We cover what matters.

BlueCard® PPO Plan Benefits

Alabama Veterinary Medical Association Health and Welfare Trust Blue Secure 1000 BlueCard[®] PPO

Effective January 01, 2025



An Independent Licensee of the Blue Cross and Blue Shield Association

Visit our website at AlabamaBlue.com

Prescription Drugs: ValueONE Network

ValueONE Network Facts:

- 51,000 major national and regional pharmacy chains, retailers and grocers, and independent pharmacies participate in the ValueONE Retail Network. This includes many national pharmacies you may already be using.
- 50,000 major national and regional pharmacy chains, retailers and grocers, and independent pharmacies participate in the ValueONE Extended Supply Network (ESN). This includes many national pharmacies you may already be using.
- Generally, ValueONE Retail Network pharmacies can fill up to a 30-day supply of retail drugs while ValueONE ESN Network pharmacies can fill up to a 90-day supply of certain medications (prescription must be written for up to a 90-day supply). Refer to your benefit booklet for the specific day supply permitted by your benefit plan. Since the type of pharmacy differs within the ValueONE Network, be sure to check your specific pharmacy.
- If you do not use a ValueONE Network pharmacy, you may be responsible for the full cost of your prescription medication. Benefits may not be provided for out-of-network pharmacies.
- To maximize your pharmacy benefits, you will need to transfer all your prescriptions to a ValueONE Network pharmacy.

Find a ValueONE Network Pharmacy

You can locate all of the participating pharmacies in your area at

AlabamaBlue.com/ValueONERetailPharmacyLocator. Click on "Find a Pharmacy by Name or Location" located under Find a Pharmacy. When searching for a participating pharmacy, make sure either "ValueONE Retail Network" or "ValueONE ESN Network" is listed under "Network Participation" located to the right of the pharmacy address.

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BENEFIT	IN-NETWORK	OUT-OF-NETWORK
	of the provider's charge that Blue Cross and/or	
	may vary depending upon the type provider an MMARY OF COST SHARING PROVISIO	
	Mental Health Disorders and Substan	
	-of-pocket maximums will be calculated in acco	·
Calendar Year Deductible	\$1,000 individual; \$2,000 family	\$2,000 individual; \$4,000 family
The in-network and out-of-network calendar year deductibles are separate and do not apply to each other		
Calendar Year Out-of-Pocket Maximum	\$6,000 individual; \$12,000 family	There is no out-of-pocket maximum for out-
All deductibles, copays and coinsurance for in- network services and all deductibles, copays and coinsurance for out-of-network mental health disorders and substance abuse emergency services apply to the out-of-pocket maximum.	The dollar amount of any specialty drug financial assistance provided by providers or manufacturers will not apply to the in-network out-of-pocket maximum After you reach your Calendar Year Out-of- Pocket Maximum, applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year	of-network services.
ΙΝΡΑΤ	IENT HOSPITAL AND PHYSICIAN BEN	IEEITS
	Mental Health Disorders and Substan	
	hissions (except medical emergency services and	
	gencies. Generally, if precertification is not obta	
	2342 (toll-free) for precertification.	
Inpatient Hospital	Covered at 100% of the allowed amount, after \$250.00 daily hospital copay days 1-5 for each admission	Covered at 50% of the allowed amount, after \$1,200.00 per admission deductible
		Note: In Alabama, available only for medical emergency services and accidental injury
Inpatient Physician Visits and Consultations	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
	Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, no copay or deductible	Mental Health Disorders and Substance Abuse Services covered at 50% of the allowed amount, no copay or deductible
(Includes	OUTPATIENT HOSPITAL BENEFITS Mental Health Disorders and Substan	ce Abuse)
Precertification is required for some outpatie administered drugs;	nt hospital benefits; please see benefit booklet. ⁄isit AlabamaBlue.com/ProviderAdministeredPro	Precertification is also required for provider- ecertificationDrugList.
Outpatient Surgery (Including	certification is not obtained, no benefits are ava Covered at 100% of the allowed amount,	Covered at 50% of the allowed amount,
Ambulatory Surgical Centers)	after \$250.00 hospital copay	subject to calendar year deductible
		In Alabama, not covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Medical Emergency)	Covered at 100% of the allowed amount, after \$250.00 hospital copay	Covered at 100% of the allowed amount, after \$250.00 hospital copay
		Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, after \$250.00 hospital copay
Emergency Room (Accident) Note: If you have a medical emergency as defined by the plan after 72 hours of an accident, refer to Emergency Room (Medical Emergency) above.	Covered at 100% of the allowed amount, after \$250.00 hospital copay	Covered at 100% of the allowed amount, after \$250.00 hospital copay for services rendered within 72 hours; covered at 50% of the allowed amount, subject to the calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan
Emergency Room (Physician)	Covered at 100% of the allowed amount, after \$60.00 physician copay	Covered at 100% of the allowed amount, after \$60.00 physician copay
		Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, after \$60.00 physician copay
Outpatient Diagnostic Lab, Pathology & X-ray	Covered at 100% of the allowed amount, after \$250.00 hospital copay	Covered at 50% of the allowed amount, subject to calendar year deductible
		In Alabama, not covered
Chemotherapy, Dialysis, IV Therapy & Radiation Therapy	Covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
		In Alabama, not covered
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse	Covered at 100% of the allowed amount, after \$60.00 daily hospital copay	Covered at 50% of the allowed amount, subject to calendar year deductible
Services		In Alabama, not covered
	PHYSICIAN BENEFITS	
(Includes Mental Health Disorders and Substance Abuse) Precertification is required for some physician benefits; please see benefit booklet. Precertification is also required for provider- administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList.		
Office Visits and Consultations	certification is not obtained, no benefits are ava Covered at 100% of the allowed amount, after \$40.00 primary care physician copay or \$60.00 specialist physician copay	Covered at 50% of the allowed amount, subject to calendar year deductible
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BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Telephone and Online Video Physician Consultations Program - Medical and Behavioral Health	Covered at 100% of the allowed amount, subject to \$40.00 payment per consultation	Not Covered
To enroll in the telephone and online video consultations program, go to AlabamaBlue.com/Teleconsultation or call 1- 800-997-6196.		
Telephone and online video consultations are available to diagnose, treat and prescribe medication (when necessary) for certain medical and behavioral health issues.		
Second Surgical Opinions	Covered at 100% of the allowed amount, after \$60.00 physician copay	Covered at 50% of the allowed amount, subject to calendar year deductible
X-ray	Covered at 100% of the allowed amount, after \$10.00 copay per procedure	Covered at 50% of the allowed amount, subject to calendar year deductible
Angiography/Arteriography, Cardiac cath/Arteriography, CAT Scan, Colonoscopy, ERCP, MRI, Muga-gated cardiac scan, PET/SPECT & UGI endoscopy	Covered at 100% of the allowed amount, after \$250.00 copay per procedure	Covered at 50% of the allowed amount, subject to calendar year deductible
Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology & Radiation Therapy	Covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Surgery & Anesthesia	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Maternity Care	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Applied Behavioral Analysis (ABA) Therapy	Covered at 100% of the allowed amount, after \$40.00 copay	Covered at 50% of the allowed amount, subject to calendar year deductible
Limited to ages 0-18 for autism spectrum disorders		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
	PREVENTIVE CARE BENEFITS	
Routine Immunizations and Preventive	Covered at 100% of the allowed amount,	Not Covered
Services	no copay or deductible	
See AlabamaBlue.com/		
PreventiveServices and		
AlabamaBlue.com/		
SourceRxACAPreventiveDrugList for listing of specific drugs,		
immunizations and preventive		
services or call our Customer		
Service Department for a printed		
сору		
 Certain immunizations may also be obtained through the Pharmacy 		
Vaccine Network. See		
AlabamaBlue.com/		
VaccineNetworkDrugList for more		
information	L acility copays may apply. Blue Cross and Blu	e Shield of Alabama will process those
claims as required by Section 1557 of the A		conicid of Alabama will process these
	PRESCRIPTION DRUG BENEFITS	
(Includes	Mental Health Disorders and Substan	
	for some drugs; if precertification is not obtained	
Retail Prescription Prepaid Benefits	Covered at 100% of the allowed amount,	Not Covered
	subject to the following copays for a 30-	
The retail pharmacy network for the plan is	day supply for each prescription:	
ValueONE Retail Network		
• • • • • • • • • • •	Tier 1 Drugs:	
 Locate a ValueONE Retail Network 	\$15 copay per prescription	
pharmacy at AlabamaBlue.com/ ValueONEPharmacyLocator	Tion 2 Drugos	
	Tier 2 Drugs: \$50 copay per prescription	
Maintenance drugs – up to a 30-day supply	so copay per prescription	
• View the maintenance drug list that applies	Tier 3 Drugs:	
to the plan at AlabamaBlue.com/	\$100 copay per prescription	
MaintenanceDrugList		
Prescription drugs (other than maintenance	Tier 4 (specialty) Drugs:	
drugs) - up to a 30-day supply	\$395 copay per prescription	
• View the SourceRx 2.0 drug list that		
applies to the plan at AlabamaBlue.com/		
SourceRx2DrugList4T	Covered Insulin Products: \$99.00	
The only in-network pharmacy for some Tier 4	maximum cost share per 30-day supply.	
(specialty) drugs is the Pharmacy Select		
Network		
• Tier 4 (specialty) drugs can be dispensed		
for up to a 30-day supply		
 View the Specialty Drug List at 		
AlabamaBlue.com/SelfAdministered		
SpecialtyDrugList		
Some immunizations may be received from an		
in-network pharmacy that participates in the		
Pharmacy Vaccine Network. A list of the eligible		
vaccines these pharmacies may provide can be found at: AlabamaBlue.com /		
VaccineNetworkDrugList.		
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BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Extended Supply Prescription Prepaid	Covered at 100% of the allowed amount,	Not Covered
Benefits	subject to the following copays for a 30-	
The extended supply pharmacy network for the	day supply for each prescription:	
plan is the ValueONE ESN Network	Tier 1 Drugs:	
 Locate a ValueONE Pharmacy at 	\$15 copay per prescription	
AlabamaBlue.com/ ValueONEESNPharmacyLocator		
ValueONEESNFIlaimacyLocator	Tier 2 Drugs:	
Maintenance drugs - up to 90-day supply may	\$50 copay per prescription	
be purchased but copay applies for each 30-day supply	Tier 3 Drugs:	
 View the maintenance drug list that applies 	\$100 copay per prescription	
to the plan at AlabamaBlue.com /		
MaintenanceDrugList	Tier 4 (specialty) Drugs: Not covered	
Prescription drugs (other than maintenance		
drugs) - up to a 30-day supply		
 View the SourceRx 2.0 drug list that applies to the plan at AlabamaBlue.com/ SourceRx2DrugList4T 	Covered Insulin Products: \$99.00 maximum cost share per 30-day supply.	
 Tier 4 (specialty) drugs are not available through extended supply pharmacy service 		
Select Generic Specialty and Biosimilar	100% of the allowed amount, no	Not Covered
Drugs	deductible or copayment	Not Covered
Generic specialty and biosimilar drugs can be dispensed for up to a 30-day supply. The only		
in-network pharmacy for some generic specialty		
and biosimilar drugs is the Pharmacy Select		
Network.		
• View the Select Generic Specialty and		
Biosimilar Drug List that applies to the plan at AlabamaBlue.com/		
SelectGenericSpecialtyandBiosimil		
arDrugList.		
Generic specialty and biosimilar drugs are not		
available through the Home Delivery Network.	Covered at 100% of the allowed areaust	Not Covered
 Mail Order Pharmacy Benefits Up to a 90-day supply with one copay 	Covered at 100% of the allowed amount, subject to the following copays:	Not Covered
 Mail Order Drugs are available through 		
Home Delivery Network (Enroll online at	Tier 1 Drugs:	
AlabamaBlue.com/ HomeDeliveryNetwork	\$37.50 copay per prescription	
HomeDenveryNetWOrk	Tier 2 Drugs:	
Only maintenance drugs can be purchased through this mail order pharmacy service	\$125 copay per prescription	
о , , , ,	Tior 3 Drugs:	
 View the maintenance drug list that applies to the plan at AlabamaBlue.com/ 	Tier 3 Drugs: \$250 copay per prescription	
MaintenanceDrugList		
• View the SourceRx 2.0 drug list that	Tier 4 (specialty) Drugs:	
applies to the plan at AlabamaBlue.com/	Not covered	
SourceRx2DrugList4T		
Note: If you have less than a 90-day supply,		
you will pay the same copay as a 90-day supply	Covered Insulin Products: \$99.00	
when using this mail order program	maximum cost share per 30-day supply.	

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
	NEFITS FOR OTHER COVERED SERV	
· · · · · · · · · · · · · · · · · · ·	Mental Health Disorders and Substar	1Ce Abuse) t. If precertification is not obtained, no benefits
Precertification is required for some other co	are available.	•
Allergy Testing & Treatment	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Ambulance Service	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Participating Chiropractic Services	Covered at 80% of the allowed amount,	Covered at 50% of the allowed amount,
Limited to 15 visits per member per calendar year	subject to calendar year deductible	subject to calendar year deductible In Alabama, not covered
Durable Medical Equipment (DME)	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Rehabilitative Occupational, Physical and Speech Therapy	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year		
Habilitative Occupational, Physical and Speech Therapy	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year		
Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Home Health and Hospice	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
		In Alabama, not covered
Home Infusion	Covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
		In Alabama, not covered
Medical Nutrition Therapy Services	Covered at 100% of the allowed amount, after \$40.00 copay	Covered at 50% of the allowed amount, subject to calendar year deductible
For adults and children, limited to 6 hours per member per calendar year		,,

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
HEALTH MANAGEMENT BENEFITS		
(Includes Mental Health Disorders and Substance Abuse)		
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.	
Chronic Condition Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and other specialized conditions.	
Baby Yourself ®	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at AlabamaBlue.com/BabyYourself .	
Contraceptive Management	Covers prescription contraceptives, which include: birth control pills, injectables, diaphragms, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance.	
Air Medical Transport	Air medical transportation to a network hospital near home if hospitalized while traveling more than 150 miles from home; to arrange transportation, call AirMed at 1-877-872-8624.	

Useful Information to Maximize Benefits

- To maximize your benefits, always use in-network providers for services covered by your health benefit plan. To find in-network providers, check a provider directory, provider finder website (AlabamaBlue.com) or call 1-800-810-BLUE (2583).
- In-network hospitals, physicians and other healthcare providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard® PPO, PMD). In-network pharmacies are pharmacies that participate with Blue Cross and Blue Shield of Alabama or its Pharmacy Benefit Manager(s). In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network. Sometimes an in-network provider may furnish a service to you that is not covered under the contract between the provider and a Blue Cross and/or Blue Shield Plan. When this happens, benefits may be denied or reduced. Please refer to your benefit booklet for the type of provider network that we determine to be an in-network provider for a particular service or supply.
- Out-of-network providers generally do not contract with Blue Cross and/or Blue Shield Plans. If you use out-of-network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to in-network providers in the same area or the average charge for care in the area, or in accordance with applicable Federal law.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.
- Bariatric Surgery, Gastric Restrictive procedures and complications arising from these procedures are not covered under this plan. Please see your benefit booklet for more detail and for a complete listing of all plan exclusions.
- Please refer to your benefit book or contact Blue Cross directly about coverage for your hospital charges and other related medical services. Approval for air medical transportation does not mean that hospitalization and other medical expenses will be covered. All coverage determinations for medical benefits are subject to the terms, conditions, limitations and exclusions of the health plan. Air medical transportation services are provided through a contract with AirMed International, LLC, an independent company that does not provide Blue Cross and Blue Shield of Alabama products. Blue Cross is not responsible for any mistakes, errors or omissions that AirMed, its employees or staff members make. Air medical transportation services terminate if coverage by your health plan ends.

This is not a contract, benefit booklet or Summary Plan Description. Benefits are subject to the terms, limitations and conditions of the group contract (including your benefit booklet). Check your benefit booklet for more detailed coverage information. Please visit our website, AlabamaBlue.com.

Discrimination is Against the Law

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, 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 in $45 \text{ CFR} \S 92.101(a)(2)$). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides reasonable modifications and free appropriate auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and 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, such as qualified interpreters and information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our 1557 Compliance Coordinator. If you believe that we have 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 in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY),1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator 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, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: 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 1-855-216-3144 (TTY: 711) or call Customer Service. Arabic: الما يون الله خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات الإضافية المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول التناه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات الإضافية المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول التناه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات الإضافية المناسبة التوفير المعلومات بتنسيقات يسهل الوصول المعلومات الإضافية المناسبة التوفير المعلومات المساعدة اللغوية المجانية.

Arabic: السبة: إذا كلت للحربية، للوقر الع حمات المساعدة العوية المعاقبة. كما لنوقر المحافية الماسبة لتوقر المعاقمات العسرية (711) أو الاتصال بخدمة العملاء اليها مجانًا. اتصل بالرقم 1-855-216-3144 (آلهاتف النصى: 711) أو الاتصال بخدمة العملاء Chinese: 请注意: 如果您说 普通话,我们可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,以易读格式向您提供 信息。请拨打 1-855-216-3144(TTY 用户请拨 711)或致电客户服务部。

French: À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1 855 216 3144 (TTY : 711) ou contactez le service client.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos erhältlich. Rufen Sie +1 855 216 3144 (Durchwahl: 711) oder den Kundendienst an.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें या ग्राहक सेवा को कॉल करें।

Japanese: ご案内: 日本語を話される方には、無料の言語アシスタントサービスをご用意しております。アクセシブルな形式で情報を提供するため、補助器具や支援サービスも無料で提供しております。1-855-216-3144 (TTY: 711) もしくは、カスタマーサービスにお電話でお問合せください。

Korean: 주의: 한국어을(를) 하시면 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 제공됩니다. 1-855-216-3144(TTY: 711)로 전화하거나 고객 서비스에 문의하세요. Lao: ເອົາໃຈໃສ່: ຖ້າເຈົ້າເວົ້າ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີແມ່ນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ

ັການບໍລິການທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ ່ເສຍຄ່າ. ໂທ 1-855-216-3144 (TTY: 711) ຫຼື ໂທຫາຝ່າຍບໍລິການລູກຄ້າ.

Portuguese: ATENÇÃO: Se você falar português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-216-3144 (TTY: 711) ou ligue para o Atendimento ao Cliente.

Russian: ВНИМАНИЕ. Если ваш язык русский язык, к вашим услугам бесплатная языковая помощь. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-216-3144 (ТТҮ: 711) или обратитесь в службу поддержки клиентов.

Spanish: ATENCIÓN: Si usted habla español, hay disponibles servicios gratuitos de asistencia lingüística. También hay disponibles, de forma gratuita, ayudas y servicios auxiliares adecuados para dar información en formatos accesibles. Llame al 1-855-216-3144 (TTY: 711) o llame a Servicio al cliente.

Tagalog: ATTENTION: Kung nagsasalita ka ng Tagalog, available sa iyo ang mga libreng serbisyo sa tulong sa wika. Available rin ang naaangkop na mga pantulong na tulong at serbisyo nang walang bayad para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-216-3144 (TTY: 711) o tumawag sa Serbisyo sa Customer.

Turkish: DİKKAT Konuşmanız durumunda Türkçe, ücretsiz dil yardımı hizmetlerinden yararlanabilirsiniz. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak sunulmaktadır. 1-855-216-3144 (TTY: 711) nolu telefonu veya Müşteri Hizmetlerini arayın.

Vietnamese: CHÚ Ý: Nếu quý vị nói tiếng việt thì dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Chúng tôi cũng có các hỗ trợ và dịch vụ phụ trợ miễn phí phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận. Vui lòng gọi số 1-855-216-3144 (TTY: 711) hoặc gọi Dịch Vụ Khách Hàng.