

Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) offered by Buckeye Community Health Plan, Inc.

Annual Notice of Changes for 2021

Introduction

You are currently enrolled as a member of Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) (Buckeye). Next year, there will be some changes to the plan’s benefits, coverage, and rules. This Annual Notice of Changes tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

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A. Disclaimers

- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Buckeye Member Handbook.

B. Reviewing Your Medicare and Medicaid Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section F2 for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 13 to see your choices).
- You must get your Medicaid benefits from one of the MyCare Ohio managed care plans available in your region (go to page 13 for additional information).



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B1. Additional Resources

- **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-549-8289 (TTY: 711) de 8 a. m. a 8 p. m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados, es posible que se le pida que deje un mensaje. Le devolveremos la llamada durante el próximo día hábil. La llamada es gratuita.
- You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- If you want to get documents in a different language and/or format for future mailings, please call Member Services. This is called a “standing request”. We will document your choice. If later, you want to change the language and/or format choice, please call Member Services. Find the Member Services phone number at the bottom of this page.

B2. About Buckeye

- Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- Coverage under Buckeye is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) is offered by Buckeye Community Health Plan, Inc. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Buckeye Community Health Plan, Inc. When



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it says “the plan” or “our plan,” it means Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan).

B3. Important things to do:

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit changes to make sure they will work for you next year.
 - Look in sections D1 and D2 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in section D2 for information about changes to our drug coverage.
- **Check to see if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including specialists you see regularly, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**



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If you decide to stay with Buckeye:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (see section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section F2, page 13 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2021.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at mmp.buckeyehealthplan.com. You may also call Member Services at 1-866-549-8289 (TTY:711) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The table below describes these changes.



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| | 2020 (this year) | 2021 (next year) |
|--------------------|---|--|
| Acupuncture | <p>You pay a \$0 copay.</p> <p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral is not required. The plan covers acupuncture for pain management of migraines and lower-back pain.</p> <p>Prior authorization may be required if more than 30 treatments are needed per year.</p> | <p>You pay a \$0 copay.</p> <p>Prior authorization may be required.</p> <p>The plan covers acupuncture for pain management of headaches and lower back pain.</p> <p>The plan will also pay for up to 12 visits in 90 days for chronic low back pain and will pay for an additional 8 sessions of acupuncture for chronic low back pain if improvement is shown.</p> <p>Acupuncture treatment for chronic low back pain is limited to 20 treatments each year.</p> |



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| | 2020 (this year) | 2021 (next year) |
|---------------------------------------|---|--|
| Additional Telehealth Services | Additional Telehealth services is not covered as a benefit. | <p>You pay a \$0 copay</p> <p>The plan will pay for:</p> <ul style="list-style-type: none"> • Primary Care Physician Services • Physician Specialist Services • Individual sessions for Mental Health Specialty Services • Group Sessions for Mental Health Services • Other Health Care Professional • Individual sessions for Psychiatric Services • Group sessions for Psychiatric Services |



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| | 2020 (this year) | 2021 (next year) |
|---------------------------------------|--|--|
| Diabetes supplies and services | You pay a \$0 copay | You pay a \$0 copay Diabetic glucometer and supplies are limited to Accu-Chek and OneTouch when obtained at a Pharmacy. Other brands are not covered unless pre-authorized. |
| Over-the-Counter (OTC) Items | <p>You pay a \$0 copay</p> <p>As an extra benefit, our plan covers up to \$25 every calendar month for eligible over-the-counter (OTC) items available via mail and in select CVS pharmacy retail stores.</p> <p>This OTC benefit is limited to one order per calendar month. Any unused amount does not carry over to the next month.</p> <p>You can order up to 5 of the same item per month unless otherwise noted in the catalog. There is no limit on the number of total items in your order.</p> <p>This benefit can only be used to order OTC products for the member.</p> <p>Please contact the plan for more information.</p> | <p>You pay a \$0 copay</p> <p>As an extra benefit, our plan covers up to \$25 every calendar month for eligible over-the-counter (OTC) items available via mail and in select CVS pharmacy retail stores.</p> <p>This OTC benefit is limited to one order per benefit period. Any unused amount does not carry over to the next month.</p> <p>You can order up to 3 of the same item per month unless otherwise noted in the catalog. There is no limit on the number of total items in your order.</p> <p>This benefit can only be used to order OTC products for the member.</p> <p>Please contact the plan for more information.</p> |



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| | 2020 (this year) | 2021 (next year) |
|----------------------------|--|---|
| Prior Authorization | <p>The following required prior authorization:</p> <ul style="list-style-type: none"> • Cardiac and Pulmonary Rehabilitation Services • Mental Health Specialty Services • Psychiatric Services • Opioid Treatment Services Program • Hearing Aids <p>The following did not require prior authorization:</p> <ul style="list-style-type: none"> • Diabetic Supplies and Services | <p>The following no longer requires prior authorization:</p> <ul style="list-style-type: none"> • Cardiac and Pulmonary Rehabilitation Services • Mental Health Specialty Services • Psychiatric Services • Opioid Treatment Services Program • Hearing Aids <p>The following will require prior authorization:</p> <ul style="list-style-type: none"> • Diabetic Supplies and Services |

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at mmp.buckeyehealthplan.com/formulary. You may also call Member Services at 1-866-549-8289 (TTY: 711) for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the “Drug List.”

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to see if there will be any restrictions.



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If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at 1-866-549-8289 (TTY: 711) to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, see Chapter 9 of the *2021 Member Handbook* or call Member Services at 1-866-549-8289 (TTY: 711).
 - If you need help asking for an exception, you can contact Member Services or your care manager. See Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care manager.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **one-time, temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days of medication at a retail pharmacy and at a long-term care pharmacy, up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook*.)
 - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
 - If you have a current formulary exception that our plan approved in 2020, and you remain a member of Buckeye for 2021, we may continue to cover this exception during 2021. You will receive a letter with approval dates if we decide to continue your exception during 2021. However, if we decide not to continue to cover the exception during 2021, your doctor (or other prescriber)



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must work with Buckeye to request a new exception for the 2021 calendar year. To learn what you must do to ask for an exception, see Chapter 9 of the *2021 Member Handbook* or call Member Services at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2021. Read below for more information about your prescription drug coverage.

We moved some of the drugs on the Drug List to a lower or higher drug tier. To see if your drugs will be in a different tier, look them up in the Drug List.

The following table shows your costs for drugs in each of our three drug tiers.

| | 2020 (this year) | 2021 (next year) |
|---|--|--|
| Drugs in Tier 1 (Generic Drugs) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy | Your copay for a one-month (30-day) supply is \$0 per prescription. | Your copay for a one-month (30-day) supply is \$0 per prescription. |
| Drugs in Tier 2 (Brand Drugs) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy | Your copay for a one-month (30-day) supply is \$0 per prescription. | Your copay for a one-month (30-day) supply is \$0 per prescription. |



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| | 2020 (this year) | 2021 (next year) |
|---|---|---|
| <p>Drugs in Tier 3 (Non-Medicare Rx / OTC Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p> | <p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p> | <p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p> |

E. Administrative changes

Administrative changes may change how you get your services, items, or prescription drugs. Read below for more information about these changes.

| | 2020 (this year) | 2021 (next year) |
|-----------------------------------|--|---|
| <p>Mail Order Pharmacy</p> | <p>There are two mail order pharmacies:</p> <ul style="list-style-type: none"> • CVS Caremark Mail Service Pharmacy • Homescrpts Mail Order Pharmacy | <p>There is one mail order pharmacy:</p> <ul style="list-style-type: none"> • CVS Caremark Mail Service Pharmacy |

F. How to choose a plan

F1. How to stay in Buckeye

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different MyCare Ohio Plan, change to a Medicare Advantage Plan, or change to Original Medicare, your enrollment in Buckeye will automatically stay the same for 2021.



If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

F2. How to change to a different MyCare Ohio plan

To enroll in a different MyCare Ohio plan, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. The Hotline will let you know what other plans are available to you.

You can end your membership at any time during the year by enrolling in another MyCare Ohio Plan, changing to a Medicare Advantage Plan, or moving to Original Medicare.

F3. If you want to change your membership in Buckeye

You can change your membership in our plan by choosing to get your Medicare services separately (you will stay in our plan for your Medicaid services).

How you will get Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you will automatically stop getting Medicare services from our plan.

| | |
|--|--|
| <p>1. You can change to:</p> <p>A Medicare health plan, such as a Medicare Advantage plan, which would include Medicare prescription drug coverage</p> | <p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. <p>You will automatically stop getting Medicare services through Buckeye when your new plan's coverage begins.</p> |
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|---|---|
| <p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p> | <p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. You can select a Part D plan at this time.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. <p>You will automatically stop getting Medicare services through Buckeye when your Original Medicare and prescription drug plan coverage begins.</p> |
|---|---|



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|--|---|
| <p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call your Ohio Senior Health Insurance Information Program (OSHIIP) at 1-800-686-1578 (TTY:711), Monday through Friday from 7:30 a.m. to 5:00 p.m.</p> | <p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. <p>You will automatically stop getting Medicare services through Buckeye when your Original Medicare coverage begins.</p> |
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How you will get Medicaid services

You must get your Medicaid benefits from a MyCare Ohio plan. Therefore, even if you don't want to get your Medicare benefits through a MyCare Ohio plan, you must still get your Medicaid benefits from Buckeye or another MyCare Ohio managed care plan.

If you do not enroll in a different MyCare Ohio plan, you will remain in our plan to get your Medicaid services.

Your Medicaid services include most long-term services and supports and behavioral health care.

Once you stop getting Medicare services through our plan, you will get a new Member ID Card and a new *Member Handbook* for your Medicaid services.

If you want to switch to a different MyCare Ohio plan to get your Medicaid benefits, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.



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G. How to get help

G1. Getting help from Buckeye

Questions? We're here to help. Please call Member Services at 1-866-549-8289 (TTY only, call 711). We are available for phone calls from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Your 2021 Member Handbook

The *2021 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2021 Member Handbook* will be available by October 15. An up-to-date copy of the *2021 Member Handbook* is always available on our website at mmp.buckeyehealthplan.com. You may also call Member Services at 1-866-549-8289 to ask us to mail you a *2021 Member Handbook*.

Our website

You can also visit our website at mmp.buckeyehealthplan.com. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

G2. Getting help from the Ohio Medicaid Hotline

The Ohio Medicaid hotline can help you find a Medicaid health care provider, explain Medicaid covered services, obtain Medicaid brochures and publications, and understand Medicaid benefits.

You can call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

G3. Getting help from the MyCare Ohio Ombudsman

The MyCare Ohio Ombudsman is an ombudsman program that can help you if you are having a problem with Buckeye. The ombudsman's services are free.

- The MyCare Ohio Ombudsman is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.



If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

BUCKEYE ANNUAL NOTICE OF CHANGES FOR 2021

- MyCare Ohio Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MyCare Ohio Ombudsman is not connected with us or with any insurance company or health plan.
- The MyCare Ohio Ombudsman helps with concerns about any aspect of care. Help is available to resolve disputes with providers, protect rights, and file complaints or appeals with our plan.
- The MyCare Ohio Ombudsman works together with the Office of the State Long-term Care Ombudsman, which advocates for consumers getting long-term services and supports.

The phone number for the MyCare Ohio Ombudsman is 1-800-282-1206. TTY users should call 1-800-750-0750. The MyCare Ohio Ombudsman is available Monday through Friday from 8:00 am to 5:00 pm.

G4. Getting help from Medicare

To get information directly from Medicare, 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.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov and click on "Find plans.")

Medicare & You 2021

You can read *Medicare & You 2021* 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 (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.



If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

Notice of Non-Discrimination. Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Buckeye Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Buckeye Health Plan: → Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and 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 and information written in other languages.

If you need these services, contact Buckeye Health Plan's Member Services at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

If you believe that Buckeye 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 by calling the number above and telling them you need help filing a grievance; Buckeye Health Plan's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

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

Language Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-549-8289 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-549-8289 (TTY: 711).

Chinese Mandarin: 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 1-866-549-8289 (TTY: 711)。

Chinese Cantonese: 注意：如果您說中文，您可獲得免費的語言協助服務。請致電 1-866-549-8289 (TTY: 711)。

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-549-8289 (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-549-8289 (رقم هاتف الصم والبكم: 711).

Pennsylvania Dutch: Geb Acht: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-866-549-8289 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-549-8289 (телетайп: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-549-8289 (ATS : 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-549-8289 (TTY: 711).

Cushite (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-549-8289 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-549-8289 (TTY: 711) 번으로 전화해 주십시오.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-549-8289 (TTY: 711).

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。1-866-549-8289 (TTY: 711) まで、お電話にてご連絡ください。

Dutch: AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-866-549-8289 (TTY: 711).

Ukrainian: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-866-549-8289 (телетайп: 711).

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-866-549-8289 (TTY: 711).

Somali: LA SOCO: Haddii aad ku hadasho Ingiriisi, adeegyada taageerada luqada, oo bilaash ah, ayaad heli kartaa, Wac 1-866-549-8289 (TTY: 711).

Nepali: ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-866-549-8289 (टिक्वाइ: 711) ।
