Triple-S Óptimo PSHB *offered by* Triple-S Salud Inc.

Annual Notice of Change for 2027

You're enrolled as a member of Triple-S Óptimo PSHB.

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

- **To obtain information about your annual enrollment period, please contact Royal Plus Group for Chevron Phillips or your employer's plan benefit administrator.**
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You* 2027 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage***.** Get a copy at www.ssspr.com/postal or call Member Services at 787-474-5219 from Puerto Rico or 833-201-9256 from the U.S. Virgin Islands (TTY users call 787-792-1370 Rico or 866-215-1999 from the U.S. Virgin Islands) to get a copy by mail.

More Resources

- This material is available for free in *Spanish.*
- Call Member Services at 787-474-5219 from Puerto Rico or 833-201-9256 from the U.S. Virgin Islands (TTY users call 787-792-1370 from Puerto Rico or 866-215-1999 from the U.S. Virgin Islands) for more information. Hours are Monday through Sunday from 8:00 am to 8:00 pm. This call is free.
- This document is also available in alternate formats such as braille, large print, and audio. Please contact Members Services if you need plan information in another format or language.

About Triple-S Óptimo PSHB

- Enrollment in Triple-S Salud, Inc. depends on contract renewal. Triple-S Salud, Inc. is an independent licensee of BlueCross BlueShield Association
- When this material says "we," "us," or "our," it means *Triple-Salud Inc.* When it says "plan" or "our plan," it means Triple-S Óptimo PSHB.
- **If you do not take any action during the period specified by your employer, you'll remain in Triple-S Óptimo PSHB.** Starting January 1, 2027, you'll get your drug coverage through Triple-S Óptimo PSHB. Go to Section 2 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	Your coverage is provided through a contract with your current employer or former employer or union. Please contact the employer's or union's benefits administrator for information about your plan premium	**Your coverage is provided through a contract with your current employer or former employer or union. Please contact the employer's or union's benefits administrator for information about your plan premium.**
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible: $0 Copayment or Coinsurance during the Initial Coverage Stage: Drug Tier 1: $2 copay Drug Tier 2: $20 copay Drug Tier 3: 20% of the total cost, maximum $125 You pay no more than 20% up to a maximum of $35 per month supply of each covered insulin product on this tier. Drug Tier 4: 20% of the total cost, maximum $200	**Part D drug coverage deductible: $0** **Copayment or Coinsurance during the Initial Coverage Stage:** **Drug Tier 1: $2 copay** **Drug Tier 2: $20 copay** **Drug Tier 3: 20% of the total cost, maximum $125** **You pay no more than 20% up to a maximum of $35 per month supply of each covered insulin product on this tier.** **Drug Tier 4: 20% of the total cost, maximum $200**

	2026 (this year)	2027 (next year)
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs. You can have cost sharing for drugs that are covered under our enhanced benefit.	**Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs.** **You can have cost sharing for drugs that are covered under our enhanced benefit.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	Your coverage is provided through a contract with your current employer or former employer or union. Please contact the employer's or union's benefits administrator for information about your plan premium.	**Your coverage is provided through a contract with your current employer or former employer or union. Please contact the employer's or union's benefits administrator for information about your plan premium.**

Factors that could change your Part D Premium Amount

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

Section 1.2 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* www.ssspr.com/postal to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.ssspr.com/postal.

- Call Member Services at 787-474-5219 from Puerto Rico or 833-201-9256 from the U.S. Virgin Islands (TTY users call 787-792-1370 from Puerto Rico or 866-215-1999 from the U.S. Virgin Islands) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 787-474-5219 from Puerto Rico or 833-201-9256 from the U.S. Virgin Islands (TTY users call 787-792-1370 from Puerto Rico or 866-215-1999 from the U.S. Virgin Islands) for help.

Section 1.3 Changes to Part D Drug Coverage

Changes to Our Drug List

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

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

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

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 787-474-5219 from Puerto Rico or 833-201-9256 from the U.S. Virgin Islands (TTY users call 787-792-1370 from Puerto Rico or 866-215-1999 from the U.S. Virgin Islands) for more information.

Section 1.4 Changes to Prescription Drug Benefits & Costs

Drug Payment Stages

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

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

  We have no deductible, so this payment stage doesn't apply to you.

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

  In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,400.

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

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

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	**2027 (next year)**
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	**Because we have no deductible, this payment stage doesn't apply to you.**

Drug Costs in Stage 2: Initial Coverage

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost

to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

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

	2026 (this year)	**2027 (next year)**
Tier 1*: *Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay $2 copay.	**You pay $2 copay.**
Tier 2: Preferred Brand Name	You pay $20 copay	**You pay $20 copay**
Tier 3: Non-Preferred Brand Name	You pay 20% of the total cost, maximum $125 You pay 20% up to a maximum of $35 for a one-month supply of each insulin product covered at this level.	**You pay 20% of the total cost, maximum $125** **You pay 20% up to a maximum of $35 for a one-month supply of each insulin product covered at this level.**

	2026 (this year)	2027 (next year)
Tier 4: Specialty Drugs	You pay 25% of the total cost, maximum $200	**You pay 25% of the total cost, maximum $200**

SECTION 2 How to Change Plans

To stay in *Triple-S Óptimo PSHB*, you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our *Triple-S Óptimo PSHB*.

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

- **To change to a different Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from *Triple-S Óptimo PSHB*. Remember, not all Medicare health plans cover prescription drugs. Also be aware that for many plans you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
    - You'll automatically be disenrolled from *Triple-S Óptimo PSHB* if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You'll also automatically be disenrolled if you join a Medicare Health Maintenance Organization (HMO) or Medicare Preferred Provider Organization (PPO), that plan doesn't include prescription drug coverage.
    - If you choose a different Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep *Triple-S Óptimo PSHB* for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from *Triple-S Óptimo PSHB*. If you are enrolling in this plan type and want to leave our Part D plan, you can disenroll by enrolling in a different Part D plan, or if you don't want to enroll in Part D coverage, you must ask to be disenrolled from *Triple-S Óptimo PSHB*. To ask to be disenrolled, you must send us a written request or call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).

- **To change to Original Medicare with separate Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from *Triple-S Óptimo PSHB*.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 787-474-5219 from Puerto Rico or 833-201-9256 from the U.S. Virgin Islands (TTY users call 787-792-1370 from Puerto Rico or 866-215-1999 from the U.S. Virgin Islands) 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).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, *Triple-S* offers other Medicare health plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage **during the period established by your employer**.

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

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

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

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

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

SECTION 3 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (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.
    - Your State Medicaid Office.
- **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 Puerto Rico's Health Department Ryan White Part B Program. 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 (787) 765-2929 Ext. 5106 and 5137. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 787-474-5219 from Puerto Rico or

833-201-9256 from the U.S. Virgin Islands (TTY users call 787-792-1370 from Puerto Rico or 866-215-1999 from the U.S. Virgin Islands) or visit Medicare.gov.

SECTION 4 Questions?

Get Help from Triple-S Óptimo PSHB

- **Call Member Services at *787*-474-5219 from Puerto Rico or 833-201-9256 from the U.S. Virgin Islands. (TTY users call *787-792-1370 from Puerto Rico or 866-215-1999 from the U.S. Virgin Islands*.)**

  We're available for phone calls Friday from 7:30 a.m. to 8:00 p.m. Saturday from 9:00 a.m. to 6:00 p.m. and Sunday from 11:00 a.m. to 5:00 p.m. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, look in the 2027 *Evidence of Coverage* for *Triple-S Óptimo PSHB*. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at *www.ssspr.com/postal* or call Member Services at 787-474-5219 from Puerto Rico or 833-201-9256 from the U.S. Virgin Island (TTY users call 787-792-1370 from Puerto Rico or 866-215-1999 from the U.S. Virgin Islands) to ask us to mail you a copy.

- **Visit www.ssspr.com/postal**

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

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Puerto Rico, the SHIP is called Oficina del Procurador de Personas de Edad Avanzada.

Call Oficina del Procurador de Personas de Edad Avanzada to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Oficina del Procurador de Personas de Edad Avanzada. Learn more about Oficina del Procurador de Personas de Edad Avanzada by visiting (www.oppea.pr.gov/).

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 Medicare.gov**

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

- **Write to Medicare**

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

- **Visit Medicare.gov**

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

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

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS AND NONDISCRIMINATION STATEMENT

Discrimination is Against the Law

Triple-S Advantage, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)**). Triple-S Advantage, Inc.** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Triple-S Advantage, Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact a Service Representative of Triple-S Advantage.

If you believe that **Triple-S Advantage, Inc**. has failed to provide these services or discriminated in another way on the basis of race, color national origin, age, disability, or sex, you can file a grievance with:

Service Representative

Grievances & Appeals Unit

P.O Box 11320,

San Juan, PR 00922-1320

Telephone: 1-888-620-1919, TTY: 1-866-620-2520

Fax. 787-993-3261

E-mail: appeals-grievances@sssadvantage.com

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, a **Service Representative** 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, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

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

This notice is available at Triple-S Advantage website: sss.advantage.com.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services / Aviso de Disponibilidad de Servicios de Asistencia Lingüística, Ayudas y Servicios Auxiliares

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 1-888-620-1919 (TTY/TDD 1-866-620-2520) or speak to your provider.

Español: ATENCION: Si usted habla español, servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles, sin costo adicional. Llame al 1-888-620-1919 (TTY/TDD 1-866-620-2520) o hable con su proveedor.

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 1-888-620-1919（**文本电话：**1-866-620-2520）**或咨询您的服务提供商。**

한국어 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-620-1919 (TTY: 1-866-620-2520) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Português: ATENÇÃO: Se você fala português do Brasil, tem à disposição serviços gratuitos de assistência linguística. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-888-620-1919 (TTY 1-866-620-2520) ou fale com seu provedor.

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 1-888-620-1919 (TTY 1-866-620-2520) ou parlez à votre fournisseur.

Italiano: 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'1-888-620-1919 (TTY 1-866-620-2520) o parla con il tuo fornitore.

Deutsch: 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 1-888-620-1919 (TTY +1-866-620-2520) an oder sprechen Sie mit Ihrem Provider.

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 1-888-620-1919 (TTY: 1-866-620-2520) o makipag-usap sa iyong provider.

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 1-888-620-1919 (TTY: 1-866-620-2520) или обратитесь к своему поставщику услуг.

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 1-888-620-1919 (TTY 1-866-620-2520) أو تحدث إلى مقدم الخدمة".

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। 1-888-620-1919 (TTY: 1-866-620-2520) पर कॉल करें या अपने प्रदाता से बात करें।

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। सुलभ प्रारूपहरूमा जानकारी प्रदान गर्नको लागि उपयुक्त सहायक साधन र सेवाहरू पनि निःशुल्क उपलब्ध छन्। १-८८८-६२०-१९१९ (टिटवाई/टीडीडी १-८६६-६२०-२५२०) मा कोल गर्नुहोस् वा तपाईंको प्रदायकसँग कुरा गर्नुहोस्।

Kreyòl Ayisyen: TANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang free disponib pou ou. Zouti ak sèvis sekondè ki konvenab pou bay enfòmasyon nan fòm ki aksesib tou disponib gratis. Rele 1-888-620-1919 (TTY/TDD 1-866-620-2520) oubyen pale ak pwovidè ou.

יידיש
נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אַידס און באַדינונגס פֿאַר פֿרַאוויידינג אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך בנימצא פריי. רופן 1-888-620-1919(TTY: 1-866-620-2520) אָדער רעדן מיט דיין טרעגער."

עברית
שימו לב: אם אתם דוברים עברית, שירותי סיוע בשפה בחינם זמינים לכם. אביזרי עזר ושירותים מתאימים לספק מידע בפורמטים נגישים זמינים גם הם בחינם. התקשרו ל-1-888-620-1919 (TTY/TDD 1-866-620-2520) או דברו עם ספקכם.