

2017 PEBTF Open Enrollment October 16 to November 3, 2017 For Active and COBRA Members

It's open enrollment time – your annual opportunity to review your medical plan options. This newsletter provides information about the benefits of each option so that you can choose the plan that meets your and your family's needs. Open enrollment is also your opportunity to remove any dependents without a qualifying event, which is recommended only if your dependent has other coverage.

While the medical plans being offered remain the same for 2018, there are some changes to the Basic PPO and Choice PPO deductibles and copays that you will need to review before you make a decision.

Any changes you make during this open enrollment will be effective January 1, 2018.

You may also visit the PEBTF website to view FAQs and to link to the medical plans' provider directories. You may attend an Open Enrollment webinar or view the presentation online at any time (see page 12 for more information).



HELPFUL TIPS

For more information –

- **Log on:** Visit www.pebtf.org. Select the box "2017 Open Enrollment"
- **Call:** PEBTF at 1-800-522-7279
- **Email:** openenrollment@pebtf.org

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What's Changing for Plan Year 2018?

- ✓ **PPO Annual Deductibles:** The annual deductibles for the Choice PPO and Basic PPO are increasing.
- ✓ **PPO Copays:** The PPO specialist and ER copayments are increasing.
- ✓ **PPO Lab Services:** There continues to be no charge if the blood test is done at a Quest Diagnostics or LabCorp; there is a \$30 lab copayment elsewhere (see page 5 for more information).
- ✓ **Costs:** Costs for employees hired on or after August 1, 2003, part-time employees and COBRA members change each year. See pages 9 to 11 for cost information.
- ✓ **Autism Spectrum Disorder Cap:** The annual maximum benefit for autism spectrum disorder services is increasing to \$39,668.
- ✓ **Prescription Drug Copays:** The prescription drug copayments are increasing.

Your Options for 2018

Make the Right Choice for You!

Throughout our lives, our situations change. We may marry or divorce and we may have children who grow up and go off to college. At any time, we could be diagnosed with a medical condition. At that point, the diagnosis makes PEBTF benefits even more important.

Because things change, open enrollment allows you the opportunity to evaluate your medical options each year to make a decision on the option that works best for you and your family. Here's a look at the three options and how three fictional members made their decision.

Choice PPO Option – offered by Aetna

Meet Eileen. Eileen began her career with the commonwealth in 1997. She and her husband have three children, with two of them attending state universities.



Eileen . . .

“I value my PEBTF health benefits. We were fortunate to have these benefits when my husband was diagnosed with a benign brain tumor. With the PPO option we were able to get a second opinion at Johns Hopkins. Johns Hopkins agreed with the course of treatment that our doctor in Philadelphia recommended. His surgery, follow-up treatments and prescription drugs were covered by the PEBTF with very little out-of-pocket costs – we paid the annual Choice PPO deductible and some prescription drug copayments. I’m happy to report he is back to 100%. We chose the Choice PPO because of the low annual deductibles and the flexibility of being able to see both network and out-of-network providers. Also, two of my children are away from the area attending state universities. We need the flexibility so that they have coverage wherever they are.”

For Eileen, the advantages of the Choice PPO are as follows:

- Lower deductible amounts than the Basic PPO.
- No referrals required for specialist visits.
- More flexibility – may visit an in-network or an out-of-network provider.



HELPFUL TIPS

Employees hired on or after 8/1/03 pay a buy-up for the Choice PPO. The Basic PPO and PEBTF Custom HMO are offered with no buy-up.

Basic PPO – offered by Highmark

Meet Jason. Jason just started his career with the commonwealth in 2016. In his spare time, he likes to visit Pennsylvania state parks and other nature trails. So, his weekends are spent hitting the road with his Labrador Retriever, Lucky.



HELPFUL TIPS

To save money, visit your PCP or urgent care provider instead of going to the ER for non-life threatening emergencies.

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Jason . . .

“Because I am a recent new hire, I knew I would have to pay the plan buy-up if I chose the Choice PPO. I prefer not to have additional money taken out of my biweekly pay and decided to take a look at the Basic PPO. This PPO offers the flexibility that I need because it has both an in-network and an out-of-network benefit. And, even though the deductible is higher than the Choice PPO, chances are I will not have to pay the deductible because I typically just have a few office visit copayments to pay each year. I know I can visit a network urgent care center if I get hurt or sick while hiking out of town.”

For Jason, the advantages of the Basic PPO include the following:

- No plan buy-up.
- More flexibility – may visit an in-network or out-of-network provider.
- No referrals required for specialist visits.
- Can visit a network urgent care facility anywhere.



HELPFUL TIPS

Preventive care is covered under all options at 100% at no cost to you. Visit www.pebtf.org for a list of covered preventive care services.

PEBTF Custom HMO Option (regional plans; offered to Pennsylvania residents only)

Meet Karen. Karen joined the commonwealth in 2007. She lives in the Harrisburg area and is planning on having knee replacement surgery in a few months.

Karen . . .

“I took a look at the PEBTF Custom HMO because of the low copayments and no annual deductible. I realize the plan offers a limited network and not all of the providers in my area are in the network. The limited network allows the costs to remain low and that was a big plus to me. So, I visited the open enrollment section on the PEBTF website and looked at the Custom HMO network. My primary care doctor and dermatologist are in the network, as well as my orthopedic surgeon and hospital. I’m happy that I won’t have to pay a deductible for my knee surgery under the PEBTF Custom HMO. I encourage anyone who is interested in this plan to do their homework before making a decision. You must look closely at the network of providers by visiting the PEBTF website.”



For Karen, the advantages of the PEBTF Custom HMO include the following:

- No plan buy-up.
- No deductible and low copayments.

See page 4 for a comparison of the medical plan options.



HELPFUL TIPS

The PEBTF Custom HMO option has the lowest copays but a limited network of providers and hospitals. Visit www.pebtf.org to link to the Custom HMO provider directory. Review the network of providers before making a decision. **If you don’t visit a network provider, you have no coverage under the plan.**

2018 Plan Options – At a Glance

	Choice PPO (Aetna)	Basic PPO (Highmark)	PEBTF Custom HMO
Biweekly Buy-Up for Employees Hired on or After 8/1/03 <ul style="list-style-type: none"> • Single • Family 	\$ 8.85 \$23.08	\$0 \$0	\$0 \$0
In-network deductible amount for certain services (annual)	\$350 single/ \$700 family (increase for 2018)	\$1,200 single/ \$2,400 family (increase for 2018)	No Deductible
Visit network providers only			✓
Limited provider network			✓
May visit out-of-network providers (at additional cost)	✓	✓	
Referrals needed for specialist care			✓
Copayment – Primary Care Physician (PCP) office visit	\$20	\$20	\$5
Copayment – Specialist office visit	\$45 (increase for 2018)	\$45 (increase for 2018)	\$10 (Referral required)
Outpatient therapies (such as physical and occupational therapy, manipulation therapy, etc.)	\$20	\$20	\$5 (Referral required)
ER copayment (waived if admitted)	\$200 (increase for 2018)	\$200 (increase for 2018)	\$150
Urgent care copayment	\$50	\$50	\$50
Diagnostic tests (imaging – X-ray, MRI, etc.)	Covered 100% after you pay the deductible	Covered 100% after you pay the deductible	100% (Referral required)
Diagnostic tests (lab)	Covered 100% at Quest Diagnostics or LabCorp, \$30 lab copay elsewhere	Covered 100% at Quest Diagnostics or LabCorp, \$30 lab copay elsewhere	100% (Referral required)
Hospital expenses (Inpatient & Outpatient)	Covered 100% after you pay the deductible	Covered 100% after you pay the deductible	100% (Referral required)
Medical/surgical expenses – including physician expenses (except office visits)	Covered 100% after you pay the deductible	Covered 100% after you pay the deductible	100% (Referral required)
Out-of-pocket maximum (In Network)	\$7,350 single/ \$14,700 family	\$7,350 single/ \$14,700 family	\$7,350 single/ \$14,700 family

PPO Options – Annual In-Network Deductible

Applies to the following:	<u>DOES NOT</u> apply to the following:
<ul style="list-style-type: none"> Hospital expenses (inpatient and outpatient) and medical/surgical expenses including physician services (except office visits) Imaging Skilled nursing facility care and home health care 	<ul style="list-style-type: none"> Preventive care Office visits and outpatient therapy copayments Emergency room and urgent care copayments
<p>After your in-network annual deductible is met, the PPO will pay 100% after any copays for the remainder of the calendar year.</p>	

Lab Services Under the PPO Options – Change for 2018

In 2017, we instituted changes to the PPO lab benefit. You paid \$0 if the lab test was done at Quest Diagnostics or LabCorp. If you had your lab test done at another facility, such as your doctor’s office, a hospital, or outpatient center, those costs were subject to your annual PPO deductible.

Beginning January 1, 2018, you will pay a \$30 lab copayment for any lab tests **not** performed by Quest Diagnostics or LabCorp. This change gives you more flexibility to go to any facility at relatively low cost and these costs won’t be subject to the deductible. Here are some scenarios of what you will pay:



HELPFUL TIPS

To save money, use Quest Diagnostics or LabCorp for your lab tests. Before having lab work done, call the plan first and provide the code(s) to confirm that a particular test is covered.

Lab Tests Under the PPO Options (Effective January 1, 2018)

<i>Scenario</i>	<i>You pay:</i>
<i>Doctor’s office draws blood and processes the lab results</i>	<ul style="list-style-type: none"> Office visit copayment (\$20 PCP; \$45 specialist) \$30 lab copayment
<i>Doctor’s office draws blood and sends it to a hospital outpatient/freestanding lab (not Quest Diagnostics/LabCorp)</i>	<ul style="list-style-type: none"> Office visit copayment (\$20 PCP; \$45 specialist) \$30 lab copayment
<i>Doctor’s office draws blood and sends it to Quest Diagnostics/LabCorp</i>	<ul style="list-style-type: none"> Office visit copayment (\$20 PCP; \$45 specialist)
<i>Doctor writes a prescription for the lab work and you visit a Quest Diagnostics/LabCorp Patient Service Center</i>	<ul style="list-style-type: none"> \$0 cost to you
<i>Outpatient hospital/facility draws blood and sends it to Quest Diagnostics/LabCorp</i>	<ul style="list-style-type: none"> \$0 cost to you
<i>Outpatient hospital/facility draws blood and processes the lab results</i>	<ul style="list-style-type: none"> \$30 lab copayment

Prescription Drug Plan – Copay Changes

The Prescription Drug Plan uses a three-tier system, where drugs are categorized as generic, preferred brand-name, or non-preferred brand-name. The formulary summary is available at www.pebtf.org. The following chart details the copayments under your Prescription Drug Plan and the copayment changes for 2018. The list of preferred brand-name drugs is available at www.pebtf.org under Publications and Forms, Prescription Drug Plan (Active and Non-Medicare Eligible Retiree Members).



HELPFUL TIPS

To save money, ask your doctor to prescribe generic drugs.

	Your Copayment Today	Your Copayment Beginning January 1, 2018
Prescription at a Network Pharmacy – Up to a 30 Day Supply		
Tier 1: Generic drug	\$10	\$12
Tier 2: Preferred brand-name drug	\$20*	\$30*
Tier 3: Non-Preferred brand-name drug	\$40*	\$60*
Mail Order or Retail Maintenance at a CVS Pharmacy – up to a 90 Day Supply		
Tier 1: Generic drug	\$15	\$18
Tier 2: Preferred brand-name drug	\$30*	\$45*
Tier 3: Non-Preferred brand-name drug	\$60*	\$90*
Retail Maintenance at a Rite Aid Pharmacy – up to 90 Day Supply		
Tier 1: Generic drug	\$20 at Rite Aid	\$24 at Rite Aid
Tier 2: Preferred brand-name drug	\$40 at Rite Aid*	\$60 at Rite Aid*
Tier 3: Non-Preferred brand-name drug	\$80 at Rite Aid*	\$120 at Rite Aid*
*plus the cost difference between the brand and the generic, if one exists		

How to Make the Right Decision

1. Choice PPO and Basic PPO are offered in all Pennsylvania counties and out-of-state. Check the state map on page 8 for the PEBTF Custom HMO available in your county (not available for employees that live out-of-state).
2. Next, check the plan's network of providers and facilities to see if your doctors are part of the network – visit www.pebtf.org and select the box “2017 Open Enrollment” to link to each plan's online provider directory, which may be found under “Health Plan Information.”
3. Determine if you would like to have an out-of-network benefit. Both PPO plans have an out-of-network benefit that allows you to obtain services from providers not in the plan's network, but you will pay more out-of-pocket.
4. Both PPOs have annual deductibles. Review the chart on page 4.
5. To save money, you may want to consider the PEBTF Custom HMO option (for Pennsylvania residents only). The PEBTF Custom HMO option has low copayments and no deductible but it offers a limited network – **not all of the doctors and hospitals in your area are in the network.** Visit www.pebtf.org to look at the plan's network of providers and hospitals and also select a network PCP at the time of enrollment. If you are selecting a new network PCP, call the plan to confirm it will accept you as a new patient. Your PCP must refer you for all network services. If you seek services without a referral or outside of the network, you are responsible for the full cost.
6. Consider payroll deductions. You will continue to pay the health care contribution when enrolled in any health benefit plan(s). Employees hired on or after 8/1/03 pay a plan buy-up for the Choice PPO. Part-time employees, see page 11 for cost information. See page 10 for information on the Get Healthy savings.



HELPFUL TIPS

If you want to visit providers that are not in the health plan's network, consider one of the PPO plans. You will have higher out-of-pocket costs if you go out-of-network.

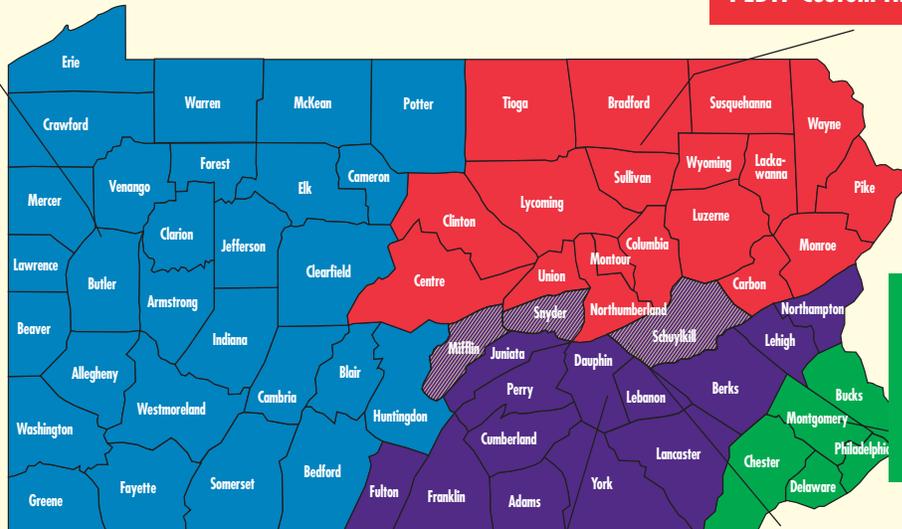
HEALTH
BENEFITS

Plan Choices by Region

You may choose a plan that is offered in your region. The Choice PPO and Basic PPO are the options for members who live outside of Pennsylvania.

NORTHEASTERN PA
 Choice PPO
 Basic PPO
 PEBTF Custom HMO Northeast

WESTERN PA
 Choice PPO
 Basic PPO
 PEBTF Custom HMO West



SOUTHEASTERN PA
 Choice PPO
 Basic PPO
 PEBTF Custom HMO Southeast

CENTRAL PA
 Choice PPO
 Basic PPO
 PEBTF Custom HMO Central

Mifflin, Snyder and Schuylkill counties have the choice of PEBTF Custom HMO Central or PEBTF Custom HMO Northeast

PPO Options:

Choice PPO - Aetna 1-800-991-9222
 Basic PPO – Highmark 1-888-301-9273

PEBTF Custom HMO:

West - Aetna 1-800-991-9222
 Central - Aetna 1-800-991-9222
 Southeast - Aetna 1-800-991-9222
 Northeast - Geisinger 1-800-504-0443

Aetna Custom HMO Members

You will receive a new gold Aetna Custom HMO ID card. The difference in color is to make the Custom HMO network members easier to identify in the provider's office. This will help providers distinguish Custom HMO vs PPO members and help them manage members' care by choosing the appropriate in-network providers.

Important Cost Information for 2018

Full-Time Employees

Full-Time Employee Hired Before August 1, 2003:

- You pay the health care contribution through payroll deductions. Refer to your collective bargaining agreement for details.
- Refer to the chart on page 10 for information on Get Healthy savings.
- There is no additional cost to you, no matter which plan you choose.

Full-Time Employee Hired on or After August 1, 2003:

- You pay the health care contribution through payroll deductions. Refer to your collective bargaining agreement for details.
- Refer to the chart on page 10 for information on Get Healthy savings.
- The Basic PPO and PEBTF Custom HMO options in your county of residence are offered at no additional cost to you (except when covering dependents during your first six months of employment).
- You may purchase, through payroll deductions, the Choice PPO for an additional biweekly cost indicated below.
- You may purchase prescription drug coverage for the first six months.
- After six months of service, you may elect to enroll in prescription drug and/or supplemental benefits at no additional cost.

	Single Biweekly Cost	Family Biweekly Cost	If You Add Dependents During the First Six Months of Employment, You Pay the Buy-Up Cost Biweekly (First Six Months)
Choice PPO Option	\$ 8.85	\$ 23.08	\$358.16
Basic PPO Option	\$ 0	\$ 0	\$335.08
PEBTF Custom HMO Option	\$ 0	\$ 0	\$343.70
Prescription Drug (first 6 months)	\$70.04	\$173.76	



**Employee Contribution Amount Based on Participation in the
Get Healthy Know Your Numbers Program
(For Employees Enrolled in PEBTF Benefits)**

Current Employee Contribution	Effective January 1, 2018	Effective July 1, 2018
Employee Completed a Wellness Screening in 2016		
You are currently paying 2.25% of gross base salary.	You will continue to pay 2.25% of gross base salary.	If you complete a wellness screening by 12/31/17: You will pay 2.5% of gross base salary
Employee Did Not Complete a Wellness Screening in 2016		
You are currently paying 2.25% of gross base salary, plus a surcharge of \$62.19 biweekly.	You will pay 2.25% of gross base salary plus a surcharge of \$63.62 biweekly.	If you do NOT complete a wellness screening by 12/31/17: You will pay 2.5% of gross base pay, plus a surcharge of \$63.62 biweekly.

Wellness screenings are offered to employees enrolled in PEBTF benefits. Spouses are not required to complete a wellness screening in 2017.



Part-Time Employees

- You pay the health care contribution through payroll deductions plus the cost reflected in the table below.
- You will be able to make the same selections as full-time employees based on your hire date.

Part-Time Employees – First Six Months of Employment

Cost of Single Coverage - Biweekly		Cost of Family Coverage - Biweekly	
	Medical Only		Medical Only
Choice PPO Option	\$114.99	Choice PPO Option	\$464.22
Basic PPO Option	\$106.04	Basic PPO Option	\$441.12
PEBTF Custom HMO Option	\$108.77	PEBTF Custom HMO Option	\$452.47
Prescription Drug	\$ 70.04	Prescription Drug	\$173.76

Part-Time Employees – After Six Months of Employment

Cost of Single Coverage Biweekly				
	Medical Only	Medical + Prescription Drug	Medical + Supplemental	Medical+ Prescription Drug+ Supplemental
Choice PPO Option	\$114.99	\$141.93	\$120.51	\$147.45
Basic PPO Option	\$106.04	\$132.98	\$111.56	\$138.50
PEBTF Custom HMO Option	\$108.77	\$135.71	\$114.29	\$141.23
Prescription Drug Only	\$ 26.94			
Supplemental Only	\$ 5.52			

Cost of Family Coverage Biweekly				
	Medical Only	Medical + Prescription Drug	Medical + Supplemental	Medical+ Prescription Drug+ Supplemental
Choice PPO Option	\$289.61	\$359.12	\$303.82	\$373.33
Basic PPO Option	\$273.58	\$343.09	\$287.79	\$357.30
PEBTF Custom HMO Option	\$280.62	\$350.13	\$294.83	\$364.34
Prescription Drug Only	\$ 69.51			
Supplemental Only	\$ 14.21			

Questions About Costs?

Call the commonwealth's HR Service Center at 1-866-377-2672. Call your local HR office if your agency is not supported by the commonwealth's HR Service Center.

Online Informational Webinar

Live Webinar:

Tuesday, October 17, 2017
10 a.m. to 11 a.m.

Registration is on a first come, first serve basis and will be limited to 500.
You will be able to ask questions at the end of the presentation.

Recorded Webinar:

Available October 2, 2017

You may view the Open Enrollment webinar presentation online at your convenience.

To register or view the recorded webinar:

1. Go to www.pebtf.org
2. Click on the 2017 Open Enrollment to get started

Selecting a New Medical Plan Option

All Changes Must be Made by Friday, November 3, 2017

Refer to page 8 for a map of where each plan will be offered in 2018. Visit www.pebtf.org for more information on your health plan choices.

If you want to change plans for January 1, 2018:

Active Members

If you have questions about your medical plan options, coverage for services, etc. please contact the PEBTF at 1-800-522-7279.

When you are ready to select a medical plan, you can use employee self service at www.myWorkplace.state.pa.us beginning October 16, 2017 or contact commonwealth's HR Service Center. You can call your local HR office if your agency is not supported by the commonwealth's HR Service Center.

All online transactions must be completed and all forms must be postmarked by **Friday, November 3**.

COBRA Members

Complete the enclosed *COBRA Member Enrollment Form* and mail it to the PEBTF postmarked by **Friday, November 3**.

Open Enrollment – COBRA
Pennsylvania Employees Benefit Trust Fund
150 S. 43rd Street
Harrisburg, PA 17111-5700

If you make a medical plan change during this open enrollment, you will receive a new medical plan ID card. Watch your mail in late December. Also, PPO members and Aetna Custom HMO members will receive new ID cards. The ID card will contain the toll-free telephone number for your medical plan as well as, the mental health and substance abuse benefit and the durable medical equipment (DME), prosthetics, orthotics, medical and diabetic supplies benefit.

HMO Members: If your PCP is not listed on the card, immediately contact the PEBTF at 1-800-522-7279.

Benefit News

Availability of Summary Health Information

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, the PEBTF makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC for each option is available at: www.pebtf.org. A paper copy is also available, free of charge, by calling 1-800-522-7279.

Important Information for Spouses/Domestic Partners Enrolled in Their Employer's Health Savings Account

More and more companies are offering high-deductible health plans with a Health Savings Account (HSA). Enrollment in these plans most often does not allow the member to be enrolled in another health plan as secondary coverage. If your spouse/domestic partner has HSA coverage through his/her employer and is enrolled in PEBTF benefits as secondary coverage, he or she will be subject to tax penalties.

We encourage spouses/domestic partners to check with their employers to ensure that they can be enrolled in PEBTF coverage as secondary.

If your spouse/domestic partner has HSA coverage through his/her employer, you may remove him/her from PEBTF coverage at any time throughout the year to avoid any tax penalties.

For Information About Help in Paying for Your Health Insurance Coverage:

See the Additional Information section of Summary Plan Description (SPD), which is available at www.pebtf.org

Flu Shot Reminder

It's that time of year!
You may get your flu shot at your doctor's office or at a CVS Caremark Flu Shot network pharmacy (members age 18 and older).



Get Healthy Program Annual Wellness Screening Reminder

Have you scheduled or completed your Get Healthy **Know Your Numbers** Wellness Screening yet? Visit www.pebtf.org and click on the Get Healthy logo to schedule your onsite wellness screening, make an appointment at a Patient Service Center or download a Physician Results Form.



The deadline to complete a wellness screening is December 31, 2017 – don't delay.

Prescription Drug Plan to Offer Free Cholesterol-Lowering Medications*

The following cholesterol-lowering medications (generics only), known as statins, will be covered, free of charge, under your Prescription Drug Plan beginning November 1, 2017:

- Atorvastatin 10mg, 20mg
- Fluvastatin 20mg, 40mg
- Fluvastatin ER 80mg
- Lovastatin 10mg, 20mg, 40mg
- Pravastatin 10mg, 20mg, 40mg, 80mg
- Rosuvastatin 5mg, 10mg
- Simvastatin 5mg, 10mg, 20mg, 40mg

*Low to moderate dose statins, generics only, will be \$0 copay (no high dose or brand statins are included).

Discrimination is Against the Law

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

The Plan:

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

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, PEBTF,

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Mailstop: CRAC, 150 S. 43rd Street, Harrisburg, PA 17111, 1-800-522-7279, TTY number—711, Fax: 717-307-3372, Email: CivilRightsCoordinator@pebtf.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-522-7279 (TTY: 711).

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 1-800-522-7279 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-522-7279 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-522-7279 (TTY: 711).

Wann du Deitsch (Pennsylvania German / Dutch) schwetztscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-522-7279 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-522-7279 (TTY: 711). 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-522-7279 (TTY: 711).

1-800-522-7279 مقرب لصتا. ن اجمال اب كل رفاوتت ةيويغلل ا قدع اسملا تامدخ نإف، ةغلل لكذا ثدحتت تنك اذا: ةظوحلم 1-800-522-7279 (TTY: 711) مكلبال او مصلا فتاه مقرر).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-522-7279 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-522-7279 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-522-7279 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-522-7279 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-522-7279 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាឥតគិតថ្លៃសិន្យា គឺអាចមានសំរាប់ចំណេះដឹងអ្នក។ ចូរទូរស័ព្ទ 1-800-522-7279 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-522-7279 (TTY: 711).



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