

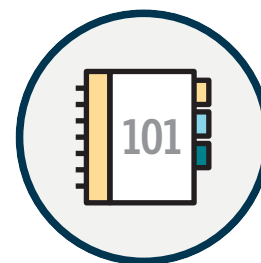


Medicare

explained one part at a time

THE MEDICARE GET-READY GUIDE

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HERE'S WHAT YOU'LL FIND INSIDE

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Our Medicare get-ready guide will explain the ins and outs of Medicare, so it won't feel so overwhelming. We're here to simplify the process and help you feel confident in your plan choice.

Speaking of confidence, with Wellmark Blue Cross and Blue Shield you'll get stability and peace of mind. That means finding the right plan at the right price and working with an experienced company you know and trust. There are even extra programs and services designed to fit your lifestyle. It's no wonder our members stay with us year after year.



Welcome to Medicare

LET'S GET STARTED!

Maybe you've been researching your Medicare options for a while now. Maybe you're just digging in. Or maybe you've had Medicare for years but want to switch plans. No matter where you are in your Medicare journey, count on Wellmark Blue Cross and Blue Shield to help you along the way.

Medicare basics



WHAT IS MEDICARE?

Created in 1965, Medicare is the federal health insurance program that provides health care coverage for Americans age 65 years and older as well as those with certain disabilities.

Medicare is comprised of four main parts.



PART A
(Original Medicare)
Covers hospital care



PART B
(Original Medicare)
Covers medical care



PART C
(Medicare Advantage)
Alternative to Original Medicare and covers Part A, B, usually D + more



PART D
Prescription drug plan (PDP)

A



MEDICARE PART A — HOSPITAL COVERAGE

Part A is offered to nearly everyone eligible for Medicare at no cost.

B



MEDICARE PART B — MEDICAL COVERAGE

For a monthly premium, Part B is available to most individuals eligible for Medicare.

Medicare Part A and Part B together make up what is known as **Original Medicare**.

C

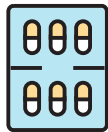


MEDICARE PART C — MEDICARE ADVANTAGE

Part C is also known as Medicare Advantage. You still enroll in Part A and Part B, but you receive all your benefits through one plan instead of through Original Medicare. These plans often have additional benefits, such as coverage for prescription drugs (Part D).*

- Medicare Advantage usually has lower deductibles and copays than Original Medicare.
- Plans are regulated by Medicare but administered by private insurance companies.
- Benefits are equal to or greater than Original Medicare.

D



MEDICARE PART D — PRESCRIPTION DRUG COVERAGE (PDP)

Medicare prescription drug plans provide coverage for generic and brand-name drugs.

- Plans are regulated by Medicare but administered by private insurance companies.
- Premiums and cost shares will vary depending on the plan.



MEDICARE SUPPLEMENT — MEDIGAP

Since Original Medicare doesn't pay for all health care costs, Medicare supplement plans are available through private insurance companies. Medicare supplement plans help pay for things like copays, deductibles and more.

*Not all Medicare Advantage plans include prescription drug coverage.

Are you eligible for Medicare?



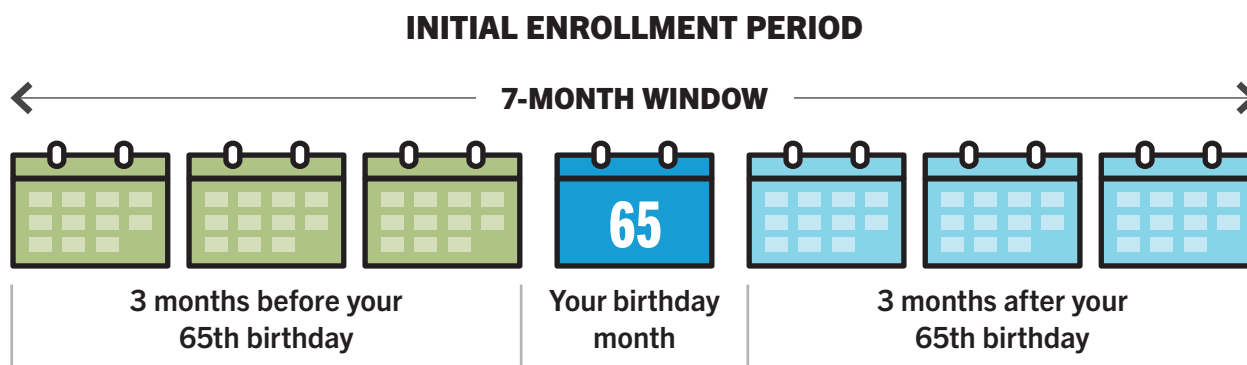
HERE'S HOW TO KNOW IF YOU'RE ELIGIBLE TO ENROLL IN MEDICARE:

- You're 65 or older and a U.S. citizen (or have been a legal resident for five straight years).
- You're younger than 65, permanently disabled and have received Social Security disability payments for at least 24 months — or you need a kidney transplant or dialysis for end-stage renal disease.

See if you're eligible and calculate your expected premium at [Medicare.gov](https://www.Medicare.gov).

When can you enroll?

When you're first eligible for Original Medicare, you have a seven-month Initial Enrollment Period (IEP) to sign up for Part A and/or Part B. This IEP begins three months before the month you turn 65 and coverage can start as early as the month of your 65th birthday (or the month before if your birthday is on the first of the month).



- Most people are automatically enrolled in Part A on the first day of the month they turn 65. If you don't receive an enrollment notice three months before your 65th birthday, call the Social Security Administration (SSA).
- You can sign up for Part B during your IEP. If you already have other health insurance (specifically through employer-sponsored coverage due to active employment), you can delay enrollment without a penalty in most cases. But if you delay your enrollment and don't have other health insurance, the Centers for Medicare & Medicaid Services (CMS) will charge you a penalty once you do sign up. And, you'll have to pay that penalty for as long as you're enrolled.

If you miss your Initial Enrollment Period, you'll have a chance to enroll in Original Medicare again during the general enrollment period that takes place every year between Jan. 1 and March 31 for a July 1 effective date.



Parts of Medicare

LET'S TALK ABOUT MEDICARE'S DIFFERENT PARTS.

Now that you know the basics, it's time to learn more about what each part of Medicare covers. From hospital stays to preventive care, here's how the parts differ from each other.

Hospital coverage



MEDICARE PART A

Medicare Part A pays for hospital expenses. If you've been employed and have paid into the Medicare program through payroll taxes for a certain period of time (approximately 10 years), you don't pay a premium for Part A coverage.

What does Medicare Part A cover?



Inpatient hospital care and services



Skilled nursing facility care



Home health care services



Hospice care

Inpatient hospital care and services



There is a deductible for Medicare Part A, which is \$1,484 per benefit period in 2021. If you go to a hospital or skilled nursing facility after one benefit period has ended, a new benefit period begins.

Part A covers up to 90 days of inpatient hospital care each benefit period. Coinsurance (the amount paid after your Part A deductible is met) for a hospital stay is:

Days 1–60	Days 61–90	Days 91+
\$0 – Covered in full after the \$1,484 deductible	\$371 per day	\$742 per day for 60 lifetime reserve days

AFTER LIFETIME RESERVE DAYS ARE USED UP, YOU PAY ALL COSTS.

A benefit period begins the day you are admitted to the hospital and ends when you haven't received any inpatient hospital or skilled care for 60 days in a row.

Lifetime reserve days are additional days of coverage beyond day 90 in the hospital. You have 60 lifetime reserve days over your lifetime, meaning they can only be used once.

Skilled nursing facility

Skilled nursing refers to intermediate, rehabilitative coverage — not long-term care. You are covered up to 100 days of skilled nursing care after a 3-day hospital stay as long as you entered the skilled nursing facility within 30 days of your discharge. The skilled nursing facility must be Medicare-certified. Coinsurance for a skilled nursing facility is:



Days 1–20	Days 21–100	Day 100+
Covered in full, no deductible	\$185.50 per day	No coverage after day 100

Home health care

Home health care includes part-time or intermittent skilled nursing care, home health aide care, physical therapy, occupational therapy, speech-language pathology services and Medicare social services.

- It does not include 24-hour-a-day care, meal delivery services, personal care or homemaker services.
- This is paid in full when ordered by a doctor and provided by a nurse and/or therapist from a Medicare-certified home health agency.



Hospice care

Hospice services are paid by Medicare and may include drugs to control symptoms and relieve pain, short-term respite care and home health services.

- Your care must be provided by a Medicare-approved hospice program.
- You pay part of the cost for outpatient drugs and inpatient respite care.



Medical coverage



MEDICARE PART B

Medicare Part B pays for medically necessary care you receive on an outpatient basis. While you do not pay a premium for Medicare Part A, you do have to pay a premium for Medicare Part B. This premium is based on when you enroll and your annual household income.

What does Medicare Part B cover?



Physician services



Outpatient care



Durable medical equipment



Laboratory services

Preventive care

Preventive care is an important part of your health and is covered under Medicare Part B. Your Welcome to Medicare Visit, Annual Wellness Exam and certain screenings and immunizations are all covered.

Deductible and coinsurance

While Part A requires a per-benefit-period deductible, the Part B deductible is per calendar year. After you have met your deductible, you are responsible for coinsurance of 20 percent, which applies to most services. There is no limit, meaning after you meet your deductible you will always be responsible for 20 percent of the cost of most services.

Depending on your health needs, you may be left with a large bill in some situations. That's why many people choose alternative coverage options, like Medicare Advantage (Part C) or Medicare supplement.

Medicare Advantage



MEDICARE PART C

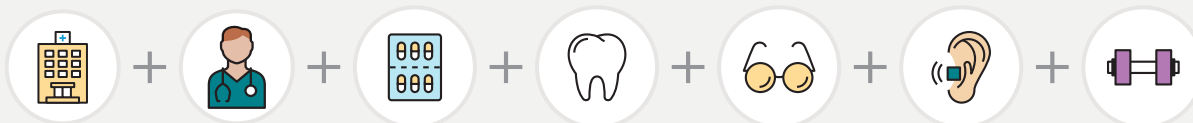
Medicare Part C, also known as Medicare Advantage, combines Medicare Part A, Medicare Part B and often Medicare Part D into one plan. Many Part C plans provide coverage for things that Original Medicare does not, including prescription drugs, vision and dental care.

All Medicare Advantage plans have to offer benefits that are equal to or better than Original Medicare. These plans are offered by private insurance companies and approved by Medicare.

To enroll in a Medicare Advantage plan, you must first enroll in Original Medicare (Part A and Part B). Then, you enroll in a Medicare Advantage plan through a private insurance provider such as Wellmark.

What does Medicare Advantage cover?

While the exact details of coverage depend on the plan you select, most plans typically cover:



- Hospital coverage
- Medical coverage
- Prescription drugs
- Dental care
- Vision care
- Hearing care
- Gym memberships
- Preventive services
- Cancer screenings
- Immunizations
- Diabetes supplies

Some plans may not cover all the items listed above, and some plans may provide even more coverage. You'll need to look at the specific plan you're interested in for more details.

How does Medicare Advantage work?

1. You may pay copays, coinsurance or deductibles for hospital and physician services.
 2. Your doctor or facility files a claim to your insurance provider.
 3. Your insurance provider processes the claim and sends you an Explanation of Benefits indicating your financial responsibility (if any).
-

Who's eligible?

To be eligible for Medicare Advantage, you must:

- Have Medicare Part A and Part B
 - Reside in the plan's service area
-

Why choose a Medicare Advantage plan?

There are many benefits to having a Medicare Advantage plan, including:

- Low or no monthly premiums
 - Premiums are the same for everyone regardless of age or health status
 - Plans typically have lower copays or deductibles than Original Medicare
 - Plans include a maximum out-of-pocket limit that Original Medicare doesn't have, making spending more predictable
 - Plans often include additional benefits like routine vision, hearing, dental and healthy living benefits
-

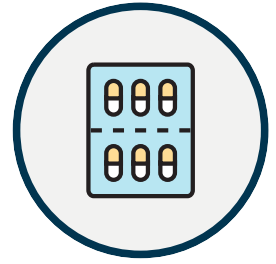
Medicare Advantage plan types

Preferred provider organization (PPO) — PPO plans require you to use doctors and hospitals in the plan's provider network in order to get the most benefits. Referrals are not needed to see a doctor, specialist or out-of-network provider; however, you may have to pay more in out-of-pocket costs.

Health maintenance organization (HMO) — HMO plans have a network of doctors and hospitals. If you want to see a provider outside of the network, you may need a referral. Many HMO plans are now Open Access, which means they don't have a primary care physician requirement. Check with your plan to confirm what type of network access is included.

Point-of-service (POS) — POS plans are a hybrid of the HMO and PPO options. Like an HMO plan, participants designate a primary care provider. Members may go out-of-network to see a provider, but will end up paying most of the cost, unless their primary care doctor has made a referral.

Prescription drugs



MEDICARE PART D

Medicare Part D helps cover prescription costs. You can either enroll in a stand-alone Part D plan and pay a monthly premium, or choose a Medicare Advantage plan that offers drug coverage. Both are available and delivered through private insurance companies that contract with Medicare. Medicare Part D can help protect you from unexpected drug costs that can quickly add up. Drug plans vary by types of drugs covered, how much you pay and the pharmacy you use.

Enrolling and switching plans

You can enroll in a prescription drug plan during your Initial Enrollment Period. If you don't enroll, CMS may charge you a penalty (in the form of a higher monthly Part D premium) when you enroll later. The longer you wait to enroll, the higher the penalty.

You can switch your prescription drug coverage during the Annual Enrollment Period, which runs every year from Oct. 15 through Dec. 7. There are Special Enrollment Periods that may allow you to switch outside the Annual Enrollment Period. Some examples include:

- You are eligible for financial help from Social Security.
- You move outside your plan's service area.
- Your plan's government contract ends, or the plan goes out of business.
- You lose prescription drug coverage from an employer or union, or your drug coverage is no longer as good as the standard Part D benefit.

Medicare supplement



ALSO CALLED MEDIGAP PLANS

Medicare supplement plans are sold by private health insurance companies and help pay for some health care costs and services not covered by Original Medicare, such as deductibles, copays and coinsurance.

What's covered?

The exact coverage depends on which Medicare supplement plan you choose. With some options, you may have virtually no out-of-pocket costs except for your Part B deductible. Dental, vision, hearing and prescription drug coverage are not usually covered in a Medicare supplement plan, although many carriers offer this extra coverage as an additional benefit you can add on for a monthly premium.

How does Medicare supplement work?

1. When you receive care, Medicare will pay its share of the Medicare-approved amount for covered health care costs.
2. Then, your Medicare supplement policy pays its share.
3. If there are any remaining costs, you pay any amount not covered by Original Medicare or your Medicare supplement plan.

Who's eligible?

To be eligible for a Medicare supplement plan, most plans require that you:

- Are enrolled in Medicare Part A and B
- Have your primary residence in the service area of the plan

Why choose a Medicare supplement plan?

- There are many plan options to fit the level of coverage you need.
- You can choose from options that allow you to pay very little out-of-pocket costs.
- You have the ability to receive care from any Medicare-participating provider (no need to worry about a network).



Know your options

GET THE INFORMATION YOU NEED TO DECIDE.

Learn more about the differences between Medicare Advantage and Medicare supplement plans, special considerations for working past age 65 and important timelines you may need to know.

Compare plans



Medicare Advantage vs. Medicare supplement

At first glance, it can be difficult knowing whether a Medicare Advantage plan or Medicare supplement plan is right for you. When deciding, it's important to think about your health, lifestyle and financial obligations. Here are a few of the differences between Medicare Advantage and Medicare supplement plans to keep in mind.

MEDICARE ADVANTAGE	MEDICARE SUPPLEMENT
Change your plan during certain times of the year — regardless of your health	Change your plan at any time throughout the year
Networks	Nationwide coverage
Benefits may change from year to year	Benefits remain the same from year to year
Premium amounts are the same regardless of age, gender, ZIP code or tobacco use	Premiums are typically based on age, gender and tobacco use
Usually lower premiums than Medicare supplement; however, you will have out-of-pocket costs	Usually higher premiums than Medicare Advantage with lower out-of-pocket expenses when you receive care
Most plans include health and prescription drug benefits under one plan — at no additional cost	For prescription coverage, a prescription drug plan (Medicare Part D) is purchased separately
Typically includes additional benefits not covered by Original Medicare, such as dental, routine vision and hearing checkups, and gym memberships	Extra coverage for dental, vision and hearing benefits are usually purchased separately

By knowing the differences between these two types of plans and thinking about your needs, you can choose a plan that fits you. No matter what plan you choose, with Wellmark you'll get support from a company dedicated to serving its members.

Retiring after age 65



Not planning on retiring anytime soon?

The days of everyone retiring the minute they turn 65 are long gone. Many people want to keep busy — and this often includes working past age 65. If that sounds like you, here are some things to consider when it comes to Medicare.

Delaying Part B (Medical coverage)

If you have access to health coverage through an employer or spouse's employer, you can delay enrolling in Medicare Part B until you either start working part time or retire completely — without being penalized. Once you or your spouse retire, or you go part time, you will enter a Special Enrollment Period. Contact Social Security within 90 days of your retirement date to advise them that you are going to be retiring and determine your effective date of Medicare coverage.

Remember that as soon as you enroll in Part B, your Medicare Advantage and Medicare supplement open enrollment period starts. So, you'll want to be ready to enroll in any additional coverage at this time, too.

Delaying Part D (Prescription drug coverage)

Again, as long as you have creditable drug coverage through an employer or spouse's employer, you have the option to delay enrolling in Part D until you either start working part time or retire completely without being penalized. However, if your current coverage is not considered creditable, meaning equal to or better than the basic Medicare Part D benefit, you could incur a late enrollment penalty for not enrolling when you are first eligible. Special enrollment occurs when either you or your spouse retires, or you go part time.

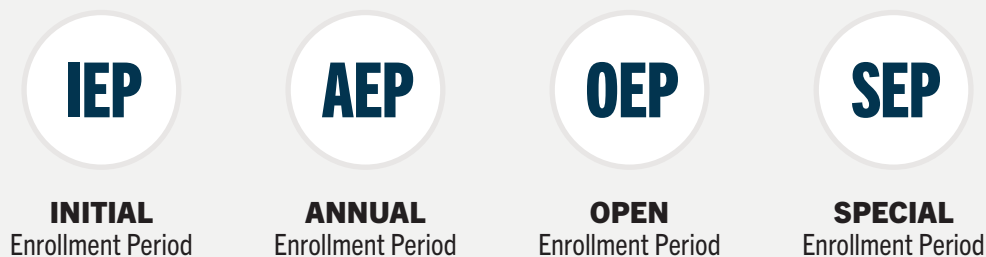
Contact Social Security within 90 days of your retirement date to advise them that you are going to be retiring and determine your effective date of Medicare coverage.

Enrollment periods



WHAT YOU NEED TO DO AND WHEN

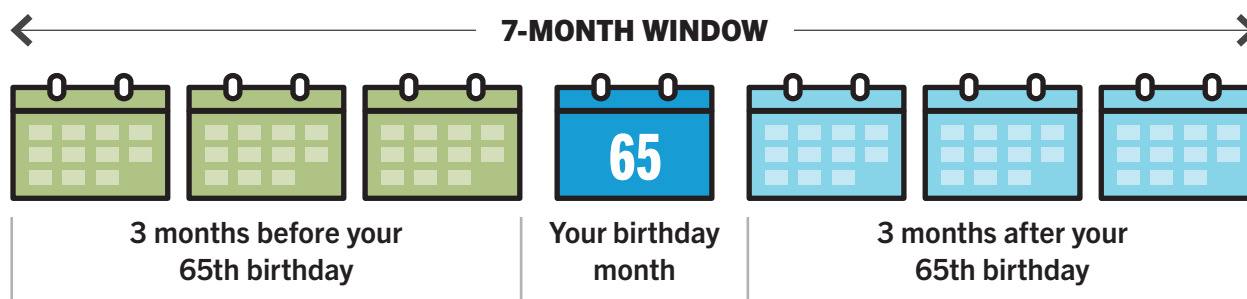
Enrollment periods to mark on your calendar



Initial Enrollment Period (IEP)

WHEN: Begins three months before you turn 65 and ends three months after you turn 65.

WHAT YOU CAN DO: When you are first eligible for Medicare, you have a 7-month initial enrollment period to sign up for Part A and/or Part B. Once you're enrolled in Original Medicare, you can also sign up for a Medicare Advantage plan or sign up for a Medicare supplement plan and Part D (prescription drug) plan.



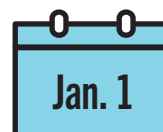
Annual Enrollment Period (AEP)

WHEN: Each year, from Oct. 15–Dec. 7.

WHAT YOU CAN DO: Make changes to your Medicare Advantage or Medicare prescription drug coverage for the upcoming year.



Enroll from Oct. 15 – Dec. 7

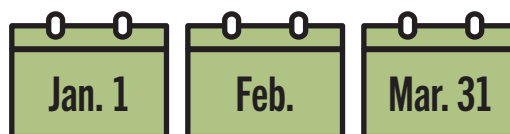


Effective on Jan. 1

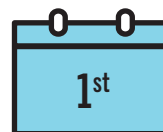
Medicare Advantage Open Enrollment Period (OEP)

WHEN: Each year, from Jan. 1–Mar. 31.

WHAT YOU CAN DO: If you're enrolled in a Medicare Advantage plan, you can switch to a different Medicare Advantage plan or switch to Original Medicare (and a separate Medicare drug plan) during this time.



Enroll from Jan. 1 – March 31

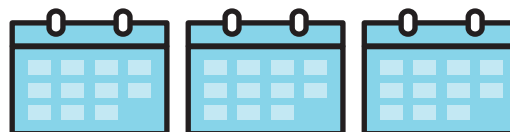


Effective on the first day of the month following your changes.

Special Enrollment Period (SEP)

WHEN: A limited time period throughout the year when you can add or switch coverage. The length of your SEP depends on your specific situation. Go to Medicare.gov to learn more.

WHAT YOU CAN DO: You can make changes to your Medicare Advantage and Medicare prescription drug coverage when certain events happen in your life, like if you move or you lose other insurance coverage.



Limited time period



Take the next step

CONTACT A LOCAL WELLMARK EXPERT

Now that you've learned about the Medicare basics, when to enroll and your options for additional coverage, it's time to talk to an expert. When you are making decisions about your health coverage, it's important to know what questions to ask.

Coverage checklist



FIVE IMPORTANT QUESTIONS TO ASK

- Is my doctor in the plan's network?**
WHY: If your current doctor doesn't accept Medicare or isn't part of your plan's network, you may need to find a new doctor, or find a different plan that includes your preferred doctor.
- Is my pharmacy in the plan's network?**
WHY: If your pharmacy is not part of your plan's network, you may have to find a new pharmacy, or find a different plan that includes your pharmacy of choice.
- Are my prescriptions covered?**
WHY: You should list out the prescription drugs you regularly take and make sure they are covered under the plan you're considering. It may also be helpful to determine what you might pay each month for your prescriptions.
- What will my monthly costs be?**
WHY: You will need to continue paying your Part B premium each month, plus any monthly premiums to pay for your additional coverage. Knowing how much you'll pay each month will give you the confidence and freedom to enjoy retirement.
- Does this plan cover everything I need it to?**
WHY: All plans have different coverage levels. If you want coverage for dental, vision, hearing, gym memberships, over-the-counter drug allowances, make sure the plan you choose has these coverage options available.



Let us help.

Get personalized support from a local Wellmark expert. They'll walk you through your checklist and answer all your Medicare questions to make sure you find the best plan for your needs.



CONTACT AN AGENT

Contact your authorized independent agent or find one at [Wellmark.com/AgentFinder](https://www.wellmark.com/AgentFinder).



CONTACT WELLMARK

Call Wellmark at 800-336-0505,* 8 a.m. to 5 p.m. daily, Central Time (TTY hearing-impaired users call 711).

*Calling this number will take you to a licensed sales agent.

Frequently asked questions



FIND YOUR ANSWERS HERE.

Medicare can be confusing, so it's normal to have questions.

When should I enroll in Medicare?

Generally, the best time to sign up is during your Initial Enrollment Period. See page 18 for more information on enrollment deadlines.

Which Medicare health plan is right for me?

It depends on what you need from a health plan and how much you can afford to pay. Consider these questions:

- If you travel often or for several months each year, will your health plan cover you in other parts of the country?
- Can you afford the plan's monthly premium? What are the plan's cost-sharing and out-of-pocket maximum amounts?
- Do you want a plan with drug coverage or do you prefer a stand-alone drug plan?
- Are you OK with benefits and/or cost-sharing amounts that may change each year? Or do you want a plan with benefits that do not change from year to year?

What if I'm still working at age 65 and have health insurance through my employer?

If you're still working at age 65 at a job with health benefits, or you have coverage through your spouse's group health plan, you might not need to enroll in Medicare immediately. In this case, a Special Enrollment Period allows you to enroll in Medicare later — eight months after your group health coverage is no longer available. Talk with a qualified Wellmark representative to discuss your health insurance options.

What happens with my health savings account (HSA) once I enroll in Medicare?

Generally, once you enroll in Medicare you can no longer contribute toward your HSA. However, you may still use your HSA to pay for qualifying expenses. Contact your tax advisor for more details.



What are my coverage options if I retire before age 65?

Depending on your situation, you may qualify for other coverage, or you may want to purchase an individual policy. For a detailed answer to this question, talk to a qualified representative.

Can I keep my doctor?

If continuing to see your current doctor is important to you, make sure you take this into consideration when choosing your plan. All options from Wellmark include a wide network of providers.

Do I need a physical exam to qualify for Medicare?

No. You must be 65 or older, under age 65 with a disability, or meet other requirements outlined on page 6.

Can I get Original Medicare even if I have a pre-existing condition?

Yes, you can enroll in Medicare and receive benefits no matter your health status. You won't be charged higher premiums because of past or current health conditions.

Do Original Medicare rates, deductibles and cost-sharing amounts change?

Each fall, Medicare rates and deductibles change for the coming year. Medicare members are notified of these changes by mail before the Annual Enrollment Period. The Annual Enrollment Period is between Oct. 15 and Dec. 7 each year. Changes go into effect Jan. 1 the following year.

Glossary



COMMON TERMS

Having trouble understanding industry jargon related to Medicare?
This glossary can help you understand some common terms.

Annual Wellness Exam

After you've had Part B for longer than 12 months, a yearly wellness visit is covered once every 12 months. You pay nothing if your doctor accepts Medicare and the Part B deductible generally does not apply.

Benefit period

For Original Medicare, the benefit period begins on the first day of a hospital stay and ends when you have been out of the hospital or skilled nursing facility for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Centers for Medicare & Medicaid Services (CMS)

The federal agency that runs Medicare and works with each state to run their Medicaid program.

Coinsurance

The percentage of the Medicare-approved amount you pay for a medical service. With

some plans, you do not pay coinsurance until you have paid a deductible.

Copayment (copay)

A fixed amount you pay for each medical service, such as a doctor's visit. For example, a copayment might be \$20 for a doctor's visit and \$7 for a prescription drug you receive.

Cost sharing

The way Medicare and your health plan share your health care costs with you. Types of cost sharing you may pay include deductibles, coinsurance and copayments.

Deductible

A set amount of money you must pay before your plan pays. Usually, you have a separate deductible for Medicare Part A, Part B and Part D. Deductibles may also come with Medicare Advantage and Medicare supplement plans.

Eligible care

Medical care and services that qualify to be covered by your health plan.



Lifetime reserve days

These are extra days that Original Medicare will pay for when you are in a hospital for more than 90 days. You have 60 lifetime reserve days to use during your lifetime and have a per-day coinsurance when you use them.

Medicare Advantage

A Medicare health plan in which a private health plan manages your Medicare benefits. These are sometimes referred to as Medicare Part C. Many Medicare Advantage plans may also offer prescription drug (MA-PD) benefits.

Medicare supplement (Medigap)

Health insurance policies that typically have standardized benefits and are sold by private insurance companies. Medigap policies work together with your Medicare Part A and Part B coverage. They generally allow you to go to any doctor or hospital that accepts Medicare.

Part D (prescription drug plan)

A Medicare Part D prescription drug plan may be either a stand-alone plan that you can enroll in if you have Original Medicare and/or a Medicare

supplement plan. Or, you may get your Part D coverage through a Medicare Advantage plan that provides drug coverage.

Premium

A fixed payment usually paid each month to be in a Medicare health plan or prescription drug plan.

Preventive care

Care that helps keep you healthy or find an illness or disease early, when it can be more easily treated. Examples of preventive care are flu shots, mammograms and screening for diabetes.

Welcome to Medicare Visit

Medicare Part B covers a “Welcome to Medicare” preventive visit once within the first 12 months you have Part B. You pay nothing if your doctor accepts Medicare and the Part B deductible generally doesn’t apply.

Wellmark Language Assistance

Discrimination is against the law

Wellmark Blue Cross and Blue Shield complies with applicable state and federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

You have the right to get this information and help in your language for free. If you need these services, call 800-524-9242.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم ٢٤٢٩-٤٢٥-٠٠٨ أو (خدمة الهاتف النصي: ٨٨٨-٧٨١-٤٢٦٢).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deitsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တၢ်ဒုးသ့ၣ်ညါ-န့ၣ်တၢ်တၢ်ကညိက့ၣ်, က့ၣ်တၢ်မၤတၢ်ဖဲတၢ်မၤတဖၣ်, လၢတဘျီလၢတဘျီလဲ, ဆိၣ်လၢန့ၣ်လီၤ. ဆဲးကျိးဆူၣ်၀၀-၅၂၄-၉၂၄၂ မ့တမ့ၢ် (TTY: ၈၈၈-၇၈၁-၄၂၆၂) တက့ၢ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ । 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस् ।

ማሳሰቢያ፡ አማርኛ የሚናገሩ ስሆኑ፣ የቋንቋ አገዛ አገልግሎቶቻችን ከአፍጻኔ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ደውሎ ያነጋግሩን።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNAA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hółne' 800-524-9242 doodaii' (TTY: 888-781-4262)



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