



City of Cincinnati Retirement System Pkg 3 - Model

2026 Summary of Benefits

PPO Coinsurance Plan 4D

About this Plan:

For comprehensive information about all the services and any limitations or exclusions, please refer to your Evidence of Coverage (EOC). Upon enrolling in the plan, you'll receive guidance on accessing your plan details online. You can conveniently view your EOC by logging into the member portal at **www.anthem.com**, or you can call Member Services with any questions you may have.

Doctor and hospital choice: You may go to doctors, specialists, and hospitals in or out of the network. You do not need a referral.

This plan offers coverage in our Centers for Medicare & Medicaid Services (CMS) defined geographic service area of all 50 states, Washington, D.C., and all United States territories.

How much is the monthly premium?

Contact your group plan sponsor/union for more information on your plan premium.

Anthem Medicare Preferred (PPO) Benefits Effective: 01/01/2026 – 12/31/2026

Plan Features	In-network:	Out-of-network:
Annual medical deductible:	\$500 combined in-network and out-of-network	
Maximum out-of-pocket responsibility: (Does not include Part D prescription drugs)	\$2,000	\$4,000

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Inpatient hospital care* No limit to the number of days covered by the plan	4% coinsurance per admission	10% coinsurance per admission
Outpatient hospital facility or ambulatory surgical center visit for surgery*	4% coinsurance per visit	10% coinsurance per visit
Outpatient hospital services observation room	4% coinsurance per visit	10% coinsurance per visit
Primary care office visit	4% coinsurance per visit	10% coinsurance per visit
Specialty care office visit	4% coinsurance per visit	10% coinsurance per visit
Preventive care, screenings, and tests	\$0 copay per visit	10% coinsurance per visit
Emergency care	\$50 copay per visit \$50 copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	
Urgently needed services	4% coinsurance per visit 4% coinsurance is waived if the member is admitted to the hospital within 72 hours for the same condition.	
X-ray visit and/or simple diagnostic test*	4% coinsurance per visit	10% coinsurance per visit
Complex diagnostic test and/or radiology visit*	4% coinsurance per visit	10% coinsurance per visit
Radiation therapy treatment*	4% coinsurance per visit	10% coinsurance per visit

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Clinical/diagnostic lab test*	\$0 copay per visit	\$0 copay per visit
Medicare-covered basic hearing and balance exams performed by your specialist*	4% coinsurance per visit	10% coinsurance per visit
Medicare-covered dental is non-routine care performed by your specialist*	4% coinsurance per visit	10% coinsurance per visit
Medicare-covered exams performed by your specialist to diagnose and treat eye diseases and conditions	4% coinsurance per visit	10% coinsurance per visit
Medicare-covered glaucoma screening	\$0 copay per visit	\$0 copay per visit
Medicare-covered eyewear following cataract surgery	4% coinsurance per surgery	10% coinsurance per surgery
Routine vision services	Must use a Blue View Vision provider. Exams \$0 copay for routine vision exams 1 exam every calendar year combined in-network and out-of-network	Member must submit a claim form for reimbursement Exams \$70 reimbursement for routine vision exams 1 exam every calendar year combined in-network and out-of-network
Inpatient services in a psychiatric hospital* No limit to the number of days covered by the plan	4% coinsurance per admission	10% coinsurance per admission
Mental health professional individual therapy visit	4% coinsurance per visit	10% coinsurance per visit
Substance use disorder professional individual therapy visit	4% coinsurance per visit	10% coinsurance per visit

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Skilled nursing facility (SNF) care*	\$5 copay per day for days 1-20 per benefit period 4% coinsurance for days 21-180 per benefit period 180-day limit per benefit period	\$5 copay per day for days 1-20 per benefit period 10% coinsurance for days 21-180 per benefit period 180-day limit per benefit period
Outpatient rehabilitation services*	4% coinsurance per visit	10% coinsurance per visit
Ambulance services	Your provider must get an approval from the plan before you get ground, air, or water transportation that is not an emergency. 4% coinsurance per one-way trip for ambulance services	
Medicare Part B drugs*	4% coinsurance for Part B drugs	10% coinsurance for Part B drugs
Chiropractic services Medicare-covered	4% coinsurance per visit	10% coinsurance per visit
Acupuncture for chronic low back pain Medicare-covered	4% coinsurance per visit	10% coinsurance per visit
Cardiac rehabilitation services*	\$0 copay per visit	10% coinsurance per visit
Pulmonary rehabilitation services*	4% coinsurance per visit	10% coinsurance per visit
Blood glucose test strips, lancets, lancet devices, and glucose control solutions For a 30 day supply	If purchased through a pharmacy: \$0 copay per purchase for FreeStyle® (made by Abbott) and ACCU-CHEK® (made by Roche Diagnostics) \$10 copay per purchase for all other brands when purchased through the pharmacy	If purchased through a pharmacy: 10% coinsurance per purchase

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Blood glucose monitors	If purchased through a pharmacy: \$0 copay per purchase for FreeStyle® (made by Abbott) and ACCU-CHEK® (made by Roche Diagnostics) \$10 copay per purchase for all other brands when purchased through the pharmacy	If purchased through a pharmacy: 10% coinsurance per purchase
Therapeutic shoes	\$0 copay per purchase	10% coinsurance per purchase
Diabetes self-management training	\$0 copay per visit	10% coinsurance per visit
Continuous glucose monitors (CGMs)*	\$0 copay per purchase for FreeStyle Libre® (made by Abbott) and Dexcom	10% coinsurance per purchase for FreeStyle Libre® (made by Abbott) and Dexcom
Durable medical equipment (DME) and related supplies*	4% coinsurance per purchase	10% coinsurance per purchase
Opioid treatment program services*	4% coinsurance per visit	10% coinsurance per visit
Podiatry services*	4% coinsurance per visit	10% coinsurance per visit
Home health agency care*	\$0 copay per visit	10% coinsurance per visit
Hospice care	4% coinsurance for the one time only consultation 1 visit per lifetime When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and B services are paid for by Original Medicare, not this plan.	4% coinsurance for the one time only consultation 1 visit per lifetime When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and B services are paid for by Original Medicare, not this plan.

Additional covered benefits and services	Member pays unless specified:
Video doctor visits LiveHealth Online†	\$0 copay for video doctor visits using LiveHealth Online
Health and wellness education programs SilverSneakers® Membership† Take fitness classes virtually or visit a participating location.	\$0 copay for the SilverSneakers fitness benefit
24/7 NurseLine†	\$0 copay for 24/7 NurseLine
Foreign travel (outside U.S. and its territories) Emergency care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	Emergency care 4% coinsurance for emergency care 4% coinsurance is waived if the member is admitted to the hospital within 72 hours for the same condition.
Foreign travel (outside U.S. and its territories) Urgently Needed Services Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	Urgently needed services 4% coinsurance for urgently needed services 4% coinsurance is waived if the member is admitted to the hospital within 72 hours for the same condition.
Foreign travel (outside U.S. and its territories) Emergency Inpatient Care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	Inpatient care 4% coinsurance per admission 60 days per lifetime
Healthy Meals†§* Meals delivered after being discharged from inpatient hospital visit or for members living with a chronic condition and qualify under Special Supplemental Benefits for the Chronically Ill	\$0 copay for Healthy Meals 14 meals per qualifying event, allows up to four (4) events each year (56 meals in total).
Medicare Community Resource Support	\$0 copay for Medicare Community Resource Support

* Some services that fall within this benefit category require prior authorization. Based on the service you are receiving, your provider will know if prior authorization is needed. This means an approval in advance is needed, by your plan, to get covered services. In the network portion of a PPO, some in-network medical services are covered only if your doctor or other in-network provider gets prior authorization from our plan. In a PPO, you do not need prior authorization to obtain out-of-network services. However, we recommend you ask for a pre-visit coverage decision to confirm that the services you are getting are covered and medically necessary. Benefit categories that include services that require prior authorization are marked with an asterisk in the benefits chart.

This document reflects cost shares only.

†Must use the plan approved provider

§ The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage (EOC).

Some of the benefits and limitations listed above are combined in-network and out-of-network.

This information is not a complete description of the benefits. Contact the plan for more information. Limitations, copayments, coinsurance, and restrictions may apply. If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our member service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service.

Medicare & You 2026 resource: For more information, we encourage you to read Medicare & You 2026. This booklet is mailed to people with Medicare every year in the fall. It has a summary of Medicare benefits, rights, and protections. It also includes answers to the most frequently asked questions. If you don't have a copy of this booklet, request one at www.medicare.gov. Or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

SilverSneakers is a registered trademark of Tivity Health. All rights reserved Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.

IMPORTANT INFORMATION:

2025 Medicare Star Ratings

Anthem Blue Cross and Blue Shield - H4036

Official U.S.
Government
Medicare
Information



For 2025, Anthem Blue Cross and Blue Shield - H4036 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆

Health Services Rating: ★★★★★☆

Drug Services Rating: ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings are important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care.
- The number of members who left or stayed with the plan.
- The number of complaints Medicare got about the plan.
- Data from doctors and hospitals that work with the plan.

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

Get more information on Star Ratings online

Compare Star Ratings for this and other plans online at www.medicare.gov/plan-compare.

Questions about this plan?

Contact Anthem Blue Cross and Blue Shield Monday through Friday, 8 a.m. to 9 p.m. ET at **1-833-848-8729** (toll free) or **711** (TTY). Current members please call **1-833-848-8730** or **711** (TTY).

Anthem Blue Cross and Blue Shield is a PPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Common health plan terms

Here are terms you'll come across in this guide and what they mean.



Care

Facility – A location for receiving care. Examples: hospital, skilled nursing facility (SNF), or imaging center.

Inpatient care – Medical treatment for someone formally admitted to a facility with a doctor's order. Without a doctor's order, it may be considered outpatient care, even if you stay overnight.

Outpatient care – Medical treatment for someone not admitted to a facility. It may take place in a doctor's office, clinic, or hospital outpatient department.

Preventive care – Services that help you stay healthy and detect health problems early when treatment works best. Examples: exams, shots, lab tests, screenings, and programs for health monitoring, counseling, and education.

Primary care provider (PCP) – A general practice doctor, nurse practitioner, or physician assistant who treats basic medical conditions and is often the first person you'll see for health concerns. PCPs provide checkups, vaccinations, and screenings. They help diagnose conditions and refer you to specialists when needed. You are not required to select a PCP.

Care provider – A doctor, nurse, clinician, hospital, health system, licensed healthcare facility, program, agency, or healthcare professional that delivers healthcare services.



Cost

Annual out-of-pocket maximum (or max OOP) – The maximum amount you pay for medical costs each plan year. After paying the max OOP, you pay nothing for covered services until the next plan year. Copays, coinsurance, and deductibles count toward the max OOP, but not all costs do. Not all medical costs or services are included in or subject to the annual out-of-pocket maximum.

Summary of Benefits – A summarized list of medical care and drugs the plan covers.

Coinsurance – A percentage you may be required to pay for covered services or drugs after paying your deductible.

Copay – A fixed dollar amount you may be required to pay for covered services or drugs after paying your deductible.

Cost share – Also called “cost-sharing amount” or “your share of the costs.” It is usually a deductible, copay, or coinsurance. This is the amount you pay for covered services or drugs.

Covered services and drugs – Medical care and drugs your plan pays for under the plan terms.

Deductible – If applicable, the fixed dollar amount you pay for medical care or drugs before the plan begins to pay.

Required information for this plan year

Your rights, protections, and Medicare options

As a Medicare beneficiary, you have many rights and options put in place to protect you as a consumer. You have choices.

As a Medicare beneficiary, you can choose between:

- The Original (Fee-for-Service) Medicare plan.
- A Medicare health plan like the one offered in this guide.

You may have other options

The important thing to remember is that the choice is yours, keeping in mind that you may be able to join or leave a plan only at certain times. Please note that if you do not take your retiree benefits, it may affect other retiree benefits your group sponsor offers. No matter what you decide, you may still be eligible for the Original Medicare program.

Geographic service areas covered by this plan

This plan offers coverage in our Centers for Medicare & Medicaid Services (CMS) defined geographic service area of all 50 states, Washington, DC, and all United States territories.

Your Medicare protection

The plan must offer Medicare benefits to you for a full calendar year at a time, although benefits and cost sharing may change from year to year. The plan provider can decide each year whether to keep offering Medicare Advantage plans, or whether or not to continue offering plans in specific geographic areas like yours.

Also, Medicare may decide to end our contract. If for some reason this plan is discontinued, we will send you a letter at least 90 days before your coverage ends explaining your options for Medicare coverage in your area.

For more information on the options and rights you have as a Medicare Advantage member with this plan, please contact our First Impressions Welcome team and ask for a copy of the Evidence of Coverage (EOC).

Extra Help from Medicare

You may be able to find help to pay for your prescription drugs and other Medicare costs. If you qualify for Medicare's Extra Help and are enrolled in a Part D plan like this one, Medicare can pay up to 100% of your prescribed drugs. This can help offset your drug plan's monthly premium, plus coinsurance and copays for covered prescription drugs.

Extra Help can also close any drug coverage gaps and stop late enrollment penalties (LEPs). For more information, visit www.medicare.gov or www.ssa.gov, or call:

- **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.
- The Social Security Administration at **1-800-772-1213**, Monday to Friday, 7 a.m. to 7 p.m. ET. TTY users should call **1-800-325-0778**.
- Your state Medicaid office.

Required information for this plan year

Information about Medicare

To help you make more informed healthcare decisions, we are providing this important information about Medicare to use as a resource. If you have any questions, please contact our First Impressions Welcome team.

Pay your Medicare Part B premiums

Once you enroll in this plan, you must continue to pay your Medicare Part B premiums. If you don't, Medicare will terminate your coverage and then you may have to pay a late enrollment penalty if you decide to reenroll.

Enrolling in other plans

If you decide to enroll in other plans, you may be disenrolled from your current plan.

Notifying your group sponsor

To ensure a smooth enrollment, make sure your group sponsor has your most up-to-date information and that it matches your Social Security information.

Matching Medicare Advantage (medical) coverage and Part D (prescription drug) coverage for members in group plans

If you are enrolled in a group Medicare Advantage plan, your Part D coverage must also be a group Part D plan. This is important because enrolling in a non-group Part D plan could result in termination of your enrollment in your group Medicare Advantage plan.

About IRMAA and your income level

If your modified adjusted gross income on your IRS tax return from two years ago is above a certain limit, you must pay an income-related monthly adjustment amount (IRMAA) in addition to your monthly plan premium.

The Social Security Administration will contact you if you have to pay an IRMAA, which you must pay to them, not us.

High-income surcharges

If you must pay a high-income surcharge on your Medicare Part B or Part D premium to the Social Security Administration, please be sure to do so to avoid a mandatory disenrollment.

Required information for this plan year

Information about Medicare

We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age, or disability. For people with disabilities, we offer free aids and services. Our plan has free language interpreter services available to answer questions from non-English-speaking members. Please call the number listed in this guide to request interpreter services.

Out-of-network/noncontracted providers are under no obligation to treat Anthem members, except in emergency situations. Please call our First Impressions Welcome team at **1-833-848-8729**, TTY: **711**, **Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays**, for more information.

This information is not a complete description of benefits. Contact the plan for more information. Every year, Medicare evaluates plans based on a five-star rating system.

This guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Benefits Chart and Evidence of Coverage (EOC), which is available upon enrollment. In the event of a conflict between the Benefits Chart and EOC and this guide, the terms of the Benefits Chart and EOC will prevail.

Coordination of Benefits (COB) letter

If we receive Coordination of Benefits (COB) information from CMS, we are required to send a letter to you requesting verification of the other coverage information. The benefit verification letter we send will include information from CMS, including any other coverage that needs to be verified. Separately, we could receive COB information from

other reporting sources in addition to CMS. If the information is not correct in the letter, you can call Member Services or you can fill in the correct information on the letter and return it to the plan for processing.

If a response is not received within 21 days, the information on the letter is considered to be accurate.

If the previous carrier does not notify CMS of the previous plan termination prior to the plan enrollment process, a COB letter could be triggered for the plan that was just terminated.

Required information for this plan year

Information about Medicare

Anthem Blue Cross and Blue Shield is an PPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield is the trade name of Anthem HP, LLC and Anthem Insurance Companies, Inc., dba Anthem Blue Cross and Blue Shield Retiree Solutions. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia with its affiliate Healthkeepers, Inc., and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Out-of-network/noncontracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.

Important information regarding your plan

Release of information: By joining this Medicare Advantage health plan, I acknowledge that the Medicare Advantage health plan will release my information to Medicare and other plans as is necessary for treatment, payment, and healthcare operations.

I understand that the effective date of coverage is when I can begin using the plan services, and the Medicare Advantage plan will send me written notification of the effective date of my enrollment in the plan. I understand that this Medicare Advantage plan is offered under a contract with the Centers for Medicare & Medicaid Services (CMS) and the CMS review of its benefits. I understand that my coverage will come into effect only if this enrollment is approved by the plan and CMS.

I understand that I need to keep my Medicare Parts A and B. I must maintain my Medicare Part B insurance by continuing to pay the Part B premium, if applicable.

I understand that by enrolling in this Medicare Advantage plan, I will automatically be disenrolled by CMS from any other Medicare Advantage plan. **I can only be in one Medicare Advantage plan at a time.** It is my responsibility to inform the plan of any prescription drug coverage that I have or may get in the future.

I understand that if I enroll in a Medicare Part D prescription drug plan, it also must be a group sponsored plan. If I enroll in an individual Medicare Part D prescription drug plan, it will disenroll me from this group sponsored Medicare Advantage plan.

I understand that when my Anthem Medicare Preferred (PPO) coverage begins, I must receive all my medical benefits from Anthem Blue Cross and Blue Shield. Benefits and services authorized by Anthem Blue Cross and Blue Shield and contained in my Anthem Medicare

Preferred (PPO) Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor Anthem Blue Cross and Blue Shield will pay for benefits or services.**

I understand that beginning on the date plan coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services.

I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the United States border.

I understand that as a member of this plan, I have the right to ask about the plan's decision regarding payments or coverage for services I receive. I also have the right to appeal plan decisions about payment or services if I disagree.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-848-8729 (TTY: 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono indicado anteriormente o hable con su proveedor.

Arabic – تنبيه: إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجانًا. اتصل على رقم الهاتف المذكور أعلاه أو تحدث إلى مقدم الخدمة الخاص بك.

Armenian – ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ձեզ հասանելի են անվճար լեզվական աջակցության ծառայություններ: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համար համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես հասանելի են անվճար: Զանգահարեք վերը նշված հեռախոսահամարով կամ խոսեք ձեր մատակարարի հետ:

Chinese – 注意：注意：如果您說中文，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打上面列出的電話號碼或與您的提供者交談。

Farsi – توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی رایگان در دسترس شما است. وسایل و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های مناسب معلولان نیز به‌صورت رایگان قابل ارائه است. با شماره تلفن بالا تماس بگیرید یا با ارائه‌دهندگان صحبت کنید.

French – ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone mentionné ci-dessus ou appelez votre prestataire.

Haitian Creole – ATANSYON: Si w pale kreyòl ayisyen, gen sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib tou gratis. Rele nimewo telefòn ki endike anwo a oswa pale ak founisè w la.

Italian – ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuita in italiano. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiamare il numero di telefono riportato sopra o rivolgersi al proprio fornitore.

Japanese – 注意：日本語を話せる方向けに、無料の言語支援サービスをご提供しています。適切な補助器具・サービスも、利用者がアクセスしやすい方法でご提供しています。こちらでも無料でご利用いただけます。必要な情報取得にお役立てください。上記の電話番号にお電話いただくか、プロバイダーにお問い合わせください。

Korean – 주의: 한국어를 사용하는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 이용하실 수 있습니다. 위에 기재된 전화 번호로 전화하거나 담당 의료 제공자에게 문의하십시오.

Polish – UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dostępne są również nieodpłatnie odpowiednie pomoce i usługi zapewniające informacje w dostępnych formatach. Zadzwoń pod numer telefonu podany powyżej lub porozmawiaj ze swoim dostawcą.

Portuguese – ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone acima indicado ou fale com o seu fornecedor.

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по вышеуказанному номеру телефона или обсудите этот вопрос с вашим поставщиком услуг.

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, may available na mga libreng serbisyonang tulong sa wika para sa iyo. Available rin nang libre ang mga naaangkop na auxiliary aid at serbisyo para maibigay ang impormasyon sa alternatibong mga format. Tawagan ang numero ng telepono na nakalista sa itaas o makipag-usap sa iyong provider.

Vietnamese – CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại nêu trên hoặc nói chuyện với nhà cung cấp của quý vị.

