



Welcome to CCHP

Choose CCHP. Quality and value from a local plan.

Senior Program (HMO)
Senior Select Program (HMO SNP)

2020 Medicare Information Kit



CCHP
Health Plan

www.CCHPHealthPlan.com

Notes:

Hello!

At CCHP, it is our mission to provide high quality affordable healthcare. Medicare rated us 4 stars out of 5 for 2020. This is just one proof that we are delivering on our promise to our Members.

We know you have options when it comes to choosing a health partner and we are here to help. This information kit will explain how CCHP can give you access to the kind of care you want and need.

Our **Senior Program (HMO)** and **Senior Select Program (HMO SNP)** plans offer all the benefits of original Medicare parts A & B and a whole lot more:

- Free annual physical exam
- Choose from over 3,000 specialists and primary doctors
- Generous drug coverage
- Travel worry-free with worldwide emergency coverage
- Stay well with health, fitness & wellness classes like yoga, tai chi and discounted YMCA membership

Please review the information in this booklet and be sure to let us know if you have any questions or when you are ready to join!

Call, Email or Visit Us:

By Phone: 1-888-681-3888, (TTY 1-877-681-8898), 7 days a week from 8 a.m. to 8 p.m.

In Person:

San Francisco Office

445 Grant Avenue, San Francisco, CA 94108
7 days a week from 8:30 a.m. to 5 p.m.

Daly City Office

386 Gellert Boulevard, Daly City, CA 94105
M-F 9 a.m. to 5 p.m., closed on Saturdays and Sundays

By email: sales@cchphealthplan.com

Thank you for considering CCHP!



Jian Zhang, DNP, MS, FNP-BC
Chief Executive Officer, CCHP

Questions?

1-877-224-7705
TTY 1-877-681-8898

Thank you for considering **CCHP Senior Program (HMO)** and **CCHP Senior Select Program (HMO SNP)***. We are a San Francisco Original that's been providing quality, affordable coverage to thousands of residents of San Francisco. Our service area also includes San Mateo county for CCHP Senior Program (HMO).

This booklet will help you understand the benefits of enrolling in our Medicare Advantage Plans. Once enrolled, you will have the peace-of-mind you are looking for knowing a trusted partner covers your health care needs. Here is what's included:

- 1) **Plan Overview** gives you a quick look at our benefits and valuable services
- 2) **Pre-Enrollment Checklist** of items for your consideration when shopping for coverage
- 3) **Summary of Plan Benefits** for an in-depth look at what's covered
- 4) Information about discrimination and **available language help**
- 5) How you can **contact us**

We invite you to have a look at our plans and be sure to contact us with any questions. Our friendly sales representatives are waiting.

**CCHP Senior Select Program (HMO SNP) is available in San Francisco only.*



Questions?

1-877-224-7705
TTY 1-877-681-8898

Notes:

About CCHP - A Quality and Value Story

At CCHP, we understand it's important to get the most out of your health care budget. That's why we designed our plans to suit your unique needs and included some of the extras that may be important to you.

No Cost Preventive Services

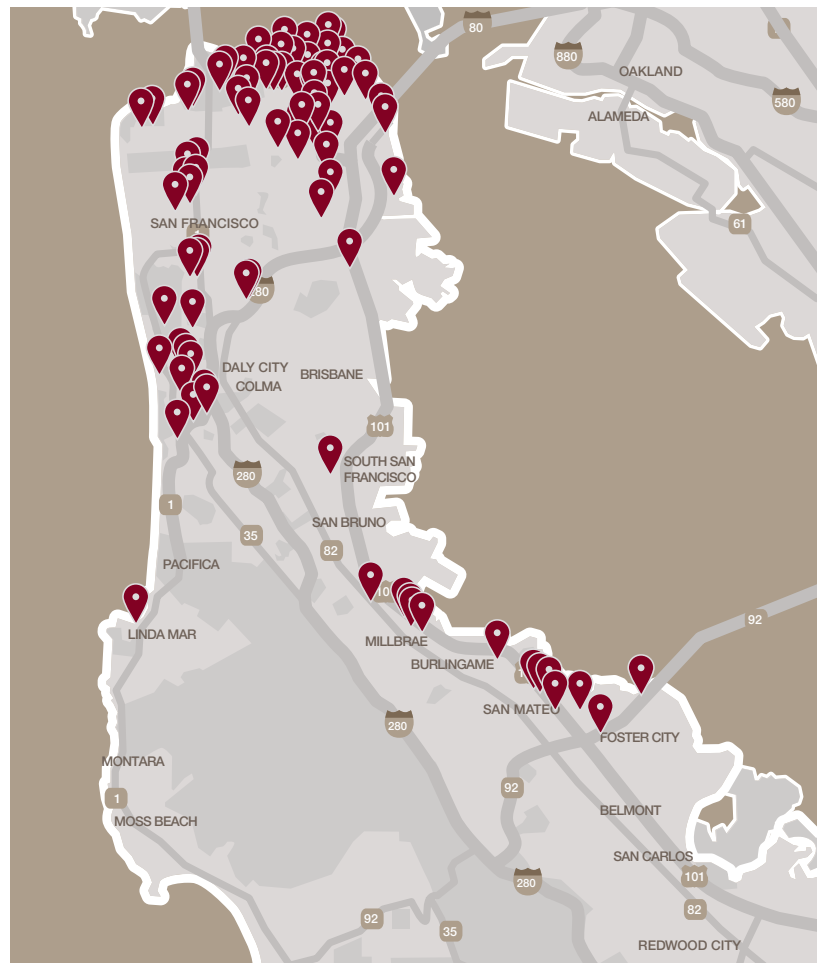


We believe maintaining your health with regular check-ups for preventive services shouldn't cost extra. That's why basic services like an annual screening, labs, x-rays and vaccinations are covered without copay.

Physician Network



All our Medicare Advantage Plans offer over 3,000 independent primary care doctors and specialists with offices located throughout San Francisco and San Mateo counties. You are sure to find a great doctor with a convenient location.



Questions?

1-877-224-7705
TTY 1-877-681-8898

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24/7 Nurse Advice Line



Acupuncture Services



Health, Wellness and Fitness Classes



Member Portal



Personalized Service



Questions?

1-877-224-7705
TTY 1-877-681-8898

Your Pre-Enrollment Checklist for Senior Program (HMO)

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-224-7705, (TTY 1-877-681-8898). Hours are 7 days a week, 8:00 a.m. to 8:00 p.m.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.CCHPHHealthPlan.com/Medicare or call 1-877-224-7705, (TTY 1-877-681-8898) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
 - ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.
 - ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
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Your Pre-Enrollment Checklist for Senior Select Program (HMO SNP)

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-224-7705, (TTY 1-877-681-8898). Hours are 7 days a week, 8:00 a.m. to 8:00 p.m.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.CCHPHHealthPlan.com/Medicare or call 1-877-224-7705, (TTY 1-877-681-8898) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium, unless your Part B premium is covered by the State for full-dual eligible individuals. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Introducing,

CCHP Senior Program (HMO)

Service Area: San Francisco & San Mateo County
Who qualifies?: People enrolled in Medicare parts A & B
What does it cost: \$42 per month

Benefits include:

- Vision Coverage + Eye Glasses
- Hearing Aid
- Prescription Drug Coverage
- Transportation Services for Medical visits
- Dental Coverage (Optional)
- Unlimited Acupuncture Treatments
- \$0 Copay Annual Physical Exam

Introducing,

CCHP Senior Select Program (HMO SNP)

Service Area: San Francisco
Who qualifies?: People enrolled in Medicare Parts A and B, receives Medi-Cal (Medicaid) benefits
What does it cost: \$0-\$24.50 (*Premium may vary based on the level of Extra Help you receive. Please contact the plan for further details.*)

Additional benefits include:

- Vision Coverage + Eye Glasses
- Hearing Aid
- Prescription Drug Coverage
- Transportation Services for Medical visits
- Unlimited Acupuncture Treatments
- \$0 Copay Annual Physical Exam



Questions?

1-877-224-7705
TTY 1-877-681-8898



CCHP Senior Program (HMO)

2020 Summary of Benefits

Service Area: San Francisco & San Mateo County

This is a summary of drug and health services covered by CCHP Senior Program (HMO)
January 1, 2020- December 31, 2020.

Premiums and Benefits	CCHP Senior Program (HMO)
Monthly Plan Premium	\$42 You must continue to pay your Medicare Part B premium.
Deductible	\$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$6,700 annually Includes copays and other costs for medical services for the year.
Inpatient Hospital	Days 1-7: \$100 copay per day** (at Chinese Hospital) Days 1-7: \$305 copay per day** (at all other hospitals) Days 8+: \$0 copay per day**
Outpatient Hospital	\$100 copay** (at Chinese Hospital) \$300 copay** (at all other hospitals)
Ambulatory Surgery Center (ASC) Services	\$300 copay**
Doctor Visits	PCP: \$10 copay Specialists: \$20 copay**
Preventive Care (e.g. flu vaccine, diabetic screenings)	\$0 copay** Other preventive services are available. There are some covered services that have a cost.
Emergency Care (Worldwide coverage)	\$90 copay If you are admitted to the hospital within 24 hours, then you do not have to pay \$90.
Urgently Needed Services (Worldwide coverage)	\$45 copay
Diagnostic Services/ Labs/Imaging	Diagnostic Radiology Services: \$200 copay** X-Ray and Lab Services: \$0 copay** Diagnostic Tests & Procedures: \$0 copay**
Hearing Services	Routine Hearing Exam: \$35 copay** (one routine hearing exam allowed annually)
Hearing Aids	\$600 - \$2,075 copay/ear, limit two per year
Dental Services	Not Covered
Vision Services	\$20 copay for refraction** (one exam allowed annually) \$0 copay for one pair of glasses every two years (maximum \$150 allowance)

Premiums and Benefits	CCHP Senior Program (HMO)	
Mental Health Services	Inpatient Hospital: Days 1-7: \$250 copay/day** Days 8-90: \$0 copay/day**	Group and Individual Therapy Sessions: \$35 copay**
Skilled Nursing Facility (up to 100 days/benefit period)	Days 1-20: \$0 copay/day** Days 21-100: \$150 copay/day**	
Physical Therapy	\$20 copay**	
Ambulance Services	\$225 copay per trip	
Transportation	\$0 copay per trip, 8 one-way trips per year**	
Medicare Part B Drugs	\$0 copay**	
Acupuncture	\$20 copay**	
Part D: Prescription Drug Coverage (for Drugs on CCHP's Formulary)	30-day Supply at Retail Pharmacy	90-day Supply by Mail Order and Preferred Cost-Share Pharmacies*
Tier 1: Preferred Generic (no deductible)	\$3 copay	\$6 copay
Tier 2: Non-preferred Generic (no deductible)	\$7 copay	\$14 copay
Tier 3: Preferred Brand (no deductible)	\$40 copay	\$80 copay
Tier 4: Non-preferred Brand (no deductible)	\$60 copay	\$120 copay
Tier 5: Specialty (no deductible)	30% coinsurance	Drugs in this tier are <u>not</u> available at this extended day supply.
Coverage Gap: Costs after your total yearly drug costs reach \$4,020		
Generic	25% coinsurance	
Brand & Specialty	25% coinsurance	
Catastrophic Coverage: Costs after yearly out-of-pocket drug costs reach \$6,350		
Generic	You pay the greater of 5% or \$3.60 copay.	
Brand & Specialty	You pay the greater of 5% or \$8.95 copay.	
*Cost share for 90-day supply may differ at non-preferred cost sharing pharmacies.		
Optional Dental Coverage	\$20 per month (in addition to monthly plan premium)	

This plan is available to anyone who is enrolled in Medicare Part A and Part B and resides in our service area. Chinese Community Health Plan (CCHP) is a Medicare Advantage HMO plan with a Medicare contract and a California Medicaid program contract for our SNP. Enrollment in CCHP depends on contract renewal. A complete list of services we cover can be found in the "Evidence of Coverage" on our website www.cchphealthplan.com/medicare or contact us for more information, 1-888-681-3888 (TTY 1-877-681-8898) from 8:00 a.m. to 8:00 p.m., seven days a week. Chinese Community Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <https://www.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. CCHP's pharmacy network offers limited access to pharmacies with preferred cost sharing in San Francisco and San Mateo Counties. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up to date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-888-775-7888 or consult the online provider/pharmacy directory at www.CCHPHealthPlan.com/medicare.

****Prior authorization and referral rules apply.**

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CCHP Senior Select Program (HMO SNP)

2020 Summary of Benefits

Service Area: San Francisco County

This is a summary of drug and health services covered by CCHP Senior Select Program (HMO SNP) January 1, 2020 - December 31, 2020.

Premiums and Benefits	CCHP Senior Select Program (HMO SNP)	
Monthly Plan Premium	\$0 - \$24.50* You must continue to pay your Medicare Part B premium. <i>* Premium may vary based on the level of Extra Help you receive. Please contact the plan for further details.</i>	
Deductible	\$0	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$3,400 annually Includes copays AND other costs for medical services for the year.	
Inpatient Hospital	Days 1-7: \$0 copay per day** Days 8+: \$0 copay per day**	
Outpatient Hospital & Ambulatory Surgery Center (ASC) Services	\$0 copay**	
Doctor Visits	PCP: \$0 copay Specialists: \$0 copay**	
Preventive Care (e.g. flu vaccine, diabetic screenings)	\$0 copay**	
Emergency Care	\$0 copay	
Urgently Needed Services	\$0 copay	
Diagnostic Services/ Labs/Imaging	Diagnostic Radiology Services: \$0 copay** X-Ray and Lab Services: \$0 copay** Diagnostic Tests and Procedures: \$0 copay**	
Hearing Services Hearing Aids	Routine Hearing Exam: \$0 copay** \$1,000 allowance/year. \$1,000 annual benefit allowance may be applied towards the purchase price of up to two entry level hearing aids each year.	
Dental Services	Not Covered	
Vision Services	\$0 copay for refraction** (one exam allowed annually) \$0 copay for one pair of glasses every two years (maximum \$150 allowance)	
Mental Health Services	Inpatient Hospital: Days 1-90: \$0 copay per day**	Group and Individual Therapy Sessions: \$0 copay**

Premiums and Benefits		CCHP Senior Select Program (HMO SNP)	
Skilled Nursing Facility (up to 100 days/benefit period)		Days 1-100: \$0 copay per day**	
Physical Therapy		\$0 copay**	
Ambulance Services		\$0 copay per trip	
Transportation		\$0 copay per trip, 48 one-way trips per year**	
Medicare Part B Drugs		\$0 copay**	
Acupuncture		\$0 copay**	
Part D: Prescription Drug Coverage (for Drugs on CCHP's Formulary)		Drug Tier	Copay (may vary based on the level of Extra Help eligibility*)
Initial Coverage Costs for Drugs after Deductible*: <ul style="list-style-type: none"> For beneficiaries receiving no Extra Help, deductible is \$435. For some beneficiaries receiving partial subsidy Extra Help, deductible is \$89. For most beneficiaries is \$0. 		Generic (including brand drugs treated as generic)	25% coinsurance; or with Low Income Subsidy (LIS): \$0/\$1.30/\$3.60 copay or 15% coinsurance
		All Other Drugs	25% coinsurance; or with Low Income Subsidy (LIS): \$0/\$3.90/\$8.95 copay or 15% coinsurance
Catastrophic Coverage: Costs after yearly out-of-pocket drug costs reach \$6,350.		Generic (including brand drugs treated as generic)	You pay the greater of 5% or \$3.60 copay.
		All Other Drugs	You pay the greater of 5% or \$8.95 copay.
<i>*Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.</i>			

The following services are not covered by CCHP Senior Select Program (HMO SNP) but may be available through Medi-Cal (Medicaid):

- Long term care in a facility longer than the month of admission plus one month
- Routine foot care
- Incontinence supplies
- Certain drugs excluded by Medicare, check the Medi-Cal (Medicaid) formulary for more details
- Dental Services

This plan is available to anyone who is enrolled in Medicare Part A and Part B, receives Medi-Cal (Medicaid) benefits, and resides in San Francisco County. Chinese Community Health Plan (CCHP) is a Medicare Advantage HMO plan with a Medicare contract and a California Medicaid program contract for our SNP. Enrollment in CCHP depends on contract renewal. A complete list of services we cover can be found in the "Evidence of Coverage" on our website www.cchphealthplan.com/medicare or contact us for more information, 1-888-681-3888 (TTY 1-877-681-8898) from 8:00 a.m. to 8:00 p.m., seven days a week. Chinese Community Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <https://www.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.

****Prior authorization and referral rules apply.**

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Chinese Community Health Plan (CCHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Chinese Community Health Plan:

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

If you need these services, contact CCHP Member Services.

If you believe that CCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with us in person, by phone, by mail, or by fax at:

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, TTY 1-877-681-8898
Fax 1-415-397-2129

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>.

華人保健計劃 (CCHP) 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。華人保健計劃 (CCHP) 不因種族、膚色、民族血統、年齡、殘障或性別而排斥任何人或以不同的方式對待他們。

華人保健計劃 (CCHP) :

- 向殘障人士免費提供各種援助和服務，以幫助他們與我們進行有效溝通，如：
 - 合格的手語翻譯員
 - 以其他格式提供的書面資訊 (大號字體、音訊、無障礙電子格式、其他格式)
- 向母語非英語的人員免費提供各種語言服務，如：
 - 合格的翻譯員
 - 以其他語言書寫的資訊

如果您需要此類服務，請聯絡華人保健計劃 (CCHP)

如果您認為華人保健計劃 (CCHP) 未能提供此類服務或者因種族、膚色、民族血統、年齡、殘障或性別而透過其他方式歧視您，您可以親自提交投訴，或者以郵寄、傳真或電郵的方式向我們提交投訴：

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, 聽力殘障人士電話 1-877-681-8898
傳真 1-415-397-2129

您還可以向 U.S. Department of Health and Human Services (美國衛生及公共服務部) 的 Office for Civil Rights (民權辦公室) 提交民權投訴, 透過 Office for Civil Rights Complaint Portal 以電子方式投訴:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, 或者透過郵寄或電話的方式投訴:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD) (聾人用電信設備)

登入 <http://www.hhs.gov/ocr/office/file/index.html> 可獲得投訴表格。

Chinese Community Health Plan (CCHP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Chinese Community Health Plan no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Chinese Community Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
 - Intérpretes de lenguaje de señas capacitados.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes capacitados.
 - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con CCHP Member Services.

Si considera que CCHP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, TTY 1-877-681-889
Fax 1-415-397-2129.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-775-7888 (TTY: 1-877-681-8898).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-775-7888 (TTY: 1-877-681-8898).

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 1-888-775-7888 (TTY: 1-877-681-8898)。

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-775-7888 (TTY: 1-877-681-8898).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-775-7888 (TTY: 1-877-681-8898).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-775-7888 (TTY: 1-877-681-8898) 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-775-7888 (телетайп: 1-877-681-8898)

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-775-7888 (TTY: 1-877-681-8898).

Hindi: ध्यान दः यद आप हद्दी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-775-7888 (TTY: 1-877-681-8898) पर कॉल कर।

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。

1-888-775 7888 (TTY: 1-877-681-8898) まで、お電話にてご連絡ください。

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող եմ տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-888-775-7888 (TTY (հեռատիպ)՝ 1-877-681-8898):

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-775 7888 (TTY: 1-877-681-8898) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្មើស

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Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-775 7888 (TTY: 1-877-681-8898).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-775 7888 (TTY: 1-877-681-8898).

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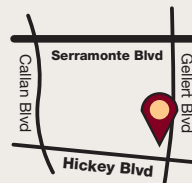
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