

PLAN UPDATES

WASHINGTON, DC
2024

What's new for Washington, DC, small business group plans with coverage effective on or after January 1, 2024



This booklet contains a summary of important information you'll want to know about our Washington, DC, small group plans. For more details on plan information, see the *Administrative Guide for Off-Exchange Plans*.

Your partner in good health

At Kaiser Permanente, we offer a fully integrated health care delivery system with providers, hospitals, pharmacies, and labs working together to provide coordinated care for our members.

What's new at Kaiser Permanente

Below are some of the exciting changes over the past year:



NEW – Interpreter-supported video visits¹

Scheduled video visits are now available in the member's preferred language, including American Sign Language.



NEW – Get Care Now

Kaiser Permanente clinicians are available 24/7 for urgent care needs via video and phone, no appointment necessary.^{1,2}



myStrength Complete³ – added to our suite of self-care apps

Build a personalized plan to strengthen your emotional health whenever, wherever you need to.

Additionally, digital self-care apps, such as Calm, Headspace Care (formerly known as Ginger), and ClassPass, are available at no extra cost to members to help support their physical and mental health and emotional well-being.⁴



Skip the appointment line with our new service⁵

If your next doctor's appointment is scheduled further out than you'd like, we now offer a new option that might get you into your physician's office a bit sooner.

Now you can use our automated wait list to get an earlier appointment if one becomes available. This option can get you in to see your doctor an average of 21 days sooner, and the new appointment will be for the same service and the same clinician as initially booked.

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¹ When appropriate and available. If you travel out of state, phone appointments and video visits may not be available in select states due to licensing laws. Laws differ by state.

² These features available when you get care at Kaiser Permanente facilities.

³ myStrength Complete by Teladoc Health is available to members 13 and older who do not have a Maryland Medicaid health plan. Some of these services may not be covered under your health plan benefits and may not be subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. myStrength® is a wholly owned subsidiary of Livongo Health, Inc. Psychiatry is not included in the myStrength Complete membership.

⁴ Calm can be used by members 13 and over. The Headspace Care app and services are not available to any members under 18 years old. Some individuals who receive health care services from Kaiser Permanente through state Medicaid programs are not eligible for the Headspace Care app and services. Eligible Kaiser Permanente members can text with a coach using the Headspace Care app for 90 days per year. After the 90 days, members can continue to access the other services available on the Headspace Care app for the remainder of the year at no cost. These services are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice.

⁵ Sooner appointments are available for phone, video, or in-person appointments. Availability varies by service and department.

NEW – Kaiser Permanente Smile



Kaiser Permanente Smile is a new suite of dental plans designed to increase oral health. As the region's leading health system,¹ we're committed to providing convenient, affordable, and quality care to our members and the communities we serve. Our enhanced dental offerings are designed to meet the needs of our members so they can avoid costly procedures in the future. Cultivate whole-body wellness with comprehensive oral care from Kaiser Permanente. (Optional adult dental and cosmetic orthodontia plans are not available in Washington, DC.)

Top-rated health plans



Out of more than 1,000 health plans evaluated this year, Kaiser Permanente of the Mid-Atlantic States was the only plan to receive the highest possible rating (5 out of 5) from the National Committee for Quality Assurance for every commercial, Medicare, and Medicaid plan offered.²

Going all-in against cancer



Our cancer care team leads the way in early detection, clinical trials, and innovative treatments, giving patients more options in the fight against cancer.

Furthering our mission with community health



We help people experiencing health inequities address the clinical, genetic, social, economic, and environmental factors that affect their ability to thrive. In 2022 alone, we invested more than \$169 million in the community.³

High marks in the industry



Insure.com recently rated Kaiser Permanente the nation's *Best Health Insurance Company of 2023* for customer satisfaction.¹ We also received top marks in their 2023 health insurance customer survey: We were rated most trustworthy, most likely to be recommended, and best for ease of service. We also tied for best in the nation for our policy offerings.

¹ In the survey *Best Health Insurance Companies of 2023* by **Insure.com**, Kaiser Permanente as a national enterprise is rated #1 overall among 60+ insurance carriers. In the NCQA Commercial Health Plan Ratings 2023, our commercial plan is rated 5 out of 5, the highest rating in the region. The 2022 Commission on Cancer, a program of the American College of Surgeons, granted Three-Year Accreditation with Commendation to the Kaiser Permanente cancer care program. The Mid-Atlantic Permanente Medical Group is the largest multispecialty medical group in the Washington, DC, and Baltimore areas and exclusively treats Kaiser Permanente members. Permanente doctors are recognized as Top Doctors in *Arlington Magazine* (2023), *Bethesda* magazine (2023), in *Northern Virginia Magazine* (2023), *Washingtonian* magazine (2022), and *Baltimore* magazine (2022). According to NCQA's Quality Compass® 2022, we're rated 5 out of 5 in 29 measures, including: controlling blood pressure (heart disease), blood pressure control (140/90) (diabetes), glucose control, colorectal cancer screening, breast cancer screening, cervical cancer screening, childhood immunizations, prenatal check-ups, and postpartum care. Quality Compass is a registered trademark of the NCQA.

² NCQA evaluated over 1,000 health plans based on clinical performance, member satisfaction and NCQA Accreditation. In the NCQA Commercial Health Plan Ratings 2023, our commercial plan is rated 5 out of 5, the highest rating in the region; our Medicare plan is rated 5 out of 5, the highest rating in Maryland, Virginia, and Washington, DC; and our Medicaid plan is rated 5 out of 5, the highest rating in the nation.

³ According to year-end financial result, 2022 at **mykp.kp.org**.

2024 Medical plan portfolio

Our plan portfolio offers choice and flexibility with multiple plans to choose from in all four metal levels. We've made necessary cost-sharing changes to keep plans within their respective metal levels. Because of this, and new plan-naming regulations, there are several plan name changes. HMO Plus and Deductible HMO Plus plans are being renamed to Kaiser Permanente Plus and Deductible Kaiser Permanente Plus, respectively. However, no plans have been discontinued. New plan names and specific cost-sharing changes for each plan are provided under "2024 Medical plan changes" on page 7 of this document. Groups may choose to renew with their current plan or select any other plan in our portfolio.

Pediatric dental services and coverage for your renewal

Pediatric dental coverage for members is required by law, so all our medical plans are offered along with an ACA-compliant pediatric dental plan. The KP Smile Kids Embedded Dental PPO is included with Kaiser Permanente's Flexible Choice and Added Choice POS medical plans. The KP Smile Kids Embedded Dental EPO is included with all other Kaiser Permanente medical plans.

Both plans include preventive care procedures every 6 months, such as oral evaluations, routine cleanings, bitewing X-rays, and topical fluoride treatments at no additional cost. Additional diagnostic and restorative services and medically necessary orthodontia are also covered. For more information, visit kp.org/dental/mas.

Automatic renewals

Your coverage will renew automatically at the 2024 rates and plan changes unless you notify us at least 30 days prior to November 1, 2024. Your acceptance of this renewal also confirms that you meet the definition of "small employer" as defined by applicable federal and state laws.

2024 Plan highlights and reminders

Prescription drug coverage is automatically covered on all medical plans

All our plans come with built-in coverage for outpatient prescription drugs. All prescription drug plans have a four-tiered benefit design with different cost-sharing amounts for generic, preferred brand, non-preferred brand, and specialty drugs.

Your employees can save time and money by ordering prescription refills online or by phone. Members can get a 90-day supply for only two times the 30-day supply copay when using Kaiser Permanente Mail Order Pharmacy.¹ We can mail most prescription medications to you within 3 to 5 days, and you don't pay any extra for standard U.S. postage.

Employee assistance program

Starting in 2024, we are teaming with a national vendor to deliver nonclinical support for mental health by offering an optional employee assistance program for small and mid-size employers. Please reach out to your account manager for more information.

Routine adult vision eye exam and hardware benefits

All our plans include an adult vision benefit at Vision Essentials by Kaiser Permanente Vision (located in many of our medical centers). Routine eye exams with an optometrist are available at each plan's primary care office visit cost share. A discount of \$125 is offered off the retail price of combined frames and lenses once per year. The discount may be applied to contact lenses if purchased instead of frames and lenses; it may also be applied to initial fit and first purchase of contact lenses at Vision Essentials. Go to kp2020.org for more information, including our optical locations.

Pediatric vision coverage on all medical plans

All our plans cover routine pediatric vision exams and one pair of standard frames from a select group with lenses per year, at no additional charge. Regular contacts may be substituted for pediatric frames and lenses once per contract year. Go to kp2020.org for more information, including our optical locations.

Standard plans

Our plan portfolio includes standard plans that have been designed by the District of Columbia, and all carriers are required to offer these plans. Because they were not designed by Kaiser Permanente, the coverage may differ from our typical plans. Please refer to your Summary of Benefits for details.

Benefits that accrue to the medical out-of-pocket maximum

Most benefits, including copays and coinsurance for services not subject to deductible, as well as the deductible itself, accrue to the medical out-of-pocket maximum. Copays and coinsurance that accrue to the out-of-pocket maximum are waived once an individual or has reached that maximum.

¹ Some medications are not eligible for Mail Order Pharmacy. Mail Order Pharmacy can deliver to addresses in MD, VA, DC, and certain locations outside the service area.

Summary of 2024 plan changes for Washington, DC

This document provides an overview of changes Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and Kaiser Permanente Insurance Company (KPIC)¹ are making to your small group plan offerings effective upon your group's 2024 renewal date.

For more information, please refer to your Summary of Benefits and Coverage (SBC) and/or your *Evidence of Coverage (EOC)*.



Travel dialysis

Coverage for travel dialysis has been added to the in-network tier. The in-network specialty office visit cost share applies, and coverage is limited to 60 days of travel per contract year.



Adult routine eye exams

Routine eye exams for adults are no longer excluded from accumulating towards the out-of-pocket maximum for HMO and DHMO plans.



Mental health services

Coverage for certain outpatient visits includes evaluation and management, screening assessment, psychotherapy crisis, individual and group therapy, and gender dysphoria. Certain diagnostic tests, imaging, and hormone therapy injection are covered for children under age 19 with a primary diagnosis of mental health condition. The cost share will be \$5 for all HMO and DHMO standard plans.



Prescription drugs for mental health services

Coverage for prescription drugs as defined by the pharmacy to treat pediatric mental health conditions are covered for children under age 19. The cost shares will be \$5 per 30-day supply, \$10 per 90-day supply and \$ 8 per 90-day mail order for all HMO & DHMO standard plans.



Dental benefit change

A revamped Kaiser Permanente Smile dental portfolio includes expanded embedded pediatric offerings, and for off-exchange plans only, a selection of comprehensive adult riders and optional enhanced orthodontic benefits for families or children only.

¹ Kaiser Foundation Health Plan of the Mid-Atlantic States (KFHP-MAS) underwrites the in-network tier (Option 1) and KPIC, a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the out-of-network coverage consisting of the participating provider tier (Option 2) and the non-participating provider tier (Option 3) of the POS plan.

2024 Medical plan changes

DC HMO plans

YEAR	2023	2024
PLAN NAME	KP DC Platinum 0/10 Vision	KP DC Platinum 0/10 Vision
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$2,000	\$2,400
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$2,000/\$4,000	\$2,400/\$4,800
PLAN NAME	KP DC Gold 0/20/Vision	KP DC Gold 0/20/Vision
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$6,950	\$8,250
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$6,950/\$13,900	\$8,250/\$16,500

DC HMO Plus plans

YEAR	2023		2024	
PLAN NAME	KP DC Platinum HMO Plus 0/10 Vision		KP DC Platinum Plus 0/10 Vision	
NETWORK	In-plan	Out-of-network	In-plan	Out-of-network
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$2,000	Not applicable	\$2,400	No change
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$2,000/\$4,000	Not applicable	\$2,400/\$4,800	No change
PLAN NAME	KP DC Gold HMO Plus 0/20/Vision		KP DC Gold Plus 0/20/Vision	
NETWORK	In-plan	Out-of-network	In-plan	Out-of-network
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$6,950	Not applicable	\$8,250	No change
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$6,950/\$13,900	Not applicable	\$8,250/\$16,500	No change

2024 Medical plan changes (continued)

DC DHMO plans

YEAR	2023	2024
PLAN NAME	KP DC Standard Gold 500/25/20%Vision	KP DC Standard Gold 500/25/20%Vision
OUTPATIENT SURGERY FACILITY FEE	\$600	\$500
PLAN NAME	KP DC Gold 1,000/20/Vision	KP DC Gold 1,000/300 RxDed/20/Vision
PLAN NAME	KP DC Gold 1,500/20/Vision	KP DC Gold 1,500/300 RxDed/20/Vision
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$7,200	\$7,100
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$7,200/\$14,400	\$7,100/\$14,200
PLAN NAME	KP DC Gold Virtual Complete 2,000	KP DC Gold Virtual Complete 2,000
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$6,100	\$5,850
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$6,100/\$12,200	\$5,850/\$11,700
PLAN NAME	KP DC Silver 1,750/40/Vision	KP DC Silver 1,750/250 RxDed/40/Vision
PLAN NAME	KP DC Silver 2,500/40/Vision	KP DC Silver 2,500/250 RxDed/40/Vision
PLAN NAME	KP DC Standard Silver 4,850/40/20%/vision	KP DC Standard Silver 4,850/350 RxDed/40/20%
PLAN NAME	KP DC Bronze 6,500/50/Vision	KP DC Bronze 6,500/50/Vision
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$8,700	\$9,100
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$8,700/\$17,400	\$9,100/\$18,200
PLAN NAME	KP DC Standard Bronze 7,500/45/40%/Vision	KP DC Standard Bronze 7,500/850 RxDed/45/40%
SELF-ONLY DEDUCTIBLE	\$9,100	\$9,150
FAMILY DEDUCTIBLE (INDIVIDUAL/FAMILY)	\$9,100/\$18,200	\$9,150/\$18,300

2024 Medical plan changes (continued)

DC DHMO Plus plans

YEAR	2023		2024	
PLAN NAME	KP DC Gold DHMO Plus 1,500/20/Vision		KP DC Gold Plus 1,500/300 RxDed/20/Vision	
NETWORK	In-plan	Out-of-network	In-plan	Out-of-network
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$7,200	Not applicable	\$7,100	No change
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$7,200/\$14,400	Not applicable	\$7,100/\$14,200	No change
PLAN NAME	KP DC Silver DHMO Plus 1,750/40/Vision		KP DC Silver Plus 1,750/250 RxDed/40/Vision	

2024 Medical plan changes (continued)

DC HDHP plans

YEAR	2023	2024
PLAN NAME	KP DC Silver 2,000/30/HSA/Vision	KP DC Silver 2,000/30/HSA/Vision
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$6,700	\$7,500
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$6,700/\$13,400	\$7,500/\$15,000
PLAN NAME	KP DC Silver 3,000/30/HSA/Vision	KP DC Silver 3,000/30/HSA/Vision
SELF-ONLY DEDUCTIBLE	\$3,000	\$3,000
FAMILY DEDUCTIBLE (INDIVIDUAL/FAMILY)	\$3,000/\$6,000	N/A (individual)/\$6,000
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$7,000	\$7,500
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$7,000/\$14,000	\$7,500/\$15,000
PLAN NAME	KP DC Bronze 6,000/50/HSA/Vision	KP DC Bronze 6,000/50/HSA/Vision
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$7,000	\$7,200
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$7,000/\$14,000	\$7,200/\$14,400
PLAN NAME	KP DC Bronze 7,000/0%/HSA/Vision	KP DC Bronze 7,050/0%/HSA/Vision
SELF-ONLY DEDUCTIBLE	\$7,000	\$7,050
FAMILY DEDUCTIBLE (INDIVIDUAL/FAMILY)	\$7,000/\$14,000	\$7,050/\$14,100
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$7,000	\$7,050
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$7,000/\$14,000	\$7,050/\$14,100
PLAN NAME	KP DC Standard Bronze 6,350/20%/HSA/Vision	KP DC Standard Bronze 6,350/20%/HSA/Vision
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$6,900	\$7,200
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$6,900/\$13,800	\$7,200/\$14,400

2024 Medical Plan Changes (continued)

DC POS plans

YEAR	2023		2024	
PLAN NAME	KP DC Platinum Added Choice 0/10/POS/Vision		KP DC Platinum Added Choice 0/10/POS/Vision	
NETWORK	In-plan	Out-of-network	In-plan	Out-of-network
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$2,000	\$4,000	\$2,400	\$4,800
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$2,000/\$4,000	\$4,000/\$8,000	\$2,400/\$4,800	\$4,800/\$9,600
PLAN NAME	KP DC Gold Added Choice 1,000/20/POS/Vision		KP DC Gold Added Choice 1,000/300 RxDed/20/POS	
NETWORK	In-plan	Out-of-network	In-plan	Out-of-network
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$6,750	\$8,000	No change	\$13,500
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$6,750/\$13,500	\$8,000/\$16,000	No change	\$13,500/\$27,000
PLAN NAME	KP DC Silver Added Choice 2,500/40/POS/Vision		KP DC Silver Added Choice 2,500/250 RxDed/40	
PLAN NAME	KP DC Bronze Added Choice 6,500/55/POS/Vision		KP DC Bronze Added Choice 6,500/55/POS/Vision	
NETWORK	In-plan	Out-of-network	In-plan	Out-of-network
SELF-ONLY OUT-OF-POCKET MAXIMUM	\$8,700	\$17,100	\$9,100	\$18,200
FAMILY OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$8,700/\$17,400	\$17,100/\$34,200	\$9,100/\$18,200	\$18,200/\$36,400

Kaiser Foundation Health Plan of the Mid-Atlantic States (KFHP-MAS) underwrites the in-network tier (Option 1) and KPIC, a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the out-of-network coverage consisting of the participating provider tier (Option 2) and the non-participating provider tier (Option 3) of the POS plan.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-777-7902** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 2101 East Jefferson St., Rockville, MD 20852, telephone number: 1-800-777-7902.

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, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

In the event of dispute, the provisions of the approved English version of the form will control.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-777-7902** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-777-7902** (TTY: **711**)፡

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-777-7902** (TTY: **711**)፡

Bàsòò Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: Ɔ jũ ké m̀ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuqu kà kò dò po-poò béin m̀ gbo kpáa. Đá **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-800-777-7902** (TTY: **711**)।

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-777-7902** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-777-7902 (TTY: 711)** تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-777-7902 (TTY: 711)**.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-777-7902 (TTY: 711)**.

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-777-7902 (TTY: 711)**.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-777-7902 (TTY: 711)**.

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-777-7902 (TTY: 711)** पर कॉल करें।

Igbo (Igbo) NRUBAMA: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-777-7902 (TTY: 711)**.

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-777-7902 (TTY: 711)**.

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-777-7902 (TTY: 711)** まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-777-7902 (TTY: 711)** 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih **1-800-777-7902 (TTY: 711)**.

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-777-7902 (TTY: 711)**.

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-777-7902 (TTY: 711)**.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-777-7902 (TTY: 711)**.

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-777-7902 (TTY: 711)**.

ไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-777-7902 (TTY: 711)**.

اردو (Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-777-7902 (TTY: 711)**.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-777-7902 (TTY: 711)**.

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-777-7902 (TTY: 711)**.