

Your Summary of Benefits



Educational Purchasing Council - Madison-Plains
Lumenos Health Reimbursement Accounts (with Copay)
Effective: **October 1, 2020**

Covered Benefits	Network	Non-Network
Employer Health Reimbursement Account Contribution: Single: \$4,000 Family: \$8,000		
Deductible The single deductible does apply to family coverage.	Single: \$5,000 Family: \$10,000	Single: \$5,750 Family: \$11,500
Employee Bridge Amount*	Single: \$1,000 Family: \$2,000	
Out-of-Pocket Limit	Single: \$6,000 Family: \$12,000	Single: \$7,750 Family: \$13,500
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 Pharmaceuticals	\$20/\$20 No Cost Share No Cost Share No Cost Share	30% 30% 30% 30%
Preventive Care Services • Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening	No Cost Share	30%
Emergency and Urgent Care • Emergency Room Services @Hospital (facility/other covered services) (copayment waived if admitted) • Urgent Care Center Services	\$150 \$75	\$150 30%
Inpatient and Outpatient Professional Services Include but are not limited to: • Medical Care visits, Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams	0%	30%
Blue 8.0		

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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) 180 days for skilled nursing facility	0%	30%
Outpatient Surgery Hospital/Alternative Care Facility Surgery and administration of general anesthesia	0%	30%
Other Outpatient Services including but not limited to: - Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. - Home Care Services 200 visits (excludes IV Therapy) Network/Non-network combined) - Durable Medical Equipment, Orthotics and Prosthetics - Physical Medicine Therapy Day Rehabilitation programs - Hospice Care - Ambulance Services	No Cost Share 0% No Cost Share No Cost Share No Cost Share No Cost Share No Cost Share	30% 30% 30% 30% No Cost Share No Cost Share
Accidental Dental Services \$3,000 per accident (Network and Non-network combined)	Copayments/Coinsurance based on setting where covered services are received	30%
Outpatient Therapy Services: (Combined Network & Non-Network limits apply) - Physician Home and Office Visits (PCP/SCP) - Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: - Cardio Rehabilitation: No visit limit - Pulmonary Rehabilitation: No visit limit - Physical therapy: 20 visits - Occupational therapy: 20 visits - Speech therapy: 50 visits - Manipulation therapy: 20 visits	\$20/\$20 \$20	30% 30%
Behavioral Health Services: Mental Illness and Substance Abuse¹ - Inpatient Facility Services - Physician Home and Office Visits - Other Outpatient Services @ Hospital/Alternative Care Facility	Benefits provided in accordance with Federal Mental Health Parity	30% 30% 30%

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Covered Benefits	Network	Non-Network
Human Organ and Tissue Transplants Acquisition and transplant procedures, harvest and storage.	No Cost Share	50%
Prescription Drugs: Administered by CVS/Caremark	See Your Prescription Benefit Plan Summary	See Your Prescription Benefit Plan Summary

Notes:

- All medical deductibles, copayments and percentage (%) coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services). Once the Medical OOP max is met, no additional cost share applies.
- Deductible(s) apply to covered medical services listed with a percentage (%) coinsurance, including 0%. Once the deductible is met, the appropriate coinsurance applies.
- Copayments are not subject to the medical deductible.
- 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.
- 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.
- Rx copays do accumulate toward the medical OOP maximums.
- Rx copays do not accumulate toward the medical deductibles and cannot be deducted from the HRA.
- Benefit period = calendar year
- Hospital stay for Maternity Coverage will not be limited to less than 48 hours for a vaginal delivery or 96 hours for a caesarean section.
- No H R A contribution amount may be rolled over to the next year.
- 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.
- No Cost Share (NCS): No deductible/copayment/coinsurance up to the maximum allowable amount.
- Private Duty Nursing – limited to 82 visits/Calendar Year.
- Wigs limited to 1 per benefit period
- Vision limited services - additional vision services are covered when specifically coded as determination of refraction, routine ophthalmological examination including refraction for new and established patients, and a visual functional screening for visual acuity. No additional ophthalmological services are covered as part of the medical coverage.

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

*Bridge is not an insurance term and does not appear in the Certificate. HRA funds can be used for covered medical services under the benefit plan. Bridge amounts may be reduced if Incentives are earned and by Contribution Rollover amounts in subsequent years. Employer must fund in order to be considered a Health Reimbursement Account. Employer must continue to fund for the entire year at the HRA level indicated.

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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.

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.

Here's an overview of your CVS Caremark benefits.

Madison-Plains HRA - 10/1/2020

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	\$20 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	\$60 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	\$100 for a non-preferred brand-name medicine
Refill Limit	None	None
Maximum Out-of-Pocket	\$6,000 per individual / \$12,000 per family (combined with medical)	
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.	

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.

7471-WKL-MCHOICE_MOOP_SP_CUSTOM-0519

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: 711).

Español	ATENCION: 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: 711).
中文	請注意：如果您使用繁體中文，您可以獲得免費的語言協助服務。請撥打您福利身份卡 (Benefit ID Card) 上的電話號碼 (TTY: 711) 致電客服中心。
Tiếng Việt	CHU Y: Nếu bạn nói Tiếng Việt, chúng tôi có cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi cho Ban Chăm Sóc Khách Hàng theo số điện thoại có trên thẻ nhận dạng phúc lợi của bạn (TTY: 711).
한국어	알림: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본인의 혜택 ID 카드에 표시된 고객 지원 전화번호로 연락 주시기 바랍니다 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, makakakuha ka 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: 711).
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: 711).
العربية	ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل بفريق دعم العملاء على الرقم الموجود على بطاقة التعريف. (رقم جهاز TTY للصم: 711).
Haitian Creole	ATANSYON: Si w pale Haitian Creole, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Kliyan nan nimewo telefòn ki sou kat ID avantajou an (TTY: 711).
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 : 711).
Polski	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy w tym języku. Zadzwoń do Biura Obsługi Klienta, korzystając z numeru podanego na Twojej karcie identyfikacyjnej (TTY: 711).
Português	ATENÇÃO: se você fala português, também pode obter informações sobre os serviços de assistência nesse idioma, sem nenhum custo adicional. Ligue para o Atendimento ao Cliente usando o número de telefone no seu cartão de beneficiário (TTY: 711).
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 dei benefit identificativa (TTY: 711).
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: 711).
日本語	注：日本語での会話を希望される場合は、無料の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(TTY: 711)へお問い合わせください。
فارسی	توجه: اگر به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌باشد. از طریق شماره تلفن درج شده بر روی کارت شناسایی مزایای تان با بخش پشتیبانی مشتریان تماس بگیرید (TTY: 711)
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: 711)।
Հայերեն	ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, սպաս ձեզ կարող են տրամադրվել թարգմանչի ծառայություններ: Չանգահարեք Հաճախորդների սպասարկման բաժին՝ ձեր նպաստների անհատական (ID) քարտի վրա նշված հեռախոսահամարով (TTY: 711).
ગુજરાતી	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. તમારા બેનીફિટ આઈડી કાર્ડ ઉપરના ફોન નંબર પર કસ્ટમર કરને કોલ કરો (TTY: 711).
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: 711).
اردو	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی معاونت کی خدمات مفت میں دستیاب ہیں۔ اپنے منفعت آئی ڈی کارڈ پر فون نمبر (ٹی ٹی وائی: 711) پر کسٹمر کیئر کو کال کریں۔
ខ្មែរ	យកចិត្តទុកដាក់: បេសជ្ជាអ្នកនយោបាយ ភាសាខ្មែរ, សេវាកម្មជន្លុយផ្នែកភាសាដោយឥតគិតថ្លៃមានជូនជំនួយសំរាប់លោកអ្នក។ សូមទូរស័ព្ទទៅផ្នែកថែទាំអតិថិជនតាមលេខទូរស័ព្ទនៅលើប័ណ្ណ ID អត្តប្រយោជន៍របស់អ្នក (TTY: 711)។

ਪੰਜਾਬੀ	ਧਿਆਨ ਦਿਖੋ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੀ ਲਈ ਮੁਫਤ ਵਰਤੋਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਅਪਣੇ ਬੈਨੀਫਿਟ ਆਈਡੀ ਕਾਰਡ ਉੱਪਰ ਦਿੱਤੇ ਗਏ ਕਸਟਮਰ ਕੇਅਰ ਦੇ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ (TTY: 711)।
বাংলা	লক্ষ্য করুন: আপনি যদি বাংলা ভাষায় কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। কাস্টমার কেয়ারে ফোন করুন আপনার বেনিফিট আইডি কার্ডে দেওয়া (TTY: 711) নম্বর অনুযায়ী।
עברית	אנא קראו: אם אתם מדברים עברית, תוכלו להשתמש בשירותי תמיכה בלשונית חינם. שירות זה זמין עבורכם באמצעות מספר הטלפון המופיע על כרטיס ה- ID שלכם (TTY: 711).
አማርኛ	ማሳሰቢያ:- የአማርኛ ቋንቋ ተናጋሪ ከሆኑ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዙዎት ተዘጋጅተዋል። በጥቅማጥቅም ካርድዎ ላይ በሚገኘው ስልክ ቁጥር ለደንበኞች አገልግሎት ይደውሉ (መስማት ለተሳናቸው:- 711)።
ภาษาไทย	หมายเหตุ: ถ้าคุณพูดภาษาไทย เรามีบริการให้ความช่วยเหลือทางด้านภาษาให้คุณฟรี โทรหาฝ่ายบริการลูกค้าที่หมายเลขโทรศัพท์ที่ระบุอยู่บนบัตรผลประโยชน์ของคุณ (โทร: 711)
Oroomiffa	XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Karaa lakkoosfa bilbila Kunuunsaa Maamiltootaa waraqaa eenyummaa faayidaa kee irratti argamu (TTY: 711) tiin bilbili.
Ilokano	Pakdaar: No agsasao ka ti Ilocano, dagitti serbisyo nga tulong iti lengguahe nga libre, ket sidadaan para kenka. Tawagan ti Customer Care iti numero ti telepono iti ID card ti benepisyom (TTY: 711).
ພາສາລາວ	ເຂົ້ານຳ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານ ພາສາພຣີໃຫ້ແກ່ທ່ານ. ໃຫ້ໂທຫາຝ່າຍດູແລງຄຳຕາມເບີໂທທີ່ລະບຸໄວ້ຢູ່ໃນບັດຜູ້ໄດ້ຮັບຜົນປະໂຫຍດຂອງ ທ່ານ (ໂທ TTY: 711).
Shqip	KUJDES: Nëse flisni Shqip, shërbimet e asistencës gjuhësore janë në dispozicionin tuaj, pa pagesë. Telefononi Kujdesin për Konsumatorët në numrin e telefonit në kartën tuaj të identifikimit të benefiteve (TTY: 711).
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: 711).
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 картці для соціальних виплат (Телетайп: 711).
नेपाली	ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंको लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। तपाईंको बनिफिट आइडी कार्डमा भएको ग्राहक स्याहारको फोन नम्बर (TTY: 711) 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: 711).
unD	ဟံ့သုတ်ဟံ့သး- နမူကတိ ကညီကျိာ် အဝံ, နမူနာ ကျိတ်တဲမၤစၢတဖၣ်, လၢတလၢ်ဘျဉ်လၢ်စုၤသ့န့ၣ်လီၤ. ကိတ်က ွံၣ်တုၤခူးကါတိဝိ စံနီၣ်ဂံၢ်လၢအအိၣ်လၢနတၢ်န့ၢ်ဘျး ID ခးက့အလီၤ (TTY: 711) တက့ၢ်.
Gagana Sāmoa	FA'AALIGA: Afai e te tautala Fa'aSamoa, o lo'o avanoa le fesoasoani mo le gagana mo oe, e lei se totogi. Telefoni atu i le Tautua mo le Lautele (Customer Care) i le numerā o le telefoni o lo'o i lau pepa ID (TTY: 711).
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: 711).
Română	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică gratuite. Sunați la Relații Clienți la numărul de telefon de pe cardul dvs. de beneficii (TTY: 711).
Foosun Chuuk	MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei áninisin chiakku, ese kamo. Kopwe kokkori nampan Ánisi Chon Fiti won epekin om we taropwen esisinnan chon fiti. (TTY: 711).
Tonga	TOKANGA'I 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 numerā 'i he funga 'o ho'o kaati ID 'aonga (TTY: 711).
Bisaya	ATENSYON: Kung Cebuano imong sinultihan, adunay libreng serbisyo tabang sa lingguwahe nga imong magamit. Tawagi ang Customer Care ang numero ana-a sa imong benepisyong ID kard. (TTY: 711).
Ikirundi	ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefonta Serivisi y'Ubudandaji kuri izi numero za terefone ku nyungu za karangamuntu yawe (TTY: 711).
Kiswahili	KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata huduma za lughabila malipo. Piga simu kwenye Kituo cha Huduma kwa Wateja kupitia nambari ya simu iliyo nyuma ya kadi yako ya kitambulisho cha kupata manufaa (TTY: 711).

