable giving and support. In 2018 alone, our employee-driven programs collaborated with, and invested in, 10 nonprofit organizations the Portland metropolitan area:

- Big Brothers Big Sisters
- The Bloom Project
- Boost Oregon
- Candlelighters for Children for Cancer
- Friends of the Children
- Gales Creek Camp
- Good Neighbor Center
- Harpers Playground
- NW Kidney Kids
- YRJ School Works

# Getting the Care You Need



We partner with doctors, medical centers, and hospitals to ensure our members get the best care possible. With a PacificSource Medicare plan, you can choose from a network of doctors who accept Medicare in your area.

**Find providers in your area: [www.Medicare.PacificSource.com](http://www.Medicare.PacificSource.com)**

## PacificSource and Legacy Health: Working Together for You

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We've teamed up with Legacy Health, and we're taking what we each do best to create something even better. With our health insurance expertise, and Legacy's large hospital and provider networks, you get the best possible care--and greater access to it:

- 66 Primary Care Clinics
- 7 Hospital locations, including Legacy Emanuel Medical Center, which offers the highest level of trauma care available
- 14 Legacy-GoHealth Urgent Care clinics, offering telehealth, online check-ins, and walk-in options
- Nearly 2,400 providers and 200 practices in the Legacy Health Partners network

Visit [www.LegacyHealth.org/locations](http://www.LegacyHealth.org/locations) for more information.

### In-network Hospitals

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Legacy Health – offering six medical centers, including five in the Portland/Vancouver metropolitan area.

### Multiple in-network clinics, including:

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**And more...**

Plus, worldwide coverage for urgent care, emergency care, and ambulance.  
**In case of emergency, you can go to any hospital near you for care.**

# 2020 PacificSource Medicare Advantage Plans at a Glance

|   | <b>MyCare™ Rx 37<br/>(HMO)</b>                     | <b>MyCare™ Rx 38<br/>(HMO)</b>                     |
|---|--|--|
| <b>Network</b>  | <b>In-network</b>                                  | <b>In-network</b>                                  |
| Monthly Premium   | <b>\$0</b>   | <b>\$36</b>  |
| <b>Benefit Highlights</b>   | <b>You pay:</b>                                    | <b>You pay:</b>                                    |
| Medical Deductible  | <b>\$0</b>   | <b>\$0</b>   |
| Primary Care Office Visit   | <b>\$0</b>   | <b>\$0</b>   |
| Specialist Office Visit (referrals not required)                                      | <b>\$35</b>  | <b>\$25</b>  |
| Inpatient Hospital Care   | <b>\$350/day</b> (1–5)<br><b>\$0/day</b> (6+)      | <b>\$295/day</b> (1–5)<br><b>\$0/day</b> (6+)      |
| Outpatient Surgery  | <b>\$225</b>                                       | <b>\$225</b>                                       |
| Skilled Nursing Facility (SNF)  | <b>\$0/day</b> (1–20)<br><b>\$178/day</b> (21–100) | <b>\$0/day</b> (1–20)<br><b>\$178/day</b> (21–100) |
| Diagnostic Lab  | <b>\$0–\$20</b>                                    | <b>\$0–\$15</b>                                    |
| Diagnostic X-ray  | <b>\$15</b>  | <b>\$15</b>  |
| Advanced Diagnostics (e.g., MRI, CT, PET)   | <b>\$200–\$320</b>                                 | <b>\$190–\$310</b>                                 |
| Physical Therapy  | <b>\$30</b>  | <b>\$25</b>  |
| Durable Medical Equipment (DME)   | <b>20%</b>   | <b>20%</b>   |
| Ambulance<br>(ground and air, worldwide coverage)                                     | <b>\$325</b>                                       | <b>\$250</b>                                       |
| Emergency (worldwide coverage)  | <b>\$90</b>  | <b>\$90</b>  |
| Urgent Care (worldwide coverage)  | <b>\$40</b>  | <b>\$25</b>  |
| Part B Drugs (for example, chemotherapy)  | <b>20%</b>   | <b>20%</b>   |
| Annual Out-of-pocket Maximum<br>(this is not a deductible)                            | <b>\$5,200</b>                                     | <b>\$4,500</b>                                     |
| <b>Extra Benefits</b>   | <b>You pay:</b>                                    | <b>You pay:</b>                                    |
| Annual Physical   | <b>\$0</b>   | <b>\$0</b>   |
| Alternative Care (acupuncture, naturopathy,<br>and non-Medicare-covered chiropractic) | <b>\$25</b><br>(limit 12 visits/year, combined)    | <b>\$25</b><br>(limit 12 visits/year, combined)    |
| Routine Vision Exam, once every 2 years   | <b>\$20</b>  | <b>\$25</b>  |
| Reimbursement for eyeglasses every 2 years  | <b>\$200</b> reimbursement                         | <b>\$200</b> reimbursement                         |
| Hearing Aid Benefit (see page 9 for details)  | <b>Included</b>                                    | <b>Included</b>                                    |
| The Silver&Fit Program  | <b>\$0</b>   | <b>\$0</b>   |
| <b>Part D Prescription Drugs</b><br>(see page 6 for details)                          | <b>Included</b>                                    | <b>Included</b>                                    |

These plans are available to residents of Clark County, Washington.

This is a brief summary. Contact us for plan details or to see a plan's Summary of Benefits.

# Part D Prescription Drug Benefits Included in the Following Plans

|   | MyCare™ Rx 37 (HMO)  |                                     |  | MyCare™ Rx 38 (HMO)                  |                                     |  |
|---|--|-------------------------------------|--|--------------------------------------|-------------------------------------|--|
| <b>Stage 1</b>                                  |  |                                     |  |                                      |                                     |  |
| <b>Pharmacy Deductible</b><br>Tiers 1, 2, and 6 | \$0  |                                     |  | \$0                                  |                                     |  |
| <b>Pharmacy Deductible</b><br>Tiers 3, 4, and 5 | \$200  |                                     |  | \$50                                 |                                     |  |
| <b>Stage 2</b>                                  | When the total drug costs* are between <b>\$0</b> and <b>\$4,020</b> , you pay:  |                                     |  |                                      |                                     |  |
| <b>Pharmacy* Supply</b>                         | <b>Preferred Retail</b><br>30/90-day   | <b>Standard Retail</b><br>30/90-day | <b>Preferred Mail Order</b><br>90-day <b>SAVE!</b> | <b>Preferred Retail</b><br>30/90-day | <b>Standard Retail</b><br>30/90-day | <b>Preferred Mail Order</b><br>90-day <b>SAVE!</b> |
| <b>Tier 1</b><br>Preferred Generic              | \$3/\$9  | \$8/\$24                            | \$0  | \$2/\$6                              | \$7/\$21                            | \$0  |
| <b>Tier 2</b><br>Generic                        | \$12/\$36  | \$17/\$51                           | \$24   | \$12/\$36                            | \$17/\$51                           | \$24   |
| <b>Tier 3</b><br>Preferred Brand                | \$37/\$111   | \$47/\$141                          | \$74   | \$37/\$111                           | \$47/\$141                          | \$74   |
| <b>Tier 4</b><br>Nonpreferred                   | 31%  | 33%                                 | 31%  | 31%                                  | 33%                                 | 31%  |
| <b>Tier 5</b><br>Specialty (30-day supply only) | 29%  |                                     | N/A  | 32%                                  |                                     | N/A  |
| <b>Tier 6</b><br>Select Care                    | \$0  |                                     |  |                                      |                                     |  |
| <b>Stage 3 ("coverage gap")</b>                 | After total drug costs* reach <b>\$4,020</b> , you pay:  |                                     |  |                                      |                                     |  |
| <b>Most Generic</b>                             | 25%  |                                     |  |                                      |                                     |  |
| <b>Most Brand</b>                               | 25%  |                                     |  |                                      |                                     |  |
| <b>All Drugs in Tier 6</b>                      | \$0 during coverage gap  |                                     |  |                                      |                                     |  |
| <b>Stage 4</b>                                  | After your out-of-pocket costs reach <b>\$6,350</b> , the maximum you pay until the end of the calendar year is:             |                                     |  |                                      |                                     |  |
| <b>All Covered Drugs</b>                        | Whichever is the larger amount:<br><b>5%</b> of the cost OR <b>\$3.60</b> for generic drugs<br><b>\$8.95</b> all other drugs |                                     |  |                                      |                                     |  |

To find out what tier your medication is in, visit [www.Medicare.PacificSource.com](http://www.Medicare.PacificSource.com).

\*Your cost may differ relative to the pharmacy's status as preferred or standard, mail order, long-term care, home infusion, or quantity.

## Save Even More on Rx Drugs with Mail Order



With CVS Caremark® mail order service, you get:

- **\$0 copay** on all preferred generic (Tier 1) and select care drugs (Tier 6)
- **90-day supply for 60-day cost** generic (Tier 2) and preferred brand (Tier 3)
- **Free shipping and optional auto-refills**

## Take Aspirin or Calcium? They're on Us!



All our Medicare Advantage plans include reimbursement for up to \$100 per year for over-the-counter aspirin, calcium, and calcium-vitamin D combinations. Just send us your receipt.

## Our Preferred Pharmacies



**Albertsons, Costco, Fred Meyer/Kroger, Safeway, CVS/Target, Walmart, and other select local independent pharmacies**

- Freedom to choose from more than 68,000 network pharmacies throughout the U.S.
- Save money with CVS Mail Order Preferred Pharmacy
- Lower copays at preferred pharmacies, listed above

For a current and complete list of preferred pharmacies, please call us or go to [www.Medicare.PacificSource.com](http://www.Medicare.PacificSource.com).

## Pay \$0 for These Prescription Drugs



Below is a partial list of the most common select care (Tier 6) drugs. These are included in all plans that offer prescription drug benefits. When filled at an in-network pharmacy, you pay a \$0 copay for up to a 90-day supply. **For a complete list of covered drugs, please call us or go to [www.Medicare.PacificSource.com](http://www.Medicare.PacificSource.com).**

### **Cholesterol**

Atorvastatin Calcium  
Lovastatin  
Pravastatin Sodium  
Rosuvastatin Calcium  
Simvastatin

### **Blood Pressure**

Amlodipine Besylate-  
Benazepril HCL  
Amlodipine Besylate-  
Valsartan HCL  
Amlodipine Besylate-  
Valsartan HCL-HCTZ  
Benazepril HCL

Enalapril Maleate  
Enalapril Maleate-HCTZ  
Fosinopril Sodium  
Fosinopril Sodium-HCTZ  
Irbesartan  
Irbesartan-HCTZ  
Lisinopril  
Lisinopril-HCTZ  
Losartan Potassium  
Losartan Potassium-HCTZ  
Moexipril HCL  
Moexipril HCL-HCTZ  
Perindopril Erbumine  
Quinapril HCL  
Quinapril HCL-HCTZ

Ramipril  
Telmisartan  
Trandolapril  
Valsartan  
Valsartan-HCTZ

### **Diabetes**

Acarbose  
Glimepiride  
Glipizide ER/IR  
Glipizide-Metformin HCL  
Metformin HCL ER/IR  
Nateglinide  
Pioglitazone  
Repaglinide





# Optional Dental Coverage



Good dental health can lead to better overall health. For an additional premium, you can add either comprehensive or preventive dental coverage to your health plan. Whichever option you choose, you can see any licensed dentist in the United States. And with either plan, you pay \$0 for covered preventive services from in-network dentists or any dentist who accepts our payment as payment in full.

## Comprehensive Dental

New in 2020, our optional comprehensive dental plan offers all the benefits of preventive dental with the addition of coverage for Class II and Class III services. Examples of Class II services are fillings and simple extractions. Class III are major services, such as complex oral surgery, crowns, bridges, and dentures. Some waiting periods may apply.

## Preventive Dental

With our optional preventive dental plan, there is no deductible and no waiting period. This plan covers preventive services, such as cleanings, routine exams, and X-rays.

|  | Comprehensive | Preventive  |
|--|---------------|-------------|
| <b>Premium</b>   | \$52          | \$29        |
| <b>Deductible</b>  | \$100         | \$0         |
| <b>Annual Max</b>  | \$1,000       | N/A         |
| <b>Diagnostic Services</b><br>(Preventive Class I)               | \$0           | \$0         |
| <b>Restorative &amp; Extraction Services</b><br>(Basic Class II) | 20%           | Not covered |
| <b>Endodontics, periodontics, etc.</b><br>(Major Class III)      | 50%           | Not covered |

Contact us, or your insurance broker, for more details about our dental plans.

# Programs & Services to Stay Well

included in all plans

## Alternative Care



It's good to have choices in the kind of care you receive. That's why our Medicare plans cover alternative care. The benefit includes 12 office visits per year (combined) for chiropractic services not covered by Original Medicare; naturopathy; and acupuncture.

## Eyeglass and Vision Benefits



All our Medicare Advantage plans cover routine vision exams and hardware (eyeglasses or contact lenses) every two calendar years. And you have the freedom to choose the style you like best. This benefit is not included with Original Medicare, which covers only medical eye care, such as exams that look for signs of eye disease.

## Hearing Benefits



PacificSource Medicare partners with TruHearing® to offer a hearing aid benefit.

- \$45 copay for hearing exam
- Purchase up to 2 hearing aids per year (\$699 or \$999 copay per aid), batteries included

More information: [www.TruHearing.com](http://www.TruHearing.com).

## Travel Assistance Program



With PacificSource Medicare, you're covered for medically necessary emergency and urgent care, and ambulance (ground and air), wherever you travel. You also have access to **Assist America**®, which can help you obtain services if you become ill or injured while traveling abroad or more than 100 miles from your permanent residence. **Services include assistance with:**

- Hospital admission
- Emergency medical evacuation
- Evaluation and referrals
- Medical monitoring and consultation
- And more

## \$0 Preventive Care Services



Preventive services are covered at no cost to you when you get care from in-network providers. Examples include:

- Annual wellness visit
- Annual physical exam
- Flu and pneumonia vaccines
- Bone-mass measurement
- Medical nutrition therapy services
- Tobacco-use cessation counseling
- And more

### Preventive screenings:

- Cardiovascular
- Colorectal cancer
- Depression
- Diabetes
- Mammograms
- Pap and pelvic
- Prostate cancer

## Fitness Program



With the Silver&Fit Healthy Aging and Exercise Program, you may choose a fitness center membership at a participating fitness center/YMCA or participate in the Silver&Fit Home Fitness Program at **no cost to you**. For more information, visit [www.SilverandFit.com](http://www.SilverandFit.com).

## Telehealth Benefits



Video- and phone-based care with local providers, including primary care, specialists, and mental health, are covered for the same cost as an in-person visit. Subject to provider availability and limitations.

## 24-Hour NurseLine



Have a health-related question? Our 24-Hour Nurseline is staffed around the clock, and there's no cost to you.

# Enrolling in PacificSource Medicare

Medicare has **3** main enrollment periods during which you can enroll in or change Medicare Advantage plans:



## When You Become Eligible for Medicare

Your initial enrollment period lasts seven months: the three months before your 65th birthday, the month of your 65th birthday, and the three months following your 65th birthday.\*



## During the Annual Enrollment Period

**(October 15 – December 7)**

Every year at this time, you can also change plans or add or drop Part D prescription drug coverage.



## During the Open Enrollment Period

**(January 1 – March 31)**

If you are already enrolled in a Medicare Advantage plan, you can change your plan or Part D prescription drug coverage during this time.

**Special Enrollment Period:** There are many other circumstances for which you could be eligible to enroll, outside these three periods. Call us for details.

\*If you're eligible to enroll before age 65 based on disability or other criteria, you also have a seven-month initial enrollment period.

## Questions?

### Call Us

**Toll-free (888) 530-1426 | TTY (800) 735-2900**

October 1 – March 31: 7 days a week, 8:00 a.m. – 8:00 p.m.

April 1 – September 30: Monday – Friday, 8:00 a.m. – 8:00 p.m.

### Call Your Local Insurance Agent

PacificSource Medicare partners with a select group of local insurance agents. Call us for an agent near you.

### Visit Us Online

**[www.Medicare.PacificSource.com](http://www.Medicare.PacificSource.com)**

### Attend a Free Seminar

Learn more about Medicare and Medicare Advantage plans.

**[www.Medicare.PacificSource.com](http://www.Medicare.PacificSource.com)**

*For accommodation of persons with special needs at meetings, call (888) 530-1426 or (800) 735-2900 TTY.*

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal. Other pharmacies and providers are available in our network. Every year, Medicare evaluates plans based on a 5-star rating system. TruHearing® is a registered trademark of TruHearing, Inc. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a registered trademark of ASH and used with permission herein. Assist America is a registered service mark of Assist America, Inc.

# Discrimination Is Against the Law

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

PacificSource Community Health Plans:

- 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 services, contact Customer Service at (888) 863-3637 or, for TTY users, (800) 735-2900.

- **October 1–March 31:**  
8:00 a.m. to 8:00 p.m., seven days a week
- **April 1–September 30:**  
8:00 a.m. to 8:00 p.m. Monday–Friday

If you believe that PacificSource Community Health Plans 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: Civil Rights Coordinator, PO Box 7068, Springfield, OR 97475-0068, (541) 225-1967, fax (541) 684-5475, or email [crc@pacificsource.com](mailto:crc@pacificsource.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Customer Service department 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](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
- (800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at [HHS.gov/ocr/office/file/index.html](https://HHS.gov/ocr/office/file/index.html).

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## Arabic:

مقرب لصلتا. ناجم اب كل رفاوتت ةي وغلللا ةدعاسم الامدخ نإف، ةغلللا ركذا ثدحتت تنك اذا. ةظوح لم (888) 863-3637 مقرب لصلتا او مصل افتاه مقرب (800) 735-2900.

**Cambodian-Mon-Khmer:** បុរយ័តុន៖ បរិស័នជាអ្នកនិយាយភាសាខ្មែរ, សំរោងន្ទយជុនកែភាសាដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បរិស័នអ្នក។ ចូរ ទូរស័ព្ទ (888) 863-3637, TTY: (800) 735-2900។

**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 (888) 863-3637, TTY: (800) 735-2900。

**Cushite-Oromo:** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (888) 863-3637, TTY: (800) 735-2900.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez (888) 863-3637, ATS: (800) 735-2900.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (888) 863-3637, TTY: (800) 735-2900.

**Japanese:** 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。(888) 863-3637, TTY: (800) 735-2900) まで、お電話にてご連絡ください。

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (888) 863-3637, TTY: (800) 735-2900 번으로 전화해 주십시오.

**Persian-Farsi:** امش یارب ناگیار تروصب ی نابز تالی هست، دینک یم وگتفگ ی سراف نابز هب رگا: هجوت ف یم دش اب. اب (888) 863-3637, TTY: (800) 735-2900 سامت دیری گب.

**Romanian:** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la (888) 863-3637, TTY: (800) 735-2900.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (888) 863-3637, телетайп: (800) 735-2900.

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 863-3637, TTY: (800) 735-2900.

**Thai:** เร็ว: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (888) 863-3637, TTY: (800) 735-2900.

**Ukrainian:** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером (888) 863-3637, телетайп: (800) 735-2900.

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (888) 863-3637, TTY: (800) 735-2900.