

Guide to Accessing Quality Health Care

Spring 2019



MolinaHealthcare.com



Your Extended Family.



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MyMolina

MyMolina is a secure web portal that lets you manage your own health from your computer. [MyMolina.com](https://www.mymolina.com) is easy to use. Here are some of the things that you can do in MyMolina:

- Do a health appraisal. A health appraisal is a tool that can help you and your doctor identify ways to improve your health.
- Get self-help in the following areas:
 - Healthy weight (BMI)
 - Stop tobacco use
 - Promote physical activity
 - Healthy eating
 - Manage stress
 - Avoid drinking alcohol
 - Identify signs of depression
 - Identify signs of lack of motivation
 - Testing for cancer
 - Vaccinations
 - Safety



- Get pharmacy information such as:
 - Search for a pharmacy
- Other things you can do in the MyMolina member portal:
 - Request a Member ID card
 - Find out when and how to get referrals
 - Select or change a provider
 - Get online health records
 - Use secure e-mail to get health advice from the Nurse Advice Line
 - Send e-mail questions to Molina Member Services

To learn more or to sign up for MyMolina:

1. Call Molina Member Services department at (866) 472-4585 or 711 for TTY/TDD
2. Create an account by following these easy steps:

Step 1: Go to [MyMolina.com](https://www.mymolina.com) ([MiMolina.com](https://www.mimolina.com) en Español)

Step 2: Enter your Member ID number, date of birth and zip code

Step 3: Enter your email address

Step 4: Create a password

Molina Healthcare's Quality Improvement Plan and Program

Your health care is important to us. We want to hear how we are doing. That's why you may receive a survey about Molina Healthcare and your health care services. One of these surveys is called CAHPS®. CAHPS® stands for the Consumer Assessment of Healthcare Providers and Systems. This survey asks questions about your health care. It asks about the care you receive from Molina Healthcare. We may send you a few questions about how we are doing. We want to know what is important to you. Please take the time to complete the survey if you receive it.

We use another tool called HEDIS® to improve care. HEDIS® stands for Healthcare Effectiveness Data and Information Set. We collect information on services that you may have received. These services include:

- Shots
- Well-check exams
- Pap tests

- Mammogram screenings
- Diabetes care
- Prenatal care
- Postpartum care

This process helps us learn how many of our members actually got needed services. Molina makes this information available to you. You may use it to compare one health plan to another health plan.

We strive to improve our services each year. We set goals to improve services. Our Quality Improvement (QI) plan includes these goals. We want to help you take better care of yourself and your family. We want to make sure you get the best service possible. Some of the ways we do this include:

- Mail or call you to make sure you and your child get needed well-exams and shots
- Help you learn about ongoing health problems, if you have them
- Make sure you get prenatal care and after-delivery exams, if you are pregnant
- Remind you to get Pap tests and mammogram screenings, if you need them



- Looking at member grievances (complaints) when you send them in
- Help you find and use the information on the Molina Healthcare website
- Tell you about the special services we offer to all of our members

We review all of the services and care that you receive each year to see how well we are doing. Please visit our website at www.MolinaHealthcare.com. You can read the latest results of our progress on our website.

To learn more, call your Molina Healthcare Member Services Team. You can ask for a printed copy of our QI plan and results.

Protecting Your Privacy

Your privacy is important to us. We respect and protect your privacy. Molina Healthcare uses and shares data to provide you with health benefits.

Protected Health Information (PHI)

PHI stands for “protected health information.” PHI includes your name, member number, race, ethnicity, language needs, or other things that identify you. Molina Healthcare wants you to know how we use or share your PHI.

Why does Molina Healthcare use or share your PHI?

- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan
- To use or share PHI for other purposes, as required or permitted by law

When does Molina Healthcare need your written authorization (approval) to use or share your PHI?

Molina Healthcare needs your written approval to use or share your PHI for reasons not listed above.

What are your privacy rights?

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us not to use or share your PHI in certain ways
- To get a list of certain people or places we have given your PHI

How does Molina Healthcare protect your PHI?

Your PHI can be in written word, spoken word, or on a computer. Molina Healthcare uses many ways to protect PHI across our health plan. Below are some ways Molina Healthcare protects your PHI:

- Molina Healthcare uses policies and rules to protect PHI.
- Only Molina Healthcare staff with a need to know PHI may use PHI.
- Molina Healthcare trains staff to protect and secure PHI, including written and verbal communications.
- Molina Healthcare staff must agree in writing to follow the rules and policies that protect and secure PHI.
- Molina Healthcare secures PHI on our computers. PHI on our computers is kept private by using firewalls and passwords.



What are the duties of Molina Healthcare?

Molina Healthcare is required to:

- Keep your PHI private
- Provide you with a notice in the event of any breach of your unsecured PHI
- Not use or disclose your genetic information for underwriting purposes
- Not use your race, ethnicity or language data for underwriting or denial of coverage and benefits
- Follow the terms of this Notice

What can you do if you feel your privacy rights have not been protected?

- Call or write Molina Healthcare and file a complaint
- File a complaint with the U.S. Department of Health and Human Services

The above is only a summary. Our Notice of Privacy Practices gives more information about how we use and share our members' PHI. You may find our full Notice of Privacy Practices on our website at www.MolinaHealthcare.com. You also may ask for a copy of our Notice of Privacy Practices by calling our Member Services Department.

Patient Safety Program

Molina Healthcare wants you and your family to be safe and healthy. We have a Patient Safety Program to help us meet this goal. This program gives you safety facts so you can make better health care choices. Here are a few of the things we do to improve your safety:

- Keep track of our members' complaints about safety problems in their provider's office or hospital
- Give you information to learn more about how to make safe decisions about your care. These include:
 - Questions to ask your surgeon prior to surgery
 - Questions to ask about drug interactions

- Make programs available to help you manage your care and receive care in a timely manner
- Look at reports from groups that check hospital safety. Reports tell us about things like staffing levels in the Intensive Care Unit (ICU), use of computer drug orders, and so forth.

Groups that check safety:

- Leap Frog Quality Index Ratings (www.leapfroggroup.org)
- The Joint Commission National Patient Safety Goal Ratings (www.qualitycheck.org/consumer/searchQCR.aspx)

You can look at these websites to:

- See what hospitals are doing to be safer
- Help you know what to look for when you pick a provider or a hospital
- Get information about programs and services for patients with problems like diabetes and asthma

How We Work with our Providers to Make Choices about Your Health Care

Molina Healthcare wants you to get the care you need. Sometimes your provider may need to ask us to approve the service before you receive the service (prior authorization), while you are receiving services (concurrent) or after you have got the service (post-service). We will work with your provider to decide if you need the services. We call this process Utilization Management (UM). We make choices about your care based on medical need and your benefits. We do not reward providers or others to deny coverage for services you need. We do not pay extra money to providers or our UM staff to make choices that result in giving less care.

If you have a question about our UM process or decisions, you can call us. Please call our Member Services Department toll-free at (866) 472-4585 (TTY/TDD: 711). Staff can also accept collect calls. If you need help in your language, a bilingual staff member or interpreter is available. We also offer TDD/TTY services for members who have hearing or speech disabilities. Our Member Services staff can answer

your call Monday through Friday (except holidays) between 8 a.m. and 7 p.m. local time. If you call after 7 p.m. or over the weekend, please leave a message and your phone number. The Member Services staff will return your call within one business day.

Looking at What's New

We look at new types of services, and we look at new ways to provide those services. We review new studies to see if new services are proven to be safe for possible added benefits. Molina Healthcare reviews the type of services listed below at least once a year:

- Medical services
- Mental health services
- Medicines
- Equipment



What to Do When You Need Care After Hours or in an Emergency

After Hours Care

There may be times when you may need care when your Primary Care Provider's (PCP) office is closed. If it is after hours and your PCP's office is closed, you can call Molina Healthcare's Nurse Advice Line at (888) 275-8750. Nurses are available to help you 24 hours a day, 7 days a week.

Highly trained nurses answer our Nurse Advice Line. They can help you decide if you should see a provider right away. The nurses can also help you make an appointment if you need to see a provider quickly. Sometimes, you may have questions but do not think you need to see your PCP. You can call the Nurse Advice Line and talk to a nurse.

Emergency Care

Emergency care is for sudden or severe problems that need care right away. It can also be needed care if your life or health is in danger. Emergency care is a covered benefit. If you need emergency care, call 911 or go to the nearest hospital. You do not need prior approval. If you have an urgent matter that does not threaten your life, you can also call our Nurse Advice Line. Call (888) 275-8750, 24 hours a day, 7 days a week.

Where to Find Answers to Drug Benefits

Molina Healthcare wants you to speak to your provider about drugs you need. You can visit our website at www.MolinaHealthcare.com if you want to know more about your drug benefits. Our website also explains our pharmacy process. On the website, you can find:

- A list of generic and brand name drugs that we cover and do not cover (Preferred Drug List)
- Limits on covered drugs
- Limits include items such as the numbers of refills you may receive or drug doses you may get
- How your provider can ask us to approve certain drugs
- How your provider can ask for the amount of a drug you may need

- Information needed from your provider to get approval for some of your drugs
- Details about the process that your provider will use for generic substitution, therapeutic interchange and step-therapy protocols

If you need more information on your pharmacy benefits, you can also call Member Services.

Getting you Extra Help when you have Ongoing Health Problems

Taking care of your own health problems can be hard. Molina Healthcare has a program that can help. We offer a Case Management Program to help members deal with difficult health problems. We offer this help to anyone receiving health services for an ongoing health problem. Our staff will work with you to make sure you receive the right care.

Molina Healthcare staff can help you:

- Find and access eligible services.
- Arrange doctor visits and tests.
- Arrange transportation.
- Identify any gaps in care or health care needs.



- Access resources to help individuals with special health care needs and/or their caregivers deal with day-to-day stress.
- Coordinate moving from one setting to another. This can include working with you and your caregiver(s) when a hospital discharges you.
- Assess eligibility for long-term care services.
- Connect with community resources.
- Find services that might not be covered benefits. This can include physical therapy with schools or in community settings or “Meals on Wheels.”
- Arrange services with a primary care provider (PCP), family members, caregivers, representatives and any other identified provider.

Members can be referred to Case Management through:

- A provider
- Member Services, the Health Education line or 24-hour Nurse Advice Line
- A family member or caregiver
- Yourself

These programs are voluntary. Molina Healthcare offers them at no cost to you. You can choose to be removed from any program at any time.

Please call Molina Healthcare’s Member Services Department to:

- Be removed from a program
- Learn more about a program
- Ask for a referral

Population Health (Health Education, Disease Management, Care Management and Complex Case Management)

The tools and services described here are educational support for our members. We may change them at any time as necessary to meet the needs of our members.

Health Education/Disease Management

Molina Healthcare offers programs to help you and your family manage a diagnosed health condition. Our programs include:

- Cancer prevention/management
- Asthma management
- Behavioral Health management
- Diabetes management
- High blood pressure management
- Cardiovascular Disease (CVD) management
- Chronic Obstructive Pulmonary Disease (COPD) management

You can learn more, enroll in or dis-enroll from any of the programs above by calling the Molina Health Management Department at (866) 891-2320, TTY/TDD: 711, 9 a.m. to 9 p.m. local time, Monday through Friday.

Newsletters

Newsletters are posted on the www.MolinaHealthcare.com website. The articles are about topics asked by members like you. The tips can help you and your family stay healthy.



Health Education Materials

Our materials are on nutrition, preventive services guidelines, stress management, exercise, cholesterol management, asthma, diabetes and other topics. To get these materials, ask your doctor or visit our website at www.MolinaHealthcare.com/MFLMedicaidPublications.

Your Health Care Quick Reference Guide

Department/ Program	Type of Help Needed	Number to Call/Contact Information
Molina Member Services Department	If you have a problem with any of Molina's services, We want to help fix it. You can call our Member Services for help or to file a grievance or complaint Monday through Friday from 8 a.m. to 7 p.m. local time.	Member Services Toll-Free: (866) 472-4585 TTY/TDD: 711
Health Management	To request information on programs for conditions such as asthma, diabetes, high blood pressure, Cardiovascular Disease (CVD), cancer, or Chronic Obstructive Pulmonary Disease (COPD).	(866) 891-2320 between 9 a.m. and 9 p.m. local time., Monday through Friday
Health Education	To request information on smoking cessation and weight management.	(866) 472-9483 between 9 a.m. and 9 p.m. local time., Monday through Friday
Maternity Screening and High Risk OB support	For information on our pregnancy and maternity screening programs please contact our Member Services department.	Member Services (866) 472-4585 TTY/TDD: 711

Nurse Advice Line 24-Hours, 7 days a week	If you have questions or concerns about your or your family's health. The Nurse Advice Line is staffed by registered nurses.	(888) 275-8750 for Spanish: (866) 648-3537 TTY/TDD: (866) 735-2922
Secretary of the U.S. Department of Health and Human Services Office for Civil Rights	If you believe that we have not protected your privacy and wish to complain, you may call to file a complaint (or grievance).	(800) 368-1019 TDD: (800) 527-7697 FAX: (404) 331-1807
Medicare	Medicare is health insurance offered by the federal government to most people who are 65 and older. Medicare helps pay for health care, but does not cover all medical expenses.	(800) MEDICARE (800) 633-4227 TTY: (877) 486-2048 www.Medicare.gov
Florida Office of Insurance Regulation (OIR)	The Florida Office of Insurance Regulation (OIR) is responsible for regulating health care services plans. If you have a grievance against your health plan, you should first call Molina toll-free at (866) 472-4585, and use Molina's grievance process before contacting this department.	(877) 693-5236 https://www.floir.com/ TDD: (800) 640-0886/711

Behavioral Health

Molina Healthcare offers behavioral health services to help with problems such as stress, depression or confusion. There are services to help with substance abuse as well. Your PCP can offer a brief screening and help guide you to services. You can also look for services on your

own by calling Member Services at (866) 472-4585. You can access many types of services. These types of problems can be treated. Molina Healthcare will assist you in finding the support or service you need.

Your Rights as a Molina Healthcare Member

Did you know that as a member of Molina Healthcare, you have certain rights and responsibilities? Knowing your rights and responsibilities will help you, your family, your provider and Molina Healthcare ensure that you get the covered services and care that you need. You have the right to:

- Be treated with courtesy and respect
- Have your dignity and privacy respected at all times
- Receive a quick and useful response to your questions and requests
- Know who is providing medical services and who is responsible for your care
- Know what member services are available, including whether an interpreter is available if you do not speak English
- Know what rules and laws apply to your conduct
- Be given information about your diagnosis, the treatment you need, choices of treatments, risks, and how these treatments will help you
- Say no to any treatment, except otherwise provided by law
- Be given full information about other ways to help pay for your health care
- Know if the provider or facility accepts the Medicare assignment rate
- To be told prior to getting a service how much it may cost you
- Get a copy of a bill and have the charges explained to you
- Get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap, or source of payment
- Receive treatment for any health emergency that will get worse if you do not get treatment
- Know if medical treatment is for experimental research and to say yes or no to participating in such research
- Make a complaint when your rights are not respected
- Ask for another doctor when you do not agree with your doctor (second medical opinion)
- Get a copy of your medical record and ask to have information added or corrected in your record, if needed

- Have your medical records kept private and shared only when required by law or with your approval
- Decide how you want medical decisions made if you can't make them yourself (advanced directive)
- To file a grievance about any matter other than a Plan's decision about your services
- To appeal a Plan's decision about your services
- Receive services from a provider that is not part of our Plan (out-of-network) if we cannot find a provider for you that is part of our Plan

You also have the responsibility to:

- Give accurate information about your health to your Plan and providers
- Tell your provider about unexpected changes in your health condition
- Talk to your provider to make sure you understand a course of action and what is expected of you
- Listen to your provider, follow instructions and ask questions
- Keep your appointments or notify your provider if you will not be able to keep an appointment
- Be responsible for your actions if treatment is refused or if you do not follow the health care provider's instructions
- Make sure payment is made for non-covered services you receive
- Follow health care facility conduct rules and regulations
- Treat health care staff with respect
- Tell us if you have problems with any health care staff
- Use the emergency room only for real emergencies
- Notify your case manager if you have a change in information (address, phone number, etc.)
- Have a plan for emergencies and access this plan if necessary for your safety
- Report fraud, abuse and overpayment

Please visit our website at www.MolinaHealthcare.com or view your Member Handbook for a complete list of member rights and responsibilities.

Second Opinions

If you do not agree with your provider's plan of care for you, you have the right to a second opinion. Talk to another provider. This service is at no cost to you. Call Member Services at (866) 472-4585 to learn how to get a second opinion.

Out-of-Network Services

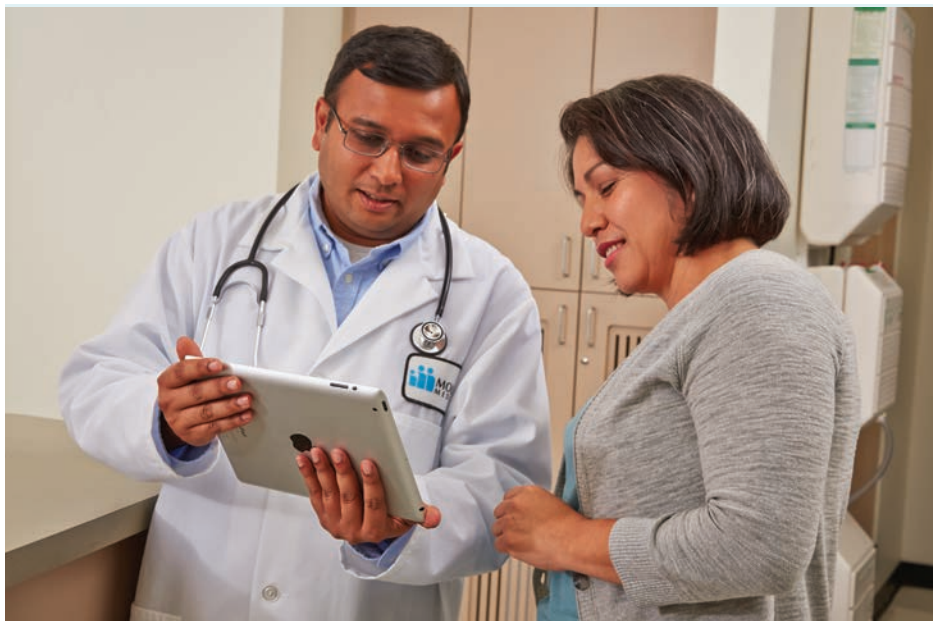
If a Molina Healthcare provider is unable to provide you with necessary and covered services, Molina Healthcare must cover the needed services through an out-of-network provider. The cost to you should be no greater than it would be if the provider were in Molina Healthcare's network. This must be done in a timely manner for as long as Molina's provider network is unable to provide the service.

Grievances and Appeals

Are you having problems with your medical care or our services? If so, you have a right to file a grievance (complaint) or appeal.

A grievance can be for things like:

- The care you get from your provider or hospital
- The time it takes to get an appointment or be seen by a provider
- Provider availability in your area



You may file an appeal when you do not agree with Molina Healthcare's decision to:

- Stop, change, suspend, reduce or deny a service
- Deny payment for services

You may request an expedited or “fast” appeal if you think waiting for 60 days will put your health in danger. You may also ask for a Medicaid Fair Hearing if your appeal is denied.

Visit our website, www.MolinaHealthcare.com, or your Member Handbook to read about:

- Grievance, appeal and Medicaid Fair Hearing processes and rights
- Grievance, appeal and Medicaid Fair Hearing timeframes
- Who can file a grievance/appeal

Call Member Services at (866) 472-4585 if you have any grievance questions.

Your Right to Appeal Denials

What is a denial?

A denial means that services or bills will not be paid. If we deny your service or claim, you have the right to request why your services or bills were denied. You have a right to appeal.

If we deny your service or claim, you will get a letter from Molina Healthcare telling you about this decision. This letter will tell you about your right to appeal. You can read about these rights in your Member Handbook. You can learn how to file an appeal on our website, www.MolinaHealthcare.com. Member Services can also help you file an appeal.

If you are not happy with the result of your appeal, you can ask for a Medicaid Fair Hearing. This means that a hearing officer who works for the State will review all the facts in your case and make a decision. We will accept that finding. If you are a Title XXI MediKids member, you are not allowed to have a Medicaid Fair Hearing.

Would you like to ask for a review of an appeal? Call Member Services at (866) 472-4585 and ask them to help set this up for you.

Finding Information about Molina Providers Using our Website (POD)

Molina Healthcare offers a provider online directory. To access the provider online directory, visit www.MolinaHealthcare.com. Click on “Find a Doctor”. The provider online directory includes information, such as:

- A current list with the names, addresses and phone numbers of Molina Healthcare providers.
- A provider’s board certification status. You can also visit the American Board of Medical Specialties at www.abms.org to check if a provider is board certified.
- Office hours for all sites.
- Providers accepting new patients.
- Languages spoken by the provider or staff.
- Hospital information including name, location and accreditation status.

If you cannot access the Internet, or need additional information (such as your provider’s medical school or residency information), Member Services can help. They can send you a printed copy of the provider online directory.



Your Right to an Advance Directive

All members have the right to accept or refuse treatment offered by a provider. However, what if you are not able to tell the provider what you want? To avoid decisions that may be made against your will, it is important to have an Advance Directive.

An Advance Directive is a written or spoken statement about how you want medical decisions made if you cannot make them yourself. Some people make advance directives when they get very sick or are at the end of their lives. Other people make advance directives when they are healthy. You can change your mind and these documents at any time. We can help you understand or get these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you cannot speak for yourself. Some examples are:

- A Living Will
- Health Care Surrogate Designation
- An Anatomical (organ or tissue) Donation

It is your choice to complete an Advance Directive. No one can deny you care based on whether or not you have an Advance Directive. Talk with someone you trust, like a family member or friend. They can help you make decisions about your health care. You can also talk with your lawyer or PCP if you have questions, or would like to complete an Advance Directive form.

You may call Molina Healthcare to get information on how to obtain Advance Directive forms that comply with applicable state laws.

If you have signed an Advance Directive and you believe the provider has not followed your instructions, you may file a complaint. Please visit the website at www.MolinaHealthcare.com or call Member Services for more information on how to file a complaint.

Visit the Molina Healthcare Website

Visit our website at www.MolinaHealthcare.com. Choose your state at the top of the page. You can get information on our website about:

- Benefits and services, included and excluded from coverage and restrictions
- Co-payments and other charges for which you are responsible (if they apply)
- What to do if you get a bill for a claim
- FAQs (frequently asked questions and answers)
- Other pharmacy procedures including drugs we do not cover, drug limits or quotas, the process to request an exception for drugs not on the formulary, and the process for generic substitution, therapeutic interchange (using drugs that are different but have the same effects) and step-therapy protocols (certain drugs are tried first before we cover another drug for the same condition)
- Preventive health guidelines and shot schedules
- How to get specialty care and hospital services

You can ask for printed copies of anything posted on the website by calling Member Services. Your Member Handbook is also a good resource. You can find it on our website.



Translation Services

We can provide information in your preferred language. We can have an interpreter to help you speak with us or your provider in almost any language (including sign language). We also provide written materials in different languages and formats. If you need an interpreter or written materials in a language other than English, please contact Member Services at (866) 472-4585. TTY/TDD users should dial 711. There is no cost to you for these services.

Feedback

Do you have ideas about how Molina can be better? Molina Healthcare is having an ongoing Enrollee Advisory Committee and we are looking for members who are willing to join us for sessions to review upcoming programs, and share thoughts on how we can improve. Please contact Member Services at (866) 472-4585, TTY/TDD: 711, if you are interested.

Molina Healthcare of Florida (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language
 - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (866) 472-4585.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (877) 508-5738.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

Molina Healthcare Notice 1557 - FL Medicaid
Updated 10.14.16

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-472-4585 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-472-4585 (TTY: 711).
French Creole (Haitian Creole)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-472-4585 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-472-4585 (TTY: 711).
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-472-4585 (TTY: 711).
Chinese	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1-866-472-4585 (TTY: 711)。
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-472-4585 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-472-4585 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-472-4585 (телетайп: 711).

Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-472-4585 (رقم هات فالصم والبكم: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-472-4585 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-472-4585 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-472-4585 (TTY: 711) 번으로 전화해 주십시오.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-472-4585 (TTY: 711).
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-472-4585 (TTY: 711).
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-472-4585 (TTY: 711).