

HEALTH PARTNERS

Talk



Health Partners 

Trusted care, where and when you need us.

SPRING 2023

Here's Your Reminder!

If you or your child(ren) haven't seen a doctor lately, it's time to make an appointment. It's normal to see your doctor when you are sick. However, it's just as important to see your doctor when you are healthy. This is called a **well-care visit**.

If you need help finding a doctor or making an appointment, call Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)**.

When you see the doctor, you can talk about your health and wellbeing and bring up health goals such as eating healthy or increasing exercise. You should talk about current health conditions.

During a well-visit, the doctor may:

- Check weight and blood pressure
- Perform a physical exam
- Discuss habits such as diet, exercise and smoking
- Review medication
- Discuss vaccines or the need for lab tests and health screenings
- Assess mental and emotional wellbeing
- Assess growth and development milestones (children)



HPP is Proudly Owned by Jefferson Health!

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Member Resources

Member Relations: 1-800-553-0784 (TTY 1-877-454-8477)

Website: [HPPlans.com/members](https://www.hpplans.com/members)

Social Media:  Health Partners Plans   @hpplans

Member Portal: [HPPlans.com/portal](https://www.hpplans.com/portal)

Newsletters: [HPPlans.com/News2023](https://www.hpplans.com/News2023)

Handbook: [HPPlans.com/handbook](https://www.hpplans.com/handbook)

Healthy Living

You Get More with Health Partners!

We review our programs and services every year to find new ways to help our members get healthy and save money.

\$0 Copay

Health Partners members have \$0 copays in 2023 for covered benefits. This includes zero copays for prescription drugs.

Free Fitness Center Memberships

As a Health Partners member, you can receive a fitness club membership at **no cost to you**.

We are continuing to expand our participating fitness center network, including many YMCAs. Please visit HPPlans.com/fitness to find a center near you.

- No copays
- No minimum visit requirements



Baby Bundle Program

We want our members to have a healthy journey through your pregnancy and postpartum care. That's why we offer \$25 each time a member completes one of the following activities:

Activity	Details
Prenatal Visit	Complete a prenatal visit within the first trimester of pregnancy or within 42 days of enrollment with Health Partners
Postpartum Visit	Complete a postpartum visit 7-84 days after delivery either in person or telehealth with your doctor or a home visit with a nurse
Well-Child Visit	Complete the first well-child visit with your child's doctor within 30 days of your baby's date of birth
Lead Screening	Take your infant for a lead screening test between 9-12 months



TRIP Benefit Program

With our TRIP Benefit Program, you could be eligible to receive an Uber transportation card. Best of all, there's no restrictions on where you can go!

Activity	Details
Case Management Program (members ages 21 and older and pregnant members)	Earn \$50 for Uber Actively participate in the Case Management program for at least 60 days with an HPP nurse or social worker who will coordinate your health care needs.
Well-Child Visit (ages 15-20 years)	Earn \$20 for Uber Complete an annual well-child visit with your child's doctor.
Dental Exam (ages 15-20 years)	Earn \$20 for Uber Complete an annual dental exam.

For more information about any of these benefits, please call Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)**.



Get Rewarded for Taking Care of Your Health

Great news! Our HPP Rewards program is continuing in 2023. You can receive rewards by completing specific health activities throughout 2023. This year's activities include child and adolescent wellness visits, lead screenings for children, diabetes and hypertension control, dental visits and more.

You can learn all the details about the rewards program by visiting www.HPPrewards.net or by calling Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)**.



Facts About Vaping and Teens

- 1 in 7 high school students currently use e-cigarettes, also known as vapes
- Many vapes used by teens are shaped like USB flash drives, pens or watches so they can easily be hidden
- One vaping pod can contain as much nicotine as a whole pack of cigarettes
- Teens who use vapes are more likely to smoke cigarettes when they get older.



Teen brains are still developing and will continue until the age of 25. That's why teens who use e-cigarettes are at a higher risk of becoming addicted to nicotine. Health risks caused by vaping among teens includes:



- Breathing problems
- Not being able to pay attention
- Change in mood
- Decrease in processing, learning and memory
- Addiction to other drugs

Help is Available!

The **PA Free Quitline** available at **1-800-784-8669** can connect you with a tobacco cessation counselor 24/7.



Although only 5-10% of breast cancers are passed down through your family, it's important to talk to your family to see if anyone has had cancer. If a relative has had any type of cancer such as breast, colon or ovarian cancer, you may be at a higher risk. Always talk to your doctor about family history, especially cancers.

Are You Too Young for Breast Cancer?

While breast cancer is more common in older women, people of all ages can get breast cancer. According to the CDC, about 9% of breast cancer cases in the US are found in women under 45 years of age. Early detection and treatment can increase your chance of survival.

What can I do?

- Talk to your family members to learn about their medical history.
- Tell your doctor if you have a family history of cancer.
- Do self-breast exams at least once a month.
 - Mammograms can help detect cancer before you can feel a lump. However according to the National Breast Cancer Foundation, 40% of diagnosed breast cancers are detected by women who feel a lump, so regular breast self-exams are important.
- Report any breast changes or lumps to your doctor.
- Schedule your annual mammogram if you are over the age of 40.
 - Think about scheduling it around your birthday to remember.

If you need help scheduling a doctor's appointment or mammogram, call Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)**. Member Relations can also connect you with a Care Coordinator if you need more breast health information.



Are You Cavity Prone?

Some cavity risk factors may be out of your control. However, there are many things you can do to lower your risk of tooth decay:

- 1. Limit sugar** — Sugary snacks and drinks cause the bacteria in your mouth to constantly make acid. The acid will start to dissolve the enamel on your teeth and create cavities. Try to limit the number of high-sugar drinks and foods you eat throughout the day.
- 2. Get dental cleanings** — Brushing and flossing daily is a great way to protect your teeth. However, some areas can still be missed and build up can occur. A cleaning at your dentist office every six months can help remove build up.
- 3. Drink plenty of water** — Dry mouth can occur when you don't make enough saliva. Saliva protects against cavities by neutralizing acid and washing away food and bacteria. Drink plenty of water to stay hydrated. Chewing sugar free gum can help your mouth create saliva as well.

4. Have your cavities filled — Cavities are caused by certain types of bacteria. Having any untreated cavity in the mouth can mean that there are high levels of bacteria that can cause more cavities. If your dentist tells you that you have a cavity, work with the dentist office to have it filled.

5. Make sure you have a dentist — You should go to your dentist every six months for regular care like cleanings and exams. These visits can help catch problems early.

If you need help finding a dentist or making an appointment, call Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)**.

Kidney Disease and High Blood Pressure

High blood pressure is the second leading cause of kidney failure in the United States after diabetes. High blood pressure can damage your blood vessels over time. If your kidneys do not receive enough blood flow, this can damage your kidneys and they can stop working.

The best way to slow or prevent kidney disease from high blood pressure is to take these steps to lower your blood pressure.

- Most important is to keep your doctor appointments
- Take your blood pressure medicine
- Follow a healthy diet and reduce your salt intake
- Be physically active
- Quit smoking
- Manage your stress



According to the Centers for Disease Control and Prevention (CDC), more than **1 in 7** adults in the U.S. — or about **37 million** people — may have chronic kidney disease.



Nearly **1 out of every 2** adults in the U.S. have high blood pressure.

If you have kidney disease, you should talk to your doctor about your blood pressure goals. If you have advance kidney disease you should see a kidney specialist, called a nephrologist, who can discuss different treatment options with you.

We're Here to Help You Reach Your Health Goals

Health Partners Plans has programs to help you manage your care and meet your health goals. You can work with an experienced social worker or nurse who puts your needs and goals first. We will help coordinate your care and provide the resources that you need to manage your health. It's all part of your Health Partners benefits and can be the first step on your journey to better health. To participate, call **1-866-500-4571 (TTY 1-877-454-8477)** and press 1.

More information about our clinical programs is available at **HPPlans.com**. Information on staying healthy, children's health, Baby Partners, Wellness Partners, Self-Management tools and online health resources are available.



Benefit Basics

Don't Risk Losing Your Medical Assistance Coverage

Starting in 2023, you will be required to renew your Medical Assistance eligibility. You will receive your renewal packet in the mail from the Department of Human Services (DHS). You will need to send your renewal packet timely to ensure you do not risk losing your Medical Assistance coverage.

Here are actions you need to take to make sure you receive your renewal application:

1. Make sure your contact information is up to date. You can report changes:

Online — Visit dhs.pa.gov/COMPASS

Mobile App — Download the myCOMPASS PA mobile app

Phone — Call **1-866-550-4355**

In-Person — Visit your local county assistance office

2. Check your mail.

3. Complete and return your form by the date printed in the renewal packet:

Mail — return your completed form using the envelope provided

Online - Visit dhs.pa.gov/COMPASS

Phone - Call **1-866-550-4355**

In-Person - Visit your local county assistance office

OR SCAN THE QR CODE



Understanding Doctor Appointment Standards

Did you know providers must meet specific office access and appointment standards? Below are expectations when you make an appointment or visit the doctor's office.

Appointment Standards		
Type of Visit	Primary Care Provider (PCP)	Specialist
Routine Office Visit	Within 10 days	Within 10-15 days (depending on the specialist)
Routine Physical	Within 3 weeks	N/A
Preventive Care	Within 3 weeks	N/A
Urgent Care	Within 24 hours	Within 24 hours
Emergency Care	Immediately	Immediately
First Newborn Visit	Within 2 weeks	N/A
In-Office Wait Time	30 minutes	30 minutes

If you need help scheduling an appointment, call Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)**. If you are experiencing a life-threatening or emergency situation, call 911 or go to the nearest ER.

What are Covered Benefits and What is Excluded?

Health Partners Plans covers a number of physical health services. To see a full list of covered services, please refer to the Member Handbook available online at [HPPlans.com/handbook](https://www.hppplans.com/handbook). You can request a physical copy of the Member Handbook by calling Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)**.

Some services have limits, need a referral from your PCP or require prior authorization from Health Partners Plans. If services are needed beyond the limits described in the Member Handbook, a provider can ask for an exception. Limits do not apply if you are under age 21 or pregnant.



Getting Care

When to Go to a PCP, Urgent Care and Hospital

When you need care fast, it's important to know where to go. If you have an emergency, call 911 or go to the nearest emergency room. If you aren't having an emergency, going to the ER can mean a long wait. So, what do you do when you have a sudden sickness or injury?

Your PCP should be your first choice for health care needs. However, there are also urgent care centers and walk-in clinics available. You can also talk to a doctor by phone or video chat with Teladoc®. Read below to learn more about each option.

How to Obtain Care After Normal Business Hours (Walk-in Clinics and Urgent Care Centers)

Your PCP should be the first choice for health care needs. Many doctors have after hours available. Call your PCP first to find out. Walk-in clinics and urgent care centers have evening and weekend hours. They will see you without an appointment. The average wait time is 45 minutes.

- Urgent care centers are “one-stop shopping.” They can do most lab work, take X-rays, place IVs and apply stitches.
- Walk-in clinics offer convenience but fewer services. They are usually found in drug stores and supermarkets.

If you go to a walk-in clinic or urgent care center, remember to follow up with your PCP. Call your PCP within 48 hours or as soon as possible to arrange follow-up care.

Teladoc® (For Non-Emergencies)

Teladoc is a service offered at no cost to Health Partners members. With Teladoc, you have 24/7 access to board-certified doctors. The maximum wait time for a doctor to call you back is 15 minutes. You can “visit” over the phone or by video chat on a computer, cell phone or tablet. The doctor can answer questions and even send some short-term prescriptions to your pharmacy. It's helpful if you take 10 minutes now to register so that you can get care when you need it.

Call **1-800-TELADOC (835-2362)**, visit www.teladoc.com or download the app.

How to See a Specialist

Your PCP may feel that you have a medical concern that needs to be treated by a doctor who has special training. If so, your PCP can refer you to a specialist who can best treat your health condition. Your PCP will help you make the appointment with the specialist. You can also visit HPPlans.com/HPdocs to find participating specialists.



How do I get a second opinion?

You may get a second opinion by asking your PCP to send you to another participating specialist. Health Partners covers the cost of the visit. Before going to another specialist for a second opinion, always check with your PCP.

How to Receive Other Health Services

As a Health Partners member, you must use our participating providers, hospitals and pharmacies for all your health care in most situations (except if you are out of the area, need emergency care or family planning services). These participating providers include PCPs and specialists and are part of the Health Partners network. We have carefully screened these providers, specialists, hospitals and pharmacies to make sure they work together to give you the health care services you need.

For most services, you must call your PCP first to get a prescription or referral for the service. Your PCP will refer you to a participating specialist or hospital, if needed.

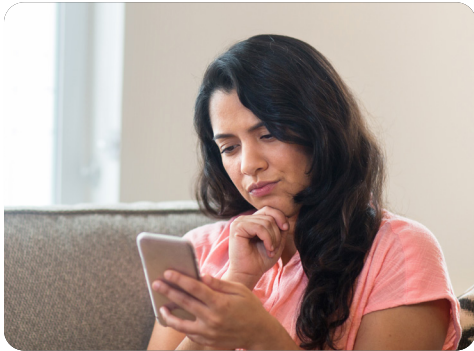
Remember, you can call your PCP at any time to follow up after a visit or hospital stay. Your PCP is there to make sure you get the medical care you need. He or she will always be your number one supporter in getting proper treatment and staying healthy.

Some services are available without a prescription or referral from a PCP. These include:

- Dental exams
- Emergency situations (you may want to call the PCP if you are unsure if it is an emergency)
- Family planning
- Mammograms
- OB/GYN services
- Vision exams

Keep in mind that you must use Health Partners participating providers, specialists, hospitals and pharmacies for these services (except for emergency care or family planning services). If you don't, your services may not be covered, and you may have to pay for the services.

How to Get Care When You Are Away



If you are outside of Health Partners' service area and have a medical emergency, go to the nearest emergency room or call 911. For emergency medical conditions, you do not have to get approval from Health Partners to get care. If you need to be admitted to the hospital, you should let your PCP know. If you need care for a non-emergency condition while outside of the service area, call your PCP or Member Services at **1-800-553-0784 (TTY 1-877-454-8477)** who will help you to get the most appropriate care.

Health Partners will not pay for services received outside of the United States and its territories.

Benefit Restrictions that Apply to Services Obtained Outside of HPP Network Services Areas

If a necessary and covered service is not available in network, Health Partners will cover the service out of network. Ask your primary care provider to contact Health Partners and request a prior authorization for the out-of-network services. Health Partners will check to make sure there is not another participating provider in your area who can give you the same type of treatment. If Health Partners cannot give you

a choice of at least two participating providers in your area, Health Partners will cover the treatment by the out-of-network provider and issue a prior authorization for the service. For more information, go to [HPPlans.com/handbook](https://www.hpplans.com/handbook) and review the section titled "Out-of-Network and Out-of-Plan Services."

Pharmacy Corner

Pharmacy Benefits

Health Partners members can view the prescription drug formulary and see what medicines are covered, as well as any restrictions, on [HPPlans.com](https://www.hpplans.com).

Visit [HPPlans.com/HPformulary](https://www.hpplans.com/HPformulary) to learn more, including the formulary, restrictions, prior authorizations, quantity, age limits and more. You will also learn about generic substitution, step therapy protocols and overall use of the pharmacy benefit.

Requesting a Formulary Exception

You can visit [HPPlans.com/HPformulary](https://www.hpplans.com/HPformulary) to find an explanation of the prior authorization criteria and formulary limits for further information on how your doctor can provide information to support an exception request. If you would like to request a formulary exception, please call Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)** or visit [HPPlans.com/Portal](https://www.hpplans.com/Portal) to submit the request electronically.

Find a Pharmacy

You can use our online Provider Directory to locate an in-network pharmacy near you. You can narrow our search by entering a zip code into the zip code box at the top of the page, but you must still use the “Go” button next to the search box to receive the appropriate results. If you need further help, call Member Relations.

Specialty Medications and Pharmacies

Specialty medications are prescription drugs that require special handling, administration or monitoring. These medications treat complex chronic conditions and are only available from a specialty pharmacy. Health Partners works with a network of specialty pharmacies to coordinate the delivery of specialty medications for our members.

Don't Forget Your Medications

Life is busy and it can be easy to forget. It's very important to take medications as the doctor prescribed.

- Set an alert on your phone or use a pill box to help you remember to take your medications.
- Request and pick up refills from the pharmacy a few days before the current supply runs out. Or setup automatic refills with the pharmacy.
- Talk to your doctor about switching from a 30-day to a 90-day supply.
- Have prescriptions mailed to your home. You can ask your doctor to have prescriptions sent to CVS Caremark or request that CVS Caremark contact your doctor. Visit [caremark.com/mailservice](https://www.caremark.com/mailservice) or call **1-800-552-8159** to learn more.



Member Resources

A Note About Your Privacy

Health Partners Plans (HPP) is committed to maintaining and protecting the privacy of our members' personal information. Part of that commitment is complying with the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that requires us to take measures to protect personal information and to notify our members about these measures.

The Notice of Privacy Practices describes how HPP may use and disclose a member's personal health information and how a member of HPP can get access to his or her information. For more information about our privacy practices and available privacy forms, please visit [HPPlans.com/privacy-practices](https://www.hppplans.com/privacy-practices). You can also call and request a copy of the Notice of Privacy Practices by calling Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)**.



How to Submit a Claim

HPP has specific, established requirements for providers and practitioners to file a claim. All providers billing for services, whether participating or non-participating in the HPP network, must be established on the Health Partners Plans processing system with effective dates coinciding with the dates of services billed.

- Non-participating provider services (except for emergency services) require prior certification by calling Health Partners Plans Inpatient Services or Outpatient Services.
- Participating providers must be contracted and credentialed by Health Partners Plans. For electronic claim submission Providers must bill with their individual and billing NPI numbers or their claims will be denied.

Requirements for Claims submission are available to practitioners and providers in the Provider Manual that can be found at [HPPlans.com/manual](https://www.hppplans.com/manual).

There may be times when a Health Partners Plans member may have to pay out of pocket for medical services and/or specialty care. All eligible out of pocket expenses will be reimbursed by Health Partners Plans up to our allowable amount. This reimbursement process does not apply to co-payments. The original request for reimbursements will be submitted to Health Partners Plans via mail or fax. Members may call Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)** to obtain the form and the instructions on submitting back to HPP for processing.

A request for reimbursement must be in writing. The member or guardian must submit a completed Member Reimbursement Form along with detailed receipt(s) that includes: the provider name/facility name; a description of the services provided; date of service; and proof of payment for services provided, such as a canceled check or receipt.

How to Submit a Complaint or Appeal a Decision

If a provider or HPP does something that you are unhappy about or do not agree with, you can tell HPP or the Department of Human Services what you are unhappy about or that you disagree with what the provider or Health Partners has done. You can submit a complaint in one of the following ways:

- Call Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)** and tell Member Relations you want to file a Complaint, or
- Write down your Complaint and send it to Health Partners by mail or fax, or
- If you received a notice from Health Partners telling you Health Partners' decision and the notice included a Complaint/Grievance Request Form, fill out the form and send it to Health Partners by mail or fax.

**Health Partners Plans
Complaints, Grievances & Appeals Unit
901 Market Street, Suite 500
Philadelphia, PA 19107
215-991-4105 (fax)**

You can appeal a decision, as well. If you file a Complaint with Health Partners, and you do not like Health Partners' decision about your Complaint, you may ask for a second level Complaint review, an external Complaint review, a Fair Hearing, or an external Complaint review and a Fair Hearing depending on what your Complaint is about. You can follow the same process as detailed above.

For more information about appeals and your rights, please refer to the "Complaints, Grievances and Fair Hearings" section of the Member Handbook, which is available online at [HPPlans.com/handbook](https://www.hppplans.com/handbook).



Help Prevent Provider Fraud, Waste or Abuse (FWA)

To ensure that you are not a victim of potential FWA committed by a provider or by anyone else, there are some things which you can do to be a good consumer:

- Keep notes and documentation of medical appointments you have attended, and the reasons for those appointments. Know who provided the service, and what services you received.
- Know what services you and your dependents qualify for by reading the member handbook and call to ask questions about covered services, if needed.
- Be aware of what you are signing or authorizing. You have a right to review your medical records with certain exceptions.
- Report anything that seems suspicious. If a provider is asking you questions relating to other people (for example your neighbors or friends), they may be trying to recruit referrals. A medical provider is there to focus on your health issue.
- Make sure that you know the reasons why tests are being ordered, and the purpose of medication or durable medical equipment which is prescribed.



If you suspect that a provider may be committing fraud, waste or abuse, there are several ways which you can anonymously report this:

- Call Health Partners Plans: **1-866-477-4848**
- Email: SIUtips@hppplans.com
- Online: www.mycompliancereport.com/report?cid=JEFF
- Call Pennsylvania Department of Human Services: **1-844-347-8477**



How HPP Evaluates New Technology to Meet Your Health Care Needs

New advances in medicine can help us stay healthy. Before Health Partners Plans approves a new service or item, we want to make sure that these new advances are safe and helpful. That's why we are careful when we decide if we should cover a new service or item. Here's how we make our decision:

1. We receive a provider's request for a service or item.
2. We ask the provider to give us a letter that tells us all the details about the service or item and that also explains why the member needs the service or item.
3. We perform a web-based literature search to find out more details about the service or item. These details could include:
 - Whether the service or item was approved by the Food and Drug Administration;
 - If other providers have used the service or item and wrote about how it worked for them;
 - Whether the service or item is accepted as useful by other providers. If a literature search does not yield relevant information about the service or item, we contact medical experts directly to get details about the service or item.
4. After the details of the service or item are provided to us from either the literature search or the medical expert, one of our Medical Directors reviews the details about the service or item. After review, the Medical Director makes a decision about whether the service or item should be covered.

These steps help ensure that the service or item is both safe and helpful for you. Experimental services or procedures are not covered under Health Partners' benefit package.

Health Partners 

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04/2023



Health Partners Plans

Discrimination is Against the Law

Health Partners (Medicaid) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation. Health Partners does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Health Partners 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)

Health Partners 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 Member Relations at 1-800-553-0784 (TTY 1-877-454-8477).

If you believe that Health Partners has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Health Partners Plans
Attn: Complaints, Grievances & Appeals Unit
901 Market Street, Suite 500
Philadelphia, PA 19107
Phone: 1-800-553-0784 (TTY 1-877-454-8477)
Fax: 1-215-991-4105

The Bureau of Equal Opportunity
Room 223, Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17105-2675
Phone: (717) 787-1127 (TTY/PA RELAY: 711)
Fax: (717) 772-4366, or
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Health Partners and the Bureau of Equal Opportunity are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call: 1-800-553-0784 (TTY: 1-877-454-8477).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-553-0784 (TTY 1-877-454-8477).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-553-0784 (телетайп 1-877-454-8477).

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 1-800-553-0784 (TTY 1-877-454-8477)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-553-0784 (TTY 1-877-454-8477).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1211-888-8884 (رقم هاتف الصم والبكم) 1-888-888-1121

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-553-0784 (टिटिवाइ 1-877-454-8477) ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-553-0784 (TTY 1-877-454-8477) 번으로 전화해 주십시오.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-553-0784 (TTY 1-877-454-8477)។

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-553-0784 (ATS 1-877-454-8477).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-800-553-0784 (TTY 1-877-454-8477) သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-553-0784 (TTY 1-877-454-8477).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-553-0784 (TTY 1-877-454-8477).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-553-0784 (TTY 1-877-454-8477)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-553-0784 (TTY 1-877-454-8477).

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-553-0784 (TTY 1-877-454-8477).