

2019 Moda Health Medicare Advantage Plan

Thank you for your interest in applying for the Moda Health Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. You will be receiving an "Enrollment Verification Call" from Moda Health within 7 days of the application receipt.

Enrollment Packet – click links below to download and save documents

Star Rating: [HMO](#) / [PPO](#)

[Application Instructions](#)

Summary of Benefits: [PPO-PPO Rx](#) / [PPO Rx Enhanced](#) / [HMO, HMO Basic & HMO Enhanced + Rx](#)

[Provider Search](#)

[Pharmacy Directory](#)

[Formulary](#)

Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15th to December 7th. This will give you a January 1st effective date for your new plan.

Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15th and December 7th. *If they are signed prior to October 15th they will be returned to you with a new application.* If they are received after December 7th, you will not be able to change plans until the next AEP for January of the following year.

Special Enrollment Period (SEP)

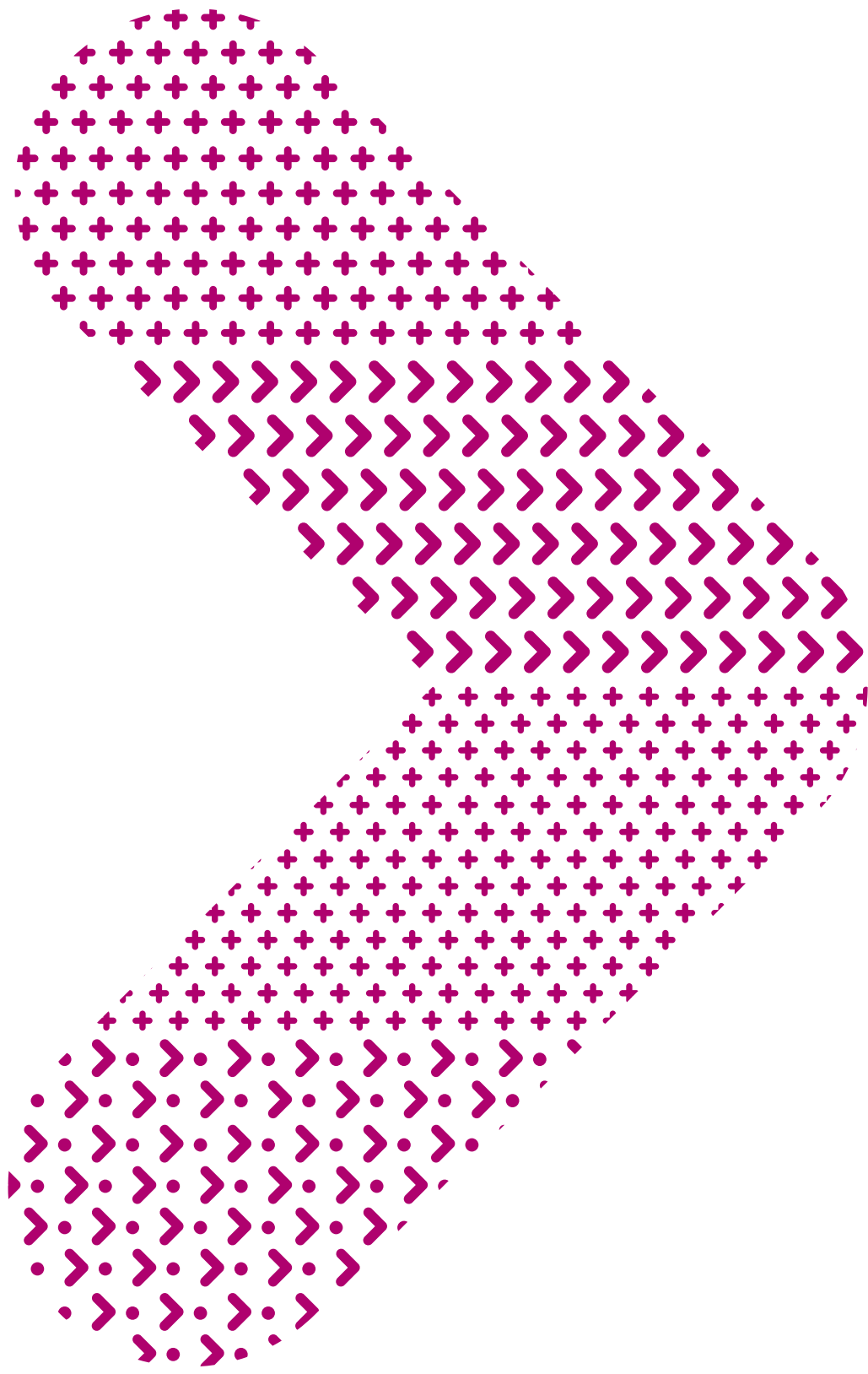
There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:


CDA Insurance LLC
PO Box 26540
Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470
Secure File Upload: [Click here](#)
Email: cs@cda-insurance.com

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613. Our website: <https://medicare-oregon.com/>







In this booklet, you'll find:

Medical benefits *page 4*

- › Part D prescription drugs *page 12*
- › Optional supplemental benefits (Extra Care) *page 13*

Additional information *page 14*

Low Income Subsidy premium *page 16*

Pre-enrollment checklist *page 17*

Nondiscrimination statement *page 18*

Medical benefits

	Moda Health PPORX Enhanced (PPO) H3813-007 Jackson and Josephine counties in Oregon		Moda Health PPORX Enhanced (PPO) H3813-008 Clatsop, Lincoln, and Tillamook counties in Oregon	
	In-network	Out-of-network	In-network	Out-of-network
Monthly plan premium	You pay \$195 per month.		You pay \$195 per month.	
Deductibles	This plan does not have a deductible.		This plan does not have a deductible.	
Maximum out-of-pocket responsibility <i>Does not include prescription drugs</i>	Your yearly limit(s) in this plan: \$2,500 for services you receive from any Medicare provider.		Your yearly limit(s) in this plan: \$2,500 for services you receive from any Medicare provider.	
Inpatient hospital coverage	You pay a \$150 copay per day for days 1 through 5. You pay nothing per day for days 6 and beyond.	You pay a \$300 copay per day for days 1 through 5. You pay nothing per day for days 6 and beyond.	You pay a \$150 copay per day for days 1 through 5. You pay nothing per day for days 6 and beyond.	You pay a \$300 copay per day for days 1 through 5. You pay nothing per day for days 6 and beyond.
Outpatient hospital coverage				
Ambulatory surgical center	You pay a \$100 copay per visit.	You pay a \$200 copay per visit.	You pay a \$100 copay per visit.	You pay a \$200 copay per visit.
Outpatient surgery	You pay a \$100 copay per visit.	You pay a \$200 copay per visit.	You pay a \$100 copay per visit.	You pay a \$200 copay per visit.
Doctor visits				
Primary care provider (PCP)	You pay nothing.	You pay a \$20 copay per visit.	You pay nothing.	You pay a \$20 copay per visit.
Specialists	You pay a \$20 copay per visit.	You pay a \$40 copay per visit.	You pay a \$20 copay per visit.	You pay a \$40 copay per visit.
Preventive care	You pay nothing.	You pay 30% of the cost.	You pay nothing.	You pay 30% of the cost.
Emergency care	You pay a \$65 copay per visit.		You pay a \$65 copay per visit.	
Urgently needed services	You pay a \$35 copay per visit.		You pay a \$35 copay per visit.	

Moda Health PPORX Enhanced
(PPO) H3813-009
Clackamas, Multnomah, and
Washington counties in Oregon

What you should know

In-network	Out-of-network	Applies to all plans
You pay \$195 per month.		You must continue to pay your Medicare Part B premium.
This plan does not have a deductible.		
Your yearly limit(s) in this plan: \$2,500 for services you receive from any Medicare provider.		If you reach the limit on your out-of-pocket costs, we will pay the full cost for your covered hospital and medical services for the rest of the calendar year. Please note you will still need to pay your monthly plan premiums and cost sharing for your Part D prescription drugs.
You pay a \$150 copay per day for days 1 through 5. You pay nothing per day for days 6 and beyond.	You pay a \$300 copay per day for days 1 through 5. You pay nothing per day for days 6 and beyond.	Prior authorization is required.
You pay a \$100 copay per visit.	You pay a \$200 copay per visit.	Prior authorization is required.
You pay a \$100 copay per visit.	You pay a \$200 copay per visit.	Prior authorization is required.
You pay nothing.	You pay a \$20 copay per visit.	
You pay a \$20 copay per visit.	You pay a \$40 copay per visit.	
You pay nothing.	You pay 30% of the cost.	Any additional preventive services approved by Medicare during the contract year will be covered.
You pay a \$65 copay per visit.		If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care and your copay is waived. See the "Inpatient Hospital Coverage" section of this booklet for other costs.
You pay a \$35 copay per visit.		If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the "Inpatient Hospital Coverage" section of this booklet for other costs.

Medical benefits (continued)

	Moda Health PPORX Enhanced (PPO) H3813-007 Jackson and Josephine counties in Oregon		Moda Health PPORX Enhanced (PPO) H3813-008 Clatsop, Lincoln, and Tillamook counties in Oregon	
	In-network	Out-of-network	In-network	Out-of-network
Diagnostic services/ labs/imaging				
Diagnostic radiology services (e.g. MRIs, CT scans)	You pay 20% of the cost.	You pay 30% of the cost.	You pay 20% of the cost.	You pay 30% of the cost.
Diagnostic tests and procedures	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.
Lab services	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.
Outpatient x-rays	You pay 20% of the cost.	You pay 30% of the cost.	You pay 20% of the cost.	You pay 30% of the cost.
Hearing services				
<i>Exam to diagnose and treat hearing and balance issues</i>	You pay a \$20 copay per visit.	You pay a \$40 copay per visit.	You pay a \$20 copay per visit.	You pay a \$40 copay per visit.
Routine hearing exam for hearing aids	You pay a \$45 copay.	N/A	You pay a \$45 copay.	N/A
Hearing aids	You pay \$699 or \$999 for each hearing aid.	N/A	You pay \$699 or \$999 for each hearing aid.	N/A
Dental services				
<i>Medicare-covered only</i>	You pay a \$35 copay per visit.	You pay a \$50 copay per visit.	You pay a \$35 copay per visit.	You pay a \$50 copay per visit.
Preventive dental	\$500 combined maximum benefit each plan year		\$500 combined maximum benefit each plan year	
Vision Services				
Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	You pay nothing.	You pay 30% of the cost.	You pay nothing.	You pay 30% of the cost.
Eyeglasses or contact lenses after cataract surgery	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.
Routine eye exam (1 per year)	You pay nothing.	N/A	You pay nothing.	N/A
Vision hardware (every 2 years)	You pay nothing.	N/A	You pay nothing.	N/A

Moda Health PPORX Enhanced
(PPO) H3813-009
Clackamas, Multnomah, and
Washington counties in Oregon

What you should know

In-network	Out-of-network	Applies to all plans
You pay 20% of the cost.	You pay 30% of the cost.	Prior authorization is required.
You pay nothing.	You pay nothing.	
You pay nothing.	You pay nothing.	
You pay 20% of the cost.	You pay 30% of the cost.	
You pay a \$20 copay per visit.	You pay a \$40 copay per visit.	
You pay a \$45 copay.	N/A	This benefit is through TruHearing only.
You pay \$699 or \$999 for each hearing aid.	N/A	
You pay a \$35 copay per visit.	You pay a \$50 copay per visit.	Prior authorization is required.
\$500 combined maximum benefit each plan year		
You pay nothing.	You pay 30% of the cost.	This benefit does not cover refraction services.
You pay nothing.	You pay nothing.	
You pay nothing.	N/A	This benefit is through VSP providers only.
You pay nothing.	N/A	

Medical benefits (continued)

	Moda Health PPORX Enhanced (PPO) H3813-007 Jackson and Josephine counties in Oregon		Moda Health PPORX Enhanced (PPO) H3813-008 Clatsop, Lincoln, and Tillamook counties in Oregon	
	In-network	Out-of-network	In-network	Out-of-network
Mental health services				
Outpatient group therapy visit	You pay a \$20 copay per visit.	You pay a \$40 copay per visit.	You pay a \$20 copay per visit.	You pay a \$40 copay per visit.
Outpatient individual therapy visit	You pay a \$20 copay per visit.	You pay a \$40 copay per visit.	You pay a \$20 copay per visit.	You pay a \$40 copay per visit.
Skilled nursing facility (SNF)	You pay nothing per day for days 1 through 20. You pay a \$150 copay per day for days 21 through 100.	You pay nothing per day for days 1 through 20. You pay a \$150 copay per day for days 21 through 100.	You pay nothing per day for days 1 through 20. You pay a \$150 copay per day for days 21 through 100.	You pay nothing per day for days 1 through 20. You pay a \$150 copay per day for days 21 through 100.
Physical therapy	You pay a \$20 copay per visit.	You pay a \$40 copay per visit.	You pay a \$20 copay per visit.	You pay a \$40 copay per visit.
Ambulance	You pay a \$150 copay.	You pay a \$150 copay.	You pay a \$150 copay.	You pay a \$150 copay.
Transportation	Not covered.	Not covered.	Not covered.	Not covered.
Medicare Part B drugs	You pay 20% of the cost.	You pay 30% of the cost.	You pay 20% of the cost.	You pay 30% of the cost.
Podiatry services	You pay a \$20 copay.	You pay a \$40 copay.	You pay a \$20 copay.	You pay a \$40 copay.
Medical equipment/supplies				
Durable medical equipment (wheelchairs, oxygen, etc.)	You pay 20% of the cost.	You pay 30% of the cost.	You pay 20% of the cost.	You pay 30% of the cost.
Diabetes monitoring supplies	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.
Diabetes self-management training	You pay nothing.	You pay 30% of the cost.	You pay nothing.	You pay 30% of the cost.
Therapeutic shoes or inserts	You pay 20% of the cost.	You pay 30% of the cost.	You pay 20% of the cost.	You pay 30% of the cost.
Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies	You pay 20% of the cost.	You pay 30% of the cost.	You pay 20% of the cost.	You pay 30% of the cost.

Moda Health PPORX Enhanced
(PPO) H3813-009
Clackamas, Multnomah, and
Washington counties in Oregon

What you should know

In-network	Out-of-network	Applies to all plans
You pay a \$20 copay per visit.	You pay a \$40 copay per visit.	
You pay a \$20 copay per visit.	You pay a \$40 copay per visit.	
You pay nothing per day for days 1 through 20. You pay a \$150 copay per day for days 21 through 100.	You pay nothing per day for days 1 through 20. You pay a \$150 copay per day for days 21 through 100.	Your plan covers up to 100 days in a skilled nursing facility. Prior authorization is required.
You pay a \$20 copay per visit.	You pay a \$40 copay per visit.	Prior authorization is required.
You pay a \$150 copay.	You pay a \$150 copay.	Copay applies for each one-way trip.
Not covered.	Not covered.	
You pay 20% of the cost.	You pay 30% of the cost.	Prior authorization is required.
You pay a \$20 copay.	You pay a \$40 copay.	
You pay 20% of the cost.	You pay 30% of the cost.	Prior authorization is required.
You pay nothing.	You pay nothing.	
You pay nothing.	You pay 30% of the cost.	
You pay 20% of the cost.	You pay 30% of the cost.	Prior authorization is required. This benefit only covers Medicare-covered therapeutic shoes and inserts.
You pay 20% of the cost.	You pay 30% of the cost.	Prior authorization is required.

Medical benefits (continued)

	Moda Health PPORX Enhanced (PPO) H3813-007 Jackson and Josephine counties in Oregon		Moda Health PPORX Enhanced (PPO) H3813-008 Clatsop, Lincoln, and Tillamook counties in Oregon	
	In-network	Out-of-network	In-network	Out-of-network
Wellness program	You pay nothing.	N/A	You pay nothing.	N/A
Chiropractic services <i>We only cover manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).</i>	You pay a \$20 copay per visit.	You pay a \$40 copay per visit.	You pay a \$20 copay per visit.	You pay a \$40 copay per visit.
Home health care	You pay nothing.	You pay 30% of the cost.	You pay nothing.	You pay 30% of the cost.
Dialysis services	You pay 20% of the cost.	You pay 20% of the cost.	You pay 20% of the cost.	You pay 20% of the cost.

Moda Health PPORX Enhanced
(PPO) H3813-009
Clackamas, Multnomah, and
Washington counties in Oregon

What you should know

In-network	Out-of-network	Applies to all plans
You pay nothing.	N/A	With the Silver&Fit® program you may choose to work out in a fitness facility or in the comfort of your own home with access to home fitness kits (up to 2 kits per benefit year).
You pay a \$20 copay per visit.	You pay a \$40 copay per visit.	
You pay nothing.	You pay 30% of the cost.	Prior authorization is required.
You pay 20% of the cost.	You pay 20% of the cost.	Prior authorization is required.

Part D prescription drugs

	Moda Health PPORX Enhanced (PPO) H3813-007		Moda Health PPORX Enhanced (PPO) H3813-008		Moda Health PPORX Enhanced (PPO) H3813-009		What you should know
Deductible	\$120		\$120		\$120		You begin in the deductible stage when you fill your first prescription of the year. During this stage, you pay the full cost of your drugs until you have paid \$120 for your drugs.
Initial coverage stage	31-day supply	93-day supply	31-day supply	93-day supply	31-day supply	93-day supply	<p>Cost sharing amounts are the same when received from network retail, mail-order, and home infusion pharmacies as well as if you reside in a long-term care facility. You may get up to a 31-day supply of drugs from an out-of-network pharmacy, but you will pay more than you pay at a network pharmacy. Cost sharing may change when you enter another stage of the Part D benefit. For more information on the different stages, please contact Pharmacy Customer Service at 888-786-7509, 7 am to 8 pm Pacific Time, seven days a week or access your Evidence of Coverage online at modahealth.com/medicare.</p>
Tier 1 (Preferred generic)	\$2 copay	\$6 copay	\$2 copay	\$6 copay	\$2 copay	\$6 copay	
Tier 2 (Generic)	\$20 copay	\$60 copay	\$20 copay	\$60 copay	\$20 copay	\$60 copay	
Tier 3 (Preferred brand)	\$45 copay	\$135 copay	\$45 copay	\$135 copay	\$45 copay	\$135 copay	
Tier 4 (Non-preferred brand)	\$100 copay	\$300 copay	\$100 copay	\$300 copay	\$100 copay	\$300 copay	
Tier 5 (Specialty tier)	30% of the cost	Not offered	30% of the cost	Not offered	30% of the cost	Not offered	

Optional supplemental benefits

You must pay an extra premium each month for these benefits

	Moda Health Extra Care
How much is the monthly premium?	Additional \$6 per month. You must keep paying your Medicare Part B premium and your monthly plan premium. You can find your monthly plan premium on pages four and five.
What benefits are included?	Benefits include naturopathic services, chiropractic services and acupuncture.
How much is the deductible?	This benefit does not have a deductible.
Is there a limit on how much the plan will pay?	Our plan pays up to \$500 every year. You pay 50% of the allowed cost for these services until the plan maximum of \$500 for all services combined is met, then you pay 100% of the cost.

Additional information

This information is not a complete description of benefits. Call Member Services at 1-877-299-9062 for more information or visit us at www.modahealth.com/medicare.

If you are not a member of this plan, call toll-free 1-888-217-2375.

TTY users, call 711.

From October 1 to March 31, you can call us 7 days a week from 7:00 a.m. to 8:00 p.m. Pacific Time.

From April 1 to September 30, you can call us Monday through Friday from 7:00 a.m. to 8:00 p.m. Pacific Time.

Service area and eligibility requirements:

Moda Health PPORX Enhanced plans are PPO plans with a Medicare contract. To join a Moda Health PPORX Enhanced (PPO) plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Moda Health PPORX Enhanced plan (H3813-007) service area includes the following counties in Oregon: Jackson and Josephine

Moda Health PPORX Enhanced plan (H3813-008) service area includes the following counties in Oregon: Clatsop, Lincoln, and Tillamook

Moda Health PPORX Enhanced plan (H3813-009) service area includes the following counties in Oregon: Clackamas, Multnomah, and Washington

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

How to obtain additional materials

You can search our plans' online provider and pharmacy directory by clicking on the "Find Care" link on our website, www.modahealth.com/medicare. Or, call us and we will send you a copy of the provider and pharmacy directories.

To view the drugs covered by Moda Health PPORX Enhanced plans (PPO), you can find our formulary on our website at www.modahealth.com/medicare. Or call us and we will send you a copy of the formulary.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at www.modahealth.com/medicare or call us and ask for the "Evidence of Coverage."

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy 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.

This document is available in large print.

Moda Health Plan, Inc. is a PPO, HMO, and a PDP with a Medicare contract. Enrollment in Moda Health Plan, Inc. depends on contract renewal.



Low Income Subsidy premium

Moda Health PPORX Enhanced (PPO) H3813-007

Moda Health PPORX Enhanced (PPO) H3813-008

Moda Health PPORX Enhanced (PPO) H3813-009

Monthly plan premium for people who get Extra Help from Medicare to help pay for their prescription drug costs.

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

Your level of extra help	Monthly Premium for Moda Health PPORX Enhanced (PPO) H3813-007*	Monthly Premium for Moda Health PPORX Enhanced (PPO) H3813-008*	Monthly Premium for Moda Health PPORX Enhanced (PPO) H3813-009*
100%	\$161.20	\$161.20	\$161.20
75%	\$169.60	\$169.60	\$169.60
50%	\$178.10	\$178.10	\$178.10
25%	\$186.50	\$186.50	\$186.50

*This does not include any Medicare Part B premium you may have to pay.

Moda Health PPORX Enhanced (PPO) premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Customer Service at 1-888-786-7509 from 7:00 am to 8:00 pm, Pacific Time, seven days a week. TTY users, please call 711.

Moda Health Plan, Inc. is a PPO, HMO and a PDP plan with Medicare contracts. Enrollment in Moda Health Plan, Inc. depends on contract renewal.

Pre-enrollment checklist

Moda Health PPORX Enhanced (PPO) plans

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a member services representative at 1-877-299-9062.

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit modahealth.com/medicare or call 1-877-299-9062 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2020.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copayment for services received by non-contracted providers.

Moda does not discriminate

Moda, Inc. follows federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call:

Medicare Customer Service,
877-299-9062 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Moda, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health
and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با تماس بگیرید. (TTY: 711) 1-877-605-3229

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

Important plan information



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