Blue Cross Community Health Plans℠

HealthChoice Illinois
Illinois Department of Healthcare and Family Services

# Elderly Waiver

**www.bcchpil.com**

Effective January 2026

Blue Cross Community Health Plans is provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.

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# WHEN YOU NEED TO CONTACT MEMBER SERVICES

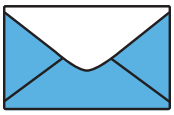
Our goal is to serve your health care needs through all of life's changes. If you have any questions, our team stands ready to help.

**Call**

**1-877-860-2837** (TTY/TDD: **711**)
We are open 24 hours a day, seven (7) days a week.
The call is free.

**Website**

**www.bcchpil.com**



**Write**

Blue Cross Community Health Plans
C/O Member Services
PO Box 650712
Dallas, TX 75265-0712

# Important Phone Numbers

| | |
|---|---|
| 24/7 Nurseline – 24-hour-a-day help line | **1-888-343-2697**, TTY/TDD: **711** |
| Emergency Care | **911** |

**Blue Cross Community Health Plans** Member Services **1-877-860-2837**, TTY/TDD: **711**

We are available 24 hours a day, seven (7) days a week. The call is free.

**Website: www.bcchpil.com**

**Service Area:** The plan covers members who live in the state of Illinois.

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| **Blue Cross Community Health Plans** Special Investigation Department (SID) | **1-800-543-0867** |
| National Poison Control Center<br>**Calls are routed to the office closest to you.** | **1-800-222-1222** |
| Non-Emergency Medical Transportation | **1-877-831-3148**, TTY/TDD: **1-866-288-3133** |
| Behavioral Health Services | **1-877-860-2837**, TTY/TDD: **711** |
| Mobile Crisis Response | **1-800-345-9049**, TTY/TDD: **711** |
| Grievances and Appeals | **1-877-860-2837**, TTY/TDD: **711** |
| Fraud and Abuse | **1-800-543-0867**, TTY/TDD: **711** |
| Care Coordination | **1-855-334-4780**, TTY/TDD: **711** |
| Adult Protective Services | **1-866-800-1409** TTY: **1-888-206-1327** |
| Nursing Home Hotline | **1-800-252-4343**, TTY: **1-800-547-0466** |
| DentaQuest | **1-877-860-2837**, TTY/TDD: **711** |
| Heritage Vision | **1-877-860-2837**, TTY/TDD: **711** |
| Illinois Department of Public Health | **1-217-782-4977** |

# What's Inside

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# Elderly Waiver

## Introduction

Thank you for being a member of Blue Cross Community Health Plans℠. We are here to provide quality health care for you and your family. Our goal is to serve your health needs through all of life's changes.

This booklet has important information for members who are 60 years of age or older and might need nursing facility level care. If you qualify, the Illinois Department on Aging has waiver services to help you live as independently as possible. These services are in addition to your medical and behavioral health benefits. See your member handbook for an explanation of these benefits.

**Over-the-Counter (OTC) Drugs and Supplies** OTC drugs and supplies are medicines and items you buy at the pharmacy without a prescription. As a BCCHP℠ member, you can order $25 in approved OTC items one time quarterly (every three months) at no cost to you. Benefit amounts will not roll over to the next quarter. You can view the OTC Catalog at **www.bcchpil.com**. You can place an order online at **www.mpaotc.com**. First time users will need to register for an account. You can also place an order by calling Member Services at **1-877-860-2837**. Your order will be shipped at no cost, to your address within 7 to 10 days.

## Eligibility

You can get Elderly Waiver services if:

- You are a U.S. citizen or legal alien and a resident of Illinois.
- You are eligible for Medicaid.
- You are 60 years of age or older and need a nursing facility level of care.
- Your service needs must be cost-effective.
- The nursing facility level of care must be safely maintained through your new waiver services.
- You have a Determination of Need (DON) score of 29 or higher. You will be evaluated and scored by a state appointed assessor and will then receive an Individual Service Plan (ISP). The ISP defines the individual services and the approved number of hours for those services during the ISP certification period.

For additional information regarding the Illinois waivers programs as alternatives to nursing homes, please visit: **https://hfs.illinois.gov/medicalclients/hcbs.html** or call **1-217-524-7245**.

# Determination of Need

To see if you qualify for waiver services, a care manager from a State of Illinois agency will conduct a Determination of Need (DON) in your home. You will be asked about your ability to complete daily activities, like:

- Eating
- Bathing
- Grooming
- Dressing
- Preparing Meals
- Managing Money
- Laundry and Housework

These are just a few examples of the activities considered to determine your need for additional assistance. The DON produces a score from 0 to 100. The higher the score, the higher the demonstrated need. You must have a DON score of 29 or higher to qualify.

BCCHP℠ does not conduct the DON. This is done by staff of the Illinois Care Coordination Units or the Department on Aging. We will work with these agencies for your annual reassessment.

# Services Provided

Services provided by this Waiver include:

## Adult Day Health (Adult Day Services)

This is a daytime program that provides direct care and supervision in a community-based setting for the purpose of providing personal attention and promoting social, physical and emotional well-being in a structured setting.

## Adult Day Transportation

Transportation to your Adult Day Program is available if needed. One ride to and from the center each day is allowed. This transportation cannot be used to go to other places like the doctor's office, pharmacy, or store. If you need a ride to your doctor's appointment, you can call Member Services and schedule transportation at least 72 hours before your doctor's appointment. For more information refer to your member handbook.

## Automatic Medication Dispenser

This service offers individuals a portable, mechanical system that can be programmed to dispense or alert the member to take non-liquid oral medications through auditory, visual or voice reminders.

## Emergency Home Response Service

A 24-hour emergency communication link to assistance outside the home for individuals with documented health and safety needs and mobility limitations.

## In Home Services (Homemaker)

Trained homecare aides who provide assistance with household tasks such as cleaning, planning, preparing meals, doing laundry, shopping and running errands. Homecare aides also assist with personal care tasks, such as dressing, bathing, grooming and following special diets when the individual is unable to complete these tasks on their own.

# Care Coordination and Care Plan Information

## Your Care Team

Your care plan team may include many different people (with your permission) including:

- You
- Your family
- Your doctor (primary care provider)
- Behavioral health provider
- Pharmacist
- Your individual provider or homemaker
- Community partners such as church members
- Your BCCHP Care Coordinator
- Others you want to include in your care team

Team members are there to help you get the services you need. They will help you make decisions about your care and work with you to reach your health care goals. Your BCCHP Care Coordinator will help lead the team to make sure all your needs are met. This begins with a complete assessment of your needs. Your BCCHP Care Coordinator will review your current needs, services currently in place and identify additional in home or community support services that would improve your health. Your BCCHP Care Coordinator will visit you at least once every 90 days while you are on the Elderly Waiver. Your BCCHP Care Coordinator will help you make changes to your plan to reflect your changing needs.

Members are asked to complete a HRA at least annually. Your BCCHP Care Coordinator will work with your health plan to help you manage your care. They will be your health care 'coach'. They will oversee the plan of care you and your care team decide is right. Care Coordinators can help you reach your health goals using your benefits.

Your BCCHP Care Coordinator will also:

- Plan in-person visits or phone calls with you
- Listen to your concerns
- Help you get services and find health issues before they get worse (preventive care)
- Help set up care with your doctor and other health care team members
- Help you, your family and your caregiver better understand your health condition(s), medications and treatments

Your BCCHP Care Coordinator and care team will help you get the information and care you need to be healthy. And they will help you manage your health condition. This includes:

- Tips on how to help manage your weight, eat better and stay fit with an exercise program
- Brochures with heart-healthy tips on how to help control blood pressure and cholesterol
- Brochures on drugs and alcohol show you how to stop problems before they start
- Well care with tips about healthy behaviors and the need for routine exams, mammograms and cancer screenings
- Information about managing on-going medical conditions such as asthma, diabetes and heart disease

If you did not receive a Health Risk Assessment (HRA) and would like to complete one, or if you want to know about care coordination services, call Member Services at **1-877-860-2837** (TTY/ TDD: **711**).

You can contact your BCCHP Care Coordinator by calling Member Services at **1-877-860-2837** (TTY/ TDD: **711**).

It is important to keep in touch with your BCCHP Care Coordinator for help with services. Be sure to write down the name and phone number of your BCCHP Care Coordinator. Your BCCHP Care Coordinator will work with the State of Illinois Care Coordinator who completes your DON. Together they will make sure you have the services you need to meet your health goals.

# Disease Management

If you have hypertension (high blood pressure), diabetes or asthma, you are eligible for our disease management program. Members with hypertension, diabetes or asthma receive support based on the level of their need. All members have access to information and tools to help manage their condition on the web portal called Blue Access for Members℠ (BAM℠). The web portal offers many resources to help you stay healthy. You can access BAM at **www.bcchpil.com**.

Members with moderate levels of risk are contacted by a BCCHP Care Coordinator who specializes in the management of that condition. If you are enrolled in the program, you work with your BCCHP Care Coordinator to develop specific goals with the purpose of improving your overall health.

The BCCHP Care Coordinator provides:

- Education and materials related to your diagnosis
- Assistance with understanding and obtaining medications
- Education about benefits that could improve your health outcomes
- Referrals to community programs and resources for additional education and support such as improving access to healthy foods and community exercise programs

You may opt out of disease management at any time if you do not wish to participate. To enroll or opt out of the disease management program, you may call Member Services.

## Provider Choices

Your BCCHP Care Coordinator will work with you to find providers and doctors who best meet your needs. You can search for in network BCCHP providers on our website at **www.bcchpil.com** by clicking on 'Find a Provider' under the 'Getting Care' tab, or you can call Member Services for help.

## Language Assistance

### Interpreter Services

You can get this document in Spanish or speak with someone about this information in other languages for free. Call **1-877-860-2837** (TTY/TDD: **711**). The call is free.

Usted puede obtener este documento en español o hablar con alguien, de forma gratuita, acerca de esta información en otros idiomas. Llame al **1-877-860-2837** (TTY/TDD: **711**). La llamada es gratuita.

### Other Formats

You can also call Member Services toll free, to request this information in other alternative formats such as Braille, large print and other forms.

### Hearing and Vision Impairment

For our members with hearing or vision problems, we offer TTY/TDD service free of charge. The line is open 24 hours a day/seven (7) days a week at **711**.

# Rights and Responsibilities

## Your rights

- A right to always be treated with respect and dignity in recognition of your privacy.
- Have your personal health information and medical records kept private except where allowed by law, and when necessary to provide care.
- Be protected from discrimination.
- Receive information from BCCHP in other languages or formats such as with an interpreter or Braille.
- Receive information on available treatment options and alternatives
- Receive information necessary to be involved in making decisions about your healthcare treatment and choices.
- A right to make recommendations regarding the organization's member rights and responsibilities policy
- Refuse treatment and be told what may happen to your health if you do.
- Receive a copy of your medical records and in some cases request that they be amended or corrected.
- Choose your own primary care provider (PCP) from the BCCHP. You can change your PCP at any time.
- File a complaint (sometimes called a grievance), or appeal without fear of mistreatment or backlash of any kind.
- Request and receive in a reasonable amount of time, information about your health plan, its providers and polices including member rights and responsibilities.

## Your responsibilities

- Treat your doctor and the office staff with courtesy and respect.
- Carry your ID card from BCCHP with you when you go to your doctor appointments and to the pharmacy to pick up your prescriptions.
- Keep your appointments and be on time for them.
- If you cannot keep your appointments cancel them in advance.
- Follow the instructions and treatment plan you get from your doctor.
- Tell your health plan and your caseworker if your address or phone number changes.
- Read your member handbook so you know what services are covered and if there are any special rules.

## Non-Discrimination

You may not be discriminated against because of race, color, national origin, religion, sex, ancestry, marital status, physical or mental disability, unfavorable military discharge or age.

If you feel you have been discriminated against, you have the right to file a complaint with Civil Rights Coordinator by calling, faxing or sending us a letter:

**Phone:** **1-855-664-7270**
**Fax:** **1-855-661-6960**
**Mail:** Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor Chicago, IL 60601

If you are unable to call, you may have someone call for you. If you are unable to write a letter yourself, you may have someone write it for you.

## Confidentiality

All information about you and your case is confidential, and may be used only for purposes directly related to treatment, payment and operation of the program including:

- Establishing your initial and continuing eligibility
- Establishing the extent of your assets, your income and the determination of your service needs
- Finding and making needed services and resources available to you
- Assuring your health and safety

No information about you can be used for any other purpose unless you have signed a Standard Authorization form. You can request a copy of this form by calling Member Services at **1-877-860-2837**. A copy of this form can also be found on our website: **https://www.bcbsil.com/bcchp/resources/forms-and-documents**.

## Freedom of Choice

You have the choice of nursing facility placement or home and community-based services. You also have the right to choose not to receive services.

You may choose which provider or agency you want to provide your Long-Term Supports and Services (LTSS). A list of providers approved by the Division of Rehabilitation Services (DRS) and the Department on Aging to provide services in your service area will be reviewed with you by your BCCHP Care Coordinator.

Your BCCHP Care Coordinator will work with you to participate in your Individual Service Plan (ISP) development and in choosing types of services and providers to meet your needs. You will receive a copy of each ISP and any subsequent changes to the plan.

The services you receive are for needs addressed in your ISP and not for the needs of other individuals in your home.

## Transfer to Another Provider or Agency

You may request to transfer from one provider to another. If you want to transfer, you should contact your BCCHP Care Coordinator to help arrange the transfer.

## Change in Residence

If you will be residing in another location in Illinois and want to continue to receive services, contact your BCCHP Care Coordinator. Your BCCHP Care Coordinator will assist you by arranging service transfer to your location.

## Individual Service Plan (ISP)

Your Individual Service Plan (ISP) establishes the type of service, the number of hours of service, how often the service will be provided, and the dates the services are approved. Your provider cannot change your ISP. If you need a change in services, call your BCCHP Care Coordinator to review your needs and make changes to your ISP.

## If You Want More Services Than Your ISP Allows

You may ask your provider to give you more services than are listed on your ISP, but you will be required to pay 100 percent of the cost of those additional services.

## Quality of Service

If you do not believe your provider or caregiver is following your ISP, or if your caregiver does not come to your home as scheduled, or if your caregiver is always late, you should call the caregiver agency and talk to your caregiver's supervisor. If the problem is not resolved, you should call your BCCHP Care Coordinator. If the problem is still not resolved, you should call the BCCHP toll-free number at **1-877-860-2837** to file a grievance.

## Non-Discrimination of Caregivers

You must not discriminate against your caregivers because of race, color, national origin, religion, sex, ancestry, marital status, physical or mental disability, unfavorable military discharge or age. To do so is a federal offense.

## Reporting Changes

When you become enrolled in the BCCHP program, you must report changes to your information including:

| Change | Report to |
|---|---|
| Changes to your services or service needs | BCCHP Care Coordinator at **1-855-334-4780** |
| Change of address or phone number, even if temporary | BCCHP Care Coordinator at **1-855-334-4780** or Enrollment Agency |

## Hospital or Nursing Home Admission

If you are entering a hospital, nursing home or other institution for any reason, you or your representative should inform your BCCHP Care Coordinator before or as soon as possible after you have entered such a facility. Your services cannot be provided while you are in these facilities, but can be provided as soon as you return home. Inform your BCCHP Care Coordinator when you will be discharged home, so we can check on your service needs.

## Transition of Care Services

You are eligible for Transition of Care Services when you are scheduled for a planned inpatient surgical procedure or when you have an unplanned admission to an acute inpatient hospital or skilled nursing facility. Our services help you when you are being discharged home or to a lower level of care. We pay special attention to helping you move from one level of care to another, such as when you are discharged from a hospital or a skilled nursing facility back to your home. It is important that you understand your discharge instructions and have everything you need at home to recover. We work with you to make sure you have follow-up appointments scheduled. We also make sure you receive all ordered medications and services, including oxygen and durable medical equipment. This ensures a smooth discharge and recovery.

BCCHP Care Coordinators can help you through the following:

- Arranging services you need, including scheduling and keeping provider appointments
- Ensuring complete communication and coordination of services to provide safe, timely, high-quality care as you move out of an acute inpatient hospitalization stay
- We provide guidance before planned admissions, such as a scheduled surgery. We also provide guidance after discharge when you have had an unplanned admission
- Care Coordinators help you understand your conditions to reduce risks of relapse and support your ability to care for yourself.
- We also provide education related to medication safety and the importance of taking medications as the doctor ordered.
- Care Coordinators review and clarify your doctor's orders related to care, diet, and activity levels so you understand and can follow the plan of care.

You are required to participate in care coordination on the Elderly Waiver program. To talk about eligibility, please call Member Services.

## Absent from Home

You must inform your caregiver or provider if you plan to be absent from your home when your scheduled services are to be provided, such as a doctor's appointment, a general outing or a short vacation. Notify your caregiver or provider when you will not be home and when you plan to return so they can resume services upon your return.

During your absence, give your caregiver or provider and your BCCHP Care Coordinator your temporary phone number and address, in case you need to be reached.

## Delivery of Services

You must cooperate in the delivery of services.

To assist your caregivers, you must:

- Notify your caregiver or provider at least one (1) day in advance if you will be away from home on the day you are to receive service.
- Allow the authorized caregiver into your home.
- Allow the caregiver to provide the services authorized on your ISP you approved.

Do not require the caregiver to do more or less than what is on your Service Plan. If you want to change your ISP, call your BCCHP Care Coordinator. Your caregiver cannot change your ISP.

You and others in your home must not harm or threaten to harm the caregiver or display any weapons. Not cooperating as noted above may result in the suspension or termination of your LTSS services. Your BCCHP Care Coordinator will work with you and the caregiver to develop a Care Management Agreement to restart your services.

# Fraud, Abuse and Neglect

## Fraud and Abuse Program

Fraud occurs when someone receives benefits or payments they are not entitled to. Many parties can commit health care fraud that must be reported, including but not limited to:

- Medical providers
- Behavioral health providers
- Patients or members
- Employees of health care companies
- Billers

**Examples of fraud include:**

- Overusing services that you don't need
- A provider billing for services not done
- False answers on an application
- Using someone's ID card

To report fraud, you can call Member Services, or the BCCHP Special Investigation Department (SID) at **1-800-543-0867**. All information is confidential.

## Reporting Abuse, Neglect, Exploitation or Unusual Incidents

The Health Care Worker Background Check Act applies to all unlicensed individuals employed or retained by a health care employer as home health aides, nurse aides, personal care assistants, private duty nurse aides, day training personnel, or an individual working in any similar health-related occupation where they provide direct care.

You can contact the Department of Public Health online or by phone at **1-217-785-5133** to verify status prior to employment, or the Department of Financial and Professional Regulation for information on any Licensed Practical Nurse (LPN) or Registered Nurse (RN) you want to employ to see if they have allegations of abuse, neglect or theft.

If you are the victim of abuse, neglect, or exploitation, you should report this to your BCCHP Care Coordinator right away, or contact the BCCHP Critical Incident Hotline at **1-855-653-8127**. You should also report the issue to one of the following agencies based on your age or placement. All reports to these agencies are kept confidential and anonymous reports are accepted.

## Nursing Home Hotline

**1-800-252-4343**, TTY/TDD – **1-800-547-0466**

The Illinois Department of Public Health Nursing Home Hotline is for reporting complaints regarding hospitals, nursing facilities, home health agencies and the care or lack of care of the patients.

## Supportive Living Program Complaint Hotline

**1-800-226-0768**

## Adult Protective Services

**1-866-800-1409**, TTY/TDD – **1-888-206-1327**

The Illinois Department on Aging Adult Protective Services Hotline is to report allegations of abuse, neglect, or exploitation for all adults 18 years old and over. Your BCCHP Care Coordinator will provide you with two (2) brochures on reporting abuse, neglect and exploitation. You can request new copies of these brochures at any time.

### Illinois law defines fraud, abuse and neglect as:

- **Physical abuse** – Inflicting physical pain or injury upon a senior or person with disabilities.
- **Sexual abuse** – Touching, fondling, intercourse, or any other sexual activity with a senior or person with disabilities, when the person is unable to understand, unwilling to consent, threatened or physically forced.
- **Emotional abuse** – Verbal assaults, threats of abuse, harassment or intimidation.
- **Confinement** – Restraining or isolating the person, other than for medical reasons.
- **Passive neglect** – The caregiver's failure to provide a senior or person with disabilities with life's necessities, including, but not limited to, food, clothing, shelter or medical care.
- **Willful deprivation** – Willfully denying a senior or person with disabilities medication, medical care, shelter, food, a therapeutic device, or other physical assistance, and thereby exposing that adult to the risk of physical, mental or emotional harm — except when the person has expressed an intent to forego such care.
- **Financial exploitation** – The misuse or withholding of a senior or person with disabilities' resources to the disadvantage of the person or the profit or advantage of someone else.

## Grievances and Appeals

We want you to be happy with services you get from BCCHP and our providers. If you are not happy, you can file a grievance or appeal. For more information, refer to the section on Grievances and Appeals in your member handbook. You may also call BCCHP Member Services at **1-877-860-2837** (TTY/TDD: **711**). We are available 24 hours a day, seven (7) days a week.

Limitations and restrictions may apply. For more information, call BCCHP Member Services at **1-877-860-2837** (TTY/TDD: **711**).

## Non-Discrimination Notice

### Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at **1-877-860-2837**.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: **1-855-664-7270** (voicemail)
TTY/TDD: **1-855-661-6965**
Fax: **1-855-661-6960**
Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: **1-800-368-1019**
TTY/TDD: **1-800-537-7697**
Complaint Portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms: https://www.hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at
https://www.bcbsil.com/bcchp/legal-and-privacy/non-discrimination-notice

## 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 **1-877-860-2837** (TTY: **711**) or speak to your provider.

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| **Español**<br>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 **1-877-860-2837** (TTY: **711**) o hable con su proveedor. |
| **العربية**<br>Arabic | 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 **1-877-860-2837** (TTY: **711**) أو تحدث إلى مقدم الخدمة الخاص بك. |

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| 中文<br>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 **1-877-860-2837** (TTY: **711**) 或咨询您的服务提供商。 |
| **Français**<br>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 **1-877-860-2837** (TTY: **711**) ou parlez à votre fournisseur. |
| **Deutsch**<br>German | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie **1-877-860-2837** (TTY: **711**) an oder sprechen Sie mit Ihrem Provider. |
| **ગુજરાતી**<br>Gujarati | ધ્યાન આપો: જો તમે બીજી ભાષા બોલો છો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક મદદ અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. **1-877-860-2837** (TTY: **711**) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો. |
| **हिंदी**<br>Hindi | ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। **1-877-860-2837** (TTY: **711**) पर कॉल करें या अपने प्रदाता से बात करें। |
| **Italiano**<br>Italian | ATTENZIONE: Se parli italiano, puoi usufruire gratuitamente di servizi di assistenza linguistica. Sono inoltre disponibili, senza costi, strumenti e servizi ausiliari per ricevere informazioni in formati accessibili. Chiama il numero **1-877-860-2837** (TTY: **711**) o rivolgiti a un assistente. |
| 한국어<br>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. **1-877-860-2837** (TTY: **711**)번으로 전화하거나 서비스 제공업체에 문의하십시오. |
| **فارسي**<br>Farsi | توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و تماس خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با **1-877-860-2837** (TTY: **711**) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید. |
| **Polski**<br>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 **1-877-860-2837** (TTY: **711**) lub porozmawiaj ze swoim dostawcą. |
| **РУССКИЙ**<br>Russian | ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **1-877-860-2837** (TTY: **711**) или обратитесь к своему поставщику услуг. |
| **Tagalog**<br>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 **1-877-860-2837** (TTY: **711**) o makipag-usap sa iyong provider. |
| **اردو**<br>Urdu | توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت زبان کی مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاونامداد اور خدمات بھی مفت دستیاب ہیں۔ **1-877-860-2837** (TTY: **711**) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ |
| Ελληνικά<br>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 **1-877-860-2837** (TTY: **711**) ή απευθυνθείτε στον πάροχό σας. |
| Tiếng Việt<br>Vietnamese | LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phụ trợ 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 **1-877-860-2837** (TTY: **711**) hoặc trao đổi với người cung cấp dịch vụ của bạn. |

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