2027

Summary of Benefits

Molina Medicare Elect (HMO D-SNP)

Washington H5823-015-000

Serving: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima

Effective January 1 through December 31, 2027

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WA-H5823-15-0-SB-EN-27-S-V2

MOLINA® HEALTHCARE

Introduction to the Summary of Benefits

Molina Medicare Elect (HMO D-SNP)

Thank you for considering Molina Healthcare! Everyone deserves quality care. Since 1980, our members have been able to lean on Molina. Because today, as always, we put your needs first.

This document does not include every benefit and service that we cover or every limitation or exclusion. To get a complete list of services, please refer to the Evidence of Coverage (EOC). A copy of the EOC is located on our website at MolinaHealthcare.com. You can also call Member Services at (800) 665-1029, TTY: 711 and we will mail you a copy.

To join our plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid by Washington State Health Care Authority (HCA), and live in our service area. Our service area includes the following counties in Washington: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima.

Molina has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use providers that are not in our network, we may not pay for those services. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits or use the Medicare Plan Finder at Medicare.gov.

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at Medicare.gov or get a copy by calling **1-800-MEDICARE (1-800-633-4227).** TTY users should call 1-877-486-2048. If you have any questions, please call our Member Service team at **(800) 665-1029, TTY: 711.** Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time.

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A. About Medicare

Medicare is health insurance for people who are 65 years old or older, or who are under 65 years old with certain disabilities.

Original Medicare is a Federal Insurance Program. It pays a fee for your care directly to the doctors and hospitals you visit. Original Medicare does not cover most preventive care and has unpredictable out-of-pocket expenses.

Medicare Part A (Hospital Insurance) covers inpatient care in hospitals, skilled nursing facilities, hospice care, and some home health care services.

Medicare Part B (Medical Insurance) covers certain doctors' services, outpatient care, medical supplies and preventive services.

Medicare Part C (Medicare Advantage) is an all-in-one alternative to Original Medicare. Medicare Advantage plans include Parts A, B and usually Part D. Some Medicare Advantage plans may have lower out-of-pocket costs than Original Medicare and may cover extra benefits that Original Medicare doesn't – like dental, vision or hearing. Medicare pays a fixed fee to the plan for your care, and then the plan directly pays the doctors and hospitals. Medicare Advantage has predictable out-of-pocket expenses and offers preventive care and care coordination.

Medicare Part D (Prescription Drug Coverage) helps you pay for drugs you get from a pharmacy.

B. Medicaid Dual Eligibility Coverage Categories

- **Qualified Medicare Beneficiary (QMB):** Helps pay Medicare Part A and Part B premiums, and other cost sharing (like deductibles, coinsurance, and copayments). (Some people with QMB are also eligible for full Medicaid benefits (QMB+).
- **Specified Low-Income Medicare Beneficiary (SLMB):** Helps pay Part B premiums. (Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).
- **Qualifying Individual (QI):** Helps pay Part B premiums.
- **Qualified Disabled and Working Individual (QDWI):** Helps pay Part A premiums.

Eligibility Changes:

It is important to read and respond to all mail that comes from Social Security and your state Medicaid office and to maintain your Medicaid eligibility status.

Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category. If your eligibility status changes, your cost share may also change from $0 to 30%* or from 30%* to $0. If you lose Medicaid coverage entirely, you will be given a grace period so that you can reapply for Medicaid and become reinstated if you still qualify.

If you no longer qualify for Medicaid you may be involuntarily disenrolled from the Plan. Your state Medicaid agency will send you notification of your loss of Medicaid or change in Medicaid category. We may also contact you to remind you to reapply for Medicaid. For this reason it is important to let us know whenever your mailing address and/or phone number changes.

If you are currently entitled to receive full or partial Medicaid benefits please see your Medicaid member handbook or other state Medicaid documents for full details on your Medicaid benefits, limitations, restrictions, and exclusions. In your state, the Medicaid program can be reached through the office of the Washington State Health Care Authority (HCA).

*Annual deductible for Part B services, and 30% coinsurance (as applicable), in addition to varying cost share amounts for Part A services apply when Member’s cost share amount is not $0.

C. Summary of Premiums & Benefits

Molina Medicare Elect (HMO D-SNP)	
Monthly Premium	$8.10 per month If you get Extra Help from Medicare, your monthly plan premium will be lower or you may pay nothing.
Medical Deductible	$0 or $283 each year for in-network services, except for insulin furnished through an item of durable medical equipment, depending on your level of Medicaid eligibility. This is the 2026 deductible amount and may change for 2027. Molina Medicare Elect (HMO D-SNP) will provide updated rates as soon as they're released.
Maximum Out-of-Pocket Responsibility	$8,875 each year for services you receive from in-network providers. (does not include prescription drugs). 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.
Inpatient Hospital	Our plan covers 90 days for a hospital stay per benefit period. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days per benefit period, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days per benefit period. Depending on your level of Medicaid coverage you pay $0 or of the benefit period. • $2,241 copay for each Medicare-covered stay Your inpatient benefits will being on day one each time you are admitted to a hospital. The benefit period ends when you are discharged. ***Prior authorization may be required.***
Outpatient Hospital	Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost ***Prior authorization may be required.***
Ambulatory Surgical Center	Depending on your level of Medicaid coverage you pay $0 or 20% of the total cost ***Prior authorization may be required.***

Molina Medicare Elect (HMO D-SNP)	
Doctor Visits	**Primary Care** Depending on your level of Medicaid coverage you pay $0 copay or 30% per visit **Specialists** Depending on your level of Medicaid coverage you pay $0 copay or 30% per visit
Preventive Care	$0 copay Look for the rows with the apple in the Chapter 4 Medical benefits chart in the *Evidence of Coverage*. Any additional preventive services approved by Medicare during the plan year will be covered.
Emergency Care	Depending on your level of Medicaid coverage you pay $0 copay or 30% of the total cost, up to a maximum $115 copay per visit
Urgently Needed Services	Depending on your level of Medicaid coverage you pay $0 copay or 30% of the total cost, up to a maximum $40 copay per visit
Diagnostic Services/Labs/ Imaging	**Diagnostic tests and procedures** Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost **Lab services** Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost **Diagnostic radiology services (such as MRI, CT scan)** Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost **Outpatient X-rays** Depending on your level of Medicaid coverage you pay $0 copay or 20% of the total cost **Therapeutic radiology** Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost ***Prior authorization may be required for some services.*** ***No authorization is required for outpatient lab services and outpatient x-ray services. Genetic lab testing requires prior authorization.***
Hearing Services	**Medicare-covered diagnostic hearing and balance exams** Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost, 1 every year

Molina Medicare Elect (HMO D-SNP)	
Dental Services	**Medicare-covered dental services** Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost
Vision Services	**Medicare-covered vision services** • Vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening): Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost • Eyeglasses or contact lenses after cataract surgery: Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost
Mental Health Services	**Inpatient visit** Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. The amounts for each benefit period are $0 or: • $2,091 copay for each Medicare-covered stay Your inpatient benefits will being on day one each time you are admitted to a hospital. The benefit period ends when you are discharged. ***Prior authorization may be required.*** **Outpatient individual/group therapy visit** Depending on your level of Medicaid coverage you pay $0 or 30% of the cost.

Molina Medicare Elect (HMO D-SNP)	
Skilled Nursing Facility	Our plan covers up to 100 days in a skilled nursing facility. Depending on your level of Medicaid coverage: You pay $0 or: • You pay $0 copay per day for days 1-20 • You pay $217 copay per day for days 21-100 • All costs for day 101 and beyond These are 2026 cost-sharing amounts and may change for 2027. We will provide updated rates at MolinaHealthcare.com/Medicare as soon as they are released. No prior hospitalization is required. ***Prior authorization may be required.***
Physical Therapy	**Physical therapy and speech therapy** Depending on your level of Medicaid coverage you pay $0 copay or 30% of the cost ***Prior authorization may be required.*** **Cardiac rehabilitation** Depending on your level of Medicaid coverage you pay $0 or 30% of the cost ***Prior authorization may be required.*** **Pulmonary rehabilitation** Depending on your level of Medicaid coverage you pay $0 or 30% of the cost ***Prior authorization may be required.*** **Supervised Exercise Therapy (SET)** Depending on your level of Medicaid coverage you pay $0 or 30% of the cost ***Prior authorization may be required.*** **Occupational therapy services** Depending on your level of Medicaid coverage you pay $0 copay or 30% of the cost ***Prior authorization may be required.***
Ambulance	Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost ***Prior authorization required for non-emergent ambulance only.***

Molina Medicare Elect (HMO D-SNP)	
Transportation	Not covered
Medicare Part B Drugs	
Chemotherapy/Radiation Drugs and other Part B Drugs	Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost. ***Prior authorization may be required.*** *Step therapy may be required for certain drugs.*

D. Summary of Drug Coverage

Standard Retail Pharmacy and Mail-Order Pharmacy
Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic): • $0 copay; $1.65 copay; $5.80 copay or 15% - 36% of the total cost For all other drugs: • $0 copay; $5.00 copay; $14.40 copay or 15% - 36% of the total cost Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

Coverage Stages	
Stage 1: Deductible	The deductible is $700. During this stage, you pay the applicable cost of your covered drugs until you have reached the yearly deductible. If you have Extra Help, this deductible does not apply to you.
Stage 2: Initial Coverage	You begin this stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. You stay in this stage until your yearly out-of-pocket reaches total $2,400. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.
Stage 3: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and/or through mail order) reach $2,400 the plan will pay all of the costs of your drugs.

E. Summary of Other Benefits

Molina Medicare Elect (HMO D-SNP)	
Acupuncture	**Medicare-Covered Acupuncture** Depending on your level of Medicaid coverage you pay $0 copay or 30% of the cost Up to 12 visits in 90 days are covered for chronic lower back pain. Up to eight additional sessions are covered in the same year for those patients demonstrating an improvement.
Additional Telehealth Services	Depending on your level of Medicaid coverage you pay $0 copay or of the cost for certain telehealth services, including: • Cardiac Rehabilitation Services • Primary Care Physician Services • Chiropractic Services • Occupational Therapy Services • Physician Specialist Services • Individual Sessions for Mental Health Specialty Services • Group Sessions for Mental Health Specialty Services • Podiatry Services • Other Health Care Professional • Individual Sessions for Psychiatric Services • Group Sessions for Psychiatric Services • Physical Therapy and Speech-Language Pathology Services • Opioid Treatment Program Services • Individual Sessions for Outpatient Substance Abuse • Group Sessions for Outpatient Substance Abuse
Chiropractic Care	**Medicare-Covered Chiropractic Services** Depending on your level of Medicaid coverage you pay $0 copay or 30% of the cost Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).
Dialysis	Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost

Summary of Other Benefits (Continued)

Molina Medicare Elect (HMO D-SNP)	
Foot Care (Podiatry)	Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. ***Prior authorization may be required.***
Home Health Care	$0 copay ***Prior authorization may be required.***
Medical Equipment and Supplies	**Durable Medical Equipment** (such as wheelchairs, oxygen) Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost **Prosthetics/Medical Supplies** Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost **Diabetic Supplies and Services** $0 copay ***Prior authorization may be required for Durable Medical Equipment, Prosthetics/Medical supplies, and Diabetic supplies.*** ***Prior authorization required for diabetic shoes and inserts.*** ***Prior authorization not required for preferred manufacturer.***
Opioid Treatment Program Services	Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost ***Prior authorization required for medication.***
Outpatient Blood Services	Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost 3 pint deductible waived
Outpatient Substance Abuse	Depending on your level of Medicaid coverage you pay $0 or 20% copay Individual or group therapy visits ***Prior authorization may be required.***

F. Summary of Medicaid-Covered Benefits

What Services are Covered

The Medicaid program in Washington is called Apple Health and is managed by the Health Care Authority (HCA).

People who have Medicare and Apple Health are considered dual-eligible. Although you do not have full Medicaid benefits, you may receive help with your plan premium.

The chart below shows what services are covered by Medicare and Medicaid. You will see the word “Covered” under the Medicaid column if Medicaid also covers a service that is covered under the Molina Medicare Elect (HMO D-SNP)Plan. The chart applies only if you are entitled to benefits under your state’s Medicaid program. Your cost share varies based on your Medicaid category.

All covered Medicaid benefits are subject to Apple Health (Medicaid) eligibility guidelines and requirements and are available only to full dual eligible individuals.

Benefit	Molina Medicare Elect	Apple Health (Medicaid)
IMPORTANT INFORMATION		
Premium and Other Important Information If you get Extra Help from Medicare, your monthly plan premium will be lower or you may pay nothing.	**General** $8.10 monthly plan premium **In-Network** $0 or $283 deductible per year for In-Network services. This amount may change in 2027. $8,875 out-of-pocket limit for Medicare-covered services.	Medicaid assistance with premium payments may vary based on your level of Medicaid eligibility. See the Medicaid Dual Eligibility Coverage Categories section of this document for more information.
Doctor and Hospital Choice (For more information, see Emergency Care and Urgently Needed Care.)	**In-Network** You must go to network doctors, specialists, and hospitals.	You must go to doctors, specialists, and hospitals that are In-Network with your Medicaid plan. Referral required for network specialists (for certain benefits).
OUTPATIENT CARE SERVICES		
Acupuncture	Covered	Not Covered
Ambulance Services (Must be medically necessary)	Covered	Covered Based on eligibility
Cardiac and Pulmonary Rehabilitation Services	Covered	Covered Based on eligibility

Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Elect	Apple Health (Medicaid)
OUTPATIENT CARE SERVICES (Continued)		
Chiropractic Services	Covered	Covered Based on eligibility
Dental Services	Covered	Covered Based on eligibility
Diabetes Programs and Supplies	Covered	Covered Based on eligibility
Diagnostic Tests, X-rays, Lab Services, and Radiology Services	Covered	Covered Based on eligibility
Dialysis Services	Covered	Covered Based on eligibility
Doctor Office Visits	Covered	Covered Based on eligibility
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	Covered	Covered Based on eligibility
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	Covered	Covered Based on eligibility
Hearing Services	Covered	Covered Based on eligibility
Home Health Service (Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)	Covered	Covered Based on eligibility
Outpatient Mental Health Care	Covered	Covered Based on eligibility
Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	Covered	Covered Based on eligibility

Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Elect	Apple Health (Medicaid)
OUTPATIENT CARE SERVICES (Continued)		
Outpatient Services	Covered	Covered Based on eligibility
Outpatient Substance Abuse Care	Covered	Covered Based on eligibility
Over-the-Counter Items	Not Covered	Not Covered
Podiatry Services	Covered	Covered Based on eligibility
Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	Covered	Covered Based on eligibility
Transportation Services (Routine)	Not Covered	Covered Based on eligibility
Urgently Needed Services (This is NOT emergency care and, in most cases, is out of the service area.)	Covered	Covered Based on eligibility
Vision Services	Covered	Covered Based on eligibility
Wellness/Education and other Supplemental Benefit Programs	Covered	Covered Based on eligibility
INPATIENT CARE		
Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)	Covered	Covered Based on eligibility
Inpatient Mental Health Care	Covered	Covered Based on eligibility
Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)	Covered	Covered Based on eligibility

Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Elect	Apple Health (Medicaid)
PREVENTIVE SERVICES		
Health/Wellness Education	Covered	Covered Based on eligibility
Kidney Disease and Conditions	Covered	Covered Based on eligibility
Preventive Services	Covered	Covered Based on eligibility
HOSPICE		
Hospice	Covered	Covered Based on eligibility
PRESCRIPTION DRUG BENEFITS		
Outpatient Prescription Drugs	Covered	Covered Based on eligibility

ADDITIONAL MEDICAID BENEFITS	
BENEFITS	**HEALTHY CONNECTIONS COVERAGE**
Behavioral Health Services for Emotionally Disturbed Children	Covered
Family Planning Services	Covered
Intermediate Care Facility (ICF)- for Individuals with Intellectual Disabilities	Covered
Targeted Case Management	Covered

G. Glossary of Terms

Coinsurance

The percentage you pay as your share of the cost for medical services or prescription drugs. For example, if you have 20 percent coinsurance, you pay 20 percent of the cost of your medical bill.

Copay

The fixed amount you pay as your share of the cost of a medical service or supply. For example, you might have a $20 copay every time you see your primary care doctor.

Deductible

The amount you pay for health care services or prescriptions before your insurance begins to pay.

Extra Help

A Medicare program to help people with limited income and resources pay prescription drug program costs, like premiums, deductibles, and coinsurance.

Long-term care

Services and support for people who can't perform basic activities of daily living, like dressing and bathing. Medicare and most health insurance plans do not pay for long-term care.

Medicaid

A state and federal program that provides health coverage to low-income people.

Medicare Advantage

Also known as Part C. A type of Medicare plan offered by a private company approved by Medicare. A Medicare Advantage plan is an alternative to Original Medicare. It provides all of your Part A and Part B benefits and often offers extra benefits, like dental and vision care.

Original Medicare

Medicare Part A (hospital insurance) and Part B (medical insurance). Most people get it when they turn 65. The federal government manages Original Medicare.

Out-of-pocket maximum

The most you have to pay for covered services in one year. Once you reach this amount, your insurance covers 100 percent of your medically necessary care for the rest of the year.

Premium

The money you pay monthly to Medicare or a health care plan for coverage.

Preventive services

Health care to prevent or detect illness at an early stage. Most health plans must cover some important preventive services, like flu shots and blood pressure screening, at no cost to you.

H. How can you enroll?

Apply by Phone

Call **(866) 383-8841, TTY: 711**, to enroll over the phone. Our team of Molina Medicare Trusted Advisors are happy to answer your questions and help you enroll.

Apply in Person

If you prefer to meet face-to-face with one of our Molina Medicare Trusted Advisors, please call us to schedule an appointment.

Apply by Mail

Simply complete the enrollment application and return it using the postage-paid envelope. If you do not already have an enrollment application, call us and we will be happy to mail one to you.

Apply Online

Visit MolinaHealthcare.com to apply online.

Molina Healthcare is a D-SNP plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.

Non-Discrimination Notice – Section 1557
Molina Healthcare - Medicare

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex (consistent with the scope of sex discrimination described at § 92.101(a)).

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need these services, contact Molina Member Services at the phone number on the back of your Member ID card.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, you can file a grievance. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802
Email: civil.rights@molinahealthcare.com
Website: molinahealthcare.Alertline.com

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019
TTY/TDD: 800-537-7697
Complaint forms are available here: hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf

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English	For free language assistance services, and auxiliary aids and services, call 1-800-665-1029 (TTY: 711).
Spanish Español	Para obtener servicios gratuitos de asistencia lingüística, así como ayudas y servicios auxiliares, llame al 1-800-665-1029 (TTY: 711).
Chinese 中文（简体）	如需免费的语言协助服务以及辅助工具和服务，请致电 1-800-665-1029（TTY 用户请拨打 711）。
Vietnamese Tiếng Việt	Để sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các dịch vụ và tính năng hỗ trợ thêm, hãy gọi 1-800-665-1029 (TTY: 711).
Korean 한국인	무료 언어 지원 서비스와 보조 지원 및 서비스를 원하시면1-800-665-1029 (TTY: 711) 로 연락 주시기 바랍니다.
Russian Русский	Для получения бесплатных услуг языковой помощи, а также вспомогательных средств и услуг, позвоните: 1-800-665-1029 (телетайп: 711).
Tagalog	Para sa libreng serbisyo sa tulong sa wika, at mga auxiliary aid at serbisyo, tumawag sa 1-800-665-1029 (TTY: 711).
Ukrainian Українська	Для отримання безкоштовної мовної допомоги, допоміжних засобів та послуг телефонуйте за номером 1-800-665-1029 (TTY: 711).
Mon-Khmer Cambodian ខ្មែរ	សម្រាប់សេវាកម្មជំនួយភាសា និងជំនួយផ្នែកស្តាប់ដោយឥតគិតថ្លៃ សូមទូរសព្ទទៅ 1-800-665-1029 (TTY: 711)។
Japanese 日本語	無料の言語サポートや補助器具・サービスをご希望の方は、1-800-665-1029（TTY: 711）までお電話ください。
Amharic አማርኛ	ለነጻ የቋንቋ እርዳታ አገልግሎቶች፣ እና ረዳት እርዳታዎች እና አገልግሎቶች፣ ወደ 1-800-665-1029 (TTY: 711) ይደውሉ።
Cushite Afaan Oromoo	Tajaajiloota hiikkaa afaanii, fi namoota hanqina dhagahuu qabaniif deeggarsa dhageettii meeshaatiinii bilisaan argachuuf, gara 1-800-665-1029 (TTY: 711) tti bilbilaa.
Arabic العربية	لتلقي خدمات المساعدة اللغوية المجانية (الهاتف النصي TTY: 711) اتصل على الرقم 1-800-665-1029 والخدمات والمساعدات الإضافية.
Panjabi ਪੰਜਾਬੀ	ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਅਤੇ ਸਹਾਇਕ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਲਈ, 1-800-665-1029 (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।

German Deutsch	Kostenlose Sprachassistenzdienste, Hilfsmittel und Dienstleistungen erhalten Sie unter 1-800-665-1029 (TTY: 711).
Laotian ພາສາລາວ	ສຳລັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນ ແລະ ການບໍລິການເສີມແບບບໍ່ເສຍຄ່າ, ໃຫ້ໂທ 1-800-665-1029 (TTY: 711).

Notice of Availability

We offer free interpreter and translation services to help you understand your health or drug plan. This includes support from someone who speaks your language.

We also provide free aids and services—such as sign language interpreters and written materials in alternative formats—to ensure everyone can access the information they need. To request these services, please call Member Services at the number listed on your Member ID card.

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the Member Services number on the back of your ID card or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma.

También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles.

Llame al número del Departamento de Servicios para Miembros que figura en el reverso de su tarjeta de identificación o hable con su proveedor.

Simplified Chinese

注意：如果您说 中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 ID 卡背面的客户服务号码或咨询您的服务提供商。

Traditional Chinese

注意：如果您說 台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請撥打您 ID 卡背面的會員服務部電話號碼或諮詢您的服務提供者。

Russian

ВНИМАНИЕ! Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также бесплатны. Позвоните по номеру службы поддержки клиентов, указанному на обратной стороне вашей идентификационной карты, или обратитесь к своему поставщику услуг.

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nimewo Sèvis Manm ki sou do kat ID ou a oswa pale ak pwofesyonèl swen sante ou a.

Korean

주의:한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. ID 카드 뒷면에 있는 회원 서비스 번호로 전화하거나 서비스 제공업체에 문의하십시오.

Italian

ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente strumenti ausiliari e servizi adeguati per fornire informazioni in formati accessibili. Si prega di contattare il numero del Servizio per i membri riportato sul retro della propria tessera identificativa o di rivolgersi al proprio fornitore.

Yiddish

אַכטונג: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פריי פאר דיר. פּאַסיקע אידס און באַדינונגס פּאַר צושטעלן אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך פריי בנימצא. רופט דעם מיטגליד באַדינען נומער אין קריק פֿון דײַן ID קאַרטל אָדער רעדט מיט דיין צושטעלער.

Bengali

মনোযোগ দিন: যদি আপনি বাংলা বলেন, তাহলে আপনার জনয্ বিনামূলেয্ ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অয্াকেস্সযোগয্ ফরময্াটে তথয্ পর্দানের জনয্ উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূলেয্ উপলব্ধ রয়েছে। আপনার আইডি কাডের্র পিছনে থাকা সদসয্ পরিষেবা নমব্রে কল করুন অথবা আপনার পর্দানকারীর সাথে কথা বলুন।

Polish

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer Działu Obsługi Klienta podany na odwrocie Twojej karty identyfikacyjnej lub porozmawiaj ze swoim dostawcą.

Arabic

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجانًا. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل بقسم خدمات الأعضاء على الرقم المدون على ظهر بطاقة هويتك أو تحدث إلى مقدم الخدمات.

French

ATTENTION : Si vous parlez français, des services d’assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés sont également mis à votre disposition gratuitement pour vous fournir les informations dans des formats accessibles. Appelez les Services aux adhérents au numéro figurant au dos de votre carte d’adhérent, ou adressez-vous à votre prestataire.

Urdu

اردو

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت لسانی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ ممبر سروسز کو اپنے ID کارڈ کی پچھلی جانب موجود نمبر پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo ng tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga accessible na format. Tawagan ang numero ng Mga Serbisyo sa Miyembro sa likod ng ID card mo o makipag-usap sa iyong provider.

Greek

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε τον αριθμό των υπηρεσιών Μέλους που βρίσκεται στο πίσω μέρος της κάρτας αναγνωριστικού σας ή απευθυνθείτε στον πάροχό σας.

Albanian

VINI RE: Nëse flisni anglisht, shërbimet falas të ndihmës gjuhësore janë të disponueshme për ju. Gjithashtu, disponohen falas ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të aksesueshme. Telefononi Shërbimet ndaj Anëtarëve në numrin që ndodhet në pjesën e pasme të kartës suaj të identitetit ose flisni me ofruesin tuaj të shërbimit.

German

HINWEIS: Wenn Sie Sprache einfügen sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste für die Übermittlung von Informationen in zugänglicher Form sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer des Mitgliederservices auf der Rückseite Ihres Ausweises an oder sprechen Sie mit Ihrem Anbieter.

Pennsylvania Dutch

GEB ACHT: Wann du Pennsylvanisch Deitsch schwetzscht, Schprooch Helfe Services sin meeglich mitaus Koscht. Appropriate Auxiliary Aids un Services un Services Information zu gewwe in helfreiche Formats sin aa meeglich mitaus Koscht. Ruf die Member Services Nummer uff die Rickseit vun dei ID Kaart odder Schwetz mit dei Provider.

Vietnamese

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Ngoài ra, chúng tôi còn có các dịch vụ và phương tiện hỗ trợ khác phù hợp, hoàn toàn miễn phí để cung cấp thông tin theo các định dạng dễ sử dụng. Vui lòng gọi đến số điện thoại của bộ phận Dịch vụ thành viên có trên mặt sau thẻ ID của quý vị để trao đổi với nhà cung cấp dịch vụ của quý vị.

Somali

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa.

Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan.

Wac lambarka Adeegyada Macaamiisha ee ku qoran dhabarka danbe ee kaarkaaga aqoonsiga ama la hadal dhakhtarkaaga.

Japanese

注意：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。ID カードの裏面にある会員サービス番号に電話するか、プロバイダーにご相談ください。

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги з надання інформації в доступних форматах також пропонуються безкоштовно. Зателефонуйте на номер служби підтримки учасників, указаний на звороті вашого посвідчення особи, або зверніться до свого постачальника послуг.

Romanian

ATENȚIE: Dacă vorbiți română, aveți la dispoziție servicii gratuite de asistență lingvistică. Sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru furnizarea informațiilor în formate accesibile. Contactați Serviciul pentru Membri la numărul de telefon înscris pe verso-ul cardului de identificare sau adresați-vă furnizorului dumneavoastră.

Amharic

ማስታወሻ፣ አማርኛ የምናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች ለእርስዎ ይኖራል። እንዲሁም፣በሚገኙ ቅርፀቶች መረጃ ለማቅረብ ተገቢ የመርጃ ድጋፎች እና አገልግሎቶች በነፃ ይኖራሉ። በID ካርድዎ ጀርባ ላይ ባለው የአባላት አገልግሎቶች ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።

Thai

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลข ฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจำตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

Persian

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی به صورت رایگان در دسترس شماست. همچنین، خدمات و کمک‌های لازم برای ارائه اطلاعات به صورت‌های مختلف و قابل دسترسی، به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره خدمات اعضا که پشت کارت شناسایی شما درج شده تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Samoan

FAAMATALAGA: Afai e te tautala faa-Samoa, o loo i ai gagana fesoasoani i gagana e Le totogia mo oe. Fesoasoani fa'aopopo talafeagai ma auaunaga ina ia tuuina atu ai faamatalaga e maua I limits e faigofie ona maua o loo maua foi e le totogia. Vala'au le Auaunaga a Sui Auai i le numera o i taua o lau ID card pe talanoa i lauvrautua.

Ilocano

PAKAAMMO: No agsasaoka iti Ilocano, magun-odam dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti format a nalaka a ma-access. Tawagam ti numero ti Serbisio para Kadagiti Miembro iti likudan ti ID card-mo wenno makisaritaka iti provider-mo.

Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા ID કાર્ડની પાછળ આપેલા સભ્ય સેવાઓ નંબર પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Portuguese

ATENÇÃO: se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Também estão disponíveis, de forma gratuita, ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis. Ligue para o número dos Serviços de apoio aos membros que se encontra no verso do seu cartão de identificação ou fale com o seu prestador de serviços de saúde.

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। अपने ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर पर कॉल करें या अपने प्रदाता से बात करें।

Khmer

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅលេខសេវាបម្រើសមាជិកនៅខាងក្រោយកាត ID របស់អ្នក ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີບໍລິການສະມາຊິກຢູ່ດ້ານຫຼັງບັດປະຈໍາຕົວຂອງທ່ານ ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Karen

ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤ ကညီကျိာ် အဃိ, တၢ်အိဉ်ဒီး ကျိာ်တၢ်ဆီဉ်ထွဲမၤစၢၤ လၢတလၢာ်ဘူဉ်လၢာ်စ့ၤ လၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအကြၢးအဘဉ် လၢကဟ့ဉ် တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤန့ၢ်အီၤသ့တဖဉ် လၢတလၢာ်ဘူဉ်လၢာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး ကရၢဖိတၢ်မၤစၢၤတၢ်မၤ အလီတဲစိနီၣ်ဂံၢ်လၢ အိဉ်ဖဲနလံာ်အုဉ်သး (ID) ခံးကူအလိၤ မ့တမ့ၢ် တဲတၢ်ဒီး ပှၤလၢအဟ့ဉ်နၤတၢ်ကွၢ်ထွဲန့ဉ် တက့ၢ်.

Swahili

KUMBUKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa zinapatikana pia bila malipo. Piga simu kwa nambari ya Huduma za Wanachama iliyo nyuma ya kadi yako ya kitambulisho au zungumza na mtoa huduma wako.

Serbian

PAŽNJA: Ukoliko govorite Srpski, dostupne su vam besplatne usluge jezičke podrške.

Dostupne su vam i besplatne odgovarajuće pomoći i usluge za pružanje informacija u formatima za lak pristup.

Pozovite broj za usluge za članove koji se nalazi na poleđini vaše ID kartice ili se obratite pružaocu usluge.

Croatian

PAŽNJA: Ako pričate Hrvatski, na raspolaganju su vam besplatne usluge pomoći za jezik.

Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno.

Nazovite broj Službe za članove na poleđini vaše osobne iskaznice ili razgovarajte sa svojim pružateljem usluga.

Nepali

सावधान: तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। ID कार्डको पछाडिपट्टि लेखिएको Member Services नम्बरमा फोन गर्नुहोस्, नभए डाक्टरसँग कुरा गर्नुहोस्।

Yoruba

ÀKÍYÈSÍ: Bí o bá ń sọ èdè Yorùbá, àwọn iṣẹ́ ìrànlọ́wọ́ èdè ọ̀fẹ́ wà fún ọ. Àwọn ohun èlò ìrànlọ́wọ́ àti àwọn iṣẹ́ tó yẹ láti pèsè àlàyé ní àwọn ọ̀nà tó rọrùn ló wà lọ́fẹ̀ẹ́. Pe nọ́mbà Àwọn iṣẹ́ Ọmọ ẹgbẹ́ tó wà ní ẹ̀yìn káàdì ìdánimọ̀ rẹ tàbí bá olùpèsè rẹ sọ̀rọ̀.

Tamil

கவனிக்கவும்: நீங்கள் தமிழ் பேசுபவர் என்றால், உங்களுக்கு இலவச மொழி உதவிச் சேவைகள் கிடைக்கும். அணுகல் வசதிக்கேற்ற வடிவங்களில் தகவலை வழங்குவதற்கான தகுந்த, கூடுதல் உதவி அம்சங்களும் சேவைகளும் கூட கட்டணமின்றிக் கிடைக்கும். உங்கள் வழங்குநரிடம் பேச, உங்கள் ஐடி கார்டின் பின்பக்கமுள்ள உறுப்பினர் சேவை மைய எண்ணை அழைக்கவும்.

Navajo

SHOOH: Diné bizaad yinítti’, t’áá jiik’ehgo saad bee áká’ánída’awo’ígíí t’áá hadoohkááł nihá kéé’ hóló̜. T’áá ajiłii íiyisí át’éego nihá át’éego bee haz’ánígíí dóó t’áá ádáhodooníígíí biniiyé t’áá jíík’eh nihá kéé’ hóló̜ Member Services béésh bee hane’í bikáá’ dah naaznil doo ID card ni’ dooleeł ná’ádoolwołígíí bikáá’ nihá át’é.

Shoshone

NENKAHI: Uuiss en taikw Sosohni, yu yowk taikwa tuwahntsawaiyn mahhpittsiyahnkuuk en. To kwain tuwahntsawaiyn tes tuwahntsawaiyn uut uutinantuuinkehn uukuup tsa taw natehpop suwait mampittsiyankunk yuyowk nai nimeht. Nimai suun suhmah tuwahntsawaiyn tetehtsep piinak tehpop en nuwaiyn en taikw uhmah natsu tainepeh tes waipeh.

Choctaw

Kullóshi: Chi Chahta anumpa ish anumpuli hosh, aiittola towa la hosh chi chiahullo li. Himona, achukma ut ish anumpuli hinla ia, il im anumpuli holisso kapvchi shulush isht ia, towa la hosh chi. Chi ID holisso okpulo bok aiittola na isht ia hosh pisa, il chi isht ia isht iachi pisa.

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੋਣਗੀਆਂ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੋਣਗੀਆਂ। ਤੁਹਾਡੇ ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਤੁਹਾਡੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

Syriac

ܙܘܗܪܐ: ܐܢ ܡܡܠܠܝܬ ܐܢܬ ܒܣܘܪܝܬ ܠܫܢܐ : ܐܝܬ ܡܥܕܪܢܘܬܐ ܕܠܫܢܐ ܡܢ ܡܓܢܐܝܬ. ܐܝܬ ܗܕܡܘܬܐ
ܘܡܥܕܪܢܘܬܐ ܕܝܢ ܡܢ ܡܛܠ ܬܘܪܓܡܐ ܕܫܠܝܚܐ. ܡܠܠܘ ܥܡ ܢܘܗܪܐ ܕܡܫܡܫܢܘܬܐ ܕܗܕܪܡܐ ܕܒܠܬܐ ܬܘܣܦܬܐ.
ܗܣܦܬܐ ܐܘ ܥܡ ܡܬܘܪܓܡܢܐ ܕܗܕܪܡܘܬܐ

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