2025-2026

Summary of Benefits

SCAN Retiree Group
Newport-Mesa Unified School District (N-MUSD)(HMO)

California

October 1, 2025 - September 30, 2026

SCAN Retiree Group - N-MUSD (HMO) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" by calling our Member Services Department at the phone number listed in this document or online at www.scanhealthplan.com.

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SUMMARY OF BENEFITS

October 1, 2025 - September 30, 2026

PREMIUM AND BENEFITS	N-MUSD		WHAT YOU SHOULD KNOW
	BASIC PLAN	ENHANCED PLAN	
Monthly Health Plan Premium	For premium information, please contact your plan sponsor's benefit administrator.	For premium information, please contact your plan sponsor's benefit administrator.	You must continue to pay your Medicare Part B premium.
Deductible	You pay $0	You pay $0	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	$3,400 annually	$3,400 annually	The most you pay for copays and coinsurance for **Medicare-covered medical services** for the year.
Inpatient Hospital Coverage	You pay $100 copay per admission	You pay $0	Our plan covers an unlimited number of days for an inpatient hospital stay. **Prior authorization** rules may apply.
Outpatient Hospital Services			**Prior authorization** rules apply for outpatient hospital services.
• Ambulatory Surgical Center	You pay $0	You pay $0	
• Outpatient Hospital	You pay $0	You pay $0	
Doctor Visits			**Prior authorization** rules apply for specialist visits.
• Primary Care	You pay $15 copay per visit	You pay $10 copay per visit	
• Specialists	You pay $15 copay per visit	You pay $10 copay per visit	

PREMIUM AND BENEFITS	N-MUSD		WHAT YOU SHOULD KNOW
	BASIC PLAN	ENHANCED PLAN	
Preventive Care	You pay $0	You pay $0	Any additional preventive services approved by Medicare during the contract year will be covered. **Prior authorization** rules may apply.
Emergency Care	You pay $25 copay per visit	You pay $50 copay per visit	The emergency room copay will be waived if you are immediately admitted to the hospital. You are covered for worldwide emergency services.
Urgently Needed Services	You pay $25 copay per visit	You pay $10 copay per visit	You are covered for worldwide urgent care services.
Diagnostic Services/ Labs/Imaging			**Prior authorization** rules apply for diagnostic, lab, and imaging services.
• Lab services	You pay $0	You pay $0	
• Diagnostic tests and procedures	You pay $0	You pay $0	
• Outpatient X-rays	You pay $0	You pay $0	
• Therapeutic radiology	You pay $0	You pay $0	
• Diagnostic radiology (e.g., MRI, CT)	You pay $0	You pay $0	

PREMIUM AND BENEFITS	N-MUSD		WHAT YOU SHOULD KNOW
	BASIC PLAN	ENHANCED PLAN	
Hearing Services			**Prior authorization** rules apply for Medicare-covered diagnostic hearing and balance exams.
• Medicare-covered diagnostic hearing and balance exam	You pay $15 copay per visit	You pay $10 copay per visit	
• Non-Medicare-covered (routine) hearing exam	You pay $15 copay for up to 1 visit per year	You pay $10 copay for up to 1 visit per year	Routine hearing services do not require a prior authorization.
• Non-Medicare-covered (routine) hearing aid fitting/ evaluation	You pay $15 copay per visit within the first year of purchase	You pay $10 copay per visit within the first year of purchase	You must go to a SCAN-contracted provider to obtain a routine hearing exam and hearing aids.
• Non-Medicare-covered routine) hearing aids	You are covered up to $2,000 for up to 2 hearing aids every 2 years	You are covered up to $4,000 for up to 2 hearing aids every 2 years	Members don't need a referral from a PCP or other doctor to use their benefit. To locate a contracted provider and to schedule your appointment, please call 1-844-244-9003.
Dental Services			**Prior authorization** rules apply for Medicare-covered dental services.
• Medicare-covered dental services	You pay $15 copay per visit	You pay $10 copay per visit	
• Non-Medicare-covered (routine) oral exam	You pay $0 for up to 2 visits every 12 months	You pay $0 for up to 2 visits every 12 months	Routine dental services do not require a prior authorization.
• Non-Medicare-covered (routine) dental cleanings	You pay $0 for up to 2 visits every 12 months	You pay $0 for up to 2 visits every 12 months	You must go to a SCAN-contracted dental provider to obtain routine dental services.
• Non-Medicare-covered (routine) dental X-rays	You pay $0 for up to 1 series every 6 months	You pay $0 for up to 1 series every 6 months	

PREMIUM AND BENEFITS	N-MUSD		WHAT YOU SHOULD KNOW
	BASIC PLAN	ENHANCED PLAN	
Vision Services			**Prior authorization** rules apply for Medicare-covered vision exam and glasses after cataract surgery. Routine vision services do not require prior authorization. You must go to a SCAN-contracted vision provider to obtain routine vision services.
• Medicare-covered vision exam to diagnose/treat diseases of the eye	You pay $15 copay per visit	You pay $10 copay per visit	
• Medicare-covered glasses after cataract surgery	You pay $15 copay per visit	You pay $10 copay per visit	
• Non-Medicare-covered (routine) vision exam	You pay $15 for up to 1 visit per year	You pay $10 for up to 1 visit per year	
• Non-Medicare-covered (routine) lenses	You pay $0 every 2 years	You pay $20 every 2 years	
• Non-Medicare-covered (routine) vision coverage limit	You are covered for up to $100 for frames or up to $130 for contact lenses every 2 years	You are covered for up to $100 for frames or up to $130 for contact lenses every 2 years	
Mental Health Services			**Prior authorization** rules apply for inpatient mental health hospitalization. You are covered for up to 90 days per benefit period.*
• Inpatient visit	You pay $100 copay per admission for days 1-90	You pay $0 for days 1-90	
• Outpatient individual/group therapy visit	You pay $15 copay per visit	You pay $10 copay per visit	**Prior authorization** rules apply for outpatient individual/group therapy visits.
• Outpatient individual/group therapy visit with a psychiatrist	You pay $15 copay per visit	You pay $10 copay per visit	
Skilled Nursing Facility	You pay $100 copay per admission for days 1-100	You pay $0 for days 1-100	**Prior authorization** rules apply for skilled nursing facility services. You are covered for up to 100 days per benefit period.* No prior hospitalization is required.

*A benefit period begins the day you go into a hospital or SNF. The benefit period ends when you haven't received any inpatient hospital or SNF care for 60 days in a row.

PREMIUM AND BENEFITS	N-MUSD		WHAT YOU SHOULD KNOW
	BASIC PLAN	ENHANCED PLAN	
Physical Therapy	You pay $5 copay per visit	You pay $0	**Prior authorization** rules apply for outpatient physical therapy services.
Ambulance	You pay $0 per one-way trip	You pay $0 per one-way trip	
Transportation (Non-Medicare-covered — routine)	You pay $0 for unlimited one-way trips per year 75-mile limit applies to each one-way trip	You pay $0 for unlimited one-way trips per year 75-mile limit applies to each one-way trip	**Prior authorization** rules apply for routine transportation services. You must use a SCAN-contracted provider to obtain routine transportation services.
Medicare Part B Drugs	You pay no more than $35 for a one-month supply of a Part B insulin furnished through an item of durable medical equipment, such as a medically necessary insulin pump. You pay $40 for chemotherapy and other Part B drugs	You pay no more than $30 for a one-month supply of a Part B insulin furnished through an item of durable medical equipment, such as a medically necessary insulin pump. You pay $30 for chemotherapy and other Part B drugs	**Prior authorization** rules apply to select drugs.

OUTPATIENT PRESCRIPTION DRUGS (PART D DRUGS):
N-MUSD BASIC PLAN AND ENHANCED PLAN

You pay the following:

Part D Deductible	You pay $0

Drug Tier		Retail				Mail-Order	
		Preferred		Standard		Preferred	Standard
		30-day supply	100-day supply	30-day supply	100-day supply	100-day supply	100-day supply
Initial Coverage Stage							
Tier 1 (Preferred Generic)		You pay $5	You pay $10	You pay $10	You pay $20	You pay $10	You pay $20
Tier 2 (Generic)		You pay $5	You pay $10	You pay $10	You pay $20	You pay $10	You pay $20
Tier 3 (Preferred Brand)	Insulin	You pay $20	You pay $40	You pay $20	You pay $40	You pay $40	You pay $40
	Other Drugs	You pay $20	You pay $40	You pay $20	You pay $40	You pay $40	You pay $40
Tier 4 (Non-Preferred Drug)		You pay $20	You pay $40	You pay $20	You pay $40	You pay $40	You pay $40
Tier 5 (Specialty Tier)		You pay 25%	Not available	You pay 25%	Not available	Not available	Not available

Catastrophic Coverage Stage

You stay in the Initial Coverage Stage until your yearly out-of-pocket costs reach $2,000. After your yearly out-of-pocket drug costs reach $2,000, you pay $0 for all covered prescription drugs for the remainder of the year.

You won't pay more than $20 for a one-month supply of each insulin product covered by our plan on our "Drug List" (Formulary), no matter what cost-sharing tier it's on. You won't pay more than $35 for a one-month supply of each insulin product covered through a coverage determination, appeal, or transition. During the Catastrophic Coverage Stage, you pay $0 for all covered insulin products.

Most adult Part D vaccines, including shingles, tetanus and travel vaccines, are covered by our plan at no cost to you. Refer to your plan's "Drug List" (Formulary) or contact Member Services for coverage and cost-sharing details about specific vaccines.

Some of our network pharmacies have preferred cost-sharing. You may pay less for certain drugs if you use these pharmacies. Your cost-sharing may vary depending on the pharmacy you choose (e.g., Preferred Retail, Standard Retail, Preferred Mail-Order, Standard Mail-Order, Long Term Care (LTC), Home infusion, etc.) or whether you receive a one-month or a three-month supply or when you enter another phase of the Part D benefit or if you receive "Extra Help." For more information, please call our Member Services Department at the number provided in this document or access your Evidence of Coverage online. If you reside in a long-term care facility, your cost-sharing for a 31-day supply is the same as at a standard retail pharmacy for a 30-day supply. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

ADDITIONAL BENEFITS

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

PREMIUM AND BENEFITS	N-MUSD		WHAT YOU SHOULD KNOW
	BASIC PLAN	ENHANCED PLAN	
Medical Equipment/ Supplies			**Prior authorization** rules apply for covered durable medical equipment, prosthetic devices, and certain diabetic supplies.
• Durable Medical Equipment (e.g., wheelchairs, oxygen)	You pay $0	You pay $0	
• Prosthetics (e.g., braces, artificial limbs)	You pay $0	You pay $0	
• Diabetic supplies	You pay $0	You pay $0	SCAN covers diabetic supplies such as glucose monitors, test strips, and control solution from a select manufacturer. Lancets are also covered and are available from all manufacturers.
• Continuous Glucose Monitors	You pay $0 at the pharmacy or DME provider	You pay $0 at the pharmacy or DME provider	Freestyle Libre and Dexcom CGMs are covered at contracted pharmacies. Other CGM manufacturers are available at contracted DME providers. **Prior authorization** rules apply.

PREMIUM AND BENEFITS	N-MUSD		WHAT YOU SHOULD KNOW
	BASIC PLAN	ENHANCED PLAN	
Telehealth For Urgent Care	You pay $0	You pay $0	A visit with a doctor in the comfort of your own home. This benefit is for nonlife threatening conditions such as, but not limited to, cough, flu, nausea, sore throat, fever, and allergies. Visits with doctors can be conducted by secure video capabilities from your computer, tablet, or smart phone.
Telehealth For Mental Health Services	You pay $0	You pay $0	A visit with a licensed psychiatrist, psychologist, therapist, or social worker in the comfort of your own home. This benefit can help with mental and behavioral health needs, including anxiety, depression, substance abuse and stress management. Visits with doctors can be conducted by secure video capabilities from your computer, tablet, or smart phone.
Health Club Membership	You pay $0	You pay $0	You are covered for SCAN-contracted health clubs in your area.
Home-delivered meals	You pay $0	You pay $0	Up to 28 days/84 meals of home-delivered meals are available to members with chronic conditions.

INDEPENDENT LIVING POWER/LONG TERM SERVICES AND SUPPORTS (ILP/LTSS)*

SCAN offers unique home and community-based services designed to keep you healthy and independent. These services are offered under the Independent Living Power/Long Term Services and Supports (ILP/LTSS) program.

Qualifying members are eligible for up to $1,200 per month of these additional services. ILP/LTSS Services are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California. Contact Independent Living Power Call Center at 1-800-887-8695 for an assessment request.

Please Note: You must be eligible to qualify for ILP/LTSS. An initial assessment is required. Once you are enrolled with ILP/LTSS, you must agree to receive your personal care and related homemaking services from SCAN. Contact SCAN Member Services for details.

Homemaker Service You are eligible to receive assistance with light cleaning, grocery shopping, laundry and meal preparation.	You pay $15 per visit
Home Delivered Meals You are covered for home delivery of meals to meet nutritional needs.	You pay $0
Personal Care Services You are covered for in-home assistance for tasks such as bathing, dressing, eating, getting in and out of bed, moving about/walking, and grooming.	You pay $15 per visit
Emergency Response System You are covered for the installation of a personal emergency response device that alerts emergency medical personnel to provide immediate help. There is no cost for installation.	You pay $0
Transportation Escort Services You are eligible to receive an escort to assist you during transportation to and from medical appointments.	You pay $15 per visit
Personal Care Coordinator SCAN staff will provide personal assistance to coordinate your Independent Living Power/Long Term Support Services.	You pay $0

*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. ILP/LTSS Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

INDEPENDENT LIVING POWER/LONG TERM SERVICES AND SUPPORTS (ILP/LTSS)*	
Inpatient Custodial Care You are covered for up to 5 days per year for post-acute or respite support in a skilled nursing facility. You may use this service following a hospital discharge, ER visit, or for respite care purposes.	You pay $0
In-Home Caregiver Relief SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.	You pay $15 per visit
Community-Based Adult Services (CBAS)-Adult Day Care SCAN covers adult day care services to provide relief for your regular caregiver while addressing the individual needs of the member for physical, social or intellectual exercises and stimulation. Criteria applies.	You pay $15 per visit
Incontinence Supplies Members who qualify may be eligible to receive selected incontinence supplies, such as diapers, briefs, and pads to maintain skin integrity.	You pay $0
Select Bathroom Safety Equipment Members may be eligible to receive selected bathroom safety equipment to assist you in performing certain daily activities. Please contact your Care Manager for further information.	You pay $0

*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. ILP/LTSS Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

ADDITIONAL DETAILS AND CONTACT INFORMATION

SCAN Retiree Group - N-MUSD has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

ABOUT SCAN	
Who can join?	**You must:** – have both Medicare Part A and Part B – live in the plan service area (Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Alameda, Fresno, Kings, Madera, Placer, Sacramento, Santa Clara, San Francisco, San Joaquin, San Mateo, Stanislaus, Tulare and Yolo counties, California) – be a United States citizen or be lawfully present in the United States – not be medically determined to have end-stage renal disease (ESRD)
Phone Number (Members)	**1-800-559-3500**
Phone Number (Non-Members)	**1-877-791-7226** Calling this number will direct you to a licensed insurance agent.
TTY	**711**
Hours of Operation	**October 1 to March 31:** 8 am to 8 pm, 7 days a week **April 1 to September 30:** 8 am to 8 pm, Monday through Friday Messages received on holidays and outside of our business hours will be returned within one business day.
Website	scanhealthplan.com

To get more information about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at https://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.

This information is not a complete description of benefits. Call 1-800-559-3500 (TTY: 711) for more information.

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts Pharmacy℠ is our Preferred mail-order pharmacy. While you can fill your prescription medications at any of our network mail-order pharmacies, you may pay less at the Preferred mail-order pharmacy. Typically, you should expect to receive your prescription drugs within 14 days from the time that Express Scripts mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact SCAN Health Plan's Member Services at 1-800-559-3500, 8 am to 8 pm, 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 am to 8 pm Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day). TTY: 711. For your mail-order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users call 711. You may opt out of automatic deliveries at any time. Other pharmacies are available in our network.

Notice of Non-Discrimination and Accessibility

Discrimination is against the law

SCAN Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (as defined in 45 CFR § 92.101(a)(2)). **SCAN Health Plan** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCAN Health Plan:

- Provides reasonable modifications and free aids and services to people with disabilities to ensure effective communication 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 SCAN Health Plan Member Services between 8 am to 8 pm, 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 am to 8 pm Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day) by calling a number listed below.

SCAN Member Services	
SCAN Health Plan (California)	1-800-559-3500
SCAN Health Plan (Arizona)	1-855-650-7226
SCAN Health Plan (New Mexico)	1-855-826-7226
SCAN Health Plan (Nevada)	1-855-827-7226
SCAN Health Plan (Texas)	1-855-844-7226
SCAN Health Plan (Washington)	1-833-944-7226
VillageHealth	1-800-399-7226
TTY: 711	

Filing a complaint

If you believe that SCAN Health Plan has not provided these services or has otherwise discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **Peter Yanez, Civil Rights Coordinator, Attn: Grievance and Appeals Department, P.O. Box 22616, Long Beach, CA 90801-5616, 562-989-5140, or FAX (562) 989-0958.** You can file a grievance in person or by mail, or fax. If you need help filing a grievance, **Peter Yanez, Civil Rights Coordinator**, is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the OCR 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
Phone: 1-800-368-1019, TDD 1-800-537-7697

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

English - ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call (CA: 1-800-559-3500) (AZ: 1-855-650-7226) (NM: 1-855-826-7226) (NV: 1-855-827-7226) (TX: 1-855-844-7226) (WA: 1-833-944-7226) (TTY: 711) or speak to your provider.

Spanish - ATENCIÓN: 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 (CA: 1-800-559-3500) (AZ: 1-855-650-7226) (NM: 1-855-826-7226) (NV: 1-855-827-7226) (TX: 1-855-844-7226) (WA: 1-833-944-7226) (TTY: 711) o hable con su proveedor.

Simplified Chinese - 中文 - 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 (CA: 1-800-559-3500) (AZ: 1-855-650-7226) (NM: 1-855-826-7226) (NV: 1-855-827-7226) (TX: 1-855-844-7226) (WA: 1-833-944-7226)（文本电话：711）或咨询您的服务提供商。

Traditional Chinese - 台語 注意：如果您說台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 (CA: 1-800-559-3500) (AZ: 1-855-650-7226) (NM: 1-855-826-7226) (NV: 1-855-827-7226) (TX: 1-855-844-7226) (WA: 1-833-944-7226) (TTY: 711)或與您的提供者討論。」

Korean – 한국어 - 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다.(CA: 1-800-559-3500)(AZ: 1-855-650-7226) (NM: 1-855-826-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226) (WA: 1-833-944-7226)(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Vietnamese - Việt - 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 (CA: 1-800-559-3500) (AZ: 1-855-650-7226) (NM: 1-855-826-7226) (NV: 1-855-827-7226) (TX: 1-855-844-7226) (WA: 1-833-944-7226) (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Arabic

العربية

تنبيه: 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 (CA: 1-800-559-3500) (NM: 1-855-826-7226) (NV: 1-855-827-7226) (TX: 1-855-844-7226) (AZ: 1-855-650-7226) (WA: 1-833-944-7226) (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 (CA: 1-800-559-3500) (AZ: 1-855-650-7226) (NM: 1-855-826-7226) (NV: 1-855-827-7226) (TX: 1-855-844-7226) (WA: 1-833-944-7226) (TTY: 711) ou parlez à votre fournisseur.

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 (CA: 1-800-559-3500) (AZ: 1-855-650-7226) (NM: 1-855-826-7226) (NV: 1-855-827-7226) (TX: 1-855-844-7226) (WA: 1-833-944-7226) (TTY: 711) o makipag-usap sa iyong provider.

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 (CA: 1-800-559-3500) (AZ: 1-855-650-7226) (NM: 1-855-826-7226) (NV: 1-855-827-7226) (TX: 1-855-844-7226) (WA: 1-833-944-7226) (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Hindi - हिंदी - ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। (CA: 1-800-559-3500) (AZ: 1-855-650-7226) (NM: 1-855-826-7226) (NV: 1-855-827-7226) (TX: 1-855-844-7226) (WA: 1-833-944-7226) (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Japanese - 日本語 - 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。(CA: 1-800-559-3500) (AZ: 1-855-650-7226) (NM: 1-855-826-7226) (NV: 1-855-827-7226) (TX: 1-855-844-7226) (WA: 1-833-944-7226) (TTY: 711)までお電話ください。または、ご利用の事業者にご相談ください。

Farsi

فارسي

توجه: اگر وارد کردن زبان صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره (CA: 1-800-559-3500) (AZ: 1-855-650-7266)(NM: 1-855-826-7226) (NV: 1-855-827-7226) (TX: 1-855-844-7226) (WA: 1-833-944-7226) (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Russian – РУССКИЙ - 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 (CA: 1-800-559-3500) (AZ: 1-855-650-7226) (NM: 1-855-826-7226) (NV: 1-855-827-7226) (TX: 1-855-844-7226) (WA: 1-833-944-7226) (TTY: 711) или обратитесь к своему поставщику услуг.

Telugu – తెలుగు - సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. (CA: 1-800-559-3500) (AZ: 1-855-650-7226) (NM: 1-855-826-7226) (NV: 1-855-827-7226) (TX: 1-855-844-7226) (WA: 1-833-944-7226) (TTY: 711)కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

Portuguese - ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para (CA: 1-800-559-3500) (AZ: 1-855-650-7226) (NM: 1-855-826-7226) (NV: 1-855-827-7226) (TX: 1-855-844-7226) (WA: 1-833-944-7226) (TTY: 711) ou fale com seu provedor.