Trinity Health Plan New York Glory No RX (HMO) offered by Mount Carmel Health Plan Of New York, Inc. (Trinity Health Plan New York)

Annual Notice of Change for 2026

You're enrolled as a member of Trinity Health Plan New York Glory No RX (HMO).

This material describes changes to your 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, 2025, you'll stay in Trinity Health Plan New York Glory No RX (HMO).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You* 2026 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 www.thpmedicare.org/new-york/for-members/plan-documents or call Member Services at 1-800-240-3851 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-800-240-3851 (TTY users call 711) for additional information. Hours are 8 a.m. to 8 p.m., 7 days a week. This call is free.
- This information is available in large print or audio.

About Trinity Health Plan New York Glory No RX (HMO)

- Trinity Health Plan New York (HMO) is a Medicare Advantage organization with a Medicare contract. Enrollment in Trinity Health Plan New York depends on contract renewal.
- When this material says "we," "us," or "our," it means Mount Carmel Health Plan Of New York, Inc. (Trinity Health Plan New York). When it says "plan" or "our plan," it means Trinity Health Plan New York Glory No RX (HMO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in** Trinity Health Plan New York Glory No RX (HMO). Starting January 1, 2026, you'll get your medical coverage through Trinity Health Plan New York Glory No RX (HMO). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't

have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

Table of Contents

Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$4,800	$5,500
Primary care office visits	$0 copay per visit	$0 copay per visit
Specialist office visits	$25 copay per visit	$25 copay per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	$275 copay per day for days 1-5; $0 copay per day for days 6-90	$375 copay per day for days 1-5; $0 copay per day for days 6-90

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	$0 There is no change for the upcoming benefit year.
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$60	$60 There is no change for the upcoming benefit year.
Monthly premium for optional supplemental benefits: Dental Silver	$19	$19 There is no change for the upcoming benefit year.
Monthly premium for optional supplemental benefits: Dental Gold	$44	$44 There is no change for the upcoming benefit year.

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.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount.	$4,800	$5,500 Once you've paid $5,500 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 Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* www.thpmedicare.org/new-york/find-a-provider to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.thpmedicare.org/new-york/find-a-provider.
- Call Member Services at 1-800-240-3851 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-800-240-3851 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.2 of your *Evidence of Coverage.*

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Chiropractic Services	**In-Network** $20 copay for each Medicare-covered chiropractic services visit.	**In-Network** $15 copay for each Medicare-covered chiropractic services visit.
Colorectal Cancer Screening (Barium Enemas)	**In-Network** $0 copay for each Medicare-covered barium enema.	**In-Network** Medicare-covered barium enema benefit is not covered.
Emergency Care	$110 copay for each visit for Medicare-covered emergency care services.	$130 copay for each visit for Medicare-covered emergency care services.
Inpatient Hospital Care	**In-Network** For Medicare-covered inpatient hospital stays, $275 copay per day for days 1-5; $0 copay per day for days 6-90.	**In-Network** For Medicare-covered inpatient hospital stays, $375 copay per day for days 1-5; $0 copay per day for days 6-90.

	2025 (this year)	2026 (next year)
Inpatient Services in a Psychiatric Hospital		
	In-Network For Medicare-covered inpatient mental health stays, $275 copay per day for days 1-5; $0 copay per day for days 6-90.	**In-Network** For Medicare-covered inpatient mental health stays, $375 copay per day for days 1-5; $0 copay per day for days 6-90.
Medicare Part B Prescription Drugs		
	Plan does not use step therapy for Medicare Part B drugs.	Plan uses step therapy for select Medicare Part B drugs.
Outpatient Diagnostic Tests and Therapeutic Services and Supplies		
	In-Network For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), $175 copay. For Medicare-covered outpatient X-rays, $0 copay.	**In-Network** For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), $275 copay. For Medicare-covered outpatient X-rays, $35 copay.

	2025 (this year)	2026 (next year)
Outpatient Hospital Observation		
	In-Network $0 copay; There is no copayment for outpatient observation stays. Copayment applies for outpatient services rendered during observation stay. The outpatient service with the highest copayment applies each day for Medicare-covered outpatient hospital observation services.	**In-Network** $365 copay per stay for Medicare-covered outpatient hospital observation services.
Outpatient Surgery	Includes services provided at hospital outpatient facilities and ambulatory surgical centers.	
	In-Network For Medicare-covered services at an outpatient hospital facility, $250 copay. For Medicare-covered services at an ambulatory surgical center, $250 copay.	**In-Network** For Medicare-covered services at an outpatient hospital facility, $350 copay. For Medicare-covered services at an ambulatory surgical center, $350 copay.
Over-the-Counter Items		
	$75 maximum plan coverage amount every 3 months for OTC items.	$50 maximum plan coverage amount every 3 months for OTC items.

	2025 (this year)	2026 (next year)
Skilled Nursing Facility (SNF) Care		
	In-Network For Medicare-covered SNF stays, $0 copay per day for days 1-20; $214 copay per day for days 21-55; $0 copay per day for days 56-100.	**In-Network** For Medicare-covered SNF stays, $0 copay per day for days 1-20; $218 copay per day for days 21-60; $0 copay per day for days 61-100.
Supplemental Vision/Hearing Allowance (Flexible Benefit Card)		
	In-Network You receive $500 /year on your Flexible Benefit Card to apply towards out-of-pocket costs for covered Vision/Hearing services.	**In-Network** You will receive $150 /year on your Flexible Benefit Card to apply towards certain out-of-pocket costs for plan-covered Vision/Hearing services. For a complete description of Vision/Hearing services, please refer to Chapter 4 of your *Evidence of Coverage.*
Urgently Needed Care Services		
	$25 copay for each visit for Medicare-covered urgently needed care services.	$50 copay for each visit for Medicare-covered urgently needed care services.
Worldwide Emergency / Urgently Needed Care Services		
	$110 copay for each emergency care visit outside of the United States and its territories.	$130 copay for each emergency care visit outside of the United States and its territories.

	2025 (this year)	2026 (next year)
	$110 copay for each urgently needed care visit outside of the United States and its territories.	$130 copay for each urgently needed care visit outside of the United States and its territories.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Diabetic Testing Supplies	Available through all network pharmacies. Members must utilize Accu-check or LifeScan meters and test strips	Available through all network pharmacies. Members must utilize Accu-check or True Metrix meters and test strips
Over-the-Counter (OTC) Benefit	Members are responsible for the difference if the total exceeds the quarterly allowance. The quarterly allowance may only be exceeded at the retail locations and online. Orders placed over the phone must total the quarterly allowance or less.	Members are responsible for the difference if the total exceeds the quarterly allowance. The quarterly allowance may only be exceeded at the retail locations. Orders placed over the phone and online must total the quarterly allowance or less.

SECTION 3 How to Change Plans

To stay in Trinity Health Plan New York Glory No RX (HMO), you don’t need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you’ll automatically be enrolled in our Trinity Health Plan New York Glory No RX (HMO).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Trinity Health Plan New York Glory No RX (HMO).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Trinity Health Plan New York Glory No RX (HMO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-800-240-3851 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Mount Carmel Health Plan Of New York, Inc. offers other Medicare health plans and Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 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, 2026, 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 – March 31, 2026.

Section 3.2 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 4 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 (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778 or
    - 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 New York 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 New York AIDS Drug Assistance Program (ADAP) at 1-800-542-2437. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 5 Questions?

Get Help from Trinity Health Plan New York Glory No RX (HMO)

- **Call Member Services at 1-800-240-3851. (TTY users call 711.)**

  We're available for phone calls 8 a.m. to 8 p.m., 7 days a week. Calls to these numbers are free.

- **Read your *2026 Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the *2026 Evidence of Coverage* for Trinity Health Plan New York Glory No RX (HMO). The *Evidence of Coverage* is the legal, detailed description of your 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 www.thpmedicare.org/new-york/for-members/plan-documents or call Member Services at 1-800-240-3851 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.thpmedicare.org/new-york/for-members/plan-documents**

  Our website has the most up-to-date information about our provider network (*Provider Directory*).

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 Health Insurance Information, Counseling and Assistance Program (HIICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501. Learn more about Health Insurance Information, Counseling and Assistance Program (HIICAP) by visiting (https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap).

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

  You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

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

- **Visit 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* 2026**

  The *Medicare & You 2026* 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 www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION, AVAILABILITY OF LANGUAGE ASSISTANCE, AUXILIARY AIDS, AND ACCESSIBILITY SERVICES

Trinity Health understands that we all have different lived experiences, needs, identities, customs, and abilities. We are committed to providing quality, accessible, equitable care and services that are responsive to the needs of the diverse communities served.

Trinity Health Plan New York Glory No RX (HMO) welcomes all individuals who come to us for care, treatment, and services. We comply with all Federal civil right laws and do not exclude anyone or treat them differently because of their age, race, color, ethnicity (including limited English proficiency and primary language), national origin, religion, culture, language, physical or mental disability, socioeconomic status (including ability to pay or participation in Medicaid, Medicare or Children's Health Insurance Program), sex (including sex at birth or legal sex), sex characteristics (including intersex traits), pregnancy or related conditions, sex stereotypes, sexual orientation, gender identity or expression, veteran status, or any other category protected by law.

As a sponsored ministry of the Catholic Church, we provide healthcare services guided by the moral principles described in the Ethical and Religious Directives for Catholic Healthcare Services published by the U.S. Conference of Catholic Bishops.

Trinity Health Plan New York Glory No RX (HMO) provides free auxiliary aids and communication services, so that people can communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language assistance services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages.

If you need these services, contact

Language Assistance Services at **1-800-240-3851**
Telecommunications Relay Service (TRS): 7-1-1

Trinity Health Plan New York Glory No RX (HMO) allows service animals that are trained to do work or perform tasks for the benefit of individuals with a disability.

If you need another type of reasonable modification or accessibility services, please discuss it with your provider or the Section 1557/Americans with Disabilities Act Coordinator:
ATTN: Member Services Manager
3100 Easton Square Place, Suite 300
Columbus, OH 43219
Phone:
1-800-240-3851 (TTY 711)

Fax:
1-833-802-2495

Email:
medigoldappeals@mchs.com

If you believe that Trinity Health Plan New York Glory No RX (HMO) has failed to provide these services or discriminated in another way, you can file a grievance with:

Member Services
3100 Easton Square Place Suite 300
Columbus, OH 43219
1-800-240-3851
medigoldappeals@mchs.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
800–368–1019, 800–537–7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

This notice is available at the Trinity Health Plan New York Glory No RX (HMO) website:
www.thpmedicare.org/new-york/

Notice of Accessibility

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 1-800-240-3851 (TTY: 711) or speak to your provider.

Spanish: Español
ATENCIÓN: Si habla español, dispone de servicios gratuitos de asistencia lingüística. También dispone de recursos y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al 1-800-240-3851 (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 1-800-240-3851（文本电话：711）或咨询您的服务提供商。”

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 1-800-240-3851 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.”

Albanian: SHQIP
VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-800-240-3851 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.”

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. 1-800-240-3851 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오."

Bengali: বাংলা
মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-800-240-3851 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।”

Polish: POLSKI
UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-240-3851 (TTY: 711) lub porozmawiaj ze swoim dostawcą”.

German: Deutsch
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-240-3851 (TTY: 711) an oder wenden Sie sich an Ihren Anbieter.

Italian: Italiano
ATTENZIONE: Se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-800-240-3851 (TTY: 711) o parla con il tuo fornitore.

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。1-800-240-3851（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。

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 1-800-240-3851 (TTY: 711) или обратитесь к своему поставщику услуг.

Croatian: hrvatski
PAŽNJA: Ako govorite hrvatski, dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno. Nazovite 1-800-240-3851 (TTY: 711) ili razgovarajte sa svojim davateljem usluga.

Serbian: Српски
ПАЖЊА: Ако говорите Српски, доступне су вам бесплатне услуге језичке помоћи. Одговарајућа помоћна средства и услуге за пружање информација у приступачним форматима такође су доступни бесплатно. Позовите 1-800-240-3851 (TTY: 711) или разговарајте са својим оператером.

Tagalog: 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 1-800-240-3851 (TTY: 711) o makipag-usap sa iyong provider.

Haitian: Kreyòl Ayisyen
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-800-240-3851 (TTY: 711) oswa pale avèk founisè w la.

Yiddish:ייִדיש

אבטונג: אויב איר רעדט אריינשטעלן שפראך, זענען פרייע שפראך הילף סערוויסעס פאראן פאר אייך. פאסיגע הילפסמיטלען און סערוויסעס צו צושטעלן אינפארמאציע אין צוגענגליכע פארמאטן זענען אויך פאראן פריי פון אפצאל. רופט אדער רעדט מיט אייער פראווייזער (TTY: 711) 1-800-240-3851

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 1-800-240-3851 (TTY: 711) أو تحدث إلى مقدم الخدمة".

French: Français
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 1-800-240-3851 (ATS : 711) ou contactez votre fournisseur.

Urdu: ardo
دھیان دیں: اگر آپ بولتے ہیں انسرٹ لینگوئج، آپ کے لیے مفت زبان کی مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-800-240-3851 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Greek: Ελληνικά
ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-800-240-3851 (TTY: 711) ή απευθυνθείτε στον πάροχό σας».

Swahili/Bantu: Kiswahili
MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-800-240-3851 (TTY: 711) au zungumza na mtoa huduma wako."

Farsi/Persian:

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 1-800-240-3851(تله‌تایپ:711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Dutch: Nederlands
LET OP: Als u Nederlands, spreekt, kunt u gratis gebruikmaken van taalondersteuning. Ook zijn er gratis hulpmiddelen en diensten beschikbaar om informatie in toegankelijke formaten te verstrekken. Bel 1-800-240-3851 (TTY: 711) of neem contact op met uw provider.

Ukranian: українська мова
УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-240-3851 (TTY: 711) або зверніться до свого постачальника».

Romanian: România
ATENȚIE: Dacă vorbiți România, aveți la dispoziție servicii gratuite de asistență lingvistică. De asemenea, sunt disponibile gratuit materiale auxiliare și servicii adecvate pentru furnizarea de informații în formate accesibile. Sunați la 1-800-240-3851 (TTY: 711) sau discutați cu furnizorul dumneavoastră.

Laotian: ລາວ
ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-800-240-3851 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ."

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। 1-800-240-3851 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।"

Thai: ไทย
หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-240-3851 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ"

Karen: ထၢးနှာ်လီၤဖဲအံၤ
ဆူ– နမ့်ကတိၤ ထၢးနှာ်လီၤဖဲအံၤ အဃိ, တၢ်အိဉ်ဒီး ကျိာ်တၢ်ဆိဉ်ထွဲမၤစၢၤ လၢတလာ် ဘူဉ်လာ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူပီးလိဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြၢးအဘဉ် လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤနၢ်အီၤသ့တဖဉ် လၢတလာ်ဘူဉ်လာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး 1-800-240-3851 (TTY: 711) မ့တမ့ၢ် ကတိၤတၢ်ဒီး နပ့ၤလၢဟ့ဉ် နၤတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်."

Somali: Soomaali
FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada kaalmada luqadda bilaashka ah ayaa diyaar kuu ah. Kaalmooyinka iyo adeegyada ku habboon ee lagu bixiyo macluumaadka qaabab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan. Wac 1-800-240-3851 (TTY: 711) ama la hadal adeeg bixiyahaaga.

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