

# 2024-2025

## Scott County

### Benefit Summary

Retiree / COBRA



# Health Benefits

## Administered by HealthPartners

Comprehensive and preventive health care coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in health care. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost. Comprehensive health care also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Scott County.

Scott County currently maintains two health insurance plans: a Base Plan and a Buy-Up Plan. However, the Buy-Up Plan is closed and is not open for new enrollment. Each plan option covers the same range of services. The plans differ, however, in terms of the out-of-pocket medical costs and deductibles you could incur during the plan year.

You can find the complete summary of benefits and coverage on the Employee Benefit Hub: <https://c2mb.ajg.com/scottcounty/home/>

## HealthPartners Open Access Base Plan

When choosing the HealthPartners Open Access Base Plan, you have access to over 950,000 providers in the HealthPartners network within the United States (through HealthPartners association with Cigna). You are not required to choose a Primary Care Clinic (PCC), so you can receive your care at the network provider of your choice, and you also do not need referrals to see specialists within the HealthPartners network. “Out-of-Network” coverage is provided (beyond emergency services); however, should you choose to see a physician outside the network, your benefits would be paid at an “Out-of-Network” level which has very limited coverage. Some co-pays and deductibles will apply.

	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$750 individual / \$1,500 family	\$1,500 individual / \$3,000 family
<b>Annual Out-of-Pocket Maximum</b>	\$2,500 individual / \$5,000 family	\$2,500 individual / \$5,000 family
<b>Coinsurance</b>	80% / 20%	70% / 30%
<b>Office Visits</b>	Office Visit: \$30 copay Convenience Care: \$15 copay Virtuwell: No Cost	Office Visit/Convenience Care: 30% coinsurance Virtuwell: Not covered
<b>Wellness Care</b> (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	No charge	Not covered
<b>Retail— Generic Drug</b> (30-day supply)	\$10 copay	Not covered
<b>Retail— Formulary Drug</b> (30-day supply)	\$35 copay	Not covered
<b>Retail— Non-formulary Drug</b> (30-day supply)	\$50 copay	Not covered
<b>Retail— Specialty Drug</b> (30-day supply)	\$50 copay	Not covered
<b>Mail Order— Generic Drug</b> (90-day supply)	\$20 copay	Not covered
<b>Mail Order— Formulary Drug</b> (90-day supply)	\$70 copay	Not covered
<b>Mail Order— Non-formulary Drug</b> (90-day supply)	\$100 copay	Not covered
<b>Mail Order— Specialty Drug</b> (90-day supply)	N/A	Not covered
<b>Emergency Room</b>	\$100 copay	\$100 copay
<b>Urgent Care</b>	\$35 copay	\$35 copay
<b>Physician/Surgeon Fee</b>	20% coinsurance	30% coinsurance
<b>Ambulance Service</b>	20% coinsurance	20% coinsurance
<b>Prenatal and Postnatal Services</b>	No charge	Not covered
<b>Delivery and other Maternity Services</b>	20% coinsurance	30% coinsurance
<b>Skilled Nursing Care</b> 120 days per confinement	20% coinsurance	30% coinsurance
<b>Eye Exam</b> (Does not cover contact lens exam)	No charge	Not covered
<b>Hearing Aids</b> (Basic)	20% coinsurance (limited to once every 3 years)	N/A

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 15-16 where Notice of Creditable Coverage begin for more details.

## HealthPartners Primary Clinic Buy-Up Plan—Enrollment closed

If you currently have the HealthPartners Primary Clinic Buy-Up Plan, you have what are considered “In-Network” benefits only and you are required to choose a Primary Care Clinic (PCC) at which you will be receiving your medical care. By using the specialists within the network, you will be covered for most services. “Out-of-Network” services would be covered on an “Emergency” basis only. Some co-pays will apply. The Buy-Up Plan is a closed plan and is currently not open to new enrollment.

	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$0	\$0
<b>Annual Out-of-Pocket Maximum</b>	\$2,500 individual \$5,000 family	None
<b>Coinsurance</b>	80% / 20%	None
<b>Office Visits</b>	Office Visit: \$30 copay Convenience Care: \$15 copay Virtuwell: No Cost	Not covered
<b>Wellness Care</b> (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	No charge	Not covered
<b>Retail— Generic Drug</b> (30-day supply)	\$10 copay	Not covered
<b>Retail— Formulary Drug</b> (30-day supply)	\$35 copay	Not covered
<b>Retail— Non-formulary Drug</b> (30-day supply)	\$50 copay	Not covered
<b>Retail— Specialty Drug</b> (30-day supply)	\$50 copay	Not covered
<b>Mail Order— Generic Drug</b> (90-day supply)	\$20 copay	Not covered
<b>Mail Order— Formulary Drug</b> (90-day supply)	\$70 copay	Not covered
<b>Mail Order— Non-formulary Drug</b> (90-day supply)	\$100 copay	Not covered
<b>Mail Order— Specialty Drug</b> (90-day supply)	N/A	Not covered
<b>Emergency Room</b>	\$100 copay	\$100 copay
<b>Urgent Care</b>	\$35 copay	\$35 copay
<b>Physician/Surgeon Fee</b>	20% coinsurance	Not covered
<b>Ambulance Service</b>	20% coinsurance	Not covered
<b>Prenatal and Postnatal Services</b>	No charge	Not covered
<b>Delivery and other Maternity Services</b>	20% coinsurance	Not covered
<b>Skilled Nursing Care</b> 120 days per confinement	20% coinsurance	Not covered
<b>Eye Exam</b> (Does not cover contact lens exam)	No charge	Not covered
<b>Hearing Aids</b> (Basic)	20% coinsurance (limited to once every 3 years)	N/A

## Monthly Premium Rates\*

	Single	EE + Spouse	EE + Child(ren)	Family
HP Open Access Base Plan	\$1089.12	\$2,392.54	\$1,808.55	\$3,070.22
HP Primary Clinic Buy-Up Plan	\$1,220.28	\$2,683.52	\$2,046.07	\$3,444.09

\*Rates listed are the full cost of the plan. Your actual cost will be lower if the County contribution is received toward the cost. Your rates may be higher if a 2% COBRA Administration fee is charged.

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## Medication Therapy Management

### Feel confident taking your medicine.

Medication Therapy Management is a one-on-one visit with a pharmacist to manage your medicines. Together, you'll take a deep look at the medicines you're taking. This will make sure they're working the best they can and fitting your lifestyle. You'll leave knowing:

- You're taking the right medicines to achieve your best health
- How to avoid problems, like side effects and interactions
- Ways to make your medicine better fit your lifestyle
- Ideas to cut costs on prescriptions

### Flexible and no cost to you

This program is available at no cost to you as part of your health plan. Visits can be done by phone or in-person.

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Visit [healthpartners.com/mtminfo](https://healthpartners.com/mtminfo) to learn more and schedule an appointment.



### Be safe.

When it comes to your medicines, it's surprising what can put your safety at risk. Our pharmacists make sure your medicines are safe to take with each other. And they'll help you understand the risks.

### Feel good.

Medicines can help you reach your best health. But, sometimes you might not like all the side effects. Whether this means changing your dosage or switching when you take your medicine, we work with you and your doctor to find the best combination.

### Save money.

Our pharmacists may be able to help save you money by finding a generic option or working with your doctor to get you off a medicine. Their goal is to lower your out-of-pocket costs.

### Hand-in-hand with your doctor

You trust your doctors and your health care team to diagnose and treat conditions. Your MTM pharmacist knows that's important to you. As a part of that team, your pharmacist is focused on your medicines and understanding what's best for you. You'll get the attention you need to feel confident about your care.

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85 percent of participants said the program was "completely" worth their time

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The HealthPartners family of health plans is underwritten and/or administered by HealthPartners, Inc., Group Health, Inc., HealthPartners Insurance Company or HealthPartners Administrators, Inc. Fully insured Wisconsin plans are underwritten by HealthPartners Insurance Company.

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## Convenience Care

Convenience Care (convenience clinics, phone visits, and e-visits) is an alternative method to receive health care and is available for our plan members at a reduced “Convenience Care” copay of \$15.00 (In-Network). Instead of receiving treatment at your primary care clinic with a \$30.00 office visit copay, you can visit a physician at CVS Pharmacies, shopping malls, and MinuteClinics with a \$15.00 “Convenience Care” copay. You may also “E-Visit” HealthPartners virtuwell® – a 24/7 online clinic. Virtuwell visits will be at no cost. For more information, please visit the HealthPartners website or call Member Services at 952.883.5000 or toll free 1.800.883.2177.

## General Information

Please carefully review your Explanation of Benefits (EOB) to ensure proper payment of incurred medical expenses. Employees are under no obligation to pay any medical bills until they receive the EOB. Also, employees are not responsible for paying any possible interest the bill may have incurred prior to payment from HealthPartners.

The EOB is provided to you by HealthPartners when you have incurred a medical expense and indicates payment made by HealthPartners and the “Total Amount You Owe.” By visiting [www.healthpartners.com](http://www.healthpartners.com), you can also log on under “myHealthPartners” and access your claims information under “My plan” tab.

## Travel Plans and Out of Area Care

HealthPartners members who travel out of the service area or dependents who are attending a post-secondary institution outside of the service area have emergency services coverage under both the Primary Clinic Buy-Up Plan and the Open Access Base Plan.

Unless prior authorization is obtained from HealthPartners, preventive services, such as a routine health exam, scheduled inpatient hospital procedures, and skilled nursing facility services are excluded from coverage under the Primary Clinic Buy-Up Plan while out-of-network.

Out-of-network coverage is included under the Open Access Base Plan and may allow you to receive your same in-network benefit coverage while you are out of the area.

Members should contact HealthPartners Member Services Department to obtain prior authorization for excluded out-of-network services prior to treatment under the Primary Clinic Buy-Up Plan and to find affiliated clinics and hospitals covered under the Open Access Base Plan prior to travel outside of the area.

## Wellness

### Self-Care

With rising health care costs, we can all practice self-care to do our part in reducing medical claims. What is “self-care?” Healthy people develop a collection of resources in their quest for good health. The resources can include health care professionals, friends, and health information material.

### Call the HealthPartners Nurse Line Service at 612.339.3663 or 1.800.551.0859

This phone service is available for members seeking advice from nurses after their regular clinic is closed. In emergencies, call 911.

## Employee Benefit Hub

For additional Wellness and HealthPartners resources, visit Scott County’s Benefit Hub: <https://c2mb.ajg.com/scottcounty/home/>

## HealthPartners Retiree Medicare Plan and Prescription Drug Plan Overview

This plan is only available for currently enrolled Medicare participants, or upon attaining Medicare eligibility. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information refer to your Summary of Benefits, Evidence of Coverage or call Member Services at 952-883-7428 or 866-993-7428 .

### HealthPartners Medicare Group Solution Overview

HealthPartners® Journey Group (PPO) Plan  
HealthPartners® Retiree National Choice (RNC) (PDP) Plan

**Scott County – Effective August 1, 2024**

Plan Information	HealthPartners Medicare Group Solution
Monthly premium	\$376.30
Deductible	None
Annual maximum out-of-pocket (medical only)	\$3,000
Out-of-network Services	Same cost sharing whether in-network or out-of-network
Medical Benefits	Member Responsibility
Preventive health services	No charge
Doctor visits (Primary   Specialist)	\$10 copay
Convenience care clinic (walk-in clinic)	\$10 copay
E-visits/Online clinic (Including virtuwell)	No charge
Chiropractic care	\$10 copay
Mental health services	\$10 individual   \$5 group
Chemical health services	\$10 copay
Physical/occupational therapy	No charge
Outpatient hospital surgery	No charge
Durable medical equipment, Prosthetics and diabetic supplies	10% coinsurance
Podiatry	\$10 copay
Diagnostic tests, procedures, and X-rays	No charge
Diagnostic radiology (including MRI & CT)	No charge
Medicare Part B drugs (Chemotherapy and other Part B drugs)	No charge
Inpatient Hospital	No charge
Skilled nursing facility	\$0 copay days 1-100 Journey: 3-day hospital stay waived RNC: 3-day hospital stay required
Emergency care	\$30 copay
Urgently needed care	\$10 copay
Ambulance	No charge

Part D prescription drug coverage	One-month supply Standard retail pharmacies	Three-month supply Preferred mail-order
Annual Deductible	None	
Tier 1: Preferred Generic	\$10 copay	\$20 copay
Tier 2: Generic	\$10 copay	\$20 copay
Tier 3: Preferred Brand	\$10 copay	\$20 copay
Tier 4: Non-preferred Brand	\$10 copay	\$20 copay
Tier 5: Specialty	\$10 copay	Not available
Coverage Gap	You continue to pay the same copays listed above	
Catastrophic Coverage	Through December 31, 2024: \$0 member responsibility once member alone meets \$8,000 threshold	
<b>Additional benefits</b>		
Acupuncture	\$10 copay	
Preventive dental*	2 exams   2 cleanings   1 X-ray annually	
Speech and language therapy	\$10 copay	
Emergency care outside the U.S.	20% coinsurance	
Hearing aids	Hearing aids through TruHearing®: \$99/\$199/\$499 per aid; one per ear annually. Access through TruHearing network only.	
Vision services	\$10 copay illness or injury No charge for routine care	
Fitness Benefit through Silver&Fit®	No charge With the Silver&Fit® Healthy Aging Program, choose from a gym membership or a home fitness kit. Pick from 34 home fitness kits to be sent to your home twice each year. They cover topics like cardio and strength, yoga, chair exercises, stress management and more. Learn more at <a href="https://silverandfit.com">silverandfit.com</a> .	
Travel Logistics through Assist America, Inc. **	No charge If something unexpected happens while you're more than 100 miles from home or in a foreign country, you'll have Assist America on your side. Call 24/7 nationwide and worldwide to talk to experienced clinicians who can help determine your need for medical care or coordinate post-stabilization transportation to the nearest facility	

\*Preventive dental benefits require the use of a network dentist. The Dental Provider Directory is available by logging on to your myHealthPartners account at [healthpartners.com](https://healthpartners.com). Call member services for help finding a network dentist.

\*\*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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HealthPartners is a PPO plan and PDP with a Medicare contract. Enrollment in HealthPartners depends on contract renewal.

# Dental Benefits

Administered by Delta Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Scott County dental benefit plan.

The dental coverage offers you and your family a large network of **Delta Dental Premier Network dentists and Delta Dental PPO Network dentists**. By using a Delta Dental PPO provider, you will pay less out of your own pocket.

Since you do not choose a primary dentist, you can change to a different dentist at any time utilizing either of the two networks.

A listing of Delta participating dentists is available at Delta’s web site, [www.deltadentalmn.org](http://www.deltadentalmn.org). “Find a Dentist” is the most accurate and up-to-date way to obtain information on Delta participating dentists. To verify that your dentist participates in the Delta Network, go to [www.deltadentalmn.org](http://www.deltadentalmn.org). Click on “Members” then “Find a Dentist” from the home page. If you know the name of your dentist, select “I want to see if a dentist is in-network” or select “I’m looking for a new dentist”. Complete the form with your dentist’s name, mileage range, and zip code. This will bring up a listing of dentists participating in the PPO & Premier networks, indicated under the name of each dentist. If your dentist does not participate in either network, you may continue to use that dentist; although, the dentist may bill you for the difference between what Delta pays and what he or she charges for the service. Using a non-participating dentist means you will incur more of the cost of your care and could be responsible for dental charges up to the dentist’s full, billed amount.

	Coverage	Delta Dental Premier	Delta Dental PPO
A	Diagnostic/Preventive Services	100%	100%
B1a	Basic Services	80%	90%
B1b	Endodontics	80%	90%
B1c	Periodontics	80%	90%
B1d	Oral Surgery	80%	90%
B2	Major Restorative Services	50%	70%
C1	Prosthetic Repairs and Adjustments	50%	70%
C2	Prosthetics	50%	70%

## Deductible

There is a \$25 deductible per participating member *each calendar year* not to exceed \$75 per family unit. The deductible does not apply to Diagnostic and Preventive Services (A).

## Benefits Maximum

New benefit Maximum starting on 08/01/2024 will be, \$1,500 for each participating member **per coverage year** (calendar year) for services B1a, B1b, B1c, B1d, B2, C1, and C2 combined. The benefit maximum renews every January 1st. Diagnostic/ Preventive Services (A) do not apply towards the \$1,500 maximum benefit.

## Monthly Premium Rates\*\*

	Employee	EE + Spouse	EE + Child(ren)	Family
<b>Total Monthly Premium Rates</b>	\$44.48	\$88.37	\$108.06	\$150.53

\*\*Includes 2% COBRA Administration Fee.



# Scott County Employee Benefit Hub

We are committed to providing quality Employee Benefits to our employees and retirees. We are pleased to offer a web based communication system to help you reduce your time spent learning about and selecting benefits.

This site will be available to you and your dependents 24/7/365 at home and will serve as an important resource center to access important County information specific to Retiree benefits.

Click on the Retiree Information tab on the left side of the screen.

Here's what you can find:

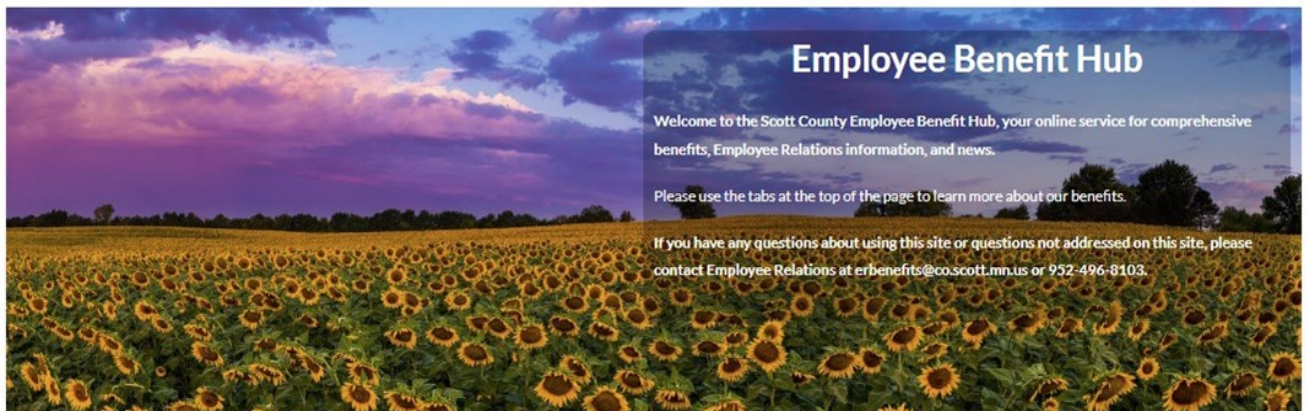
- ◇ County Documents and Resources
- ◇ HealthPartners Medicare Group Solution Forms and Resources
- ◇ PERA Documents and Resources
- ◇ Health Care Savings Plan (HCSP) Forms and Resources
- ◇ Healthy Discounts



US-English ▼



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## HIPAA Special Enrollment Rights

### Scott County Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Scott County Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children’s Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program** – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact the Benefit Program Specialists at [erbenefits@co.scott.mn.us](mailto:erbenefits@co.scott.mn.us) or 952.496.8103.

### Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children’s health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan’s annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan.

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

<b>ALABAMA – Medicaid</b>	<b>ALASKA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>FLORIDA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/?language=en_US">https://www.mymaineconnection.gov/benefits/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT– Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.vermont.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

## Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: HealthPartners Open Access Base Plan (Individual: 80%/20% coinsurance and \$750 deductible; Family: 80%/20% coinsurance and \$1,500 deductible)

Plan 2: HealthPartners Primary Clinic Buy-Up Plan (Individual: 80%/20% coinsurance and \$0 deductible; Family: 80%/20% coinsurance and \$0 deductible)

If you would like more information on WHCRA benefits, please contact the Benefit Program Specialists at [erbenefits@co.scott.mn.us](mailto:erbenefits@co.scott.mn.us) or 952.496.8103

## Notice of Creditable Coverage

### Important Notice from Scott County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Scott County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Scott County has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Scott County coverage will not be affected. Your current coverage will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current Scott County coverage, be aware that you and your dependents may not be able to get this coverage back.

#### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Scott County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Scott County changes. You also may request a copy of this notice at any time.

#### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: August 01, 2024  
Name of Entity/Sender: Scott County  
Contact—Position/Office: Benefit Program Specialists  
Office Address: 200 4th Ave W  
Shakopee, Minnesota 55379 -1220  
United States  
erbenefits@co.scott.mn.us  
Phone Number: 952.496.8103



## 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 1-800-883-2177 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](mailto: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](mailto: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 (<i>Spanish</i>)  <b>ATENCIÓN:</b> si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-883-2177. (TTY: 711)</p>	<p>ພາສາລາວ (<i>Laotian</i>)          ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-883-2177. (TTY: 711)</p>
<p>Hmoob (<i>Hmong</i>)          LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-883-2177. (TTY: 711)</p>	<p>Deutsch (<i>German</i>)  <b>ACHTUNG:</b> Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-883-2177. (TTY: 711)</p>
<p>Tiếng Việt (<i>Vietnamese</i>)  <b>CHÚ Ý:</b> Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-883-2177. (TTY: 711)</p>	<p>العربية (<i>Arabic</i>)          ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-883-2177 (رقم هاتف الصم والبكم: 711)</p>
<p>繁體中文 (<i>Chinese</i>)  <b>注意:</b> 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 1-800-883-2177. (TTY: 711)</p>	<p>Français (<i>French</i>)  <b>ATTENTION:</b> Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-883-2177. (ATS: 711)</p>
<p>Русский (<i>Russian</i>)  <b>ВНИМАНИЕ:</b> Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-883-2177. (телетайп: 711)</p>	<p>한국어 (<i>Korean</i>)  <b>주의:</b> 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-883-2177. (TTY: 711)</p>
<p>Af Soomaali (<i>Somali</i>)          OGAYSIIIS: Haddii aad ku hadasho afka soomaaliga, Waxaa kuu diyaar ah caawimaad xagga luqadda ah oo bilaash ah. Fadlan soo wac 1-800-883-2177. (TTY: 711)</p>	<p>Tagalog (<i>Tagalog</i>)  <b>PAUNAWA:</b> Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-883-2177. (TTY: 711)</p>

<p>Oromiffa (<i>Cushite [Oromo]</i>)          XIYYEEFFANNAA: Afaan dubbattu Oromiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-883-2177. (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 1-800-883-2177. (TTY: 711)</p>
<p>አማርኛ (<i>Amharic</i>)          ማሰታ-ወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 1-800-883-2177. (መስማት ለተሳናቸው: 711)</p>	<p>ภาษาไทย (<i>Thai</i>)          หมายเหตุ: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-883-2177. (TTY: 711)</p>
<p>unD (<i>Karen</i>)          ሆንသည့်ဟ်သး- နမာ်ကတိက နညီ ကျိန်အယိ, နမာ်နာ် ကျိန်အတိမ်တလီလီ တလ်တလ်တလ်တလ်တလ် နီတမံသ်သ်သ်န့ဉ်လီ. ကိ: 1-800-883-2177. (TTY: 711)</p>	<p>ελληνικά (<i>Greek</i>)          ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-883-2177. (TTY: 711)</p>
<p>ខ្មែរ (<i>Mon-Khmer, Cambodian</i>)          ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-883-2177. (TTY: 711)</p>	<p>Diné Bizaad (<i>Navajo</i>)          Dii baa akó nínizín: Dii saad bee yánilti'go <b>Diné Bizaad</b>, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojí' hódíilnih 1-800-883-2177. (TTY: 711)</p>
<p>Deutsch (<i>Pennsylvanian Dutch</i>)          Wann du Deutsch schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-883-2177. (TTY: 711)</p>	<p>Ikirundi (<i>Bantu – Kirundi</i>)          ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-883-2177. (TTY: 711)</p>
<p>Polski (<i>Polish</i>)          UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-883-2177. (TTY: 711)</p>	<p>Kiswahili (<i>Swahili</i>)          KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-883-2177. (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। 1-800-883-2177. (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。1-800-883-2177 (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 gjjuhësore, pa pagesë. Telefononi në 1-800-883-2177. (TTY: 711)</p>	<p>नेपाली (<i>Nepali</i>)          ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-883-2177 (टि टि वाइ: 711)</p>
<p>Srpsko-hrvatski (<i>Serbo-Croatian</i>)          OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-883-2177. (TTY: 711)</p>	<p>Norsk (<i>Norwegian</i>)          MERK: Hvis du snakker norsk, er gratis språkassistentsetjenester tilgjengelige for deg. Ring 1-800-883-2177. (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 1-800-883-2177. (TTY: 711)</p>	<p>Adamawa (<i>Fulfulde, Sudanic</i>)          MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-800-883-2177. (TTY: 711)</p>
<p>أردو (<i>Urdu</i>)          خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-883-2177 (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 1-800-883-2177. (телетайп: 711)</p>





## Notes



Prepared by:



**Gallagher**

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