

Kaiser Permanente Medicare Advantage Basic (HMO) *offered by* Kaiser Foundation Health Plan of Washington (Basic)

Annual Notice of Change for 2027

You're enrolled as a member of Kaiser Permanente Medicare Advantage Basic.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Kaiser Permanente Medicare Advantage Basic.
- To change to a **different plan**, visit [Medicare.gov](https://www.medicare.gov) or review the list in the back of your Medicare & You 2027 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at kp.org or call Member Services at 1-888-901-4600 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-888-901-4600 (TTY users call 711) for additional information. Hours are 8 a.m. to 8 p.m., 7 days a week. This call is free.
- This document is available in braille, large print, audio file, or data file if you need it by calling Member Services.

About Kaiser Permanente Medicare Advantage Basic

- Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Kaiser Foundation Health Plan of Washington (Health Plan). When it says “plan” or “our plan,” it means Kaiser Permanente Medicare Advantage Basic (Kaiser Permanente Medicare Advantage).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Kaiser Permanente Medicare Advantage Basic.** Starting January 1, 2027, you'll get your medical coverage through Kaiser Permanente Medicare Advantage Basic. Go to

Section 3 for more information about how to change plans and deadlines for making a change.

- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$99	\$106
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$4,200	\$4,200
Primary care office visits	\$0	\$0
Specialist office visits	\$30 per visit.	\$30 per visit.
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	Per admission, \$270 per day for days 1–3 (\$0 for the rest of your stay).	Per admission, \$270 per day for days 1–3 (\$0 for the rest of your stay).

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$99	\$106
Additional premium for optional supplemental benefits (Advantage Plus Option 1) If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	\$67	\$60
Additional premium for optional supplemental benefits (Advantage Plus Option 2) If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	\$22	\$26

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you

generally pay nothing for covered Part A and Part B services (and other health services not covered by Medicare) for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Our plan premium doesn't count toward your maximum out-of-pocket amount.	\$4,200	\$4,200 Once you've paid \$4,200 out of pocket for covered Part A and Part B services (and other health services not covered by Medicare), you'll pay nothing for your covered services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* (kp.org/directory) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at kp.org/directory.
- Call Member Services at 1-888-901-4600 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-888-901-4600 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Chiropractic Services - Medicare-Covered	You pay \$20 per visit.	You pay \$15 per visit.
Dental Services – Non-Medicare Through our agreement with Delta Dental of Washington. Please refer to your <i>Evidence of Coverage</i> for complete details.		
• Diagnostic Services ○ Limited oral evaluation – problem focused ○ Detailed and extensive oral evaluation – problem focused, by report ○ Re-evaluation – limited, problem focused ○ Comprehensive periodontal evaluation ○ Intraoral periapical radiographs	Covered for all members. You pay \$0.	Not covered, unless you are enrolled in optional supplemental benefits (Advantage Plus Option 1).
• Periodontics ○ Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation ○ Periodontal maintenance	Covered for all members. You pay \$0.	Not covered, unless you are enrolled in optional supplemental benefits (Advantage Plus Option 1).

	2026 (this year)	2027 (next year)
Durable Medical Equipment (DME)	You pay 20% coinsurance.	You pay 0%-20% coinsurance, depending on the service.
Hearing Aid Fitting and Evaluation Exam	You pay \$0 for 1 exam per calendar year.	You pay \$0 for 2 exams per calendar year.
Transportation Services – Non-Emergency Routine Transportation not covered by Medicare Rides provided to and from a network provider by taxis, rideshare services, vans, and medical transport as determined by our designated transportation provider.	Not Covered, unless enrolled in optional supplemental benefits (Advantage Plus Option 2).	You pay \$0 for 12 round trips per calendar year.
Transportation Services - Non-Emergency Medical Transportation not covered by Medicare – non-routine When ordered by a network provider, we cover medically necessary, non-emergency transportation in a licensed stretcher/gurney van or wheelchair van to home (within 100 miles), a skilled nursing facility (SNF), or another higher level of care immediately following an inpatient hospitalization or certain emergency, urgent care, or outpatient hospital encounters.	Not Covered.	Covered. You pay \$0.
Urgent Care Office Visits	You pay \$25 per visit.	You pay \$30 per visit.

	2026 (this year)	2027 (next year)
Optional supplemental benefits (Advantage Plus Option 1) These changes only apply to members who have signed up for optional supplemental benefits, called Advantage Plus Option 1, for an additional monthly premium.		
Dental Services Through our agreement with Delta Dental of Washington. Please refer to your <i>Evidence of Coverage</i> for complete details.		
• Diagnostic Services ○ Limited oral evaluation – problem focused ○ Detailed and extensive oral evaluation – problem focused, by report ○ Re-evaluation – limited, problem focused ○ Comprehensive periodontal evaluation ○ Intraoral periapical radiographs	Not covered under optional supplemental benefits (Advantage Plus Option 1).	Covered. You pay \$0.
• Periodontics ○ Scaling in presence of generalized moderate or severe gingival inflammation - full	Not covered under optional supplemental benefits (Advantage Plus Option 1).	Covered. You pay \$0.

	2026 (this year)	2027 (next year)
mouth, after oral evaluation		
○ Periodontal maintenance		

Optional supplemental benefits (Advantage Plus Option 2)

These changes only apply to members who have signed up for optional supplemental benefits, called Advantage Plus Option 2, for an additional monthly premium.

• Acupuncture, Alternative Therapy (naturopathy), and Chiropractic Care not covered by Medicare	You pay \$15 per visit up to a total of 15 visits per calendar year for Acupuncture and Chiropractic Care services combined when provided by network providers. Alternative Therapy (naturopathy) is not covered as part of our Advantage Plus Option 2 package.	You pay \$15 per visit up to a total of 25 visits per calendar year for Acupuncture, Alternative Therapy (naturopathy), and Chiropractic Care services combined when provided by network providers.
• Hearing Aids - Prescription	You receive a \$4,000 hearing aid allowance for both ears combined every 24 months. If the hearing aid(s) you purchase costs more than the allowance, you pay the difference. Note: This hearing aid benefit may not be available next year.	You receive a \$3,000 hearing aid allowance for both ears combined every 36 months. If the hearing aid(s) you purchase costs more than the allowance, you pay the difference. Note: This hearing aid benefit may not be available next year.

	2026 (this year)	2027 (next year)
• Transportation Services – Non-Emergency Routine Transportation	You pay \$0 for 20 round trips per calendar year.	Not covered as part of our Advantage Plus Option 2 package. Covered for all members as described in “Transportation Services – Non-Emergency Routine Transportation not covered by Medicare” above.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Eyewear not covered by Medicare	You can get covered eyewear to correct vision from in-network or from out-of-network providers within the United States and its territories.	You can get covered eyewear to correct vision only from in-network providers.

SECTION 3 How to Change Plans

To stay in Kaiser Permanente Medicare Advantage Basic, you don’t need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you’ll automatically be enrolled in our Kaiser Permanente Medicare Advantage Basic.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You’ll be automatically disenrolled from Kaiser Permanente Medicare Advantage Basic. Remember, not all Medicare health plans cover prescription drugs. Also be aware that for many plans you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** enroll in the new Medicare drug plan. You’ll be automatically disenrolled from Kaiser Permanente Medicare Advantage Basic.

- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-888-901-4600 (TTY users call 711) for more information on how to do this. Or call Medicare at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty.
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You* 2027 handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Kaiser Permanente offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778 or
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Washington Early Intervention Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call the Early Intervention Program at 1-877-376-9316. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 5 Questions?

Get Help from Kaiser Permanente Medicare Advantage Basic

- **Call Member Services at 1-888-901-4600. (TTY users call 711)**

We're available for phone calls 7 days a week, 8 a.m. to 8 p.m. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, look in the 2027 *Evidence of Coverage* for Kaiser Permanente Medicare Advantage Basic. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to

follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at kp.org/eocwa, or call Member Services at 1-888-901-4600 (TTY users call 711) to ask us to mail you a copy.

- **Visit** kp.org

Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Washington, the SHIP is called Statewide Health Insurance Benefits Advisors (SHIBA).

Call SHIBA to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHIBA at 1-800-562-6900 (TTY users should call 1-360-586-0241). Learn more about SHIBA by visiting (www.insurance.wa.gov/shiba).

Get Help from Medicare

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

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with** Medicare.gov

You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit** Medicare.gov

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



Kaiser Permanente Medicare Advantage Member Services

Method	Member Services – Contact Information
Call	1-888-901-4600 Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m. Member Services 1-888-901-4600 (TTY users call 711) also has free language interpreter services available for non-English speakers.
TTY	711 Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m.
Write	Kaiser Permanente Member Services P.O. Box 34590 Seattle, WA 98124
Website	kp.org

Plan Information

As member of this plan, we may occasionally contact you to inform you of other Kaiser Permanente plans or products that may be available to you. If you wish to opt-out of these types of calls, please contact Member Services at the phone number on the back of your member ID card.

Kaiser Permanente now offers new ways to securely share your health information. Visit kp.org/datasharing to learn about the Payer-to-Payer Application Programming Interface (API) and Provider Access API, including how they work and how to opt in.

Kaiser Permanente Provider Directories

If you need help finding a network provider or pharmacy, please visit kp.org/directory to search our online directory (Note: the 2027 directories are available online starting 10/15/2026 in accord with Medicare requirements).

To get a directory mailed to you, you can call us at **1-888-901-4600 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

To get a **Dental Provider Directory** (if applicable) mailed to you, you can call Delta Dental of Washington at **1-877-719-4006 (TTY 711)**, Monday through Friday, 7 a.m. to 5 p.m.

Kaiser Permanente Evidence of Coverage (EOC)

Your **EOC** explains how to get medical health and drugs covered through our plan. It explains your rights and responsibilities, what's covered, and what you pay as a Kaiser Permanente member. If you have a question about your coverage, visit kp.org/eocwa to view your **EOC** online (Note: the 2027 **EOC** is available online starting 10/15/2026 in accord with Medicare requirements).

To get an **EOC** mailed to you, you can call us at **1-888-901-4600 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

Notice of Nondiscrimination

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (“Kaiser Permanente”) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente does not exclude people or treat them less favorably because of race, color, national origin (including limited English proficiency and primary language), age, disability, sex, sex characteristics (including intersex traits), pregnancy (or related conditions), sex stereotypes, sexual orientation, or gender identity. We also:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, braille, audio, accessible electronic formats, other formats)
- Provide free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance 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 (including limited English proficiency and primary language), age, disability, sex, sex characteristics (including intersex traits), pregnancy (or related conditions), sex stereotypes, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator at P.O. Box 35191, Mail Stop: RCR-A1N-22, Seattle, WA 98124-5191 or by calling **1-888-901-4636** (TTY **711**). You can file a grievance in person or 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, 800-537-7697** (TDD). Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at **<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>**, or by phone at **800-562-6900, 360-586-0241** (TDD). Complaint forms are available at **<https://fortress.wa.gov/oic/onlineServices/cc/pub/complaintinformation.aspx>**

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 español, tiene disponibles servicios de ayuda con el idioma sin cargo. Llame al **1-888-901-4636 (TTY 711)**.

中文 (Chinese): 注意: 如果您說中文，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, quý vị có thể sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí của chúng tôi. Xin gọi số **1-888-901-4636 (TTY 711)**.

한국어 (Korean): 참고: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 제공해 드립니다. **1-888-901-4636(TTY 711)**번으로 문의하십시오.

Русский (Russian): ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги переводчика. Звоните по номеру **1-888-901-4636 (TTY 711)**.

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

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні послуги перекладу. 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: 無料の日本語で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 አገዛ አገልግሎቶች፡ በነጻ ለእርስዎ ይቀርባሉ፡፡ ወደ **1-888-901-4636 (TTY 711)** ይደውሉ፡፡

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 ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। **1-888-901-4636 (TTY 711)** 'ਤੇ ਕਾਲ 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, ແມ່ນຈະມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃດຍັດສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທ **1-888-901-4636 (TTY 711)**.

**International Symbol for ASL
(American Sign Language):**

