

**Elderplan Plus Long-Term Care (HMO-POS D-SNP)
offered by Elderplan, Inc.**

Annual Notice of Changes for 2025

You are currently enrolled as a member of Elderplan Plus Long-Term Care (HMO-POS D-SNP) Next year, there will be changes to the plan's costs and benefits. *Please see page 7 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.elderplan.org. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.

- Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
 - Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
 - Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Elderplan Plus Long-Term Care (HMO-POS D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Elderplan Plus Long-Term Care (HMO-POS D-SNP).
- Look in section 3.2 page 46 to learn more about your choices.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or Long-Term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- This document is available for free in Spanish and Chinese.
- Please contact our Member Services number at 1-877-891-6447 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., 7 days a week. This call is free.
- This information is available in different formats, including braille or other alternate formats. Please call Member Services at the number listed above if you need plan information in another format or language.

- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Elderplan Plus Long-Term Care (HMO-POS D-SNP)

- Elderplan is an HMO plan with Medicare and Medicaid contracts. Enrollment in Elderplan depends on contract renewal. Anyone entitled to Medicare Parts A and B may apply. Enrolled members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid.
 - Elderplan has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) through 2026 based on a review of Elderplan's Model of Care.
 - When this document says "we," "us," or "our," it means Elderplan, Inc.. When it says "plan" or "our plan," it means Elderplan Plus Long-Term Care (HMO-POS D-SNP).
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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Elderplan Plus Long-Term Care (HMO-POS D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2024 (this year)	2025 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p>	<p>\$0 or \$48.70 for your Part D Premium</p>	<p>\$0 or \$72.30 for your Part D Premium</p>

**Elderplan Plus Long-Term Care (HMO-POS
D-SNP) Annual Notice of Changes for 2025**

Cost	2024 (this year)	2025 (next year)
<p>Part B Premium Reduction (If you pay a Part B premium, this amount is deducted through your Social Security payment.)</p> <p>(If you don't pay your Part B premium through Social Security, you'll pay a reduced monthly amount directly to Medicare.)</p>	<p>Not Covered</p>	<p>\$3.00</p>
<p>Part B Deductible</p>	<p>The Part B Deductible is \$240.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>The Part B Deductible is \$257.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>

Cost	2024 (this year)	2025 (next year)
Doctor office visits	<p>In-Network Primary care visits: You pay \$0 Copayment per visit.</p> <p>In-Network and Out-of-Network Specialist visits: You pay \$0 Copayment per visit.</p>	<p>In-Network Primary care visits: You pay \$0 Copayment per visit.</p> <p>In-Network and Out-of-Network Specialist visits: You pay \$0 Copayment per visit.</p> <p>There is no change for 2025.</p>
Inpatient hospital stays	<p>There is no coinsurance or copayment for Medicare covered Inpatient Hospital Care or services you get from doctors and other providers while you're a hospital inpatient.</p>	<p>There is no coinsurance or copayment for Medicare covered Inpatient Hospital Care or services you get from doctors and other providers while you're a hospital inpatient.</p>

Cost	2024 (this year)	2025 (next year)
<p>Inpatient hospital stays (continued)</p>	<p>Authorization is required.</p>	<p>Authorization is required. There is no change for 2025.</p>
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: The Part D Deductible is \$545, except for covered insulin products and most adult Part D vaccines. During the Initial Coverage Stage: Standard retail cost sharing (in-network) (up to a 90-day supply) * † Ω</p>	<p>Deductible: The Part D Deductible is \$590, except for covered insulin products and most adult Part D vaccines. During the Initial Coverage Stage: Standard retail cost sharing (in-network) (up to a 90-day supply) * † Ω</p>

Cost	2024 (this year)	2025 (next year)
<p>Part D prescription drug coverage (continued) (See Section 1.5 for details.)</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing for:</p> <p>Tier 1: Depending on your “Extra Help” You Pay:</p> <p>For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.55 copay or \$4.50 copay or 25% of the total cost.</p> <p>For all other drugs: \$0 copay or \$4.60 copay or \$11.20 copay or 25% of the cost.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing for:</p> <p>Tier 1: Depending on your “Extra Help” You Pay:</p> <p>For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.60 copay or \$4.90 copay or 25% of the total cost.</p> <p>For all other drugs: \$0 copay or \$4.80 copay or \$12.15 copay or 25% of the cost.</p>

Cost	2024 (this year)	2025 (next year)
<p>Part D prescription drug coverage (continued) (See Section 1.5 for details.)</p>	<p>*60-Day supply is also available for Standard Retail.</p> <p>Mail-order cost sharing (up to 90-day supply)†Ω during the Initial Coverage Stage For:</p> <p>Tier 1: Depending on your level of “Extra Help” You Pay:</p> <p>For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.55 copay or \$4.50 copay or 25% of the cost.</p>	<p>*60-Day supply is also available for Standard Retail.</p> <p>Mail-order cost sharing (up to 90-day supply)†Ω during the Initial Coverage Stage For:</p> <p>Tier 1: Depending on your level of “Extra Help” You Pay:</p> <p>For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.60 copay or \$4.90 copay or 25% of the cost.</p>

Cost	2024 (this year)	2025 (next year)
<p>Part D prescription drug coverage (continued) (See Section 1.5 for details.)</p>	<p>For all other drugs: \$0 copay or \$4.60 copay or \$11.20 copay or 25% of the cost. †NDS – Non-Extended Days Supply. Certain specialty drugs will be limited up to a 30-day supply per fill. Ω – You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</p>	<p>For all other drugs: \$0 copay or \$4.80 copay or \$12.15 copay or 25% of the cost. †NDS – Non-Extended Days Supply. Certain specialty drugs will be limited up to a 30-day supply per fill. Ω – You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</p>

Cost	2024 (this year)	2025 (next year)
<p>Part D prescription drug coverage (continued) (See Section 1.5 for details.)</p>	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. 	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered Part D drugs.
<p>Maximum out-of-pocket amount This is the <u>most</u> you will pay out of pocket for your covered in-network and out-of-network combined Part A and Part B services. (See Section 1.2 for details.)</p>	<p>In-Network and Out-of-Network Combined \$8,850 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>In-Network and Out-of-Network Combined \$9,350 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

**SECTION 1 Changes to Benefits and Costs for
Next Year**

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<p>Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</p>	<p>\$0 or \$48.70 for your Part D Premium You must continue to pay your Part B Premium (unless your Part B Premium is paid for you by Medicaid or another third party).</p>	<p>\$0 or \$72.30 for your Part D Premium You must continue to pay your Part B Premium (unless your Part B Premium is paid for you by Medicaid or another third party).</p>

Cost	2024 (this year)	2025 (next year)
<p>Part B Premium Reduction (If you pay a Part B premium, this amount is deducted through your Social Security payment.) (If you don't pay your Part B premium through Social Security, you'll pay a reduced monthly amount directly to Medicare.)</p>	<p>Not Covered</p>	<p>\$3.00</p>

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<p>Maximum out-of-pocket amount</p>	<p>In-Network and Out-of-Network Combined</p>	<p>In-Network and Out-of-Network Combined</p>
<p>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</p>	<p>\$8,850</p>	<p>\$9,350</p>
<p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>Once you have paid \$8,850 out of pocket (in-network and out-of-network combined) for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>	<p>Once you have paid \$9,350 out of pocket (in-network and out-of-network combined) for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>
<p>Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>		

Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Updated directories are also located on our website at www.elderplan.org. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers and pharmacies for next year. **Please review the 2025 Provider and Pharmacy Directory www.elderplan.org to see if your providers (primary care provider, specialists, hospitals, etc.) and pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers and pharmacies affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<p>Acupuncture Services (Non-Medicare Covered)</p>	<p>In-Network You pay no coinsurance or copayment per visit. You may receive up to 28 visits every year for the following services:</p> <ul style="list-style-type: none"> • Acupuncture • Cupping/ Moxa • Acupressure • Tui Na • Gua Sha • Reflexology • Infrared Therapy 	<p>In-Network You pay no coinsurance or copayment per visit. You may receive up to 40 visits every year for the following services:</p> <ul style="list-style-type: none"> • Acupuncture • Cupping/ Moxa • Acupressure • Tui Na • Gua Sha • Reflexology • Infrared Therapy

Cost	2024 (this year)	2025 (next year)
<p>Dental services - Supplemental Diagnostic and Preventive Services</p>	<p>Supplemental Preventive Dental Services In-Network and Out-Of-Network Combined</p> <p>Coverage of Supplemental Preventive Dental Services is limited to selected service codes from the categories below.</p> <p>You pay \$0 copayment for the following Supplemental Preventative Dental Services:</p>	<p>Supplemental Diagnostic and Preventive Services In-Network and Out-Of-Network Combined</p> <p>Coverage of Supplemental Diagnostic and Preventive Dental Services is limited to selected service codes from the categories below.</p> <p>You pay \$0 copayment for the following supplemental Diagnostic and preventative Dental services:</p>

Cost	2024 (this year)	2025 (next year)
<p>Dental services - Supplemental Diagnostic and Preventive Services (continued)</p>	<p><u>Oral Exams Services:</u></p> <ul style="list-style-type: none"> • Limited Oral Exams: 1 every month <p><u>Dental X-Rays Services:</u></p> <ul style="list-style-type: none"> • Not Covered 	<p><u>Oral Exams Services:</u> Select codes include but not limited to</p> <ul style="list-style-type: none"> • Limited Oral Exams: 1 every month • Oral Exams: 1 every 6 months <p><u>Dental X-Rays Services:</u> Select codes include but not limited to</p> <ul style="list-style-type: none"> • Dental X Rays: 1 every 6 months and 1 every 12 months • Dental X Rays: 1 every 36 months • Panoramic & Cephalometric Film: 1 every 36 months • Oral/Facial Photographic images: 2 every 6 months

Cost	2024 (this year)	2025 (next year)
<p>Dental services - Supplemental Diagnostic and Preventive Services (continued)</p>	<p><u>Preventive (Cleanings):</u></p> <ul style="list-style-type: none"> • Not Covered <p><u>Other Diagnostic Dental Services:</u></p> <ul style="list-style-type: none"> • Not Covered <p>For more information about which services are covered please contact Member Services.</p>	<ul style="list-style-type: none"> • Dental X-Rays: 2 every 12 months • Dental X Rays: Select codes are covered with no frequency limitation. <p><u>Preventive (Cleanings):</u></p> <ul style="list-style-type: none"> • Cleanings (Prophylaxis): 1 every 6 months <p><u>Other Diagnostic Dental Services:</u></p> <ul style="list-style-type: none"> • Select codes are covered with no frequency limitation. <p>For more information about which services are covered please contact Member Services.</p>

Cost	2024 (this year)	2025 (next year)
<p>Dental services - Comprehensive Dental Services</p>	<p>Supplemental Comprehensive Dental Services: In-Network and Out-Of-Network Combined</p> <p>Coverage of Supplemental Comprehensive Dental Services is limited to selected service codes from the categories below. Benefit frequency may be limited per ADA guidelines to 1 service per tooth/per arch/per quadrant.</p> <p><u>Restorative Services:</u> Select codes</p> <ul style="list-style-type: none"> • \$0 copay /1 every 60 months 	<p>Supplemental Comprehensive Dental Services: In-Network and Out-Of-Network Combined</p> <p>Coverage of Supplemental Comprehensive Dental Services is limited to selected service codes from the categories below. Benefit frequency may be limited per ADA guidelines to 1 service per tooth/per arch/per quadrant.</p> <p><u>Restorative Services:</u> Select codes</p> <ul style="list-style-type: none"> • \$0 copay /1 every 12 months • \$0 copay /1 every 24 months

Cost	2024 (this year)	2025 (next year)
<p>Dental services - Comprehensive Dental Services (continued)</p>	<p><u>Endodontic Services:</u></p> <ul style="list-style-type: none"> • Not Covered 	<ul style="list-style-type: none"> • \$0 copay /1 every 60 months • \$0 copay /2 every 12 months • \$0 copay /1 per lifetime • Select codes are covered at \$0 copayment with no frequency limitation. <p><u>Endodontic Services:</u> Select codes</p> <ul style="list-style-type: none"> • \$0 copay /1 per lifetime. • Select codes are covered at \$0 copayment with no frequency limitation.

Cost	2024 (this year)	2025 (next year)
<p>Dental services - Comprehensive Dental Services (continued)</p>	<p><u>Periodontics Services:</u></p> <ul style="list-style-type: none"> • Not Covered 	<p><u>Periodontics Services: Select codes:</u></p> <ul style="list-style-type: none"> • \$0 copay /1 every 6 months • \$0 copay /1 every 12 months • \$0 copay /1 every 24 months • \$0 copay /1 every 36 months • \$0 copay /1 every 60 months • \$0 copay /1 per lifetime • Select codes are covered at \$0 copayment with no frequency limitation.

Cost	2024 (this year)	2025 (next year)
<p>Dental services - Comprehensive Dental Services (continued)</p>	<p><u>Prosthodontics, removable:</u></p> <ul style="list-style-type: none"> • Not Covered <p><u>Maxillofacial Prosthetics services:</u></p> <ul style="list-style-type: none"> • Not Covered 	<p><u>Prosthodontics, removable:</u> Select codes</p> <ul style="list-style-type: none"> • \$0 copay /1 every 12 months • \$0 copay /2 every 12 months • \$0 copay /4 every 12 months • \$0 copay /1 every 24 months • Select codes are covered at \$0 copayment with no frequency limitation. <p><u>Maxillofacial Prosthetics services:</u> Select codes</p> <ul style="list-style-type: none"> • \$0 copay /2 every 12 months • Select codes are covered at \$0 copayment with no frequency limitation.

Cost	2024 (this year)	2025 (next year)
<p>Dental services - Comprehensive Dental Services (continued)</p>	<p><u>Implant Services:</u></p> <ul style="list-style-type: none"> • Not Covered <p><u>Prosthodontics, fixed services: Select Codes</u></p> <ul style="list-style-type: none"> • \$0 copay /1 every 60 months 	<p><u>Implant Services:</u> Select codes</p> <ul style="list-style-type: none"> • \$0 copay /1 every 12 months • \$0 copay /1 every 24 months • \$0 copay /1 every 8 years • \$0 copay /1 per lifetime • Select codes are covered at \$0 copayment with no frequency limitation <p><u>Prosthodontics, fixed services: Select Codes</u></p> <ul style="list-style-type: none"> • \$0 copay /1 every 60 months • \$0 copay /1 every 24 months

Cost	2024 (this year)	2025 (next year)
<p>Dental services - Comprehensive Dental Services (continued)</p>	<p><u>Oral and Maxillofacial Surgery:</u></p> <ul style="list-style-type: none"> • Not Covered <p><u>Adjunctive General Services:</u></p> <ul style="list-style-type: none"> • Not Covered 	<p><u>Oral and Maxillofacial Surgery: Select Codes</u></p> <ul style="list-style-type: none"> • \$0 copay /1 every 24 months • \$0 copay /1 every 60 months • \$0 copay /1 per lifetime • \$0 copay /2 per lifetime • \$0 copay /3 per lifetime • Select codes are covered at \$0 copayment with no frequency limitation <p><u>Adjunctive General Services: Select Codes</u></p> <ul style="list-style-type: none"> • \$0 copay /1 every 6 months • \$0 copay /1 every 12 months

Cost	2024 (this year)	2025 (next year)
<p>Dental services - Comprehensive Dental Services (continued)</p>	<p>For more information about which services are covered please contact Member Services.</p>	<ul style="list-style-type: none"> • \$0 copay /2 every 12 months • Select codes are covered at \$0 copayment with no frequency limitation. <p>For more information about which services are covered please contact Member Services.</p>

Cost	2024 (this year)	2025 (next year)
<p>Durable Medical Equipment and related supplies</p>	<p>In Network: You pay \$0 copayment for Medicare covered Durable Medical Equipment (DME) and Related supplies.</p> <p>Authorization only required for certain items that are like but not limited to high dollar, motorized, and custom equipment or items.</p>	<p>In Network: You pay \$0 copayment for Medicare covered Durable Medical Equipment (DME) and Related supplies.</p> <p>Authorization only required for certain items that are like but not limited to high dollar, motorized, and custom equipment or items.</p>

Cost	2024 (this year)	2025 (next year)
Durable Medical Equipment and related supplies (continued)		You pay \$0 copay for Freestyle Libre Continuous Glucose Monitors and supplies that are available at participating pharmacies. Authorization is required.

Cost	2024 (this year)	2025 (next year)
Flex Card	<p>There is no coinsurance or copayment for Flex Card.</p> <p>You will receive a \$500 allowance to use in 2024 on out-of-pocket costs for dental, vision, hearing, or fitness services.</p> <p>Any unused benefit dollars will expire at the end of the calendar year or if you disenroll from the plan.</p>	<p>There is no coinsurance or copayment for Flex Card.</p> <p>You will receive a \$750 allowance to use in 2025 on out-of-pocket costs for dental, vision, hearing, or fitness services.</p> <p>Any unused benefit dollars will expire at the end of the calendar year or if you disenroll from the plan.</p>

Cost	2024 (this year)	2025 (next year)
<p>Hearing Services (Non-Medicare Covered Hearing Services)</p>	<p>In-Network</p> <p>There is no coinsurance, copayment for Non-Medicare Covered Hearing Aids (all types) once every three years.</p> <p>Hearing Aids (all types) are covered up to \$1,300 for both ears combined every 3 years.</p> <p>Authorization is required by a Physician or Specialist.</p>	<p>In-Network</p> <p>There is no coinsurance, copayment for Non-Medicare Covered Hearing Aids (all types) annually.</p> <p>Hearing Aids (all types) are covered up to \$3,000 for both ears combined annually.</p> <p>Authorization is required by a Physician or Specialist.</p>

Cost	2024 (this year)	2025 (next year)
<p>Medicare Part B prescription drugs</p>	<p>In Network: You pay no coinsurance or copayment Medicare Part B prescription drugs.</p> <p>You pay up to \$35 for Medicare Part B Insulin Drugs.</p> <p>Medicare Part B Prescription Drugs may be subject to step therapy requirements.</p> <p>Authorization may be required for certain drugs.</p>	<p>In Network: You pay no coinsurance or copayment Medicare Part B prescription drugs.</p> <p>You pay up to \$35 for Medicare Part B Insulin Drugs.</p> <p>Medicare Part B Prescription Drugs is NOT subject to Step therapy requirements.</p> <p>Authorization may be required for certain drugs.</p>

Cost	2024 (this year)	2025 (next year)
Over the Counter (OTC)	<p>You may purchase up to \$270 every month of eligible OTC items.</p> <p>The OTC card balance cannot be carried over to the next month.</p>	<p>You may purchase up to \$900 quarterly of eligible OTC items.</p> <p>The OTC card balance cannot be carried over to the next quarter.</p> <p>Quarterly benefit periods are distributed in January, April, July and October.</p>

Cost	2024 (this year)	2025 (next year)
<p>Over the Counter (OTC) (continued)</p>	<p>The OTC benefit combines with Special Supplemental Benefits for the Chronically Ill (SSBCI) for eligible members.</p> <p>Your OTC benefit covers COVID 19 tests and Naloxone nasal spray at select pharmacies and/or retailers.</p>	<p>The OTC benefit combines with Special Supplemental Benefits for the Chronically Ill (SSBCI) for eligible members.</p> <p>Your OTC benefit covers COVID 19 tests and Naloxone nasal spray at select pharmacies and/or retailers.</p>

Cost	2024 (this year)	2025 (next year)
<p>Special Supplemental Benefit for the Chronically Ill (SSBCI)</p>	<p>There is no coinsurance or copayment for Special Supplemental Benefits for the Chronically Ill.</p> <p>Members eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI) will receive a combined Over the Counter Non-Prescription Drug Coverage benefit to cover certain grocery items, certain utility payments, and rental/mortgage assistance as a part of the monthly OTC allowance.</p>	<p>There is no coinsurance or copayment for Special Supplemental Benefits for the Chronically Ill.</p> <p>Members eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI) will receive a combined Over the Counter Non-Prescription Drug Coverage benefit to cover certain grocery items, certain utility payments, rental/mortgage assistance, and non-medical transportation as a part of the quarterly OTC allowance.</p>

Cost	2024 (this year)	2025 (next year)
<p>Special Supplemental Benefit for the Chronically Ill (SSBCI) (continued)</p>	<p>The combined OTC coverage of \$270 per month will be available monthly. Benefits will not carry forward to the next period if it is unused.</p> <p>Contact the Plan for a complete listing of eligible items and network listing of select pharmacies and/or retailers.</p>	<p>The combined OTC coverage of \$900 quarterly will be available quarterly. Benefits will not carry forward to the next period if it is unused.</p> <p>Quarterly benefit periods are distributed in January, April, July and October.</p> <p>Contact the Plan for a complete listing of eligible items and network listing of select pharmacies and/or retailers.</p>

Cost	2024 (this year)	2025 (next year)
Vision care – Supplemental Vision Care	\$0 Copayment for non-Medicare eyewear (\$350 annual maximum per calendar year) including contact lenses or eyeglasses (lenses and frames).	\$0 Copayment for non-Medicare eyewear (\$600 annual maximum per calendar year) including contact lenses or eyeglasses (lenses and frames).

Cost	2024 (this year)	2025 (next year)
<p>Worldwide Emergency / Emergency Transportation / Urgent Coverage and Travel Assistance</p>	<p>There is no coinsurance or copayment for Worldwide Emergency/ Emergency Transportation/ Urgent Coverage (maximum benefit amount is \$50,000).</p> <p>Worldwide Emergency Travel Assistance services are not covered.</p>	<p>There is no coinsurance or copayment for Worldwide Emergency/ Emergency Transportation/ Urgent Coverage (maximum benefit amount is \$50,000).</p> <p>There is no coinsurance or copayment for Worldwide Emergency Travel Assistance services arranged by our worldwide emergency travel assistance provider.</p>

Section 1.5 – Changes to Part D Prescription Drug Coverage

<h3>Changes to Our Drug List</h3>

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately add new restrictions.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your Evidence of Coverage. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website:

<https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>.

You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described

in this section may not apply to you **Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the *Evidence of Coverage Rider for People Who Get “Extra Help” Paying for Prescription Drugs* (also called the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Member Services and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>	<p>The Part D deductible is \$545</p> <p>If you receive “Extra Help” to pay your prescription drugs, your deductible amount will be \$0.</p>	<p>The Part D deductible is \$590</p> <p>If you receive “Extra Help” to pay your prescription drugs, your deductible amount will be \$0.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Standard retail cost sharing (in-network)</p> <p>(up to a 90-day supply) * † Ω</p> <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:</p> <p>Tier 1:</p> <p>Depending on your “Extra Help” You Pay:</p>	<p>Standard retail cost sharing (in-network)</p> <p>(up to a 90-day supply) * † Ω</p> <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:</p> <p>Tier 1:</p> <p>Depending on your “Extra Help” You Pay:</p>

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p>	<p>For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.55 copay or \$4.50 copay or 25% of the total cost.</p> <p>For all other drugs: \$0 copay or \$4.60 copay or \$11.20 copay or 25% of the cost.</p> <p>*60-Day supply is also available for Standard Retail.</p>	<p>For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.60 copay or \$4.90 copay or 25% of the total cost.</p> <p>For all other drugs: \$0 copay or \$4.80 copay or \$12.15 copay or 25% of the cost.</p> <p>*60-Day supply is also available for Standard Retail.</p>

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p>	<p>Mail-order cost sharing (up to 90-day supply)† Ω during the Initial Coverage Stage For: Tier 1: Depending on your level of “Extra Help” You Pay: For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.55 copay or \$4.50 copay or 25% of the cost. For all other drugs: \$0 copay or \$4.60 copay or</p>	<p>Mail-order cost sharing (up to 90-day supply)† Ω during the Initial Coverage Stage For: Tier 1: Depending on your level of “Extra Help” You Pay: For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.60 copay or \$4.90 copay or 25% of the cost. For all other drugs: \$0 copay or \$4.80 copay or</p>

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p>	<p>\$11.20 copay or 25% of the cost.</p> <p>†NDS – Non-Extended Days Supply. Certain specialty drugs will be limited up to a 30-day supply per fill.</p> <p>Ω – You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</p> <hr/>	<p>\$12.15 copay or 25% of the cost.</p> <p>†NDS – Non-Extended Days Supply. Certain specialty drugs will be limited up to a 30-day supply per fill.</p> <p>Ω – You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</p> <hr/>

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage (continued)	Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).	Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).</p> <p>To learn more about this payment option, please contact us at 1-866-490-2102 (TTY: 711) or visit Medicare.gov.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Elderplan Plus Long-Term Care (HMO-POS D-SNP)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Elderplan Plus Long-Term Care (HMO-POS D-SNP).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Elderplan, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Elderplan Plus Long-Term Care (HMO-POS D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Elderplan Plus Long-Term Care (HMO-POS D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

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 have opted out of automatic enrollment.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Medicaid, you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can also switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or Long-Term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

**SECTION 5 Programs That Offer Free Counseling
about Medicare and Medicaid**

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York State, the SHIP is called The Office for the Aging's Health Insurance Information, Counseling and Assistance Program (HIICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HIICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HIICAP at 1-(212)-602-4180 (Inside the following: 5 boroughs of NYC) or 1-800-701-0501 (Outside the 5 boroughs of NYC). You can learn more about HIICAP by visiting their website (<https://aging.ny.gov/health-insurance-information-counseling-and-assistance-programs>).

For questions about your New York State Medicaid benefits, contact The New York State Department of Health (Social Services) HRA Medicaid Helpline at 1-888-692-6116, users can call 711, 8 a.m. to 5 p.m. Monday through Friday. Ask how joining another plan or returning to Original Medicare affects how you get your New York State Medicaid coverage.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, yearly deductibles, and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about “Extra Help,” call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office.

- **Help from your state’s pharmaceutical assistance program.** New York has a program called Elderly Pharmaceutical Insurance Coverage Program (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New York AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program or, if you are currently enrolled, how to continue receiving assistance, call 1-800-542-2437. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug

coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-866-490-2102 (TTY: 711) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 7 Questions?

Section 7.1 – Getting Help from Elderplan Plus Long-Term Care (HMO-POS D-SNP)

Questions? We're here to help. Please call Member Services at 1-877-891-6447. (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m., 7 days a week. Calls to these numbers are free.

Read your *2025 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Elderplan Plus Long-Term Care

(HMO-POS D-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.elderplan.org. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

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

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

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.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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.

Section 7.3 – Getting Help from Medicaid

To get information from Medicaid you can call New York State Department of Health (Social Services) HRA Medicaid Helpline at 1-888-692-6116. TTY users should call 9 a.m. to 5 p.m., Monday through Friday. You can also visit <https://www.nyc.gov/site/hra/help/health-assistance.page>

For New York State Local Department Social Services visit https://www.health.ny.gov/health_care/medicaid/ldss.htm

NOTICE OF NON-DISCRIMINATION

Elderplan, Inc. complies with Federal civil rights laws. Elderplan, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Elderplan, Inc. provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Elderplan, Inc. at 1-877-891-6447. For TTY/TDD services, call 711.

If you believe that **Elderplan, Inc.** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **Elderplan, Inc.** by:

Mail: Elderplan, Inc.
ATTN Civil Rights Coordinator
55 WATER STREET
NEW YORK, NY 10041

Phone: 1-877-326-9978 (for TTY/TDD services, call 711)
Fax: 1-718-759-3643
In person: Elderplan, Inc.
55 WATER STREET, 46th FLOOR
NEW YORK, NY 10041

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-877-891-6447 (TTY: 711).	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-891-6447 (TTY: 711).	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-891-6447 (TTY: 711).	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم TTY:711(رقم هاتف الصم والبكم 1-877-891-6447)	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-877-891-6447 (TTY: 711) 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-891-6447 (телетайп: TTY: 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-891-6447 (TTY: 711).	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-891-6447 (TTY: 711).	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-891-6447 (TTY: 711).	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-877-891-6447 (TTY: 711).	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-891-6447 (TTY: 711)	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-891-6447 (TTY: 711)	Tagalog

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে ফোন করুন ১-1-877-891-6447 (TTY: 711)	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-891-6447 (TTY: 711).	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-891-6447 (TTY: 711).	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-891-6447 (TTY: 711)	Urdu