

Your Summary of Benefits



Educational Purchasing Council - Edgewood City School District Blue Access® (PPO) Effective 01/01/2019

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$350/\$1,050	\$1,000/\$3,000
Out-of-Pocket Limit (Single/Family), includes Rx	\$2,350/\$7,050	\$5,500/\$16,500
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/ Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: - allergy injections (PCP and SCP) - allergy testing - MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds and pharmaceutical products	\$20/\$35 20% 20% 20%	50% 50% 50% 50%
Preventive Care Services Services include but are not limited to: Routine medical Exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations ¹ , Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening. - Physician Home and Office Visits (PCP/SCP) - Other Outpatient Services @ Hospital/Alternative Care Facility	NCS NCS	50% 50%
Emergency and Urgent Care Emergency Room Services - facility/other covered services (copayment waived if admitted) Urgent Care Center Services - MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Non-maternity related Ultrasounds and pharmaceutical products - Allergy injections - Allergy testing	\$150 \$50 20% 20% 20%	\$150 50% 50% 50% 50%
Inpatient and Outpatient Professional Services Include but are not limited to: Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams	20%	50%
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Covered Benefits	Network	Non-Network
Inpatient Facility Services (Network/Non-Network combined) Unlimited days except for: 60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) 90 days for skilled nursing facility	20%	50%
Outpatient Surgery Hospital/Alternative Care Facility Surgery and administration of general anesthesia	20%	50%
Other Outpatient Services (Combined Network & Non-Network limits) including but not limited to: - Non Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. - Home Care Services 100 visits (excludes IV Therapy) - Durable Medical Equipment, Orthotics and Prosthetics - Physical Medicine Therapy Day Rehabilitation programs - Hospice Care - Ambulance Services	20% NCS 20%	50% NCS 20%
Outpatient Therapy Services (Combined Network & Non-Network limits) - Physician Home and Office Visits (PCP/SCP) - Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: - Cardiac Rehabilitation 36 visits - Pulmonary Rehabilitation 20 visits - Physical Therapy: 20 visits - Occupational Therapy: 20 visits - Manipulation Therapy: 24 visits - Speech therapy: 20 visits	\$20/\$35 20%	50% 50%
Accidental Dental: \$3,000 per occurrence (Network and Non-network combined)	Copayments/Coinsurance based on setting where covered services are received	50%
Behavioral Health: Mental Illness and Substance Abuse² - Inpatient Facility Services - Inpatient Professional Services - Physician Home and Office Visits (PCP/SCP) - Other Outpatient Services. Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional	20% 20% \$20 20%	50%

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Covered Benefits	Network	Non-Network
Human Organ and Tissue Transplants³ Acquisition and transplant procedures, harvest and storage.	NCS	50%
Prescription Drugs Network Tier structure equals 1/2/3 Network Retail Pharmacies: (30-day supply) Includes diabetic test strip Home Delivery Service: (90-day supply) Includes diabetic test strip	See your prescription drug summary	See your prescription drug summary
Lifetime Maximum	Unlimited	Unlimited

Notes:

- All medical and drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance, including 0%. However, the deductible does not apply to Emergency Room Services where a copayment & (%) coinsurance applies and may not apply to some Behavioral Health services where coinsurance applies.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26.
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
- When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies. When the Office Visit cost share is a % coinsurance, deductible and coinsurance apply to allergy injections.
- No cost share (NCS) means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies except diabetic test strips.
- Benefit period = calendar year
- Mammograms (Diagnostic) are no copayment/coinsurance in Network office and outpatient facility settings.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Private Duty Nursing – limited to 82 visits/Calendar Year and 164 visits/lifetime.

1 These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.

2 We encourage you to review the Schedule of Benefits for limitations.

3 Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.

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Pre-existing Exclusion Period: none

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

This benefit overview is for illustrative purposes and some content may be pending Ohio Department of Insurance approval.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date

Here's an overview of your CVS Caremark benefits.

Edgewood PPO 1/1/2019

If you have any questions about your prescription plan or costs, call us at 1-888-202-1654. We can help any time after your plan starts. For TDD assistance, please call 1-800-863-5488.

	Short-Term Medicines CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	Long-Term Medicines CVS Caremark Mail Service or CVS Pharmacy locations (up to a 90-day supply)
Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.	\$10 for a generic medicine	\$25 for a generic medicine
Preferred Brand-Name Medicines If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	\$30 for a preferred brand-name medicine	\$75 for a preferred brand-name medicine
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	\$50 for a non-preferred brand-name medicine	\$125 for a non-preferred brand-name medicine
Refill Limit	None	None
Annual Deductible	N/A	
Maximum Out-of-Pocket	\$2,350 per individual / \$7,050 per family	
Out-of-Network Claims	Prescriptions filled at Out-of-Network pharmacies will be reimbursed at the network level; member is responsible for any difference in cost between network and non-network cost.	
Prior Authorization	Certain medications may require prior authorization. Please contact Customer Care toll-free at 1-888-202-1654 or visit www.caremark.com for verification of prior authorization requirements.	
Specialty Medicines	Specialty medications are required to be filled through CVS Specialty Mail Order Pharmacy or at a retail CVS/pharmacy. Please contact Customer Care toll-free at 1-888-202-1654 for questions or to get started today.	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber indicates "dispense as written," you will pay the difference between the brand-name medication and the generic plus the generic copayment.

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Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. Your feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-888-202-1654. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle private health information.

Notice of Nondiscrimination

Federal civil rights laws prohibit certain health programs and activities from discriminating on the basis of race, color, national origin, age, disability, or sex. The laws apply to health programs and activities that receive funding from the Federal government, are administered by a Federal agency or are offered on a public Health Insurance Marketplace. Health plans that are subject to the laws include Medicare Part D plans, Medicaid plans, health plans offered by issuers on Health Insurance Marketplaces, and certain employee health benefit plans. If you have questions about whether these Federal civil rights laws apply to your plan, please contact your health plan at the number in your benefit plan materials.

If your health plan is subject to these Federal civil rights laws, it complies with the laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Your health plan:

- Provides appropriate aids and services, free of charge, when necessary to ensure that people with disabilities have an equal opportunity to communicate effectively with us, such as:
 - Auxiliary aids and services
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language assistance services, free of charge, when necessary to provide meaningful access to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Customer Care at the phone number on your benefit ID card.

If you believe these services have not been appropriately provided to you or you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail, fax, or email with your health plan's Civil Rights Coordinator.

You may also contact Customer Care and we will direct your grievance to your health plan's Civil Rights Coordinator:

Nondiscrimination Grievance Coordinator
PO BOX 6590, Lee's Summit, MO 64064-6590
Phone: 1-866-526-4075
TTY: 1-800-863-5488
Fax: 1-855-245-2135
Email: nondiscrimination@cvscaremark.com

If you need additional help filing a grievance, your health plan's Civil Rights 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, 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>.

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call Customer Care at the number on your benefit ID card (TTY: 800-863-5488).

Español	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio al cliente al número telefónico que aparece en su tarjeta de identificación de beneficios (TTY:800-863-5488).
中文	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打您福利身份證上的電話號碼 (TTY:800-863-5488) 致電客戶關懷
Tiếng Việt	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi cho Ban Chăm Sóc Khách Hàng theo số điện thoại có trên thẻ nhận dạng phúc lợi của bạn (TTY: 800-863-5488).
한국어	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본인의 혜택 ID 카드에 표시된 고객 지원 전화번호로 연락주시기 바랍니다. (TTY: 800-863-5488).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Customer Care sa numero ng telepono na nasa iyong ID card ng benepisyo (TTY: 800-863-5488).
Русский	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Свяжитесь с Отделом обслуживания клиентов по номеру телефона, указанному на вашей индивидуальной карте для социальных выплат (Телетайп: 800-863-5488).
العربية	ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل بفرق دعم العملاء على الرقم الموجود على بطاقة التعريف. (هاتف الصم والبكم: 800-863-5488).
Kreyòl Ayisyen	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Kliyan nan nimewo telefòn ki sou kat ID benefis ou an (TTY: 800-863-5488).
Français	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Service client au numéro de téléphone figurant sur votre carte de prestations (ATS:800-863-5488).
Polski	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń do Obsługi Klienta, korzystając z numeru podanego na Twojej karcie identyfikacyjnej korzyści (TTY: 800-863-5488).
Português	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para a Linha de Apoio ao Cliente, para o número escrito no seu cartão de identificação de beneficiário (TTY:800-863-5488).
Italiano	ATTENZIONE: Nel caso in cui la lingua parlata sia l'italiano, sono disponibili gratuitamente servizi di assistenza linguistica. Contattare l'Assistenza Clienti al numero che compare sulla propria tessera identificativa (TTY: 800-863-5488).
Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die Kundenbetreuung unter der Rufnummer auf Ihrer Versicherungskarte an (TTY: 800-863-5488).
日本語	注意事項：日本語を話される場合、無料で言語支援をご利用いただけます。保険カードに記載されているカスタマーケアの電話番号へ(TTY: 800-863-5488)お問い合わせください。
فارسی	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. از طریق شماره تلفن درج شده بر روی کارت شناسایی کمک هزینه های خود (TTY: 800-863-5488) یا بخش پشتیبانی مشتریان تماس بگیرید.
हिंदी	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। आपके बनिफिट आईडी कार्ड पर दिए गए ग्राहक सेवा के फोन नंबर पर कॉल करें (TTY: 800-863-5488)।
Հայերեն	ՈՒՇԱՊՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա ձեզ անվճար կառող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք Հաճախորդների սպասարկում՝ ձեր նպաստների ID քարտի վրա նշված հեռախոսահամարով (TTY: 800-863-5488).
ગુજરાતી	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. તમારા બેનીફિટ આઈડી કાર્ડ ઉપરના ફોન નંબર પર કોલ કરો (TTY: 800-863-5488).
Hmoob	MLOOG ZOO: Yog koj hais lus Hmoob, peb muaj neeg txhais lus, pub dawb rau koj. Hu rau Cov Neeg Pab Qhua Lag Luam ntawm tus xov tooj nyob hauv koj daim ID siv qhov kev pab no (Rau cov neeg hais tsis tau lus thiab tsis nov lus siv tus xov tooj (TTY:800-863-5488).
اُردو	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ اپنے منفعت ائی ڈی کارڈ پر فون نمبر پر کسٹمر کیئر پر کال کریں (ٹی ٹی وائی: 800-863-5488)۔
ខ្មែរ	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្បឿនអាចមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកថែទាំអតិថិជនតាមលេខទូរស័ព្ទនៅលើប័ណ្ណ ID អត្តប្រយោជន៍របស់អ្នក (TTY:800-863-5488)។

ਪੰਜਾਬੀ	ਪਸ਼ਿਅਨ ਦਫਿ: ਜੇ ਤੁਸੀ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਚਿ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ਤੁਹਾਡੇ ਬੈਨੀਫਿਟ ID ਕਾਰਡ ਉੱਪਰ ਦਿੱਤੇ ਗਏ ਫੋਨ ਨੰਬਰ ਤੇ ਕਸਟਮਰ ਕੇਅਰ ਨੂੰ ਕਾਲ ਕਰੋ (ਟੀ ਟੀ ਵਾਈ: 800-863-5488)।
বাংলা	লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। কাস্টমার কেয়ারে ফোন করুন আপনার বেনিফিট আইডি কার্ডে দেওয়া নম্বর অনুযায়ী (TTY:800-863-5488).
שׂיט'א	אויפמערקזאם: אויב איר ארע אידיש, אנגען שפראך הילף פאר אפצאל, אוועקלעב פאר אייך. (TTY: 800-863-5488) לטראק ID טעגלעכע נומער און איינער בענענעט ID טראק.
አማርኛ	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። በጥቅማጥቅም መታወቂያ ካርድዎ ላይ በሚገኘው ስልክ ቁጥር ለደንበኞች አገልግሎት ይደውሉ (መስማት ለተሳናቸው:- 800-863-5488)።
ภาษาไทย	หมายเหตุ: ถ้าคุณพูดภาษาไทย เรามีบริการให้ความช่วยเหลือด้านทางภาษาให้คุณฟรี ให้โทรหาฝ่ายบริการลูกค้าที่หมายเลขโทรศัพท์ที่ระบุอยู่บนบัตรรหัสผลประโยชน์ของคุณ (โทร: 800-863-5488).
Oroomiffa	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Karaa lakkoosfa bilbila Kunuunsaa Maamiltootaa waraqaa eenyummaa faayidaa kee irratti argamu (TTY:800-863-5488) tiin bilbili.
Ilokano	PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Tawagan ti Customer Care iti numero ti telepono a nakasurat iti ID card ti benepisioyo (TTY: 800-863-5488).
ພາສາລາວ	ໂປດຊາບ: ຖ້າ ກ່ອນ ທ່ານ ອົງ ພາ ສາ ລາວ, ການ ບໍລິການ ຊ່ວຍ ເຫຼືອ ດ້ານ ພາ ສາ, ໂດຍ ບໍ່ ສັງຄ່າ, ຄຸ້ມ ມື້ ພ້ອມ ໃຫ້ ທ່ານ. ກະ ລຸນາ ໂທ ຫາ ສູນ ຊ່ວຍ ເຫຼືອ ລູກ ຄ້າ ຕາມ ຕົວ ໂທ ທີ່ ລະ ບຸ ຕິ ງ ບັດ ປະ ຈຳ ຕົວ ຜູ້ ຮັບ ການ ສົ່ງ ເຄາະ (TTY:800-863-5488).
Shqip	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Thirrni Kuidesin për Konsumatorët në numrin e telefonit në kartelën tuaj të beneficioneve (TTY: 800-863-5488).
Srpsko-hrvatski	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Pozovite službu koja brine o korisnicima na broju telefona koji se nalazi na vašoj ID kartici usluga (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 800-863-5488).
Українська	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте у Відділ обслуговування клієнтів за номером, вказаним на вашій індивідуальній карті для соціальних виплат (Телетайп: 800-863-5488).
नेपाली	ध्यान दिनुहोस्: यदि तपाईंले [तपाईंको भाषा राख्नुहोस्] भाषा बोल्नुहुन्छ भने तपाईंको लागि नि:शुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। तपाईंको बनिफिट आईडी कार्डमा भएको ग्राहक स्याहारको फोन नम्बर (TTY:800-863-5488) मा फोन गर्नुहोस्।
Nederlands	AANDACHT: Als u Nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel de Klantenservice op het telefoonnummer op uw id-voordeelkaart (TTY:800-863-5488).
unD	ဟံ့သုင်ဟံ့သး- နမ့်ကတိ၊ ကညိကိင်္ဂိ အယိ၊ နမ့်နု ကိင်္ဂိတိမၤတၢ်တဖၣ်, လၢတလၢ်ကိင်္ဂိလၢ်တၢ်သ့န့ၣ်လိၤ. ကိးတၢ်ကၢ် ၣ်ထွဲပုၤတၢ်တိမိ ၁န့ၣ်ဂံၢ်လၢအအိၣ်လၢနတၢ်န့ၣ်ဘျး ID ခးက့အလိၤ (TTY: 1-800-863-5488) တက့ၢ်.
Gagana fa'a Sāmoa	FAAALIGA: Afai e te tautala Faa-Samoa, o loo avanoa le fesoasoani mo le gagana mo oe, e leai se totogi. Telefoni atu i le Tautua mo le Lautele (Customer Care) i le numera o le telefoni o lo i lau pepa ID (TTY:800-863-5488).
Kajin Majōl	LALE: Ne kwoj konono kajin Majol, komaron in bok jipan ko ilo kajin ne am ejelok wonaan. Kirlok ro rej bok eddo im ej walok ilo ID kaat in jiban eo am (TTY: 800-863-5488).
Română	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la Relații Clienți la numărul de telefon de pe cardul dvs. de benficii (TTY: 800-863-5488).
Foosun Chuuk	MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kopwe kokkori nampan Anisi Chon Fiti won epekin om we taropwen esisinnan chon fiti. (TTY:800-863-5488).
Tonga	TOKANGA MAI: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'e totongi, pea teke lava 'o ma'u ia. Telefoni mai 'i he numera 'i he funga 'o ho'o kaati ID 'aonga (TTY: 800-863-5488)
Bisaya	ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawage ang Customer Care sa numero sa imong benepisyo nga ID kard. (TTY:800-863-5488).
Ikirundi	ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona serivisi y'ubudandaji kuri izi numero za terefone ku nyungu za karangamuntu yawe (TTY:800-863-5488).

