Annual Notice of Changes

State Health Plan PPO Medicare Prescription Drug Plan (PDP)

Administered by Optum Rx®

Effective January 1, 2027 – December 31, 2027

Optum Rx Member Services

For questions about this document, please contact Member Services.

optumrx.com/som

Toll-free **1-866-635-5941**, TTY **711**

24 hours a day, 7 days a week

You are enrolled as a member of the State Health Plan PPO Medicare Prescription Drug Plan.

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

- 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 **optumrx.com** or call Optum Rx at **1-866-635-5941,** 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 the State Health Plan PPO 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 your employer, union or trustees of a fund. 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 State Health Plan PPO Medicare Prescription Drug Plan (PDP).

Optum Rx®

Annual Notice of Changes for 2027
Table of Contents

Summary of Important Costs for 2027 3

Section 1 Changes to Benefits and Costs for Next Year 4

Section 1.1 Changes to the Monthly Premium 4

Section 1.2 Changes to the Pharmacy Network 5

Section 1.3 Changes to Part D Drug Coverage 5

Section 1.4 Changes to Prescription Drug Costs 6

Section 1.5 Part D Plan Service Area 8

Section 2 How to Change Plans 8

Section 2.1 Deadlines for Changing Plans 8

Section 3 Get Help Paying for Prescription Drugs 9

Section 4 Questions? 10

Summary of Important Costs for 2027

The table on the next page compares costs for 2026 and 2027 for the State Health Plan PPO 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 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 preferred brand-name drugs and may include some specialty or high-cost drugs*.

* High-Cost (and some Specialty) drugs are those that cost $950 or more for up to a 30-day maximum supply. These types of drugs will be labeled in the *Abridged Formulary* as “NDS” under the “Requirements/Limits” column.

2026 (this year)

Covered Prescription Drugs	Retail Pharmacy *(up to 30-day supply)*	Retail Pharmacy *(up to 90-day supply)*	Home Delivery Pharmacy *(up to 90-day supply)*
Cost Sharing Tier 1 (Generic Drugs)	$10	$20	30-day supply = $7 60-day supply = $14 90-day supply = $20
Cost Sharing Tier 2 (Preferred Brand Drugs)	$30	$60	30-day supply = $20 60-day supply = $40 90-day supply = $60
Cost Sharing Tier 3 (Non-Preferred Brand Drugs)	$60	$120	30-day supply = $40 60-day supply = $80 90-day supply = $120

TRICARE payments do not count toward your out-of-pocket costs.

There is no change for 2027 (next year)

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 Changes to the Monthly Premium

	2026 (this year)	2027 (next year)
Monthly plan premium You must also continue to pay your Medicare Part B premium.	Please contact the Office of Retirement Services (ORS) at 1-800-381-5111, Monday – Friday, 8:30 a.m. – 5:00 p.m. Eastern time with questions regarding any plan premium you may have.	Please contact the Office of Retirement Services (ORS) at 1-800-381-5111, Monday – Friday, 8:30 a.m. – 5:00 p.m. Eastern time with questions regarding any plan premium you may have.

Reasons your Part D Premium Amount could change:

- Late Enrollment Penalty - Your monthly plan premium will be **more** if you are required to pay a late-enrollment penalty for going without Part D or other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days in a row or more.
- 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. 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.

There are changes to our network of pharmacies each year. An up-to-date Pharmacy Directory listing can be found by using the Pharmacy Locator tool on our member website at optumrx.com/som (under Find a network pharmacy). You can review the listing to see which pharmacies are in our network and are near you. For updated pharmacy information, you may also call Optum Rx at 1-866-635-5941, 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 additional restrictions.** There are 2 ways to get the most complete and current information about which drugs are covered drugs:

- Visit **optumrx.com** > *Log in to your Optum Rx Account* > Quick links > Drug list tool.
- Call Optum Rx at **1-866-635-5941**, 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 restrictions 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 still 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.

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

- **Ask the plan 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 Member Services.
- **Find a different drug** that we cover. You can call Optum Rx at **1-866-635-5941**, TTY **711** to ask for a list of covered drugs that treat the same medical condition.

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 the plan to make an exception for you and cover your current drug.

If you currently have a formulary exception on file for the 2026 plan year, you may need to submit a new request for an exception for 2027. 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 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 **1-866-635-5941**, TTY **711**.

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 total drug costs reach $2,400.

  Your enhanced benefits include a plan-specific out-of-pocket maximum of $2,000. Once you reach your enhanced plan out-of-pocket maximum of $2,000, the plan will pay **all** of your drug costs for the remainder of the year.

- ***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 (through December 31, 2027). You generally stay in this stage for the rest of the calendar year.

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 $30 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 3 drug payment stages and the changes for next year to the coverage stages (Deductible, Initial Coverage Stage and the Catastrophic Coverage Stage).

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	**This plan does NOT have a Deductible. This stage does not apply to you.**	**This plan does NOT have a Deductible. This stage does not apply to you.**

Drug Costs in Stage 2: 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 $2,400. 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 $2,000. Once you reach your enhanced plan out-of-pocket maximum of $2,000, the plan will pay **all** of 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*.

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)
Initial Coverage:	Your cost for a one-month supply filled at a network pharmacy: **Generic Drugs:** You pay $10 **Preferred Brand Drugs:** You pay $30 **Non-Preferred Brand Drugs:** You pay $60	Your cost for a one-month supply filled at a network pharmacy: **Generic Drugs:** You pay $10 **Preferred Brand Drugs:** You pay $30 **Non-Preferred Brand Drugs:** You pay $60

Changes to the Catastrophic Coverage Stage

	2026 (this year)	**2027 (next year)**
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.	Most members do not reach the Catastrophic Coverage Stage because your enhanced benefits include a plan-specific out-of-pocket maximum of $2,000. Once you reach your out-of-pocket maximum of $2,000 the plan will pay all of your drug costs for the remainder of the year. If you **do** reach the calendar year maximum of $2,100, you enter the Catastrophic Coverage Stage. If you reach this Stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.	Most members do not reach the Catastrophic Coverage Stage because your enhanced benefits include a plan-specific out-of-pocket maximum of $2,000. Once you reach your out-of-pocket maximum of $2,000 the plan will pay all of your drug costs for the remainder of the year. If you **do** reach the calendar year maximum of $2,400, you enter the Catastrophic Coverage Stage. If you reach this Stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

Section 1.5 Part D Plan Service Area

Service Area Expansion

The service area for this plan includes all 50 United 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 the ORS at **1-800-381-5111**, Monday – Friday, 8:30 a.m. – 5:00 p.m., if you plan to move outside the service area.

SECTION 2 How to Change Plans

To stay in the State Health Plan PPO Medicare Prescription Drug Plan, you do not need to do anything. If you do not sign up for a different plan, you will remain enrolled as a member of our plan for 2027. If you have questions about your Medicare prescription coverage, contact Optum Rx at **1-866-635-5941**, TTY **711**.

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 the State Health Plan PPO Medicare Prescription Drug Plan. Not all Medicare health plans cover prescription drugs. For many plans, you cannot join the plan and buy a separate prescription drug plan at the same time.

- **To change to Original Medicare with separate Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from the State Health Plan PPO Medicare Prescription Drug Plan.

- **To change to Original Medicare without a separate drug plan,** you can either:
    - Send us a written request to disenroll. Contact Optum Rx at **1-866-635-5941**, TTY **711**, if you need more information on how to do this.

    - Contact **Medicare** at **1-800-MEDICARE** (**1-800-633-4227**) and ask to be disenrolled. TTY users can call **1-877-486-2048**, 24 hours a day, 7 days a week. 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 5), or call **1-800-MEDICARE** (**1-800-633-4227**).

Note: This prescription drug coverage is offered in conjunction with your State Health Plan PPO Medicare Supplemental or State Health Plan MA PPO medical coverage. If you disenroll from either plan, you will lose your prescription drug coverage and you may not get another opportunity to re-enroll in the plan again.

Section 2.1 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 any time during the year**.** The change will take effect on first day of the following month.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. There are different kinds of help:

- **Extra Help from Medicare -** People with limited income may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75 percent or more of your drug costs, including monthly prescription drug premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late-enrollment penalty. 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 (SPAP)-** There are programs that help people pay for prescription drugs based on their financial need, age, or

medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit **shiphelp.org**, or call **1-800-MEDICARE**.

- **Prescription cost-sharing assistance for 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/underinsured status. Medicare Part D prescription drugs that are also covered 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 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, 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 4 Questions?

Get Help from the State Health Plan PPO Medicare Prescription Drug Plan

- **Call Optum Rx at 1-866-635-5941, TTY 711.**
- We're available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.
- **Read your 2027 *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 2027. For additional details, look in the 2027 *Evidence of Coverage* for the State Health Plan PPO Medicare Prescription Drug Plan. The *Evidence of Coverage* is a 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. A copy of the *Evidence of Coverage* is included in this envelope. There are 2 ways to get an updated *Evidence of Coverage* document for your plan:

  - Visit our website at **optumrx.com/som** and download a copy of the *Evidence of Coverage*.
  - Call Optum Rx at **1-866-635-5941**, TTY **711** to have a copy mailed to you.

- **Log in to your Optum Rx Account at optumrx.com**

  As a reminder, you can find the most up-to-date information about our pharmacy network on our website by using the Pharmacy Locator tool (found under Quick links > Find a pharmacy) and our list of covered drugs (formulary) by using the Drug list tool (found under Quick links > Drug list tool).

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**.

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 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 OF NONDISCRIMINATION

Optum Rx®, Inc. complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). 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.

© 2026 Optum Rx, Inc. All rights reserved. WF21290808-A Revised 4/26

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៖ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាតតគិតថ្លៃ
និងការទំនាក់ទំនងតតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខតតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

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 fòma lo 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 Sprachassistenzdienste 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アルにお電話ください。

알림 사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: **Diné (Navajo)** saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó náánáł ahgo át'éego bee hadadilyaa bee ahxił hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhozíní bąąh t'áá hiik'eh bee hane'í námboo bee hodíilnih.

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.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском** языке **(Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

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.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1051. If you have comments or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.