

## ***Tufts Medicare Preferred HMO Prime No Rx (HMO) offered by Tufts Associated Health Maintenance Organization (Tufts Health Plan)***

# **Annual Notice of Change for 2026**

You're enrolled as a member of Tufts Medicare Preferred HMO Prime 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 Tufts Medicare Preferred HMO Prime No Rx (HMO).
- To change to a **different plan**, visit [www.Medicare.gov](http://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.thpmp.org](http://www.thpmp.org) or call Member Services at 1-800-701-9000 (TTY users call 711) to get a copy by mail.

### **More Resources**

- This material is available for free in Spanish.
- Call Member Services at 1-800-701-9000 (TTY users call 711) for more information. Hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday-Friday from April 1 to September 30. This call is free.
- This information is available in different formats, including large print.

### **About Tufts Medicare Preferred HMO Prime No Rx (HMO)**

- Tufts Health Plan is an HMO/PPO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal.
- When this material says "we," "us," or "our," it means Tufts Associated Health Maintenance Organization (Tufts Health Plan). When it says "plan" or "our plan," it means Tufts Medicare Preferred HMO Prime No Rx (HMO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in** Tufts Medicare Preferred HMO Prime No Rx (HMO). Starting January 1, 2026, you'll get your medical coverage through Tufts Medicare Preferred HMO Prime 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.

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## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<b>Monthly plan premium*</b> * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$166	<b>\$176</b>
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	\$3,650	<b>\$3,850</b>
<b>Primary care office visits</b>	\$10 copayment per visit	<b>\$10 copayment per visit</b>
<b>Specialist office visits</b>	\$15 copayment per visit	<b>\$15 copayment per visit</b>
<b>Inpatient hospital stays</b> 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.	\$300 per stay up to \$900 per year	<b>\$300 per stay up to \$900 per year</b>
<b>Inpatient psychiatric stays</b>	You pay \$300 per stay up to \$900 per year.	<b>You pay \$300 per stay up to \$900 per year.</b>

SECTION 1

Changes to Benefits & Costs for Next Year

Section 1.1

Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b> (You must also continue to pay your Medicare Part B premium.)	\$166	<b>\$176</b>
<b>Additional premium for optional supplemental benefits</b> <b>Tufts Medicare Preferred Dental Option</b> If you’ve enrolled in an optional supplemental benefit package, you’ll pay this premium in addition to the monthly plan premium above.  (You must also continue to pay your Medicare Part B premium.)	\$36.50	<b>\$38.50</b>

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)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount. Your plan premium <b>don't count</b> toward your maximum out-of-pocket amount.	\$3,650	<b>\$3,850</b> <b>Once you've paid \$3,850 out-of-pocket for covered services, you'll pay nothing for your covered services for the rest of the calendar year.</b>

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [www.thpmp.org](http://www.thpmp.org) 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.thpmp.org](http://www.thpmp.org).
- Call Member Services at 1-800-701-9000 (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 our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-800-701-9000 (TTY users call 711) for help.

**Section 1.4 Changes to Benefits & Costs for Medical Services**

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Prior Authorizations</b>	<p>The following in-network benefits have a change in prior authorization requirements.</p> <ul style="list-style-type: none"> <li>Outpatient hospital observation does <u>not</u> require prior authorization.</li> </ul>	<ul style="list-style-type: none"> <li><b>Outpatient hospital observation may require prior authorization.</b></li> </ul> <p><b>Please refer to your <i>Evidence of Coverage</i> for more information.</b></p>
<b>Referrals</b>	<p>The following in-network benefits have a change in referral requirements.</p> <ul style="list-style-type: none"> <li>Diabetes self-management training requires a referral.</li> </ul>	<ul style="list-style-type: none"> <li><b>Diabetes self-management training does <u>not</u> require a referral.</b></li> </ul> <p><b>Please refer to your <i>Evidence of Coverage</i> for more information.</b></p>
<b>Ambulance services - Air transportation</b>	<p>You pay \$125 copayment per one way trip.</p>	<p><b>You pay \$175 copayment per one way trip.</b></p> <p><b>Please refer to your <i>Evidence of Coverage</i> for more information.</b></p>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Ambulance services - Ground transportation</b>	You pay \$125 copayment per one way trip.	<b>You pay \$175 copayment per one way trip.</b>  <b>Please refer to your <i>Evidence of Coverage</i> for more information.</b>
<b>Chronic pain management</b>	Not covered.	<b>Cost sharing will vary depending on individual services provided under the course of treatment.</b>  <b>Please refer to your <i>Evidence of Coverage</i> for more information.</b>
<b>Emergency care - Worldwide emergency transportation</b>	You pay \$125 copayment per one way trip.	<b>You pay \$175 copayment per one way trip.</b>
<b>Meals Post-Hospitalization/Rehabilitation</b>	You pay \$0 copayment for up to 28 home-delivered meals (2 meals per day for 14 days) supplied by plan-approved vendor after a qualifying discharge from hospital or extended care facility. There is no annual limit to the number of discharges after which meals may be provided.	<b><u>Not covered</u></b>

	2025 (this year)	2026 (next year)
<b>Medicare preventive services</b>	The plan covers Medicare preventive services covered by Medicare.	<p><b>The plan covers Medicare preventive services covered by Medicare, including the following new services:</b></p> <ul style="list-style-type: none"> <li>• <b>Pre-exposure prophylaxis (PrEP) for HIV prevention</b></li> <li>• <b>Screening for Hepatitis C Virus infection</b></li> </ul> <p><b>Please refer to your <i>Evidence of Coverage</i> for more information.</b></p>
<b>Physician/Practitioner services, including doctor's office visits - Additional Telehealth Services</b>	Please refer to your <i>Evidence of Coverage</i> for list of covered services.	<p><b>In addition to current services, the following services will also be covered:</b></p> <ul style="list-style-type: none"> <li>• <b>Pulmonary Rehabilitation Services</b></li> <li>• <b>Partial Hospitalization Services</b></li> <li>• <b>Intensive Outpatient Services</b></li> <li>• <b>Cardiac Rehabilitation Services</b></li> <li>• <b>Intensive Cardiac Rehabilitation Services</b></li> </ul> <p><b>Please refer to your <i>Evidence of Coverage</i> for more information.</b></p>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Special Supplemental Benefit for the Chronically Ill (SSBCI)</b>	<p>Covered for members diagnosed with heart failure, COPD, diabetes, dementia, ESRD, and stroke.</p> <p>Participation in Care Management is required and Care Managers will refer eligible members for eligible services.</p> <p>Covered services include:</p> <ul style="list-style-type: none"><li>• \$0 copayment for non-emergency medical transportation by plan-approved vendor to doctor appointments and other approved locations.</li><li>• 10% coinsurance for Pulse Oximeter supplied by a plan-approved DME vendor.</li></ul> <p>Trip limits and quantity limits apply to non-emergency transportation and Pulse Oximeter, respectively.</p>	<b>Not covered.</b>

	2025 (this year)	2026 (next year)
Tufts Medicare Preferred Dental Option	<p>\$36.50 monthly premium</p> <p>\$1,000 annual benefit limit.</p> <p>Class 1 services: \$0 copay.</p> <p>Class 2 services: 20% coinsurance.</p> <p>Class 3 services: 50% coinsurance.</p> <p>No waiting period.</p> <p>Services are covered with providers in the Dominion PPO Network only.</p>	<p><b>\$38.50 monthly premium</b></p> <p><b>\$1,000 annual benefit limit.</b></p> <p><b>Class 1 services: \$0 copay.</b></p> <p><b>Class 2 services: 20% coinsurance.</b></p> <p><b>Class 3 services: 50% coinsurance.</b></p> <p><b>No waiting period.</b></p> <p><b>Services are covered with providers in the Dominion PPO Network only.</b></p> <p><b>Please refer to your Evidence of Coverage for more information.</b></p>

	2025 (this year)	2026 (next year)
Vision care - eyewear	<p>The plan covers up to \$150 per calendar year toward the full retail price (not sale price) for eyeglasses (lenses, frames, or a combination) and/or contact lenses from an EyeMed Vision Care participating provider, or up to \$90 per calendar year from a non-participating provider.</p> <p>Multiple purchases are allowed during the year up to the full annual benefit amount.</p>	<p><b>The plan covers up to \$150 per calendar year toward the full retail price (not sale price) for eyeglasses (lenses, frames, or a combination) and/or contact lenses from an EyeMed Vision Care participating provider, or up to \$90 per calendar year from a non-participating provider.</b></p> <p><b>Only one purchase is allowed per calendar year up to the benefit amount; any unused amount after the single purchase will expire and cannot be applied toward another purchase during the calendar year.</b></p> <p><b>Please refer to your <i>Evidence of Coverage</i> for more information.</b></p>

## SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
<b>Coverage for blood glucose monitors and blood glucose test strips</b>	Coverage for blood glucose monitors and blood glucose test strips is limited to the OneTouch products manufactured by LifeScan, Inc. Please note, there is no preferred brand for lancets or glucose control solutions.	<b>Coverage for blood glucose monitors and blood glucose test strips is limited to Accu-Chek products manufactured by Roche Diabetes Care, Inc. Please note, there is no preferred brand for lancets or glucose control solutions.</b>
<b>Hearing aids and hearing aid fitting</b>	Services provided through Hearing Care Solutions (HCS).	<b>Services provided through TruHearing, Inc.</b>

## SECTION 3 How to Change Plans

**To stay in Tufts Medicare Preferred HMO Prime 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 Tufts Medicare Preferred HMO Prime 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 Tufts Medicare Preferred HMO Prime 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 Tufts Medicare Preferred HMO Prime 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 1-800-701-9000 (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 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [www.Medicare.gov](http://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, Tufts Associated Health Maintenance Organization offers other Medicare health 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

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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).** Massachusetts has a program called Prescription Advantage 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 [www.shiphelp.org](http://www.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 HIV Drug Assistance Program (HDAP). 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 1-617-502-1700. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

## SECTION 5      Questions?

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### Get Help from Tufts Medicare Preferred HMO Prime No Rx (HMO)

- **Call Member Services at 1-800-701-9000. (TTY users call 711.)**

We’re available for phone calls 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday-Friday from April 1 to September 30.

- **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 Tufts Medicare Preferred HMO Prime 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.thpmp.org](http://www.thpmp.org) or call Member Services at 1-800-701-9000 (TTY users call 711) to ask us to mail you a copy.

- Visit [www.thpmp.org](http://www.thpmp.org)

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 Massachusetts, the SHIP is called Serving the Health Insurance Needs of Everyone (SHINE).

Call SHINE to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHINE at 1-800-243-4636. Learn more about SHINE by visiting [www.mass.gov/health-insurance-counseling](http://www.mass.gov/health-insurance-counseling).

## 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](http://www.Medicare.gov)

You can chat live at [www.Medicare.gov/talk-to-someone](http://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](http://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](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



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**Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).**

**Tufts Health Plan:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Tufts Health Plan at  
**1-800-701-9000 (HMO)/1-866-623-0172 (PPO)/(TTY: 711).**

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, or gender identity), you can file a grievance with:

**Tufts Health Plan, Attention:**

Civil Rights Legal Coordinator

1 Wellness Way, Canton, MA 02021-1166

Phone: **1-888-880-8699** ext. 48000, **(TTY: 711)**

Fax: **1-617-668-2754**

Email: [OCRCoordinator@point32health.org](mailto:OCRCoordinator@point32health.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

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, D.C. 20201

**1-800-368-1019 (TDD: 1-800-537-7697)**

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

thpmp.org | **1-800-701-9000 (HMO)/1-866-623-0172 (PPO)/(TTY: 711)**

# Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**English ATTENTION:** If you speak another language, 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) or speak to your provider.

**Español (Spanish) ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) o hable con su proveedor.

**Português (Portuguese) ATENÇÃO:** Se fala Português, estão disponíveis para si serviços gratuitos de assistência linguística. Estão também disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) ou fale com o seu prestador.

**中文 (Simplified Chinese) 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (文本电话：711) 或咨询您的服务提供商。

**Kreyòl Ayisyen (Haitian Creole) 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 fòm aksesib yo disponib gratis tou. Rele nan 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) oswa pale avèk founisè w la.

**Việt (Vietnamese) 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

**РУССКИЙ (Russian) 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) или обратитесь к своему поставщику услуг.

**(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 711 (1-800-701-9000) (PPO) 1-866-623-0172 (HMO) أو تحدث إلى مقدم الخدمة.

**ភាសាខ្មែរ (Khmer) សូមយកចិត្តទុកដាក់៖** ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

**Français (French) ATTENTION:** Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) ou parlez à votre fournisseur.

**Italiano (Italian)** ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (tty: 711) o parla con il tuo fornitore.

**한국어 (Korean)** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Ελληνικά (Greek)** 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) ή απευθυνθείτε στον πάροχό σας.

**POLSKI (Polish)** 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) lub porozmawiaj ze swoim dostawcą.

**हिंदी (Hindi)**न 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। 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

**ગુજરાતી (Gujarati)** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓક્ઝિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.