MeridianComplete (Medicare-Medicaid Plan) offered by Meridian Health Plan of Michigan, Inc.

Annual Notice of Changes for 2023

Introduction

You are currently enrolled as a member of MeridianComplete (Medicare-Medicaid Plan). Next year, there will be changes to the plan's benefits, coverage and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about cost, benefits, or rules please review the *Member Handbook*, which is located on our website at mmp.mimeridian.com. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the MeridianComplete Member Handbook.

B. Reviewing your Medicare and Michigan Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section F2 for more information.

If you leave our plan, you will still be in the Medicare and Michigan Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to page 13).
- If you do not want to enroll in a different Medicare-Medicaid Plan after you leave MeridianComplete, you will return to getting your Medicare and Michigan Medicaid services separately.

B1. Additional resources

- ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-855-323-4578 (TTY users should call 711). Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- You can also get this document for free in other formats, such as large print, braille, or audio. Call 1-855-323-4578 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- To make a standing request, change a standing request or make a one time request for materials in a language other than English or in an alternate format, please call MeridianComplete at 1-855-323-4578 (TTY: 711). We will document your choice. Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

B2. Information about MeridianComplete

- MeridianComplete (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- Coverage under MeridianComplete is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at <u>www.irs.gov/Affordable-Care-Act/Individualsand-Families</u> for more information on the individual shared responsibility requirement.

 MeridianComplete (Medicare-Medicaid Plan) is offered by Meridian Health Plan of Michigan, Inc. When this *Annual Notice of Changes* says "we," "us," or "our," it means Meridian Health Plan of Michigan, Inc. When it says "the plan" or "our plan," it means MeridianComplete.

B3. Important things to do:

- Check if there are any changes to our benefits that may affect you.
 - o Are there any changes that affect the services you use?
 - It is important to review benefit changes to make sure they will work for you next year.
 - Refer to sections D1 and D2 for information about benefit changes for our plan.
- Check if there are any changes to our prescription drug coverage that may affect you.
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Refer to section D2 for information about changes to our drug coverage.
- Check if your providers and pharmacies will be in our network next year.
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to section C for information about our *Provider and Pharmacy Directory*.
- Think about your overall costs in the plan.
 - \circ $\;$ How do the total costs compare to other coverage options?
- Think about whether you are happy with our plan.

If you decide to stay with MeridianComplete:	If you decide to change plans:
If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Refer to section F2, page 11 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2023.

Please review the 2023 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at mmp.mimeridian.com. You may also call Member Services at 1-855-323-4578 (TTY users should call 711) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain health care services next year. The table below describes these changes.

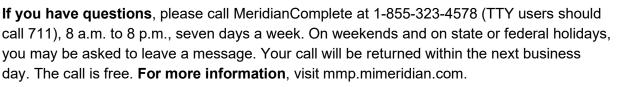
	2022 (this year)	2023 (next year)
Over-the-counter COVID-19 tests	Over-the-counter COVID-19 tests are <u>not</u> covered.	You pay a \$0 copay for up to 8 over-the-counter home test kits per calendar month, purchased through a retail store or online retailer.
Diabetes Supplies and Services	You pay a \$0 copay. Covered diabetic glucometer and supplies are not limited to one brand.	You pay a \$0 copay. Diabetic glucometer and supplies are limited to OneTouch when obtained at a Pharmacy. Other brands and continuous glucose monitoring systems are not covered unless pre-authorized. Quantity limits may apply.
Doula services	Doula services are not covered.	 You pay a \$0 copay for the following: Prenatal and postpartum visits, up to 6 visits per pregnancy Attendance at labor and delivery, once per pregnancy

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at mmp.mimeridian.com. You may also call Member Services at 1-855-323-4578 (TTY users should call 711) for updated drug information or to ask us to mail you a *List of Covered Drugs*. Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Your call will be returned within the next business day.

The List of Covered Drugs is also called the "Drug List."



We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Or contact your Care Coordinator at 1-855-323-4578 (TTY: 711), to ask for a list of covered drugs that treat the same condition. Hours are 8 a.m. to 5 p.m., Monday through Friday. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to Chapter 9 of the 2023 Member Handbook or call Member Services at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.
 - If you need help asking for an exception, you can contact Member Services.
 Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your Care Coordinator.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first *90* days of the calendar year.
 - This temporary supply will be for up to 30 days of medication at a retail pharmacy and at a long-term care pharmacy, up to 31 days. (To learn more

about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)

- When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
- If we approved your formulary exception in 2022, your authorization may still be valid. Please refer to your approval letter, which contains the end date of your formulary exception. If you cannot find your approval letter or have any questions related to the timeframe of approvals, please reference the phone numbers provided in this document and contact our Member Services department.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2023. Read below for more information about your prescription drug coverage.

We moved some of the drugs on the Drug List to a lower or higher drug tier. To know if your drugs will be in a different tier, find them in the Drug List.

The following table shows your costs for drugs in each of our 3 drug tiers.

	2022 (this year)	2023 (next year)
Drugs in Tier 1 (Generic Drugs) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 per prescription .	Your copay for a one-month (30-day) supply is \$0 per prescription .
Drugs in Tier 2 (Brand Drugs) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 per prescription .	Your copay for a one-month (30-day) supply is \$0 per prescription .
Drugs in Tier 3 (Non-Medicare Prescription and Over-the-Counter Drugs) Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 per prescription .	Your copay for a one-month (30-day) supply is \$0 per prescription .

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

E. Administrative changes

In 2023 MeridianComplete members residing in Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph and Van Buren counties will no longer go through Southwest Michigan Behavioral Health (SWMBH) for behavioral health services. Instead they will work directly with MeridianComplete.

	2022 (this year)	2023 (next year)
Behavioral Health Services for Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren ONLY	Southwest Michigan Behavioral Health (SWMBH) General Information Line: 1- 800-890-3712 (TTY: 711). Hours are from 8 a.m. to 8 p.m., Monday through Friday. Behavioral Health Crisis Line: 1-800-675-7148 (TTY: 711). Hours are 24 hours a day, 7 days a week, 365 days a year.	MeridianComplete General Information Line: 1- 855-323-4578 (TTY: 711). Hours are from 8 a.m. to 8 p.m., Monday through Friday. Behavioral Health Crisis Line: 1-855-323-4578 (TTY: 711). Hours are 24 hours a day, 7 days a week, 365 days a year.
Behavior Health Services for Macomb County ONLY	Macomb County Community Mental Health General Information Line: 1- 586-948-0222. (TTY: 711). Hours are 24 hours a day, 7 days a week, 365 days a year.	MeridianComplete General Information Line: 1- 855-323-4578 (TTY: 711). Hours are from 8 a.m. to 8 p.m., Monday through Friday. Behavioral Health Crisis Line: 1-855-323-4578 (TTY: 711). Hours are 24 hours a day, 7 days a week, 365 days a year.

F. How to choose a plan

F1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2023.



F2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:

1. You can change to:	Here is what to do:
A different Medicare-Medicaid Plan	Call Michigan ENROLLS toll-free at 1-800- 975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM. Your coverage in our plan will end the last day of the month after you tell us you want to leave.
2. You can change to:	Here is what to do:
A Medicare health plan (such as a Medicare Advantage Plan or Program of All-inclusive Care for the Elderly (PACE))	 Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. If you need help or more information: Call the State Health Insurance Assistance Program (SHIP) at 1-800- 803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). You will automatically be disenrolled from MeridianComplete when your new plan's coverage begins.

3. You can change to:	Here is what to do:
Original Medicare with a separate Medicare prescription drug plan	Call Medicare at 1-800-MEDICARE (1-800- 633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
	If you need help or more information:
	 Call the State Health Insurance Assistance Program (SHIP) at 1-800- 803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). You will automatically be disenrolled from
	MeridianComplete when your Original Medicare coverage begins.

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4. You can change to:

Original Medicare without a separate Medicare prescription drug plan

NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call MMAP at 1-800-803-7174.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

 Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP).

You will automatically be disenrolled from MeridianComplete when your Original Medicare coverage begins.

G. How to get help

G1. Getting help from MeridianComplete

Questions? We're here to help. Please contact Member Services at 1-855-323-4578 TTY users should call 711). We are available for phone calls 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Calls to these numbers are free.

Your 2023 Member Handbook

The *2023 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2023 Member Handbook* will be available by October 15. An up-to-date copy of the *2023 Member Handbook* is available on our website at mmp.mimeridian.com. You may also call Member Services at 1-855-323-4578 (TTY: 711) to ask us to mail you a *2023 Member Handbook*. Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Our website

You can also visit our website at mmp.mimeridian.com. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

G2. Getting help from Michigan ENROLLS

For questions about your enrollment, call **Michigan ENROLLS** toll-free **at 1-800-975-7630**. Persons with hearing *a*nd speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM.

G3. Getting help from the MI Health Link Ombudsman Program

The MI Health Link Ombudsman Program can help you if you are having a problem with MeridianComplete. The ombudsman's services are free.

- The MI Health Link Ombudsman Program works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The MI Health Link Ombudsman Program makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MI Health Link Ombudsman Program is not connected with us or with any insurance company or health plan. Call 1-888-746-MHLO (1-888-746-6456). Office hours are Monday through Friday, 8 AM to 5 PM EST.

G4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP has trained counselors in every state, and services are free. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). MMAP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. MMAP is not connected with us or with any insurance company or health plan.

Call MMAP at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM.

G5. Getting help from Medicare

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare's Website

You can visit the Medicare website (<u>www.medicare.gov</u>). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to <u>www.medicare.gov</u> and click on "Find plans.")

Medicare & You 2023

You can read the *Medicare & You 2023* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (<u>www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf</u>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

G6. Getting help from Michigan Medicaid

Call the Beneficiary Help Line at 1-800-642-3195. Persons with hearing and speech disabilities may call the TTY number at 1-866-501-5656. Office hours are Monday through Friday, 8 AM to 7 PM.

G7. How to contact the Quality Improvement Organization (QIO)

Our state has an organization called Livanta BFCC-QIO. This is a group of providers and other healthcare professionals who help improve the quality of care for people with Medicare. Livanta BFCC-QIO is not connected with our plan.

Contact Livanta BFCC-QIO if you have questions about your health care. You can also make a complaint about the care you got if:

- You have a problem with the quality of care,
- You think your hospital stay is ending too soon, or
- You think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

Contact Livanta BFCC-QIO at 1-888-524-9900 (TTY users should call 1-888-985-8775) Monday-Friday 9 a.m. to 6 p.m. (EST) or, visit their website at <u>https://livantagio.com/en</u>.

Multi-Language Insert Multi-Language Interpreter Services

ATENCIÓN: Si habla Español, disponemos de servicios de asistencia lingüística sin costo alguno para usted. Llame al 1-855-323-4578 (TTY: 711), de lunes a viernes, de 8 a.m. a 8 p.m. Durante los fines de semana y en feriados estatales o federales, es posible que se le solicite dejar un mensaje. Se le devolverá la llamada al siguiente día hábil. La llamada es gratuita.

注意:如果您說中文,您可以免費獲得語言協助服務。請致電 1-855-323-4578 (TTY: 711),週一至週五,早上8點至晚上8點。非服務時間和州聯邦假日會由留言 系統接聽。我們將在下一個工作日內回電給您。此為免付費專線。

PAALALA: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa 1-855-323-4578 (TTY: 711), Lunes hanggang Biyernes, 8 a.m. hanggang 8 p.m. Tuwing Sabado at Linggo at mga pang-estado at pederal na holiday, posibleng hilingin sa iyo na mag-iwan ng mensahe. Tatawagan ka sa susunod na araw ng negosyo. Libre ang tawag.

ATTENTION : si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le 1-855-323-4578 (TTY : 711) du lundi au vendredi, de 8 h à 20 h, pour en bénéficier. Durant le week-end et les jours fériés fédéraux, il vous sera peut-être demandé de laisser un message. Vous serez rappelé le jour ouvrable suivant. L'appel est gratuit.

CHÚ Ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho quý vị. Gọi đến số 1-855-323-4578 (TTY: 711), thứ Hai đến thứ Sáu, 8 a.m. đến 8 p.m. Vào ngày cuối tuần và ngày nghỉ lễ theo liên bang, quý vị có thể cần để lại tin nhắn. Chúng tôi sẽ gọi lại cho quý vị trong ngày làm việc kế tiếp. Cuộc gọi này miễn phí.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsleistungen zur Verfügung. Rufen Sie 1-855-323-4578 (TTY: 711) an, Montag bis Freitag, 8:00 bis 20:00 Uhr. An Wochenenden und bundesweiten Feiertagen werden Sie möglicherweise gebeten, eine Nachricht zu hinterlassen. Sie werden am nächsten Werktag zurückgerufen. Der Anruf ist kostenlos.

주의: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 월요일~금요일에는 오전 8시~오후 8시에 1-855-323-4578(TTY: 711)번으로 연락해 주십시오. 주말 및 주, 연방 공휴일에는 메시지를 남기셔야 할 수 있습니다. 그러면 다음 영업일에 전화드리겠습니다. 통화는 무료입니다. ВНИМАНИЕ: если вы говорите на русском языке, вы можете бесплатно получить помощь переводчика. Позвоните по номеру 1-855-323-4578 (ТТҮ: 711) с 8 а.т. до 8 р.т. с понедельника по пятницу. В выходные и праздничные дни вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Звонок бесплатный.

انتباه: إذا كنت تتحدث اللغة العربية، فنحن نوفر لك خدمات مساعدة لغوية مجانية. اتصل على الرقم 4578-323-1855 (711: 711) ، من الاثنين إلى الجمعة، من الساعة 8 صباحًا لغاية الساعة 8 مساءً. وفي عطلات نهاية الأسبوع والإجازات الفيدرالية في الولاية، قد يُطلب منك ترك رسالة وسنعاود الاتصال بك خلال يوم العمل التالي. وهذا الاتصال مجاني.

ATTENZIONE: se parla italiano, sono disponibili gratuitamente servizi di assistenza linguistica. Chiami il numero 1-855-323-4578 (TTY: 711), dal lunedì al venerdì, dalle 8:00 alle 20:00. Nei fine settimana e durante le festività federali è possibile che le venga chiesto di lasciare un messaggio. La sua chiamata sarà gestita entro il giorno lavorativo successivo. La chiamata è gratuita.

ATENÇÃO: se falar português, estão disponíveis serviços de assistência gratuitos no seu idioma. Ligue para o número 1-855-323-4578 (TTY: 711) de segunda-feira a sexta-feira, das 8:00 às 20:00. Se ligar num fim de semana ou num feriado federal, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. A chamada é gratuita.

ATANSYON: Si ou pale Franse-Kreyòl, sèvis asistans lang disponib gratis pou ou. Rele 1-855-323-4578 (TTY: 711), soti lendi pou rive vandredi, 8è a.m. pou rive 8è p.m. Nan wikenn ak jou konje federal eta a, yo ka mande w pou kite yon mesaj. Y ap retounen w apèl la nan pwochen jou ouvrab la. Apèl la gratis.

UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-323-4578 (TTY: 711), od poniedziałku do piątku, od 8 do 20. W weekendy i święta państwowe może być konieczne zostawienie wiadomości. Nasz agent oddzwoni w kolejnym dniu roboczym. Połączenie jest bezpłatne.

ध्यान दें: अगर आप हिंदी बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं. सोमवार से शुक्रवार, सुबह 8 बजे से रात 8 बजे तक, 1-855-323-4578 (TTY: 711) पर कॉल करें. वीकेंड और स्टेट फ़ेडरल हॉलिडे पर, आपको एक मैसेज छोड़ने के लिए कहा जा सकता है. अगले कार्य दिवस पर आपको वापस कॉल किया जाएगा. कॉल निःशुल्क है.

注目:日本語を話す場合、言語支援サービスを無料でご利用いただけます。月曜 日から金曜日の午前8時から午後8時の間に1-855-323-4578 (TTY:71)までお 電話ください。週末や祝日に電話をかけると、メッセージを残すか尋ねられる場 合があります。次の営業日に折り返しお電話いたします。通話は無料です。

VINI RE: Nëse flisni shqip, ju ofrohen shërbime të asistencës gjuhësore, pa pagesë. Telefononi numrin 1-855-323-4578 (TTY: 711), nga e hëna në të premte, nga ora 8:00 deri në 20:00. Gjatë fundjavave dhe pushimeve zyrtare federale, mund t'ju kërkohet të lini një mesazh. Telefonata juaj do të marrë përgjigje brenda ditës vijuese të punës. Telefonata është pa pagesë. مېتې، کې حضحیحه همیزیه، کبه قلامحف هیعحعلاک بحضینته کا تعتیلاک دیجکی منر لـ 1-855-323-4578 (TTY: 711)، ماز سدېتک ښل خېمجتلاک، 8 فینجتلاک ښل 8 دلملک، تیمخیک تحمیلاتک، قمحک دی کللدر چیم/ب تعجیم ستک ی کرنتهک، مکښنتهک متیمهم/ب دی قیعک حمد چنته کی تمخیک تعمیلیتک تمامتیک، مد شمتک دخیکی

নজর দিন: আপনি বাংলা ভাষী হলে আপনার জন্য বিনামূল্যে, ভাষা সহায়তা পরিষেবা রয়েছে। সোমবার থেকে শুক্রবার সকাল ৪টা থেকে রাত্রি ৪টার মধ্যে 1-855-323-4578 (TTY: 711)-এ ফোন করুন। সপ্তাহান্তের দিনগুলি ও প্রদেশের ফেডেরাল ছুটির দিনগুলিতে আপনাকে একটি মেসেজ দিয়ে রাখতে বলা হতে পারে। পরবর্তী কাজের দিনে আপনাকে ফোন করা হবে। কলটি বিনামূল্যে।

PAŽNJA: ako govorite srpski ili hrvatski, na raspolaganju su vam besplatne usluge jezičke pomoći. Nazovite 1-855-323-4578 (TTY: 711), od ponedjeljka do petka, od 8 do 20 sati. Vikendom i državnim praznicima od vas se može tražiti da ostavite poruku. Vaš će poziv biti vraćen sljedeći radni dan. Poziv je besplatan.