Moda Health Plan, Inc.

Choose a better experience with your *health insurance*

Idaho 2023 | Equal Funding

ID EF 2023 Brochure





Better value and a **better** experience

When you choose Moda Health, you'll receive high-quality health plans, expert guidance and curated wellness services, tools and programs.

Proven

with nearly **70 years** of offering insurance plans in the Pacific Northwest

Easy with no referrals required for specialists

Convenient

with modern ways to stay healthy, like texting a doctor and virtual appointments



Quality, evidence-based plans

Our flexible benefit designs support the long-term health of your clients' employees, including preventive exams, women's annual exams, well-baby care, immunizations and many screenings.



Prescriptions with choice

Your clients' employees get integrated pharmacy benefits with a comprehensive formulary design that provides them with maximum choice. Approved drug list: modahealth.com/pdl



Benefits admin, made easy

Online tools put the power in your clients' hands, so they can jump on whenever they need to make a change, run reports, access resources and manage their bill.



Founded in 1955

we've been **helping our members** with evidence-based health plans, diverse provider networks, innovative member programs and **our signature caring customer service**.

Moda has **333,000+**

members in our **medical plans**

More than

1 million

members in our stand-alone **pharmacy segment**



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We know your time is valuable.

Quick links

2023 Medical plans

The Moda Select Network

About Equal Funding

How to enroll

Member perks

Contact us





Your guide to plan management

We want to make it easy for you and your clients to enroll and manage their account.



Enrollment, made easy

Confirm client's eligibility 1 Your client's business must:

- Be in Idaho
- Have 25+ full-time employees on average during the preceding calendar year
- Have at least one employee enrolled on the first day of the plan year

Enroll by the 10th of the month 2

New group enrollment information must be received no later than the 10th of the month prior to the desired effective date. Late enrollment can be accommodated upon request.

3 Choose an employee eligibility waiting period

It cannot exceed 90 days for medical plans.

Make changes to plans (4) upon renewal

Changes may include, but are not limited to, eligibility waiting periods, group plan choices, employer eligibility changes and contribution or participation amounts.

Faster benefits administration

The Employer Dashboard was created to help your clients quickly access and manage the details of benefits administration.

It's self-service, easy-to-use and available 24/7.

- Order ID cards

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• Review employee enrollment information and history

- Generate an enrollment census of covered
- employees and/or dependents
- View benefit and plan details and Member Handbooks
- Manage billing with eBill
- Send secure messages

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	moda	
	HEALTH	

To learn more about the Employer Dashboard, contact your Moda Health sales representative at 800-578-1402

Flexible, cost-savings plans with equal monthly payments

For some employers, the benefits of self-funding their health insurance come with concerns about managing wildly fluctuating monthly costs. Moda Health's Equal Funding provides the flexibility and cost savings your clients want, with the stability of equal monthly payments they need. It's peace of mind and a great first step to becoming fully self-funded.

A three-part plan

Self-funded medical plan Covers medical services and pharmacy expenses for your clients' employees and their dependents

Administration agreement Covers claims processing, billing, customer service and more

Stop-loss policy Protects your clients if claims exceed expected annual limit



Predictability, flexibility and **control**

Equal Funding limits your clients' risk while providing granularity on where their collective healthcare dollars are being spent. Your client pays the same every month. If claims are higher than expected, the stop loss insurance policy will cover them. And if claims are lower than expected, your clients will receive a credit towards the next plan year's administrative fees.

Stability



Equal monthly payments for easier cost management



Insight into plan performance throughout the year, for more informed decision making at renewal time

Protection



Safety from the unexpected

whether from large catastrophic claims by covered individual(s) or combined medical and pharmacy claims from the entire employee population that exceed the expected annual limit



Clients may see lower costs

with any surplus at the end of the policy period appearing as an administrative fee credit for the following policy year



A partner in better outcomes and **cost** management







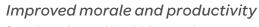
Moda Health works closely with your clients to maximize their healthcare investment. Our Equal Funding medical plans are designed to help your clients' employees be their healthy best. Plus, we take the time to understand your clients' business – top to bottom, so you'll have the insights needed to make informed recommendations about your clients' health plan.

Supporting a healthy population



Inspiration and support

for your clients' employees to improve their health, managing chronic conditions, and navigating their plan and care options



from happier and healthier employees

Transparency and reporting



Identifying cost-savings opportunities short-term trends and long-term needs with robust reporting



Personalized service and support

with great case management team

How Equal Funding **works**

Moda Health's Equal Funding plan allows your clients to pay for their maximum exposure **over 12 predictable monthly payments**.

Once the policy period ends, if there is a surplus between the premium amount paid and the total cost of claims for your client, an administrative fee credit will be applied to the following policy year.



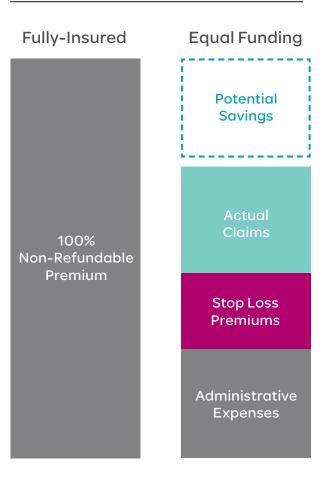
Date	Sample monthly billing cycle for May
April 7	eBill generated (viewable online within 48 hours)
May 1	 May payment due May remittance pulled via Electronic Fund Transfer (EFT)
May 10	 Moda Health confirms May payment has posted If payments have not posted, all claims payments will be immediately pended
May 31	If May payment has not posted, plan will be terminated effective May 1, and May claims will be denied
the go	actual claims are as than expected plan has a surplus. Part of the surplus will to your clients as a credit on the next plan ar's administrative agreement fees.



If actual claims are *higher than expected*

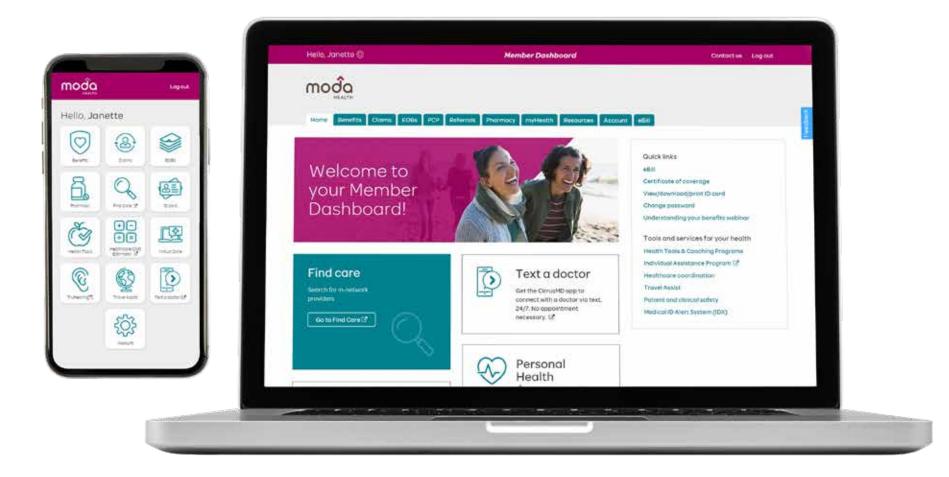
the stop-loss policy will cover these costs. Your clients will not be required to pay more.

Let's look at the components of a premium



Member perks to improve *health and save*

Our comprehensive wellness programs have something for every employee, supporting their work toward better health with exclusive discounts, programs and tools.











Discounts

- Gym memberships
- Acupuncture, chiropractic, therapeutic massage (once alternative care benefit limit has been reached)
- Hearing aids and exams
- Popular health and fitness brands (like Vitamix[®] and Garmin[®])

Tools

- Health assessments
- Prescription price check
- Text a doctor 24/7 🗳
- Employee Assistance Program

Coaching and care

- Health coaching 🛓
- Care coordination
- Diabetes management
- Tobacco cessation
- Emergency medical assistance when traveling

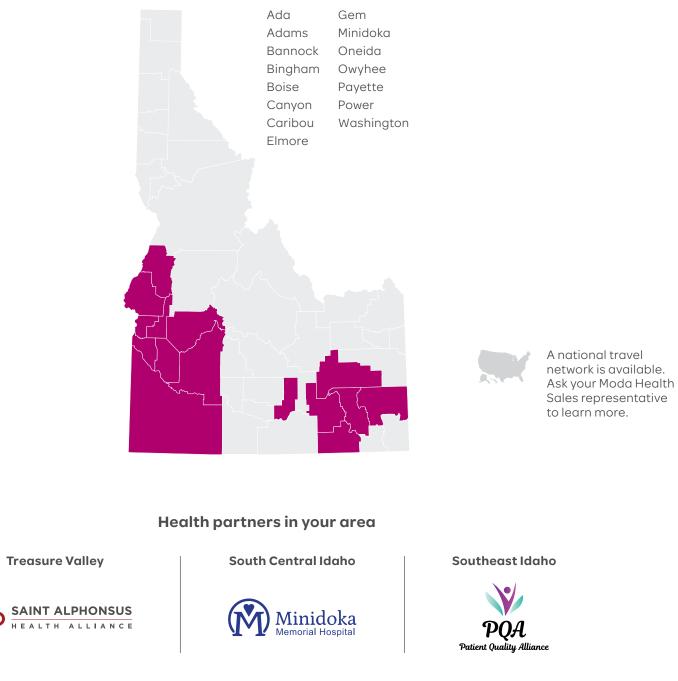
Mental health support

12 weeks of mobile therapy for your clients' employees from a private therapist through their smartphone

The *Moda Select* Network

We've carefully selected a community of primary care providers (PCPs), specialists and partner health systems, so you'll have better value and better care.

The Moda Select Network is for residents living in the following counties:



Not all providers at these locations are in-network.

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2023 *Medical plan* benefit table

	Plan name	ame Calendar year costs			Care & services					
		Deductible per member / family	Coinsurance	OOP max per member / family	PCP visits ¹	Specialist office visit ²	Virtual care office visit ³	Mental health office visit⁴	Outpatient rehabilitation⁵	Alternative care ⁶
		I	n-network member pay	S			In-network n	nember pays		
	VBC_\$500_\$3000_\$25/\$40_20%	\$500 / \$1,000	20%	\$3,000 / \$6,000	\$25/visit	\$40 / visit	\$15 / visit	\$25 / visit	\$40 / visit	\$25 / visit
	VBC_\$500_\$5000_\$30/\$45_20%	\$500 / \$1,000	20%	\$5,000 / \$10,000	\$30 / visit	\$45/visit	\$20 / visit	\$30 / visit	\$45/visit	\$30 / visit
	VBC_\$1000_\$3000_\$25/\$40_20%	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$25/visit	\$40 / visit	\$15 / visit	\$25 / visit	\$40 / visit	\$25 / visit
	VBC_\$1000_\$5000_\$25/\$40_20%	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$25/visit	\$40 / visit	\$15 / visit	\$25 / visit	\$40 / visit	\$25 / visit
	VBC_\$1000_\$3000_\$30/\$45_20%	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$30/visit	\$45 / visit	\$20 / visit	\$30 / visit	\$45/visit	\$30 / visit
	VBC_\$1000_\$5000_\$30/\$45_20%	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$30 / visit	\$45/visit	\$20 / visit	\$30 / visit	\$45/visit	\$30 / visit
	VBC_\$1000_\$3000_\$35/\$50_20%	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$35 / visit	\$50 / visit	\$25 / visit	\$35 / visit	\$50/visit	\$35 / visit
	VBC_\$1000_\$5000_\$35/\$50_20%	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$35/visit	\$50 / visit	\$25 / visit	\$35 / visit	\$50 / visit	\$35 / visit
Moda Select Network	VBC_\$1500_\$3000_\$25/\$40_20%	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$25/visit	\$40 / visit	\$15 / visit	\$25 / visit	\$40 / visit	\$25 / visit
Net	VBC_\$1500_\$5000_\$25/\$40_20%	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$25/visit	\$40 / visit	\$15 / visit	\$25 / visit	\$40 / visit	\$25 / visit
lect	VBC_\$1500_\$3000_\$30/\$45_20%	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$30/visit	\$45/visit	\$20 / visit	\$30 / visit	\$45/visit	\$30 / visit
a Se	VBC_\$1500_\$5000_\$30/\$45_20%	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$30/visit	\$45 / visit	\$20 / visit	\$30 / visit	\$45/visit	\$30 / visit
Nod	VBC_\$1500_\$3000_\$35/\$50_20%	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$35 / visit	\$50 / visit	\$25 / visit	\$35/visit	\$50 / visit	\$35 / visit
	VBC_\$1500_\$5000_\$35/\$50_20%	\$1,500 / \$3,000	20%	\$5,000 / \$10000	\$35 / visit	\$50 / visit	\$25 / visit	\$35/visit	\$50 / visit	\$35 / visit
	VBC_\$2000_\$4000_\$25/\$40_20%	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$25/visit	\$40 / visit	\$15 / visit	\$25 / visit	\$40 / visit	\$25 / visit
	VBC_\$2000_\$6000_\$25/\$40_20%	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$25/visit	\$40 / visit	\$15 / visit	\$25 / visit	\$40 / visit	\$25 / visit
	VBC_\$2000_\$4000_\$30/\$45_20%	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$30 / visit	\$45 / visit	\$20 / visit	\$30 / visit	\$45/visit	\$30 / visit
	VBC_\$2000_\$6000_\$30/\$45_20%	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$30 / visit	\$45 / visit	\$20 / visit	\$30 / visit	\$45/visit	\$30 / visit
	VBC_\$2000_\$4000_\$35/\$50_20%	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$35 / visit	\$50 / visit	\$25/visit	\$35 / visit	\$50 / visit	\$35 / visit
	VBC_\$2000_\$6000_\$35/\$50_20%	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$35/visit	\$50 / visit	\$25/visit	\$35 / visit	\$50 / visit	\$35 / visit
	VBC_\$3000_\$5000_\$25/\$40_20%	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$25 / visit	\$40 / visit	\$15 / visit	\$25 / visit	\$40 / visit	\$25 / visit

 For non-HDHP plans, no cost sharing for members under age 19. Members 19+ get first 3 office visits at no cost sharing, combined with virtual visits. Subsequent visits by the selected PCP at the PCP visit copay level and by other providers at the specialist visit copay level.
 Hearing exam is \$45/visit.

3 For non-HDHP plans, no cost sharing for visits through CirrusMD. Visits to other providers are no cost sharing for members under age 19. For members 19+, first 3 visits with other providers are at no cost sharing, combined with in-person visits.

4 For non-HDHP plans, first 3 in-person or virtual care office visits at no cost sharing, combined with substance use disorder office visits.

5 Outpatient Rehabilitation includes physical therapy, occupational therapy, speech therapy, cardiac rehabilitation,

and pulmonary rehabilitation.

6 Alternative care includes spinal manipulation and acupuncture.

Medical disclaimer: This is a summary of the health plan benefits and is not a contract; limitations and exclusions apply. See the medical plan benefit summaries, SBCs, handbook or contract for details. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the control.

2023 *Medical plan* benefit table

	Plan name	Calendar year costs			Care & services					
		Deductible per member / family	Coinsurance	OOP max per member / family	PCP visits ¹	Specialist office visit ²	Virtual care office visit ³	Mental health office visit⁴	Outpatient rehabilitation ⁵	Alternative care ⁶
		Ir	n-network member pay	S			In-network n	nember pays		
	VBC_\$3000_\$7000_\$25/\$40_20%	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$25/visit	\$40 / visit	\$15 / visit	\$25 / visit	\$40 / visit	\$25 / visit
	VBC_\$3000_\$5000_\$30/\$45_20%	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$30 / visit	\$45/visit	\$20 / visit	\$30 / visit	\$45 / visit	\$30 / visit
	VBC_\$3000_\$7000_\$30/\$45_20%	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$30 / visit	\$45 / visit	\$20 / visit	\$30 / visit	\$45 / visit	\$30 / visit
	VBC_\$3000_\$5000_\$35/\$50_20%	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$35/visit	\$50 / visit	\$25 / visit	\$35 / visit	\$50 / visit	\$35 / visit
	VBC_\$3000_\$7000_\$35/\$50_20%	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$35/visit	\$50 / visit	\$25 / visit	\$35 / visit	\$50 / visit	\$35 / visit
	VBC_\$3000_\$5000_\$30/\$45_30%	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$30 / visit	\$45/visit	\$20 / visit	\$30 / visit	\$45 / visit	\$30 / visit
	VBC_\$3000_\$5000_\$35/\$50_30%	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$35 / visit	\$50 / visit	\$25 / visit	\$35 / visit	\$50 / visit	\$35 / visit
ork	VBC_\$3000_\$7000_\$35/\$50_30%	\$3,000 / \$6,000	30%	\$7,000 / \$14,000	\$35/visit	\$50 / visit	\$25 / visit	\$35 / visit	\$50 / visit	\$35 / visit
Select Network	VBC_\$5000_\$8150_\$30/\$45_20%	\$5,000 / \$10,000	20%	\$8,150 / \$16,300	\$30 / visit	\$45 / visit	\$20 / visit	\$30 / visit	\$45 / visit	\$30 / visit
sct N	VBC_\$5000_\$8550_\$35/\$50_20%	\$5,000 / \$10,000	20%	\$8,550 / \$17,100	\$35 / visit	\$50 / visit	\$25 / visit	\$35 / visit	\$50 / visit	\$35 / visit
Sel	VBC_\$5000_\$8550_\$30/\$45_30%	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$30 / visit	\$45/visit	\$20 / visit	\$30 / visit	\$45 / visit	\$30 / visit
Moda	VBC_\$5000_\$8550_\$35/\$50_30%	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$35 / visit	\$50 / visit	\$25 / visit	\$35 / visit	\$50 / visit	\$35 / visit
Σ	HDHP_\$1500_\$5000_20%7	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
	HDHP_\$2500_\$5000_20%7	\$2,500 / \$5,000	20%	\$5,000 / \$10,000	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
	HDHP_\$2500_\$5000_30%7	\$2,500 / \$5,000	30%	\$5,000 / \$10,000	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded
	HDHP_\$3000	\$3,000 / \$6,000	0%	\$3,000 / \$6,000	0% after ded	0% after ded	0% after ded	0% after ded	0% after ded	0% after ded
	HDHP_\$3000_\$5000_20%	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
	HDHP_\$3000_\$7000_30%	\$3,000 / \$6,000	30%	\$7,000 / \$14,000	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded
	HDHP_\$5000	\$5,000 / \$10,000	0%	\$5,000 / \$10,000	0% after ded	0% after ded	0% after ded	0% after ded	0% after ded	0% after ded

1 No cost sharing for members under age 19. Members 19+ get first 3 office visits at no cost sharing, combined with virtual visits. For non-HDHP plans, subsequent visits by the selected PCP at the PCP visit copay level and by other providers at the specialist visit copay level.

2 Hearing exams for non-HDHP plans \$45/visit. Hearing exams \$45/visit after deductible for most HDHP plans.

3 No cost sharing for visits through CirrusMD. Visits to other providers are no cost sharing for members under age 19. For members 19+, first 3 visits with other providers are at no cost sharing, combined with in-person visits.

4 First 3 in-person or virtual care office visits at no cost sharing, combined with substance use disorder office visits.
5 Outpatient Rehabilitation includes physical therapy, occupational therapy, speech therapy, cardiac rehabilitation, and pulmonary rehabilitation.

6 Alternative care includes spinal manipulation and acupuncture.

7 Individual deductible does not apply to family coverage. Coverage for 2 or more members must meet the family deductible.

Medical disclaimer: This is a summary of the health plan benefits and is not a contract; limitations and exclusions apply. See the medical plan benefit summaries, SBCs, handbook or contract for details. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the control.

2023 Pharmacy benefit table

Prescription riders*	Value	Generic	Preferred brand	Non-preferred brand	Preferred specialty ¹	Non-preferred specialty ¹
R1.ID.23	\$2	\$10	\$30	\$50	\$150	30%
R2.ID.23	\$4	\$15	\$45	\$75	\$225	40%
R3.ID.23	\$6	\$20	\$60	50%	30%	50%
R4.ID.23	NA	\$5	\$25	\$50	NA	NA
R5.ID.23	NA	\$10	25%	50%	NA	NA
R6.ID.23	NA	\$15	\$45	50%	NA	NA

* Up to 30-day supply per prescription for most medications. One copay per 30 day supply.
 Prior authorization required for non-Moda-designated specialty pharmacies.

Expect quality pharmacy benefits

Quality prescription coverage is at the heart of a great health plan. We're here to support the pharmacy needs of your clients' employees, every step of the way.

Members have access to comprehensive prescription drug benefits through the Navitus pharmacy network. The Navitus Network includes over 90% of pharmacies in Idaho, plus more than 58,000 pharmacies nationwide. This means they can fill prescriptions almost anywhere, including these local and national drug store chains:

 Safeway and 	 Costco 	 Walgreens
Albertsons	• Fred Meyer	• Walmart
• CVS	• Rite Aid	

We also offer mail-order pharmacy services through Postal Prescription Services (PPS) and Costco.



Members can visit **modahealth.com/pdl** and choose "Large group" to search medications and find out their medication tiers and costs



2023 Limitations & Exclusions

Limitations

- Acupuncture is limited to 20 visits per year
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Biofeedback is limited to 10 visits per lifetime for tension or migraine headaches
- Brand tier medications If members use a brand medication when a generic equivalent is available, they will have to pay the nonpreferred cost sharing plus the difference in cost between the generic and brand medication
- Coordination of Benefits when a member has more than one health plan, combined benefits for all plans is limited to the maximum plan allowance for all covered services
- Hearing aids are covered once every 36 months
- Infusion therapy some medications require use of an authorized provider to be eligible for coverage. Outpatient hospital setting is not covered for some medications.
- Prescriptions are limited to a maximum 30-day supply per prescription for most specialty pharmacy and up to a 90-day supply per prescription for retail and mail order pharmacies.
- Rehabilitation benefits are limited to 20 inpatient days, 36 sessions for outpatient cardiac and 30 sessions for other outpatient rehabilitation
- Skilled nursing facility is limited to 60 days per year
- Spinal manipulation is limited to 20 visits per year
- Acupuncture services are limited to 20 visits per year
- Vision exam and glasses or contacts are covered once per year for members under age 19
- Home health services are limited to 130 visits per year
- Hospice respite care is limited to 170 hours per lifetime

Exclusions

- Abortion, except the mother's life is at risk or the pregnancy is a result of rape or incest
- Care outside the United States, other than urgent or emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery if medically necessary and not specifically excluded)
- Court-ordered sex offender treatment
- Custodial care
- Dental examinations and treatment (except for accidental injury)
- Experimental or investigational treatment
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Injury resulting from practicing for or participating in professional athletic events
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Massage or massage therapy
- Naturopathic supplies, including herbal, naturopathic or homeopathic medicines, substances or devices and any other nonprescription supplements
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery, except when medically necessary to repair an accidental injury or for treatment of cancer
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services ordered or provided by the patient or a member of the patient's immediate family
- Vision surgery to alter the refractive character of the eye





Ready to choose better health *for your clients?*

Questions?

Contact your Moda Health Sales representative

a	quotes@modahealth.co
Ċ	800-578-1402 TTY u
€≣	modahealth.com/idahc

Portland office (corporate headquarters) 601 SW Second Ave., Portland, OR 97204-3156

For a list of medical plan exclusions, any reduction or limitations, contact Moda Health. These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. Health plans provided by Moda Health Plan, Inc.

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users, please call 711



Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call:

Medicare Customer Service, 877-299-9062 (TDD/TTY 711)

Medicaid Customer Service, 888-788-9821 (TDD/TTY 711)

Customer Service for all other plans, 888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Moda Partners, Inc. Attention: Appeal Unit 601 SW Second Ave. Portland, OR 97204 Fax: 503-412-4003

Dave Nesseler-Cass coordinates our nondiscrimination work:

Dave Nesseler-Cass, Chief Compliance Officer 601 SW Second Ave. Portland, OR 97204 855-232-9111 compliance@modahealth.com

If you need help filing a complaint, please call Customer Service.

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

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

800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hổ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意:如果您說中文,可得到免費語言幫助服務。 請致電1-877-605-3229(聾啞人專用:711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

> تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم 2229-605-3229 (الهاتف النصي: 711)

بولتے ہیں تو لن نی (URDU) توحب دیں: اگر آپ اردو اعث نت آپ کے لیے بلا مع اوض دستیاب ہے۔ پر کال کریں (TTY: 711) 1-877-605-3229

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

> توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 2229-605-7871 (TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzdienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意:日本語をご希望の方には、日本語 サービスを無料で提供しております。 1-877-605-3229 (TYY、テレタイプライター をご利用の方は711)までお電話ください。 અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દશાર્વો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે.1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວ ຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍ ຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (ТТҮ: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រវ កាំរសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ៍ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดหราบ: หากคุณพูดภาษาไทย คุณ สามารถใช้บริการช่วยเหลือด้านภาษา ได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

