

SUMMARY OF BENEFITS

CAPITAL HEALTH PLAN

Retiree Advantage (HMO)
2026



LOCAL. TRUSTED.

2026 Summary of Benefits

Capital Health Plan Retiree Advantage (HMO)

January 1, 2026 – December 31, 2026

This is a summary of drug and health services covered by Capital Health Plan Retiree Advantage January 1, 2026 – December 31, 2026.

Capital Health Plan Retiree Advantage is an HMO plan with a Medicare contract.

Capital Health Plan Retiree Advantage is a Medicare Advantage HMO plan (HMO stands for Health Maintenance Organization) approved by Medicare and run by a private company.

The benefit information provided is a summary of what we cover and what you pay when enrolled in this plan. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request an “Evidence of Coverage” by calling Member Services at 1-877-247-6512 (TTY 1-877-870-8943) Oct-Mar: seven days a week, 8am-8pm. Apr-Sept: Monday-Friday, 8am-8pm. Or you can view the Evidence of Coverage on our website at www.capitalhealth.com/Medicare.

To join Capital Health Plan Retiree Advantage, you

- must be entitled to Medicare Part A;
- must be enrolled in Medicare Part B; and
- must live in our service area

Our service area includes the following counties in Florida: Calhoun, Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla. State of Florida members should contact the group administrators and or DSGI for the service area and covered counties in the state of Florida.

Capital Health Plan has a large stable network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for those services unless you receive prior authorization.

Urgently needed care and emergencies are covered anywhere in the world. You are not required to use Capital Health Plan providers or receive prior authorization in these circumstances.

Covered medical and hospital benefits may require prior authorization or a referral from your doctor. Services with a ¹ may require prior authorization and services with a ² may require a referral from your doctor.

Premiums and Benefits

	Capital Health Plan Retiree Advantage (802)	What You Should Know
Monthly Premium, Deductible and Limits		
Monthly Plan Premium	Your monthly plan premium is determined by your group contract.	You must continue to pay your Medicare Part B premium.
Deductible	No deductible	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	Your yearly limit in this plan is determined by your group contract.	Includes copays, coinsurance and other costs for medical services for the year.
Hospital		
Inpatient hospital coverage ^{1, 2}	You pay a group selected copay for each hospital admission.	Our plan covers an unlimited number of days for an inpatient hospital admission.
Outpatient hospital coverage ²	You pay a group selected copay.	
Ambulatory surgery center ²	You pay a group selected copay.	
Doctor Visits and Preventive Care		
Doctor visits Primary care provider Specialists ²	You pay a group selected copay. You pay a group selected copay.	
Preventive care (e.g., flu vaccine, diabetic screenings)	There is no coinsurance, copayment, or deductible for preventative care.	
Emergency and Urgent Care		
Emergency care	You pay a group selected copay.	Worldwide coverage. If you are admitted to the hospital within 24 hours, then you do not have to pay your share of the cost for emergency care.

	Capital Health Plan Retiree Advantage (802)	What You Should Know
Urgently needed services	You pay a group selected copay.	
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs		
Diagnostic services/labs/imaging Diagnostic radiology services ^{1,2} (e.g. MRI, CT, PET, thallium, nuclear cardiology scans) Lab services Diagnostic tests and procedures ² Outpatient X-rays ² Therapeutic radiology ²	You pay a group selected copay for outpatient diagnostic radiology services You pay nothing for lab services You pay nothing for diagnostic tests and procedures You pay nothing for outpatient x-rays You pay nothing for therapeutic radiology	
Hearing / Dental / Vision		
Hearing services	You pay a group selected copay.	One routine hearing exam allowed annually
Dental services (limited dental services) ^{1,2}	You pay a group selected copay.	Does not include services in connection with care, treatment, filling, removal or replacement of teeth.
Vision services Diagnostic exam Eyewear after cataract surgery Routine eye exam	You pay a group selected copay for exams to diagnose and treat diseases and conditions of the eye. You pay nothing for eyeglasses or contacts after cataract surgery (some limitations apply) You pay a group selected copay for routine eye exams.	Copays may vary depending on the place of service. Copays may vary depending on the place of service.

	Capital Health Plan Retiree Advantage (802)	What You Should Know
Routine eyewear	Our plan pays up to \$200 reimbursement every year for contact lenses or eyeglasses	
Mental Health Services		
Outpatient group therapy/individual therapy visit	You pay a group selected copay.	
Skilled Nursing Facility (SNF)		
Skilled nursing facility (SNF) ^{1,2}	You pay a group selected copay.	Our plan covers up to 100 days in a SNF each benefit period.
Outpatient Rehabilitation Services		
Physical therapy ²	You pay a group selected copay.	
Medical Transportation		
Ambulance ¹	You pay a group selected copay.	
Transportation	Not covered	
Medicare Part B Drugs		
Chemotherapy drugs ^{1,2}	You pay a group selected copay.	
Other Part B drugs ^{1,2}	You pay a group selected copay.	
Insulin	You pay a group selected copay.	

Prescription Drug Benefits

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, no matter what cost-sharing tier it's on.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost sharing tier it's on.

Capital Health Plan Retiree Advantage (802)		What You Should Know
Stage 1: Deductible – \$0 deductible		
Stage 2: Initial coverage – Prior to total cost of drugs reaching \$2,100.		
All Tiers	<p>You pay a group selected copay until your total yearly drug costs reach \$2,100. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>	<p>Cost sharing may change when you enter another phase of the Part D.</p> <p>For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or see the Evidence of Coverage. Your cost sharing may differ for mail order, Long Term Care (LTC) or home infusion, and 60 or 90-day supplies.</p>
Stage 3: Catastrophic Coverage – After yearly total of out-of-pocket costs reach \$2,100.		
All Tiers	<p>During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p> <p>Some Medicare excluded Part D drugs are covered by your plan. The amount you pay when you fill a prescription for these drugs does not count toward your total drug cost or yearly out-of-pocket costs.</p>	

Additional Benefits

	Capital Health Plan Retiree Advantage (802)	What You Should Know
Additional Benefits		
Durable medical equipment, prosthetic devices and medical supplies Durable medical equipment (e.g., wheelchairs, oxygen) ^{1, 2} Medical supplies ^{1, 2} Prosthetic devices (e.g., braces, artificial limbs) ^{1, 2} Diabetic supplies and services ²	You pay a group selected copay. You pay a group selected copay. You pay a group selected copay. You pay a group selected copay.	Preferred brand diabetic supplies include Ascensia and Abbott. Some restrictions apply.
Health and Wellness Education Programs Health Education Additional Sessions of Smoking and Tobacco Use Cessation Counseling Wellness Benefit Nursing Hotline	Generally there are no copays for health and wellness programs. Our plan pays up to a \$150 Health and Wellness reimbursement each calendar year for exercise programs and memberships at approved health or fitness facilities.	Some restrictions apply.
Home health care ²	\$0 copay	
Hospice	\$0 copay	
Other rehabilitation services ^{1, 2} Cardiac and Intensive Cardiac rehabilitation services	You pay a group selected copay.	

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Pulmonary rehabilitation services ^{1, 2} Occupational therapy visit ² Speech and language therapy visit ²	You pay a group selected copay. You pay a group selected copay. You pay a group selected copay.	
Foot Care (Podiatry services)	You pay a group selected copay.	Foot exams and treatment if you have diabetes related nerve damage and/or meet certain conditions.
Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD)	You pay a group selected copay.	

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Capital Health Plan is offering a new online enrollment tool for our Medicare Advantage (HMO) plans! You will now be able to research our plans and enroll online. Visit www.capitalhealth.com/Medicare for more information.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Service representative at 850-523-7441 or 1-877-247-6512 (TTY 1-877-870-8943) Oct-Mar: seven days a week, 8am-8pm. Apr-Sept: Monday-Friday, 8am-8pm.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.capitalhealth.com/Medicare or call 850-523-7441 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums, and/or copayments/co-insurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory) unless prior authorization by the plan.
- ☐ If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

CONTACT US

We are available for phone calls Oct-Mar: seven days a week, 8am-8pm. Apr-Sept: Monday-Friday, 8am-8pm.

Call toll-free **1-877-247-6512**. TTY users should call **1-877-870-8943**.

This is a summary of what we cover. It doesn't list every service that we cover or list every limitation or exclusion. For a full list of covered services, check the Evidence of Coverage (EOC) at www.capitalhealth.com/Medicare or call us at the number above.

This document is available in a non-English language. For additional information call us at the number above.

This document is available in other formats such as braille and large print.

Out-of-network/non-contracted providers are under no obligation to treat Capital Health Plan Retiree Advantage plan members, except in emergency situations. Please call Member Services or see the Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

To find out more about the coverage and costs of Original Medicare, look in the current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.



Nondiscrimination and Accessibility Notice (ACA §1557)

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, sex, age, or disability. We do not exclude people or treat them differently because of race, color, national origin, sex, age, or disability. We provide:

Free auxiliary aids, reasonable modifications, and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats)

Free language assistance services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Member Services at one of the numbers listed below. If you believe we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can file a grievance with Capital Health Plan's Section 1557 Coordinator at:

Capital Health Plan
c/o Compliance and Privacy Officer
2140 Centerville Place
Tallahassee, FL 32308.

Phone: Member Services 850-383-3311, 1-877-247-6512, TTY 850-383-3534 or 1-877-870-8943, Fax: 850-523-7419, Email: memberservices@chp.org. Medicare members or prospective members call 850-518-6679 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. - 8:00 p.m., seven days a week, October 1 - March 31; 8:00 a.m. - 8:00 p.m., Monday - Friday, April 1 - September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. - 7:00 p.m.

You can file a grievance in person or by mail, fax or email.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you need help filing a grievance, our Member Services Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

English: If you speak any of the following languages, 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 1-850-383-3311 or 1-877-247-6512 (TTY: 850-383-3534 or 1-877-870-8943) or speak to your provider.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-247-6512 (TTY: 1-877-870-8943) o hable con su proveedor.

Haitian Creole: Si w pale kreyòl ayisyen, gen sèvis èd ki disponib pou ou gratis pou lang ou pale a. Gen èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo ki disponib gratis tou. Rele nan 1-877-247-6512 (TTY: 1-877-870-8943) oswa pale avèk founisè w la.

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ trợ giúp ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Xin vui lòng gọi theo số 1-877-247-6512 (TTY: 1-877-870-8943) hoặc trao đổi với người cung cấp dịch vụ của quý vị.

Portuguese: Se você fala Português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-247-6512 (TTY: 1-877-870-8943) ou fale com seu provedor.

Simplified Chinese: 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 1-877-247-6512 (文本电话: 1-877-870-8943) 或咨询您的服务提供商。

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires

appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-247-6512 (TTY: 1-877-870-8943) ou parlez à votre fournisseur.

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga

naa-access na format. Tumawag sa 1-877-247-6512 (TTY: 1-877-870-8943) o makipag-usap sa iyong provider.

Russian: Если Вы говорите по-русски, Вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно.

Позвоните по телефону 1-877-247-6512 (TTY: 1-877-870-8943) или обратитесь к своему поставщику услуг.

Arabic: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-870-8943 (TTY: 1-877-247-6512) أو تحدث إلى مقدم الخدمة الخاص بك.

Italian: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' 1-877-247-6512 (TTY: 1-877-870-8943) o parla con il tuo fornitore.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-247-6512 (TTY: 1-877-870-8943) an oder sprechen Sie mit Ihrem Provider.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-247-6512 (TTY: 1-877-870-8943) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Polish: 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 1-877-247-6512 (TTY: 1-877-870-8943) lub porozmawiaj ze swoim dostawcą.

Gujarati: જો તમે નીચેની કોઈપણ ભાષા બોલતા છો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુવલ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-877-247-6512 (TTY: 1-877-870-8943) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Thai: หากคุณพูดภาษาใดภาษาหนึ่งต่อไปนี้ คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี นอกจากนี้

ยังมีบริการช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โทร 1-877-247-6512 (TTY: 1-877-870-8943)

หรือพูดคุยกับผู้ให้บริการของคุณ



An Independent Licensee of the Blue Cross and Blue Shield Association

Notice of Availability

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

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French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles

gratuitement. Appelez le 1-877-247-6512 (TTY: 1-877-870-8943) ou parlez à votre fournisseur.

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German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-247-6512 (TTY: 1-877-870-8943) an oder sprechen Sie mit Ihrem Provider.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-247-6512 (TTY: 1-877-870-8943) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Polish: 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 1-877-247-6512 (TTY: 1-877-870-8943) lub porozmawiaj ze swoim dostawcą.

Gujarati: જો તમે નીચેની કોઈપણ ભાષા બોલતા હો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-877-247-6512 (TTY: 1-877-870-8943) પર કૉલ કરી અથવા તમારા પ્રદાતા સાથે વાત કરો.

Thai: หากคุณพูดภาษาใดภาษาหนึ่งต่อไปนี้ คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี นอกจากนี้ ยังมีบริการช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โทร 1-877-247-6512 (TTY: 1-877-870-8943) หรือพูดคุยกับผู้ให้บริการของคุณ