

*We cover what matters.*



# BlueCard<sup>®</sup> PPO

## Plan Benefits

**Auburn University**  
BlueCard<sup>®</sup> PPO

Effective January 1, 2021

Visit our website at  
**AlabamaBlue.com**



**BlueCross BlueShield  
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

**Auburn University**  
**January 1, 2021**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Benefit payments are based on the amount of the provider's charge that Blue Cross and Blue Shield recognizes for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received. Some services require a copay, coinsurance or calendar year deductible for each visit or service.		
SUMMARY OF COST SHARING PROVISIONS		
Calendar Year Deductible	\$500 per person each calendar year; 3-member family maximum.  4 <sup>th</sup> Quarter Carryover Deductible: Any covered expenses incurred in the last 3 months of any benefit period which may have been allocated toward all <u>or</u> a portion of the Calendar Year Deductible for that year may also be allocated toward next year's Calendar Year Deductible.	
Calendar Year Out-of-Pocket Maximum	\$8,550 individual (including the calendar year deductible) \$17,100 family (including the calendar year deductible)  Deductibles, copays and coinsurance for in-network services and out-of-network mental health and substance abuse emergency services apply to the in-network out-of-pocket maximum; available manufacturer or provider cost share assistance program payments made with respect to the specialty drugs on the Specialty Drug Coupon Program List do not apply to the in-network out-of-pocket maximum  After you reach your individual Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year.	There is no out-of-pocket maximum for out-of-network services.
Cancer Treatment (Facility and Physician)	Covered at 100% of the allowed amount; no copay or deductible	
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS		
Precertification is required for inpatient admissions (except medical emergency services and maternity); notification is required within 48 hours for medical emergencies. Generally, if precertification is not obtained, no benefits are available. Call 1-800-248-2342 (toll-free) for precertification.		
Inpatient Hospital (including maternity)	Covered at 100% of the allowed amount after \$300 per admission facility copay and calendar year deductible	Covered at 80% of the allowed amount after \$300 per admission facility copay and calendar year deductible  <b>Note:</b> In Alabama, available only for medical emergency services and accidental injury
Inpatient Physician Visits and Consultations	Covered at 100% of the allowed amount; no copay or deductible	Covered at 80% of the allowed amount subject to calendar year deductible
OUTPATIENT HOSPITAL BENEFITS		
Precertification is required for provider-administer drugs; visit <a href="http://AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList">AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList</a> . If precertification is not obtained, no benefits are available.		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 100% of the allowed amount after \$300 per visit facility copay and calendar year deductible.	Covered at 80% of the allowed amount after \$300 per visit facility copay and calendar year deductible.
Emergency Room (Medical Emergency)	Covered at 100% of the allowed amount after \$300 per visit facility copay and calendar year deductible.	Covered at 100% of the allowed amount after \$300 per visit facility copay and calendar year deductible.
Emergency Room (Accident)	Covered at 100% of the allowed amount after \$300 per visit facility copay and calendar year deductible.	Covered at 100% of the allowed amount after \$300 per visit facility copay and calendar year deductible for services within 72 hours of the accident; 80% of the allowed amount subject to calendar year deductible when services are rendered after 72 hours of the accident
Emergency Room Physician	Covered at 100% of the allowed amount subject to the \$50 per visit physician copay and calendar year deductible.	Covered at 100% of the allowed amount subject to the \$50 per visit physician copay and calendar year deductible.
Outpatient Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Covered at 100% of the allowed amount; no copay or deductible	Covered at 80% of the allowed amount subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>PHYSICIAN BENEFITS</b>		
Precertification is required for provider-administered drugs; visit <a href="http://AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList">AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList</a> . If precertification is not obtained, no benefits are available.		
<b>Office Visits &amp; Consultations</b>	Covered at 100% of the allowed amount subject to \$30 per visit primary physician copay or \$40 per visit specialist physician copay	Covered at 80% of the allowed amount subject to calendar year deductible
<b>Urgent Care</b>	Covered at 100% of the allowed amount subject to \$30 per visit physician copay	Covered at 80% of the allowed amount subject to calendar year deductible
<b>Second Surgical Opinions</b>	Covered at 100% of the allowed amount; no copay or deductible	Covered at 80% of the allowed amount subject to calendar year deductible
<b>Surgery &amp; Anesthesia</b>	Covered at 100% of the allowed amount; no copay or deductible	Covered at 80% of the allowed amount subject to calendar year deductible
<b>Maternity Care</b>	Covered at 100% of the allowed amount; no copay or deductible	Covered at 80% of the allowed amount subject to calendar year deductible
<b>Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy &amp; Radiation Therapy</b>	Covered at 100% of the allowed amount; no copay or deductible	Covered at 80% of the allowed amount subject to calendar year deductible
<b>PREVENTIVE CARE BENEFITS</b>		
<b>Routine Immunizations and Preventive Services</b> See <a href="http://AlabamaBlue.com/preventiveservices">AlabamaBlue.com/preventiveservices</a> and <a href="http://AlabamaBlue.com/StandardACAPreventiveDrugList">AlabamaBlue.com/StandardACAPreventiveDrugList</a> for a listing of the specific immunizations and preventive services or call our Customer Service Department for a printed copy	Covered at 100% of the allowed amount; no copay or deductible	Not covered
Note: In some cases, office visit copays or facility copays may apply. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.		
<b>BENEFITS FOR OTHER COVERED SERVICES</b>		
<b>Allergy Testing &amp; Treatment</b>	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible
<b>Ambulance Service</b>	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible
<b>Chiropractic Services</b>	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible; in Alabama, covered at 50% of the allowed amount, subject to the calendar year deductible
<b>Durable Medical Equipment (DME)</b>	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible
<b>Rehabilitative Occupational, Physical and Speech Therapy</b> Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible
<b>Habilitative Occupational, Physical and Speech Therapy</b> Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible
<b>Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18 with a diagnosis of autism meeting certain clinical criteria</b> <ul style="list-style-type: none"> <li>Ages 0-9 (\$20,000 annual maximum per child)</li> <li>Ages 10-13 (\$15,000 annual maximum per child)</li> <li>Ages 14-18 (\$10,000 annual maximum per child)</li> </ul>	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible
<b>Home Health and Hospice</b>	Covered at 100% of the allowed amount subject to calendar year deductible.	Covered at 70% of the allowed amount, subject to calendar year deductible; in Alabama, not covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
MENTAL HEALTH AND SUBSTANCE ABUSE		
Mental Health and Substance Abuse administered through American Behavioral. For pre-authorization or pre-certification, call 1 205 871-7814 or 1-800-677-4544.		
PRESCRIPTION DRUG BENEFITS		
<p><b><u>Prescription Drug Card</u></b></p> <ul style="list-style-type: none"> <li>• Prescription medications can be filled with up to a 30 day supply at retail at one time. The designated copayment for the medication's tier is due with each fill.</li> <li>• Retail pharmacy benefits are available for prescription drugs when purchased through pharmacies participating in Prime's Extended Supply Network (ESN), limited to a 90-day supply with one copay</li> <li>• AU maintains a list of select medications that are considered maintenance medications. (Note: This list does not include all chronic medications.) These medications are used to treat chronic disease and are often stabilized at treatment doses. For medications on this list, the first fill is limited to a 30 day supply (this includes when the medication is first started, re-started after a lapse in therapy, or the dosage is adjusted). After 30 days of treatment, if the prescriber is comfortable that the medication is effective, well tolerated and dosed optimally, then the prescriber has the option to write for up to a 90 day supply, and the patient will only be responsible for two co-payments instead of three when purchased through pharmacies participating in the extended supply pharmacy network (ESN Network).</li> <li>• AU offers a pharmacy benefit where a beneficiary can elect to participate in a voluntary pill-splitting program for cholesterol-lowering medications called "statins". Through this program if the prescriber writes for half a tablet of a higher strength medication instead of a whole tablet of a lower strength medication, then the patient will pay a half co-pay (for 17 tabs for a 34 day supply and one copay for 45 tabs for a 90 day supply). For the 90-day supply, the statin must be on the AU approved maintenance drug list.</li> <li>• Some medications require pre-authorization (PA) or pre-certification before they will be covered by our plan.</li> <li>• Specialty drugs can be dispensed for up to a 30-day supply. They can be filled at the <b>AU Employee Pharmacy</b> (334-844-8938 or <a href="mailto:tigermeds@auburn.edu">tigermeds@auburn.edu</a>). View the Specialty Drug Lists at <a href="http://AlabamaBlue.com/SelfAdministeredSpecialtyDrugList">AlabamaBlue.com/SelfAdministeredSpecialtyDrugList</a> and <a href="http://AlabamaBlue.com/ProviderAdministeredSpecialtyDrugList">AlabamaBlue.com/ProviderAdministeredSpecialtyDrugList</a></li> <li>• Certain specialty drugs are listed on the <b>Specialty Drug Coupon Program List</b> at <a href="http://AlabamaBlue.com/specialtycouponprogramdruglist">AlabamaBlue.com/specialtycouponprogramdruglist</a></li> <li>• AU offers a manufacturer's coupon assistance program for specific drugs. The Specialty Drug Coupon Solutions Program will apply to <b>AU Employee Pharmacy</b> (334-844-8938 or <a href="mailto:tigermeds@auburn.edu">tigermeds@auburn.edu</a>). So long as the manufacturer's coupon exist, if the member is eligible for a manufacturer's coupon, the coupon shall be used to pay the member's plan copay</li> <li>• View the <b>Standard Prescription Drug</b> list that applies to the plan at <a href="http://AlabamaBlue.com/StandardDrugList">AlabamaBlue.com/StandardDrugList</a></li> <li>• <b>Diabetic Supplies</b> (copays apply) are covered only through the Prescription Drug Card Program. Some copays might be combined.</li> </ul>	<p><b><u>Participating Pharmacy (In Network):</u></b> Covered at 100% of the allowed amount, subject to the following co-payments per prescription:</p> <p><b><u>No Copayment (\$0):</u></b> Certain prescription medications that are used for contraception and for smoking cessation will have no co-payment at network pharmacies</p> <p><b><u>Tier 1 Medications:</u></b></p> <ul style="list-style-type: none"> <li>• \$0 through the TigerMeds Program (see below)</li> <li>• \$15 co-payment per prescription at all in-network pharmacies</li> <li>• \$30 co-payment per prescription at non-preferred pharmacies*</li> </ul> <p><b><u>Tier 2 Medications:</u></b></p> <ul style="list-style-type: none"> <li>• \$10 through the TigerMeds Program (see below)</li> <li>• \$25 co-payment per prescription at all in-network pharmacies</li> <li>• \$40 co-payment per prescription at non-preferred pharmacies*</li> </ul> <p><b><u>Tier 3 Medications:</u></b></p> <ul style="list-style-type: none"> <li>• \$55 co-payment per prescription at all in-network pharmacies</li> <li>• \$70 co-payment per prescription at non-preferred pharmacies*</li> </ul> <p><b><u>Tier 4 Medications:</u></b></p> <ul style="list-style-type: none"> <li>• \$85 co-payment per prescription at all in-network pharmacies</li> <li>• \$100 co-payment per prescription at non-preferred pharmacies*</li> </ul> <p><b><u>Tier 5 Medications:</u></b> 25% coinsurance up to a maximum of \$800 per prescription at preferred and non-preferred pharmacies *</p> <p><b>Tier 5 drugs on Specialty Drug Coupon Program List:</b> greater of 25% of the allowed amount or the full amount of the available manufacturer or provider cost share assistance program payments (such as manufacturer cost share assistance, manufacturer discount plans, and/or manufacturer coupons).</p> <ul style="list-style-type: none"> <li>• The TigerMeds program is an employee benefit offered to employees and family members who subscribe to the AU Health Insurance Plan. It is offered exclusively through AU's Employee Pharmacy. To enroll in TigerMeds, beneficiaries must complete a baseline medication therapy management (MTM) (medication check-up) appointment with a pharmacist, and must transfer all prescription medications to the AU Employee Pharmacy (not a partial list; must transfer all meds). Once enrolled in TigerMeds, the beneficiary receives generic Tier 1 medications at no copay (\$0), and Tier 2 at \$10 copay per prescription. Patients are also eligible for free on-campus and local delivery, free refill reminders, remote pharmacy consultations, etc. (334) 844-8938 or <a href="mailto:tigermeds@auburn.edu">tigermeds@auburn.edu</a>.</li> </ul>	<p><b><u>Non-Participating Pharmacy in Alabama:</u></b> No benefits are available for prescriptions purchased in a non-Participating Pharmacy in Alabama. Non-covered.</p> <p><b><u>Non-Participating Pharmacy Outside Alabama:</u></b> Covered at 100% of the allowance subject to the in-network copays (see column to left). In addition, the member will be responsible for any difference between the allowance and the actual billed charge.</p> <p><b>(Note:</b> The amount paid for the difference between the allowance and the actual billed charge does not apply to the in-network out-of-pocket maximum.)</p>

- There have been several medications excluded from the AU prescription plan this year, and some medications have changed tiers. Support is available for any beneficiary who has experienced a change in prescription drug coverage or cost in prescription medications. Individual medication consultations are available through the Auburn University Pharmaceutical Care Center (AUPCC). Call 334-844-4099 or e-mail [aupcc4u@auburn.edu](mailto:aupcc4u@auburn.edu) to schedule an appointment. For more information about the AUPCC- See: <http://www.auburn.edu/academic/pharmacy/phs/cli/employee.html>
- Oral prescription medications used to treat impotence, erectile dysfunction, sexual dysfunction (in men or women) is not covered by the AU prescription plan. Sildenafil (generic Viagra®) is covered with a PA when medical necessity is demonstrated for other disease states such as pulmonary artery hypertension (PAH).
- Prescription Proton Pump Inhibitors (PPIs) will be restricted to generic omeprazole, generic pantoprazole, and generic lansoprazole (all Tier 1). No step therapy will be required. Many PPIs that were historically only available with a prescription are now available over-the-counter (OTC). Prevacid Solutabs® ODT tablets are available only with a PA demonstrating medical need. (Tier 4 - \$80 copayment or \$95 copayment at a non-preferred pharmacy - per prescription, when approved).
- Prescription nasal steroids will be restricted to generic fluticasone only (Tier 1). Prescription strength nasal steroids are available over the counter (OTC) without a prescription. Medication information and assistance with OTC selections are available through the AU Employee Pharmacy ([tigermeds@auburn.edu](mailto:tigermeds@auburn.edu)).
- Infertility limited to oral medications only. No injectable fertility medications are covered.
- The AUPCC offers a "TigerMeds Cholesterol" program. Beneficiaries who take certain brand name cholesterol medications might be invited to participate in this employee benefit program. The TigerMeds Cholesterol program focuses on providing quality, individualized care by a team of healthcare professionals to ensure optimal outcomes of medication use----and also the potential to save the beneficiary money in out-of-pocket medication costs. The AUPCC also has diabetes management, asthma, COPD, congestive heart failure, and smoking cessation programs. Call 334-844-4099 for more information. Employee incentives are provided for qualifying patients who participate in these programs in the AUPCC.
- The AU Employee Pharmacy (AUEP) is proud to serve as a local resource for specialty medications, drug information and medication monitoring. Please call the AU Employee Pharmacy at (334) 844-4938 or e-mail [tigermeds@auburn.edu](mailto:tigermeds@auburn.edu) for more information.
- **The AU Employee Pharmacy provides 24 hour/7 days a week access to a pharmacist. You or your physician can access the on-call pharmacist by calling 334-750-1048. The on-call pharmacist will assist you with medication filling during medication emergencies.**

- Medication Tiers are subject to change. To look up the tier of a specific medication visit [AlabamaBlue.com](http://AlabamaBlue.com).
- \*Non-preferred pharmacies: CVS owned and operated pharmacies, such as, CVS pharmacy and Target pharmacy.
- AU strictly enforces a mandatory generic policy. If a generic is available for a brand name medication, then the generic must be dispensed. The only exception to this policy is a short list of narrow therapeutic drugs (NTD) that might be prescribed brand name by a physician if brand is deemed necessary. **In all other situations**, if a brand name of a medication is requested for a medication where there is a generic available (regardless if the request comes from the doctor or the patient), the medication will be non-covered and the patient will be responsible for all costs. The only exception is for the NTI override list.
- A limited number of medications used for chronic diseases at stable doses are classified as "maintenance medications" on our plan. This list does not include all chronic medications. If a prescriber considers a treatment (drug and dose) as stable and wishes to write for a 90-day supply, then the subscriber can get a 90 day supply for two copayments instead of three. All Tier 4 and Tier 5 chronic maintenance medications are excluded from the maintenance medication program.

**For more information on AU's pharmacy benefit, please refer to your benefit booklet.**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>HEALTH MANAGEMENT BENEFITS</b>		
<b>Individual Case Management</b>	Coordinates care in event of catastrophic or lengthy illness or injury; For more information, please call 1-800-821-7231.	
<b>Chronic Condition Management</b>	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease and other specialized conditions.	
<b>Baby Yourself®</b>	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at <b>AlabamaBlue.com/BabyYourself</b> . Auburn University will waive the \$300 inpatient hospital deductible and calendar year deductible (or remainder of deductible at time of admission) through the end of calendar year for members, spouses and dependents who enroll in Baby Yourself® during the first 16 weeks of pregnancy.	

**Useful Information to Maximize Benefits**

- To maximize your benefits, always use in-network providers for services covered by your health benefit plan. To find in-network providers, check a provider directory, provider finder website (**AlabamaBlue.com**) or call 1-800-810-BLUE (2583).
- In-network hospitals, physicians and other healthcare providers have a contract with Blue Cross and Blue Shield of Alabama or another Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard® PPO, PMD, Preferred Care). In-network pharmacies are pharmacies that participate with Blue Cross and Blue Shield of Alabama or its pharmacy benefit manager(s). Sometimes an in-network provider may furnish a service to you that is not covered under the contract between the provider and a Blue Cross and/or Blue Shield Plan. When this happens, benefits may be denied or reduced. Please refer to your benefit booklet for the type of provider network that we determine to be an in-network provider for a particular service or supply.
- Out-of-network providers generally do not contract with Blue Cross and Blue Shield of Alabama or another Blue Cross and/or Blue Shield Plan. If you use out-of-network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to in-network providers in the same area or the average charge for care in the area.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.

***This is not a contract, benefit booklet or a Summary Plan Description.***

***Benefits are subject to the terms, limitations and conditions of the group contract (including your benefit booklet).***

***Check your benefit booklet for more detailed coverage information.***

***Please visit our website, AlabamaBlue.com.***

Group #37655 (pharmacy benefits are excluded from divisions 15R and 16R)

Revised 10/15/2020 afr



## Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and 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 and information written in other languages

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have 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 in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance 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, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Foreign Language Assistance

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-216-3144 (TTY: 711)

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-216-3144 (TTY: 711)번으로 전화해 주십시오.

**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1-855-216-3144 (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 1-855-216-3144 (TTY: 711).

**Arabic:** ملاحظة: إذا كنت تتحدث، تتبرعاً، بحدود تامدّد دعاسم اميف ولعني، التعليل نودب، فكلّك تحاتم لكل لصتا 1-855-216-3144 (فتالها ي صئلا: 711)

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Leistungen zur Verfügung. Rufnummer: 1-855-216-3144 (TTY: 711).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-216-3144 (ATS: 711).

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-216-3144 (TTY: 711).

**Gujarati:** ધ્યાન આપો: જો તમે ગજરતી બોલતા હો, તો ભાષા સહાયતા સેવા, તમારા મુશ્કેલી ના શબ્દો ઉપલબ્ધ છે. 1-855-216-3144 પર કોલ કરો (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-216-3144 (TTY: 711).

**Hindi:** ध्यान दें: अगर आपकी भाषा हिंदी है, तो आपके लिए भाषा सहायता सेवएँ निःशुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें।

**Laotian:** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າຈ່າຍ, ຄຸ້ມມືມືພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-216-3144 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-216-3144 (телетайп: 711).

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-216-3144 (TTY: 711).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-216-3144 (TTY: 711).

**Turkish:** DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-216-3144 (TTY: 711) irtibat numaralarını arayın.

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-216-3144 (TTY: 711).

**Japanese:** 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-216-3144 (TTY: 711) まで、お電話にてご連絡ください。