Your Prescription Drug Plan Renewal Materials

Here are your **Express Scripts Medicare**® (PDP) renewal materials for the 2018 plan year. Please remember that your renewal in this plan is automatic if you continue to be eligible for coverage in the Commonwealth of Virginia Retiree Health Benefits Program and you are not disenrolled by Medicare for any reason—otherwise, no action is required to continue your membership for 2018. Please promptly review the enclosed materials to become familiar with the changes to your benefit.

The following renewal materials are enclosed:

- **Quick Reference Guide**
  Use this document to find important contact information for your plan.

- **Annual Notice of Changes**
  Use this document to see a summary of any changes to your benefits and costs for the upcoming year.

- **Evidence of Coverage**
  Use this document to find an overview of your rights and the rules you must follow when using your Medicare prescription drug coverage. Make sure to keep it in a safe place where you can find it.

- **Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs ("LIS Rider")**
  If you qualify for a low-income subsidy and have been receiving Extra Help, this document will help you understand the amount of assistance you will be receiving for the 2018 plan year.

Express Scripts Medicare Customer Service Call here to find out in advance if a drug is covered or to ask other general questions.	
Call:	1.800.572.4098
TTY:	1.800.716.3231
Hours:	24 hours a day, 7 days a week

Quick Reference Guide

Grievance Contact Information
Use this information to file a grievance.

Write:	Express Scripts Medicare Attn: Grievance Resolution Team P.O. Box 3610 Dublin, OH 43016-0307	**Call:** **TTY:** **Fax:** **Hours:**	1.800.572.4098 1.800.716.3231 1.614.907.8547 24 hours a day, 7 days a week

Administrative Coverage Reviews and Appeals Contact Information
Use this information if you need to find out why a drug wasn't covered (or was covered at a higher cost than you expected) and what you can do about it.

Write:	Express Scripts Attn: Medicare Administrative Appeals P.O. Box 66587 St. Louis, MO 63166-6587	**Call:** **TTY:** **Fax:** **Hours:**	1.800.413.1328 1.800.716.3231 1.877.328.9660 Monday through Friday, 8:00 a.m. to 6:00 p.m., Central Time

Initial Clinical Coverage Reviews
Use this information if you need to find out whether a drug is restricted in some way, including for prior authorization requests, and what you can do about it.

Write:	Express Scripts Attn: Medicare Reviews P.O. Box 66571 St. Louis, MO 63166-6571	**Call:** **TTY:** **Fax:** **Hours:**	1.844.374.7377 (1.844.ESI.PDPS) 1.800.716.3231 1.877.251.5896* 24 hours a day, 7 days a week

Clinical Appeals Contact Information
Use this information if you need to appeal an adverse decision about a drug that is restricted in some way.

Write:	Express Scripts Attn: Medicare Clinical Appeals P.O. Box 66588 St. Louis, MO 63166-6588	**Call:** **TTY:** **Fax:** **Hours:**	1.844.374.7377 (1.844.ESI.PDPS) 1.800.716.3231 1.877.251.5896* Monday through Friday, 8:00 a.m. to 8:00 p.m., Central Time

Paper Claim Submission
Mail request for payment with receipts to:

Express Scripts
Attn: Medicare Part D
P.O. Box 14718
Lexington, KY 40512-4718

To obtain a Direct Claim Form:
Download from our website, **www.express-scripts.com**
or call Customer Service

The Direct Claim Form is not required, but it will help us process the information faster. It's a good idea to make a copy of all of your receipts for your records.

*These fax numbers are effective January 1, 2018. For fax inquiries from now through December 31, 2017, fax 1.877.328.9799 for Initial Clinical Coverage Reviews and 1.877.852.4070 for Clinical Appeals Contact Information.

EXPRESS SCRIPTS
Medicare (PDP)

Commonwealth of Virginia
Retiree Health Benefits Program

Express Scripts Medicare (PDP) for
the Commonwealth of Virginia Retiree Health Benefits Program

Annual Notice of Changes for 2018

You are currently enrolled as a member of **Express Scripts Medicare**® (PDP). The benefit described in this document is your final benefit after combining the standard Medicare Part D benefit with enhanced coverage under the plan offered by the Commonwealth of Virginia Retiree Health Benefits Program. Starting January 1, 2018, there will be some changes to the plan's coverage levels. *This booklet describes the changes.*

Changes to Medicare prescription drug coverage for the next year can generally be made from October 15 until December 7. This means that Medicare beneficiaries can select a new Medicare Part D prescription drug plan during this time that will start on the following January 1. The Commonwealth of Virginia Retiree Health Benefits Program does not have an annual enrollment period. Enrollment in this prescription drug plan is only available immediately upon eligibility for coverage. You may terminate this coverage prospectively at any time, but once terminated, you may not re-enroll. Section 2 of this booklet, your *Evidence of Coverage* and your Commonwealth of Virginia Annual Rate Notification booklet, which will be mailed to you separately by the end of October, will provide additional information regarding your options.

Additional Resources

- For help or more information, contact Express Scripts Medicare Customer Service at **1.800.572.4098** (TTY users should call **1.800.716.3231**), 24 hours a day, 7 days a week. We have free language interpreter services available for non-English speakers.
- This information is also available in braille. Please call Express Scripts Medicare Customer Service at the numbers above if you need plan information in another format.

About Express Scripts Medicare

- Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Express Scripts Medicare depends on contract renewal.
- When this booklet says "we," "us" or "our," it means *Medco Containment Life Insurance Company.* When it says "plan" or "our plan," it means *Express Scripts Medicare.*

Think About Your Medicare Coverage for Next Year

Each fall, Medicare allows all beneficiaries to change Medicare health and drug coverage during the Annual Enrollment Period. **However, under your current plan, you can end coverage prospectively at any time, and this will allow you a special enrollment opportunity so you can elect coverage in another Part D plan.** In any case, it's important to review your coverage now to make sure it will meet your needs next year.

Important things to do:

- ☐ **Check the changes to our benefits and costs to see if they affect you.** It is important to review benefit and cost changes to make sure they will work for you next year. Look in **Section 1** for information about benefit and cost changes for our plan.
- ☐ **Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in **Section 1** for information about changes to our drug coverage.
- ☐ **Think about your overall costs in the plan.** How much will you spend out of pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?

If you decide to <u>stay</u> with Express Scripts Medicare:	**If you decide to <u>change</u> plans for next year:**
If you want to stay with us in 2018, it's easy − you don't need to do anything. You will automatically stay enrolled in our plan if you continue to be eligible and don't enroll in another Part D plan.	If you decide that coverage in another Part D plan will better meet your needs, please see **Section 2.2** to learn more about your choices. Please see **Section 3** for information about deadlines for changing plans. If you enroll in a new plan, your new coverage will usually begin on January 1, 2018.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Your prescription drug plan premium will continue to be billed or deducted by the Commonwealth of Virginia Retiree Health Benefits Program as part of your total health benefits premium. The Commonwealth of Virginia will be sending you a booklet by the end of October that includes your 2018 premium.

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty. The Commonwealth of Virginia does not currently collect this penalty.
- If you have a higher income, you may have to pay an additional amount each month *directly to the government* for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs.

Section 1.2 – Changes to Part D Prescription Drug Coverage

Changes to Your Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called "Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs" (also called the "Low Income Subsidy Rider" or "LIS Rider"), which tells you about your drug coverage and costs. If you get Extra Help and didn't receive this insert with this packet, please call Customer Service and ask for the LIS Rider. Phone numbers for Customer Service are on the front cover of this booklet.

This plan has four drug payment stages. The drug payment stage will affect how much you pay for a Part D drug.

The following chart summarizes changes to the plan's drug payment stages and your cost-sharing amounts for covered prescription drugs. The changes shown will take effect on January 1, 2018, and will stay the same for the entire calendar year. How much you pay for a drug depends on which "tier" the drug is in. The costs in this chart are for prescriptions filled at network pharmacies. Generally, we cover drugs filled at an out-of-network pharmacy only when you are not able to use a network pharmacy. There may also be restrictions for approved prescriptions filled at out-of-network pharmacies, such as a limit on the amount of the drug you can receive.

	2017 (this year)	2018 (next year)
YEARLY DEDUCTIBLE STAGE During this stage, **you pay the full cost** of your Part D brand drugs. You stay in this stage until you have paid your deductible amount. Once you meet your deductible, you move on to the Initial Coverage stage.	$400 This is how much you must pay for your covered Part D brand drugs before the plan will pay its share. There is no deductible for covered generic drugs.	$405 This is how much you must pay for your covered Part D brand drugs before the plan will pay its share. There is no deductible for covered generic drugs.
INITIAL COVERAGE STAGE During this stage, the plan pays its share of the cost of your drugs and **you pay your own share of the cost.**	The table below shows your costs for drugs in each of our four drug tiers. We have moved some of the drugs on the drug list to different drug tiers for 2018. To see if any of your drugs have been moved to different tiers, look them up online at www.express-scripts.com or call Express Scripts Medicare Customer Service. For 2018, you will stay in this stage until the total cost of your Part D drugs reaches $3,750 (in 2017, the limit is $3,700). Once you reach this limit, you move on to the Coverage Gap stage. While most members will not reach the Coverage Gap stage, this enhanced plan does not have a gap that results in loss of coverage. If a drug you are taking in 2017 undergoes a negative formulary change for 2018 (removal from the formulary, higher cost-sharing tier, additional coverage limitations), you will receive additional information in December.	

	2017 (this year)	2018 (next year)
Drugs in Tier 1 (*Generic Drugs)* Cost for each one-month (up to a 34-day) supply of a drug in Tier 1 that is filled at a retail network pharmacy	You pay $7 per prescription.	You pay $7 per prescription.
Cost for up to a three-month (up to a 90-day) supply of a drug in Tier 1 that is filled through our home delivery service	You pay $7 per prescription.	You pay $7 per prescription.
Drugs in Tier 2 (*Preferred Brand Drugs)* Cost for each one-month (up to a 34-day) supply filled at a retail network pharmacy	You pay $25 per prescription.	You pay $25 per prescription.
Cost for up to a three-month (up to a 90-day) supply filled through our home delivery service	You pay $50 per prescription.	You pay $50 per prescription.
Drugs in Tier 3 *(Non-Preferred Drugs)* Cost for each one-month (up to a 34-day) supply filled at a retail network pharmacy	You pay 75% of the total cost.	You pay 75% of the total cost.
Cost for up to a three-month (up to a 90-day) supply filled through our home delivery service	You pay 75% of the total cost.	You pay 75% of the total cost.

	2017 (this year)	2018 (next year)
Drugs in Tier 4 *(Specialty Tier Drugs)* Cost for each one-month (up to a 34-day) supply filled at a retail network pharmacy	You pay 25% of the total cost.	You pay 25% of the total cost.
Cost for up to a three-month (up to a 90-day) supply filled through our home delivery service	You pay 25% of the total cost.	You pay 25% of the total cost.
COVERAGE GAP STAGE **(RETAIL OR HOME DELIVERY SERVICE)**	During this stage, this plan will generally cover generic drugs for the same copayment amount as you paid in the Initial Coverage stage. Your cost for generic drugs does count toward your total drug cost, as well as counting toward your yearly out-of-pocket drug cost. (Your yearly out-of-pocket drug cost is the amount that moves you on to the Catastrophic Coverage stage.) Your cost for formulary brand-name drugs during this stage will also generally be the same as in the Initial Coverage stage and, due to the Medicare Coverage Gap Discount Program, the amount you pay for non-preferred drugs may be lower. For 2018, you will stay in this stage until your yearly out-of-pocket drug costs reach $5,000 and you move to the Catastrophic Coverage stage (in 2017, the limit is $4,950).	
CATASTROPHIC COVERAGE STAGE **(RETAIL OR HOME DELIVERY SERVICE)** This stage is the last of the drug payment stages. If you reach this stage, you will stay in this stage until the end of the calendar year.	You pay the greater of: $3.30 for a generic drug (including brand drugs treated as generics) and $8.25 for all other drugs OR 5% of the total cost.	You pay the greater of: $3.35 for a generic drug (including brand drugs treated as generics) and $8.35 for all other drugs OR 5% of the total cost.

Please contact Customer Service at the numbers on the front of this document for more information about using our home delivery service.

Changes to Our Drug List

Our list of covered drugs is called a formulary or "drug list." We made some changes to our drug list, including changes to the drugs we cover, changes to the tier level of some covered drugs, and changes to the restrictions that apply to our coverage for certain drugs. The drug list shows which of your drugs will be covered next year and whether there will be any restrictions. The drug list includes many – *but not all* – of the drugs that we will cover next year. If a drug is not on our list, it might still be covered. Contact Customer Service to determine whether your drug is covered.

If a drug you are currently taking is being removed from the formulary or is moving to a higher cost-sharing tier, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. To learn what you must do to ask for an exception, see **Chapter 7** of your *Evidence of Coverage* (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.
- **Find a different drug** that we cover. You can call Customer Service at the numbers on the front cover of this document to ask for a list of covered drugs that treat the same medical condition.

To avoid a gap in therapy, in some situations we are required during the first 90 days of coverage of each plan year to cover a **one-time** temporary supply of certain drugs that are being removed from the formulary. (To learn more about when you can get a temporary supply and how to ask for one, see **Chapter 3, Section 5.2** of the *Evidence of Coverage.*) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug. Otherwise, the non-formulary drug will not be covered after the temporary supply is exhausted.

If you currently have a formulary exception on file, you may need to submit a new request for an exception. The approval letter you received contains a start and end date for the approval. Please refer to this letter or contact Customer Service to determine if a request for a new exception is needed.

Section 1.3 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are some changes to our network of pharmacies for next year. However, the majority of pharmacies that participate in our network in 2017 will continue to participate in 2018.

To get the most current information about our network of pharmacies, visit us on the Web at **www.express-scripts.com** or contact Customer Service at the numbers on the front of this document. Your pharmacy may also be able to help you.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If You Want to Stay in Express Scripts Medicare for the Commonwealth of Virginia Retiree Health Benefits Program

To stay in this plan, you don't need to do anything. You will automatically remain enrolled in this plan for 2018 if you continue to be eligible for the Commonwealth of Virginia Retiree Health Benefits Program and Medicare does not disenroll you for any reason.

Section 2.2 – If You Want to Change Plans

You may leave this plan prospectively at any time. Doing so will allow a special enrollment opportunity in another Part D plan. If you enroll in another Part D plan or a Medicare Advantage Plan that includes prescription drug coverage, it will result in your disenrollment from this plan. If you leave this plan but continue to be otherwise eligible for the program, you may maintain your Medicare supplemental coverage and, if applicable, optional dental/vision coverage by enrolling in a Medical-Only plan. However, once you have declined or terminated this prescription drug coverage, you may not re-enroll later even if you are enrolled in a Medical-Only plan. Your Annual Rate Notification booklet will include additional information about your options.

You will find more information about other Medicare Part D or Medicare Advantage plans available in your area by contacting Medicare. You can access Medicare via their website at https://www.medicare.gov and click on "Find Health and Drug Plans" or call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048, 24 hours a day, 7 days a week.

As a reminder, Express Scripts Medicare offers other Medicare prescription drug plans that are not a part of the State Retiree Health Benefits Program. These other plans may differ in coverage, monthly premiums and cost-sharing amounts.

SECTION 3 Deadline for Changing Plans

All Medicare beneficiaries can change to a different prescription drug plan or to a Medicare health plan from **October 15 until December 7.** Generally, a change in coverage will take effect on January 1, 2018.

However, as a member of the Commonwealth of Virginia Retiree Health Benefits Program's Medicare Part D plan (this plan), which is an Employer Group Waiver Plan, you have more flexibility in making plan changes, including access to a Special Enrollment Period whenever you decide to drop our plan. To get more details on this, please refer to your *Evidence of Coverage,* **Chapter 8.**

Are there other times of the year to make a change?

In certain situations, even outside of the state program, changes are also allowed at other times of the year. For example, people with Medicaid or those who get Extra Help paying for their drugs are allowed to make a change at other times of the year. For more information, see **Chapter 8, Section 2** of the *Evidence of Coverage.*

SECTION 4 Programs That Offer Free Counseling About Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. A SHIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can contact the SHIP in your state by using the contact information provided in the **Appendix** of the enclosed *Evidence of Coverage* or by contacting Medicare.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. We have listed the different types of help below:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to seventy-five (75) percent or more of your drug costs, including the national average monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not have a coverage gap or a late enrollment penalty. Many people are eligible and don't even know it. **Your Annual Rate Notification booklet from the Commonwealth of Virginia Retiree Health Benefits Program also includes information about the impact of Extra Help on your state program coverage.**

  To see if you qualify, call:

  - 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778 (applications); or
  - Your State Medicaid Office (applications).

- **Help from your state's pharmaceutical assistance program.** The State Pharmaceutical Assistance Program helps people pay for prescription drugs based on their financial need, age or medical condition. To learn more about the program, check with your State Pharmaceutical Assistance Program (the name and phone numbers for your organization are in the **Appendix** of the enclosed *Evidence of Coverage*).

- **Prescription cost-sharing assistance for persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. For information on eligibility criteria, covered drugs, or how to enroll in the program, check with your state AIDS Drug Assistance Program (the name and phone numbers for your state's ADAP organization are in the **Appendix** of the enclosed *Evidence of Coverage*).

SECTION 6 Questions?

We're here to help. Please call Customer Service at **1.800.572.4098.** Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1.800.716.3231.**

Section 6.1 – Other Plan Information

Read your 2018 *Evidence of Coverage* (it has details about next year's benefits)
To learn more, read the additional information included with this *Annual Notice of Changes* and your Commonwealth of Virginia Annual Rate Notification materials, which will be mailed by the end of October. This *Annual Notice of Changes* includes a copy of the *Evidence of Coverage.*

Visit our website
You can visit our website at **www.express-scripts.com** for the most up-to-date information about our pharmacy network and drug coverage.

Notice of Privacy Practices
We have sent you a *Notice of Privacy Practices* upon your enrollment in this plan. Any changes made to this notice will be made available on our website. Should you require another copy of this notice, please contact Express Scripts Medicare Customer Service.

Section 6.2 – Getting Help From Medicare

- **To get information directly from Medicare:** Call 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

- **Visit the Medicare website:** You can visit the Medicare website (https://www.medicare.gov). It has information about cost, coverage and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to https://www.medicare.gov and click on "Review and Compare Your Coverage Options.")

Read *Medicare & You* 2018: You can read the *Medicare & You* 2018 handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (https://www.medicare.gov) or by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

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It's important we treat you fairly

Our goal is to treat you fairly. That's why we follow federal civil rights laws in our health programs and activities. We do not view or treat people differently because of their race, color, national origin, sex, age or disability. If you need help with any of the information we provide you, please let us know. We offer services that may help you. These services include aids for people with disabilities, language assistance through interpreters and information written in other languages. These are free at no charge to you. If you need any of these services, please call us at the numbers on the back of your member ID card. If you feel at any time that we didn't offer these services or we discriminated based on race, color, national origin, sex, age or disability, please let us know. You have the right to file a grievance, also known as a complaint. To file a complaint, please contact our Civil Rights Coordinator at:

Civil Rights Coordinator
Express Scripts Medicare
P.O. Box 4083
Dublin, Ohio 43016

You can also contact the U.S. Department of Health and Human Services, Office for Civil Rights at:

- Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Mail: U.S. Department of Health and Human Services
  200 Independence Avenue SW
  Room 509F, HHH Building
  Washington, DC 20201
- Phone: 1.800.368.1019 or 1.800.537.7697 (TDD)

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

EXPRESS SCRIPTS®
Medicare (PDP)

Es importante brindarle un trato justo.

Nuestro objetivo es brindarle un trato justo. Por este motivo, respetamos las leyes de derechos civiles en nuestros programas y actividades de salud. No consideramos ni tratamos a las personas de manera diferente debido a su raza, color, nacionalidad de origen, sexo, edad o discapacidad. Si necesita ayuda en cuanto a la información que le brindamos, infórmenos. Ofrecemos servicios que pueden ayudarle, entre los cuales se incluyen audífonos para personas con discapacidad, asistencia con el idioma mediante intérpretes e información escrita en otros idiomas. Estos servicios no tienen ningún cargo para usted. Si necesita alguno de estos servicios, llámenos al número que figura en la parte posterior de su tarjeta de identificación de miembro. Si siente en cualquier momento que no ofrecemos estos servicios o lo discriminamos por su raza, color, nacionalidad de origen, sexo, edad o discapacidad, infórmenos. Tiene el derecho a presentar una queja. Para presentar una queja, comuníquese con nuestro Civil Rights Coordinator escribiendo a esta dirección:

Civil Rights Coordinator
Express Scripts Medicare
P.O. Box 4083
Dublin, Ohio 43016

También puede comunicarse con el Departamento de Salud y Servicios Humanos de los EE. UU., Oficina de Derechos Civiles por estos medios:

- En línea: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Por correo postal: U.S. Department of Health and Human Services
  200 Independence Avenue SW
  Room 509F, HHH Building
  Washington, DC 20201
- Teléfono: 1.800.368.1019 o 1.800.537.7697 (TDD)

Puede encontrar los formularios de quejas en https://www.hhs.gov/ocr/office/file/index.html.

KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1.800.268.5707** (TTY: **1.800.716.3231**).

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم **1.800.268.5707** ، (رقم هاتف الصم والبكم: **1.800.716.3231**).

লক্ষ্য করুন: আপনি যদি বাংলা বলতে পারেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সংক্রান্ত সহায়তা পরিষেবাসমূহ উপলভ্য আছে। **1.800.268.5707** (TTY: **1.800.716.3231**)নম্বরে ফোন করুন।

ចំណាប់អារម្មណ៍៖ បើសិនអ្នក កនិយាយភាសាខ្មែរ សេ វាជំនួយភាសាដោយឥតគិតថ្លៃគឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខ **1.800.268.5707**។ (TTY: **1.800.716.3231**)។

注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 **1.800.268.5707**（TTY：**1.800.716.3231**）。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1.800.268.5707**. (ATS : **1.800.716.3231**).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1.800.268.5707**. (TTY: **1.800.716.3231**).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Κλήση: **1.800.268.5707**. (TTY: **1.800.716.3231**).

ધ્યાન આપો :જો તમે ગુજરાતી બોલતા હોવ, તો તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે .ફોન કરો **1.800.268.5707**; (TTY: **1.800.716.3231**).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang, gratis, ki disponib pou ou. Rele **1.800.268.5707**. (TTY: **1.800.716.3231**).

ATTENZIONE: in caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1.800.268.5707**. (TTY: **1.800.716.3231**).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1.800.268.5707** (TTY: **1.800.716.3231**) 번으로 전화해 주십시오.

WICHTIG: Wann du Deitsch (Pennsylvania Dutch) schwetze duscht, kannscht du ebber griege fer dich helfe mit Englisch unni as es dich ennich ebbes koschte zellt. **1.800.268.5707**. (TTY: **1.800.716.3231**).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1.800.268.5707** (TTY: **1.800.716.3231**).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1.800.268.5707** (TTY: **1.800.716.3231**).

ВНИМАНИЕ: Если вы говорите по-русском, вы можете воспользоваться бесплатными услугами переводчика. Звоните по тел **1.800.268.5707** (TTY: **1.800.716.3231**).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

PAUNAWA: Kung nagsasalita ka ng Tagalog, makakakuha ka ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1.800.268.5707** (TTY: **1.800.716.3231**).

دھیان دیں: اگر آپ اردو بولتے/ بولتی ہیں، تو آپ کو زبان سے متعلق امداد کی خدمات، مفت میں دستیاب ہیں۔ کال کریں **1.800.268.5707 (TTY: 1.800.716.3231)**

LƯU Y: Nếu quy vị noi Tiếng Việt, chung toi co cac dịch vụ hỗ trợ ngon ngữ miễn phi cho quy vị. Vui long gọi số **1.800.268.5707** (TTY: **1.800.716.3231**).

אויפמערקזאמקייט: אויב איר רעדט אידיש, עס זענען פאראן פאר אייך שפראך־הילף דינסטן אומזיסט. רופט **1.800.268.5707** (TTY: **1.800.716.3231**)