



<Plan Year> <Group Name>
<Packet Code>

Hello!

We're here to make this a smooth transition to Medicare and answer all your questions so you have time for the things to stay healthy for – traveling, chasing grandkids, starting a new hobby. At the end of the day, a reliable partner in your health makes all the difference. Use this booklet to get to know your HealthPartners Medicare plan offered through your employer:

Ready to enroll?

Send in your completed enrollment form. Keep in mind:

- You or your authorized representative must fill it out and sign it.
- You and your spouse need two separate forms.
- We'll need it by the last business day of the month or up to 3 months before the month you want your coverage to start. For example, if you want coverage to start Feb. 1, 2023, we would need your completed form by Jan. 31, 2023, at the very latest.
- Return your form within 30 days after you sign it. Otherwise, we'll have to send it back. We'll also return incomplete forms or call if we have questions.

Have questions along the way?

Give us a call at **952-883-7428** or **866-993-7428** (TTY: **711**). From Oct. 1 through March 31, we take calls from 8 a.m. to 8 p.m. CT, seven days a week. (With the exception of some federal holidays.)

From April 1 to Sept. 30, call us 8 a.m. to 8 p.m. CT, Monday through Friday. (With the exception of some federal holidays.)

Sincerely,

Your HealthPartners Medicare Team

HealthPartners® Journey (PPO) Group Plan

2023 Summary of Benefits

Jan. 1, 2023 – Dec. 31, 2023

PEIP Retirees #4100

Use this summary document to get to know your Journey Group plan. It shows you what the plan covers and what you pay for those services. It doesn't list everything we cover, or every limitation or exclusion. For a complete list of covered services and how much you pay, give us a call at one of the numbers below and ask for the Evidence of Coverage.

We're here to help

Call us at **952-883-7428** or **866-993-7428**

(TTY **711**)

Monday-Saturday, 8 a.m. to 6 p.m. CT (Oct. 1 – Dec. 7)

Monday-Friday, 8 a.m. to 6 p.m. CT (Dec. 8 – Sept. 30)

MEDICAL BENEFITS

BENEFITS	DESCRIPTION	WHAT YOU PAY
Monthly Premium: Contact your employer for premium information. If you're billed directly by HealthPartners, call us at the numbers on the front page for your premium information.		
Out-of-Network Services		40%
Deductible	What you pay out of pocket for services before your plan begins to pay	Plan 1 and Plan 2: Your plan doesn't have a deductible.
Maximum out-of-pocket (does not include Part D)	The most you'll pay for covered services during the plan year. Not all services apply. Please see the plan's EOC for details.	Plan 1 and Plan 2: \$3,500 in-network / \$5,000 combined in-and-out-of network
Hospital		
Inpatient hospital coverage ¹	Per stay	Plan 1: \$200 Plan 2: \$200
Outpatient hospital coverage ¹	Observation stay and non-surgical services	Plan 1: \$0 Plan 2: \$0
	Outpatient surgery	Plan 1: \$200 Plan 2: \$200
Ambulatory surgery center (ASC) ¹		Plan 1: \$200 Plan 2: \$200
Doctor Visits and Preventive Care		
Primary	Includes virtual consultation, diagnosis, and treatment via video visits	Plan 1: \$0 Plan 2: \$0
Specialist		Plan 1: \$35 Plan 2: \$35
Additional telehealth services	Includes scheduled telephone visits, e-visits, and online clinic visits, including Virtuwel [®]	Plan 1: \$0 - \$35 Plan 2: \$0 - \$35
Preventive care	Medicare-covered services includes "Welcome to Medicare" preventive visit (one-time), annual wellness visit, certain screenings and counseling visits, immunizations for pneumonia and influenza and other Medicare-covered preventive services	Plan 1: \$0 Plan 2: \$0
	Routine physical exams (once a year)	Plan 1: \$0 Plan 2: \$0
Emergency and Urgent Care		
Emergency care	In U.S. / Worldwide	Plan 1: \$75 / 20% Plan 2: \$75 / 20%
Urgently needed services	In U.S. / Worldwide	Plan 1: \$35 / 20% Plan 2: \$35 / 20%
Outpatient Diagnostic Test, Radiation Therapy, X-rays, and Labs		

Diagnostic services/Labs/Imaging (Cost for these services may vary based on place of service.)	Diagnostic Radiology (MRI, CT, PET)	Plan 1: \$100 Plan 2: \$100
	Labs	Plan 1: \$0 Plan 2: \$0
	Diagnostic tests and procedures	Plan 1: 10% Plan 2: 10%
	X-rays	Plan 1: 10% Plan 2: 10%
	Therapeutic radiology	Plan 1: 10% Plan 2: 10%

BENEFITS	DESCRIPTION	WHAT YOU PAY
Hearing / Vision		
Hearing services	Routine exam	Plan 1: \$0 Plan 2: \$0
	Diagnostic exam	Plan 1: \$35 Plan 2: \$35
	Hearing aids through TruHearing®	Plan 1: \$499/\$699/\$999 Plan 2: \$499/\$699/\$999 per aid; one per ear annually
Vision services	Routine exam	Plan 1: \$0 Plan 2: \$0
	Diagnostic exam	Plan 1: \$35 Plan 2: \$35
	Glasses or contact lenses after cataract surgery	Plan 1: \$0 Plan 2: \$0
Dental Services		
Medicare-covered	Medicare-covered non-routine dental	Plan 1: \$0 Plan 2: \$0
Mental Health Services		
Outpatient therapy	Individual	Plan 1: \$35 Plan 2: \$35
	Group	Plan 1: \$17.50 Plan 2: \$17.50
Inpatient visit		Plan 1: \$200 per stay Plan 2: \$200 per stay
Skilled Nursing Facility (SNF)/ Rehabilitation Services		

Skilled nursing facility	The plan covers up to 100 days in a SNF Journey Group: 3-day hospital stay waived RNC: 3-day hospital stay required	Plan 1: Journey Group: \$0 Plan 2: Journey Group: \$0
Rehabilitation services	Physical therapy	Plan 1: \$35 Plan 2: \$35
	Occupational therapy	Plan 1: \$35 Plan 2: \$35
	Speech and language therapy	Plan 1: \$35 Plan 2: \$35
Medical Transportation		
Ambulance	Cost per one-way trip Air/Ground in U.S.	Plan 1: 20% Plan 2: 20%
Other transportation	Non-emergency services	Plan 1: Not covered Plan 2: Not covered
Medicare Part B Drugs		
Medicare Part B drugs ¹	Chemotherapy and other drugs that must be administered by a health professional	Plan 1: 20% Plan 2: 20%

¹ Provider prior authorization may be required for certain services

This plan may not cover all of your health care expenses. It's important to read your Evidence of Coverage closely to see which expenses are covered.

PRESCRIPTION DRUG BENEFITS

Costs may change depending on the pharmacy you choose and when you enter another Part D phase. Call us or check the Evidence of Coverage online when you log into your online account at **healthpartners.com** for more information. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Prescription Drug Formulary	Plan 1: Your prescription drug formulary is Medicare Formulary I. Plan 2: Your prescription drug formulary is Medicare Formulary II.	
Phase 1: Deductible	Plan 1: \$300 (Applies to all drug tiers) Plan 2: Your plan does not have a deductible	
Phase 2: Initial Coverage Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Drug Tier 4: Non-preferred Drugs Tier 5: Specialty	What you pay at standard retail and standard mail order pharmacies:	
	Plan 1: One-month supply Tier 1: \$4 Tier 2: \$10 Tier 3: \$47 Tier 4: 50% Tier 5: 27%	Plan 2: One-month supply Tier 1: \$5 Tier 2: \$10 Tier 3: \$47 Tier 4: 25% Tier 5: 25%
	Plan 1: Three-month supply Tier 1: \$12 Tier 2: \$30 Tier 3: \$141 Tier 4: 50% Tier 5: Not offered	Plan 2: Three-month supply Tier 1: \$15 Tier 2: \$30 Tier 3: \$141 Tier 4: 25% Tier 5: Not offered
	At preferred mail order pharmacies, you get a three-month supply for the price of two months. You pay the same amount listed above for a one-month supply.	
Phase 3: Coverage Gap	Plan 1: You pay 25% for generic drugs and 25% for brand name drugs. Plan 2: The same cost-sharing applies to each tier in the Coverage Gap Phase as the Initial Coverage Phase.	
Phase 4: Catastrophic Coverage	Plan 1: You pay \$4.15 or 5% or \$10.35 or 5%, whichever is greater. Plan 2: You pay \$4.15 or 5% or \$10.35 or 5%, whichever is greater. (Not to exceed the copays in the Initial Coverage Phase).	
Insulin Coverage	You won't pay more than \$35 or the tier cost sharing if less than \$35 for a one-month supply of each insulin product covered by our plan. Not subject to any Part D deductible.	
Vaccine Coverage	Our plan covers most Part D vaccines at no cost to you. Not subject to any Part D deductible.	

ADDITIONAL BENEFITS

BENEFITS	DESCRIPTION	WHAT YOU PAY
Acupuncture	Medicare covered	Plan 1: \$35 Plan 2: \$35
	Non-Medicare covered	Plan 1: \$35 Plan 2: \$35

Assist America	Emergency services and support when more than 100 from home or in foreign country	Plan 1: Available Plan 2: Available
Chiropractic care	Medicare-covered	Plan 1: \$20 Plan 2: \$20
Fitness Benefit	SilverSneakers® Fitness Program Gym membership or one home kit per year	Plan 1: \$0 Plan 2: \$0
Immunizations	Pneumonia, Influenza, Hepatitis B, COVID-19	Plan 1: \$0 Plan 2: \$0
Medical equipment/ supplies ¹	Durable medical equipment (DME)	Plan 1: 20% Plan 2: 20%
	Prosthetics	Plan 1: 20% Plan 2: 20%
	Diabetic Supplies	Plan 1: 20% Plan 2: 20%
Travel Counseling	Health advice before traveling internationally	Plan 1: \$0 Plan 2: \$0

¹ Provider prior authorization may be required for certain services

ADDITIONAL PLAN INFORMATION

MAKE SURE YOUR DOCTORS AND PHARMACIES ARE COVERED

You can access your 2023 plan materials by logging in on your online account at **healthpartners.com**. If you're signed up for paperless delivery, we'll send you an email when your plan materials are available for viewing. This includes your Evidence of Coverage, provider directory, pharmacy directory and formulary.

WHO CAN JOIN?

Anyone who has Medicare Parts A and B and lives in our service area can join HealthPartners Journey. Our service area includes the following counties: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Douglas, Grant, Hennepin, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, LeSueur, Lincoln, Lyon, Mahnomen, Marshall, McLeod, Meeker, Mill Lacs, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, Stearns, Stevens, St. Louis, Swift, Todd, Traverse, Wadena, Washington, Wilkin, Wright and Yellow Medicine.

KNOW ALL YOUR OPTIONS

You can get your Medicare coverage through an employer group-sponsored plan, like HealthPartners, or through Original Medicare. However, if you decide not to enroll in the employer group plan you may not be allowed to return or may have to wait until your employer group's next Open Enrollment Period. To learn more about what Original Medicare covers and what it costs, read through your "Medicare & You" handbook. Or, visit **medicare.gov** to view it online. Want a hard copy? Call **800-MEDICARE (800-633-4227)** to get yours. They're available 24 hours a day, seven days a week. (TTY **877-486-2048**.)

Out-of-network providers are under no obligation to treat HealthPartners 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.

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HealthPartners is a PPO plan with a Medicare contract. Enrollment in HealthPartners depends on contract renewal.



HealthPartners® Journey Group (PPO) Plan

HealthPartners and your employer make sure your health care needs are covered so you can get back to doing what you love.

Signing up is easy. Our Medicare experts will help you understand everything you need to know. They'll even walk you through step by step. Here are a few additional benefits and perks of being a HealthPartners Journey member.

Get care anywhere

From home: Get unlimited visits to Virtuwell®, your 24/7 online clinic. It treats everyday medical conditions, like colds, coughs, ear pain and flu. Nurse practitioners give you personalized care, a treatment plan and, if needed, a prescription sent right to your pharmacy. Visit [virtuwell.com](https://www.virtuwell.com) to learn more.

Across the U.S.: You're covered nine months out of the year when you travel in the U.S. And, you get worldwide emergency and urgently needed care.

Stay active

With a SilverSneakers® membership, you'll have access to thousands of fitness locations nationwide – and you can visit as many as you'd like. Don't like the gym? Stream live, online classes or use on-demand workout videos from the comfort of home. Or join a SilverSneakers FLEX® class at a nearby park or community center. All this at no additional cost to you. Learn more at [silversneakers.com](https://www.silversneakers.com).

Hand-picked providers

Our network includes high-performing hospitals and clinics, including some from our very own HealthPartners family of care. Choose from more than 30,000 providers and see specialists without a referral.

Travel with Assist America®

If something unexpected happens while you're more than 100 miles from home, you'll have Assist America on your side – at no cost to you. Call 24/7 from anywhere in the world:

- Talk to experienced clinicians who can help you decide whether or not you need medical care
- Coordinate post-stabilization to the nearest facility or your home

Learn more at healthpartners.com/getcareeverywhere.

Stay organized with online tools

Log on to your account at healthpartners.com to:

- Get your plan materials online. To sign up for paperless, visit healthpartners.com/green.
- Email questions about your benefits, eligibility or claims.
- Check your plan balances, including your deductible, out-of-pocket maximum and more.

Hearing aids through TruHearing

We partner with TruHearing® to offer a hearing aid benefit. You can get up to two hearing aids per year for a copayment per device. You'll also have a TruHearing consultant to answer your questions. Keep in mind, you must use TruHearing providers to use this benefit. Call TruHearing at **833-718-5803** (TTY: 711) from 8 a.m. – 8 p.m. Monday through Friday to learn more or schedule an appointment.

Already a member of our HealthPartners family?

It's a seamless transition. You'll keep your same online account and member ID number. Plus, continue to get the same outstanding service you've come to know.

Get your meds your way

Skip the trip to the pharmacy with the HealthPartners preferred cost-sharing mail order pharmacy, WellDyne. Get most of your prescriptions delivered right to your door. There's no additional cost and shipping is free.

Typically, you can expect to get your meds within seven to ten business days from the time the pharmacy gets your order.

Most HealthPartners members will save on a three-month supply of their medicine.

Head to healthpartners.com/mailtome to sign up. Or, call **800-591-0011** (TTY: 711). You can also choose to get your medicines from one of our many in-network pharmacies.

Here are your next steps

Call our Medicare experts at **952-883-7428** or **866-993-7428** (TTY: **711**).

From Oct. 1 through March 31, we take calls from 8 a.m. to 8 p.m. CT, seven days a week. You'll speak with a representative. From April 1 through Sept. 30, call us 8 a.m. to 8 p.m. CT, Monday through Friday to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

Get quick advice from our team of experts

Don't spend time searching the Web for answers. Call your personal support team:

- **CareLineSM Service:** To find out if you should see a doctor, ask questions about a medicine you're taking, or learn about home treatment options, call **612-339-3663** or **800-551-0859**.
- **Member Services:** For questions about your plan benefits, account balance or finding a doctor in your network, call **952-883-6655** or **866-233-8734**.
- **Nurse NavigatorSM Program:** For questions about your health care and benefits, or help choosing a treatment option, call Member Services and ask to talk to a Nurse Navigator.
- **Behavioral Health Navigators:** To find a mental or chemical health professional in your network, call Member Services and ask for a Behavioral Health Navigator.

Learn more at healthpartners.com/myteam.

*Assist America services are only available during the first 90 consecutive days that you're away from your home and all arrangements must be made through Assist America.

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IMPORTANT INFORMATION:

2022 Medicare Star Ratings

HealthPartners - H4882



For 2022, HealthPartners - H4882 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★

Drug Services Rating: ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.



This plan got
MEDICARE'S
HIGHEST
RATING (5 stars)

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact HealthPartners 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 844-363-8979 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. Current members please call 866-233-8734 (toll-free) or 711 (TTY).

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Statement of Nondiscrimination for Health Plan Members

Our Responsibilities:

We follow Federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex. We do not exclude people or treat them differently because of their race, color, national origin, age, disability or sex, including gender identity.

- We help people with disabilities to communicate with us. This help is free. It includes:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio and accessible electronic formats
- We provide services for people who do not speak English or who are not comfortable speaking English. These services are free. They include:
 - Qualified interpreters
 - Information written in other languages

For Language or Communication Help:

Call 1-800-233-9645 if you need language or other communication help. (TTY: 711)

If you have questions about our non-discrimination policy:

Contact the Civil Rights Coordinator at 1-844-363-8732 or integrityandcompliance@healthpartners.com.

To File a Grievance:

If you believe that we have not provided these services or have discriminated against you because of your race, color, national origin, age, disability or sex, you can file a grievance by contacting the Civil Rights Coordinator at 1-844-363-8732, integrityandcompliance@healthpartners.com or Civil Rights Coordinator, Office of Integrity and Compliance, MS 21103K, 8170 33rd Ave. S., Bloomington, MN 55425.

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
Room 509F, HHH Building
200 Independence Avenue SW, Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

<p>Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-233-9645. (TTY: 711)</p>	<p>ພາສາລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການລ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-233-9645. (TTY: 711)</p>
<p>Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-233-9645. (TTY: 711)</p>	<p>Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-883-233-9645. (TTY: 711)</p>
<p>Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-233-9645. (TTY: 711)</p>	<p>العربية (Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-233-9645 (رقم هاتف الصم والبكم: 711)</p>
<p>繁體中文 (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 1-800-233-9645. (TTY: 711)</p>	<p>Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-233-9645. (ATS: 711)</p>
<p>Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-233-9645. (телетайп: 711)</p>	<p>한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-233-9645. (TTY: 711)</p>
<p>Af Soomaali (Somali) OGAYSIIS: Haddii aad ku hadasho afka soomaaliga, Waxaa kuu diyaar ah caawimaad xagga luqadda ah oo bilaash ah. Fadlan soo wac 1-800-233-9645. (TTY: 711)</p>	<p>Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-233-9645. (TTY: 711)</p>

<p>Oromiffa (<i>Cushite [Oromo]</i>) XIYYEEFFANNA: Afaan dubbattu Oromiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-233-9645. (TTY: 711)</p>	<p>Italiano (<i>Italian</i>) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-233-9645. (TTY: 711)</p>
<p>አማርኛ (<i>Amharic</i>) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-233-9645. (መስማት ለተሳናቸው: 711)</p>	<p>ภาษาไทย (<i>Thai</i>) เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-233-9645. (TTY: 711)</p>
<p>unD (<i>Karen</i>) ဟ်သုဉ်ဟ်သး- နမ့ၢ်ကတိၤ ကညိၣ် ကျိၣ်အသိၣ်, နမၤန့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၢ်ဘျုးလၢၢ်စ့ၤ နိတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး 1-800-233-9645. (TTY: 711)</p>	<p>ελληνικά (<i>Greek</i>) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-233-9645. (TTY: 711)</p>
<p>ខ្មែរ (<i>Mon-Khmer, Cambodian</i>) ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-233-9645. (TTY: 711)</p>	<p>Diné Bizaad (<i>Navajo</i>) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kójjí' hódíílnih 1-800-233-9645. (TTY: 711)</p>
<p>Deutsch (<i>Pennsylvanian Dutch</i>) Wann du Deutsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-233-9645. (TTY: 711)</p>	<p>Ikirundi (<i>Bantu – Kirundi</i>) ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-233-9645. (TTY: 711)</p>
<p>Polski (<i>Polish</i>) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-233-9645. (TTY: 711)</p>	<p>Kiswahili (<i>Swahili</i>) KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-233-9645. (TTY: 711)</p>
<p>हिंदी (<i>Hindi</i>) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-233-9645. (TTY: 711)</p>	<p>日本語 (<i>Japanese</i>) 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-233-9645 (TTY: 711) まで、お電話にてご連絡ください。</p>
<p>Shqip (<i>Albanian</i>) KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-233-9645. (TTY: 711)</p>	<p>नेपाली (<i>Nepali</i>) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-233-9645 (टिडिवाइ: 711)</p>
<p>Srpsko-hrvatski (<i>Serbo-Croatian</i>) OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-233-9645. (TTY: 711)</p>	<p>Norsk (<i>Norwegian</i>) MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-800-233-9645. (TTY: 711)</p>
<p>ગુજરાતી (<i>Gujarati</i>) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-233-9645. (TTY: 711)</p>	<p>Adamawa (<i>Fulfulde, Sudanic</i>) MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-800-233-9645. (TTY: 711)</p>
<p>اُردُو (<i>Urdu</i>) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-233-9645 (TTY: 711)</p>	<p>Українська (<i>Ukrainian</i>) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-233-9645. (телетайп: 711)</p>