



# Summary of Benefits

for **Anthem MediBlue Access Core (Regional PPO)**

**Available in:** Ohio

**Plan year:** January 1, 2018 – December 31, 2018

In this section, you'll learn about some of the benefits and services we cover and other important details to help you choose the right Medicare Advantage plan for you. While the Summary of Benefits do not list every service, limit or exclusion, the *Evidence of Coverage* does. Just give us a call and request a copy.

## Have questions? Here's how to reach us and our hours of operation:

- If you **are not** a member of this plan, please call us toll-free **1-866-803-5169** (TTY: **711**), and follow the instructions to be connected to a representative.
- If you **are** a member of this plan, please call us toll-free at **1-800-467-1199** (TTY: **711**). 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.
- You can learn more about us on our website at **<https://shop.anthem.com/medicare>**.

# What you should know about our plan

Anthem MediBlue Access Core (Regional PPO) is a Medicare Advantage plan. It includes hospital and medical benefits in one plan. To join this plan, you must:

- Be entitled to Medicare Part A,
- Enrolled in Medicare Part B and
- Live in our service area (see below).

## **Our service area includes:** Ohio

With this plan, you can go to any doctor or facility in or outside of our plan. If you go to a doctor or facility in our plan, your out-of-pocket costs may be lower than using providers not in our plan. Ask your current doctor if he or she is in our plan.

You can find a doctor in our plan online.

Go to **<https://shop.anthem.com/medicare>** and choose *Find a Doctor (be sure to check that the doctor displays as “In-Network” for these plans)*. Or you can call us and ask for a copy of the *Provider Directory*.



## **What do we cover?**

- Like all Medicare health plans, we cover everything that Original Medicare covers — Part A (hospital services) and Part B (medical services), plus more. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less (see benefits section for more details).
- Medicare Part B drugs (such as chemotherapy and some drugs administered by your provider). However, this plan does not cover Part D prescription drugs.

# How can I learn more about Medicare?



If you're still a little unclear about what Medicare is and how it works, refer to your current *Medicare & You* handbook. If you do not have a copy, you can view it online at [www.medicare.gov](http://www.medicare.gov) or call Medicare for a copy at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

If you want to compare our plan with other Medicare health plans, call and ask the other plans for a copy of their Summary of Benefits booklets.

Now that you are familiar with how Medicare works and some of the benefits included in our plan, it's time to consider the type of plan you may need. On the following pages, you can review more about our plan benefits to help you choose the right plan for you.



# Summary of 2018 medical benefits



## **Medicare coverage that goes beyond original Medicare**

Our plans provide even more benefits than you get with Original Medicare. Make sure to check out the extra health benefits available to you in the *More Benefits* section toward the back of this guide.

## **Be in the know**

Before you continue, here are some important things to know as you review our plan options:

- Services with a <sup>1</sup> may require prior authorization (pre-approval).
- <sup>3</sup> Medicare-covered services from providers or facilities that are not in our plan, are subject to the medical deductible.

## **Anthem MediBlue Access Core (Regional PPO)**

### **How much is my premium (monthly payment)?**

\$18.00 per month

You must continue to pay your Medicare Part B premium.

### **How much is my deductible?**

\$250 for Out-of-Network services per year

This plan has a deductible that applies to Medicare-covered hospital and medical services from doctors and facilities that are not in our plan. These services will have a <sup>3</sup> next to the benefit throughout this Summary of Benefits.

### **Is there a limit on how much I will pay for my covered medical services?** (does not include Part D drugs)

\$5,400 per year from doctors and facilities in our plan.

\$5,400 per year from any doctor or facility.

Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Your limit for services you get from doctors or facilities, both in and out of our plan, goes toward your yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for the rest of the year. This applies to covered Part A and Part B services (in or outside of our plan).

You will still need to pay your monthly payment (if you have one).

## **Inpatient Hospital<sup>1,3</sup>**

### **Facilities in our plan:**

- Days 1 - 5: \$255 per day, per admission / Days 6 - 90: \$0 per day, per admission

### **Facilities not in our plan:**

- 30% coinsurance per stay

## **Anthem MediBlue Access Core (Regional PPO)**

### **Inpatient Hospital<sup>1,3</sup> - continued**

Our plan covers an unlimited number of days for an inpatient hospital stay.

Per-day cost sharing applies to each new inpatient admission to facilities both in and out of our plan. (Note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost sharing per day applies).

### **Outpatient Hospital<sup>1,3</sup>**

**Doctors and facilities in our plan:** \$0.00 copay - 20% coinsurance

**Doctors and facilities not in our plan:** 40% coinsurance

What you will pay depends on the service and where you are treated. Please refer to the *Evidence of Coverage* for additional information.

### **Doctor's Office Visits<sup>1,3</sup>**

#### **Primary care physician (PCP) visit:**

**PCPs in our plan:** \$10.00 copay

**PCPs not in our plan:** \$25.00 copay

#### **Specialist visit:**

**Doctors in our plan:** \$30.00 copay

**Doctors not in our plan:** \$50.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### **Preventive Care Screenings and Annual Physical Exams<sup>3</sup>**

#### **Preventive care screenings:**

**Doctors in our plan:** \$0.00 copay

**Doctors not in our plan:** 40% coinsurance

## **Anthem MediBlue Access Core (Regional PPO)**

### **Preventive Care Screenings and Annual Physical Exams<sup>3</sup> - continued**

#### **Annual physical exam:**

**Doctors in our plan:** \$0.00 copay

**Doctors not in our plan:** \$50.00 copay

#### **Covered Preventive care screenings:**

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual “wellness” visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes prevention program
- Diabetes screenings and monitoring
- HIV screening
- Lung cancer screenings
- Medical nutrition therapy services
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu shots, hepatitis B shots, pneumococcal shots
- “Welcome to Medicare” preventive visit (one-time)

Any extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in this plan, 100% of the cost of preventive care screenings and annual physical exams are covered.



## **Anthem MediBlue Access Core (Regional PPO)**

### **Emergency Care**

\$80.00 copay

Outside the U.S., this plan may cover emergency care, urgent care and ground transportation up to a \$25,000 limit. If the cost of the service is more than \$25,000, you will have to pay the difference.

### **Urgently Needed Services**

\$25.00 copay

### **Diagnostic Radiology Services (such as MRIs, CT scans)<sup>1,3</sup>**

**Doctors and facilities in our plan:** \$130.00 - \$150.00 copay

**Doctors and facilities not in our plan:** 30% coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

### **Diagnostic Tests and Procedures<sup>1,3</sup>**

**Doctors and facilities in our plan:** \$0.00 - \$150.00 copay

**Doctors and facilities not in our plan:** 30% coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

## **Anthem MediBlue Access Core (Regional PPO)**

### **Lab Services<sup>1,3</sup>**

**Doctors and facilities in our plan:** \$0.00 - \$15.00 copay

**Doctors and facilities not in our plan:** 30% coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### **Outpatient X-rays<sup>1,3</sup>**

**Doctors and facilities in our plan:** \$90.00 - \$110.00 copay

**Doctors and facilities not in our plan:** 30% coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

### **Therapeutic Radiology Services (such as radiation treatment for cancer)<sup>1,3</sup>**

**Doctors and facilities in our plan:** 20% coinsurance

**Doctors and facilities not in our plan:** 20% coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

### **Hearing Services<sup>1,3</sup>**

#### **Medicare-covered hearing services**

(Exam to diagnose and treat hearing and balance issues):

**Doctors in our plan:** \$30.00 copay

**Doctors not in our plan:** 40% coinsurance

## **Anthem MediBlue Access Core (Regional PPO)**

### **Hearing Services<sup>1,3</sup> - continued**

#### **Routine hearing services:**

This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. \$59.00 maximum plan benefit for routine hearing exam(s) every year. \$3,000.00 maximum plan benefit for hearing aids every year.

**Doctors in our plan:** \$0.00 copay for routine hearing exam(s). \$0.00 copay for hearing aids.

**Doctors not in our plan:** 20% coinsurance for routine hearing exam(s). 50% coinsurance for hearing aids.

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Hearing benefits are offered through Nations Hearing . Please call customer service for more details.

### **Dental Services<sup>3</sup>**

**Medicare-covered dental services** (this does not include services for care, treatment, filling, removal or replacement of teeth):

**Doctors and dentists in our plan:** \$0.00 copay

**Doctors and dentists not in our plan:** \$0.00 copay

#### **Preventive dental services:**

This plan covers: 1 oral exam(s) every year, 1 cleaning(s) every year.

**Dentists in our plan:** \$0.00 copay

**Dentists not in our plan:** 20% coinsurance

#### **Comprehensive dental services:**

Not Covered

## **Anthem MediBlue Access Core (Regional PPO)**

### **Dental Services<sup>3</sup> - continued**

Dental benefits are offered through Liberty Dental. Please call customer service for more details.

### **Vision Services<sup>3</sup>**

#### **Medicare-covered vision services:**

##### **Exam to diagnose and treat diseases and conditions of the eye**

**Doctors in our plan:** \$0.00 - \$30.00 copay

**Doctors not in our plan:** 40% coinsurance

##### **Eyeglasses or contact lenses after cataract surgery**

**Doctors in our plan:** \$0.00 copay

**Doctors not in our plan:** \$0.00 copay

#### **Routine vision services:**

##### **Routine vision exam**

This plan covers 1 routine eye exam(s) every year. \$69.00 maximum eye exam coverage amount.

**Doctors in our plan:** \$0.00 copay

**Doctors not in our plan:** \$0.00 copay

##### **Routine eye wear (lenses and frames)**

This plan covers up to \$150.00 for eyeglasses or contact lenses every year.

**Doctors in our plan:** \$0.00 copay

**Doctors not in our plan:** \$0.00 copay

## **Anthem MediBlue Access Core (Regional PPO)**

### **Vision Services<sup>3</sup> - continued**

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Vision benefits are offered through Blue View Vision. Please call customer service for more details.

### **Mental Health Care**

#### **Inpatient visit:<sup>1,3</sup>**

**Doctors and facilities in our plan:** Days 1-5: \$250 per day, per admission/ Days 6-90: \$0 per day, per admission

**Doctors and facilities not in our plan:** 30% per stay

Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.

Our plan covers unlimited inpatient days.

Per day cost sharing applies to each new inpatient admission to facilities both in and out of our plan. (Note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost sharing per day applies).

#### **Outpatient psychiatric individual and group therapy services:<sup>1,3</sup>**

**Doctors and facilities in our plan:** \$40.00 copay

**Doctors and facilities not in our plan:** \$50.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

## Anthem MediBlue Access Core (Regional PPO)

### Skilled Nursing Facility (SNF)<sup>1,3</sup>

**Doctors and facilities in our plan:** Preferred Participating SNF: Days 1 - 20: \$0 per day / Days 21 - 100: \$137.50 per day; All Other Participating SNF: Days 1 - 20: \$0 per day / Days 21 - 100: \$167.50 per day

**Doctors and facilities not in our plan:** 25% per stay

Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).

Your copays for SNF benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or SNF and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a SNF after one benefit period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.

### Physical Therapy<sup>1,3</sup>

**Doctors and facilities in our plan:** \$25.00 copay

**Doctors and facilities not in our plan:** \$50.00 copay

### Ambulance<sup>1</sup>

#### Ground/Water Ambulance:

**Emergency transportation services in our plan:** \$295.00 copay per trip

**Emergency transportation services not in our plan:** \$295.00 copay per trip

#### Air Ambulance:

**Emergency transportation services in our plan:** 20% coinsurance per trip

**Emergency transportation services not in our plan:** 20% coinsurance per trip

## **Anthem MediBlue Access Core (Regional PPO)**

### **Transportation**

Not Covered

### **Medicare Part B Drugs<sup>1,3</sup>**

#### **Other Part B Drugs:**

**Drugs in our plan:** 20% coinsurance

**Drugs not in our plan:** 40% coinsurance

Our plan does not cover Part D prescription drugs.

#### **Chemotherapy drugs:**

**Drugs in our plan:** 20% coinsurance

**Drugs not in our plan:** 40% coinsurance

# More benefits and ways we support your health



<b>Anthem MediBlue Access Core (Regional PPO)</b>
<b>Chiropractic Care<sup>1,3</sup></b>
<b>Medicare-covered chiropractic services:</b>
<b>Providers in our plan:</b> \$20.00 copay <b>Providers not in our plan:</b> \$50.00 copay

Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

<b>Home Health Care<sup>1,3</sup></b>
<b>Doctors and facilities in our plan:</b> \$0.00 copay <b>Doctors and facilities not in our plan:</b> 40% coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

<b>Outpatient Substance Abuse<sup>1,3</sup></b>
<b>Individual &amp; Group therapy visit:</b>
<b>Doctors and facilities in our plan:</b> \$40.00 copay <b>Doctors and facilities not in our plan:</b> 40% coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.



## **Anthem MediBlue Access Core (Regional PPO)**

### **Outpatient Surgery<sup>1,3</sup>**

#### **Ambulatory surgical center:**

**Doctors and facilities in our plan:** \$225.00 copay

**Doctors and facilities not in our plan:** 40% coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### **Renal Dialysis<sup>3</sup>**

**Doctors and facilities in our plan:** 20% coinsurance

**Doctors and facilities not in our plan:** 20% coinsurance

### **Outpatient Rehabilitation<sup>1,3</sup>**

**Cardiac (heart) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):

**Doctors and facilities in our plan:** \$25.00 copay

**Doctors and facilities not in our plan:** 40% coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

**Pulmonary (lung) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):

**Doctors and facilities in our plan:** \$25.00 copay

**Doctors and facilities not in our plan:** 40% coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

## **Anthem MediBlue Access Core (Regional PPO)**

### **Outpatient Rehabilitation<sup>1,3</sup> - continued**

#### **Occupational therapy visit:**

**Doctors and facilities in our plan:** \$25.00 copay

**Doctors and facilities not in our plan:** \$50.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### **Foot Care (podiatry services)<sup>1,3</sup>**

#### **Medicare-covered podiatry:**

**Doctors in our plan:** \$30.00 copay

**Doctors not in our plan:** \$50.00 copay

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.

#### **Routine foot care:**

**Doctors in our plan:** \$0.00 copay

**Doctors not in our plan:** \$50.00 copay

This plan covers: 6 routine foot care visit(s) every year.

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### **Medical Equipment/Supplies<sup>1,3</sup>**

#### **Durable Medical Equipment (wheelchairs, oxygen, etc.)**

**Suppliers in our plan:** 20% coinsurance

**Suppliers not in our plan:** 40% coinsurance

## **Anthem MediBlue Access Core (Regional PPO)**

### **Medical Equipment/Supplies - continued**

**Medical supplies and prosthetic devices** (braces, artificial limbs, etc.)

**Suppliers in our plan:** 20% coinsurance

**Suppliers not in our plan:** 40% coinsurance

### **Diabetic supplies and services:<sup>1,3</sup>**

**Suppliers in our plan:** \$0.00 copay

**Suppliers not in our plan:** 40% coinsurance

### **LiveHealth Online**

Lets you talk to a doctor by live, two-way video on a computer, smartphone or tablet.

Please refer to the *Evidence of Coverage* for additional information.

### **24/7 Nurse HelpLine**

24-hour access to a nurse helpline, 7 days a week, 365 days a year.

Please refer to the *Evidence of Coverage* for additional information.

## Anthem MediBlue Access Core (Regional PPO)

### SilverSneakers®\* Fitness program

\$0.00 copay

When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **[www.silversneakers.com](http://www.silversneakers.com)** or call SilverSneakers at **1-855-741-4985** (TTY: **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

\* The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-467-1199** (TTY: **711**). Our office hours are from 8 a.m. to 8 p.m., seven days a week, October 1 to February 14 (except holidays); 8 a.m. to 8 p.m., Monday – Friday, February 15 to September 30 (except holidays).

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

Out-of-network/non-contracted providers are under no obligation to treat Anthem MediBlue Access Core (Regional PPO) members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Anthem Blue Cross and Blue Shield is an RPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Insurance Companies, Inc. (AICI) is the legal entity that has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer the Medicare Advantage Regional PPO plan(s) (MAPD-RPPO) noted above or herein. AICI is the risk-bearing entity licensed under applicable state law to offer the MAPD-RPPO plan(s) noted. AICI has retained the services of its related companies and the authorized agents/brokers/producers to provide administrative services and/or to make the MAPD-RPPO plan(s) available in this region.

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

## **Anthem Blue Cross and Blue Shield - R5941**

### **2018 Medicare Star Ratings\***

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, Anthem Blue Cross and Blue Shield received the following Overall Star Rating from Medicare.

  
3.5 Stars

We received the following Summary Star Rating for Anthem Blue Cross and Blue Shield's health/drug plan services:

Health Plan Services:

  
3.5 Stars

Drug Plan Services:

  
4 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at [www.medicare.gov](http://www.medicare.gov).

We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability in our health programs and activities.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 1-800-797-0560 (toll-free) or 711 (TTY), from October 1 to February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-797-0560 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-797-0560 (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 1-800-797-0560 (TTY：711)。

Current members please call 1-800-467-1199 (toll-free) or 711 (TTY).

\*Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Anthem Blue Cross and Blue Shield is an RPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

## **It's important we treat you fairly**

That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call Customer Service for help (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop: OH0205-A537; Mason, Ohio 45040-9498. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## **Get help in your language**

Separate from our language assistance program, we make documents available in alternate formats. If you need a copy of this document in an alternate format, please call Customer Service.

**English:** You have the right to get this information and help in your language for free. Call Customer Service for help.

**Spanish:** Tiene el derecho de obtener esta información y ayuda en su idioma de forma gratuita. Llame al número de Servicios para Miembros para obtener ayuda.

**Amharic:** ይህንን መረጃ የማግኘትና በቋንቋዎ እርዳታ የማግኘት መብት አለዎት፡፡ እርዳታ ለማግኘት የደንበኞች አገልግሎት ይደውሉ፡፡



**Arabic:**

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل بخدمة العملاء للمساعدة.

**Chinese:** 您有權使用您的語言免費獲得該資訊和協助。請致電客戶服務部尋求協助。

**Dutch:** U hebt het recht om deze informatie en hulp gratis in uw taal te krijgen. Bel de klantenservice voor hulp.

**Farsi:**

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک با مرکز خدمات مشتریان تماس بگیرید.

**French:** Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour obtenir de l'aide, veuillez appeler le service client.

**German:** Sie haben das Recht, diese Informationen und Unterstützung kostenfrei in Ihrer eigenen Sprache zu erhalten. Bitte rufen Sie den Kundendienst an, um Hilfe anzufordern.

**Italian:** Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il Servizio clienti.

**Japanese:** この情報と支援を希望する言語で無料で受けることができます。サポートが必要な場合はカスタマー サービスにお電話ください。

**Korean:** 귀하께서는 본 정보와 도움을 비용없이 귀하의 언어로 받으실 권리가 있습니다. 도움을 받으시려면 고객 서비스부로 연락해 주십시오.

**Oromo:** Odeeffannoo kana fudhachuun afaan keessaniin tola gargaaruuf mirga qabdu. Lakkoofsa tajaajila maamilaa bilbilaa.

**Pennsylvania Dutch:** Du hoscht es Recht fer des Information un koschdefrei Hilf in dei eengi Schprooch griege. Du kannscht Customer Service fer Hilf uffrufe.

**Portuguese:** Você tem o direito de receber gratuitamente estas informações e ajuda no seu idioma. Ligue para o Atendimento ao Cliente para obter ajuda.

**Romanian:** Aveți dreptul să obțineți aceste informații și asistență în limba dumneavoastră, în mod gratuit. Pentru asistență, apălați numărul Departamentului pentru relații cu clienții.

**Russian:** Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания клиентов.

**Serbian:** Imate pravo da ove informacije i pomoć dobijete besplatno na svom jeziku. Za pomoć pozovite službu za korisnike.

**Tagalog:** May karapatan kang makuha ang impormasyon at tulong na ito sa sarili mong wika ng walang kabayaran. Tumawag sa Serbisyo para sa mga Kustomer para matulungan ka.

**Ukranian:** Ви маєте право безкоштовно отримати цю інформацію й допомогу своєю рідною мовою. По допомогі звертайтеся до служби підтримки клієнтів.

**Vietnamese:** Bạn có quyền được biết về thông tin này và được hỗ trợ bằng ngôn ngữ của bạn miễn phí. Hãy liên hệ với Dịch vụ khách hàng để được hỗ trợ.