



2021 Summary of Benefits

A Medicare Advantage and
Prescription Drug Plan

**Clever Care Balance
Medicare Advantage (HMO)**
Serving Los Angeles, Orange, and San Diego counties

Plan Year: January 1, 2021 – December 31, 2021



Clever Care Balance Medicare Advantage HMO plan includes Medicare health care (Part C), prescription drug (Part D) coverage, and

- Natural herbal supplements
- Tai Chi classes
- Unlimited acupuncture visits
- Dental, vision and hearing coverage
- Additional acupuncture services (Cupping, Moxa, Tui Na, Gua Sha)

A Clever Care Medicare Advantage plan gives you the convenience of having all of the services listed above covered through one plan.

To join you must be entitled to Medicare Part A, be enrolled Medicare Part B, and live in one county of our service area: **Los Angeles, Orange, or San Diego.**

Our network of doctors, hospitals, pharmacies, drug list, and more can be found on our website:



Primary care physicians and other providers clevercarehealthplan.com/provider

Pharmacies clevercarehealthplan.com/pharmacy

Formulary (list of covered drugs) clevercarehealthplan.com/formulary

Important: You will receive your care from a network provider. If you use providers who are not in our network, the plan may not pay for the services.

If you need help understanding this information, please call us at **1-833-388-8168 (TTY:711):**



October 1 – March 31

8 a.m. to 8 p.m., 7 days a week.

April 1 – September 30

8 a.m. to 8 p.m., Monday through Friday.

Messages received on holidays or outside of our business hours will be returned within one business day.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](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.



2021 Summary of Benefits

Clever Care Balance Medicare Advantage Plan (HMO)

Effective January 1, 2021 through December 31, 2021

The information below is a summary of medical and prescription drug costs. To get a complete list of services we cover, please refer to the Evidence of Coverage (EOC). **The EOC will be available on our website by October 15.**

Premiums, Deductibles, and Limits

Costs	You Pay	Important to Know
Monthly plan premium (Part C & Part D)	\$31.50	You must continue to pay your Medicare Part B premium.
Deductible	\$0	This plan has deductibles for some hospital and medical services and Part D prescription drugs.
Maximum out-of-pocket responsibility (does not include Part D prescription drugs.)	\$7,550 annually	This is the most you would pay for the year for covered services.

Medical & Hospital Benefits

Benefits	You Pay	Important to Know
Inpatient hospital coverage	The following Medicare defined amounts are for 2020 and may change for 2021. \$1,408 deductible per, benefit period. \$0 copay per day for days 1–60, per benefit period. \$352 copay per day for days 61–90, per benefit period.	Services may require prior authorization. The copays are based on benefit periods. A benefit period begins the day you're admitted and ends when you haven't received any inpatient care for 60 days in a row. Our plan covers an unlimited number of days for an inpatient hospital stay. If you go to an out-of-network provider, you pay the full cost.
Outpatient hospital and surgery services <ul style="list-style-type: none"> • Outpatient hospital facility • Ambulatory surgical center • Observation services 	20% coinsurance of the Medicare-allowed amount for these services.	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost.
Doctor Visits <ul style="list-style-type: none"> • Primary care physician (PCP) • Specialist 	\$0 copay per visit. \$0 copay per visit.	A Prior Authorization is not required for your first appointment with an in-network specialist. You will need a Prior Authorization for any follow-up visits or future services. If you go to an out-of-network provider, you pay the full cost.

Benefits	You Pay	Important to Know
<p>Preventive care</p> <ul style="list-style-type: none"> • Welcome to Medicare visit • Annual wellness visit 	<p>\$0 copay.</p>	<p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p>Emergency care</p>	<p>\$90 copay per visit to an emergency room.</p> <p>\$120 copay per visit to an emergency room outside the United States and its territories.</p> <p>And \$25,000 annual limit for covered emergency care and urgently needed services outside the United States and its territories.</p>	<p>The copay is waived if you are admitted to the hospital within 72 hours for the same condition.</p> <p>Worldwide coverage.</p>
<p>Urgently needed services</p>	<p>\$20 copay per visit to an urgent care center.</p> <p>And a \$25,000 annual limit for covered emergency care and urgently needed services outside the United States and its territories.</p>	<p>The copay is waived if you are admitted to the hospital within 72 hours for the same condition.</p> <p>Worldwide coverage.</p>
<p>Diagnostic services, labs, and imaging</p> <ul style="list-style-type: none"> • Lab services • Diagnostic tests and procedures • Diagnostic radiology services (such as MRIs, CT scans, PET scans, etc.) • Outpatient X-rays • Therapeutic radiology services (such as radiation treatment for cancer) 	<p>You pay 20% coinsurance of the Medicare-allowed amount for these services.</p>	<p>Services may require Prior Authorization.</p> <p>Covered according to Medicare guidelines. If you go to an out-of-network provider, you pay the full cost.</p> <p>While you pay 20% for therapeutic radiology services, you will never pay more than your total out-of-pocket maximum for the year.</p>
<p>Hearing services</p> <ul style="list-style-type: none"> • Diagnostic hearing exam <p>Hearing services (non-Medicare covered, routine)</p> <p>Our plan provides additional hearing coverage not covered by Original Medicare.</p> <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid fitting and evaluation 	<p>\$0 copay for each Medicare-covered visit.</p> <p>\$0 copay for one routine hearing exam.</p> <p>\$0 copay for up to 3 fitting and evaluations per year.</p> <p>\$0 copay for hearing aids up to the maximum plan benefit amount.</p> <p>This plan covers up to \$1,500 per ear for hearing aids every year.</p>	<p>You must use a doctor in our hearing network.</p> <p>After plan-paid benefits for routine hearing exams or hearing aids, you are responsible for the remaining cost.</p> <p>Hearing aids are available through Nations Hearing and limited to specific devices based on your hearing needs.</p>

Benefits	You Pay	Important to Know
<p>Dental services</p> <ul style="list-style-type: none"> • Medicare covered services • Non-Medicare covered (routine) dental cleaning • Non-Medicare covered (routine) oral exam • Non-Medicare covered (routine) fluoride treatment • Non-Medicare covered (routine) X-ray <p>Additional covered comprehensive dental services include, but are not limited to:</p> <ul style="list-style-type: none"> • Deep teeth cleaning • Fillings and repairs • Root canals (Endodontics) • Dental crowns (Caps) • Bridges and implants • Dentures, extractions • and other services 	<p>\$0 copay for Medicare- covered dental services.</p> <p>\$0 copay for a dental cleaning up to two visits every year.</p> <p>\$0 copay for an oral exam up to two visits every year.</p> <p>\$0 copay for one fluoride treatment every year.</p> <p>\$0 copay for one X-ray(s) every year.</p> <p>\$0 copay for comprehensive dental services up to the allowance amount.</p> <p>This plan provides a \$400 allowance every quarter that can be used toward additional dental services.</p>	<p>You must use a doctor in the Liberty Dental network.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p> <p>Any amount not used at the end of a quarter will carry over to the next quarter. Any amount not used at the end of the calendar year will expire.</p> <p>After plan-paid benefits for dental services, you are responsible for the remaining costs.</p>
<p>Vision services</p> <ul style="list-style-type: none"> • Medicare-covered vision exam to diagnose/treat diseases and conditions of the eye • Medicare-covered glasses after cataract surgery <p>Vision services (non-Medicare covered, routine)</p> <p>Our plan provides additional vision coverage not covered by Original Medicare.</p> <ul style="list-style-type: none"> • Routine eye exam, including refraction 	<p>20% coinsurance of the Medicare-allowed amount.</p> <p>\$0 copay for Medicare-covered glasses after cataract surgery.</p> <p>\$0 copay for one routine eye exam every calendar year.</p> <p>\$0 copay for eyewear up to the plan allowance amount.</p> <p>This plan covers up to \$300 for eyeglasses or contact lenses every two years.</p>	<p>Services may require Prior Authorization.</p> <p>You must use a doctor in the EyeMed network.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p> <p>After plan-paid benefits for routine services, you are responsible for the remaining costs.</p>

Benefits	You Pay	Important to Know
<p>Mental health services</p> <ul style="list-style-type: none"> Inpatient mental health care Outpatient group therapy visit Outpatient individual therapy visit 	<p>The following Medicare defined amounts are for 2020 and may change for the following year. Clever Care will provide updated rates as soon as Medicare releases them.</p> <p>\$1,408 deductible per, benefit period.</p> <p>\$0 copay per day for days 1-60, per benefit period.</p> <p>\$352 copay per day for days 61-90, per benefit period.</p> <p>20% coinsurance of the Medicare-allowed amount for group/individual visit.</p>	<p>Services may require prior authorization.</p> <p>The inpatient care lifetime limit does not apply to mental health services provided in a general hospital.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>
<p>Skilled nursing facility (SNF) care</p>	<p>The following Medicare defined amounts are for 2020 and may change for 2021.</p> <p>\$0 copay, per day, for days 1–20 of each benefit period.</p> <p>\$176, per day, for days 21–100 of each benefit period.</p>	<p>Services may require prior authorization.</p> <p>No prior hospitalization is required.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>
<p>Physical Therapy Services</p> <ul style="list-style-type: none"> Occupational therapy services Physical therapy and speech and language therapy services 	<p>20% coinsurance of the Medicare-allowed amount for these services.</p>	<p>Services may require prior authorization.</p> <p>If you go to an out-of-network provider you pay the full cost.</p>
<p>Ambulance</p>	<p>20% coinsurance of the Medicare-allowed amount.</p> <p>\$225 copay per trip outside the United States and its territories.</p>	<p>Worldwide coverage.</p>
<p>Transportation</p>	<p>Not covered.</p>	
<p>Medicare Part B Drugs</p>	<p>20% coinsurance of the Medicare-allowed amount for chemotherapy drugs.</p> <p>20% coinsurance of the Medicare-allowed amount for other Part B drugs.</p>	<p>Services may require prior authorization.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>

Benefits	You Pay	Important to Know
<p>COVID-19 Testing and Treatment</p> <ul style="list-style-type: none"> • FDA approved lab tests • Office visit and related services during a visit that results in an order for the COVID-19 test • COVID-19 medical care and treatment • Transportation for COVID-19 related illness 	<p>\$0 copay per test.</p> <p>\$0 copay per visit.</p> <p>\$0 copay per visit in person or virtual.</p> <p>\$0 copay per trip.</p>	<p>Must be administered at an outpatient hospital, hospital, or independent laboratory.</p> <p>Applies to visits to physician's office, Urgent Care, Emergency Room, Mobile Unit. Includes worldwide Emergency Care Treatment.</p> <p>Medically necessary services when transportation in any other vehicle could endanger the beneficiary's health.</p>
<p>Opioid treatment program services</p>	<p>20% coinsurance of the Medicare-allowed amount.</p>	<p>Services may require prior authorization.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>
<p>Over-the-Counter items (OTC)</p> <p>Clever Care provides a list of eligible OTC items on which you may spend your allowance.</p>	<p>\$0 copay up to the allowable amount.</p> <p>This plan provides a \$45 allowance per quarter for to spend on covered OTC items.</p>	<p>You may place one order per quarter.</p> <p>Any amount not used at the end of a quarter will carry over to the next quarter. Any amount not used at the end of the calendar year will expire.</p> <p>After plan-paid benefits for OTC items, you are responsible for the remaining costs.</p>
<p>Chiropractic services</p> <p>Medicare-covered chiropractic care</p>	<p>20% coinsurance of the Medicare-allowed amount.</p>	<p>Services may require prior authorization.</p> <p>Medicare covers services to help correct subluxation of the spine.</p> <p>If you go to an out-of-network provider you pay the full cost.</p>
<p>Foot Care (Podiatry)</p> <p>Medicare-covered foot care (podiatry)</p>	<p>20% coinsurance of the Medicare-allowed amount.</p>	<p>Services may require prior authorization.</p> <p>If you go to an out-of-network provider you pay the full cost.</p>
<p>Telehealth</p>	<p>\$0 copay.</p>	<p>This service is covered if offered through your physician's office.</p>

Benefits	You Pay	Important to Know
Medical equipment and supplies <ul style="list-style-type: none"> Durable medical equipment Prosthetics (e.g. braces, artificial limbs) 	20% coinsurance of the Medicare-allowed amount.	Services may require prior authorization. If you go to an out-of-network provider you pay the full cost.
Dialysis Services	20% coinsurance of the Medicare-allowed amount.	Services may require prior authorization.
Home Health Care	\$0 copay.	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost.

Additional Benefits included in your plan:

Benefits	You Pay	Important to Know
Health and Wellness <ul style="list-style-type: none"> CleverFit™ (Tai Chi classes) 	\$0 copay for classes through contracted instructors or facilities, and virtual classes. Videos are available for download.	The annual physical exam usually includes the doctor feeling or listening to the body or tapping areas of the body.
Health and Wellness (non-Medicare covered, routine) Our plan provides additional health and wellness coverage not covered by Original Medicare. <ul style="list-style-type: none"> Annual physical exam (by your PCP) 	\$0 copay.	
Herbal Supplement Allowance <ul style="list-style-type: none"> Herbal supplements for the treatment of conditions such as allergies, anxiety, arthritis, back pain, eczema, fatigue, insomnia, menopause symptoms, obesity, as well as many others 	\$0 copay, up to the allowance amount, when purchased from a network acupuncturist office or by calling Clever Care. This plan provides a \$50 allowance per quarter to spend on the herbal supplements offered on the Clever Care List.	Any amount not used at the end of a quarter will carry over to the next quarter. Any amount not used at the end of the calendar year will expire. If you go to an out-of-network provider, you pay the full cost.

Benefits	You Pay	Important to Know
<p>Acupuncture services</p> <p>This plan covers unlimited in-network acupuncture visits per calendar year.</p> <p>Eastern wellness services</p> <p>Services include:</p> <ul style="list-style-type: none"> • Cupping/Moxa • Med-X (Sports Med - brown machines) • Tui Na • Gua Sha/IASTM • Reflexology • Infrared therapy – if used as an add-on service, it does not count towards the 12-visit limit 	<p>\$0 copay per visit.</p> <p>\$0 copay per visit up to the maximum allowed visits and duration.</p> <p>This plan offers a maximum of 12 wellness services per calendar year.</p>	<p>You must use a doctor in our acupuncture network.</p> <p>Each wellness visit may not exceed 30 minutes in duration.</p> <p>If you go to an out-of-network provider you pay the full cost.</p>

Rx Prescription Drug Coverage

Effective January 1, 2021 through December 31, 2021

Your cost-sharing may differ depending on the pharmacy you choose (e.g., standard retail, out-of-network, mail-order) or whether you receive a 30- or 90-day supply. If you live in a long-term care facility (LTC), you pay the same amount as you would at a standard retail pharmacy for a 31-day supply of medication.

Part D prescription drug benefit and what you pay.

Stage 1: Annual Deductible	You pay \$435 per year for Part D prescription drugs for Tiers 2-5.			
Stage 2: Initial Coverage	Standard retail cost-sharing (In-network)		Standard Cost-sharing (Mail Order)	Retail cost- sharing (Out- of-network)*
	30-day supply	90-day supply	90-day supply	30-day supply
Tier 1: Preferred Generic Drugs	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance
Tier 2: Generic Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 3: Preferred Brand Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 4: Non-Preferred Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 6: Select Care Drugs	\$10 copay	\$30 copay	\$20 copay	\$10 copay

* A long term, 90-day, supply of medication is not available at retail pharmacies that are not part of the Clever Care network.

Stage 3: Coverage Gap

Begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.

During this stage you pay:

- \$0 copay for a 30-day supply of Tier 1 preferred generic drugs.
- 25% of the price for all other generic, brand, and specialty drugs (plus a portion of the dispensing fee).

If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy for a 31-day supply.

Stage 4: Catastrophic Coverage

Begins when your out-of-pocket costs reach the \$6,550 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

After your yearly out-of-pocket drug costs (including drugs bought through a retail pharmacy and/or mail order) reaches \$6,550, you pay the greater of:

- 5% of the cost, or
- \$3.70 copay for a generic drug (including brand drugs treated as generic) and an \$9.20 copay for all other drugs.

Choosing a pharmacy

You may pay more for your prescriptions if you choose a pharmacy that is not part of our network. Visit our website (clevercarehealthplan.com/pharmacy) to locate the nearest in-network pharmacy. If you take medication daily to treat a chronic condition, you should consider enrolling in the Clever Care mail order prescription service.

Mail Order Prescription Service

MedImpact Direct Mail is our network mail service pharmacy where you may obtain a 90-day supply of maintenance medications (drugs you take daily) at a lower cost. They will be delivered to your home with no charge for shipping or delivery.



Pre-Enrollment Checklist

Before making an enrollment decision it is important that you fully understand our benefits and rules. If you have any questions, please call and speak to a Customer Service representative at 1-833-388-8168 (TTY:711), 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30. Messages received on holidays or outside of our business hours will be returned within one business day.

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor for. Visit clevercarehealthplan.com or call Customer Service at 1-833-388-8168 (TTY:711) 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 medicine 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 of each year.
- 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).

Clever Care of Golden State, Inc. is an HMO plan with a Medicare contract. Enrollment in Clever Care of Golden State depends on contract renewal.

To join our plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Clever Care Balance Medicare Advantage (HMO) has a network of doctors, hospitals, and other providers.

We protect your privacy. See the Evidence of Coverage or view our Notice of Privacy Practices on clevercarehealthplan.com/privacy to learn more.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-833-388-8168 (TTY: 711). **ATENCIÓN:** Si habla Español, tiene a su disposición gratis el servicio de asistencia en idiomas. Llame al 1-833-388-8168 (TTY: 711). **注意:** 如果您說中文、您可獲得免費語言協助服務。請致電 1-833-388-8168 (聽障專線:711)。

Clever Care of Golden State complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, disability, ancestry, religion, marital status, gender, gender identity, or sexual orientation. Clever Care of Golden State cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, sexo, edad, discapacidad, ascendencia, religión, estado civil, género, identidad de género u orientación sexual. Clever Care of Golden State 遵循適用之聯邦民權法律, 不因種族、膚色、國籍、性別、年齡、殘疾、血統、宗教、婚姻狀況、性別認同或性傾向而歧視任何人。



Non-Discrimination and Accessibility Requirements Discrimination is Against the Law

Clever Care Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, disability, ancestry, religion, marital status, gender, gender identity, or sexual orientation.

Clever Care:

- 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, please call 1-833-388-8168 (TTY:711).

If you believe that Clever Care 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 our Civil Rights Coordinator in writing to:

Clever Care Health Plan
Civil Rights Coordinator
8990 Westminster Blvd
3rd Floor
Westminster, CA 92683

E-mail: civilrightscoordinator@ccmapd.com

Phone: 1-833-388-8168 (TTY:711)

If you need help filing a grievance, our Clever Care 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, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-833-388-8168 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-388-8168 (TTY: 711).

繁體中文 (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 1-833-388-8168 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-833-388-8168 (TTY: 711).

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-833-388-8168 (TTY: 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-833-388-8168 (TTY: 711) 번으로 전화해 주십시오.

Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-833-388-8168 (TTY (հեռախոս)՝ 711).

یسر: رگا ہب ایزن یسراف وگتفگی مکنید، تالیہست ی نابز تر وصدن ناگیار برای امشد س امتدیر یگیب۔ 1-8618-883--388-833-1 (israF): مچوتہ اب۔ دشاب ی م مہارف (TTY: 711)

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-388-8168 (телетайп: 711).

日本語 (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。1-833-388-8168 (TTY:711) まで、お電話にてご連絡ください。

مقر 1-8618-883-338 (Arabic): اذا تكدت ركذا اللغة، نإف تامدخ دعاملا تيوغلا رفاوتت لكل ناجملاب. لصتا مقر (Arabic): مكيلاو مصلا فتاه (711).

ਪੰਜਾਬੀ (Punjabi): ਿਧਆਨ ਿਚਓ: ਜੇ ਤੁਸ ਪੰਜਾਬ ਬੋਲਦੇ ਹੋ, ਤ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-833-388-8168 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Cambodian): ប្រឹក្សា: េបសិនអកនិយ ែខរ, េសជន្នយែផក េយមិនគិតលល គីចនសំបំេអក។ ចូរ ទូរស័ព 1-833-388-8168 (TTY: 711)។

Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-833-388-8168 (TTY: 711).

ਿੰਦੀ (Hindi): यान द: यिद आप िहंदी बोलते ह तो आपके िलए मुत म भाषा सहायता सेवाएं उपलध ह। 1-833-388-8168 (TTY: 711) पर कॉल कर।

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-833-388-8168 (TTY: 711).

ພາສາລາວ (Lao): ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍ ລິ ການຊ່ ອຍເຫຼື ອດ້ ານພາສາ, ໂດຍບໍ ສັ ງ ຄ່ າ, ແມ່ ນມີ ພໍ ອມໃຫ້ ທ່ ານ. ໂທສ 1-833-388-8168 (TTY: 711).