

Annual Notice of Changes

Optum Rx Medicare Prescription Drug Plan, administered for Michigan Public School Employees' Retirement System by Optum Rx®

Effective January 1, 2026 – December 31, 2026

Optum Rx Member Services

For questions about this document, please contact Member Services. This call is free.



optumrx.com



Toll-free 1-855-577-6517, TTY 711

24 hours a day, 7 days a week

You are enrolled as a member of the Optum Rx Medicare Prescription Drug Plan.

This document describes changes to the plan's costs and benefits for next year.

- To change to a **different plan**, visit **Medicare.gov** or review the list in the back of your *Medicare & You* 2026 handbook.
- The Optum Rx Medicare Prescription Drug Plan allows for enrollment changes at any time during the year. Please contact the Office of Retirement Services (ORS) at 1-800-381-5111, 8:30 a.m. - 5 p.m., Monday - Friday, Eastern Time, for more information.
- 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 **optumrx.com** or call Optum Rx at **1-855-577-6517, TTY 711**, to get a copy by mail. You can also review the *Evidence of Coverage* to see if other benefit or cost changes affect you.

About Optum Rx Medicare Prescription Drug Plan

- Optum Insurance of Ohio, Inc. is a Medicare-approved Part D sponsor and administers this plan through its pharmacy benefit manager, Optum Rx, on behalf of the Michigan Public School Employees' Retirement System. If you need this information in another language or alternate format (Braille, large print, audio), please contact Optum Rx Member Services at the number located on the back of your ID card.
- When this document says "we," "us," or "our," it means Optum Rx. When it says "plan" or "our plan," it means Optum Rx Medicare Prescription Drug Plan.

Optum Rx®



**MICHIGAN OFFICE OF
RETIREMENT SERVICES**
Big Plans. Small Steps.

Annual Notice of Changes for 2026

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Summary of Important Costs for 2026

The tables on the following pages compare costs for 2025 and 2026 for the Optum Rx Medicare Prescription Drug Plan in several important areas. **Note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes* to see if other benefit or cost changes affect you.**

Drug Tier	Helpful Tips
Tier 1	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.
Tier 3	Drugs listed under Tier 3 generally have higher copayments, than the preferred brand name drugs (and may include some specialty or high cost drugs).
Tier 4	Drugs listed in Tier 4 include preferred specialty or high-cost drugs. These drugs cost \$950 or more for up to a 30-day maximum supply and generally have a lower copayment than drugs in the non-preferred tier below.
Tier 5	Drugs listed in Tier 5 include non-preferred specialty or high-cost drugs. These drugs cost \$950 or more for up to a 30-day maximum supply and generally have a higher copayment than drugs in the preferred tier above.

The tables below compare costs for 2025 and 2026 for the Optum Rx Medicare Prescription Drug Plan in several important areas. **Note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes* and review the enclosed *Evidence of Coverage* to see if other benefits or cost changes affect you.**

2025 (this year)				
Covered Prescription Drugs	Retail Network Pharmacy	Retail Network & Home Delivery Pharmacy	Preferred Specialty Pharmacy	Non-Preferred Specialty Pharmacy
	30-day supply	90-day supply	30-day supply	30-day supply
Cost-Sharing Tier 1 (Generic drugs)	20% coinsurance \$15 minimum / \$45 maximum	20% coinsurance \$37.50 minimum / \$112.50 maximum	n/a	n/a
Cost-Sharing Tier 2 (Preferred Brand drugs)	20% coinsurance \$15 minimum / \$45 maximum	20% coinsurance \$37.50 minimum / \$112.50 maximum	n/a	n/a
Cost-Sharing Tier 3 (Non-Preferred Brand drugs)	40% coinsurance \$15 minimum / no maximum	40% coinsurance \$37.50 minimum / no maximum	n/a	n/a
Cost-Sharing Tier 4 (Preferred Specialty drugs) †	20% coinsurance \$50 minimum / \$100 maximum	n/a	20% coinsurance \$50 minimum / \$100 maximum	40% coinsurance \$50 minimum / no maximum
Cost-Sharing Tier 5 (Non-Preferred Specialty drugs) †	40% coinsurance \$50 minimum / no maximum	n/a	40% coinsurance \$50 minimum / no maximum	40% coinsurance \$50 minimum / no maximum
†Drugs that cost \$950 or more for up to a 30-day maximum supply.				

2026 (next year)				
Covered Prescription Drugs	Retail Network Pharmacy	Retail Network & Home Delivery Pharmacy	Preferred Specialty Pharmacy	Non-Preferred Specialty Pharmacy
	30-day supply	90-day supply	30-day supply	30-day supply
Cost-Sharing Tier 1 (Generic drugs)	20% coinsurance \$15 minimum / \$45 maximum	20% coinsurance \$37.50 minimum / \$112.50 maximum	n/a	n/a
Cost-Sharing Tier 2 (Preferred Brand drugs)	20% coinsurance \$15 minimum / \$45 maximum	20% coinsurance \$37.50 minimum / \$112.50 maximum	n/a	n/a
Cost-Sharing Tier 3 (Non-Preferred Brand drugs)	40% coinsurance \$15 minimum / no maximum	40% coinsurance \$37.50 minimum / no maximum	n/a	n/a
Cost-Sharing Tier 4 (Preferred Specialty drugs) †	20% coinsurance \$50 minimum / \$100 maximum	n/a	20% coinsurance \$50 minimum / \$100 maximum	40% coinsurance \$50 minimum / no maximum
Cost-Sharing Tier 5 (Non-Preferred Specialty drugs) †	40% coinsurance \$50 minimum / no maximum	n/a	40% coinsurance \$50 minimum / no maximum	40% coinsurance \$50 minimum / no maximum
† Drugs that cost \$950 or more for up to a 30-day maximum supply.				

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 Changes to the Monthly Premium

	2025 (this year)	2026 (next year)
Monthly premium	There is no premium for this plan.	There is no premium for this plan.

Your retirement system does not charge a premium for the Optum Rx Medicare Prescription Drug Plan coverage in 2026.

Reasons your Part D Premium Amount could change:

- Late Enrollment Penalty - Medicare applies a late enrollment penalty in the following situations:
 - When individuals do not join a Medicare drug plan when they first become eligible.
 - When individuals have a continuous period of 63 days in a row or more without drug coverage that is at least as good as Medicare Part D coverage (also referred to as “creditable coverage”).
 - Your retirement system pays the late enrollment penalty on behalf of its members in 2025. Members who disenroll from the Optum Rx Medicare Prescription Drug Plan through ORS are responsible for Medicare’s late enrollment penalty after their disenrollment.
- Higher Income - If you have a higher income, you may have to pay an additional amount each month for your Medicare prescription drug coverage. This will be paid directly to the government (not to Optum Rx or ORS). Please refer to your *Evidence of Coverage* for more information.
- Extra Help - Your monthly premium will be **less** if you are receiving “Extra Help” with your prescription drug costs.

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 includes pharmacies with preferred cost sharing, which may offer you a lower cost than the standard cost sharing offered by other network pharmacies for some drugs.

There are changes to our network pharmacies each year. An up-to-date Pharmacy Directory listing can be found by using the Pharmacy Locator on the member website at **welcome.optumrx.com/mpser/pharmacy-locator**. You can review the list to see which pharmacies are in our network and are near you. For updated pharmacy information, you may also call Optum Rx at 1-855-577-6517, TTY 711.

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. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any additional restrictions.** There are 3 ways to get updated information about covered drugs for your plan:

- Visit welcome.optumrx.com/mpser/prescription-drug-list.
- Visit welcome.optumrx.com/mpser/forms and download a copy of the formulary from the Forms page.
- Call Optum Rx at 1-855-577-6517, TTY 711 to have a copy mailed to you.

We made changes to our Drug List. This includes changes to covered drugs and changes to the additional rules that apply to our coverage for certain drugs. We are allowed to make changes to the Drug List from time to time throughout the year, as allowed by Medicare rules. We can also remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer.

Note: The restriction of a 30-day maximum supply limit on opioid drugs at both retail and home delivery pharmacies remains in effect. There is also a 30-day maximum supply limit for some specialty and high-cost drugs. High-cost drugs are drugs that cost \$950 or more.

You can get the complete *Comprehensive Formulary* by calling Optum Rx at 1-855-577-6517, TTY 711 or by visiting optumrx.com.

If you are affected by a change in drug coverage, you can work with your doctor (or prescriber) to:

- **Find a different drug** that we cover. You can call Optum Rx at 1-855-577-6517, TTY 711 to ask for a list of covered drugs that treat the same medical condition.
- **Ask us to make an exception** to cover the drug. You can ask for an exception before next year and we will give you an answer before the change takes effect. To learn how to ask for an exception, see Chapter 7 of your *Evidence of Coverage* or call Optum Rx.

In some situations, we will cover a **one-time**, temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership. To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3 of the *Evidence of Coverage*. When you are using a temporary supply of a drug, you should talk with your doctor (or prescriber) to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask us to make an exception for you and cover your current drug.

If you currently have a formulary exception on file for the 2025 plan year, you may need to submit a new request for an exception for 2026. The approval letter you received contains a start and end date for the approval. Please refer to that letter to determine if a request for a new exception is needed.

Section 1.4 Changes to Your Prescription Drug Costs

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

If you are in a program that helps pay for your drugs (called Extra Help), **the information about costs for Part D drugs may not apply to you.** We will send you a separate insert, called the “Low Income Subsidy Rider” (or the “LIS Rider”) that tells you about your drug coverage. If you receive this insert, please call Optum Rx at 1-855-577-6517, TTY 711.

Drug Payment Stages

There are two drug payment stages: the Initial Coverage Stage and the Catastrophic Coverage Stage.

- **Stage 1: 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 total drug costs reach \$1,750.

- **Stage 2: Catastrophic Coverage**

This is the final drug payment stage. In this stage, the plan will pay most of the cost of your drugs for the remainder of the plan year (through December 31, 2026).

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

The following charts show the two drug payment stages and the changes for next year to the coverage stages (the Initial Coverage Stage and the Catastrophic Coverage Stage).

Drug Costs in Stage 1: Initial Coverage

During this stage, the plan pays its share of the cost, and **you pay your share of the cost of your drugs.**

You stay in this stage until your year-to-date Part D out-of-pocket costs (your payments) reach a total of \$2,100. Medicare sets this total and the rules for counting costs toward this amount. Your enhanced benefits include a plan-specific out-of-pocket maximum of \$1,750. Once you reach your enhanced plan out-of-pocket maximum of \$1,750, the plan will pay all your drug costs for the remainder of the year.

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, go to Chapter 4 of your *Evidence of Coverage*.

	2025 (this year)	2026 (next year)
Stage 1: Initial Coverage During this stage, the retirement system pays its share of the cost and you pay your share of the cost of your drugs. You remain in this stage until you have reached your enhanced benefits that include a plan-specific out-of-pocket maximum of \$1,750. Once you reach this amount, the plan will pay all your drug costs for the remainder of the year and you will enter the Catastrophic Coverage stage.	Your cost for a one-month (30-day) supply filled at a network pharmacy: Refer to 2025 cost share table on page 4.	Your cost for a one-month (30-day) supply filled at a network pharmacy: Refer to 2026 cost share table on page 4-5.

Changes to the Catastrophic Coverage Stage

	2025 (this year)	2026 (next year)
Stage 2: Catastrophic Coverage Generally, this stage will not apply to you based on your benefit design because our plan has a plan-specific out-of-pocket maximum.	Once you reach your out-of-pocket maximum of \$1,750, the plan will pay all your Part D drug costs for the remainder of the year.	Once you reach your out-of-pocket maximum of \$1,750, the plan will pay all your Part D drug costs for the remainder of the year.

Section 1.5 Part D Plan Service Area

Service Area Expansion

The service area for this plan includes all 50 US states, District of Columbia, Guam, Puerto Rico, the US Virgin Islands, Northern Mariana Islands, and American Samoa. Keep in mind, if you move out of the service area, you will be disenrolled from this plan. It is important that you notify both Optum Rx and ORS if you plan to move outside the service area.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	<p>The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December).</p> <p>You may be participating in this payment option.</p>	<p>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 2026.</p> <p>To learn more about this payment option, please contact us at 1-844-368-8729 or visit Medicare.gov.</p>

SECTION 3 How to Change Plans

Unless you choose another plan, you will be automatically enrolled in the Optum Rx Medicare Prescription Drug Plan in 2026. If you want to change to a different plan for next year, please contact ORS at 1-800-381-5111, 8:30 a.m. - 5 p.m., Monday – Friday, Eastern Time. For more information, see Chapter 8 of the *Evidence of Coverage*. ORS can explain your options, implications of leaving this plan and the correct process to disenroll from this plan. Refer to the “Getting Help from Medicare” section of this document, for information about selecting a different plan.

This prescription drug coverage is offered in conjunction with your Blue Cross Blue Shield of Michigan Medicare Plus Blue Group PPO medical coverage. If you choose a different Medicare Advantage plan, you will lose your prescription drug coverage and you may not get another opportunity to re-enroll in the plan again.

Section 3.1 Deadlines for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it anytime during the year. The change will take effect on the first day of the following month.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. More details on these programs can be found in Chapter 2 of your *Evidence of Coverage*. There are different kinds of help:

- **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. To see if you qualify, you can call:
 - 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048, 24 hours a day, 7 days a week.
 - The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778, 8 a.m. - 7 p.m., Monday – Friday.
 - Your state Medicaid office.

- **Help from your state's pharmaceutical assistance program** - There are programs that help people pay for prescription drugs based on 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 people with HIV/AIDS** - The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Prescription drugs covered by our plan and by ADAP qualify for prescription cost-sharing assistance. For information on eligibility criteria, covered drugs, or how to enroll in the program, contact the program in your local state of residence.
- **The Medicare Prescription Payment Plan** - The Medicare Prescription Payment Plan is a payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). 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. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048, 24 hours a day, 7 days a week or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Optum Rx Medicare Prescription Plan

- **Call Optum Rx at 1-855-577-6517, TTY 711.**
We're available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.

Read your 2026 *Evidence of Coverage* for details about next year's benefits and costs.

This *Annual Notice of Changes* provides a summary of changes in your benefits and costs for 2026. For details, look in the 2026 *Evidence of Coverage* for the Optum Rx Medicare Prescription Drug Plan. 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 prescription drugs. There are 2 ways to get an updated *Evidence of Coverage* document for your plan:

- Visit <https://welcome.optumrx.com/mpser/forms> and download a copy of the *Evidence of Coverage*.
- Call Optum Rx at 1-855-577-6517 TTY 711 to have a copy mailed to you.

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

Call to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE. This information can be found in Chapter 2 of the *Evidence of Coverage*.

Get Help from Medicare

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

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

- **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 prescription drug 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 OF NONDISCRIMINATION

OptumRx®, Inc. complies with applicable 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). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member ID card. (TTY 711).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@optum.com

If you need help filing a complaint, call the toll-free number 1-888-445-8745. (TTY 711).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Phone: 1-800-368-1019, 1-800-537-7697 (TDD)
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at hhs.gov/ocr/complaints/index.html.

This notice is available at optum.com/en/language-assistance-nondiscrimination.html.

This information is available in other formats like large print.
To ask for another format, please call the telephone number
listed on your member plan ID card.

Notice of Availability of Language Assistance Services and Alternate Formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. TTY: 711

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. TTY: 711

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាគតិតិចត្តៃ និងការទំនាក់ទំនងគតិតិចត្តៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាព្រឹត្តិបត្រធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខគតិតិចត្តៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：如果您说中文 (Chinese)，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說中文 (Chinese)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION: Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzen und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

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BAA'ÁKONÍNÍZIN: Diné (Navajo) saad bee yánílti'go, t'áá jíik'eh saad bee áka'e'eyeed bee áka'anida'wo'í dóó nááná łahgo át'éego bee hadadilyaa bee ahxil hane'í, díí nitsaago bee ak'eda'ashchínigíí, náhóló. Bee atah nil'íní ninaaltsoos nit'ízí bee nééhoziní bągh t'áá hiik'eh bee hane'í námboo bee hodiilnih.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

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LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

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