January 1–December 31, 2022

2022 **Summary of Benefits**

Kaiser Permanente Medicare Advantage Vital Plan (HMO), Kaiser Permanente Medicare Advantage Essential Plan (HMO), and Kaiser Permanente Medicare Advantage Optimal Plan (HMO)

These plans include Medicare Part D prescription drug coverage and are available in King, Kitsap, Lewis, Pierce, Snohomish, and Thurston counties and parts of Grays Harbor and Mason counties. (See “Who can enroll” for details.)

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About this Summary of Benefits

Thank you for considering Kaiser Permanente Medicare Advantage. You can use this **Summary of Benefits** to learn more about our plans. It includes information about:

- Premiums
- Benefits and costs
- Part D prescription drugs
- Optional supplemental dental benefits
- Additional benefits
- Who can enroll
- Coverage rules
- Getting care

For definitions of some of the terms used in this booklet, see the glossary at the end.

For more details

This document is a summary of 3 Kaiser Permanente Medicare Advantage plans. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which is located on our website at **kp.org/wa/eocs** or ask for a copy from Member Services by calling **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

The 3 plans in this document include Medicare Part D prescription drug coverage. We also offer other plans, including a plan without Part D drug coverage. If you'd like information about our other plans, call **1-800-446-8882** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week or go to **kp.org/wa/medicare**.

Have questions?

- If you're not a member, please call **1-800-446-8882** (TTY **711**).
- If you're a member, please call Member Services at **1-888-901-4600** (TTY **711**).
- 7 days a week, 8 a.m. to 8 p.m.

What’s covered and what it costs

*Your plan provider may need to provide a referral
†Prior authorization may be required.

Benefits and premiums	With our Vital plan, you pay	With our Essential plan, you pay	With our Optimal plan, you pay
Monthly plan premium	**$29**	**$99**	**$296**
Deductible	**None**	**None**	**None**
Your maximum out-of-pocket responsibility Doesn't include Medicare Part D drugs	**$5,800**	**$4,800**	**$3,450**
Inpatient hospital coverage*† There’s no limit to the number of medically necessary inpatient hospital days.	**$325** per day for days 1 through 5 of your stay and **$0** for the rest of your stay	**$260** per day for days 1 through 4 of your stay and **$0** for the rest of your stay	**$200** per day for days 1 and 2 of your stay and **$0** for the rest of your stay
Outpatient hospital coverage*†	**$250** per visit	**$215** per visit	**$150** per visit
Ambulatory Surgery Center*†	**$250** per visit	**$215** per visit	**$150** per visit
Doctor’s visits • Primary care providers	**$5** per visit	**$5** per visit	**$0** per visit
• Specialists*†	**$35** per visit	**$35** per visit	**$20** per visit
Preventive care*† See the **EOC** for details.	**$0**	**$0**	**$0**
Emergency care We cover emergency care anywhere in the world.	**$90** per Emergency Department visit	**$90** per Emergency Department visit	**$120** per Emergency Department visit
Urgently needed services We cover urgent care anywhere in the world.	**$25** per urgent care facility visit	**$25** per urgent care facility visit	**$25** per urgent care facility visit

Benefits and premiums	With our Vital plan, you pay	With our Essential plan, you pay	With our Optimal plan, you pay
Diagnostic services, lab, and imaging* • Lab tests	**$0–$15** depending on the test (see **EOC** for details)	**$0**	**$0**
• X-rays	**$0**	**$0**	**$0**
Diagnostic tests and procedures (like EKG)†	**$20** per visit	**$0**	**$0**
• Other imaging procedures (like MRI, CT, and PET)†	**$250** per visit	**$200** per visit	**$50** per visit
Hearing services*† • Evaluations to diagnose medical conditions • Routine hearing exam (1 per calendar year)	**$5** per visit with an audiologist or **$35** per visit with other providers	**$5** per visit with an audiologist or **$35** per visit with other providers	**$0** per visit with an audiologist or **$20** per visit with other providers
• Hearing aid fitting and evaluation exam (1 exam per calendar year)	**$0**	**$0**	**$0**
• Hearing aid allowance every calendar year to purchase hearing aids	**$750** allowance (if your hearing aid purchase is more than $750, **you pay the difference**).	**$950** allowance (if your hearing aid purchase is more than $950, **you pay the difference**).	**$1,500** allowance (if your hearing aid purchase is more than $1,500, **you pay the difference**).
Dental services Preventive and comprehensive dental care. Note: Additional dental coverage is available if you sign up for optional benefits (see "Optional supplemental dental benefits" for details).	Not covered unless you sign up for optional benefits (see "Optional supplemental dental benefits" for details)	**$100 dental reimbursement allowance** per calendar year. If the dental care you receive costs more than $100, **you pay the difference.**	**$200 dental reimbursement allowance** per calendar year. If the dental care you receive costs more than $200, **you pay the difference.**
Vision services • Visits to diagnose and treat eye diseases and conditions • Routine eye exam (1 per calendar year)	**$5** per visit with an optometrist or **$35** with an ophthalmologist	**$5** per visit with an optometrist or **$35** with an ophthalmologist	**$0** per visit with an optometrist or **$20** with an ophthalmologist

Benefits and premiums	With our Vital plan, you pay	With our Essential plan, you pay	With our Optimal plan, you pay
• Preventive glaucoma screening*† • Diabetic retinopathy services	**$0**	**$0**	**$0**
• Eyeglasses or contact lenses after cataract surgery	**$0** up to Medicare's limit, but you pay any amounts beyond that limit.	**$0** up to Medicare's limit, but you pay any amounts beyond that limit.	**$0** up to Medicare's limit, but you pay any amounts beyond that limit.
• Other eyewear • Eyewear can be purchased from any provider. If you get eyewear out-of-network, you must file a claim to get reimbursed for covered eyewear expenses.	**$250** allowance per calendar year. If your eyewear costs more than $250, **you pay the difference**.	**$300** allowance per calendar year. If your eyewear costs more than $300, **you pay the difference**.	**$350** allowance per calendar year. If your eyewear costs more than $350, **you pay the difference**.
Mental health services† • Outpatient group therapy	**$25** per visit	**$25** per visit	**$10** per visit
• Outpatient individual therapy	**$35** per visit	**$35** per visit	**$20** per visit
Skilled nursing facility*† We cover up to 100 days per benefit period.	Per benefit period: • **$0** per day for days 1 through 20 • **$160** per day for days 21 through 100	Per benefit period: • **$0** per day for days 1 through 20 • **$115** per day for days 21 through 100	Per benefit period: • **$0** per day for days 1 through 20 • **$50** per day for days 21 through 100
Physical therapy*†	**$35** per visit	**$35** per visit	**$10** per visit
Ambulance	**$250** per one-way trip	**$200** per one-way trip	**$100** per one-way trip
Transportation (non-emergent/routine) To and from plan providers	**$0** for up to 8 round trips per calendar year	**$0** for up to 6 round trips per calendar year	**$0** for up to 12 round trips per calendar year
Medicare Part B drugs† A limited number of Medicare Part B drugs are covered when you get them from a plan	**20%** coinsurance	**20%** coinsurance	**20%** coinsurance

Benefits and premiums	With our Vital plan, you pay	With our Essential plan, you pay	With our Optimal plan, you pay
provider. See the **EOC** for details.			

Medicare Part D prescription drug coverage†

The amount you pay for drugs will be different depending on:

- The plan you enroll in (Vital, Essential, or Optimal).
- The tier your drug is in. There are 6 drug tiers. To find out which of the 6 tiers your drug is in, see our Part D formulary at **kp.org/wa/medicare/formulary** or call Member Services to ask for a copy at **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30-day or 90-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- When you get a 31- to 90-day supply, whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you're in (deductible, initial, coverage gap, or catastrophic coverage stages).

Deductible stage

Because we have no deductible, this payment stage does not apply to you and you start the year in the initial coverage stage

Initial coverage stage

You pay the copays and coinsurance shown in the chart below for up to a 30-day supply until your total yearly drug costs reach **$4,430**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the $4,430 limit in 2022, you move on to the coverage gap stage and your coverage changes.

Drug tier	With our Vital plan, you pay	With our Essential or Optimal plan, you pay
Tier 1 (Preferred generic)	**$3** (up to a 30-day supply)	**$3** (up to a 30-day supply)
Tier 2 (Generic)	**$7** (up to a 30-day supply)	**$7** (up to a 30-day supply)
Tier 3 (Preferred brand-name)	**$47** (up to a 30-day supply)	**$45** (up to a 30-day supply)
Tier 4 (Nonpreferred brand-name)	**$99** (up to a 30-day supply)	**$99** (up to a 30-day supply)
Tier 5 (Specialty)	**33%** coinsurance	**33%** coinsurance
Tier 6 (Vaccines)	**$0**	**$0**

When you get a 31- to 90-day supply of drugs in **Tier 1** from our mail-order pharmacy, you pay **$0**.

For all other prescriptions, the copays listed above in the chart will be multiplied as follows:

- If you get a 31- to 60-day supply from one of our retail pharmacies, you pay 2 copays.
- If you get a 61- to 90-day supply from one of our retail pharmacies, you pay 3 copays.
- If you get a 31- to 90-day supply of drugs in Tiers 2, 3, or 4 from our mail-order pharmacy, you pay 2 copays.

Coverage gap stage

The coverage gap stage begins if you or a Part D plan spends **$4,430** on your drugs during 2022. You pay the following copays and coinsurance during the coverage gap stage:

Drug tier	You pay
Tiers 1, 2, and 6	The same copays listed above that you pay during the initial coverage stage
Tiers 3, 4, and 5	**25%** coinsurance

Catastrophic coverage stage

If you spend **$7,050** on your Part D prescription drugs in 2022, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, your copays and coinsurance will change for the rest of 2022. You pay the following per prescription during the catastrophic coverage stage:

Drug	You pay
Generic drugs	**5%** coinsurance or **$3.95**, whichever is greater
Brand-name drugs	**5%** coinsurance or **$9.85**, whichever is greater

Long-term care, plan home-infusion, and non-plan pharmacies

- If you live in a **long-term care facility** and get your drugs from their pharmacy, you pay the same as at a retail plan pharmacy and you can get up to a 31-day supply.
- Covered Part D **home infusion** drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a **non-plan pharmacy**, you pay the same as at a retail plan pharmacy and you can get up to a 30-day supply. Generally, we cover drugs filled at a non-plan pharmacy only when you can't use a network pharmacy, like during a disaster. See the **Evidence of Coverage** for details.

Optional supplemental dental benefits

In addition to the benefits that come with your plan, you can choose to buy an optional supplemental dental benefit for an additional monthly cost that's added to your monthly plan premium. Covered services are provided by Delta Dental of Washington and must be rendered by Delta Dental participating dental providers. See the **Evidence of Coverage** for details.

Dental HMO benefits and premium	**You pay**
Additional monthly premium	**$54**
Annual benefit limit for preventive and comprehensive dental care	**$1,500** (You pay 100% for the rest of the calendar year after our plan has paid $1,500 for dental care.)
Annual deductible for comprehensive dental care	**$100** (You pay 100% at the beginning of the year for comprehensive dental care until you have spent $100.)
Preventive and diagnostic services • Oral exam (2 per calendar year) • Teeth cleaning (2 per calendar year) • Topical fluoride (2 per calendar year) • X-rays (2 per calendar year)	**$0**
Comprehensive dental care*† • Covered services include fillings, extractions, crowns, endodontics, periodontics, and dentures	After the deductible is met, **20% or 50%** coinsurance, depending on the service

Additional benefits

These benefits are available to you as a plan member:	**You pay**
Fitness benefit – The Silver&Fit® Program You pay no additional cost for a standard membership to any of the participating fitness centers in the Silver&Fit program. You can select one Home Fitness Kit per calendar year from many Home Fitness Kits to help you stay fit at home. An expanded network of fitness centers is included as part of your benefit (new member initiation fees may apply for some select fitness locations in the expanded network). The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. Participating fitness centers and fitness chains may vary by location and are subject to change. **Enhanced Fitness** • No additional cost to attend exercise classes at participating locations.	**$0**

Alternative care		
Vital plan, you pay:	Essential plan, you pay:	Optimal plan, you pay:
$10 copay for **acupuncture** and **$20** copay for **non-spinal chiropractic care** for up to 10 visits total per year.	**$10** copay for **acupuncture** and **$20** copay for **non-spinal chiropractic care** for up to 6 visits total per year.	**$10** copay for up to 15 visits total per year for **acupuncture**, **naturopathy care**, and **non-spinal chiropractic care.**
Over-the-counter (OTC) items Our Vital plan covers OTC items listed in our OTC catalog for free home delivery. You may order OTC items each quarter of the year up to the quarterly benefit limit shown in the right column. Each order must be at least **$15**. To view our catalog and place an order online, please visit **kp.org/otc/wa.** You may place an order over the phone or request a printed catalog be mailed to you by calling **1-833-238-6618** (TTY **711**), 5 a.m. to 4 p.m. PST, Monday through Friday. **Not covered under Essential or Optimal plans.**		Vital plan: • **$50** quarterly benefit limit.

Who can enroll

You can sign up for one of our plans if:

- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums you pay our plan.)
- You're a citizen or lawfully present in the United States.
- You live in the service area for these plans, which includes:
  - All of King, Kitsap, Lewis, Pierce, Snohomish, and Thurston counties
  - These ZIP codes in Grays Harbor County: 98541, 98557, 98559, and 98568
  - These ZIP codes in Mason County: 98524, 98528, 98546, 98548, 98555, 98584, 98588, and 98592

Coverage rules

We cover the services and items listed in this document and the **Evidence of Coverage**, if:

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from plan providers listed in our **Provider Directory** and **Pharmacy Directory**. But there are exceptions to this rule. We also cover:
  - Care from plan providers in another Kaiser Permanente Region
  - Covered care from designated providers in Maricopa and Pima counties in Arizona
  - Emergency care
  - Out-of-area dialysis care

- Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
- Covered care from designated providers in Maricopa and Pima counties in Arizona
- Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers. If you receive non-covered care or services, you must pay the full cost.

For details about coverage rules, including non-covered services (exclusions), see the **Evidence of Coverage**.

Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care, pharmacy, and lab work. To find our provider locations, see our **Provider Directory** and **Pharmacy Directory** at **wa-medicare.kp.org/providers** or ask us to mail you a copy by calling Member Services at **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

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

Your personal doctor

Your personal doctor (also called a primary care physician) will give you primary care and will help coordinate your care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You must choose one of our available plan providers to be your personal doctor. You can change your doctor at any time and for any reason. You can choose or change your doctor by calling Member Services.

Help managing conditions

If you have more than one ongoing health condition and need help managing your care, we can help. Our case management programs bring together nurses, social workers, and your personal doctor to help you manage your conditions. The program provides education and teaches self-care skills. If you're interested, please ask your personal doctor for more information.

Notices

Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision.

If you have a complaint that's not about coverage, you can file a grievance with us. See the **Evidence of Coverage** (**kp.org/wa/eocs**) for details about the processes for making complaints and making coverage decisions and appeals, including fast or urgent decisions for drugs, services, or hospital care.

Kaiser Foundation Health Plan

Kaiser Foundation Health Plan of Washington is a nonprofit corporation and a Medicare Advantage plan. We offer several Kaiser Permanente Medicare Advantage plans in our larger Washington Region's service area, which you can read about in the **Evidence of Coverage**.

Each plan has different benefits, copays, coinsurance, premiums, and plan service areas. But you can get care from plan providers anywhere in our Washington Region's service area, which includes parts of Grays Harbor and Mason counties and all of King, Kitsap, Lewis, Island, Pierce, Skagit, Snohomish, Spokane, Thurston, and Whatcom counties.

If you move from your plan's service area to another service area in our Washington Region, you'll have to enroll in a Kaiser Permanente Medicare Advantage plan in your new service area.

Notice of nondiscrimination

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable federal civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

- Provide 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, and other formats)
  - Assistive devices (magnifiers, Pocket Talkers, and other aids)
- Provide 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 Member Services at **1-888-901-4636** (TTY **711**).

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator by writing to P.O. Box 35191, Mail Stop: RCR-A3S-03, Seattle, WA 98124-5191 or calling Member Services at the number listed above. You can file a grievance by mail, phone, or online at **kp.org/wa/feedback**. If you need help filing a grievance, our 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, DC 20201
- **1-800-368-1019, 1-800-537-7697 (TDD)**
- Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**

Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** at **kp.org/wa/medicare-privacy** to learn more.

Helpful definitions (glossary)

Allowance
A dollar amount you can use to help pay for items and services.

Benefit period
The way our plan measures your use of skilled nursing facility services. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in an SNF for 60 days in a row. The benefit period isn't tied to a calendar year. There's no limit to how many benefit periods you can have or how long a benefit period can be.

Calendar year
The year that starts on January 1 and ends on December 31.

Coinsurance
A percentage you pay of our plan's total charges for certain services or prescription drugs. For example, a 20% coinsurance for a $200 item means you pay $40.

Copay
The set amount you pay for covered services — for example, a $20 copay for an office visit.

Deductible
If you sign up for optional supplemental dental benefits, it's the amount you must pay for comprehensive dental services before our plan begins to pay. Also, it's the amount you must pay for certain Medicare Part D drugs before you will enter the initial coverage stage.

Evidence of Coverage
A document that explains in detail your plan benefits and how your plan works.

Maximum out-of-pocket responsibility
The most you'll pay in copays or coinsurance each calendar year for services that are subject to the maximum. If you reach the maximum, you won't have to pay any more copays or coinsurance for services subject to the maximum for the rest of the year.

Medically necessary
Services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

Non-plan provider
A provider or facility that doesn't have an agreement with Kaiser Permanente to deliver care to our members.

Plan
Kaiser Permanente Medicare Advantage.

Plan premium
The amount you pay for your Kaiser Permanente Medicare Advantage health care and prescription drug coverage.

Plan provider

A plan or network provider can be a facility, like a hospital or pharmacy, or a health care professional, like a doctor or nurse.

Prior authorization

Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). Services or items subject to prior authorization are flagged with a † symbol in this document.

Region

A Kaiser Foundation Health Plan organization. We have Kaiser Permanente Regions located in Northern California, Southern California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

Retail plan pharmacy

A plan pharmacy where you can get prescriptions. These pharmacies are usually located at plan medical offices.

Service area

The geographic area where we offer Kaiser Permanente Medicare Advantage plans. To enroll and remain a member of our plan, you must live in one of our Kaiser Permanente Medicare Advantage plan's service area.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. This contract is renewed annually by the Centers for Medicare & Medicaid Services (CMS). By law, our plan or CMS can choose not to renew our Medicare contract.

For information about Original Medicare, refer to your **"Medicare & You"** handbook. You can view it online at **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**.

Multi-language Interpreter Services

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-888-901-4636** (TTY **711**).

Español (Spanish): ATENCIÓN: si habla otro idioma que no sea español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Llame al **1-888-901-4636** (TTY **711**).

中文 (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 **1-888-901-4636** (TTY **711**)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị nói tiếng Việt, hiện có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-888-901-4636** (TTY **711**)**.**

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-901-4636** (TTY **711**) 번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ! Если вы говорите на русском языке, вам доступны бесплатные услуги перевода. Звоните **1-888-901-4636** (TTY **711)**.

Tagalog: PAUNAWA: Kung nagsasalita ka ng wika maliban sa Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-901-4636** (TTY **711**).

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером
1-888-901-4636 (TTY **711**).

ភាសាខ្មែរ **(Khmer)**៖ សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃគឺមានសម្រាប់អ្នក។ ទូរស័ព្ទទៅលេខ **1-888-901-4636** (TTY **711**)។

日本語 (Japanese): 注意事項：英語以外の言語を話される場合、無料の言語サポートをご利用いただけます。**1-888-901-4636** (TTY **711**) まで、お電話にてご連絡ください。

አማርኛ (Amharic)፥ ማሳሰቢያ፥ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እገዛ አገልግሎቶች፣ በነጻ ለእርስዎ ይቀርባሉ፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-888-901-4636** (መስማት ለተሳናቸው **711**)።

Oromiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa yoo ta’e, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. **1-888-901-4636** (TTY **711**) irraatti bilbilaa.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-888-901-4636** (TTY **711**) ‘ਤੇ ਕਾੱਲ ਕਰੋ।

العربية (Arabic): انتباه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية، متوفرة لك، مجاناً.
اتصل بالرقم **1-888-901-4636** (TTY **711**)

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-888-901-4636** (TTY **711**).

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ **1-888-901-4636** (TTY **711**).

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