



2020 MEDICARE ADVANTAGE (PPO)

WEST REGION

MEDICARE ADVANTAGE PLANS

Blue Cross and Blue Shield of Minnesota Medicare Advantage plans offer coverage and cost sharing options that meet your needs. These plans combine medical, prescription, dental, vision and hearing coverage into one plan.

QUESTIONS? WE'RE HERE TO HELP.



Contact your local licensed agent or visit
bluecrossmn.com/AgentFinder



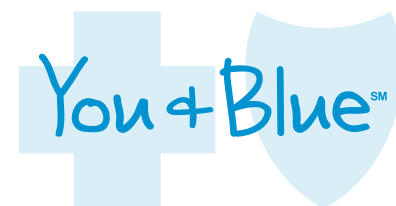
Speak with a Blue Cross Medicare advisor
1-855-579-7658/TTY **711**,
8 a.m. to 8 p.m. Central Time, daily



Compare plans, complete enrollment forms
and submit your application online
bluecrossmn.com/medicare



Visit a Blue Cross retail center in Edina, Roseville
or Duluth. Stop in or make an appointment.
bluecrossmn.com/centers



LET'S TAKE A LOOK AT **PLAN OPTIONS AND BENEFITS**

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Each health care provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

MEDICARE ADVANTAGE (PPO)



This plan is a good choice if you want:

- Combined medical and prescription coverage
- Dental, vision and hearing coverage
- SilverSneakers® membership
- Medical coverage while traveling

Eligibility requirements: Have Medicare Part A and Part B • Live in the plan availability area

PLAN AVAILABILITY AREA

You must live in one of the following counties to enroll: Becker, Beltrami, Benton, Big Stone, Cass, Chippewa, Clay, Clearwater, Cottonwood, Crow Wing, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Kittson, Lac Qui Parle, Lake of the Woods, Lincoln, Lyon, Mahnomen, Marshall, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Redwood, Renville, Roseau, Sherburne, Stearns, Swift, Todd, Wadena, Wilkin or Wright

Some exceptions may apply. Counties are subject to change. Contact your sales agent or Blue Cross for more information.

IN-NETWORK PROVIDERS



Using providers in the network means lower costs for you. You may choose a provider not in your plan's network, but you will pay more.

WEST REGION:

Medicare Advantage/

Medicare High Value Network

- Key in-network providers include:*
- Fairview, Avera, Essentia, Altru, Sanford, Mayo Clinics and more

*As of July 2019

IS YOUR PROVIDER IN NETWORK?

Visit bluecrossmn.com/highvalue

IN-NETWORK PHARMACIES



Pharmacy coverage varies based on plan selection.

When you use a preferred pharmacy, you'll save even more since these pharmacies have lower copays and coinsurance on prescription drugs.

IS YOUR PHARMACY IN NETWORK? ARE YOUR DRUGS COVERED?

Pharmacy search:

Visit bluecrossmn.com/pharmacy

Prescription drug search:

Visit bluecrossmn.com/drugs

IN-NETWORK DENTISTS



Dental plan coverage includes preventive annual dental exams, cleanings, periodontal cleaning and X-rays. Learn more on page 9.

IS YOUR DENTIST IN NETWORK?

Visit mn.ourdentalcoverage.com/find-a-dentist and select "BCBSMN Medicare Advantage" dental network.

SilverSneakers® is a registered trademark of Tivity Health, Inc., an independent company that provides health and fitness programs.

LET'S COMPARE COSTS AND COVERAGE

Blue Cross Medicare Advantage (PPO) plans offer three different levels of coverage and cost sharing. Each plan pays a different amount toward medical coverage and prescription drugs. The right plan depends on how often you visit the doctor or pharmacy and how much you want to pay monthly versus paying when you get care.

Choose from three levels of coverage:

CORE

GOOD OPTION

if you don't go to the doctor or pharmacy very often

- **Lower** monthly premium
- **Higher** costs when you get care
- **35,000+** in-network pharmacies including CVS/Target, Hy-Vee, Fairview, Cub*

CHOICE

GOOD OPTION

if you aren't sure how often you'll go to the doctor or pharmacy

- **Balance** between monthly premium and costs when you get care
- **60,000+** in-network pharmacies including CVS/Target, Hy-Vee, Walmart, Sam's Pharmacy, Fairview, Thrifty White Drug, Walgreens, Cub*

COMPLETE

GOOD OPTION

if you need a little more coverage and go to the doctor or pharmacy often

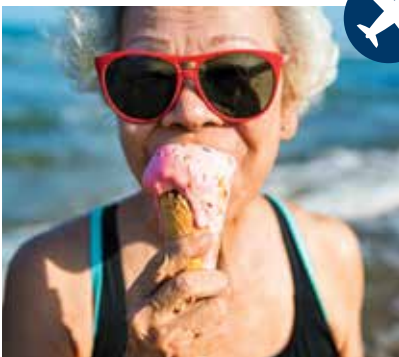
- **Higher** monthly premium
- **Lower** costs when you get care
- **60,000+** in-network pharmacies including CVS/Target, Hy-Vee, Walmart, Sam's Pharmacy, Fairview, Thrifty White Drug, Walgreens, Cub*



DID YOU KNOW?

If you already have creditable drug coverage through the VA or similar, you may be eligible for a medical-only Medicare Advantage plan (pages 6 – 7). Contact us or your agent to discuss options.

*As of July 2019



LET'S TALK TRAVEL

- Travel up to nine consecutive months in the U.S. and get in-network benefits from select providers
- No matter where you are, emergency services are always covered. Some cost sharing may apply.

MEDICARE ADVANTAGE (PPO) – WEST REGION BENEFITS SNAPSHOT

The following chart is an overview of the medical benefits for the three plans. A few things to keep in mind when comparing plans:

- The premiums shown include medical and prescription drug coverage
- The amounts shown are what you pay for Medicare-eligible services with in-network providers
- This is not a complete description of benefits. Limitations, copayments and restrictions may apply. Contact the plan for more information.

BENEFITS

Monthly plan premium

You must continue to pay your Medicare Part B premium

Annual deductible

Amount you pay before plan begins to pay

Annual out-of-pocket maximum

The costs for emergency care outside of the U.S., routine hearing tests and hearing aids are not included in the maximum totals

Preventive services

- Annual Medicare-covered wellness visit (one per year)
- Physical exam (one per year)
- Routine eye exam (two per year)
- Routine hearing exam (one per year)
- Immunizations (flu, pneumonia and Hepatitis B1 vaccines)

Office visits

- Primary care
- Specialist
- Podiatry
- Mental health
- Chiropractic

Eyewear

Hearing

Diagnostic procedures and tests

X-rays, diagnostic and therapeutic radiology services

Lab services

Durable medical equipment, prosthetics

Diabetes supplies preferred vendor

Outpatient services/surgery

Ambulatory surgical center visits/
Outpatient hospital facility visits

Urgent care

Emergency care

United States and worldwide

Inpatient hospital stay

Skilled nursing facility

Days 1 – 20
Days 21 – 100

Medicare Part B prescription drugs



CORE	CHOICE	COMPLETE
\$0	\$88.10	\$191.60
\$0	\$0	\$0
\$5,900 in network; \$10,000 combined in- and out-of-network costs	\$3,900 in network; \$7,500 combined in- and out-of-network costs	\$3,200 in network; \$5,100 combined in- and out-of-network costs
\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0
\$15 copay \$50 copay \$40 copay \$40 copay \$20 copay	\$5 copay \$30 copay \$30 copay \$30 copay \$20 copay	\$5 copay \$20 copay \$20 copay \$15 copay \$20 copay
\$100 allowance for contact lens and frame	\$125 allowance for contact lens and frame	\$150 allowance for contact lens and frame
\$699 copay (Advanced Aid); \$999 copay (Premium Aid)	\$599 copay (Advanced Aid); \$899 copay (Premium Aid)	\$499 copay (Advanced Aid); \$799 copay (Premium Aid)
20% coinsurance	15% coinsurance	10% coinsurance
20% coinsurance	15% coinsurance	10% coinsurance
\$0	\$0	\$0
20% coinsurance	20% coinsurance	15% coinsurance
\$0	\$0	\$0
\$350 copay for ambulatory surgical center visits; \$400 copay for outpatient surgery; \$20 for all other services	\$150 copay for ambulatory surgical center visits; \$200 copay for outpatient surgery; \$20 for all other services	\$100 copay for ambulatory surgical center visits; \$150 copay for outpatient surgery; \$10 for all other services
\$50 copay	\$45 copay	\$25 copay
\$90 copay	\$90 copay	\$100 copay
\$400 copay for days 1 – 4; \$0 copay for days 5 – 90	\$200 copay per admittance	\$150 copay per admittance
\$0 \$178 copay per day	\$0 \$178 copay per day	\$0 \$178 copay per day
20% coinsurance	20% coinsurance	20% coinsurance

PRESCRIPTION DRUG COVERAGE OVERVIEW

COVERAGE	CORE	CHOICE		COMPLETE	
Deductible Amount you pay for prescription drugs before plan begins to pay	\$435 all Tiers	\$0 (Tiers 1, 2 and 6) \$435 (Tiers 3 – 5)		\$0 (Tiers 1, 2 and 6) \$350 (Tiers 3 – 5)	
Initial coverage Amount you pay for a 31-day supply after paying the annual deductible	Standard	Preferred	Standard	Preferred	Standard
• Tier 1: Preferred generic drugs	\$6	\$5	\$15	\$3	\$13
• Tier 2: Generic	\$12	\$10	\$20	\$9	\$19
• Tier 3: Preferred brand drugs	21%	\$37	\$47	\$37	\$47
• Tier 4: Non-preferred drugs	45%	45%	50%	45%	50%
• Tier 5: Specialty drugs	25%	25%	25%	25%	25%
• Tier 6: Select care drugs	\$0	\$0	\$5	\$0	\$5
Coverage gap Amount you pay after your total yearly drug costs reach \$4,020 ¹	25% of the plan's costs for covered generic drugs; no more than 25% of the plan's costs for covered brand-name drugs				
Catastrophic coverage Amount you pay after your total yearly out-of-pocket drug costs reach \$6,350 ²	For all plans, you pay the greater of: <ul style="list-style-type: none"> • \$3.60 copay for covered generic drugs; • \$8.95 copay for all other covered drugs OR • 5% of the cost 				

¹Total yearly drug costs include the amount you have paid for covered drugs plus what the plan has paid for the calendar year. This does not include plan premiums you pay. The brand-name drug coverage in the coverage gap is subject to agreements between the Centers for Medicare & Medicaid Services (CMS) and drug manufacturers. Not all brand drugs may be discounted. Call Blue Cross customer service if you have questions.

²Your out-of-pocket costs include the amount you have paid for covered drugs for the calendar year. This does not include the amount the plan has paid or the plan premiums you pay.



MEDICARE ADVANTAGE (PPO) – MA ONLY WEST REGION BENEFITS SNAPSHOT

This is a medical-only plan. If you already have credible drug coverage through the VA, Tricare, Tribal or similar, you may want to consider this plan.

The following chart is an overview of the medical benefits. A few things to keep in mind when comparing plans:

- The premiums shown include medical coverage
- The amounts shown are what you pay for Medicare-eligible services with in-network providers
- This is not a complete description of benefits. Limitations, copayments and restrictions may apply. Contact the plan for more information.

BENEFITS	CHOICE (MA)
Monthly plan premium You must continue to pay your Medicare Part B premium	\$35
Deductible Amount you pay before plan begins to pay	\$0
Annual out-of-pocket maximum The costs for emergency care outside of the U.S., routine hearing tests and hearing aids are not included in the maximum totals	\$4,900 in network; \$7,500 combined in- and out-of-network costs
Preventive services <ul style="list-style-type: none"> • Annual Medicare-covered wellness visit (one per year) • Physical exam (one per year) • Routine eye exam (two per year) • Routine hearing exam (one per year) • Immunizations (flu, pneumonia and Hepatitis B1 vaccines) 	\$0 \$0 \$0 \$0 \$0
Office visits <ul style="list-style-type: none"> • Primary care • Specialist • Podiatry • Mental health • Chiropractic 	\$10 copay \$30 copay \$30 copay \$30 copay \$20 copay
Eyewear	\$125 allowance for contact lens and frame
Hearing	\$599 copay (Advanced Aid); \$899 copay (Premium Aid)
Diagnostic procedures and tests	15% coinsurance
X-rays, diagnostic and therapeutic radiology services	15% coinsurance
Lab services	\$0
Durable medical equipment, prosthetics	20% coinsurance
Diabetes supplies preferred vendor	\$0
Outpatient services/surgery Ambulatory surgical center visits/ Outpatient hospital facility visits	\$150 copay for ambulatory surgical center visits; \$200 copay for outpatient surgery; \$20 for all other services
Urgent care	\$45 copay
Emergency care United States and worldwide	\$90 copay
Inpatient hospital stay	\$200 copay per admittance
Skilled nursing facility Days 1 – 20 Days 21 – 100	\$0 \$178 copay per day
Medicare Part B prescription drugs	20% coinsurance

MEDICARE ADVANTAGE DENTAL BENEFITS

An essential part of your overall health.

The Medicare Advantage (PPO) plans include important dental coverage, so you can protect your oral health and overall health.

A FOCUS ON PREVENTION

Proper dental care is about more than just a beautiful smile. It can also impact your overall health. In fact, studies show that gum disease has been linked to heart disease, stroke, type 2 diabetes¹ and respiratory illness.²



Heart disease and stroke

Gum disease causes inflammation in the body that may contribute to blockages or blood clots³

Diabetes

Poorly controlled diabetes can increase the risk of gum disease and gum disease makes it difficult to control blood sugar⁴



Respiratory illness

Poor oral health may lead to higher risk of bronchitis, pneumonia and chronic obstructive pulmonary disease (COPD)⁵

¹University of Maryland Medical Center.

^{2,5}American Academy of Periodontology, 2017.

³American Heart Association, 2017.

⁴American Diabetes Association, 2017.

THE VALUE OF ROUTINE DENTAL CARE

All Blue Cross Medicare Advantage dental plans include important preventive dental care, like exams, cleanings and X-rays, at 100 percent when seeing an in-network provider.

IN-NETWORK DENTISTS



As a Medicare Advantage dental plan member, you'll have access to the Blue Cross Blue Shield Medicare Advantage dental network.

To find a dentist, visit mn.ourdentalcoverage.com/find-a-dentist, enter your location and select "BCBSMN Medicare Advantage" from the drop-down list. If you have questions about supplemental dental services or in-network dentists, contact the dental customer service number on the back of your Blue Cross member ID card.

United Concordia Companies, Inc. is an independent company providing dental benefit management services and access to the Blue Cross Blue Shield Medicare Advantage dental network.



To find a dentist, visit
**[mn.ourdentalcoverage.com/
find-a-dentist](https://mn.ourdentalcoverage.com/find-a-dentist)**



MEDICARE ADVANTAGE BENEFITS	PPO PLANS		
	CORE	CHOICE	COMPLETE
PREVENTIVE			
Oral exams (2 per calendar year)	\$0	\$0	\$0
Routine cleanings (2 per calendar year)	\$0	\$0	\$0
X-rays (1 per calendar year)	\$0	\$0	\$0
Periodontal cleaning (1 per calendar year)	\$0	\$0	\$0

When you receive services from out-of-network dental providers, you are responsible for the difference between the allowed amount and the billed charge.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Advantage members, except in emergency situations. Please call customer service or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

This information is not a complete description of benefits. Limitations, copayments and restrictions may apply. Contact the plan for more information.

RESOURCES AND EXTRAS

Blue Cross Medicare Advantage plans include these extras:

CARE OPTIONS

Nurse line

Need medical advice? Registered nurses are available 24 hours a day, seven days a week to answer your questions.

→ Call **1-800-622-9524**, TTY **711**

Doctor On Demand®

See a doctor right on your smartphone, tablet or computer. Board-certified doctors, psychiatrists and psychologists treat many common conditions.

→ Visit doctorondemand.com/bluecrossmn

SAVINGS

Eyewear allowance

Some allowance for eyeglasses and frames.

→ Call the customer service number on the back of your member ID card to discuss your benefits

Hearing aid benefits – TruHearing® Select

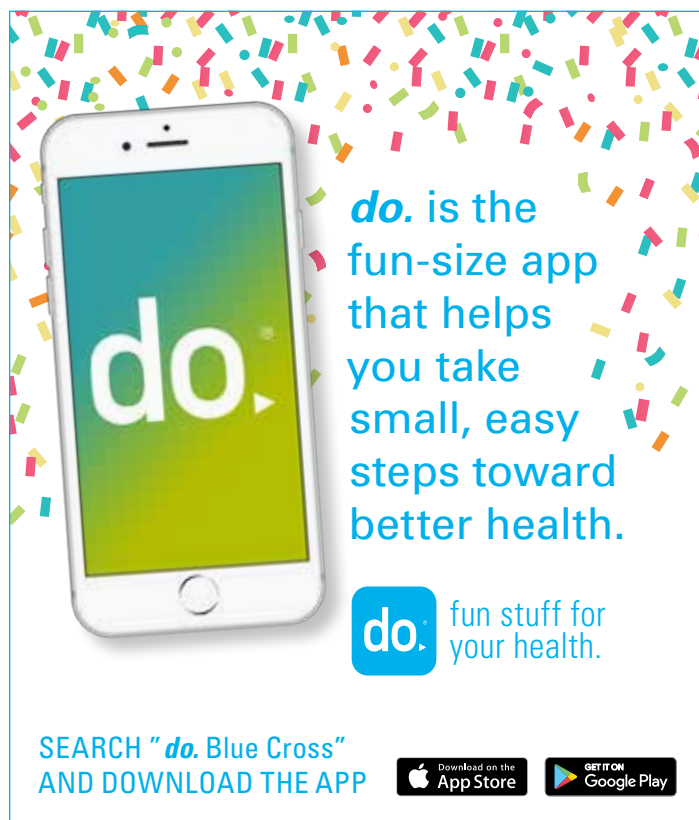
Receive up to two hearing aids per year and local professional care at a fraction of the retail price.

→ Call **1-855-205-5065**, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., Central Time

Over-the-counter medications and supplements allowance

Receive a \$25 quarterly allowance to purchase over-the-counter medications and supplements.

→ Items may be ordered online or over the phone to be shipped to your home. Go to cvs.com/otchs/bcbsmn or call **1-888-628-2770**, Monday through Friday, 8 a.m. to 7 p.m., Central Time.



do. is the fun-size app that helps you take small, easy steps toward better health.

do. fun stuff for your health.

SEARCH “do. Blue Cross” AND DOWNLOAD THE APP

Download on the App Store GET IT ON Google Play

Doctor On Demand® is an independent company providing telehealth services.

do.® is a registered trademark of Blue Cross® and Blue Shield® of Minnesota.

TruHearing® is a registered trademark of TruHearing, Inc., an independent company who works with health plans to offer low out-of-pocket costs on hearing aids.

CVS is an independent company offering pharmacy and benefit management services.

SUPPORT TOOLS

Health coaching

Get help accomplishing your wellness goals or managing a health condition. Discover community resources as well as information that can help you succeed.

→ Call **1-800-961-4758** Monday through Thursday, 8 a.m. to 8 p.m., and Friday, 8 a.m. to 6 p.m., Central Time

Care management

Make the best decisions for your health with clinical and service teams working together to seamlessly support you throughout your health journey.

→ Call **1-866-489-6947**, TTY **711**, Monday through Thursday, 7 a.m. to 8 p.m., and Friday, 9 a.m. to 6 p.m., Central Time

Quitting tobacco

Personalized guidance for developing a quit plan and ongoing support from a wellness coach. Available Monday through Thursday, 8 a.m. to 8 p.m., and Friday, 8 a.m. to 6 p.m., Central Time.

→ Call **1-888-662-BLUE (2583)**, TTY **711** or log in at **bluecrossmnonline.com** and choose "Wellness"

YOUR HEALTH PLAN AT YOUR FINGERTIPS

Your plan information is available when and where you need it. Once you receive your member ID card, you can register to view claims and benefits, view, print and order member ID cards, send secure messages to customer service and more.

→ Register online at **bluecrossmnonline.com** or search for "BlueCrossMN Mobile" in your app store



SilverSneakers

by Tivity Health®

Stay active with SilverSneakers®

- 16,000+ fitness locations
- 50+ fitness classes
- On-demand workout videos
- No additional cost to you

Visit **silversneakers.com** for more details

HOW TO ENROLL

It's easy to enroll in a Medicare Advantage plan. Choose one of the following ways:



Contact your local licensed agent or visit bluecrossmn.com/AgentFinder



Speak with a Blue Cross Medicare advisor **1-855-579-7658**/TTY **711**,
8 a.m. to 8 p.m. Central Time, daily



Compare plans, complete enrollment forms and submit your application online
bluecrossmn.com/medicare



Visit a Blue Cross retail center in Edina, Roseville or Duluth. Stop in or make an appointment.
bluecrossmn.com/centers



Mail your enrollment form to the address listed on the bottom of the form

AFTER YOU ENROLL

After we process your enrollment form, we will send you an enrollment confirmation letter. You'll receive your member ID card in December if you enroll during Medicare Annual Enrollment Period (AEP). If you enroll outside of AEP, you'll receive your member ID card within 10 days of approved enrollment from Medicare. When you receive your member ID card, register on our member center at bluecrossmnonline.com, so you can make the most of your plan.

Your Medicare Advantage plan cancels within 90 days if not paid. There are no limits on how many times you can reenroll.



IMPORTANT PLAN INFORMATION

Eligibility and enrollment

You are eligible to enroll in a Blue Cross Medicare Advantage plan (PPO) if you have Medicare Part A and Medicare Part B and live in the plan's service area.

You may not be eligible to enroll if you have permanent end-stage renal disease (kidney disease requiring dialysis or a kidney transplant) unless you are currently enrolled in another Blue Cross and Blue Shield of Minnesota plan.

You can be a member of only one Medicare Advantage plan at a time. By enrolling in a Medicare Advantage plan, you will automatically be disenrolled from any other Medicare Advantage or Medicare Cost plan of which you are a member.

Provider network

Blue Cross has formed a contracted network of doctors, specialists, hospitals and other providers for Medicare Advantage. You can use any provider who is part of this network. The health care providers in the network may change at any time. You may search for providers on our website, request a provider directory or contact us to see if your providers are in the network. Each provider is an independent contractor and is not our agent.

Beginning with your effective date, to receive the highest level of benefits while in the service area, you must get all of your health care from network providers, with the exception of emergency and urgently needed services. If you go to a provider outside of the Medicare Advantage network (in the plan's service area), you will pay a higher level of cost sharing. You will receive in-network benefits for eligible services received outside the service area within the United States for up to nine (9) months each year. In addition to being covered in the United States, emergency services are covered worldwide.

In some cases, you may need authorization from Blue Cross before you receive care. Visit bluecrossmn.com/authorization to learn more.

Prescription drugs, formulary, pharmacy network, mail order service

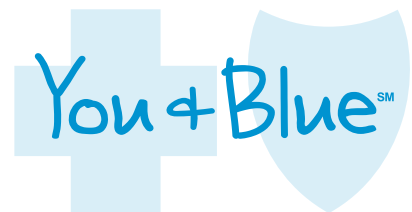
If you enroll in Medicare Advantage, you must receive your Medicare prescription drug coverage through this plan. Drug coverage benefits are subject to limitations.

Plan ratings

Medicare rates how well plans perform in such areas as detecting and preventing illness, and customer service. The ratings are online at [medicare.gov](https://www.medicare.gov), or see the enrollment kit, visit our website or call us at the number below to get a copy.

Federal contract

Blue Cross Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in these Blue Cross plans depends on contract renewal. Enrollment in these plans after December 31, 2020 cannot be guaranteed. Either CMS or the plan may choose not to renew the contract, or the plan may choose to change the area it serves. Any such change may result in termination of your enrollment.



NOTICE OF NONDISCRIMINATION PRACTICES

Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

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>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

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

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညိကျိးဒီး, တၢ်ကဟ့ၣ်နၢကျိၣ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

አማርኛ የሚናገሩ ከሆኑ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមែន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodíílnih 1-855-902-2583. TTY biniy'égo éí 711 jì' béesh bee hodíílnih.

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