

2026

# ANNUAL NOTICE OF CHANGE

Blue Cross Medicare Advantage Freedom Blue<sup>SM</sup> (PPO)  
**H5959**

January 1, 2026 – December 31, 2026

## We're here to help



Toll-free 1-866-340-8654 (TTY users call 711)  
8 a.m. to 8 p.m. Central Time, seven days a week October 1 through  
March 31 and available Monday through Friday the rest of the year



[bluecrossmn.com/Medicare](https://bluecrossmn.com/Medicare)

Blue Cross<sup>®</sup> and Blue Shield<sup>®</sup> of Minnesota and Blue Plus<sup>®</sup> are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

## ***Blue Cross Medicare Advantage Freedom Blue<sup>SM</sup> (PPO) offered by Blue Cross and Blue Shield of Minnesota***

# **Annual Notice of Change for 2026**

You're enrolled as a member of Blue Cross Medicare Advantage Freedom Blue.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Blue Cross Medicare Advantage Freedom Blue.
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [bluecrossmn.com/Medicare-Documents](https://bluecrossmn.com/Medicare-Documents) or call Customer Service at 1-800-711-9865 (TTY users call 711) to get a copy by mail.

### **More Resources**

- Call Customer Service at 1-800-711-9865 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m. Central Time. We are available seven days a week October 1 through March 31 and available Monday through Friday the rest of the year. This call is free.
- Upon request, we can give you information in braille, in large print, or other alternative formats if you need it.

### **About Blue Cross Medicare Advantage Freedom Blue**

- Blue Cross Medicare Advantage Freedom Blue is a PPO Plan with a Medicare Contract. Enrollment in Blue Cross Medicare Advantage Freedom Blue depends on contract renewal.
- When this document says "we," "us," or "our," it means Blue Cross and Blue Shield of Minnesota. When it says "plan" or "our plan," it means Blue Cross Medicare Advantage Freedom Blue.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Blue Cross Medicare Advantage Freedom Blue.** Starting January 1, 2026, you'll get your medical coverage through Blue Cross Medicare Advantage Freedom Blue. Go to Section 2 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's), for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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## Summary of important costs for 2026

The table below compares the 2025 costs and 2026 costs for Blue Cross Medicare Advantage Freedom Blue in several important areas. **Please note this is only a summary of costs.**

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b>	<b>\$0</b>	<b>\$0</b>
<b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you'll pay out of pocket for your covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$4,200  From network and out-of-network providers combined: \$7,500	From network providers: \$5,500  From network and out-of-network providers combined: \$8,800
<b>Primary care office visits</b>	\$0 copayment per visit	<b>\$0 copayment per visit</b>
<b>Specialist office visits</b>	\$30 copayment per visit	<b>\$40 copayment per visit</b>
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	\$200 copayment per stay	<b>\$200 copayment per day for days 1–7, per stay</b>

## Section 1 Changes to benefits and costs for next year

### Section 1.1 Changes to the monthly plan premium

	2025 (this year)	2026 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
<b>Part B premium reduction</b> This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	Up to \$100 per month	Up to \$135 per month

### 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've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
<b>In-network maximum out-of-pocket amount</b> Your costs for covered medical services (such as copayments) from network providers <b>count</b> toward your in-network maximum out-of-pocket amount.	\$4,200	<b>\$5,500</b> Once you've paid \$5,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.
<b>Combined maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) from in-network and out-of-network providers <b>count</b> toward your combined maximum out-of-pocket amount.	\$7,500	<b>\$8,800</b> Once you've paid \$8,800 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

### Section 1.3 Changes to the provider network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [bluecrossmn.com/MedicareFAD](https://bluecrossmn.com/MedicareFAD) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [bluecrossmn.com/Medicare-Documents](https://bluecrossmn.com/Medicare-Documents)
- Call Customer Service at 1-800-711-9865 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-800-711-9865 (TTY users call 711) for help.

### Section 1.4 Changes to benefits and costs for medical services

	2025 (this year)	2026 (next year)
<b>Acupuncture (Medicare-covered)</b>	In- and Out-of-Network: \$20 copayment for each Medicare-covered visit	In- and Out-of-Network: <b>\$15 copayment for each Medicare-covered visit</b>
<b>Acupuncture (Non-Medicare-covered)</b>	In- and Out-of-Network: \$20 copayment for each non-Medicare-covered visit	In- and Out-of-Network: <b>\$15 copayment for each non-Medicare-covered visit</b>
<b>Ambulance services</b>	In- and Out-of-Network: \$200 copayment for each one-way Medicare-covered ground or air trip	In- and Out-of-Network: <b>\$250 copayment for each one-way Medicare-covered ground or air trip</b>
<b>Ambulatory surgical center</b>	In-Network: \$100 copayment for each Medicare-covered stay	In-Network: <b>\$300 copayment for each Medicare-covered stay</b>
<b>Chiropractic services (Medicare-covered)</b>	In-Network: \$20 copayment for each Medicare-covered visit	In-Network: <b>\$15 copayment for each Medicare-covered visit</b>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Chiropractic services (Non-Medicare-covered)</b>	In- and Out-of-Network: \$20 copayment for non-Medicare-covered chiropractic services  Limited to 12 visits per year, x-rays excluded	In- and Out-of- Network: <b>\$15 copayment for non-Medicare-covered chiropractic services</b>  <b>Limited to 12 visits per year, x-rays excluded</b>
<b>Dental implants</b>	In- and Out-of-Network:  20% for covered dental implants	<b>Dental implants are <u>not</u> covered</b>
<b>Diabetic therapeutic shoes and inserts</b>	In-Network:  15% coinsurance for diabetic therapeutic shoes and inserts	In-Network:  <b>20% coinsurance for diabetic therapeutic shoes and inserts</b>
<b>Emergency care</b>	In- and Out-of-Network:  \$125 copayment for Medicare-covered services	In- and Out-of-Network:  <b>\$130 copayment for Medicare-covered services</b>
<b>Inpatient psychiatric hospital services</b>	In-Network:  \$200 copayment per stay	In-Network:  <b>\$200 copayment per day for days 1–7, per stay</b>
<b>Occupational therapy services</b>	In-Network:  \$30 copayment for Medicare-covered services	In-Network:  <b>\$40 copayment for Medicare-covered services</b>
<b>Opioid treatment program services</b>	In-Network:  \$30 copayment for Medicare-covered service	In-Network:  <b>\$40 copayment for Medicare-covered service</b>
<b>Outpatient diagnostic radiological services</b>	In-Network:  \$70 copayment for Medicare-covered diagnostic advanced imaging. Examples include, but are not limited to, specialized scans, CT, SPECT, PET, MRI, MRA, ultrasounds and angiograms.	In-Network:  <b>\$200 copayment for Medicare-covered diagnostic advanced imaging. Examples include, but are not limited to, specialized scans, CT, SPECT, PET, MRI, MRA, ultrasounds and angiograms.</b>

	2025 (this year)	2026 (next year)
<b>Outpatient hospital surgical services</b>	In-Network: \$150 copayment for Medicare-covered services	<b>In-Network: \$350 copayment for Medicare-covered services</b>
<b>Outpatient observation services</b>	In-Network: \$150 copayment for Medicare-covered services	<b>In-Network: \$350 copayment for Medicare-covered services</b>
<b>Outpatient therapeutic radiological services</b>	In-Network: 15% coinsurance for Medicare-covered services. Example includes but is not limited to treatment of cancer.	<b>In-Network: 20% coinsurance for Medicare-covered services. Example includes but is not limited to treatment of cancer.</b>
<b>Out-of-network cost sharing</b>	40% coinsurance for out-of-network services	<b>50% coinsurance for out-of-network services</b>
<b>Over-the-counter (OTC) items</b>	In-Network: \$100 per quarter for covered OTC items	<b>In-Network: \$75 per quarter for covered OTC items</b>
<b>Physical and speech therapy</b>	In-Network: \$30 copayment for Medicare-covered services	<b>In-Network: \$40 copayment for Medicare-covered services</b>
<b>Podiatry (Medicare-covered)</b>	In-Network: \$30 copayment for Medicare-covered podiatry visits	<b>In-Network: \$40 copayment for Medicare-covered podiatry visits</b>
<b>Podiatry (Non-Medicare-covered)</b>	In-Network: \$30 copayment for Medicare-covered podiatry visits	<b>Non-Medicare-covered podiatry is <u>not</u> covered</b>



	2025 (this year)	2026 (next year)
<b>Skilled nursing facility (SNF) care</b>	In-Network: \$0 copayment per day for days 1–20 \$214 copayment per day for days 21–100	In-Network: \$0 copayment per day for days 1–20 \$218 copayment per day for days 21–100
<b>Worldwide emergency coverage</b>	In- and Out-of-Network: \$125 copayment for non-Medicare-covered services	In- and Out-of-Network: \$130 copayment for non-Medicare-covered services
<b>Worldwide urgent care coverage</b>	In- and Out-of-Network: \$125 copayment for non-Medicare-covered services	In- and Out-of-Network: \$130 copayment for non-Medicare-covered services

## Section 2 How to change plans

**To stay in Blue Cross Medicare Advantage Freedom Blue, you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in Blue Cross Medicare Advantage Freedom Blue.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Blue Cross Medicare Advantage Freedom Blue.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Blue Cross Medicare Advantage Freedom Blue.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-800-711-9865 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty.

- To learn more about Original Medicare and the different types of Medicare plans, visit [medicare.gov](https://www.medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 3), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Blue Cross and Blue Shield of Minnesota offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

## Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

## Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## Section 3 Questions?

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### Get help from Blue Cross Medicare Advantage Freedom Blue

- **Call Customer Service at 1-800-711-9865 (TTY users call 711)**

We're available for phone calls 8 a.m. to 8 p.m. Central Time. We are available seven days a week October 1 through March 31 and available Monday through Friday the rest of the year. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Blue Cross Medicare Advantage Freedom Blue. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [bluecrossmn.com/Medicare-Documents](https://bluecrossmn.com/Medicare-Documents) or call Customer Service 1-800-711-9865 (TTY users call 711) to ask us to mail you a copy.

- **Visit [bluecrossmn.com/Medicare](https://bluecrossmn.com/Medicare)**

Our website has the most up-to-date information about our provider network (*Provider Directory*).

## Get free counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Minnesota, the SHIP is called Senior LinkAge Line®.

Call Senior LinkAge Line® to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Senior LinkAge Line® at 1-800-333-2433 or TTY at 711. Learn more about Senior LinkAge Line® by visiting [mn.gov/Senior-Linkage-Line/](https://mn.gov/Senior-Linkage-Line/).

## Get help 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 call 1-877-486-2048.

- **Chat live with [medicare.gov](https://medicare.gov)**

You can chat live at [medicare.gov/Talk-To-Someone](https://medicare.gov/Talk-To-Someone)

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [medicare.gov](https://medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [medicare.gov](https://medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048.

## Notice of Nondiscrimination and Accessibility

At Blue Cross and Blue Shield of Minnesota and Blue Plus, we treat everyone fairly. We don't exclude you, or treat you less favorably, because of your race, skin color, national origin, age, disability status, or sex (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes). We follow federal civil rights laws and don't discriminate against anyone based on these traits.

If you communicate best in a language other than English, you can request free language assistance services.

If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge.

**Need these services?** Call **1-855-903-2583**, TTY **711** or call the number on the back of your member identification card.

### Discrimination is against the law.

If we failed to provide services or discriminated in another way based on your race, skin color, national origin, age, disability status, or sex, (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes), you can file a complaint by contacting our Nondiscrimination Civil Rights Coordinator:

**Email:** [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)  
**Telephone:** 1-800-509-5312  
**Mail:** Blue Cross and Blue Shield of Minnesota  
ATTN: Civil Rights Coordinator P3-2  
PO Box 64560, Eagan, MN 55164-0560

Nondiscrimination complaint forms are available on our website at [bluecrossmn.com/NDL](http://bluecrossmn.com/NDL), or from the Nondiscrimination Civil Rights Coordinator.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services

- electronically through the Office for Civil Rights complaint portal:  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- by mail at: U.S. Department of Health and Human Services,  
200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201
- or by phone at: 1-800-368-1019, 1-800-537-7697 (TDD)

Civil rights complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

## ENGLISH

ATTENTION: If you speak a language other than English, language services are available free of charge. If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge. Call 1-855-903-2583 (TTY 711).

## ESPAÑOL (Spanish)

ATENCIÓN: Si habla Español, puede solicitar servicios gratuitos de asistencia lingüística. Si tiene una deficiencia visual, auditiva o del habla, podemos comunicarnos de la manera que le resulte mejor a usted. Esto puede incluir el uso de intérpretes de lengua de señas, el suministro de documentos en letra grande o braille, grabaciones de audio u otras ayudas sin cargo. Llame al 1-855-903-2583 (TTY 711).

## العربية (Arabic)

تنبيه: إذا كنت تتحدث العربية، يمكنك لطلب بخدمات المساعدة اللغوية المجانية. إذا كنت تعاني من إعاقة بصرية أو سمعية أو نطقية، يمكننا التواصل معك بالطريقة التي تناسبك. وقد يشمل ذلك استخدام مترجمين للغة الإشارة، أو توفير المستندات بحروف كبيرة أو بطريقة برايل، أو تسجيلات صوتية، أو غيرها من الوسائل المساعدة من دون مقابل. اتصل على الرقم (الهاتف النصي 711) 1-855-903-2583.

## አማርኛ (Amharic)

ትኩረት ይሰጥ፡- አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እገዛ አገልግሎቶችን መጠየቅ ይችላሉ። የማየት፣ የመስማት ወይም የመናገር ችግር ካለብዎት ለእርስዎ በተሻለ በሚሠራው መንገድ መግባባት እንችላለን። ይህ ደግሞ የምልክት ቋንቋ አስተርጓሚዎችን መጠቀም፣ በትላልቅ ህትመቶች ወይም በብሬይል የተጻፉ ሰነዶችን፣ የድምፅ ቅጂዎችን ወይም ሌሎች መርጃዎችን ያለ ክፍያ ማቅረብን ይጨምራል። 1-855-903-2583 (TTY 711) ላይ ይደውሉ።

## LUS HMOOB (Hmong)

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob, koj tuaj yeem thov cov kev pab cuam uas pab hom lus tau dawb. Yog hais tias koj qhov muag tsis pom kev zoo, tsis hnov lus, los sis hais tsis tau lus, peb tuaj yeem sib txuas lus hauv ib txoj hau kev uas ua hauj lwm tau zoo tshaj plaws rau koj. Qhov no tej zaum yuav muaj xam nrog kev siv cov neeg txhais lus piav tes, kev muab cov ntaub ntawv luam tawm ua tus ntawv loj los sis Ua Ntawv Su Rau Cov Neeg Tsis Pom Kev Siv Tau (Braille), kev kaw ua suab lus, los sis lwm yam kev pab yam tsis tau them nqi. Hu rau 1-855-903-2583 (TTY 711).

## 廣東話 (Cantonese – Traditional Chinese)

請注意：如果您說廣東話，您可要求免費語言協助服務。如果您有視力、聽力或言語障礙，我們會以最適合您的方式與您溝通。這可能包括使用手語傳譯員、免費提供大字體或點字文件、錄音或其他輔助工具。請致電 1-855-903-2583 聽障熱線 (TTY 711)。

## 简体中文 (Chinese Simplified)

注意：如果您说普通话，则可以免费申请语言协助服务。如果您有视力、听力或语言障碍，我们可以用最适合您的方式与您交流。这可能包括免费提供手语翻译、大字体或盲文文件、录音或其他辅助工具。请致电 1-855-903-2583（文字电话 711）。

## SOOMALI (Somali)

XASUUSIN: Haddii aad ku hadasho Soomali, waxaad codsan kartaa adeegyada caawimaadda luqada oo bilaash ah. Haddii aad laxaad la'aan kataahy aragga, maqalka, ama hadalka, waxaanu kugula xidhiidhi karnaa habka adiga kuugu habboon. Tan waxaa ka mid ah in aan isticmaalno turjumaanada luqada dhegoolaha, in la bixiyo waraaco ku qoran xarfaha waaweyn ama qoraalka indhoolayaasha, in la sameeyo cajalado la duubay, ama in la helo waxyaabo kale oo caawimaad ah oo bilaash ah. Wac 1-855-903-2583 (TTY 711).

## FRANÇAIS (French)

ATTENTION : Si vous parlez Français, vous pouvez demander des services d'assistance linguistique gratuits. Si vous avez une déficience visuelle, auditive ou vocale, nous pouvons communiquer de la manière qui vous convient le mieux. Il peut s'agir d'interprètes en langue des signes, de documents en gros caractères ou en braille, d'enregistrements audio ou d'autres aides gratuites. Composez le 1-855-903-2583 (ATS 711).

## ខ្មែរ (Khmer)

ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ អ្នកអាចស្នើសុំសេវាជំនួយបកប្រែភាសាដោយឥតគិតថ្លៃ។ ប្រសិនបើអ្នកមើលមិនឃើញ ស្តាប់មិនឮ ឬនិយាយមិនបាន យើងអាចប្រាកដស្រ្តីយទាក់ទងជាមួយអ្នកតាមរបៀបផ្សេងដែលមានប្រសិទ្ធភាពបំផុតសម្រាប់អ្នក។ ការប្រាកដស្រ្តីយទាក់ទងនេះអាចមានដូចជា អ្នកបកប្រែភាសាសញ្ញា ការផ្តល់ឯកសារដែលបោះពុម្ពអក្សរធំៗ ឬអក្សរស្នាប ឬការថតទុកជាសំឡេង ឬជំនួយផ្សេងទៀត ដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-855-903-2583 (TTY 711)។

## 한국어 (Korean)

주의: 한국어를 사용하시는 경우 귀하는 무료 언어 지원 서비스를 요청하실 수 있습니다. 시각 장애, 청각 장애 또는 언어 장애가 있는 경우 저희는 귀하에게 가장 적합한 방법으로 연락을 드릴 수 있습니다. 여기에는 수화통역사 이용, 대형 활자 또는 점자로 작성된 문서 제공, 음성 녹음 또는 기타 무료 지원이 포함될 수 있습니다. 1-855-903-2583 (TTY 711) 번으로 전화하십시오.

## ကညီကျိာ် (Karen)

ဟံသုာ်ဟံသး- နမ့ၢ်ကတိၤ ကညီကျိာ် န့ၣ်,  
နယုကျိာ်ဂ့ၢ်ဝိတၢ်တိၤမၤစၢၤလၢတလၢ်ဘူးလဲ သ့န့ၣ်လီၤ  
နမ့ၢ်အိၣ်ဒီးတၢ်တလၢတပဲၤလၢ မဲၢ်တၢ်ထံၣ်, တၢ်န့ၢ်ဟူ, မ့တမ့ၢ်  
တၢ်စံးကတိၤတၢ်န့ၣ် ပဆဲးကျါဆဲးကျိးတၢ်လၢ  
ကျဲကဲထီၣ်လိာ်ထီၣ်အဂ့ၢ်ကတၢ်လၢန့ၢ်သ့န့ၣ်လီၤ တၢ်အံၤ  
ပာ်ယုာ်ဒီး တၢ်စူးကျါ နီၣ်ခိၣ်ဂီၤကျိာ်အပူၤကျိာ်ထံတၢ်တဖၣ်,  
တၢ်ဟ့ၣ်လံာ်လံာ်တဖၣ်လၢ အလံာ်ဖျါၣ်ဖးဒိၣ်, မ့တမ့ၢ်  
ပုၤမဲာ်ဘျီၣ်အလံာ်, တၢ်ကလုာ်, မ့တမ့ၢ် တၢ်မၤစၢၤဂ့ၢ်တဖၣ်  
လၢတလၢ်အဘူးလဲန့ၣ်လီၤ ကိးလိတဲစိဆူ  
1-855-903-2583 (TTY 711) တက့ၢ်

## မြန်မာဘာသာ (Burmese)

သတိပြုရန်- သင်သည် မြန်မာဘာသာ စကားကို ပြောပါက၊  
အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို  
တောင်းဆိုနိုင်ပါသည်။ သင့်တွင် အမြင်အာရုံ၊ အကြားအာရုံ  
သို့မဟုတ် စကားပြောခြင်း ချို့ယွင်းမှုရှိနေပါက သင့်အတွက်  
အသင့်လျော်ဆုံးဖြစ်မည့်နည်းလမ်းဖြင့် ကျွန်ုပ်တို့ထံသို့  
ဆက်သွယ်နိုင်ပါသည်။ ၎င်းတွင် လက်ဟန်ပြဘာသာစကား  
စကားပြန်များကို အသုံးပြုခြင်း၊ စာရွက်စာတမ်းများကို  
ပုံနှိပ်စာလုံးကြီးများ သို့မဟုတ် မျက်မမြင်စာဖြင့် ပံ့ပိုးပေးခြင်း၊  
အသံဖမ်းယူခြင်းများ သို့မဟုတ်  
အခြားအထောက်အကူများဖြင့် အခမဲ့ပံ့ပိုးပေးခြင်းတို့  
ပါဝင်ပါသည်။ 1-855-903-2583  
(TTY 711) သို့ ဖုန်းခေါ်ဆိုပါ။

## OROMOO (Oromo)

Xiyyeeffannoon haa kennamu:- Oromo Afaan kan  
dubbatan yoo ta'e, tajaajiloota gargaarsa afaanii  
bilisaa gaafachuu ni dandeessu. Rakkoo ilaaluu,  
dhaga'u ykn dubbachuu yoo qabaattan, karaa isiniif  
mijatuun haala isiniif galuun mari'achuu ni  
dandeenya. Kunis of keessatti kan qabatu, hiiktota  
afaan mallattoo fayyadamuun maxxansa gurguddaa  
ykn bireeylii, waraabbiwwan sagalee ykn gargaarsota  
biroo kaffaltii tokkoo malee gaafachuu dha.  
1-855-903-2583 (TTY 711) irratti bilbilaa.

## РУССКИЙ (Russian)

ВНИМАНИЕ: Если ваш язык — РУССКИЙ, вы можете  
запросить бесплатные услуги языковой поддержки.  
Если у вас есть нарушение зрения, слуха или речи, мы  
можем общаться таким образом, который лучше всего  
подходит вам. Это может включать бесплатное  
использование переводчиков на языке жестов,  
предоставление документов крупным шрифтом или  
шрифтом Брайля, использование аудиозаписей или  
других вспомогательных средств. Звоните по телефону  
1-855-903-2583 (TTY 711).

## ພາສາລາວ (Lao)

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າ ພາສາລາວ,  
ທ່ານສາມາດຂໍບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ.  
ຖ້າທ່ານມີຄວາມບໍ່ກະຕືລືຢູ່ດ້ານສາຍຕາ, ການໄດ້ຍິນ ຫຼື  
ການປາກເວົ້າ,  
ພວກເຮົາສາມາດສ້າງສານດ້ວຍວິທີທີ່ເໝາະສົມກັບທ່ານທີ່ສຸດ.  
ອັນນີ້ອາດຈະລວມເຖິງການໃຊ້ນ້ຳໝາຍພາສາມື,  
ການຈັດກຽມເອກະສານເປັນໂຕພິມໃຫຍ່ ຫຼື ອັກສອນນູນ,  
ການບັນທຶກສຽງ ຫຼື  
ການຊ່ວຍເຫຼືອດ້ານສື່ອື່ນໆໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທ  
1-855-903-2583 (TTY 711).

## Tagalog (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari  
kang humingi ng mga libreng serbisyo na tulong sa  
wika. Kung may kapansanan ka sa paningin, pandinig,  
o pananalita, maaari tayong mag-usap sa paraan na  
pinakamabuti para sa iyo. Maaaring kabilang dito ang  
paggamit ng mga interpreter ng sign language,  
pagbibigay ng mga dokumento na malalaki ang  
pagkaprinta o Braille, mga audio recording, o iba  
pang mga tulong nang walang bayad. Tumawag sa  
1-855-903-2583 (TTY 711).

## VIETNAMESE (Vietnamese)

LƯU Ý: Nếu quý vị nói Vietnamese, quý vị có thể yêu  
cầu dịch vụ hỗ trợ ngôn ngữ miễn phí. Nếu quý vị bị  
khiếm thị, khiếm thính hoặc khuyết tật về âm ngữ,  
chúng tôi có thể giao tiếp theo cách phù hợp nhất  
với quý vị. Điều này có thể bao gồm việc sử dụng  
thông dịch viên ngôn ngữ ký hiệu, cung cấp tài liệu  
dạng bản in cỡ chữ lớn hoặc chữ nổi, bản ghi âm  
hoặc các phương tiện hỗ trợ khác miễn phí. Xin gọi  
số 1-855-903-2583 (TTY 711).