



Medicare
50 Water St., 7th Floor • New York, NY 10004
1.866.986.0356 • TTY: 711 • metroplusmedicare.org

Dear MetroPlusHealth Member,

As president of MetroPlusHealth, I thank you for being part of our family for another year. We are delighted to have you as a member.

Every year we review our Medicare benefits to provide you with the best available coverage and services. Enclosed you will find the 2027 MetroPlus Platinum Plan (HMO) *Annual Notice of Change* (ANOC), a summary of the changes in benefits and coverage in your plan for the coming year.

As a plan member, you are also eligible for our **MetroPlusHealth Member Rewards Program**.

If you have questions or concerns about your coverage, please call us at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560.

You can also get more information on our website at metroplusmedicare.org.

Note: If you prefer not to receive sales-related phone calls from MetroPlusHealth, please contact us at help.memberexperience@metroplus.org, or call 866.986.0356 (TTY: 711) to opt out. We are here Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560. Once you are opted out, you will be opted out indefinitely until you notify us of your intent to opt back in.

Thank you again for being a MetroPlusHealth member!

Sincerely,

A handwritten signature in black ink that reads "Talya Schwartz".

Dr. Talya Schwartz
President and CEO
MetroPlusHealth

There are other documents available to help you understand your coverage, including:

- An *Evidence of Coverage* (EOC) that explains your benefits and how to get medical care and prescription drug coverage.
- *Provider/Pharmacy Directories*, which include all of the primary care physicians, specialists, hospitals, and other providers in our network. You should always check to make sure that a provider is in our network before receiving care.
- The *Formulary*, which includes all of the drugs that our plan covers.

You can easily view and print the most recent versions of these documents on our website at metroplusmedicare.org. These documents will be available on our website by October 15, 2026. To request to have a printed copy mailed to you, please call us at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560.

MetroPlus Platinum Plan (HMO) offered by MetroPlus Health Plan, Inc.

Annual Notice of Change for 2027

You're enrolled as a member of MetroPlus Platinum Plan (HMO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in MetroPlus Platinum Plan (HMO).
- To change to a **different plan**, visit [Medicare.gov](https://www.medicare.gov), or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [Medicare.gov](https://www.medicare.gov), or call Member Services at 866.986.0356 to get a copy by mail. (TTY users call 711.) Hours are Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. (After-hours answering service: 800.442.2560.)

More Resources

- This document is available for free in Spanish and Chinese.
- Call Member Services at 866.986.0356 (TTY users call 711.) for more information. Hours are Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. (After-hours answering service: 800.442.2560.) This call is free.
- ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 800.303.9626 (TTY: 711). ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 800.303.9626 (TTY: 711). 请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 800.303.9626 (TTY: 711).
- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866.986.0356 (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 866.986.0356 (TTY: 711).
- MetroPlusHealth is not affiliated with, endorsed by, or otherwise related to the federal government, CMS, HHS, and/or Medicare. MetroPlusHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- MetroPlusHealth provides free aids and services to people with disabilities to help you communicate with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats). If you need these services, call MetroPlusHealth at 866.986.0356. For TTY/TDD services, call 711.

- We can also give you information in braille, large print, or other alternate formats upon request.

About MetroPlus Platinum Plan (HMO)

- MetroPlus Health Plan, Inc. offers HMO and HMO D-SNP plans with contracts with Medicare and the New York State Medicaid Program. Enrollment in MetroPlus Health Plan, Inc. depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means MetroPlus Health Plan, Inc. When it says “plan” or “our plan,” it means MetroPlus Platinum Plan (HMO).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in MetroPlus Platinum Plan (HMO).** Starting January 1, 2027, you’ll get your medical and drug coverage through MetroPlus Platinum Plan (HMO). Go to Section 2 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. (Go to Section 1 for details.)	\$58.80	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$9,250	\$9,850
Primary care office visits	\$0 per visit	\$0 per visit
Specialist office visits	\$40 per visit	\$40 per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	Per benefit period: • Days 1-8: \$225 copayment per day • Days 9-90: \$0 copayment per day • 60 Lifetime Reserve Days: \$0 copayment per day	Per benefit period: • Days 1-8: \$225 copayment per day • Days 9-90: \$0 copayment per day • 60 Lifetime Reserve Days: \$0 copayment per day
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	\$615 deductible (except for covered insulin products and most adult Part D vaccines) Coinsurance during the Initial Coverage Stage:	\$700 deductible (except for covered insulin products and most adult Part D vaccines) Coinsurance during the Initial Coverage Stage:

	2026 (this year)	2027 (next year)
	• Generic drugs (including brand drugs treated as generic): 25% coinsurance • All other drugs: 25% coinsurance You pay no more than \$35 per monthly supply of each covered insulin product on this tier. Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs.	• Generic drugs (including brand drugs treated as generic): 25% coinsurance • All other drugs: 25% coinsurance You pay no more than \$35 per monthly supply of each covered insulin product on this tier. Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 - Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$58.80	\$0

Factors that could change your Part D Premium amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 - Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$9,250	\$9,850 Once you've paid \$9,850 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 - Changes to the Provider/Pharmacy Network

Our network of providers/pharmacies has changed for next year. Review the 2027 *Provider/Pharmacy Directory* [metroplusmedicare.org](https://www.metroplusmedicare.org) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider/Pharmacy Directory*:

- Visit our website at [metroplusmedicare.org](https://www.metroplusmedicare.org).
- Call Member Services at 866.986.0356 (TTY users call 711). Hours are Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. (After-hours answering service: 800.442.2560) to get current provider information or to ask us to mail you a *Provider/Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services for help at 866.986.0356 (TTY: 711) Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm (after-hours answering service: 800.442.2560).

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 866.986.0356 (TTY users call 711). Hours are Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. (After-hours answering service: 800.442.2560) for help. You may have a special

enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 - Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Ambulatory Surgical Center	You pay \$95 copay for each ambulatory surgery center visit.	You pay \$50 copay for each ambulatory surgery center visit.
OTC	OTC <u>not</u> covered	You pay \$0 copayment. The plan will pay \$60 per quarter for covered OTC items via OTC debit card.
Dental (<i>Preventive</i> dental: Oral exams, X-rays, cleanings, fluoride treatments, all with visit limitations)	Preventive dental <u>not</u> covered.	You pay \$0 copayment for Plan-covered Preventive dental services.
Dental (<i>Comprehensive</i> dental)	Comprehensive dental <u>not</u> covered	You pay \$0 copayment. The plan will pay up to \$1,500 per year for covered Comprehensive dental services. Implants are not covered.
Hearing aids	You pay \$0 copayment. The plan will cover \$500 - every 3 years.	You pay \$0 copayment. The plan will cover \$2,000 - per year.

	2026 (this year)	2027 (next year)
Worldwide Emergency Coverage	Worldwide Emergency Coverage <u>not</u> covered	You pay \$0 copayment for Worldwide Emergency Coverage service.

Section 1.5 - Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 866.986.0356 (TTY users call 711) for more information. Hours are Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. (After-hours answering service: 800.442.2560.)

Section 1.6 - Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by **September 30, 2026**, call Member Services at 866.986.0356 and ask for the *LIS Rider* (TTY users call 711). Hours are Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. (After-hours answering service: 800.442.2560.)

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you've reached the yearly deductible.

- ***Stage 2: Initial Coverage***

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,400.

- ***Stage 3: Catastrophic Coverage***

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	\$615	\$700

Drug Costs in Stage 2: Initial Coverage

See the following table for the changes from 2026 to 2027.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1	25% of the total cost You pay no more than \$35 per monthly supply of each covered insulin product on this tier.	25% of the total cost You pay no more than \$35 per monthly supply of each covered insulin product on this tier.

SECTION 2 How to Change Plans

To stay in MetroPlus Platinum Plan (HMO), you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our MetroPlus Platinum Plan (HMO).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from MetroPlus Platinum Plan (HMO). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from MetroPlus Platinum Plan (HMO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 866.986.0356 (TTY users call 711) for more information on how to do this. Hours are Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. (After-hours answering service: 800.442.2560.) Or, call Medicare at 1-800-MEDICARE (800.633.4227) and ask to be disenrolled. TTY users can call 877.486.2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (see Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (800.633.4227). As a reminder, MetroPlusHealth offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 2.1 - Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 - December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 and March 31, 2027.

Section 2.2 - Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (800.633.4227). TTY users can call 877.486.2048, 24 hours a day, 7 days a week.
 - Social Security at 800.772.1213 between 8 am and 7 pm, Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 800.325.0778.
 - Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program (SPAP).** New York has a program called *Elderly Pharmaceutical Insurance Coverage (EPIC)* that 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 Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The **AIDS Drug Assistance Program (ADAP)** helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 800.542.2437 or 844.682.4058 (TTY 711), Monday - Friday, 9:00am - 5:00pm. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The *Medicare Prescription Payment Plan* is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January - December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027: you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 866.986.0356 (TTY users call 711). Hours are Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. (After-hours answering service: 800.442.2560.) or visit Medicare.gov.

SECTION 4 Questions?

Get help from MetroPlus Platinum Plan (HMO)

- **Call Member Services at 866.986.0356** (after-hours answering service: 800.442.2560). (TTY users call 711.)
We're available for phone calls Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm (after-hours answering service: 800.442.2560). Calls to these numbers are free.
- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for MetroPlus Platinum Plan (HMO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at metroplusmedicare.org or call Member Services at 866.986.0356 to ask us to mail you a copy (TTY users call 711.). Hours are Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. (After-hours answering service: 800.442.2560.)

- **Visit metroplusmedicare.org**

Our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory/Pharmacy Directory*) and our formulary/drug list (*List of Covered Drugs*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York, the SHIP is called Health Insurance Information, Counseling and Assistance Program (HIICAP).

Call HIICAP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call HIICAP at 800.701.0501. Learn more about HIICAP by visiting aging.ny.gov.

Get Help from Medicare

- **Call 1-800-MEDICARE (800.633.4227)**

You can call 1-800-MEDICARE (800.633.4227), 24 hours a day, 7 days a week. TTY users can call 877.486.2048.

- **Chat live with [Medicare.gov](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at P.O. Box 1270, Lawrence, KS 66044.

- **Visit [Medicare.gov](https://www.medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (800.633.4227). TTY users can call 877.486.2048.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1444. If you have comments or suggestions for improving this form, write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



NOTICE OF AVAILABILITY |

LANGUAGE SERVICES AND AUXILIARY AIDS AND SERVICES

ATTENTION: Language assistance services, and auxiliary aids and services, free of charge, are available to you. Call 1.866.986.0356 (TTY: 711).	English
ATENCIÓN: Tiene a su disposición, sin costo alguno, servicios de asistencia lingüística, y ayudas y servicios auxiliares. Llame al 1.866.986.0356 (TTY: 711).	Spanish
注意: 您可以獲得免費的語言援助服務以及輔助工具和服務。請致電: 1.866.986.0356 (聽力障礙電傳: 711)。	Chinese Cantonese
تنبيه: تتوفر خدمات المساعدة اللغوية، والوسائل المساعدة والخدمات الإضافية لك بشكل مجاني. اتصل على الرقم 1.866.986.0356 (الهاتف النصي: 711).	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스와 보조 지원 및 서비스를 무료로 이용하실 수 있습니다. 1.866.986.0356 (TTY: 711) 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ! Вы можете воспользоваться бесплатными услугами языковой помощи и вспомогательными устройствами/средствами для восприятия информации. Звоните по тел.: 1(866)986-0356 (телетайп: 711).	Russian
ATTENZIONE: sono disponibili gratuitamente per Lei servizi di assistenza linguistica, accanto ad altri ausili e servizi. Telefoni al numero 1.866.986.0356 (Per gli utenti TTY: telefoni al numero 711).	Italian
ATTENTION : Des services d'assistance linguistique ainsi que des aides et services auxiliaires sont mis gratuitement à votre disposition. Appelez le 1.866.986.0356 (TTY: 711).	French
ATANSYON: Sèvis asistans lang yo ak sèvis ak èd konplemantè yo gratis e disponib pou ou. Rele nan 1.866.986.0356 (TTY: 711).	French Creole
אכטונג: לרשותכם שירותי סיוע בשפה, ועזרים ושירותים גלויים ללא תשלום. רופט 1.866.986.0356 (TTY: 711).	Yiddish
UWAGA: Mogą Państwo bezpłatnie korzystać z pomocy językowej, pomocy dodatkowych oraz innych usług. Proszę dzwonić pod numer 1-866-986-0356 (TTY: 711).	Polish
PAUNAWA: Ang mga serbisyo ng tulong sa wika, at mga pantulong na tulong at serbisyo, na walang bayad, ay available sa iyo. Tumawag sa 1.866.986.0356 (TTY: 711).	Tagalog

মনোযোগ দিন: এখানে আপনার জন্য ভাষা সহায়তা পরিষেবা এবং অতিরিক্ত সাহায্য ও পরিষেবা বিনামূল্যে উপলভ্য রয়েছে। 1.866.986.0356 (TTY: 711)-তে কল করুন।	Bengali
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