



## Explorer 6 (PPO) offered by PacificSource Medicare

# Annual Notice of Change for 2026

You're enrolled as a member of Explorer 6 (PPO).

This material describes changes to our 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, 2025, you'll stay in Explorer 6 (PPO).
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You* 2026 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 [www.Medicare.PacificSource.com](http://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 more 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 Explorer 6 (PPO)

- PacificSource Community Health Plans is an HMO, HMO D-SNP, and PPO plan with a Medicare contract and a contract with Oregon Health Plan (Medicaid).
- When this booklet says "we," "us," or "our", it means PacificSource Medicare. When it says "plan" or "our plan," it means Explorer 6 (PPO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in our plan.** Starting January 1, 2026, you'll get your medical through our plan. Go to Section 2 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 if you enroll in Medicare drug coverage in the future.

**Table of Contents**

**Summary of Important Costs for 2026 .....3**

**SECTION 1 Changes to Benefits & Costs for Next Year .....4**

Section 1.1 Changes to the Monthly Plan Premium .....4

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount .....4

Section 1.3 Changes to the Provider Network.....5

Section 1.4 Changes to Benefits & Costs for Medical Services .....5

**SECTION 2 How to Change Plans.....7**

Section 2.1 Deadlines for Changing Plans .....8

Section 2.2 Are there other times of the year to make a change? .....8

**SECTION 3 Get Help Paying for Prescription Drugs.....8**

**SECTION 4 Questions?.....9**

Get Help from Our Plan .....9

Get Free Counseling about Medicare.....9

Get Help from Medicare ..... 10

**Summary of Important Costs for 2026**

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Monthly plan premium*</b> Go to Section 1.1 for details.</p>	\$0	\$0
<p><b>Maximum out-of-pocket amounts</b>  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.)</p>	<p>From in-network providers: \$4,200</p> <p>From in-network and out-of-network providers combined: \$8,950</p>	<p>From in-network providers: <b>\$6,500</b></p> <p>From in-network and out-of-network providers combined: <b>\$8,950</b></p>
<p><b>Primary care office visits</b></p>	<p style="text-align: center;"><u><b>In-Network</b></u> \$0 per visit</p> <p style="text-align: center;"><u><b>Out-of-Network</b></u> 35% of the total cost per visit</p>	<p style="text-align: center;"><u><b>In-Network</b></u> \$20 per visit</p> <p style="text-align: center;"><u><b>Out-of-Network</b></u> 35% of the total cost per visit</p>
<p><b>Specialist office visits</b></p>	<p style="text-align: center;"><u><b>In-Network</b></u> \$0 per visit</p> <p style="text-align: center;"><u><b>Out-of-Network</b></u> 35% of the total cost per visit</p>	<p style="text-align: center;"><u><b>In-Network</b></u> \$20 per visit</p> <p style="text-align: center;"><u><b>Out-of-Network</b></u> 35% of the total cost per visit</p>
<p><b>Inpatient hospital stays</b>  Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.</p>	<p style="text-align: center;"><u><b>In-Network</b></u> Days 1-5: \$250 per day Days 6+: \$0 per day</p> <p style="text-align: center;"><u><b>Out-of-Network</b></u> 35% of the total cost</p>	<p style="text-align: center;"><u><b>In-Network</b></u> Days 1-5: \$250 per day Days 6+: \$0 per day</p> <p style="text-align: center;"><u><b>Out-of-Network</b></u> 35% of the total cost</p>

## SECTION 1 Changes to Benefits & Costs for Next Year

### Section 1.1 Changes to the Monthly Premium

	2025 (this year)	2026 (next year)
<b>Monthly premium</b>  (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
<b>Part B premium reduction</b>  This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	Not applicable  Part B premium reduction is <u>not</u> available.	\$105

### Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

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.

	2025 (this year)	2026 (next year)
<b>In-network maximum out-of-pocket amount</b>  Your costs for covered medical services (such as copays) from network providers <b>count</b> toward your in-network maximum out-of-pocket amount.	\$4,200	<b>\$6,500</b>  Once you've paid \$6,500 out of pocket for covered Part A and Part B services from in-network providers, you'll pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.
<b>Combined maximum out-of-pocket amount</b>  Your costs for covered medical services (such as copays) from in-network and out-of-network providers <b>count</b> toward your combined maximum out-of-pocket amount.	\$8,950	<b>\$8,950</b>  Once you've paid \$8,950 combined maximum out of pocket for covered Part A and Part B services, 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.

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [www.Medicare.PacificSource.com/Search/Provider](http://www.Medicare.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 [www.Medicare.PacificSource.com/Search/Provider](http://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 our 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.

### Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
<b>Acupuncture for chronic low back pain</b> Medicare covered	<u>In-Network</u> \$0 per visit.	<u>In-Network</u> \$20 per visit.
<b>Alternative care</b> Non-Medicare covered acupuncture and chiropractic care	<u>In-Network</u> \$0 per visit up to a combined total of 24 office visits.	<u>In-Network</u> \$20 per visit up to a combined total of 24 office visits.
<b>Chiropractic services</b> Medicare covered	<u>In-Network</u> \$0 per visit.	<u>In-Network</u> \$15 per visit.
<b>Hearing exam</b> Medicare covered	<u>In-Network</u> \$35 per visit.	<u>In-Network</u> \$20 per visit.
<b>Home health</b> Prior authorization requirements	<u>In-Network</u> Prior authorization is <u>not</u> required.	<u>In-Network</u> Prior authorization is required after evaluation and 5 visits.
<b>Inpatient hospital care</b> Prior authorization requirements	<u>In-Network</u> Notification of admission required from the facility. Prior authorization is <u>not</u> required.	<u>In-Network</u> Notification of admission required from the facility. Prior authorization may be required.

	2025 (this year)	2026 (next year)
<p><b>Inpatient services in a psychiatric hospital</b></p> <p>Prior authorization requirements</p>	<p><b><u>In-Network</u></b></p> <p>Notification of admission required from the facility. Prior authorization is <u>not</u> required.</p>	<p><b><u>In-Network</u></b></p> <p>Notification of admission required from the facility. Prior authorization may be required.</p>
<p><b>Medicare covered preventive services</b></p> <p>Barium enemas</p>	<p><b><u>In-Network</u></b></p> <p>\$0 copay</p> <p><b><u>Out-of-network</u></b></p> <p>35% of the total cost</p>	<p>Barium enemas are <u>not</u> covered.</p>
<p><b>Outpatient diagnostic tests and therapeutic services</b></p> <p>Radiological services</p>	<p><b><u>In-Network</u></b></p> <p>CT Scan or Nuclear Test: \$190 per visit.</p> <p>PET Scan or MRI: \$310 per visit.</p>	<p><b><u>In-Network</u></b></p> <p>CT Scan or Nuclear Test: \$300 per visit.</p> <p>PET Scan or MRI: \$400 per visit.</p>
<p><b>Outpatient rehabilitation services</b></p> <p>Physical, occupational, and speech therapy</p>	<p><b><u>In-Network</u></b></p> <p>\$0 per visit.</p> <p>Prior authorization is <u>not</u> required.</p>	<p><b><u>In-Network</u></b></p> <p>\$20 per visit.</p> <p>Prior authorization is required after the first 10 visits per therapy service.</p>
<p><b>Over-the-counter (OTC) medications</b></p> <p>NationsOTC</p>	<p>You get \$50 per quarter to purchase OTC medications and health related items.</p>	<p>You get \$25 per quarter to purchase OTC medications and health related items.</p>
<p><b>Part B prescription drugs</b></p> <p>Prior authorization and step therapy requirements</p>	<p>Requirements change yearly. Please contact Customer Service or see our Formulary to verify which drugs require prior authorization or step therapy.</p>	<p>Requirements change yearly. Please contact Customer Service or see our Formulary to verify which drugs require prior authorization or step therapy.</p>
<p><b>Partial hospitalization services and Intensive outpatient services</b></p> <p>Prior authorization requirements</p>	<p><b><u>In-Network</u></b></p> <p>Prior authorization is <u>not</u> required.</p>	<p><b><u>In-Network</u></b></p> <p>Prior authorization is required.</p>

	2025 (this year)	2026 (next year)
<b>Physician/ Practitioner services</b> Primary care visits, specialist visits, and other health care professional services	<u>In-Network</u> \$0 per visit.	<u>In-Network</u> \$20 per visit.
<b>Podiatry services</b>	<u>In-Network</u> \$0 per visit.	<u>In-Network</u> \$20 per visit.
<b>Skilled nursing facility</b> Prior Authorization requirements	<u>In-Network</u> Prior authorization is <u>not</u> required.	<u>In-Network</u> Prior authorization is required.
<b>Urgently needed services</b> Urgent care, including Worldwide coverage	\$55 per visit.	\$50 per visit.
<b>Vision care</b> Eye wear (routine)	\$250 reimbursement every calendar year.	\$200 reimbursement every calendar year.

## SECTION 2 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 2026 follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from our 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 page 1).

- **To learn more about Original Medicare and the different types of Medicare plans**, visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 3), or call 1-800-MEDICARE. As a reminder, PacificSource Medicare offers other Medicare health plans and Medicare prescription drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

## Section 2.1 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, 2026, 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, 2026.

## Section 2.2 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 3 Get Help Paying for Prescription Drugs**

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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, yearly deductibles, and coinsurance. Also, those who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should 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 should 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 Idaho AIDS Drug Assistance Program or the Oregon 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:

State	Program	Phone
Idaho	Idaho AIDS Drug Assistance Program	208-334-5612
Oregon	CAREAssist	971-673-0144

Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

## SECTION 4 Questions?

### Get Help from Our Plan

- Call Customer Service at 888-863-3637. (TTY users call 711.)**  
 We're 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 2026 Evidence of Coverage**  
 This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the *2026 Evidence of Coverage* for our plan. The *Evidence of Coverage* is the legal, detailed description of our 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 [www.Medicare.PacificSource.com](http://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 [www.Medicare.PacificSource.com](http://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 Idaho and Oregon, the SHIP is called the 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:

State	Phone
Idaho	800-247-4422
Oregon	800-722-4134

Learn more about SHIBA by visiting:

State	Website
Idaho	<a href="http://www.DOI.Idaho.gov/shiba">www.DOI.Idaho.gov/shiba</a>
Oregon	<a href="http://www.shiba.oregon.gov">www.shiba.oregon.gov</a>

## 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 [www.Medicare.gov](http://www.Medicare.gov)**

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

- **Write to Medicare**

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

- **Visit [www.Medicare.gov](http://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 2026**

Read the *Medicare & You 2026* 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 [www.Medicare.gov](http://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](mailto: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](http://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を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 आपको निःशुल्क भाषा सहायता सहायता उपलब्ध होती है। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सहायता भी निःशुल्क उपलब्ध हैं। 888-863-3637 (TTY: 711) पर कॉल करें या अपना प्रदाता सलाह करें।

## українська мова (Ukrainian)

УВАГА: Якщо ви розмовляєте українською мовою, 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.