Great Plains
Medicare Advantage



2027 MEMBER HANDBOOK

Great Plains Medicare Advantage (HMO I-SNP)
Great Plains Medicare Advantage Gold (HMO I-SNP)

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Welcome

Thank you for choosing Great Plains Medicare Advantage. We're here to help you stay healthy with convenient access to local care you can trust, valuable extra benefits and support when questions come up.

Use this handbook to discover everything your plan has to offer. Whether you're getting started with your coverage or looking for answers later, you'll find information about your plan and the resources available to you – all in one place.

We're glad you're here. Let's get started.



We're here for you

Support when you need it

Our local team is here to help with your questions about coverage, claims, billing and more.

Email memberservices@greatplainsmedicareadvantage.com

Call (877) 492-5189 (TTY: 711)

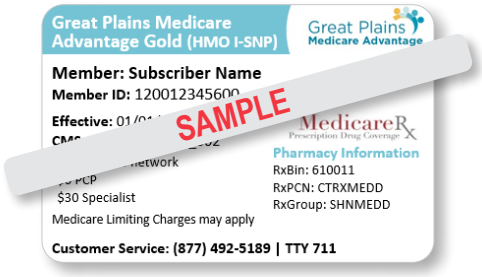
We're open seven days a week from 8 a.m. to 8 p.m. Oct. 1 through March 31, and Monday through Friday from 8 a.m. to 8 p.m. April 1 through Sept. 30.

Other departments	Questions about:	Phone number
Pharmacy	Prior authorization of prescription drug coverage and covered medications (formulary)	(855) 800-8872 (TTY: 711)
Utilization management	Prior authorization of medical services and utilization review	(877) 492-5189 (TTY: 711)
Vision impaired services	Large print materials or recorded versions of our documents	(877) 492-5189 (TTY: 711)
Language assistance	Interpreter support for non-native English speakers	(877) 492-5189 (TTY: 711)
To report potential fraud, waste or abuse, email **shpcompliance@sanfordhealth.org** or call our anonymous hotline at **(877) 473-0911 (TTY: 711)**.		

Get started with your plan

1 **Use your ID card:** Bring your ID card to doctor's appointments and pharmacy visits. Your ID card is also available on your member portal.

If your ID card is damaged, lost or stolen, contact our customer service team or log into your member portal to order a new card.



Acceptance of your ID card does not ensure medical or pharmacy services will be covered under your benefits.

2 **Sign up for your member portal:** Your secure member portal gives you 24/7 access to personalized plan information. Visit **greatplainsmedicareadvantage.com** or scan the code to sign up. **You can access things like:**

- Summary of Benefits (SOB)
- Evidence of Coverage (EOC)
- Pharmacy benefit information
- Explanation of Benefits (EOB)
- Provider and pharmacy directory
- Referral information
- Federal and state guidelines and notices

sign up to go paperless

Once you've logged in to your member portal, choose the "Go paperless" option to get email notifications instead of paper mail for your EOBs and other important documents.

3 **Read your plan documents:** Use your member portal to read your plan documents, review claims and prior authorizations, check balances and more.

4 **Choose a primary care provider:** Use your member portal to search for doctors near you using our provider directory. Then, schedule your annual wellness visit with your primary care provider (PCP).

TIP: Add your PCP to your member portal to personalize your healthcare experience.

5 **Fill your prescriptions:** Use the Optum Rx portal to easily search for in-network pharmacies, compare medication costs, view estimated prices and explore options that help you save. Visit **greatplainsmedicareadvantage.com** or call us at **(855) 800-8872 (TTY: 711)** to learn more about your pharmacy coverage.

Terms to know

Getting familiar with these common health plan terms can make it easier to understand your coverage and benefits.

Coinsurance: Your share of the cost of a covered service, calculated as a percentage of the allowed amount after you meet your deductible.

Copayment (copay): A fixed amount you pay for certain services, such as doctor visits or prescriptions, usually due at the time of service.

Covered medication list (formulary): A list of prescription drugs covered by your plan. It also shows if a drug requires prior authorization, step therapy or other coverage requirements before the plan pays.

Deductible: The amount you must pay each plan year before your health plan begins to pay for certain services.

Evidence of Coverage (EOC): Your guide for reviewing your benefits and provisions. It provides an overview of all benefits, exclusions, prescriptions, appeals, denials, claims, enrollment, notices, policies and more.

Explanation of Benefits (EOB): A summary of how your health plan processed a claim. It shows what your plan paid and any amount you owe. An EOB is not a bill. See page 10 for more information about EOBs.

Non-covered services: Services that are not included in your plan benefits; you are responsible for the full cost.

Out-of-pocket maximum: The most you will pay for covered services in a plan year. After you reach this limit, your plan pays 100% of covered costs.

Summary of Benefits (SOB): An easy-to-read overview of your plan, including covered services, deductibles, copays and out-of-pocket costs.

Provider network: The doctors, hospitals, clinics and other healthcare providers that work with your health plan. You'll pay less when you receive care from providers in your network.

Explore our network



Find an in-network doctor or pharmacy* near you using our searchable directory. Visit **greatplainsmedicareadvantage.com**.

You can also search for doctors and pharmacies in your network from your member portal. Visit **greatplainsmedicareadvantage.com** or scan the code to sign up.

Your care options

Routine office visit

Your primary care provider (PCP) is the best place for routine checkups, preventive care and visits that can wait 24 to 48 hours or longer. If same-day care is needed, your PCP or clinic may be able to help you see another provider. If you're seeing a new provider, remember to confirm they're in-network.

TIP: Be sure to schedule your annual wellness exam with your primary care provider (PCP). Don't have a PCP? We can help you find one and schedule your appointment.

Routine visits from an advanced practice provider (APP)

Nurse practitioners visit your facility regularly to support your health needs and provide treatment, so you have fewer hospital visits. They will also coordinate your care plan and simplify communication between your care team, facility staff and family.

Emergency care

Emergency medical conditions require immediate treatment. This may include severe pain, suspected heart attack or stroke, difficulty breathing, bleeding that won't stop, severe burns, seizures, poisoning or trauma. Call 911 or visit the nearest emergency department.

Out-of-network emergency care:

- Notify Great Plains Medicare Advantage within 48 hours or as soon as reasonably possible
- Prior authorization isn't required for a true emergency, even if the facility is out-of-network

If you're hospitalized (admitted overnight for inpatient care) we may transfer you to an in-network facility when it's medically appropriate.

Specialty care

You don't need a referral to see an in-network specialist.

Hospital services

If you're admitted to the hospital for a planned procedure or an emergency, notify us as soon as possible.

Emergency transportation

Ground or air ambulance services are covered when medically necessary. You'll be transported to the nearest in-network hospital that can provide the care you need.

More ways to stay healthy

Dental coverage

Some of our plans include preventive dental coverage from Delta Dental® Medicare Advantage, helping you stay on top of routine exams. Refer to your Evidence of Coverage (EOC) or Delta Dental Handbook for your dental coverage. Visit **medicareadvantage.deltadentalwi.com** to find an in-network dentist near you.

Hearing benefits

Hearing benefits from TruHearing® include your annual hearing exam from an in-network provider. You can also use your hearing aid benefits to access a variety of aids with the newest technology. Review your Evidence of Coverage (EOC) to determine your benefit details. Call **(833) 455-7551 (TTY: 711)** to find an in-network hearing provider near you.

Vision benefits

Vision benefits from VSP® Vision Care cover your annual routine eye exam, standard lenses and provide an allowance for frames or contacts from an in-network provider. Review your Evidence of Coverage (EOC) to determine your benefit details. Visit **vsp.com/advantageonly** or call **(844) 344-4768 (TTY: 711)** to find an in-network vision provider near you.

Preventive care

Preventive care and screenings are available at no cost, or very low cost, when using an in-network provider. No prior authorization is needed, and you can schedule most services annually. View a list of preventive care services available through your plan in your Evidence of Coverage (EOC).

Advanced care planning

Great Plains Medicare Advantage encourages all members to complete an advance directive. This legal document helps you make important decisions about healthcare before they become necessary. You can make treatment decisions based on your goals, values and preferences now, in case you are suddenly unable to make your own decisions because of illness or injury.

Pharmacy and medications

Your plan includes Medicare Part D prescription drug coverage, giving you convenient access to the medications you need. It includes a comprehensive formulary of FDA-approved medications, our broad network of participating pharmacies, and resources to help manage costs.

Do more with your pharmacy benefits

Optum Rx portal
Use the Optum Rx portal to find in-network pharmacies, compare medication costs, view estimated prices and discover ways to save. Visit **greatplainsmedicareadvantage.com/member-resources** to get started.

Medicare Prescription Payment Plan
This payment option works with your current prescription drug coverage. It can help you manage your out-of-pocket drug costs by spreading them across monthly payments throughout the year. This payment plan might help you manage your expenses, but it doesn't save you money or lower your drug costs.

For medications to be covered, they must be:

- Prescribed or approved by a physician, physician assistant, nurse practitioner or dentist
- Listed in the plan formulary or approved through prior authorization
- Provided by an in-network participating pharmacy, except in the event of an emergency
- FDA-approved

Some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits.

Understanding your pharmacy coverage

Prior authorization
Some medications require approval before they're covered. Your provider will work with the plan to request the approval if it's needed.

Step therapy
Your plan may require you to try a lower-cost or preferred medication before coverage is approved for another option. If the first medication isn't right for you, your provider can request a different covered medication.

Quantity limits
Coverage for certain medications is limited to a specific amount for each refill to support safe and effective use.

Pharmacy and medications (Cont.)

Medication Therapy Management (MTM)
MTM is a Medicare Part D program for members who meet Centers for Medicare and Medicaid Services (CMS) criteria. Members can receive a one-on-one medication review with a pharmacist at no additional cost. Your pharmacist will review your prescription, over-the-counter and herbal medications, answer your questions and address potential medication-related problems.

FAQs

Do I need a referral to see a specialist?

You don't need a referral to see an in-network specialty care provider. However, some specialty care services, such as acupuncture and cosmetic procedures, may not be covered even if your doctor recommends them. See your Evidence of Coverage (EOC) for details.

Do I need a prior authorization?

Some services, medications and durable medical equipment require approval before they're covered. Prior authorization helps confirm that care is medically necessary and covered under your plan.

If you're planning a procedure or treatment, contact us at **(877) 492-5189 (TTY: 711)** or review your Evidence of Coverage (EOC) to see whether advance approval is needed. Whenever possible, submit requests at least three business days before your scheduled service to ensure timely processing. If care is needed sooner, our utilization management team can request an expedited review.

Prior authorization is never needed for emergency care.

What if I have other health insurance?

If you're covered by another health plan or are eligible for Medicaid or TRICARE, we'll coordinate benefits with your other insurer. If you receive forms requesting coverage information, complete and return them promptly to help prevent delays or claim denials.

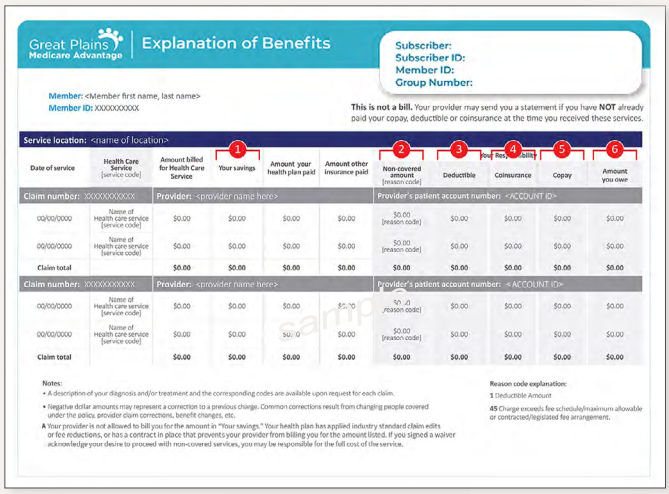
Claims and coverage decisions

How to submit a claim

Most providers submit claims for covered services on your behalf. If your provider doesn't, you may need to submit one yourself. Claim forms are available at **greatplainsmedicareadvantage.com/member-resources** or by calling us at **(888) 444-6185 (TTY: 711).**.

Understanding your Explanation of Benefits (EOB)

After your claim is processed, you'll receive an explanation of benefits (EOB) showing how your plan covered the service and any amount you still owe. If you've enrolled in electronic EOBs, we'll send you an email when a new statement is available on your member portal. Otherwise, you'll receive your EOB by mail. An EOB is not a bill. Review the sample below to learn what each section means.



Great Plains Medicare Advantage | Explanation of Benefits

Subscriber:
Subscriber ID:
Member ID:
Group Number:

Member: <Member first name, last name>
Member ID: XXXXXXXXXX

This is not a bill. Your provider may send you a statement if you have **NOT** already paid your copay, deductible or coinsurance at the time you received these services.

Service location: <name of location>

Date of service	Health Care Service [service code]	Amount billed for Health Care Service	1 Your savings	Amount your health plan paid	Amount other insurance paid	2 Non-covered amount [reason code]	3 Deductible	4 Coinsurance	5 Copay	6 Amount you owe
Claim number: XXXXXXXXXX		Provider: <provider name here>				Provider's patient account number: <ACCOUNT ID>				
00/00/0000	Name of Health care service [service code]	$0.00	$0.00	$0.00	$0.00	$0.00 [reason code]	$0.00	$0.00	$0.00	$0.00
00/00/0000	Name of Health care service [service code]	$0.00	$0.00	$0.00	$0.00	$0.00 [reason code]	$0.00	$0.00	$0.00	$0.00
Claim total		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Claim number: XXXXXXXXXX		Provider: <provider name here>				Provider's patient account number: <ACCOUNT ID>				
00/00/0000	Name of Health care service [service code]	$0.00	$0.00	$0.00	$0.00	$0.00 [reason code]	$0.00	$0.00	$0.00	$0.00
00/00/0000	Name of Health care service [service code]	$0.00	$0.00	$0.00	$0.00	$0.00 [reason code]	$0.00	$0.00	$0.00	$0.00
Claim total		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Notes:
- A description of your diagnosis and/or treatment and the corresponding codes are available upon request for each claim.
- Negative dollar amounts may represent a correction to a previous charge. Common corrections result from changing people covered under the policy, provider claim corrections, benefit changes, etc.

A Your provider is not allowed to bill you for the amount in "Your savings." Your health plan has applied industry standard claim edits or fee reductions, or has a contract in place that prevents your provider from billing you for the amount listed. If you signed a waiver acknowledge your desire to proceed with non-covered services, you may be responsible for the full cost of the service.

Reason code explanation:
1 Deductible Amount
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

1 Your savings

GPMA and our in-network providers have contracts in place that set prices for your health care. We pass along any savings and discounts to you. Amounts for claims that have been denied to the provider for further review will also be displayed here.

2 Non-covered amount (reason code)

Any services that are excluded from your plan's coverage.

3 Deductible

The amount you pay health professionals for certain services in a benefit year before your health insurance begins to pay. Not all plans have deductibles.

4 Coinsurance

A percentage of your medical costs (20 percent, for example) that you pay health professionals for certain services. Coinsurance might very based on your plan or be applied only to certain services. Not all plans have coinsurance.

5 Copay

A specific dollar amount you pay ($20, for example) health professionals for certain services. Not all plans have copays.

6 Amount you owe

Amounts applied toward your deductible, coinsurance and/or any copayments. This is the amount you pay to your health care provides.

Claims and coverage decisions (cont.)

How to request an appeal

If you disagree with a coverage or benefit decision, you have a right to request an appeal. This may include decisions about covering a medication, service or procedure.

Appeal forms are available at **greatplainsmedicareadvantage.com/member-resources**. You can also call us at **(877) 492-5189 (TTY: 711)** to file an appeal over the phone or request the form be mailed to you.

What happens next?

We'll review your appeal and contact you if we need additional information. You'll receive written updates throughout our review process and a written decision once it's complete. Most appeals are complete within 30 days.

How to file a complaint

If you're concerned about your coverage, care or service, you have the right to file a complaint, also called a grievance. For information about filing a grievance, appointing a representative, or understanding your rights and options, visit **greatplainsmedicareadvantage.com/member-resources** or refer to your Evidence of Coverage (EOC).

You may also choose to file a complaint directly with Medicare by visiting **Medicare.gov** or calling **(800) MEDICARE** or **(800) 633-4227** (24 hours a day, 7 days a week).

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("Notice") applies to Great Plains Medicare Advantage. If you have questions about this Notice, please contact Great Plains Medicare Advantage Customer Service at (877) 492-5189.

This Notice describes how we will use and disclose your health information. The terms of this Notice apply to all health information generated or received by Great Plains Medicare Advantage, whether recorded in our business records, your medical record, billing invoices, paper forms, or in other ways. Unless otherwise provided by law, any data or information pertaining to the health, diagnosis, or treatment of a member under a policy or contract, or a prospective member, obtained by Great Plains Medicare Advantage from that person or from a health care provider is confidential and may not be disclosed except as set forth below.

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We use or disclose your health information as follows (In Minnesota we will obtain your prior consent):

- **Help manage the health care treatment you receive:** We can use your health information and share it with professionals who are treating you. For example, a doctor may send us information about your diagnosis and treatment plan so we can arrange additional services.
- **Pay for your health services:** We can use and disclose your health information for the payment of your health services. For example, we share information about you with your provider to coordinate payment for those services.
- **For our health care operations:** We may use and share your health information for our day-to-day operations, to improve our services, and contact you when necessary. For example, we use health information about you to develop better services for you. We may also use and disclose your protected health information to determine premium costs, underwriting, rates and cost-sharing amounts, provided that no genetic information may be used for underwriting purposes. This does not apply to long-term care plans.
- **Administer your plan:** We may disclose your health information to your health plan sponsor for plan administration. For example, your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

We may share your health information in the following situations unless you tell us otherwise. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest or needed to lessen a serious and imminent threat to health or safety:

- **Friends and Family:** We may disclose to your family and close personal friends any health

information directly related to that person's involvement in payment for your care.

- **Disaster Relief:** We may disclose your health information to disaster relief organizations in an emergency.

We may also use and share your health information for other reasons without your prior consent:

- **When required by law:** We will share information about you if State or federal law require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. This may include disclosing information about victims of abuse, neglect, or domestic violence.
- **Law enforcement:** We may share information for law enforcement purposes. This includes sharing information to help locate a suspect, fugitive, missing person or witness.
- **For public health and safety:** We can share information in certain situations to help prevent disease, assist with product recalls, report adverse reactions to medications, and to prevent or reduce a serious threat to anyone's health or safety.
- **Lawsuits and legal actions:** We may share information about you in response to a court or administrative order, or in response to a subpoena.
- **Organ and tissue donation:** We can share information about you with organ procurement organizations.
- **Medical examiner or funeral director:** We can share information with a coroner, medical examiner, or funeral director when an individual dies.
- **Workers' compensation, correctional institutions and other government requests:** We can share information with employers for workers' compensation claims. We also share information with correctional institutions about their inmates. Information may also be shared with health oversight agencies when authorized by law, and other special government functions such as military, national security and presidential protective services.
- **Research:** We can use or share your information for certain research projects that have been evaluated and approved through a process that considers a member's need for privacy.

We may contact you in the following situations:

- **Treatment options:** To provide information about treatment alternatives or other health related benefits, providers or services that may be relevant to your care.
- **Fundraising:** We may contact you about fundraising activities, but you can tell us not to contact you again.

YOUR RIGHTS THAT APPLY TO YOUR HEALTH INFORMATION

When it comes to your health information, you have certain rights.

- **Get a copy of your health and claims records:** You can ask to see or get a paper or electronic copy of your health and claims records and other health information we have about you. We will provide a copy or summary to you usually within thirty (30) calendar days of your request. We may charge a reasonable, cost-based fee. Access may be denied in some circumstances or when a certain law prohibits your access. In some circumstances you may have this decision reviewed.
- **Ask us to correct your health and claims records:** You can ask us to correct health information that you think is incorrect or incomplete. We may deny your request, but we'll tell you why in writing. These requests should be submitted in writing to the contact listed below.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Reasonable requests will be approved. We must say "yes" if the disclosure of your information could endanger you.
- **Ask us to limit what we use or share:** You can ask us to restrict how we share your health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- **Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information for six (6) years prior, who we've shared it with, and why. We will include all disclosures except for those about your treatment, payment, and our health care operations, and certain other disclosures (such as those you asked us to make). We will provide one (1) accounting a year for free, but we will charge a reasonable cost-based fee if you ask for another within twelve (12) months.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you**: If you have a designated health care agent or medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- **File a complaint if you feel your rights are violated:** You can complain to the U.S. Department of Health and Human Services Office for Civil Rights if you feel we have violated your rights. We can provide you with their address. You can also file a complaint with us by using the contact information below. We will not retaliate against you for filing a complaint.

  Contact Information:
  Great Plans Medicare Advantage
  Customer Service
  1515 North Saint Joseph Avenue
  P.O. Box 8000
  Marshfield, WI 54449-8000

(877) 492-5189 (toll-free) | TTY 711

OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this Notice and offer to give you a copy.
- We will not use, share, or sell your information for marketing or any purpose other than as described in this Notice unless you tell us to in writing. You may change your mind at any time by letting us know in writing.

CONFIDENTIALITY OF SUBSTANCE USE DISORDER RECORDS

Specialized substance use disorder treatment at certain facilities is protected by federal law 42 CFR Part 2 (a "Part 2 Program"). Member records at a Part 2 Program, testimony about those records, or the fact an individual has been treated at a Part 2 Program may not be disclosed unless:

1. The member consents in writing;
2. The disclosure is allowed by a court order or required by other state or federal law;
3. The disclosure is needed for treatment in a medical emergency; or
4. The disclosure is related to a crime committed at a Part 2 Program, or required for suspected child abuse or neglect reporting.

You may agree to provide a general consent allowing the disclosure of Part 2 Program records for treatment, payment, and health care operations. You may also choose to revoke a previous general consent subject to certain limitations.

CALLING, TEXTING, AND EMAILING

We may contact you about your plan and health care using the phone numbers and email addresses that you provide to us. This may include using an automated phone dialing system, pre-recorded or synthetic voice messages, texting, or email. When we contact you in this manner, you will be given the opportunity to opt out of receiving similar communications going forward.

Because texts and emails are not encrypted, there is a risk that someone else could read or access these messages. We therefore take steps to limit the amount of health information that they contain. You may choose to opt out of these messages at any time.

CHANGES TO THIS NOTICE

We may change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request and online at www.greatplainsmedicareadvantage.com.

EFFECTIVE DATE

This Notice of Privacy Practices is effective August 28, 2026.

NOTICE OF AVAILABILITY

English: ATTE NTION: Free interpretation services are available to you. Additional services and resources necessary to provide information on accessible formats are also available at no cost. Call (877) 492-5189 (TTY: 711) or speak with your provider.

Spanish: ATE NCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al (877) 492-5189 (TTY: 711) o hable con su proveedor.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie (877) 492-5189 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (877) 492-5189 (Người khuyết tật: 711), hoặc trao đổi với người cung cấp dịch vụ của bạn."

Amharic: ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር (877) 492-5189 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

Oromo: HUBADHAA: Yoo afaan Oromoo dubbattu ta'e, tajaajilli gargaarsa afaanii bilisaa siniif ni argama. Gargaarsi gargaaraa fi tajaajilli sirrii ta'ee fi odeeffannoo bifa dhaqqabamaa ta'een kennuunis bilisaan ni argama. Bilbilaa (877) 492-5189 (TTY: 711) yookiin dhiyeessaa kee waliin haasa'aa.

Arabic:

نبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم(877) 492-5189 (711) أو تحدث إلى مقدم الخدمة.

French: ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le (877) 492-5189 (TTY: 711) ou parlez à votre fournisseur.

Karen: ဆူ– နမ့်ကတိၤ ထၢနှာ်လိၤဖဲအံၤ အဃိ, တၢ်အိဉ်ဒီး ကျိာ်တၢ်ဆီဉ်ထွဲမၤစၢၤ လၢတလာ် ဘူဉ်လာ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး တၢ်မၤစၢၤတၢ်နှၤ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြၢးအဘဉ် လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤနှၤ်အီၤသ့တဖဉ် လၢတလာ်ဘူဉ်လာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး (877) 492-5189 (TTY: 711) မ့တမ့ၢ် ကတိၤတၢ်ဒီး နပ့ၤလၢဟ့ဉ် နၤတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.

Simplified Chinese: 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 (877) 492-5189（文本电话：711）或咨询您的服务提供商。

Swahili: MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu (877) 492-5189 (TTY: 711) au zungumza na mtoa huduma wako.

Nepali: सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। (877) 492-5189 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa (877) 492-5189 (TTY: 711) o makipag-usap sa iyong provider.

Yoruba: ÀKÍYÈSI: Tí o bá lè sọ èdè Yorùbá, àwọn ètò ìrànlọ́wọ́ èdè wà lọ́fẹ̀ẹ́ fún ọ. A ó tún pèsè àwọn ohun èlò ìrànlọ́wọ́ àti àwọn iṣẹ́ tó bá yẹ láti pèsè ìsọfúnni nípa àwọn ọ̀nà tí ó rọrùn láti lóye lọ́fẹ̀ẹ́. Pe (877) 492-5189 (TTY: 711) tàbí kí o bá olùpèsè rẹ sọ̀rọ̀.

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону (877) 492-5189 (TTY: 711) или обратитесь к своему поставщику услуг.

Ukrainian: УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером (877) 492-5189 (TTY: 711) або зверніться до свого постачальника».

If you require large-print materials, please call (877) 492-5189 (TTY: 711).

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