



PacificSource
Medicare

PacificSource Medicare Oregon Basic (HMO-POS) offered by PacificSource Medicare

Annual Notice of Change for 2027

You're enrolled as a member of Essentials Choice 2 (HMO-POS).

This material describes changes to your plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in PacificSource Medicare Oregon Basic (HMO-POS).
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com) or call Customer Service at 888-863-3637 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 888-863-3637 (TTY users call 711) for additional information. Hours are: **October 1 to March 31:** 8:00 a.m. to 8:00 p.m. local time, seven days a week. **April 1 to September 30:** 8:00 a.m. to 8:00 p.m. local time, Monday – Friday. This call is free.
- This material is available for free in a different format such as braille, large print, audio, or other alternate formats, please call Customer Service.

About PacificSource Medicare Oregon Basic (HMO-POS)

- PacificSource Community Health Plans is an HMO and HMO D-SNP plan with a Medicare contract and a contract with Oregon Health Plan (Medicaid). Enrollment in PacificSource Medicare depends on contract renewal.
- When this material says "we," "us," or "our", it means PacificSource Medicare. When it says "plan" or "our plan," it means PacificSource Medicare Oregon Basic (HMO-POS).
- On January 1, 2027, our plan name will change from Essentials Choice 2 (HMO-POS) to PacificSource Medicare Oregon Basic (HMO-POS). We'll send you a new member ID card with our new name. From here on, our new name, PacificSource Medicare Oregon Basic (HMO-POS), will be on all materials.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in our plan.** Starting January 1, 2027, you'll get your medical coverage through our plan. Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	<u>In-Network</u> \$5,950 <u>In-Network and Out-of-Network combined</u> \$8,950	<u>In-Network</u> \$6,250 <u>Out-of-Network</u> No limit.
Primary care office visits	<u>In-Network</u> \$10 copay per visit. <u>Out-of-Network</u> \$45 copay per visit.	<u>In-Network</u> \$0 copay per visit. <u>Out-of-Network</u> \$45 copay per visit.
Specialist office visits	<u>In-Network</u> \$10 copay per visit. <u>Out-of-Network</u> \$45 copay per visit.	<u>In-Network</u> \$20 copay per visit. <u>Out-of-Network</u> \$45 copay per visit.
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	<u>In-Network</u> Days 1-7: \$425 per day. Days 8+: \$0 per day. <u>Out-of-Network</u> 30% of the total cost.	<u>In-Network</u> Days 1-5: \$450 per day. Days 6+: \$0 per day. <u>Out-of-Network</u> 50% of the total cost.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services (and other health services not covered by Medicare) for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$5,950	\$6,250 Once you've paid \$6,250 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers.	\$8,950 Once you've paid \$8,950 out of pocket for covered Part A and Part B services, from in-network and out-of-network providers combined, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.	There is no maximum out-of-pocket amount for out-of-network services.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* [Medicare.PacificSource.com/Search/Provider](https://www.PacificSource.com/Search/Provider) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [Medicare.PacificSource.com/Search/Provider](https://www.Medicare.PacificSource.com/Search/Provider).
- Call Customer Service at 888-863-3637 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, call Customer Service at 888-863-3637 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture for chronic low back pain (Medicare covered)	<u>In-Network</u> \$10 copay per visit.	<u>In-Network</u> \$25 copay per visit.
Ambulance services Ground and air	\$300 per one way trip.	\$550 per one way trip.
Ambulatory Surgical Center (ASC) services Except colonoscopies	<u>In-Network</u> \$425 copay per visit.	<u>In-Network</u> \$350 copay per visit.
Dental services (Routine) Implant services	50% of the total cost.	Implant services are <u>not</u> covered.
Diabetic monitors, therapeutic shoes/ inserts, supplies and services	<u>In-Network</u> \$0 copay.	<u>In-Network</u> 20% of the total cost.
Emergency care For services outside the United States, see <i>Worldwide coverage</i>	\$120 copay per visit.	\$130 copay per visit.

	2026 (this year)	2027 (next year)
Fitness benefit	You must use One Pass™. Benefits offered include: • A nationwide network of gyms and fitness locations • Live, digital fitness classes and on-demand workouts • Online brain health subscription through CogniFit	You must use One Pass™. Benefits offered include: • A nationwide network of gyms and fitness locations • Live, digital fitness classes and on-demand workouts • Three at-home fitness kits • Online brain health subscription through CogniFit
Hearing exams (Medicare covered)	<u>In-Network</u> \$30 copay per visit.	<u>In-Network</u> \$0 copay per visit.
Inpatient hospital care	<u>In-Network</u> Days 1-7: \$425 per day. Days 8+: \$0 per day.	<u>In-Network</u> Days 1-5: \$450 per day. Days 6+: \$0 per day.
Inpatient services in a psychiatric hospital	<u>In-Network</u> Days 1-5: \$230 per day. Days 6+: \$0 per day.	<u>In-Network</u> Days 1-4: \$450 per day. Days 5+: \$0 per day.
Outpatient diagnostic tests and therapeutic services Radiological services	<u>In-Network</u> CT Scan or Nuclear Test: \$300 copay. PET Scan or MRI: \$400 copay.	<u>In-Network</u> 20% of the total cost.

	2026 (this year)	2027 (next year)
Over-the-counter (OTC) medications	You must use NationsOTC . You get \$75 per quarter to purchase OTC medications and health related items.	You must use NationsOTC . You get \$50 per quarter to purchase OTC medications and health related items.
Part B prescription drugs	Prior authorization and step therapy requirements change yearly. Please contact Customer Service or see our Formulary to verify which drugs require prior authorization or step therapy. <u>Out-of-Network</u> 30% of the total cost. You pay no more than \$35 for a one-month supply of covered Part B insulin.	Prior authorization and step therapy requirements change yearly. Please contact Customer Service or see our Formulary to verify which drugs require prior authorization or step therapy. <u>Out-of-Network</u> 50% of the total cost. You pay no more than \$35 for a one-month supply of covered Part B insulin.
Physician/Practitioner services Primary care provider (PCP) visits	<u>In-Network</u> \$10 copay per visit.	<u>In-Network</u> \$0 copay per visit.
Physician/Practitioner services Specialists and other health care professional services	<u>In-Network</u> \$10 copay per visit.	<u>In-Network</u> \$20 copay per visit.
Physician/Practitioner services Specialists visits for transitional and chronic care	<u>In-Network</u> \$10 copay per visit.	<u>In-Network</u> \$0 copay per visit.
Podiatry services	<u>In-Network</u> \$10 copay per visit.	<u>In-Network</u> \$20 copay per visit.
Psychiatric services Individual and group	<u>In-Network</u> \$10 copay per visit.	<u>In-Network</u> \$20 copay per visit.

	2026 (this year)	2027 (next year)
Skilled nursing facility	<u>In-Network</u> Days 1-20: \$0 per day. Days 21-100: \$203 per day.	<u>In-Network</u> Days 1-20: \$0 per day. Days 21-100: \$221 per day.
Worldwide coverage Ambulance, emergency care, and urgently needed care outside of the United States	Ambulance: \$300 per one way trip. Emergency care: \$120 copay per visit. Urgently needed care: \$50 copay per visit. There is no annual maximum coverage limit.	Ambulance: \$300 per one way trip. Emergency care and urgently needed care: \$130 copay per visit. There is a \$20,000 combined annual maximum coverage limit.
Point-of-Service (POS) benefit limit	The plan has no limit for covered services you receive from out-of-network providers.	The plan covers up to \$3,000 per plan year for covered services you receive from out-of-network providers.
Point-of-Service (POS) coverage Ambulatory Surgical Center (ASC) services; Annual Wellness Visit and Physical Exam; Dental Services (Medicare-covered); Diabetic Supplies, Therapeutic Shoes/Inserts, Monitors, and Self-Management Training; Diagnostic Procedures, Tests, and Lab Services; Durable Medical Equipment (DME), Prosthetic Devices, and Medical Supplies; Eye Exams (Medicare-covered), including for Glaucoma and Diabetic Retinopathy; Hearing Exams (Medicare-covered); Home Health; Inpatient Hospital (Acute and Psychiatric); Kidney Disease Education and Dialysis Services; Medicare-covered Acupuncture and Chiropractic Services; Medicare-covered Zero Dollar Preventive Services including Digital Rectal Exams, Electrocardiogram (EKG) following Welcome Visit, and Glaucoma Screening;	<u>Out-of-Network</u> 30% of the total cost.	<u>Out-of-Network</u> 50% of the total cost.

	2026 (this year)	2027 (next year)
Point-of-Service (POS) coverage (Continued) Mental Health, Psychiatric, and Outpatient Substance Abuse Services: Individual and Group; Opioid Treatment Program Services; Outpatient Blood Services; Outpatient Hospital Services including Observation and Intensive Outpatient Program Services; Partial Hospitalization Program; Podiatry Services; Radiological Services: Diagnostic and Therapeutic, including Outpatient X-ray; Rehabilitation Services: Cardiac, Intensive Cardiac, Pulmonary, and Supervised exercise Therapy (SET) for Peripheral Artery Disease (PAD); Skilled Nursing Facility (SNF)	<u>Out-of-Network</u> 30% of the total cost.	<u>Out-of-Network</u> 50% of the total cost.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Federal Privacy Rules	New federal rules were introduced to protect information about Substance Use Disorder (SUD) treatment under 42 CFR Part 2. When we receive SUD records from a Part 2 program, we only use or share them as the law allows and with the proper consent. We will not share these records for legal or administrative actions against you unless you give written permission or a court issues a valid order. You also have additional rights related to these records. You can ask us to place limits on how your information is used or shared, and you can request a report that shows certain times your information was disclosed.	See Chapter 8 of your <i>Evidence of Coverage</i> to view our full Notice of Privacy Practices.

SECTION 3 How to Change Plans

To stay in our plan, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our plan.

If you want to change plans for 2027 follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from our plan. Remember, not all Medicare health plans cover prescription drugs. Also be aware that for many plans you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.

- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from our plan.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Customer Service at 888-863-3637 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 3), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778 or
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the CAREAssist Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call CAREAssist at 971-673-0144. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 5 Questions?

Get Help from Our Plan

- **Call Customer Service at 888-863-3637. (TTY users call 711.)**

We are available for phone calls: **October 1 to March 31:** 8:00 a.m. to 8:00 p.m. local time, seven days a week. **April 1 to September 30:** 8:00 a.m. to 8:00 p.m. local time, Monday – Friday. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, look in the 2027 *Evidence of Coverage* for our plan. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com) or call Customer Service at 888-863-3637 (TTY users call 711) to ask us to mail you a copy.

- **Visit [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com)**

Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA).

Call SHIBA to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHIBA at 800-722-4134, TTY: 711. Learn more about SHIBA by visiting shiba.oregon.gov.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with [Medicare.gov](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone)

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [Medicare.gov](https://www.medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



Discrimination is Against the Law

PacificSource Community Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)), age, or disability.

PacificSource Community Health Plans does not exclude people or treat them differently because of race, color, national origin, sex, age, or disability.

PacificSource Community Health Plans:

- Provides free reasonable modifications and appropriate auxiliary aids and services to people with disabilities to help them 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, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate aids and services, or language assistance services, contact our Section 1557 Coordinator.

If you believe that PacificSource Community Health Plans has failed to provide these services or has discriminated based on race, color, national origin, sex, age, or disability you can file a complaint with:

Section 1557 Coordinator

Mailing address – PO Box 7068, Springfield, OR 97475-0068

Phone – 888-863-3637, TTY: 711. We accept all relay calls.

Fax – 541-322-6424

Email – 1557Coordinator@pacificsource.com

You may file a complaint in person, by mail, fax, or email. If you need help filing a complaint, our Section 1557 Coordinator is available to assist you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the OCR 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, D.C. 20201

1-800-368-1019,

1-800-537-7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

This notice is available on the website of PacificSource Community Health Plans:
www.Medicare.PacificSource.com.

Notice of Availability

English

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 888-863-3637 (TTY: 711) or speak to your provider.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 888-863-3637 (TTY: 711) o hable con su proveedor.

中文 (Simplified Chinese)

注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 888-863-3637 (文本电话: 711) 或咨询您的服务提供商。

Việt (Vietnamese)

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 888-863-3637 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

РУССКИЙ (Russian)

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 888-863-3637 (TTY: 711) или обратитесь к своему поставщику услуг.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 888-863-3637 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Français (French)

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 888-863-3637 (TTY : 711) ou parlez à votre fournisseur.

日本語 (Japanese)

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。888-863-3637(TTY:711)までお電話ください。または、ご利用の事業者にご相談ください。

Tagalog (Tagalog)

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 888-863-3637 (TTY: 711) o makipag-usap sa iyong provider.

한국어 (Korean)

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 888-863-3637 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 888-863-3637 (711) أو تحدث إلى مقدم الخدمة".

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 888-863-3637 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

українська мова (Ukrainian)

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 888-863-3637 (TTY: 711) або зверніться до свого постачальника.

Limba Română (Romanian)

Puteți obține această scrisoare în alte limbi, cu scris cu litere majuscule, în Braille sau într-un format preferat. De asemenea, puteți solicita un interpret. Aceste servicii de asistență sunt gratuite. Puteți obține ajutor din partea unui interpret de îngrijire medicală certificat sau calificat. Sunați la 888-863-3637 sau TTY 711. Acceptăm apeluri adaptate persoanelor surdomute.

台語 (Traditional Chinese)

注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 888-863-3637 (TTY: 711) 或與您的提供者討論。

Kiswahili (Swahili)

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 888-863-3637 (TTY: 711) au zungumza na mtoa huduma wako.