



A nonprofit independent licensee of the Blue Cross Blue Shield Association

## Medicare BlueBasic (PPO) offered by Excellus BlueCross BlueShield

### Annual Notice of Changes for 2019

You are currently enrolled as a member of Medicare BlueBasic (PPO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### What to do now

##### 1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 1 and 2 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 for information about our Provider Directory.
- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?

OMB Approval 0938-1051(Pending OMB Approval)

- Think about whether you are happy with our plan.

## **2. COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area.
  - Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click "Find health & drug plans."
  - Review the list in the back of your Medicare & You handbook.
  - Look in Section 3.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

## **3. CHOOSE: Decide whether** you want to change your plan

- If you want to **keep** Medicare BlueBasic (PPO), you don't need to do anything. You will stay in Medicare BlueBasic (PPO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

## **4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2018**

- If you **don't join another plan by December 7, 2018**, you will stay in Medicare BlueBasic (PPO).
- If you **join another plan by December 7, 2018**, your new coverage will start on January 1, 2019.

### **Additional Resources**

- Please contact our Customer Care number at 1-877-883-9577 for additional information. (TTY users should call 1-800-421-1220.) Hours are Monday - Friday, 8:00 a.m. - 8:00 p.m. Representatives are also available 8:00 a.m. - 8:00 p.m., Monday - Sunday, from October 1 - March 31.
- This information may be available in a different format, including large print, audio tapes and Braille.
- Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information

### **About Medicare BlueBasic (PPO)**

- Excellus BlueCross BlueShield contracts with the Federal Government and is a PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Excellus BlueCross BlueShield. When it says "plan" or "our plan," it means Medicare BlueBasic (PPO).

**Summary of Important Costs for 2019**

The table below compares the 2018 costs and 2019 costs for Medicare BlueBasic (PPO) in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this Annual Notice of Changes** and review the *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2018 (this year)	2019 (next year)
<b>Monthly plan premium</b>	\$52	\$47
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>From network providers: \$6,700</p> <p>From network and out-of-network providers combined: \$10,000</p>	<p>From network providers: \$6,700</p> <p>From network and out-of-network providers combined: \$10,000</p>
<b>Doctor office visits</b>	<p><b>Primary care visits:</b></p> <p>You pay a \$5 copayment in-network per visit.</p> <p>You pay a 30% coinsurance out-of-network per visit.</p> <p><b>Specialist visits:</b></p> <p>You pay a \$40 copayment in-network per visit.</p> <p>You pay a 30% coinsurance out-of-network per visit.</p>	<p><b>Primary care visits:</b></p> <p>You pay a \$5 copayment in-network per visit.</p> <p>You pay a 30% coinsurance out-of-network per visit.</p> <p><b>Specialist visits:</b></p> <p>You pay a \$40 copayment in-network per visit.</p> <p>You pay a 30% coinsurance out-of-network per visit.</p>

Cost	2018 (this year)	2019 (next year)
<p><b>Inpatient hospital stays</b></p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.</p>	<p><b>In-network:</b> You pay a \$325 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission.</p> <p><b>Out-of-network:</b> You pay 30% coinsurance of the total cost.</p>	<p><b>In-network:</b> You pay a \$325 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission.</p> <p><b>Out-of-network:</b> You pay 30% coinsurance of the total cost.</p>
<p><b>Inpatient mental health and chemical dependency admission</b></p>	<p><b>In-network:</b> You pay a \$324 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission.</p> <p><b>Out-of-network:</b> You pay 30% coinsurance of the total cost.</p>	<p><b>In-network:</b> You pay a \$324 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission.</p> <p><b>Out-of-network:</b> You pay 30% coinsurance of the total cost.</p>

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**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2018 (this year)	2019 (next year)
<p><b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)</p>	\$52	\$47

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

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2018 (this year)	2019 (next year)
<p><b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays ) from network providers count toward your maximum out-of-pocket amount. Your plan premium does not count towards your maximum out-of-pocket amount.</p>	\$6,700	<p style="text-align: center;">\$6,700</p> <p>Once you have paid \$6,700 out-of-pocket for Part A and Part B covered services, you will pay nothing for your Part A and Part B covered services for the rest of the calendar year.</p>

Cost	2018 (this year)	2019 (next year)
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays ) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium does not count towards your maximum out-of-pocket amount.</p>	<p>\$10,000</p>	<p style="text-align: center;">\$10,000</p> <p>Once you have paid \$10,000 out-of-pocket for Part A and Part B covered services, you will pay nothing for your Part A and Part B covered services from network or out-of-network providers for the rest of the calendar year.</p>

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**Section 1.3 – Changes to the Provider Network**

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There are changes to our network of providers for next year. An updated Provider Directory is located on our website at [www.ExcellusMedicare.com](http://www.ExcellusMedicare.com). You may also call Customer Care for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2019 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- ❑ Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- ❑ We will make a good faith effort to provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- ❑ We will assist you in selecting a new qualified provider to continue managing your health care needs.
- ❑ If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- ❑ If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- ❑ If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

**Section 1.4 – Changes to Benefits and Costs for Medical Services**

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your 2019 *Evidence of Coverage*.

<b>Cost</b>	<b>2018 (this year)</b>	<b>2019 (next year)</b>
<b>Chiropractic Care</b>	You pay a \$10 copayment per visit in-network.	You pay a \$5 copayment per visit in-network.
<b>Emergency Room</b>	You pay a \$80 copayment for each Emergency Room visit in-and-out of network.	You pay a \$90 copayment for each Emergency Room visit in-and-out of network.
<b>Eye Exam, Medicare-covered exam for the diagnosis and treatment of diseases and injuries of the eye.</b>	You pay a \$40 copayment per visit in-network.	You pay a \$0 copayment per visit in-network.
<b>Routine Eye Exam, covered once per calendar year</b>	You pay a \$40 copayment in-network.	You pay a \$0 copayment in-network.
<b>Skilled Nursing Facility</b>	You pay a \$167.50 copayment per day for days 21 through 100 in-network.	You pay a \$172 copayment per day for days 21 through 100 in-network.



<b>Cost</b>	<b>2018 (this year)</b>	<b>2019 (next year)</b>
<p><b>Supervised Exercise Therapy (SET)</b></p>	<p>Supervised Exercise Therapy <u>not</u> covered.</p>	<p>You pay a \$30 copayment per session in-network. You pay a 30% coinsurance per session out-of-network. The Supervised Exercise Therapy (SET) benefit is covered for members who have symptomatic peripheral artery disease (PAD) and a referral for PAD from the physician responsible for PAD treatment. You can be covered up to 36 sessions over a 12 week period if the SET program requirements are met. See Chapter 4, Section 2.1 of the Evidence of Coverage for more information.</p>
<p><b>Telemedicine</b></p>	<p>You pay a \$5 copayment for each PCP telemedicine visit and a \$40 copayment for each Specialist telemedicine visit in-network. Out-of-network telemedicine visits <u>not</u> covered.</p> <p>You pay a \$5 copayment for each MDLive® telemedicine visit. MDLive® Behavioral Health visits <u>not</u> covered.</p>	<p>You pay a \$5 copayment for each PCP telemedicine visit and a \$40 copayment for each Specialist telemedicine visit in-network. You pay a 30% coinsurance for each PCP and Specialist telemedicine visit out-of-network.</p> <p>You pay a \$5 copayment for each MDLive® telemedicine visit. You pay a \$40 copayment for each Behavior Health related MDLive® visit.</p>

**SECTION 2 Administrative Changes**

Cost	2018 (this year)	2019 (next year)
<b>Customer Care Correspondence Address</b>	PO Box 546, Buffalo, NY 14201	PO Box 211316, Eagan, MN 55121
<b>Outpatient Rehabilitation Services</b>	Outpatient Rehabilitation Services such as physical therapy, occupational therapy and speech therapy does not require prior authorization.	Outpatient Rehabilitation Services such as physical therapy, occupational therapy and speech therapy requires prior authorization from your doctor or other network provider.

**SECTION 3 Deciding Which Plan to Choose**

**Section 3.1 – If you want to stay in Medicare BlueBasic (PPO)**

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2019.

**Section 3.2 – If you want to change plans**

We hope to keep you as a member next year but if you want to change for 2019 follow these steps:

**Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- OR -- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2019*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click "Find health & drug plans."

**Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, *Excellus BlueCross BlueShield* offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

**Step 2: Change your coverage**

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Medicare BlueBasic (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Medicare BlueBasic (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Care if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
  - – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

**SECTION 4 Deadline for Changing Plans**

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2019.

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

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2019, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2019. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

**SECTION 5 Programs That Offer Free Counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New York, the SHIP is called Health Insurance Information Counseling and Assistance Program (HIICAP).

HIICAP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal Government to give **free** local health insurance counseling to people with Medicare. HIICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HIICAP at 1-800-701-0501. You can learn more about HIICAP by visiting their website (<https://www.aging.ny.gov/HealthBenefits/Index.cfm>).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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 prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. 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;
  - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications);
- **Help from your state’s pharmaceutical assistance program.** New York has a program called Elderly Pharmaceutical Insurance Program (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 5 of this booklet).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the HIV Uninsured Care Programs, Empire Station, P.O. Box 2052, Albany, NY 12220-0052. Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. You can learn more about the ADAP in New York State by visiting their website (<https://www.health.ny.gov/diseases/aids/general/resources/adap/>).

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call In-State - Toll Free 1-800-542-2437; Out of State - 1-518-459-1641; TDD - 1-518-459-0121 Monday through Friday, 8:00 am - 5:00 pm.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Medicare BlueBasic (PPO)

Questions? We’re here to help. Please call Customer Care at 1-877-883-9577. (TTY only, call 1-800-421-1220.) We are available for phone calls Monday - Friday, 8:00 a.m. - 8:00 p.m.

Representatives are also available 8:00 a.m. - 8:00 p.m., Monday - Sunday, from October 1 - March 31. Calls to these numbers are free.

### **Read your 2019 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2019. For details, look in the 2019 *Evidence of Coverage* for Medicare BlueBasic (PPO). 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. A copy of the *Evidence of Coverage* is available on our website at [www.ExcellusMedicare.com](http://www.ExcellusMedicare.com) or by calling Customer Care at 1-877-883-9577.

### **Visit our Website**

You can also visit our website at [www.ExcellusMedicare.com](http://www.ExcellusMedicare.com). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

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## **Section 7.2 – Getting Help from Medicare**

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To get information directly 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 should call 1-877-486-2048.

### **Visit the Medicare Website**

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to (<https://www.medicare.gov>) and click on "Find health & drug plans").

### **Read Medicare & You 2019**

You can read the *Medicare & You 2019* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## **Discrimination is Against the Law**

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

Our Health Plan:

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 our dedicated Medicare Customer Care representatives at 1-877-883-9577, (TTY: 1-800-421-1220). Monday - Friday, 8 a.m. - 8 p.m.  
From October 1 - March 31, 8 a.m. - 8 p.m., 7 days a week.

If you believe that our Health Plan 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:

Advocacy Department  
Attn: Civil Rights Coordinator  
PO Box 4717  
Syracuse, NY 13221  
Telephone Number: 1-800-614-6575 (TTY: 1-800-421-1220)  
Fax Number: 315-671-6656

You can file a grievance in person, or by mail or fax. If you need help filing a grievance, our Health Plan's 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, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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



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**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-877-883-9577 (TTY: 1-800-421-1220).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY: 1-800-421-1220).

**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 1-877-883-9577 (TTY: 1-800-421-1220)。

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-883-9577 (телетайп: 1-800-421-1220).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-883-9577 (TTY: 1-800-421-1220).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-883-9577 (TTY: 1-800-421-1220)번으로 전화해 주십시오.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-883-9577 (TTY: 1-800-421-1220).

אויפגעקומען: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-877-883-9577 (TTY: 1-800-421-1220)

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৭৭-৮৮৩-৯৫৭৭ (TTY: ১-৮০০-৪২১-১২২০)।

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-883-9577 (TTY: 1-800-421-1220).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-883-9577 (رقم هاتف الصم والبكم: 1-800-421-1220).

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-883-9577 (ATS : 1-800-421-1220).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-883-9577 (TTY: 1-800-421-1220)۔

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-883-9577 (TTY: 1-800-421-1220).

**ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-883-9577 (TTY: 1-800-421-1220).

**KUJDES:** Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-883-9577 (TTY: 1-800-421-1220).

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