

HealthPartners® Medicare Group Solution

2022 Summary of Benefits

Aug. 1, 2022 – July 31, 2023
Scott County #2604

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

Use this summary document to get to learn about the Medicare Group Solution, which plan you are eligible to enroll in, what is covered 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 and/or Group Certificate.

This document is available in other formats such as Braille, large print or audio.

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)

The **HealthPartners Medicare Group Solution** brings together your medical and Part D prescription drug coverage. To be eligible you must be enrolled in the Federal Medicare Program for Part A (hospital coverage) AND Part B (medical coverage), live in the plan's service area and meet other eligibility criteria determined by your employer group.

The HealthPartners Medicare Group Solution plan you are eligible for is based on your county of residence. The coverage under each plan is designed to be the same and there are some differences in how the plans work. These differences are highlighted below.

If you live in the following Minnesota counties you are eligible for the **Journey Group (PPO) Plan**.

Service Area: Anoka, Becker, Beltrami, Benton, Big Stone, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cottonwood, Crow Wing, Dakota, Douglas, Grant, Hennepin, Hubbard, Isanti, Jackson, Kandiyohi, Kittson, Lac qui Parle, Lake of the Woods, LeSueur, Lincoln, Lyon, Mahnomen, Marshall, McLeod, Meeker, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, Stearns, Stevens, Swift, Todd, Traverse, Wadena, Washington, Wilkin, Wright and Yellow Medicine.

Journey Group Plan

You'll receive one member ID card after you enroll and HealthPartners will administer all of your Medicare coverage – medical and Part D prescription drug coverage.

Note: For medical services you can see any provider that is eligible to participate in Medicare. The plan does have a network of contracted providers but for medical services, your in-network and out-of-network benefits are the same.

If you live in the following Minnesota counties or outside of Minnesota you are eligible for the **Retiree National Choice (PDP) Plan**.

Service Area: Aitkin, Blue Earth, Brown, Carlton, Cook, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Itasca, Kanabec, Koochiching, Lake, Martin, Mille Lacs, Mower, Nicollet, Olmsted, Pine, St Louis, Steele, Wabasha, Waseca, Watonwan, Winona AND all other U.S. States and Puerto Rico.

Retiree National Choice Plan (RNC)

You'll receive two member ID cards from HealthPartners after you enroll. One is for your medical coverage and the other is for your Part D prescription drug coverage. For medical services present your Original Medicare and HealthPartners medical ID card. Medicare is primary and HealthPartners will coordinate with Original Medicare. When you get services, the provider will bill Medicare first and then HealthPartners.

Note: For medical services you can see any provider that is eligible to participate in Medicare. If you need assistance locating a provider, please call our Member Services number.

Once you are enrolled in Journey Group or RNC and your plan is effective you can access your 2022 plan materials by logging in on your *myhealthpartners* 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 (if applicable), pharmacy directory and formulary.

The information in this document is not a complete description of benefits. Call 952-883-7428 or 866-993-7428; TTY: 711 for more information.

MEDICAL BENEFITS

BENEFITS	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.	
Deductible	Your plan doesn't have a deductible.
Maximum out-of-pocket responsibility <i>(This is the most you'll pay out-of-pocket for covered services during the year; not including prescription drugs. Not all services apply to the maximum out-of-pocket responsibility. Please see the plan's EOC or Group Certificate for details.)</i>	\$3,000 Journey Group: combined in- and out-of-network RNC : no network
Inpatient hospital coverage ¹	\$0
Outpatient hospital services ¹	\$0
Outpatient surgery ¹	\$0
Ambulatory surgery center (ASC) ¹	\$0
Doctor visits	Primary: \$10 Specialist: \$10
Preventive care	\$0
Emergency care	\$30
Urgently needed services	\$10
Diagnostic services/Labs/Imaging <i>(Cost for these services may vary based on place of service.)</i>	Diagnostic radiology (i.e. MRI, CT scans): \$0 Labs: \$0 Diagnostic tests and procedures: \$0 Outpatient X-rays: \$0
Hearing services	Routine exam: \$0 Hearing aids through TruHearing®: \$199/\$499 per aid; one per ear annually
Dental services <i>(Up to two cleanings and two oral exams per year. One X-ray per year.)</i>	Medicare-covered dental: \$0 Oral exam, cleaning and X-ray: \$10
Vision services	Up to one routine eye exam per year: \$0 Glasses or contact lenses after cataract surgery: \$0
Mental health services <i>(Including inpatient)</i>	Inpatient visit: \$0 Outpatient group therapy visit: \$5 Outpatient individual therapy visit: \$10
Skilled nursing facility <i>(Coverage up to 100 days)</i>	Journey Group: \$0 (3-day inpatient hospital stay waived) RNC: \$0 (3-day inpatient hospital stay required)
Rehabilitation services	Occupational therapy visit: \$0 Physical therapy visit: \$0 Speech and language therapy visit: \$10
Ambulance transportation in the US	\$0
Transportation	Not covered
Medicare Part B drugs ¹	\$0

¹ Journey Group: 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 or Group Certificate closely to see which expenses are covered.

PRESCRIPTION DRUG BENEFITS

The costs listed below are what you pay at in-network pharmacies. Generally, you have to use network pharmacies to fill your prescription meds. Costs may change depending on your pharmacy and when you enter a new Part D phase.

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	Your prescription drug formulary is Medicare Formulary II.												
Phase 1: Deductible	Your plan doesn't have a deductible.												
Phase 2: Initial Coverage	What you pay at standard retail and standard mail order pharmacies:												
	<table border="0"> <tr> <td>One-month supply</td> <td>Three-month supply</td> </tr> <tr> <td>Tier 1: \$10</td> <td>Tier 1: \$30</td> </tr> <tr> <td>Tier 2: \$10</td> <td>Tier 2: \$30</td> </tr> <tr> <td>Tier 3: \$10</td> <td>Tier 3: \$30</td> </tr> <tr> <td>Tier 4: \$10</td> <td>Tier 4: \$30</td> </tr> <tr> <td>Tier 5: \$10</td> <td>Tier 5: Not offered</td> </tr> </table>	One-month supply	Three-month supply	Tier 1: \$10	Tier 1: \$30	Tier 2: \$10	Tier 2: \$30	Tier 3: \$10	Tier 3: \$30	Tier 4: \$10	Tier 4: \$30	Tier 5: \$10	Tier 5: Not offered
One-month supply	Three-month supply												
Tier 1: \$10	Tier 1: \$30												
Tier 2: \$10	Tier 2: \$30												
Tier 3: \$10	Tier 3: \$30												
Tier 4: \$10	Tier 4: \$30												
Tier 5: \$10	Tier 5: Not offered												
Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-preferred Brand Drugs Tier 5: Specialty	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	The same cost-sharing applies to each tier in the Coverage Gap phase as the initial Coverage phase.												
Phase 4: Catastrophic Coverage	Generics: \$3.95 or 5% Brands: \$9.85 or 5%, whichever is greater (Not to exceed the copays in the Initial Coverage stage.)												

ADDITIONAL BENEFITS

BENEFITS	WHAT YOU PAY
Chiropractic care	\$10
Acupuncture	Medicare covered: \$10 Non-Medicare covered: \$10
Routine physical exams	\$0
Medical equipment/supplies¹ (Durable medical equipment, prosthetics, diabetic supplies)	Durable medical equipment: 10% Prosthetics: 10% Diabetes supplies: 10%
Wellness program	The SilverSneakers® Fitness Program: \$0 Get a membership at a large network of fitness facilities. Home fitness kits for members who prefer to work out at home.

¹ Journey Group: Provider prior authorization may be required for certain services

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](https://www.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**.)

For Journey Group, out-of-network providers are under no obligation to treat HealthPartners members, except in emergency situations. If you need assistance locating a provider, please call our Member Services number.

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



HealthPartners® Medicare Group Solution

HealthPartners® Journey Group (PPO) Plan

HealthPartners® Retiree National Choice (PDP) 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 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 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 16,000+ 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.

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 assistamerica.com.

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.

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.

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 five to eight business days from the time the pharmacy gets your order.

Most HealthPartners members get a three-month supply of medicine for just two copays!

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.

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.

For Journey members, Journey is a network plan. And even though it is a network plan, your in- and out-of-network cost-sharing is the same.

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.

*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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H4882 S1822_002051_M IR 10/2021 21-1435406-1435645 (10/21) © 2021 HealthPartners

IMPORTANT INFORMATION:

2022 Medicare Star Ratings

HealthPartners - H4882

Official U.S.
Government
Medicare
Information



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).

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

IMPORTANT INFORMATION:

2022 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



HealthPartners - S1822

For 2022, HealthPartners - S1822 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: Not offered

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

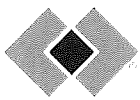
Get More Information on Star Ratings Online

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 866-993-7428 (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 877-816-9539 (toll-free) or 711 (TTY).

HealthPartners Retiree National Choice is a PDP with a Medicare contract. Enrollment in HealthPartners depends on contract renewal.



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 (<i>Spanish</i>) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-233-9645. (TTY: 711)</p>	<p>ພາສາລາວ (<i>Laotian</i>) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-233-9645. (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 1-800-233-9645. (TTY: 711)</p>	<p>Deutsch (<i>German</i>) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-883-233-9645. (TTY: 711)</p>
<p>Tiếng Việt (<i>Vietnamese</i>) 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 (<i>Arabic</i>) 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 (<i>Chinese</i>) 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 (<i>French</i>) 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 (<i>Russian</i>) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-233-9645. (телетайп: 711)</p>	<p>한국어 (<i>Korean</i>) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-233-9645. (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 1-800-233-9645. (TTY: 711)</p>	<p>Tagalog (<i>Tagalog</i>) 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>) XIYYEEFFANNAA: 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 ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-233-9645. (መስማት ለተሳናቸው: 711)</p>	<p>ภาษาไทย (<i>Thai</i>) หมายเหตุ: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-233-9645. (TTY: 711)</p>
<p>unD (<i>Karen</i>) ၎်သုဉ်းသ်း- နမူကတိာ် ကညိ် ကျိ်အယိ, နမူနုာ် ကျိ်အတိာ်မၤစၢၤလၢ တလၢာ်သုဉ်းလၢာ်စ့ၤ နိတမံၤဘဉ်သုဉ်းလိာ်. 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 yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, kójjí' hódíílnih 1-800-233-9645. (TTY: 711)</p>
<p>Deitsch (<i>Pennsylvanian Dutch</i>) Wann du Deitsch schwetscht, kantscht 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 (टिटावाइ: 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 språkassistentsetjenester 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>Ukranian</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>