



# 65 Plus Plan (HMO)

## 2020 Summary of Benefits

This Medicare Advantage plan offers additional benefits on top of Original Medicare, like dental, vision, hearing, and acupuncture. It is designed for people who don't qualify for programs that help pay Medicare costs like Extra Help or Medicaid.

New York City and Nassau County  
January 1, 2020–December 31, 2020

H3359 001

# Snapshot of Benefits

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Premium and  
Medical Deductible

**\$0** Monthly Premium  
Medical Deductible

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Doctor Visits (Primary Care)

**\$10** Copay

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Specialist Care

**\$45** Copay

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Preventive Dental



Routine Vision



Routine Hearing



24/7 Access to Care with  
Teladoc and the Nurse Help Line

**\$0** Copay



Preferred Generic Drugs



Post-Discharge Meals



SilverSneakers® Fitness Program

# Table of Contents

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Healthfirst 65 Plus Plan Overview ..... 4

Useful Contacts ..... 7

Useful Information..... 8

Premiums, Deductibles, and Out-of-Pocket Costs ..... 9

Original Medicare vs. Healthfirst 65 Plus Plan Covered  
Medical and Hospital Benefits (in-network costs)..... 10

Part D Prescription Drug Benefits ..... 19

Frequently Asked Questions (FAQs) About Healthfirst 65 Plus Plan ..... 22

We're in Your Community..... 24

Glossary..... 26

## Healthfirst 65 Plus Plan (HMO) Overview

The Healthfirst 65 Plus Plan offers members a wide range of benefits on top of those included in Original Medicare, including routine and comprehensive dental, hearing coverage and hearing aids, vision coverage, eyeglasses and contact lenses, acupuncture, post-discharge meals, SilverSneakers®, and 24/7 access to care with Teladoc and the Nurse Help Line. Plus, you don't need a referral to see specialists.



This plan may be right for people who do not qualify for programs that help pay Medicare costs like **Extra Help** (also known as **Low Income Subsidy**), **Medicare Savings Program (MSP)**, or **Medicaid**. If you think you may qualify for any of these programs, please call us and we'll help you find a Healthfirst plan that's right for you. Call 1-877-237-1303, 7 days a week, 8am–8pm (TTY English and other languages 1-888-542-3821) (TTY Español 1-888-867-4132).

Healthfirst wants to make sure you have all the resources you need to stay healthy. This is why we offer Healthfirst 65 Plus Plan members the added assistance of a service that helps connect them with local community programs. It can support their needs and may even help them save on healthcare costs.

This is a summary document and does not include every service that we cover or list every limitation or exclusion. For a full list of services, look through your Evidence of Coverage (EOC), which can be found online at [www.HFMedicareMaterials.org](http://www.HFMedicareMaterials.org) or by calling **1-888-260-1010** (TTY 1-888-542-3821) to request a mailed copy.

## Helpful Definitions

### Health Maintenance Organization (HMO)

A type of health insurance plan. In most HMOs, you can only go to the hospitals, doctors, and other healthcare providers that have agreements with the plan, except in an emergency. You may also need to get a referral from your primary care doctor before seeing a specialist — however, with the Healthfirst 65 Plus Plan, you will never need a referral to see a specialist.

### Premium

The amount of money some people must pay monthly, quarterly, or twice a year to be covered by a health insurance plan or program.

### Copayment (or copay)

A fee that you pay each time you go to the doctor, get a prescription drug filled, or get other services.

### Coinsurance

The fee you owe a doctor for your care after you meet your annual deductible. The amount you owe is part of the cost of your care. Your insurance company pays the rest.

### What makes you eligible to be a plan member?

- You have both Medicare Part A and Medicare Part B
- You live in either New York City or Nassau County
- You are a United States citizen or are lawfully present in the United States
- You do not have End-Stage Renal Disease (ESRD), with limited exceptions, such as if you develop ESRD when you are already a member of a plan that we offer, or you were a member of a different plan that was terminated.



# Useful Contacts

Plan Effective Date \_\_\_\_\_

Name of Healthfirst Sales Representative \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Primary Care Provider \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Healthfirst Website

**www.healthfirst.org/medicare**

Healthfirst Medicare Plans (for non-members)

**1-877-237-1303**

TTY 1-888-542-3821

7 days a week, 8am–8pm

Healthfirst Member Services

**1-888-260-1010**

TTY 1-888-542-3821

7 days a week, 8am–8pm

Teladoc

**1-800-TELADOC (1-800-835-2362)**

TTY 1-800-877-8973

7 days a week, 24 hours a day

Healthfirst's Nurse Help Line

**1-855-NURSE33 (1-855-687-7333)**

7 days a week, 24 hours a day

TTY 711

DentaQuest

**1-800-508-2047**

TTY 711

Monday to Friday, 9am–6pm

SilverSneakers

**1-888-423-4632**

TTY 711

Monday to Friday, 8am–8pm

Davis Vision

**1-800-753-3311**

Monday to Friday, 8am–11pm,  
Saturday, 9am–4pm, Sunday, 12pm–4pm

NationsHearing

**1-877-438-7251**

TTY 711

Monday to Friday, 8am–8pm

Medicare

**1-800-MEDICARE (1-800-633-4227)**

TTY 1-877-486-2048

7 days a week, 24 hours a day

www.medicare.gov

Elderly Pharmaceutical Insurance  
Coverage (EPIC) Program

**1-800-332-3742**

TTY 1-800-290-9138

Monday to Friday, 8:30am–5pm

Pharmacy Benefits

**1-888-260-1010**

TTY 711

7 days a week, 24 hours a day

Social Security

**1-800-772-1213**

TTY 1-800-325-0778

Monday to Friday, 7am–7pm

# Useful Information

## Provider/Pharmacy Directory

The best way to find a doctor or specialist and pharmacy in the Healthfirst network is to visit [www.HFDocFinder.org](http://www.HFDocFinder.org).

You may also stop by one of our convenient Community Offices (visit [www.healthfirst.org](http://www.healthfirst.org) for locations) or call our Member Services at **1-888-260-1010 (TTY 1-888-542-3821)** for assistance.



## Healthfirst Formulary

To download a copy of your Healthfirst Medicare Plan Formulary, visit [www.HFMedicareMaterials.org](http://www.HFMedicareMaterials.org). You can also pick one up at a Healthfirst Community Office. A formulary is a list of prescription drugs (both generic and brand name) covered by your health plan.



## Medicare & You

Visit [www.medicare.gov](http://www.medicare.gov) to view the handbook online or order a copy by calling **1-800-MEDICARE (1-800-633-4227)**.

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week or download a copy of the handbook by visiting [www.medicare.gov/medicare-and-you/medicare-and-you.html](http://www.medicare.gov/medicare-and-you/medicare-and-you.html).



### Word to know on this page:

Formulary

To learn what this word means, see the Glossary on page 26



## Premiums, Deductibles and Out-of-Pocket Costs

The following are the healthcare costs associated with the Healthfirst 65 Plus Plan:

Monthly Premium	Deductible	Maximum Out of Pocket (MOOP) (does not apply to prescription drugs)
\$0	\$0 deductible for most medical and hospital benefits	\$6,700 for services received from in-network providers

### Important information:

<p>You must continue to pay your Medicare Part B premium (\$135.50/month in 2019).</p> <p>The Medicare Part B premium amount may change for the following year and we will provide updated rates as soon as Medicare releases them.</p>	<p>There is a \$100 deductible for comprehensive dental services.</p> <p>There is a \$350 deductible for your Tier 2, Tier 3, Tier 4, and Tier 5 prescription drugs.</p>	<p>This does not apply to prescription drug costs. You will still need to pay your share of the costs for prescription drugs.</p> <p>With Original Medicare, there's no cap on what you spend on healthcare!</p>
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If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and **Healthfirst will pay the full cost for the rest of the year**. Please refer to the "Medicare & You" handbook for Medicare-covered services.

### Words to know on this page:

Original Medicare

Part B

Part D

To learn what these words mean, see the Glossary on page 26

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# Frequently Asked Questions (FAQs)

## About Healthfirst 65 Plus Plan:

### Who can join the Healthfirst 65 Plus Plan?

To join Healthfirst 65 Plus Plan, you must be entitled to Medicare Part A, be enrolled in and continue to pay for Medicare Part B, not have End-Stage Renal Disease (ESRD), and live in the Healthfirst 65 Plus Plan service area. Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Queens, and Richmond. While anyone can join Healthfirst 65 Plus Plan, the plan is designed for people who don't qualify for programs that help pay Medicare costs like Extra Help or Medicaid. If you think you may qualify for any of these programs, please call us and we'll help you find a Healthfirst plan that's right for you. Call **1-877-237-1303**, 7 days a week, 8am–8pm (TTY 1-888-542-3821).

### Which doctors, hospitals, and pharmacies can I use?

Healthfirst 65 Plus Plan has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directory at our website ([www.HFDocFinder.org](http://www.HFDocFinder.org)). Or call us and we will send you a copy of the provider and pharmacy directories.

### What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and more. Here are some medical costs that Healthfirst covers and Original Medicare does not:

- Annual deductible
- Routine eye exams and eyeglasses
- Charges for prescription drugs
- Hearing checkups and hearing aids
- Dental care
- Acupuncture



# Frequently Asked Questions (FAQs) (Cont.)

## Comparing Healthfirst 65 Plus Plan with other insurance options:

### **How is Healthfirst 65 Plus Plan different from Original Medicare?**

This offers additional benefits on top of Original Medicare (like dental, vision, hearing and acupuncture) and may be right for you if you do not qualify for extra financial help.



### **How is Healthfirst 65 Plus Plan different from other Medicare HMOs?**

Unlike other HMOs, you don't need a referral to see a specialist with the Healthfirst 65 Plus Plan.



## Plan costs:

### **How will I determine my drug costs?**

Our plan groups each medication into one of five "tiers." See chart on page 20 for a general overview of your drug costs. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Earlier in this document, we discussed the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.



### **Will I have to pay a monthly premium or deductible?**

The Healthfirst 65 Plus Plan has a \$0 premium and a \$0 deductible for most medical and hospital services. There is an annual deductible of \$100 for comprehensive dental services and an annual deductible of \$350 for prescription drug tiers 2–5. For tier 1 drugs, there is no deductible.



### **Whom should I contact if I need help with healthcare costs?**

Contact your Member Services. The number can be found on page 7.



# We're in Your Community

Visit our community offices if you have any questions about our Medicare plans or your health benefits:

## BRONX

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**412 East Fordham Road**  
(entrance on Webster Avenue)

**774 East Tremont Avenue**  
(between Prospect and Marmion Avenues)

## BROOKLYN

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Bensonhurst

**2236 86th Street**  
(between Bay 31st and Bay 32nd Streets)

Flatbush

**2166 Nostrand Avenue**  
(between Avenue H and Hillel Place)

Sunset Park

**5324 7th Avenue**  
(between 53rd and 54th Streets)

## MANHATTAN

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Chinatown

**128 Mott Street, Room 407**  
(between Grand and Hester Streets)

**28 East Broadway, 5th Floor**  
(between Catherine and Market Streets)

Washington Heights

**1467 St. Nicholas Avenue**  
(between West 183rd and  
West 184th Streets)

Harlem

**34 E. 125th Street**  
(corner of 125th Street and Madison Avenue)

## QUEENS

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Elmhurst

**40-08 81st Street**  
(between Roosevelt and 41st Avenues)

Flushing

**41-60 Main Street, Rooms 201 & 311**  
(between Sanford and Maple Avenues)

**37-02 Main Street**  
(between 37th and 38th Avenues)

Jackson Heights

**93-14 Roosevelt Avenue**  
(between Whitney Avenue and 94th Street)

Jamaica Colosseum Mall

**89-02 165th Street**  
Main Level

Richmond Hill

**122-01 Liberty Avenue**  
(between 122nd and 123rd Streets)

## LONG ISLAND

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Hempstead

**50 Clinton Street**  
(between Front Street and  
Fulton Avenue)

Valley Stream

**2034 Green Acres Mall Sunrise  
Highway, Level 1**  
(in the Macy's Men's Wing)



# Glossary

## **Ambulatory Surgery**

Takes place in a center that exclusively provides outpatient surgical services to patients not requiring hospitalization and whose expected stay does not exceed 24 hours.

## **Benefit Period**

Begins the day you're admitted into a hospital or Skilled Nursing Facility (SNF) and ends when you have been discharged. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

## **Bone Mass Measurement**

Measures bone density to determine whether a patient has osteoporosis (bone disease).

## **Cardiovascular Screening**

Test for heart disease.

## **Coinsurance**

The fee you owe a doctor for your care after you meet your annual deductible. The amount you owe is part of the cost of your care. Your insurance company pays the rest.

*Example:* A common coinsurance is 20%. In this case, after you meet your deductible, Healthfirst will pay 80% of the remaining cost. You will pay 20% of the remaining cost.

With Original Medicare, you will pay a 20% coinsurance for most outpatient services.

However, with the Healthfirst 65 Plus Plan, you'll pay a lower copay for many of those same services.

## **Colonoscopy**

Medical procedure where a long, flexible, tubular instrument is used to view the entire inner lining of the colon (large intestine) and the rectum.

## **Copayment (or copay)**

A fee that you pay each time you go to the doctor, get a prescription drug filled, or get other services.

*Example:* If your health plan has a \$20 PCP copayment, you must pay \$20 for a checkup with your Primary Care Provider (PCP).

## **Cost Sharing**

The general term for your health expenses, including deductibles, coinsurance, and copayments.

## **Covered Service**

A service that you are entitled to and which your plan will cover under the terms of your plan.

## **CT**

Computed tomography is a medical 3-D imaging technique.

**Deductible**

The amount of money some people must pay in covered expenses each year before their plan or program pays anything for certain covered services. The deductible may not apply to all services.

*Example:* If your deductible is \$500, you need to spend \$500 for covered healthcare services within one year before your plan or program will start paying for your health services. Your deductible resets once every year.

**Diabetes Screening**

Test for high blood sugar levels.

**Effective Date**

The date on which your plan coverage begins.

**Explanation of Benefits (EOB)**

A form that you will receive that explains the treatments you and/or a dependent received, the portion of the cost that is covered under your plan, and the amount left that you may have to pay or may have already paid directly to your provider.

**Evidence of Coverage (EOC)**

The EOC gives you details about what the plan covers, how much you pay, and more.

**Extra Help**

Also known as the "Low-Income Subsidy." People who qualify for this program get help paying their plan's monthly premiums, as well

as the yearly deductible and copayments for their prescription drugs.

**Formulary**

A list of prescription drugs (both generic and brand name) covered by your health plan. This may also be called a list of Part D prescription drugs.

**Health Maintenance Organization (HMO)**

A type of health insurance plan. In most HMOs, you can only go to the hospitals, doctors, and other healthcare providers that have agreements with the plan, except in an emergency. You may also need to get a referral from your primary care doctor before seeing a specialist.

**Hospital Affiliation**

Shows the hospital(s) where a doctor/provider can treat patients.

**In-Network Provider**

The doctors and hospitals that are part of the Healthfirst network who provide healthcare to our members.

**Inpatient**

An inpatient hospital stay is when a doctor admits you into the hospital for treatment.

**Mammogram**

A diagnostic X-ray of the breast.



# Glossary (Cont.)

## **Maximum Out-of-Pocket (MOOP)**

The most you have to pay each year for expenses covered by your plan (i.e., the sum of the deductible, copay, and coinsurance amounts).

Once you reach this amount, you do not pay anything for most services. This does not include your monthly premium costs, any charges from out-of-network healthcare providers, prescription drugs, or services that are not covered by the plan.

Remember, Original Medicare does not have a MOOP or any cap on spending, so your healthcare expenses can be very high over the course of a year.

## **Medicaid**

A joint Federal and state program that helps with medical costs for some people with limited income and resources. Medicaid programs vary from state to state, but most healthcare costs are covered if you qualify for both Medicare and Medicaid.

## **Medicare Savings Program**

A Medicaid program that helps people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance.

## **MRI**

Magnetic resonance imaging uses a strong magnetic field to create detailed images of your organs and tissues.

## **Network**

A group of doctors and hospitals contracted to provide healthcare services to members of a health plan.

## **Original Medicare**

Fee-for-service coverage under which the government pays your healthcare providers directly for your Part A (Hospital) and/or Part B (Medical) benefits.

## **Out-of-Network Provider**

A healthcare provider (doctor or hospital) that is not a part of a plan network. You will typically pay more if you use a provider that is not in your plan network.

## **Outpatient**

Medical services that do not require an overnight hospital stay.

## **Part B**

Medicare coverage that covers preventive and medically necessary services.

## **Part D**

Adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans. These plans are offered by insurance companies and other private companies approved by Medicare. Medicare Advantage Plans may also offer

prescription drug coverage that follows the same rules as Medicare Prescription Drug Plans.

### **Preauthorization/Precertification (also known as Prior Authorization)**

Some healthcare plans, including Healthfirst, require you to check with them before you get certain services. This is to make sure that these healthcare services are necessary and are covered before you get them so that you will not be responsible for the entire cost. Preauthorization is required for many services, but it is not required in an emergency.

### **Premium**

The amount of money some members must pay monthly, quarterly, or twice a year to be covered by a health insurance plan or program.

### **Preventive Care Services**

Services you receive from your doctor that help prevent disease or to identify disease while it is more easily treatable. Under Healthcare Reform, most of these services are 100% covered by your insurance plan, which means that you will not have to pay for them.

### **Primary Care Provider (PCP)**

Your Primary Doctor (also known as a Primary Care Doctor, Primary Care Physician, or PCP) is the doctor who provides you with basic healthcare and preventive services to help make sure you stay healthy. Your PCP coordinates

most of your care, authorizes treatment, and may refer you to specialists.

### **Referral**

A written order from your primary care doctor for you to see a specialist or get certain services. In many HMOs, you need to get a referral before you can get care from anyone except your primary care doctor. If you don't get a referral first, the plan may not pay for your care.

With Healthfirst 65 Plus Plan, you can see a specialist without getting a referral from your doctor.

### **Subsidy**

Monetary assistance to help pay health insurance expenses, provided in the form of a refundable tax credit.

### **Special Needs Plan (SNP)**

Medicare Special Needs Plans are a type of Medicare Advantage Plan designed for certain types of people with Medicare. Some Special Needs Plans are for people with certain chronic diseases and conditions, some are for people who have both Medicare and Medicaid, and some are for people who live in an institution such as a nursing home.

Healthfirst Health Plan, Inc. offers HMO plans that contract with the Federal Government. Enrollment in Healthfirst Medicare Plan depends on contract renewal.

Limitations, copayments, and restrictions may apply.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The Healthfirst Medicare Plan service area includes the Bronx, Brooklyn, Manhattan, Queens, Staten Island and Nassau and Westchester counties. Plans may vary by county.

SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2019 Tivity Health, Inc. All rights reserved.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on [www.medicare.gov](http://www.medicare.gov).

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This information is available for free in other languages. Please call our Member Services number at 1-888-260-1010, TTY number 1-888-542-3821, 7 days a week, from 8am to 8pm.

Esta información está disponible de forma gratuita en otros idiomas. Por favor, llame a nuestro número de Servicios a los Miembros al 1-888-260-1010, o al 1-888-867-4132 para los usuarios de TTY, los 7 días de la semana, de 8:00 a.m. a 8:00 p.m.

本資訊有其他語言版本供免費索取。請致電我們的會員服務部，服務時間每週七天，每天上午8時至晚上8時，電話號碼是1-888-260-1010，聽力語言殘障服務專線TTY 1-888-542-3821。

This document is available in other formats, such as braille and large print. This document may be available in a non-English language. For additional information, call us at 1-888-260-1010.

Este documento puede estar disponible en otros formatos como Braille y en letra grande. Este documento puede estar disponible en otros idiomas además del inglés. Para más información, llámenos al 1-888-260-1010.

本文件可以其他形式提供，例如盲文及大字印本。本文件可能有英語之外的其他語言文本。如需更多資訊，請給我們來電，電話號碼是1-888-260-1010。

## Notice of Non-Discrimination

Healthfirst complies with Federal civil rights laws. Healthfirst does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Healthfirst provides the following:

- Free aids and services to people with disabilities to help you communicate 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 first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **Healthfirst** at **1-866-305-0408**.  
For TTY services, call **1-888-542-3821**.

If you believe that Healthfirst has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Healthfirst by:

- **Mail:** Healthfirst Member Services, P.O. Box 5165, New York, NY, 10274-5165
- **Phone:** **1-866-305-0408** (for TTY services, call 1-888-542-3821)
- **Fax:** 1-212-801-3250
- **In person:** 100 Church Street, New York, NY 10007
- **Email:** <http://healthfirst.org/members/contact/>

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

- **Web:** Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **Mail:** U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- **Phone:** **1-800-368-1019** (TTY 800-537-7697)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-866-305-0408 (TTY 1-888-542-3821).	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-305-0408 (TTY: 1-888-867-4132).	Spanish
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 1-866-305-0408 (TTY: 1-888-542-3821)。	Chinese
ملحوظة: إذا كنت تتحدث العربية، فسوف تتوفر خدمات المساعدة اللغوية لك بالمجان. اتصل برقم 1-866-305-0408 (TTY: 1-888-542-3821).	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-866-305-0408 (TTY: 1-888-542-3821).번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-305-0408 (TTY: 1-888-542-3821).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-305-0408 (TTY: 1-888-542-3821).	Italian
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-305-0408 (TTY: 1-888-542-3821).	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-305-0408 (TTY: 1-888-542-3821).	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-866-305-0408 (TTY: 1-888-542-3821).	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-305-0408 (TTY: 1-888-542-3821).	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-305-0408 (TTY: 1-888-542-3821).	Tagalog
লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৬৬-৩০৫-০৪০৮ (TTY: 1-888-542-3821)।	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-305-0408 (TTY: 1-888-542-3821).	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-305-0408 (TTY: 1-888-542-3821).	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-305-0408 (TTY: 1-888-542-3821)۔	Urdu









