NaviCare HMO SNP (a Medicare Advantage Special Needs Plan) offered by Fallon Health

Annual Notice of Changes for 2020

You are currently enrolled as a member of NaviCare HMO SNP. Next year, there will be some changes to the plan’s costs and benefits. This booklet tells about the changes.

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 Section 1 for information about benefit and cost changes for our plan.
   - □ Check the changes in the booklet to our prescription drug coverage to see if they affect you.
     - Will your drugs be covered?
     - Are your drugs in a different tier, with different cost-sharing?
     - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
     - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
     - Review the 2020 Drug List and look in Section 1.5 for information about changes to our drug coverage.
   - □ Check to see if your doctors and other providers will be in our network next year.
     - Are your doctors, including specialists you see regularly, in our network?
     - What about the hospitals or other providers you use?
     - Look in Section 1.2 and 1.3 for information about our Provider and Pharmacy 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?

☐ 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 2.2 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 NaviCare HMO SNP, you don’t need to do anything. You will stay in NaviCare HMO SNP.
- If you want to change to a different plan that may better meet your needs, you can switch plans between October 15 and December 7. Look in section 2, page 7 to learn more about your choices.

4. ENROLL: To change plans, join a plan between October 15 and December 7, 2019

- If you don’t join another plan by December 7, 2019, you will stay in NaviCare HMO SNP.
- If you join another plan between October 15 and December 7, 2019, your new coverage will start on January 1, 2020.

Additional Resources

• Please contact our Enrollee Services number at 1-877-700-6996 for additional information. (TTY users should call TRS 711.) Hours are 8 a.m.–8 p.m., Monday–Friday. (Oct. 1–March 31, seven days a week.)

• This information is available in alternate formats, such as Braille, large print or audio tape.

• 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 NaviCare HMO SNP

• Fallon Health is an HMO plan with a Medicare contract and a contract with the Massachusetts Medicaid program. Enrollment in Fallon Health depends on contract
renewal. NaviCare is a voluntary program in association with MassHealth/EOHHS and CMS.

- When this booklet says “we,” “us,” or “our,” it means Fallon Health. When it says “plan” or “our plan,” it means NaviCare HMO SNP.
Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for NaviCare HMO SNP in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at fallonhealth.org/avicare. You may also call Enrollee Services to ask us to mail you an *Evidence of Coverage*. Because you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay $0 for your deductible, doctor office visits, inpatient hospital stays and Part D prescription drugs.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly plan premium</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Doctor office visits</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Inpatient hospital stays</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part D prescription drug coverage</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>(See Section 1.6 for details.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annual Notice of Changes for 2020
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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

(You must also continue to pay your Medicare Part B premium unless it is paid for you by MassHealth (Medicaid).)

Section 1.2 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider and Pharmacy Directory is located on our website at fallonhealth.org/navicare. You may also call Enrollee Services for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. Please review the 2020 Provider and Pharmacy 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, we must 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 1.3 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Provider and Pharmacy Directory is located on our website at fallonhealth.org/navicare. You may also call Enrollee Services for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. Please review the 2020 Provider and Pharmacy Directory to see which pharmacies are in our network.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the Annual Notice of Changes tells you about changes to your Medicare and MassHealth (Medicaid) benefits and costs.

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage for these services, see Chapter 4, Benefits Chart (what is covered), in your 2020 Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at fallonhealth.org. You may also call Enrollee Services to ask us to mail you an Evidence of Coverage.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home health agency care</strong></td>
<td>No prior authorization required.</td>
<td>Prior authorization required.</td>
</tr>
<tr>
<td><strong>Medicare Part B prescription drugs</strong></td>
<td>No prior authorization required for:</td>
<td>Prior authorization required for:</td>
</tr>
<tr>
<td></td>
<td>- Abraxane</td>
<td>- Abraxane</td>
</tr>
<tr>
<td></td>
<td>- Akynzeo IV</td>
<td>- Akynzeo IV</td>
</tr>
<tr>
<td></td>
<td>- Alimta</td>
<td>- Alimta</td>
</tr>
<tr>
<td></td>
<td>- Aloxi</td>
<td>- Aloxi</td>
</tr>
<tr>
<td></td>
<td>- Avastin</td>
<td>- Avastin</td>
</tr>
<tr>
<td></td>
<td>- Erbitux</td>
<td>- Erbitux</td>
</tr>
<tr>
<td></td>
<td>- Fulphila</td>
<td>- Fulphila</td>
</tr>
<tr>
<td></td>
<td>- Fusilev</td>
<td>- Fusilev</td>
</tr>
<tr>
<td></td>
<td>- Herceptin</td>
<td>- Herceptin</td>
</tr>
<tr>
<td></td>
<td>- Khapzory</td>
<td>- Khapzory</td>
</tr>
<tr>
<td></td>
<td>- Marqibo</td>
<td>- Marqibo</td>
</tr>
<tr>
<td></td>
<td>- Neulasta</td>
<td>- Neulasta</td>
</tr>
<tr>
<td></td>
<td>- Onivyde</td>
<td>- Onivyde</td>
</tr>
<tr>
<td></td>
<td>- Sustol</td>
<td>- Sustol</td>
</tr>
<tr>
<td>Cost</td>
<td>2019 (this year)</td>
<td>2020 (next year)</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Membership in Health Club/Fitness Classes</strong></td>
<td>Receive up to $200 for membership in a qualified health club or fitness facility.</td>
<td>Receive up to $400 for membership in a qualified health club or fitness facility.</td>
</tr>
<tr>
<td><strong>Opioid Treatment Program Services</strong></td>
<td>Opioid Treatment Program Services not covered.</td>
<td>You pay $0 for Medicare-covered Opioid Treatment Program Services.</td>
</tr>
<tr>
<td><strong>Outpatient rehabilitation services</strong></td>
<td>Prior authorization is required for physical and occupational therapy visits beyond a combined 60 visits.</td>
<td>Prior authorization is required for physical therapy beyond 60 visits and for occupational therapy beyond 60 visits.</td>
</tr>
<tr>
<td><strong>Over-the-Counter items</strong></td>
<td>You pay $0 for approved over-the-counter items with the Save Now card, up to $42 every quarter. You pay all costs over $42 per quarter.</td>
<td>You pay $0 for approved over-the-counter items with the Save Now card, up to $125 every quarter. You pay all costs over $125 per quarter.</td>
</tr>
<tr>
<td><strong>Podiatry services</strong></td>
<td>Prior authorization not required for routine foot care.</td>
<td>Prior authorization required for routine foot care.</td>
</tr>
<tr>
<td><strong>Rewards and Incentives for Healthy Activities</strong></td>
<td>Rewards and incentives for healthy activities not covered.</td>
<td>You pay $0. You may earn up to $100 annually for completing the health activities below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Welcome to Medicare/Annual physical or qualified wellness visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Preventive vaccines such as:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Annual flu vaccine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Tdap</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Pneumococcal vaccine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Shingles vaccine</td>
</tr>
<tr>
<td>Cost</td>
<td>2019 (this year)</td>
<td>2020 (next year)</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Specialty physician services</td>
<td>Prior authorization required.</td>
<td>No prior authorization required.</td>
</tr>
<tr>
<td>Transportation (non-emergent non-medical)</td>
<td>You pay $0 for up to 90 MassHealth (Medicaid)-covered round trip transports per year.</td>
<td>You pay $0 for up to 140 MassHealth (Medicaid)-covered one-way transports per year.</td>
</tr>
</tbody>
</table>

**Section 1.5 – Changes to Prescription Drug Coverage**

**Changes to Our Drug List**

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

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.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.**
  - To learn what you must do to ask for an exception, see Chapter 8 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Enrollee Services.

- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Enrollee Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage.*) During the time when you are getting 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.
Most formulary exceptions are covered for a year from the date of approval. If the request is for less than a year, the request will be approved for an appropriate period of time.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

### Changes to Prescription Drug Costs

What you pay for covered prescription drugs will be exactly the same as in 2020 as they are in 2019—nothing.

## SECTION 2  Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in NaviCare HMO SNP

**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, you will automatically stay enrolled as a member of our plan for 2020.

### Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2020 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.

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 2020*, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).
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, Fallon Health 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 NaviCare HMO SNP.

- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from NaviCare HMO SNP.

- To change to Original Medicare without a prescription drug plan, you must either:
  - Send us a written request to disenroll. Contact Enrollee Services if you need more information on how to do this (phone numbers are in Section 6.1 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.

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 have opted out of automatic enrollment.

**SECTION 3 Changing Plans**

If you want to change to a different plan or Original Medicare for next year, you can do it from now until December 7. The change will take effect on January 1, 2020.

**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.

If you enrolled in a Medicare Advantage plan for January 1, 2020, 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, 2020. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*. 
SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Massachusetts, the SHIP is called the Serving the Health Insurance Needs of Everyone (SHINE) Program.

SHINE 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. SHINE 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 SHINE at 1-800-243-4636. You can learn more about SHINE by visiting their website (www.mass.gov/health-insurance-counseling).

For questions about your MassHealth (Medicaid) benefits, contact MassHealth (Medicaid), 1-800-841-2900, TTY: 1-800-497-4648, Monday–Friday, 8 a.m.–5 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your MassHealth (Medicaid) coverage.

SECTION 5 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.** Because you have MassHealth (Medicaid), you are already enrolled in ‘Extra Help,’ also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, 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 am and 7 pm, 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.** Massachusetts has a program called Prescription Advantage 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 4 of this booklet).
SECTION 6  Questions?

Section 6.1 – Getting Help from NaviCare HMO SNP

Questions? We’re here to help. Please call Enrollee Services at 1-877-700-6996. (TTY only, call TRS 711.) We are available for phone calls 8 a.m.–8 p.m., Monday–Friday. (Oct. 1–March 31, seven days a week.) Calls to these numbers are free.

Read your 2020 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 2020. For details, look in the 2020 Evidence of Coverage for NaviCare HMO SNP. 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 located on our website at fallonhealth.org/navicare. You may also call Enrollee Services to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at fallonhealth.org/navicare. As a reminder, our website has the most up-to-date information about our provider network (Provider and Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

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 2020

You can read Medicare & You 2020 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.

Section 6.3 – Getting Help from Medicaid

To get information from MassHealth (Medicaid) you can call MassHealth (Medicaid) at 1-800-841-2900. TTY users should call 1-800-497-4648.
Notice of nondiscrimination

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

Fallon Health:

- 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 Customer Service at the phone number on the back of your member ID card, or by email at cs@fallonhealth.org.

If you believe that Fallon Health 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:

Compliance Director
Fallon Health
10 Chestnut St.
Worcester, MA 01608

Phone: 1-508-368-9988 (TRS 711)
Email: compliance@fallonhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Compliance Director 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

Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

Multi-language Interpreter Services

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-700-6996 (TTY: TRS 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-700-6996 (TTY: TRS 711).

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-700-6996 (TTY: TRS 711).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-700-6996 (TTY: TRS 711)。

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-700-6996 (TTY: TRS 711).

**Vietnamese:** CHÚ Ý: Nếu bạn nói tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-700-6996 (TTY: TRS 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-700-6996 (телетайп: TRS 711).

**Arabic:** TRS ملاحظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-877-700-6996 (رقم هاتف الصم والبكم: 711).

**Khmer/Cambodian:** ប្រយោគ: បើសិនអក្ដាកើតបំភូមិជនដូចគ្នា, អាចរកឃើញសំណង់សេវាអន្តរជាតិប្រឈមប្រាក់ ដែលមាននៅ 1-877-700-6996 (TTY: TRS 711)។

**French:** ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-877-700-6996 (ATS : TRS 711).

**Italian:** ATTENZIONE: In caso la lingua parlata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-700-6996 (TTY: TRS 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-700-6996 (TTY: TRS 711) 번으로 전화해 주십시오.

**Greek:** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-700-6996 (TTY: TRS 711).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-700-6996 (TTY: TRS 711).

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-700-6996 (TTY: TRS 711) पर कॉल करें।

**Gujarati:** સુખના: જો તમે ગુજરાતી બોલતા હો તો સમાચાર સેવાઓ માટે હાલ ઉપલબ્ધ છે. કોલ કરો 1-877-700-6996 (TTY: TRS 711).