

# 2019 Annual Notice of Changes

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AETNA BETTER HEALTH<sup>®</sup> OF ILLINOIS  
(Medicare-Medicaid Plan)

Aetna Better Health<sup>SM</sup> Premier Plan (Medicare-Medicaid Plan)  
is a health plan that contracts with both Medicare and Illinois Medicaid  
to provide benefits of both programs to enrollees.

**[www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois)**

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**aetna<sup>®</sup>**



**Aetna Better Health Premier Plan (Medicare-Medicaid Plan) offered by Aetna Better Health, Inc. (IL)**

***Annual Notice of Changes for 2019***

**Introduction**

You are currently enrolled as a member of Aetna Better Health Premier Plan. Next year, there will be some changes to the plan’s benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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**If you have questions**, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois)**.

# Aetna Better Health Premier Plan ANNUAL NOTICE OF CHANGES FOR 2019

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## A. Disclaimers

- ❖ Aetna Better Health Premier Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees

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## B. Reviewing Your Medicare and Medicaid Coverage for Next Year


It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section G2 for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 10 to see your choices).
- You will get your Medicaid benefits through fee-for-service or a HealthChoice Illinois Medicaid Managed Long-Term Services and Supports (MLTSS) plan (go to page 11 for more information).

**NOTE:** Effective January 1, 2019, if you're in a drug management program, you may not be able to change plans. See Chapter 5 of your *Member Handbook* for information about drug management programs.

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 **If you have questions**, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois).

## **B1. Additional Resources**

- **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

ATENCIÓN: Si habla español, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-866-600-2139 (TTY: 711)** las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.

- You can get this information for free in other formats, such as large print, braille, or audio. Call **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- If you wish to make a standing request to receive materials in a language other than English, or in an alternate format, you can call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week.

## **B2. Information about Aetna Better Health Premier Plan**

- Aetna Better Health Premier Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- Coverage under Aetna Better Health Premier Plan qualifies as minimum essential coverage (MEC). It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement for MEC.
- Aetna Better Health Premier Plan is offered by Aetna Better Health, Inc. (IL). When this *Annual Notice of Changes* says "we," "us," or "our," it means Aetna Better Health, Inc. (IL). When it says "the plan" or "our plan," it means Aetna Better Health Premier Plan.

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**If you have questions**, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois).

### **B3. Important things to do:**

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit changes to make sure they will work for you next year.
  - Look in sections D1 and D2 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section D2 for information about changes to our drug coverage.
- **Check to see if your providers and pharmacies will be in our network next year.**
  - Are your doctors in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

*This section is continued on the next page.*



**If you have questions**, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois).

**If you decide to stay with Aetna Better Health Premier Plan:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

**If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (see section G2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E, page 9 to learn more about your choices.

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## C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2019.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at [www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois). You may also call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.

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## D. Changes to benefits and costs for next year

### D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes.

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**If you have questions**, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois).



	2018 (this year)	2019 (next year)
<b>Nursing Home Services (NHS)</b>	The patient pay amount is \$6900.00	The patient pay amount is \$7507.27
<b>Institution for Mental Disease Services for Individuals 65 or Older (IMDS)</b>	The patient pay amount is \$6900.00	The patient pay amount is \$7507.27
<b>Medicare Part B Prescription Drugs</b>	Part B drugs do <u>not</u> have step therapy requirements.	Part B drugs may have step therapy requirements.

## D2. Changes to prescription drug coverage

### Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at [www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois). You may also call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week for updated drug information or to ask us to mail you a *List of Covered Drugs*.


We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to see if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week or contact your case manager to ask for a list of covered drugs that treat the same condition
  - This list can help your provider find a covered drug that might work for you.
- Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply will be for up to 30 days in the outpatient setting and 31 days in long-term care facility. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook*.)

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- o When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
- o If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 30 days of medication in outpatient setting and 31 days for long-term care residents. You must fill the prescription at a network pharmacy.
- o Long-term care pharmacies may provide your prescription drug in small amounts at a time to prevent waste.

**If you have a current formulary exception approval for a drug that is not on the 2018 Drug List**, the formulary exception is set to expire on December 31, 2018. If the drug is not on the 2019 Drug List, you can make a new request to Aetna Better Health Premier Plan to make an exception to cover the drug for 2019. Please call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week to request a formulary exception for 2019.

### Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2019. Read below for more information about your prescription drug coverage.

**We moved some of the drugs on the Drug List to a lower or higher drug tier.** To see if your drugs will be in a different tier, look them up in the Drug List.

The following table shows your costs for drugs in each of our 3 drug tiers.

	2018 (this year)	2019 (next year)
<b>Drugs in Tier 1</b> (Part D prescription brand name and generic drugs)  Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.

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	2018 (this year)	2019 (next year)
<p><b>Drugs in Tier 2</b></p> <p>(Part D prescription brand name and generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p><b>Drugs in Tier 3</b></p> <p>(Non-Part D prescription and over-the-counter drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>

## E. How to choose a plan


### E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2019.

### E2. How to change plans

If you want to keep getting your Medicare and Medicaid benefits together from a single plan, you can join a different Medicare-Medicaid Plan. You can enroll in the new Medicare-Medicaid Plan by calling Illinois Client Enrollment Services Monday through Friday from 8 a.m. to 6 p.m. at 1-877-912-8880. TTY users should call 1-866-565-8576. The call and help are free.

 **If you have questions**, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois).

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

**NOTE:** Effective January 1, 2019, if you're in a drug management program, you may not be able to change plans. See Chapter 5 of your *Member Handbook* for information about drug management programs.

### **E3. What if you don't want to join a different Medicare-Medicaid Plan**

If you do not want to enroll in a different Medicare-Medicaid Plan after you leave Aetna Better Health Premier Plan, you will go back to getting your Medicare and Medicaid services separately.

### **E4. How you will get Medicare services**

You will have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our Medicare-Medicaid Plan:

<p><b>1. You can change to:</b></p> <p><b>A Medicare health plan (such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE))</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.</li></ul> <p>You will automatically be disenrolled from Aetna Better Health Premier Plan when your new plan's coverage begins.</p>
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**If you have questions**, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois).

<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.</li> </ul> <p>You will automatically be disenrolled from Aetna Better Health Premier Plan when your Original Medicare coverage begins.</p>
<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you get drug coverage from an employer, union or other source.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.</li> </ul> <p>You will automatically be disenrolled from Aetna Better Health Premier Plan when your Original Medicare coverage begins.</p>

## F. How you will get Medicaid services

If you leave the Medicare-Medicaid Plan, you will either get your Medicaid services through fee-for-service or be required to enroll in the HealthChoice Illinois Medicaid Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services.

 **If you have questions**, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois).

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If you are not in a nursing facility or enrolled in a Home and Community Based Services (HCBS) Waiver, you will get your Medicaid services through fee-for-service. You can see any provider that accepts Medicaid and new patients.

If you are in a nursing facility or are enrolled in an HCBS Waiver, you will be required to enroll in the HealthChoice Illinois MLTSS program to get your Medicaid services.

To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576. Tell them you want to leave Aetna Better Health Premier Plan and join a HealthChoice Illinois MLTSS health plan.

If you don't pick a HealthChoice Illinois Medicaid Managed Long-Term Services and Supports (MLTSS) health plan, you will be assigned to a different company's HealthChoice Illinois MLTSS health plan. Aetna Better Health Premier Plan does not have a HealthChoice Illinois MLTSS health plan.

After you are enrolled in a HealthChoice Illinois Medicaid MLTSS health plan, you will have 90 days to switch to another HealthChoice Illinois MLTSS health plan.

You will get a new Member ID Card, a new *Member Handbook*, and a new *Provider Directory* from your HealthChoice Illinois MLTSS health plan.

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### G. How to get help

#### G1. Getting help from Aetna Better Health Premier Plan

Questions? We're here to help. Please call Member Services at **1-866-600-2139 (TTY only, call 711)**. We are available for phone calls 24 hours a day, 7 days a week.

##### **Your 2019 Member Handbook**


The *2019 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

An up-to-date copy of the *2019 Member Handbook* is always available on our website at **[www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois)**. You may also call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week to ask us to mail you a *2019 Member Handbook*.

##### **Our website**

You can also visit our website at **[www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois)**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

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 **If you have questions**, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois)**.

## **G2. Getting help from Illinois Client Enrollment Services**

Illinois Client Enrollment Services is available to help you understand your health care choices. It is a good place to start if you have questions about the different plans available to you and how the plans work. You can call Illinois Client Enrollment Services at 1-877-912-8880, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-866-565-8576. The call and help are free.

## **G3. Getting help from the Illinois Long Term Care Ombudsman Program**

The Illinois Long Term Care Ombudsman Program is an ombudsman program that can help you if you are having a problem with Aetna Better Health Premier Plan. The ombudsman's services are free.

- The Illinois Long Term Care Ombudsman Program is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The Illinois Long Term Care Ombudsman Program makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The Illinois Long Term Care Ombudsman Program is not connected with us or with any insurance company or health plan. You can call the Illinois Long Term Care Ombudsman Program at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

## **G4. Getting help from the State Health Insurance Assistance Program (SHIP)**

You can also call the Senior Health Insurance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. The SHIP is not connected with us or with any insurance company or health plan. You can call the SHIP at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

## **G5. Getting help from Medicare**

To get information directly from Medicare you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Medicare Website**

You can visit the Medicare website (<http://www.medicare.gov>). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.



**If you have questions**, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois).

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You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on “Find health & drug plans.”)

### **Medicare & You 2019**

You can read *Medicare & You 2019* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or 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.

### **G6. Getting help from Medicaid**


If you have questions about your Medicaid eligibility, you can:

- Contact the Illinois Department of Human Services (DHS) Customer Help Line. Call 1-800-843-6154 Monday through Friday from 8 a.m. to 5 p.m. TTY users should call 1-866-324-5553.
- Visit <http://www.dhs.state.il.us>.

### **G7. Getting help from the Quality Improvement Organization**

Call Livanta, the Quality Improvement Organization (QIO) designated for the state of Illinois. The QIO works to improve the quality of care for people with Medicare. Call Livanta at (1-888-524-9900), TTY: 1-888-985-8775. The call is free.

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**AETNA BETTER HEALTH<sup>SM</sup> PREMIER PLAN**

333 West Wacker Drive  
Mail Stop F646  
Chicago, IL 60606



Aetna, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aetna, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Aetna, Inc.:

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

If you need these services, contact Aetna Medicaid Civil Rights Coordinator

If you believe that Aetna, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Aetna Medicaid Civil Rights Coordinator, 4500 East Cotton Center Boulevard, Phoenix, AZ 85040, 1-888-234-7358, TTY 711, 860-900-7667 (fax), MedicaidCRCoordinator@aetna.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Aetna Medicaid Civil Rights Coordinator is available to help you.

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-385-4104** (TTY: **711**).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-385-4104** (TTY: **711**).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-385-4104** (TTY: **711**).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-385-4104** (TTY: **711**)。

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-385-4104** (TTY: **711**) 번으로 전화해 주십시오.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-385-4104** (TTY: **711**).

**Arabic:** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-385-4104** (رقم هاتف الصم والبكم: **711**).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-385-4104** (телетайп: **711**).

**Gujarati:** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-385-4104** (TTY: **711**).

**Urdu:** خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-385-4104** (TTY: **711**)۔

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-385-4104** (TTY: **711**).

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-385-4104** (TTY: **711**).

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-385-4104** (TTY: **711**) पर कॉल करें।

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-385-4104** (ATS: **711**).

**Greek:** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-385-4104** (TTY: **711**).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-385-4104** (TTY: **711**).