



## **Network Health Bravo (PPO) offered by Network Health Insurance Corporation**

### **Annual Notice of Changes for 2025**

You are currently enrolled as a member of Network Health Bravo (PPO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [networkhealth.com](https://networkhealth.com). You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. (You may also call our member experience team to ask us to mail you an *Evidence of Coverage*.)

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

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#### **What to do now**

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

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Think about how much you will spend on premiums, deductibles and cost sharing.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.

☐ 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 Medicare Plan Finder at the [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your Medicare & You 2025 handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

- ☐ 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 don't join another plan by December 7, 2024, you will stay in Network Health Bravo (PPO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Network Health Bravo (PPO).
- If you recently moved into or currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

**Additional Resources**

- Our member experience team has free language interpreter services available for non-English speakers (phone numbers are in Section 8.1 of this document).
- Please contact our member experience team at 800-378-5234 for additional information. (TTY users should call 800-947-3529), Monday – Friday from 8 a.m. to 8 p.m. From October 1, 2024 through March 31, 2025, we are available every day from 8 a.m. to 8 p.m. This call is free.
- This information is available for free in other formats.
- **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 [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About Network Health Bravo (PPO)**

- Network Health Medicare Advantage Plans include PPO plans with a Medicare contract. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Network Health Insurance Corporation. When it says “plan” or “our plan,” it means Network Health Bravo (PPO).
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Network Health Bravo (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium	\$0	\$0
<b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details)	From in-network providers: \$4,500  From in-network and out-of-network providers combined \$8,000	From in-network providers: \$4,500  From in-network and out-of-network providers combined \$8,000
<b>Doctor office visits</b>	<b>In-Network</b> Primary care visits: \$0 copayment per visit Specialist visits: \$40 copayment per visit <b>Out-of-Network</b> Primary care visits: \$30 copayment per visit Specialist visit: \$75 copayment per visit	<b>In-Network</b> Primary care visits: \$0 copayment per visit Specialist visits: \$40 copayment per visit <b>Out-of-Network</b> Primary care visits: \$30 copayment per visit Specialist visit: \$75 copayment per visit
<b>Inpatient hospital stays</b>	<b>In-Network</b> You pay a copayment of \$295 for Medicare-covered inpatient hospital stays for days 1 - 6 and \$0 copayment per day for days 7 - 90  <b>Out-of-Network</b> You pay a copayment of \$550 for Medicare-covered inpatient hospital stays for days 1 - 6 and \$0 copayment per day for days 7 - 90	<b>In-Network</b> You pay a copayment of \$295 for Medicare-covered inpatient hospital stays for days 1 - 6 and \$0 copayment per day for days 7 - 90  <b>Out-of-Network</b> You pay a copayment of \$550 for Medicare-covered inpatient hospital stays for days 1 - 6 and \$0 copayment per day for days 7 - 90

**SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Network Health Bravo (PPO) in 2025**

If you do nothing by December 7, 2024, we will automatically enroll you in Network Health Bravo (PPO). This means starting January 1, 2025, you will be getting your medical coverage through Network Health Bravo (PPO). If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for Extra Help, you may be able to change plans during other times.

**SECTION 2 Changes to Benefits and Costs for Next Year**

**Section 2.1 – Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

**Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts**

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<b>In-network maximum out-of-pocket amount</b> Your costs for covered medical services (such as copayments) from in-network providers count toward your in-network maximum out-of-pocket amount.	\$4,500  Once you have paid \$4,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.	\$4,500  Once you have paid \$4,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.

Cost	2024 (this year)	2025 (next year)
<b>Combined maximum out-of-pocket amount</b> Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	<b>\$8,000</b> Once you have paid \$8,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.	<b>\$8,000</b> Once you have paid \$8,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

Updated directories are located on our website at [networkhealth.com](https://networkhealth.com). You may also call our member experience team for updated provider information or to ask us to mail you a *Provider Directory*, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact our member experience team so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<b>Emergency care</b>	<p><b>In- and Out-of-Network</b> You pay a \$110 copayment for each Medicare-covered emergency room visit within the United States and its territories.</p> <p>You pay a \$110 copayment per incident for each non-Medicare covered emergency room visit outside the United States and its territories.</p>	<p><b>In- and Out-of-Network</b> You pay a \$125 copayment for each Medicare-covered emergency room visit within the United States and its territories.</p> <p>You pay a \$125 copayment per incident for each non-Medicare covered emergency room visit outside the United States and its territories.</p>
<b>Skilled nursing facility (SNF)</b>	<p><b>Per Admission</b></p> <p><b>In-Network</b> You pay a copayment of \$0 for Medicare-covered hospital stays for days 1 - 20</p> <p>You pay a copayment of \$203 for Medicare-covered hospital stays for days 21 - 45</p> <p>You pay a copayment of \$0 for Medicare-covered hospital stays for days 46–100</p> <p><b>Out-of-Network</b> You pay a copayment of \$203 for Medicare-covered hospital stays for days 1 - 45</p> <p>You pay a copayment of \$0 for Medicare-covered hospital stays for days 46 - 100</p>	<p><b>Per Admission</b></p> <p><b>In-Network</b> You pay a copayment of \$0 for Medicare-covered hospital stays for days 1 - 20</p> <p>You pay a copayment of \$214 for Medicare-covered hospital stays for days 21 - 45</p> <p>You pay a copayment of \$0 for Medicare-covered hospital stays for days 46–100</p> <p><b>Out-of-Network</b> You pay a copayment of \$214 for Medicare-covered hospital stays for days 1 - 45</p> <p>You pay a copayment of \$0 for Medicare-covered hospital stays for days 46 - 100</p>

Cost	2024 (this year)	2025 (next year)
<b>Urgently needed services</b>	<p><b>In-Network</b> You pay a \$45 copayment for each Medicare-covered urgently needed care visit in the United States and its territories.</p> <p>You pay a \$110 copayment for each non-Medicare covered urgently needed care visit outside the United States and its territories.</p>	<p><b>In-Network</b> You pay a \$45 copayment for each Medicare-covered urgently needed care visit in the United States and its territories.</p> <p>You pay a \$125 copayment for each non-Medicare covered urgently needed care visit outside the United States and its territories.</p>

### SECTION 3 Administrative Changes

Description	2024 (this year)	2025 (next year)
<b>Dental benefit administration</b>	Delta Dental® Medicare Advantage	Say Cheese Dental Network, administered by Dental Benefit Providers
<b>Diabetes self-management training, diabetic services and supplies</b>	<p>\$0 copayment for Accu-Chek® or OneTouch® test strips and each covered diabetic supply item up to a 90-day supply</p> <p>\$0 copayment for eligible FreeStyle Libre and Dexcom® supplies</p>	<p>\$0 copayment for Freestyle or OneTouch test strips and each covered diabetic supply item up to a 90-day supply.</p> <p>\$0 copayment for eligible FreeStyle Libre and Dexcom supplies after an approved prior authorization. All other supplies are excluded.</p>
<b>Fitness program</b>	SilverSneakers®	Fitness Program with One Pass™
<b>Outpatient diagnostic tests and therapeutic services and supplies</b>	No prior authorization required for outpatient diagnostic tests, including imaging services (CT/PET/MRI/MRA) and therapeutic services and supplies	Prior authorization required for outpatient diagnostic tests, including imaging services (CT/PET/MRI/MRA) and therapeutic services and supplies



## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – If you want to stay in Network Health Bravo (PPO)

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in Network Health Bravo (PPO).

### Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 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 do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

As a reminder, Network Health Insurance Corporation 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 Network Health Bravo (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Network Health Bravo (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact our member experience team if you need more information on how to do so.
  - *– OR –* Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

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

In certain situations, changes are also allowed at other times of the year. Examples include 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.

If you enrolled in a Medicare Advantage Plan for January 1, 2025, 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, 2025.

If you recently moved into or currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plan or switch to Original Medicare for two full months after the month you move out.

## SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Wisconsin, the SHIP is called Wisconsin SHIP.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Wisconsin SHIP 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 Wisconsin SHIP at 800-242-1060. You can learn more about Wisconsin SHIP by visiting their website ([www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm](http://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm)).

## SECTION 7 Programs That Help Pay for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75 percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, seven days a week;
  - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Wisconsin has a program called Wisconsin Senior Care 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.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Wisconsin AIDS/HIV Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program or if you are currently enrolled how to continue receiving assistance call the Wisconsin AIDS/HIV Drug Assistance Program at 608-261-6952, 608-267-6875 or 800-991-5532. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

## SECTION 8 Questions?

### Section 8.1 – Getting Help from Network Health Bravo (PPO)

Questions? We're here to help. Please call our member experience team at 800-378-5234. (TTY only, call 800-947-3529.) We are available for phone calls Monday – Friday from 8 a.m. to 8 p.m. From October 1, 2024, through March 31, 2025, we are available every day from 8 a.m. to 8 p.m. Calls to these numbers are free.

#### **Read your 2025 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 2025. For details, look in the 2025 *Evidence of Coverage* for Network Health Bravo (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [networkhealth.com/medicare/plan-materials](https://networkhealth.com/medicare/plan-materials). You may also call our member experience team to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [networkhealth.com](https://networkhealth.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

### Section 8.2 – 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, seven days a week. TTY users should call 1-877-486-2048.

**Visit the Medicare Website**

Visit the Medicare website ([www.Medicare.gov](http://www.Medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

**Read *Medicare & You 2025***

Read the *Medicare & You 2025* handbook. Every fall, this document 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 document, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

## Discrimination is Against the Law

Network Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Network Health does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

### Network Health:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - o Qualified interpreters
  - o Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Network Health's Compliance Officer.

If you believe that Network 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:

Network Health  
Attn: Compliance Officer  
1570 Midway Place  
Menasha, WI 54952  
Phone: 800-378-5234  
(TTY users should call 800-947-3529)  
Email: [compliance@networkhealth.com](mailto:compliance@networkhealth.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Network Health's compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the

Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

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

This notice is available at Network Health's website:  
[networkhealth.com](http://networkhealth.com)

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 800-378-5234 (TTY: 800-947-3529) or speak to your provider.

**Albanian:** Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 800-378-5234 (TTY: 800-947-3529) ose bisedoni me ofruesin tuaj të shërbimit.

**Arabic:** إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات تنبيه: كما تتوفر وسائل مساعدة وخدمات المساعدة اللغوية المجانية. مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. أو 800-378-5234 (800-947-3529) اتصل على الرقم. تحدث إلى مقدم الخدمة.

**Chinese:** 如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 800-378-5234（文本电话：800-947-3529）或咨询您的服务提供商。

**French:** Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires

appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 800-378-5234 (TTY : 800-947-3529) ou parlez à votre fournisseur.

**German:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. \*  
Rufen Sie 800-378-5234 (TTY : 800-947-3529) an oder sprechen Sie mit Ihrem Provider.

**Hindi:** यदि आप हिंदी बोलते हैं, तो आपके लिए नि: शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त साधन और सेवाएँ भी नि: शुल्क उपलब्ध हैं। 800-378-5234 (TTY : 800-947-3529) पर कॉल करें या अपने प्रदाता से बात करें।

**Hmong:** Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 800-378-5234 (TTY : 800-947-3529) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

**Korean:** 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조기구 및 서비스도 무료로 제공됩니다. 800-378-5234 (TTY : 800-947-3529) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Laotian:** ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 800-378-5234 (TTY : 800-947-3529) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

**Pennsylvania Dutch:** Wann du Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtoffft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 800-378-5234 (TTY: 800-947-3529) uff odder schwetz mit dei Provider.

**Polish:** Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 800-378-5234 (TTY : 800-947-3529) lub porozmawiaj ze swoim dostawcą.

**Russian:** Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 800-378-5234 (TTY : 800-947-3529) или обратитесь к своему поставщику услуг.

**Spanish:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 800-378-5234 (TTY : 800-947-3529) o hable con su proveedor.

**Tagalog:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyon tulon sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 800-378-5234 (TTY : 800-947-3529) o makipag-usap sa iyong provider.

**Vietnamese:** Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 800-378-5234 (Người khuyết tật: 800-947-3529) hoặc trao đổi với người cung cấp dịch vụ của bạn.