



Medicare Basics Guide

Get the information you need to choose the plan that meets your needs and budget. Learn more about your Medicare options.

Florida Blue 
Your local Blue Cross Blue Shield

MEDICARE

Welcome

There's a lot to learn about Medicare, but it doesn't have to be overwhelming. This guide explains Medicare and the health care and prescription drug plan options available to Florida residents.

How to use this guide



Take the time to go over each section. Make notes and write down any questions you may have.



Our Florida Blue Medicare agents are here to answer your questions and help you every step of the way.

Learn more in the way that's most convenient for you



Call or visit us.

at 1-877-870-8391 or just stop in.



Visit us online.

at www.CompassHealthInsurance.com.





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Who can get Medicare and how do you enroll?

Created in 1965, Medicare started with just two parts— Part A and Part B—which are explained on the next page. Later on, additional parts—Part C and Part D—were added as the needs of Medicare beneficiaries changed.

You must meet one of the following requirements to be eligible for Medicare

- You are age 65 or older, a U.S. citizen or a permanent U.S. resident and have lived in the U.S. continuously for five years prior to applying.
- You are younger than 65 with a qualifying disability.
- You are any age with a diagnosis of end-stage renal disease or ALS.




What are my Medicare coverage options?

STEP 1: Enroll in Original Medicare.

ORIGINAL MEDICARE


Provided by the federal government



Part A

Covers hospital stays, skilled nursing facilities and home health care

+



Part B


Covers doctor visits and many outpatient services, such as lab tests, X-rays and physical therapy

STEP 2: Decide if you need additional coverage. There are two ways:

OPTION 1: Choose a Medicare Advantage plan.

MEDICARE ADVANTAGE PLAN


Offered by private insurance companies



Part A


Combines **Original Medicare** Part A and Part B in one plan

+



Part B


=



Part C

Many plans offer additional benefits not covered by Original Medicare, plus **MAPD plans** include prescription drug coverage.


+



Part D

OPTION 2: Add one or both of the following to Original Medicare.


MEDICARE SUPPLEMENT PLAN



Med Sup

Covers some or all out-of-pocket costs not covered by Parts A and B, like deductibles, copays and coinsurance

MEDICARE PART D PLAN



Part D

Covers prescription drugs



Medicare options and what they cover

Original Medicare Part A

Part A covers inpatient care, including care received while in a hospital or skilled nursing facility and, in limited circumstances, care received at home.



What it doesn't cover:


-  The Part A deductible and copays you may have to pay when you receive inpatient hospital care.
-  You may be responsible for paying these expenses—unless you have an additional plan, like a Florida Blue Medicare Supplement plan, that covers those expenses.

Original Medicare Part B

Part B covers doctor's visits plus many outpatient services and supplies like preventive care, ambulance services, and durable medical equipment.



What it doesn't cover:

-  For most services, you pay a calendar year Part B deductible and coinsurance unless you have an additional plan that covers those expenses.

Medicare Advantage (Part C)

Medicare Advantage (MA) plans are health plans offered by private organizations, like Florida Blue Medicare, that contract with Medicare.



What it covers:

- ✓ Includes all the benefits of Original Medicare Parts A and B.
- ✓ Usually includes Part D prescription drug coverage.
- ✓ Premiums and deductibles vary by plan.
- ✓ Many plans include extra dental, hearing and vision benefits.
- ✓ Many plans have a \$0 monthly plan premium.
- ✓ Florida Blue Medicare Advantage plans include the SilverSneakers® Fitness Program.
- ✓ Many plans have transportation services to doctor appointments, pharmacies and more.

Medicare Supplement

A Medicare Supplement plan will help pay deductibles, copays and coinsurance not covered by Original Medicare.



What it covers:

- ✓ It helps pay the out-of-pocket health care expenses not covered by Original Medicare.
- ✓ You get coverage anywhere in the U.S. (even emergency care in a foreign country, with some plans).¹
- ✓ No doctor or specialist network restrictions—go to any doctor that accepts Medicare.

What it doesn't cover:

- ✗ Medicare Supplement plans do not cover most prescription drug costs, so they're often paired with Part D prescription drug plans.

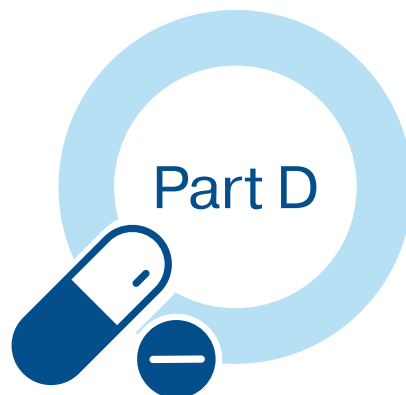
- ★ Florida Blue's **Same Age Forever**² program locks in your rate at age 65 forever, and your premium will never go up due to age.

¹ Foreign travel emergency coverage only included under BlueMedicare Supplement Plan D, G, M or N and BlueMedicare Supplement Select Plan D or M. BlueMedicare Supplement Select plans require use of network hospitals except in emergencies.

² The "Same Age Forever" premium rate only applies to our Medicare Supplement and Medicare Supplement Select policies, not our Medicare Advantage or Part D plans. While factors such as medical costs and inflation will increase premiums, you will always pay your entry age rate providing you have continuous BlueMedicare Supplement coverage.

Medicare Part D

Standalone Part D prescription drug plans (PDPs) can help reduce your costs for medications and are available only from private companies or organizations like Florida Blue Medicare.



What it covers:

- ✓ Many generic and brand-name drugs with predictable copayments.
 - ✓ They often include preferred pharmacies for lower cost-sharing
 - ✓ An extensive list of plan-covered drugs (formulary)
 - ✓ Most plans offer a mail-order pharmacy service for home delivery of your medications at no extra cost
- ★ If you choose a Medicare Advantage plan, prescription drug coverage is usually included, so you don't need a separate Part D plan.

Part D coverage stages:

- **Deductible Stage:** This is the amount you must pay before your drug plan begins to pay its share of your covered drugs.
- **Initial Coverage Stage:** These are the amounts you pay for your covered drugs after the deductible (if the plan has one). You pay your share and your drug plan pays its share for covered drugs.
- **Coverage Gap Stage:** The coverage gap (also known as the “donut hole”) begins after you and any Part D plan together have spent a certain amount for covered drugs.
Once you enter the coverage gap, you pay no more than 25% of the plan's cost for covered brand-name drugs and no more than 25% of the plan's cost for covered generic drugs until you reach the end of the coverage gap.
- **Catastrophic Gap Stage:** Once you've met the out-of-pocket cost limit, or threshold, for the year, you leave the Coverage Gap stage and move to the Catastrophic Coverage stage. During the Catastrophic Coverage stage, you will pay the greater of 5% coinsurance or a small copay for your covered drugs for the rest of the year.

NOTE: You may have to pay a Part D late enrollment penalty if you choose NOT to enroll in a Medicare Part D plan when you're first eligible and decide to enroll in a Part D plan later.

Choosing a Medicare coverage combination

Original Medicare



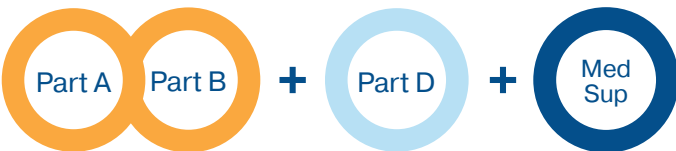
Medicare Advantage Plan with Prescription Drug Coverage (MA-PD)



Original Medicare + Prescription Drug Plan



Original Medicare + Prescription Drug Plan + Medicare Supplement





Factors to consider when choosing a plan



Cost

Cost goes beyond what premium you pay each month for your plan. Consider what you will pay out of your own pocket, including deductibles, copayments and coinsurance when you need care.



Benefits

Does the plan include additional coverage beyond Original Medicare, like prescription drug coverage, vision, dental or hearing coverage?



Choice of doctors

Are your doctors in the plan's network?



Prescription drugs

Does the plan include prescription drug coverage? Are my drugs covered on the formulary?



Travel

Will I need coverage as I travel? Does the plan include coverage out of state and/or outside of the country?

What are the costs?

Medicare Advantage plans help pay for many health care items and services but share the cost of care through deductibles, copayments (copays) and coinsurance. Depending on the option you choose, your costs may include:



Premium

A fixed, monthly amount you pay for your Medicare plan Coverage.



Copay

A flat dollar amount (for example, \$10) you pay each time you receive care or fill a prescription.



Coinsurance

A percentage (for example, 10%) you pay for your care or drugs after you meet your deductible.



Deductible

The amount you pay for medical costs before the plan begins to pay its share of your medical costs. Some plans have a separate drug deductible before they start to pay for your prescriptions.



Which Medicare plan is right for you?

Medicare plans offer similar coverage, but there are some important differences. Learn what they are so you can choose the best plan for you.

Florida Blue Medicare Plan Comparison

Hospital Coverage
Preventive Care
Coverage outside of Florida
Member Rewards (Gift card incentives for completing certain health activities)
Requires you to use a provider network
Requires you to have a Primary Care Physician (PCP)
Referral required for specialist visits
Monthly plan premiums
Out-of-Pocket (OOP) Maximum
Includes prescription drug (Rx) coverage
Includes mail-order prescription drug benefit
Additional dental, vision and hearing coverage
Emergency coverage at home and when you travel
Fitness benefit
Over-the-counter (OTC) medication allowance (Select OTC items at no charge)
Transportation benefit (trips to doctor appointments)
Meals-at-home program (meals delivered to home after hospital stay)

	Original Medicare	Florida Blue Medicare HMO Plans	Florida Blue Medicare PPO Plans	Florida Blue Medicare Supplement Plans	Florida Blue Prescription Drug Plans
	✓	✓	✓		
	✓	✓	✓		
	✓	✓	✓	✓	✓
		✓	✓		
	No. You can see any provider that accepts Medicare	✓ Unless it's an emergency	No. But seeing out-of-network providers can cost more	No. On most plans, you can see any provider that accepts Medicare	
	No PCP required	✓	No PCP required	No PCP required	
	No referral required	✓	No referral required	No referral required	
	✓	\$0	Varies by plan from \$0–\$146.80	Varies by plan	Varies by plan from \$73.70–\$172
		Varies by plan from \$500–\$6,700	Varies by plan from \$3,652–\$6,500 In-network	Plan matches Medicare allowances	At the OOP limit of \$7,400, you reach the Catastrophic Coverage stage and pay reduced costs for drugs
		✓	✓		
		✓	✓		
		✓	Available in most plans		
	✓	✓	✓	✓	
		Yes, through SilverSneakers®	Yes, through SilverSneakers®	Yes, if you add SilverSneakers®	
		Yes, in most plans	Yes, in most plans		
		Available in some plans	Available in some plans		
		Available in some plans	Available in some plans		



When can I enroll?

Initial Enrollment Period (IEP)

When you become eligible for Medicare, you can enroll in Original Medicare or a Medicare Advantage or Prescription Drug plan during the **7 month period surrounding your 65th birthday**. Which includes the month of your birthday and the three months before or after the month of your birthday.



The month you turn 65

Open Enrollment Period (OEP)



OEP runs **January 1 through March 31**. During this period, if you are enrolled in a Medicare Advantage (MA) plan, you are allowed to make a one-time election to go to another MA plan or to Original Medicare. If you enroll in Original Medicare, you may also purchase a Medicare Supplement and/or a Prescription Drug Plan.

Annual Enrollment Period (AEP)



Every year, **from October 15 through December 7**, you can switch, drop or join the Medicare Advantage, Medicare Supplement or Medicare Prescription Drug Plan of your choosing. You can also enroll in Original Medicare. Your plan selection becomes effective January 1 of the following year.

Special Enrollment Period (SEP)

After certain events, such as a recent move outside of your plan's service area, or losing your employer or union coverage, you may be eligible for a Special Enrollment Period. If you think you qualify, talk to your local sales agent.

You may also qualify for an SEP under these circumstances:

- If you have both Medicare and Medicaid.
- If you lose group health coverage from your spouse's employer.
- If you get Extra Help paying for prescription drugs.



Be aware of potential penalties

If you don't enroll in Medicare Part B or Part D when you're first eligible to enroll, then decide later to enroll, you may have to pay a Part B and/or Part D late enrollment penalty. Go to [medicare.gov](https://www.medicare.gov) to see if one of these penalties might apply to you.

Determine when it's right for you to enroll

Talk to a licensed Florida Blue Medicare agent to discuss the best time to enroll in Medicare if you:

- Plan to retire at age 65 or are not working
- Plan to continue working past 65 and you are currently covered by an employer-provided group health plan

What if I'm still working?

Depending on your situation as you turn 65, you may or may not have to enroll in Medicare.

1

Save some money.

- If you have an individual health plan, a Medicare plan could help you save money on your care expenses.
- If you have health insurance through your employer, a Medicare plan could work with your employer-sponsored coverage. Check with your benefits administrator to see if it makes sense for you to sign up for Original Medicare (Parts A and B) in addition to the coverage you get already.



2

Start with basic coverage.

Many people who choose to work past age 65 enroll only in Part A because there is no monthly premium. Some choose to enroll in both Parts A and B together (Original Medicare). However, Part B comes with a monthly premium based on your income, so many don't enroll in Part B until they lose their employer-sponsored coverage.



3

Is enrollment required?

Most people are not required to enroll in Medicare when they turn 65. Check with your benefits administrator to see if your employer requires you to enroll in Medicare Parts A and B. Your or your spouse's employer may require you to enroll in Parts A and B in order to keep group-sponsored coverage. This may happen if you are retired or if you or your spouse is actively working, you have group coverage through your/your spouse's employer, and the employer has fewer than 20 employees (100 if you're eligible for Medicare due to disability).



You get more with Florida Blue Medicare

Take advantage of the benefits and extras that our plans offer like:



HealthyBlue Rewards

Earn gift cards for activities that keep you healthy, like completing your annual wellness visit, breast or colon cancer screenings and other eligible activities.



SilverSneakers® Fitness Program

Gym membership and classes are available at 16,000+ fitness locations across the country.



Transportation Services

Rides to your doctor, hospital or pharmacy. These services can accommodate wheelchairs, walkers, oxygen tanks and service animals.



Hearing Aids

Exams at no cost and coverage toward the purchase of hearing aids.



Vision

Free vision exams and an allowance for eyewear.



Routine Dental Check Ups

Exams and cleaning at no cost. Additional coverage provided for extractions and other services.



Over-the-Counter items

Allowance for the purchase of non-prescription items.



Florida Blue Retail Centers

Get in-person guidance and personalized service in your area.





SilverSneakers®

All Florida Blue Medicare Advantage plans include membership in the SilverSneakers® Fitness Program. The SilverSneakers® Fitness Program can help you get fit, have fun and make friends.

You have more than 16,000 participating locations across the country to choose from. Once you've enrolled in a Florida Blue Medicare plan, you'll receive your SilverSneakers® ID card in the mail.

For more information and to find a participating location near you, visit [SilverSneakers.com](https://www.silversneakers.com).



Glossary

Annual Enrollment Period (AEP)

The Annual Enrollment Period (AEP) is the time each year when you can choose which kind of Medicare coverage you want to enroll in effective January 1 of the following year. The Annual Enrollment Period (AEP) runs October 15 – December 7 each year.

Coinsurance

An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is a percentage of a cost (for example, 20%).

Copayment

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.

Deductible

The amount you must pay for health care or prescriptions before Original Medicare, a Medicare Advantage plan, your prescription drug plan, or your other insurance begins to pay.

Dual-Eligible Special Needs Plan (D-SNP)

A special type of Medicare Advantage plan that provides health benefits for people who are "dually eligible," meaning they qualify for both Medicare and Medicaid.

Formulary

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

Generic Drug

Generic drugs are copies of brand-name drugs that have exactly the same dosage, intended use, effects, side effects, route of administration, risks, safety, and strength as the brand-name drug.

Health Maintenance Organization (HMO)

A type of managed health plan that provides coverage through a network of physicians. Care received from an out-of-network provider is usually not covered, except if you need emergency or urgent care.

Initial Enrollment Period (IEP)

For most people, the IEP is the seven-month period that begins three months before they turn 65, includes the month they turn 65, and ends three months after the month they turn 65.

Network Providers/Pharmacies

The facilities, providers, pharmacies and suppliers your Medicare health plan has contracted with to provide health care and prescription drug services.

Original Medicare

Original Medicare is a fee-for-service health plan that has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance). After you pay any applicable deductible, Medicare pays its share of the allowed amount, and you pay your share (coinsurance and copays).

Out-of-Pocket Costs

Health or prescription drug costs that you must pay on your own because they aren't covered by Medicare or other insurance.

Preferred Provider Organization (PPO)

A type of managed care health insurance plan that provides maximum benefits if you visit an in-network physician or provider, but still provides some coverage for out-of-network providers. Except when you need emergency or urgent care, your cost-sharing for care you receive from out-of-network providers will usually be higher than for care you receive from network providers.

Primary Care Physician (PCP)

The doctor you see first for most health problems. They make sure you get the care you need to keep you healthy. They may talk with other doctors and health care providers about your care and refer you to them. In many Medicare Advantage Plans, you must see your primary care doctor before you see any other health care provider.

FAQs

How can I get dental and vision coverage with Medicare?

Original Medicare includes limited dental and vision coverage. Medicare Advantage plans from private companies like Florida Blue, often include dental and vision benefits beyond those provided by Original Medicare.

How do I know if I'll be able to see my same doctor when I'm on Medicare?

Talk to your doctor to see if they accept Medicare patients. Or call one of our agents who can help you see if your doctors are in our plans' networks.

What happens if my doctor leaves my Medicare Advantage plan's network?

It's best to check with your doctor before any appointment to make sure they are still in the Medicare Advantage plan network. If they are not in the plan, you might have to change to an in-network doctor or pay out-of-pocket for services or pay higher cost-sharing than if you received care from a network provider.

I can't afford to pay for Medicare – not even the Part B premium. Where can I get help?

Medicare has an Extra Help program to help people with limited income and resources pay Medicare prescription drug plan costs, such as premiums, deductibles, and coinsurance. Medicare Savings Programs (MSP) are federally funded programs administered by each individual state. These programs are for people with limited income and resources and help pay some or all of their Original Medicare premiums, deductibles, copays and coinsurance.

What happens if I don't sign up for Parts B & D when I become eligible?

If you do not enroll in Medicare Part B and/or Part D when you are first eligible to enroll, you may have to pay a Part B and/or Part D late enrollment penalty if you later decide to sign up for them. Visit www.medicare.gov to find out more about these penalties, including situations in which you can wait to enroll in Part B and/or Part D and not have to pay a late enrollment penalty.

What if I am working past 65?

Talk to your employer's human resources department before you enroll in Medicare.

If your employer doesn't require you to sign up for Medicare right away to keep your employer-sponsored coverage, you may not need to do anything until you retire or lose your coverage.

Can I keep the same Medicare Advantage plan if I move?

You can keep your Medicare Advantage plan if you remain within the plan's service area.

If you move outside the service area you will qualify for a Special Enrollment Period (SEP) to choose a new plan.

How much does a Medicare Advantage plan cost?

You can estimate your monthly premiums for each Florida Blue Medicare plan in our shopping tool on our website at floridablumedicare.com/guide. You can also speak with a Medicare agent.

What if I need a drug that isn't on the formulary or costs too much?

Generally, drugs not on the formulary are not covered. Ask your doctor if there is a drug available that is on your plan's formulary, but if there are no covered drugs available, you may have to pay full price instead of a copayment or coinsurance, unless you qualify for a formulary exception. Check with your plan to request a formulary exception. If your doctor believes your health requires a certain drug and there are no lower-cost alternatives available, they can ask for a tiering exception, which is another type of formulary exception. If you get a tiering exception, you will pay the cost-sharing that applies in a lower tier.

What if I travel outside the state?

All Medicare Advantage plans are required to cover emergency care and urgent care no matter where you receive it. Your cost-sharing will be the same as if you had used a network provider in your plan's service area. Some plans include comprehensive coverage. Check with your plan to see if you do.

[illegible]

Plan Comparison Worksheet

Complete a column for each Florida Blue Medicare plan you're considering. In the top section, check off which benefits each plan provides. In the bottom sections, fill in the cost for each item. You can get coverage and cost information from our website or by speaking to an agent.

Plan Details	Plan 1	Plan 2	Plan 3
Name of plan			
Type of plan			
Compare coverage			
Current physician			
Current prescriptions			
Nurse phone line			
Hearing services			
Vision services			
Chiropractic care			
Acupuncture			
Podiatry care			
Fitness benefit			
Compare costs			
Original Medicare costs			
Monthly plan premium			
Emergency costs			
Estimated monthly copays/ coinsurance			
Annual medical deductible			
Annual out-of-pocket maximum			
Annual prescription drug deductible			
Estimated monthly prescription drug costs			

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Section 1557 Notification

Discrimination is Against the Law

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, “Florida Blue”), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide 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)
- Provide 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:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have 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:

Florida Blue (including FEP members):

Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246 1-800-477-3736 x29070
1-800-955-8770 (TTY) Fax: 1-904-301-1580
section1557coordinator@floridablue.com

Florida Combined Life:

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscordinator@fclife.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 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 the U.S. Office of Personnel Management (OPM), 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
1-800-537-7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

U.S. Office of Personnel Management (FEP members only)

Healthcare and Insurance
Federal Employee Insurance Operations
Health Insurance 1
1900 E Street NW
Washington, DC 20415-3610
1-202-606-0727

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 11-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

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1-800-352-2583 (TTY: 1-800-955-8770)。FEP：請致電1-800-333-2227

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-352-2583

مصلحہ فہمہ مقرر (1 - 3852-253-008) مقرب لصلحہ. ن اچمل اب لکل رفاوتت ٲیوغلل ا ٲدع اس مل ا تامدخ ن ا ف، ٲغلل ا رکلذا ا ٲدحتت تنک اذ ا: ٲظوح لم . 7222 - 008 - 1 مقرب لصلحہ . 0778-559-008 - 1: مکمل او

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770)로 전화하십시오. FEP: 1-800-333-2227로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નન:થુલ્ક બાયા સહાય સેવા તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-352-2583 (TTY: 1-800-955-8770). FEP: ફોન કરો 1-800-333-2227

ประกาศ:ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ 1--800--352--2583 (TTY: 1--800--955--8770) หรือ FEP โทร 1--800--333--2227

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583 (TTY: 1-800-955-8770)まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.
با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojí' hodíílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éí kojí' hodíílnih 1-800-333-2227.

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