

***Blue Cross Medicare Advantage Freedom  
Blue<sup>SM</sup> (PPO) offered by Blue Cross and Blue Shield of  
Minnesota***

## **Annual Notice of Changes for 2025**

You are currently enrolled as a member of Blue Cross Medicare Advantage Freedom Blue. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [bluecrossmn.com/medicare-documents](http://bluecrossmn.com/medicare-documents). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

---

### **What to do now**

**1. ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to medical care costs (doctor, hospital).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals, and other providers will be in our network next year.
- Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [medicare.gov/plan-compare](http://medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

### 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Blue Cross Medicare Advantage Freedom Blue.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Blue Cross Medicare Advantage Freedom Blue.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### **Additional Resources**

- Please contact our Customer Service number at 1-800-711-9865 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. Central Time. We are available seven days a week October 1 through March 31 and available Monday through Friday the rest of the year. This call is free.
- Upon request, we can give you information in braille, in large print, or other alternative formats if you need it.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [irs.gov/Affordable-Care-Act/Individuals-and-Families](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About Blue Cross Medicare Advantage Freedom Blue**

- Blue Cross Medicare Advantage Freedom Blue is a PPO Plan with a Medicare Contract. Enrollment in Blue Cross Medicare Advantage Freedom Blue depends on contract renewal.
- When this document says "we," "us," or "our," it means Blue Cross and Blue Shield of Minnesota. When it says "plan" or "our plan," it means Blue Cross Medicare Advantage Freedom Blue.
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

***Annual Notice of Changes for 2025***  
**Table of Contents**

<b>Summary of Important Costs for 2025</b> .....	<b>4</b>
<b>SECTION 1</b> <b>Changes to Benefits and Costs for Next Year</b> .....	<b>5</b>
Section 1.1 – Changes to the Monthly Premium .....	5
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts .....	5
Section 1.3 – Changes to the Provider Network .....	6
Section 1.4 – Changes to Benefits and Costs for Medical Services .....	6
<b>SECTION 2</b> <b>Deciding Which Plan to Choose</b> .....	<b>10</b>
Section 2.1 – If you want to stay in Blue Cross Medicare Advantage Freedom Blue .....	10
Section 2.2 – If you want to change plans .....	10
<b>SECTION 3</b> <b>Deadline for Changing Plans</b> .....	<b>11</b>
<b>SECTION 4</b> <b>Programs That Offer Free Counseling about Medicare</b> .....	<b>11</b>
<b>SECTION 5</b> <b>Questions?</b> .....	<b>12</b>
Section 5.1 – Getting Help from Blue Cross Medicare Advantage Freedom Blue .....	12
Section 5.2 – Getting Help from Medicare .....	12

## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Blue Cross Medicare Advantage Freedom Blue in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<b>Monthly plan premium</b>	\$0	\$0
<b>Maximum out-of-pocket amounts</b>	From network providers: \$4,200	From network providers: \$4,200
This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From in-network and out-of-network providers combined: \$7,500	From in-network and out-of-network providers combined: \$7,500
<b>Doctor office visits</b>	<b>In-Network:</b> Primary care visits: \$0 copayment per visit. Specialist visits: \$30 copayment per visit.	<b>In-Network:</b> Primary care visits: \$0 copayment per visit. Specialist visits: \$30 copayment per visit.
<b>Inpatient hospital stays</b>	For Medicare-covered hospital stays: \$200 copayment per admission.	For Medicare-covered hospital stays: \$200 copayment per admission.

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
<b>Part B premium reduction</b>	Up to \$100 per month.	Up to \$100 per month.

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out of pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<b>In-network maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.	\$4,200	\$4,200 Once you have paid \$4,200 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
<b>Combined maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) from in-network and out-of-network	\$7,500	\$7,500 Once you have paid \$7,500 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services

Cost	2024 (this year)	2025 (next year)
<b>Combined maximum out-of-pocket amount (continued)</b> providers count toward your combined maximum out-of-pocket amount.		from in-network or out-of-network providers for the rest of the calendar year.

### Section 1.3 – Changes to the Provider Network

Updated directories are located on our website at [bluecrossmn.com/medicare-documents](https://bluecrossmn.com/medicare-documents). You may also call Customer Service for updated provider information or to ask us to mail you a *Provider Directory*, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* [bluecrossmn.com/medicare-documents](https://bluecrossmn.com/medicare-documents) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may 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, please contact Customer Service so we may assist.

### Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<b>Cardiac rehabilitation services</b>	<p><b>In-Network:</b></p> <p>You pay a \$35 copayment for each Medicare-covered cardiac rehabilitation visit.</p> <p>You pay a \$30 copayment for each Medicare-covered intensive cardiac rehabilitation visit.</p>	<p><b>In-Network:</b></p> <p>You pay a \$0 copayment for each Medicare-covered cardiac rehabilitation visit.</p> <p>You pay a \$0 copayment for each Medicare-covered intensive cardiac rehabilitation visit.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Durable medical equipment (DME) and related supplies</b></p>	<p><b>In-Network:</b> You pay a 20% coinsurance for Medicare-covered durable medical equipment.</p>	<p><b>In-Network:</b> You pay a 20% coinsurance for Medicare-covered preferred continuous glucose monitoring products. Coverage is limited to one (1) receiver, either Dexcom or Freestyle Libre, in a 365-day period. Transmitters are limited to one (1) in a 90-day period and include Dexcom G6, Dexcom G7 when used with a Dexcom receiver, or Abbott Freestyle Libre, Freestyle Libre 2 products, or Freestyle Libre 3 when used with the Freestyle Libre receiver, and all other durable medical equipment.  You pay a 30% coinsurance for Medicare-covered non-preferred continuous glucose monitoring products (quantity limits apply).</p>
<p><b>Emergency services</b></p>	<p><b>In- and Out-of-Network:</b> You pay a \$90 copayment for Medicare-covered emergency services.</p>	<p><b>In- and Out-of-Network:</b> You pay a \$125 copayment for Medicare-covered emergency services.</p>

Cost	2024 (this year)	2025 (next year)
<b>Musculoskeletal condition management program</b>	Non-Medicare-covered musculoskeletal condition management program is <u>not</u> covered.	<b>In-Network:</b> You pay \$0 for the non-Medicare-covered musculoskeletal condition management program which allows members with rheumatoid arthritis, joint and muscle pain, pelvic floor related urinary incontinence, osteoarthritis to access guided exercises, clinical care team, education videos, additional resources.
<b>Outpatient hospital observation</b>	<b>In-Network:</b> You pay a \$125 copayment for each Medicare-covered outpatient observation stay.	<b>In-Network:</b> You pay a \$150 copayment for each Medicare-covered outpatient observation stay.
<b>Outpatient mental health care</b>	<b>In-Network:</b> You pay a \$30 copayment for each Medicare-covered outpatient mental health care visit.	<b>In-Network:</b> You pay a \$0 copayment for each Medicare-covered outpatient mental health care visit.
<b>Outpatient substance use disorder services</b>	<b>In-Network:</b> You pay a \$30 copayment for each Medicare-covered outpatient substance use disorder visit.	<b>In-Network:</b> You pay a \$0 copayment for each Medicare-covered outpatient substance use disorder visit.



Cost	2024 (this year)	2025 (next year)
<b>Psychiatric services</b>	<b>In-Network:</b> You pay a \$30 copayment for Medicare-covered psychiatric services.	<b>In-Network:</b> You pay a \$0 copayment for Medicare-covered psychiatric services.
<b>Skilled nursing facility (SNF) care</b>	<b>In-Network:</b> You pay a \$0 copayment per day for days 1-20. You pay a \$203 copayment per day for days 21-100	<b>In-Network:</b> You pay a \$0 copayment per day for days 1-20. You pay a \$214 copayment per day for days 21-100
<b>Virtual diabetes prevention program</b>	Non-Medicare-covered virtual diabetes prevention program is <u>not</u> covered.	<b>In-Network:</b> You pay \$0 for the non-Medicare-covered virtual diabetes prevention program which provides personalized, digital care, guidance, support, and feedback focused on sustained weight loss, healthy lifestyle habits, and reducing the risk of developing type 2 diabetes, heart disease, and stroke.
<b>Worldwide emergency coverage</b>	<b>In- and Out-of-Network:</b> You pay a \$90 copayment for non-Medicare-covered worldwide emergency services.	<b>In- and Out-of-Network:</b> You pay a \$125 copayment for non-Medicare-covered worldwide emergency services.
<b>Worldwide urgent care coverage</b>	<b>In- and Out-of-Network:</b> You pay a \$90 copayment for	<b>In- and Out-of-Network:</b> You pay a \$125 copayment for

Cost	2024 (this year)	2025 (next year)
<b>Worldwide urgent care coverage (continued)</b>	non-Medicare-covered worldwide urgent care coverage.	non-Medicare-covered worldwide urgent care coverage.

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in Blue Cross Medicare Advantage Freedom Blue

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in Blue Cross Medicare Advantage Freedom Blue.

### Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

#### **Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 5.2).

As a reminder, Blue Cross and Blue Shield of Minnesota offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

#### **Step 2: Change your coverage**

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Blue Cross Medicare Advantage Freedom Blue.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Blue Cross Medicare Advantage Freedom Blue.

- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
  - – *OR* – Contact **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

### SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Minnesota, the SHIP is called Senior LinkAge Line®.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior LinkAge Line® counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Senior LinkAge Line® at 1-800-333-2433 or TTY at 711. You can learn more about Senior LinkAge Line® by visiting their website ([mn.gov/senior-linkage-line/](http://mn.gov/senior-linkage-line/)).

## SECTION 5 Questions?

---

### Section 5.1 – Getting Help from Blue Cross Medicare Advantage Freedom Blue

---

Questions? We're here to help. Please call Customer Service at 1-800-711-9865. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m. Central Time. We are available seven days a week October 1 through March 31 and available Monday through Friday the rest of the year. Calls to these numbers are free.

#### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Blue Cross Medicare Advantage Freedom Blue. 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. A copy of the *Evidence of Coverage* is located on our website at [bluecrossmn.com/medicare-documents](https://bluecrossmn.com/medicare-documents). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [bluecrossmn.com/medicare](https://bluecrossmn.com/medicare). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

---

### Section 5.2 – Getting Help from Medicare

---

To get information directly 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 should call 1-877-486-2048.

#### **Visit the Medicare Website**

Visit the Medicare website ([medicare.gov](https://medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [medicare.gov/plan-compare](https://medicare.gov/plan-compare).

#### **Read Medicare & You 2025**

Read the *Medicare & You 2025* handbook. Every fall, this document 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 document, you can

get it at the Medicare website ([medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) 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.

Blue Cross<sup>®</sup> and Blue Shield<sup>®</sup> of Minnesota and Blue Plus<sup>®</sup> are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

## Notice of Nondiscrimination and Accessibility

At Blue Cross and Blue Shield of Minnesota and Blue Plus, we treat everyone fairly. We don't exclude you, or treat you less favorably, because of your race, skin color, national origin, age, disability status, or sex (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes). We follow federal civil rights laws and don't discriminate against anyone based on these traits.

If you communicate best in a language other than English, you can request free language assistance services.

If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge.

**Need these services?** Call **1-855-903-2583**, TTY **711** or call the number on the back of your member identification card.

### Discrimination is against the law.

If we failed to provide services or discriminated in another way based on your race, skin color, national origin, age, disability status, or sex, (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes), you can file a complaint by contacting our Nondiscrimination Civil Rights Coordinator:

**Email:** [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)  
**Telephone:** 1-800-509-5312  
**Mail:** Blue Cross and Blue Shield of Minnesota  
ATTN: Civil Rights Coordinator P3-2  
PO Box 64560, Eagan, MN 55164-0560

Nondiscrimination complaint forms are available on our website at [bluecrossmn.com/NDL](http://bluecrossmn.com/NDL), or from the Nondiscrimination Civil Rights Coordinator.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services

- electronically through the Office for Civil Rights complaint portal:  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- by mail at: U.S. Department of Health and Human Services,  
200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201
- or by phone at: 1-800-368-1019, 1-800-537-7697 (TDD)

Civil rights complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

**ENGLISH**

ATTENTION: If you speak a language other than English, language services are available free of charge. If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge. Call 1-855-903-2583 (TTY 711).

**ESPAÑOL (Spanish)**

ATENCIÓN: Si habla Español, puede solicitar servicios gratuitos de asistencia lingüística. Si tiene una deficiencia visual, auditiva o del habla, podemos comunicarnos de la manera que le resulte mejor a usted. Esto puede incluir el uso de intérpretes de lengua de señas, el suministro de documentos en letra grande o braille, grabaciones de audio u otras ayudas sin cargo. Llame al 1-855-903-2583 (TTY 711).

**العربية (Arabic)**

تنبيه: إذا كنت تتحدث العربية، يمكنك طلب خدمات المساعدة اللغوية المجانية. إذا كنت تعاني من إعاقة بصرية أو سمعية أو نطقية، يمكننا التواصل معك بالطريقة التي تناسبك. وقد يشمل ذلك استخدام مترجمين للغة الإشارة، أو توفير المستندات بحروف كبيرة أو بطريقة برايل، أو تسجيلات صوتية، أو غيرها من الوسائل المساعدة من دون مقابل. اتصل على الرقم (الهاتف النصي) 1-855-903-2583 (711).

**አማርኛ (Amharic)**

ትኩረት ይሰጥ፡- አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እገዛ አገልግሎቶችን መጠየቅ ይችላሉ። የማየት፣ የመስማት ወይም የመናገር ችግር ካለብዎት ለእርስዎ በተሻለ በሚሠራው መንገድ መግባባት እንችላለን። ይህ ደግሞ የምልክት ቋንቋ አስተርጓሚዎችን መጠቀም፣ በትላልቅ ህትመቶች ወይም በብሬይል የተጻፉ ሰነዶችን፣ የድምፅ ቅጂዎችን ወይም ሌሎች መርጃዎችን ያለ ክፍያ ማቅረብን ይጨምራል። 1-855-903-2583 (TTY 711) ላይ ይደውሉ።

**LUS HMOOB (Hmong)**

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob, koj tuaj yeem thov cov kev pab cuam uas pab hom lus tau dawb. Yog hais tias koj qhov muag tsis pom kev zoo, tsis hnov lus, los sis hais tsis tau lus, peb tuaj yeem sib txuas lus hauv ib txoj hau kev uas ua hauj lwm tau zoo tshaj plaws rau koj. Qhov no tej zaum yuav muaj xam nrog kev siv cov neeg txhais lus piav tes, kev muab cov ntaub ntauv luam tawm ua tus ntauv loj los sis Ua Ntawv Su Rau Cov Neeg Tsis Pom Kev Siv Tau (Braille), kev kaw ua suab lus, los sis lwm yam kev pab yam tsis tau them nqi. Hu rau 1-855-903-2583 (TTY 711).

**廣東話 (Cantonese – Traditional Chinese)**

請注意：如果您說廣東話，您可要求免費語言協助服務。如果您有視力、聽力或言語障礙，我們會以最適合您的方式與您溝通。這可能包括使用手語傳譯員、免費提供大字體或點字文件、錄音或其他輔助工具。請致電 1-855-903-2583 聽障熱線 (TTY 711)。

**简体中文 (Chinese Simplified)**

注意：如果您说普通话，则可以免费申请语言协助服务。如果您有视力、听力或语言障碍，我们可以用最适合您的方式与您交流。这可能包括免费提供手语翻译、大字体或盲文文件、录音或其他辅助工具。请致电 1-855-903-2583 (文字电话 711)。

**SOOMALI (Somali)**

XASUUSIN: Haddii aad ku hadasho Soomali, waxaad codsan kartaa adeegyada caawimaadda luqada oo bilaash ah. Haddii aad laxaad la'aan kataahy aragga, maqalka, ama hadalka, waxaanu kugula xidhiidhi karnaa habka adiga kuugu habboon. Tan waxaa ka mid ah in aan isticmaalno turjumaanada luuqada dhegoolaha, in la bixiyo waraaqo ku qoran xarfaha waaweyn ama qoraalka indhoolayaasha, in la sameeyo cajalado la duubay, ama in la helo waxyaabo kale oo caawimaad ah oo bilaash ah. Wac 1-855-903-2583 (TTY 711).

**FRANÇAIS (French)**

ATTENTION : Si vous parlez Français, vous pouvez demander des services d'assistance linguistique gratuits. Si vous avez une déficience visuelle, auditive ou vocale, nous pouvons communiquer de la manière qui vous convient le mieux. Il peut s'agir d'interprètes en langue des signes, de documents en gros caractères ou en braille, d'enregistrements audio ou d'autres aides gratuites. Composez le 1-855-903-2583 (ATS 711).

**ខ្មែរ (Khmer)**

ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ អ្នកអាចស្នើសុំសេវាជំនួយបកប្រែភាសាដោយឥតគិតថ្លៃ។ ប្រសិនបើអ្នកមើលមិនឃើញ ស្តាប់មិនឮ ឬនិយាយមិនបាន យើងអាចប្រើប្រាស់ឯកសារជាមួយអ្នកតាមរបៀបផ្សេងដែលមានប្រសិទ្ធភាពល្អបំផុតសម្រាប់អ្នក។ ការប្រើប្រាស់ឯកសារនេះអាចមានដូចជា អ្នកបកប្រែភាសាសញ្ញា ការផ្តល់ឯកសារដែលបោះពុម្ពអក្សរធំៗ ឬអក្សរស្នាប ឬការថតទុកជាសំឡេង ឬជំនួយផ្សេងទៀត ដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-855-903-2583 (TTY 711)។

**한국어 (Korean)**

주의: 한국어를 사용하시는 경우 귀하는 무료 언어 지원 서비스를 요청하실 수 있습니다. 시각 장애, 청각 장애 또는 언어 장애가 있는 경우 저희는 귀하에게 가장 적합한 방법으로 연락을 드릴 수 있습니다. 여기에는 수화통역사 이용, 대형 활자 또는 점자로 작성된 문서 제공, 음성 녹음 또는 기타 무료 지원이 포함될 수 있습니다. 1-855-903-2583 (TTY 711) 번으로 전화하십시오.

**ကညီကျိန် (Karen)**

ဟ်သုဂ်ဟ်သး- နမ့ၢ်ကတိၤ ကညီကျိန် န့ၣ်, နယုကျိန်ဂ့ၢ်ဝီတၢ်တိၤစၢၤမၤစၢၤလၢတလၢက့ၢ်လဲၤ သ့န့ၣ်လီၤ. နမ့ၢ်အိၣ်ဒီးတၢ်တလၢတပဲ့ၤလၢ မဲၣ်တၢ်ထံၣ်, တၢ်နၢ်ဟူ, မ့တမ့ၢ် တၢ်စံးကတိၤတၢ်န့ၣ် ပဆဲးကျၢဆဲးကျိးတၢ်လၢ ကျဲကဲထီၣ်လိာ်ထီၣ်အဂ့ၢ်ကတၢ်လၢနဂီၢ်သ့န့ၣ်လီၤ. တၢ်အံၤ ပၣ်ယုၣ်ဒီး တၢ်စူးကါ နီၢ်ခိက့ၢ်ဂီၤကျိန်အပူၤကျိန်ထံတၢ်တဖၣ်, တၢ်ဟ့ၣ်လံာ်လံာ်တဖၣ်လၢ အလံာ်ဖျါၣ်ဖးဒိၣ်, မ့တမ့ၢ် ပုၤမဲာ်ဘျီၣ်အလံာ်, တၢ်ကလုာ်, မ့တမ့ၢ် တၢ်မၤစၢၤဂ့ၢ်ဂၤတဖၣ် လၢတလၢက့ၢ်လဲၤန့ၣ်လီၤ. ကိးလီၤတဲစိဆူ 1-855-903-2583 (TTY 711) တက့ၢ်.

**မြန်မာဘာသာ (Burmese)**

သတိပြုရန်- သင်သည် မြန်မာဘာသာ စကားကို ပြောပါက အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို တောင်းဆိုနိုင်ပါသည်။ သင့်တွင် အမြင်အာရုံ၊ အကြားအာရုံ သို့မဟုတ် စကားပြောခြင်း ချို့ယွင်းမှုရှိနေပါက သင့်အတွက် အသင့်လျော်ဆုံးဖြစ်မည့်နည်းလမ်းဖြင့် ကျွန်ုပ်တို့ထံသို့ ဆက်သွယ်နိုင်ပါသည်။ ၎င်းတွင် လက်ဟန်ပြဘာသာစကား စကားပြန်များကို အသုံးပြုခြင်း၊ စာရွက်စာတမ်းများကို ပုံနှိပ်စာလုံးကြီးများ သို့မဟုတ် မျက်မမြင်စာဖြင့် ပံ့ပိုးပေးခြင်း၊ အသံဖမ်းယူခြင်းများ သို့မဟုတ် အခြားအထောက်အကူများဖြင့် အခမဲ့ပံ့ပိုးပေးခြင်းတို့ ပါဝင်ပါသည်။ 1-855-903-2583 (TTY 711) သို့ ဖုန်းခေါ်ဆိုပါ။

**OROMOO (Oromo)**

Xiyyeeffannoon haa kennamu:- Oromo Afaan kan dubbatan yoo ta'e, tajaajiloota gargaarsa afaanii bilisaa gaafachuu ni dandeessu. Rakkoo ilaaluu, dhaga'u ykn dubbachuu yoo qabaattan, karaa isiniif mijatuun haala isiniif galuun mari'achuu ni dandeenya. Kunis of keessatti kan qabatu, hiiktota afaan mallattoo fayyadamuun maxxansa gurguddaa ykn bireeylii, waraabbiwwan sagalee ykn gargaarsota biroo kaffaltii tokkoo malee gaafachuu dha. 1-855-903-2583 (TTY 711) irratti bilbilaa.

**РУССКИЙ (Russian)**

ВНИМАНИЕ: Если ваш язык — РУССКИЙ, вы можете запросить бесплатные услуги языковой поддержки. Если у вас есть нарушение зрения, слуха или речи, мы можем общаться таким образом, который лучше всего подходит вам. Это может включать бесплатное использование переводчиков на языке жестов, предоставление документов крупным шрифтом или шрифтом Брайля, использование аудиозаписей или других вспомогательных средств. Звоните по телефону 1-855-903-2583 (TTY 711).

**ພາສາລາວ (Lao)**

ເຂົາໃຈໃສ່: ຖ້າທ່ານເວົ້າ ພາສາລາວ, ທ່ານສາມາດຂໍບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ຖ້າທ່ານມີຄວາມບໍ່ກວມຄອບຄົວດ້ານສາຍຕາ, ການໄດ້ຍິນ ຫຼື ການປາກເວົ້າ, ພວກເຮົາສາມາດສ້າງສານດ້ວຍວິທີທີ່ເໝາະສົມກັບທ່ານທີ່ສຸດ. ອັນນີ້ອາດຈະລວມເຖິງການໃຊ້ນ້ຳຍພາສາມື, ການຈັດກຽມເອກະສານເປັນໂຕພິມໃຫຍ່ ຫຼື ອັກສອນນູນ, ການບັນທຶກສຽງ ຫຼື ການຊ່ວຍເຫຼືອດ້ານສື່ອື່ນໆໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທ 1-855-903-2583 (TTY 711).

**Tagalog (Tagalog)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang humingi ng mga libreng serbisyo na tulong sa wika. Kung may kapansanan ka sa paningin, pandinig, o pananalita, maaari tayong mag-usap sa paraan na pinakamabuti para sa iyo. Maaaring kabilang dito ang paggamit ng mga interpreter ng sign language, pagbibigay ng mga dokumento na malalaki ang pagkaprinta o Braille, mga audio recording, o iba pang mga tulong nang walang bayad. Tumawag sa 1-855-903-2583 (TTY 711).

**VIETNAMESE (Vietnamese)**

LƯU Ý: Nếu quý vị nói Vietnamese, quý vị có thể yêu cầu dịch vụ hỗ trợ ngôn ngữ miễn phí. Nếu quý vị bị khiếm thị, khiếm thính hoặc khuyết tật về âm ngữ, chúng tôi có thể giao tiếp theo cách phù hợp nhất với quý vị. Điều này có thể bao gồm việc sử dụng thông dịch viên ngôn ngữ ký hiệu, cung cấp tài liệu dạng bản in cỡ chữ lớn hoặc chữ nổi, bản ghi âm hoặc các phương tiện hỗ trợ khác miễn phí. Xin gọi số 1-855-903-2583 (TTY 711).