



Here for you



AetnaBetterHealth.com/Virginia

Aetna Better Health® of Virginia

Taking care of your behavioral health during times of uncertainty

Your physical health is important to us. So is your behavioral health. Behavioral health includes mental health treatment and substance use services for you or your child.

Many behavioral health providers offer telehealth services. Telehealth is a visit with your doctor by phone or by video. These visits are covered. Call your health care

provider to see what telehealth services they offer.

We offer a 24/7 behavioral health crisis hotline. The number is **1-855-652-8249 (TTY: 711)**. We've also partnered with Mental Health America of Virginia (MHAV) and AliveRVA. You can call and talk with people over the phone who can tell you

about their own experiences with mental health and/or substance use challenges. They can tell you how they recovered. You can call AliveRVA at **1-833-473-3782** between 8 AM and 12 AM 7 days a week, 365 days a year. You can also call MHAV at **1-866-400-6428** Monday through Friday from 9 AM to 9 PM and Saturday and Sunday from 5 to 9 PM, 365 days a year.



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Aetna Better Health® of Virginia
9881 Mayland Drive
Richmond, VA 23233-1458



Understanding your pharmacy benefits

Getting the prescription drugs you need is an important part of your health care. We want to make it as convenient for you as possible.

Getting your prescriptions

If you need medicine, your provider will choose a drug from our list of formulary drugs.

- Your provider will write you a prescription. Ask your provider to make sure that the medicine is on our Formulary Drug List.
- Take your prescription to a pharmacy that's in our network.

- Show your Aetna Better Health member ID card at the pharmacy.

Finding a network pharmacy

Visit [AetnaBetterHealth.com/Virginia](https://www.aetna.com/betterhealth/virginia) and click the "Find a Provider/Pharmacy" link in the upper navigation on our home page to find a list of network pharmacies near you. If you don't have access to the internet or need help finding a pharmacy near you, call Member Services at **1-855-652-8249 (TTY: 711)**. Member Services is here for you 24 hours a day, 7 days

a week. Always remember to fill your prescriptions at a network pharmacy. Your prescriptions won't be covered at other pharmacies.

Formulary Drug List

To prevent extra costs, check to see if your medicine is on our preferred drug list. This is called our Formulary Drug List. You can visit [AetnaBetterHealth.com/Virginia/members/pharmacy-benefits/formulary](https://www.aetna.com/betterhealth/virginia/members/pharmacy-benefits/formulary) to view the list.

If your medicine is not on the formulary:

- Ask your provider for a similar drug that is on the list.
- Ask your provider to seek prior authorization (pre-approval) from Aetna Better Health to cover this medicine. Your provider knows how to do this.

Mail-order services

For certain kinds of drugs, you can use the plan's network mail-order services. Generally, the drugs available through mail-order are drugs that you take on a regular basis for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as mail-order drugs in our Formulary Drug List.

Our plan's mail-order service allows you to order up to a 90-day supply.

To get order forms and information about filling your prescriptions by mail, call Member Services or your Care Coordinator at **1-855-652-8249 (TTY: 711)**. You can also register online at **Caremark.com** with CVS Caremark.

Refills

Your medicine bottle label says how many refills you can have. If your provider hasn't ordered refills and you think you need one, you must call him or her at least five days before your medicine runs out. When you call, ask your provider about getting a refill. He or she may want to see you first.

Important questions to ask your doctor

We want you to be as healthy as possible. It's important to tell your doctor about all of the medicines you are taking. To help you, here's a list of questions you should always ask your provider when he or she writes you a prescription:

- Why am I taking this medicine?
- What is it supposed to do for me?

- How should I take this medicine? When and how often? And for how many days?
- Will this medicine interact with another medicine I am taking?
- Are there any side effects or possible allergic reactions to this medicine?
- What should I do if I have a side effect or allergic reaction?
- What will happen if I don't take this medicine?

Carefully read the drug information given with your medicine. It will tell you what you should and shouldn't do while taking the medicine. If you still have questions after you get your medicine, ask to speak with the pharmacist or call your provider.



Wondering which medications are covered and where your closest pharmacy is? Visit **AetnaBetterHealth.com/Virginia** for our updated formulary, pharmacy locations, and latest member handbook. For a printed copy of anything on our website, call Member Services at **1-855-652-8249 (TTY: 711)**.

Join our Member Advisory Committee today!

The Aetna Better Health Member Advisory Committee (MAC) wants you. MAC gives you a chance to provide feedback on your experiences. Your voice impacts our choices about your health care. The MAC is made up of our members, parents, caregivers, and community partners. For more information, visit our website. Go to **AetnaBetterHealth.com/Virginia** and select "For Members." Then select "Join Our Member Advisory Committee" on the left-hand drop-down.

Interested in joining? Submit the form online on our website mentioned above. We will reach out to you when we get your information. We look forward to hearing from you!

Your new (and improved) mental health benefits

Your mental health is important — just as important as being able to get the care you need, when you need it, where you need it. That’s why we’re excited to tell you about your new (and improved) mental health benefits.

Services you can get starting July 1, 2021

	For adults	For adolescents	For children
Assertive Community Treatment*	X		
Mental Health Partial Hospitalization Program	X	X	X
Mental Health Intensive Outpatient Program	X	X	X

*Assertive Community Treatment is for adults living with serious mental illnesses. If medically necessary, it can be for youth 18 and under as well.

Services you can get starting December 1, 2021

	For adults	For adolescents	For children
Multisystemic Therapy		X	X
Functional Family Therapy		X	X
Mobile Crisis	X	X	X
Community Stabilization	X	X	X
23-Hour Observation	X	X	X
Residential Crisis Stabilization	X	X	X

Additional information about your new, enhanced benefits

Assertive Community Treatment (ACT). ACT takes a person-centered approach to your care — and it’s done in the community where you live. ACT helps adults manage severe mental illness during recovery. Trained staff will work with you to create a plan for day-to-day life and build important life skills. They will help you manage your medicine. ACT services also help you

coordinate your next health care visits. That way you get the follow-up care you need, when you need it.

Mental Health Partial Hospitalization Program (MH-PHP). MH-PHP services are offered at least five days per week and four hours each day. It is a structured program done in a safe environment. It does not require an overnight

stay. Health care staff will work with you on how to handle a crisis and be safe. They will work with you on your symptoms to help prevent a future setback. They use a variety of approaches in caring for you.

Mental Health Intensive Outpatient Program (MH-IOP). MH-IOP takes place at least three days a week. It is a



structured program in an outpatient setting. It includes therapy and help with building life skills. Treatment for substance use, care coordination, and behavior change may also be part of the program. MH-IOP is more intense than traditional outpatient services. This can help support members so they stay out of the hospital.

Multisystemic Therapy (MST). MST works with the family, school, and community to aid at-risk youth. Its aim is to support those who need help with behavior, mood, or substance use. The service helps youth stay in the home and in school. It helps keep them out of trouble, the hospital, or other facilities. Positive behavior is modeled. Parents and guardians are empowered, as are youth, in this program.

Functional Family Therapy (FFT). FFT helps at-risk youth. Trained staff work with the family. This is done to address the behavioral or emotional needs of their child. The focus is on strengthening family connections and creating positive behaviors. Its aim is to keep children in the home and school and out of the hospital or justice system. A community partner may refer a child they see as at-risk. The program is short-term.

Mobile Crisis. A mobile crisis team comes to you during a crisis. They will help you work through the crisis and make sure you are safe. They assist with trauma and can connect you to helpful resources where you live. This can help you stay out of the hospital.

Community Stabilization. These services take place in the community. They only last a short time and are meant to stabilize someone after a mental health crisis.

23-Hour Observation. This is a walk-in program where you can go in to be evaluated when you notice a big change in how you feel. It's meant to help you before a crisis takes place. You can access this service 24 hours a day, 7 days a week. It takes place in a clinic-like setting where you can stay up to 23 hours.

Residential Crisis Stabilization. Trained staff will help you when you are experiencing a mental health or substance use crisis. The service takes place in your community at a residential crisis unit. It is meant to support you during this time and keep you out of the hospital. This service is offered 24 hours a day, 7 days a week for a short time.

Have a question? Our Member Services team can help. Call **1-855-652-8249 (TTY: 711)**. We're here for you 24 hours a day, 7 days a week. You can also ask to speak with your care manager about the new benefits available to you.



Our quality results for 2021

Aetna Better Health of Virginia works hard to make sure you get the best health care services. Each year we look at how well we are doing. We set goals for care and service. If we don't reach our goals, we make a plan to help us improve and reach our goals in the future.

The goals of our Quality Improvement program include the following objectives:

- To implement a Quality Improvement program that effectively promotes and builds quality into the daily operations and policies of the health plan
- To continually monitor and assess member needs, patient care, and services
- To ensure that members are receiving quality care at the right time

- To identify and analyze opportunities for improvement through actions and follow-up
- To encourage patient safety through seasonal member communications (for example, flu mailers)
- To ensure that Aetna Better Health meets or exceeds the highest standards of quality by maintaining compliance with local, state, and federal regulatory requirements and accreditation standards

Some ways that we measure quality at Aetna Better Health of Virginia

A tool called HEDIS® (Healthcare Effectiveness, Data, and Information Set) helps us measure if our members are getting good health care. Below are some of the HEDIS results from 2020.

Areas where we met our goals:

- Immunizations for Adolescents
- Medication Management for Asthma, COPD, and Heart Attack
- Statin Therapy for Patients with Diabetes or Heart Disease
- Antidepressant and Antipsychotic Medication Management
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
- Follow-Up Care for Children Prescribed ADHD Medication
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
- Appropriate Testing for Pharyngitis

Areas where we did not meet our goals:

- Well Care for Children and Adolescents

- Childhood Immunizations
- Childhood Weight, Nutrition, and Physical Activity Counseling
- Breast Cancer Screening for Women
- Diabetic Eye Exam
- Blood Pressure Control in People with Diabetes

We also conduct a member satisfaction survey each year. The survey is called CAHPS®. There is an adult survey and a child survey. The results from the survey help us:

- Get feedback from members
- Learn more about our members' needs
- Compare our service to other health care plans
- Find ways to improve

Below are some of the 2020 CAHPS survey results.


Areas where we met our goals:

- Rating of Health Care
- Rating of Specialist Doctor

Have questions about our Quality Management program? Visit our website at [AetnaBetterHealth.com/Virginia](https://www.aetna.com/betterhealth/virginia) or call us at **1-855-652-8249 (TTY: 711)**.

NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

 We will continue to work hard to make sure you get the best health care and service!



Important information for members, parents, and guardians

Each year we like to remind you to review some important information in your member handbook. This is the handbook we sent you when you joined Aetna Better Health of Virginia. It is updated every year. You may have also seen the information in your member newsletters or on our website.

This information helps you stay active and informed. It can help you when making health care choices for yourself or your child. This notice gives a quick overview of what you need to know. You can find more details in your member handbook or on our website. Just visit [AetnaBetterHealth.com/Virginia](https://www.aetna.com/betterhealth/virginia) to view it.

Didn't receive a member handbook? Call Member Services to request one. Call **1-855-652-8249 (TTY: 711)**.

They are available 24 hours a day, 7 days a week. You can also read it on our website. Go to [AetnaBetterHealth.com/Virginia](https://www.aetna.com/betterhealth/virginia) and select "For Members." Then select "CCC Plus." Now select "Handbook."

How to request materials in another language or format

You can request a printed copy of your member handbook in large print or in other languages. We can translate it into a language other than English. We can provide it in an alternate format too. Just call Member Services. We can also mail it to you. It's free.

You have rights and responsibilities

We strive to treat you with respect and dignity. We do not discriminate against members based on age, race,

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Important information for members, parents, and guardians

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sex, religion, national origin, or any other reason that's against the law. Our providers must also follow the same standards.

You have certain rights and responsibilities as well. Knowing them helps you get the covered services you need. You'll find your rights and responsibilities listed in your member handbook and on our website.

Go to **AetnaBetterHealth.com/Virginia** and select "For Members." Then choose "CCC Plus" and select "Rights & Responsibilities." If you have any questions or would like a copy of your rights and responsibilities, call Member Services. A copy can be mailed to you. It's free.

Benefits and copayments questions

You can find a list of covered and noncovered benefits and services in your member handbook and on our website. Your member handbook also discusses some costs that may be your responsibility.

Costs you may need to pay

As an Aetna Better Health of Virginia member, you are generally not responsible for

paying for covered health care services. There are some exceptions though. For example, if you receive a service and your provider tells you beforehand that it's not a covered benefit, you may be responsible for paying for it.

If you get a bill from your doctor for a covered health care service, call us at **1-855-652-8249 (TTY: 711)**.

How to get the care you need

Your primary care provider (PCP) is a central part of your health care. Your PCP should be the one you contact first for most health care issues.

The provider directory has a list of providers to pick from in your area. You can find your own provider by visiting our website. Go to **AetnaBetterHealth.com/Virginia** and select the provider directory tab under "For Members" to search for a provider. The online provider directory also gives a provider's professional credentials, like board certification.

For more information about our providers, you can visit our website or call Member Services. You can also visit **HealthGrades.com** for more information about providers. It lists things such as which medical school they attended and where they did their residency training.

Specialty care

Sometimes you or your child may need care from a specialist. Specialists treat special types of conditions, including behavioral health or substance use concerns. Your PCP can recommend a specialist or behavioral health care provider to you. You don't need a formal referral from your PCP as long as the specialist is in our provider network.

Let your PCP know if you visit a specialist, so he or she can support your care.

Self-referral

You can get some specialty services yourself that don't require your PCP's approval. We call this self-referral. Some examples are family planning services and behavioral health services. You must go to an Aetna Better Health of Virginia provider for your service to be covered, except for emergency services. Our members must receive family planning services from an Aetna Better Health of Virginia provider.

How to get after-hours care

Call your PCP for after-hours care, except in an emergency. If you or your child gets sick after the PCP's office is closed — even on weekends — call your PCP. An answering service will make sure the PCP gets your message. Your PCP will call you back to tell you what to do.

You can also get advice from a nurse after hours. It's available 24 hours a day, 7 days a week. Just call **1-855-652-8249 (TTY: 711)**. Ask to speak to a nurse.

Out-of-service care when you're away from home

Aetna Better Health of Virginia's service area is the Commonwealth of Virginia. If you're traveling or out of the service area, you're only covered for emergency services. Routine care out of the service area or out of the country isn't covered by Medicaid. If you're out of the service area and need health care services, call your PCP. She or he will tell you what to do. (You can also call us to check if you're out of the service area.)

If you're not in Virginia and you think you or your child's life is in danger, go to the closest emergency room (ER). Show your Aetna Better Health of Virginia ID card, your Medicaid ID card, and any other insurance ID cards you have to the ER staff. If you or your child get services in the ER and are admitted to the hospital, have staff call us at the number on the back of your ID card.

Out-of-network services

We have a large network of providers and services. If a provider you want to see is not in our network, your PCP must first get approval from us before you can see that provider. Except for an emergency, only your PCP can make this request. It's not something you

can do yourself. If approved, we will properly and timely cover these services. This is only for as long as you can't get the service in our network. If you have questions, please call us.

New technology for medical procedures

We're always looking at new medical procedures and methods to make sure our members get safe, up-to-date, high-quality medical care. We have a team of doctors who review new health care technologies. They decide if they should become covered services. (We don't cover investigational technologies, methods, and treatments still under research.)

To decide if a new technology will become a covered service, we will:

- Study the purpose of each technology
- Review medical literature
- Look at the effects and benefits a new technology could have
- Develop guidelines on how and when to use the technology

Grievances and appeals

We take member grievances and appeals very seriously.

We want you to be happy with services you or your child gets from us and our providers. If you're not happy, we want you to let us know. Filing a grievance or appeal will not affect your health care services or Medicaid eligibility. We want

to know what is wrong so we can make our services better.

We need to know what happened. Please give us as much information as you can. For example, include:

- The date the incident happened
- The names of the people involved
- Details about what happened
- Your or your child's name and member ID number

How to file a grievance. If you have a grievance, please contact us. If you want a Member Advocate, we'll help. You can file a grievance by:

- Calling Member Services
- Asking and giving permission for your provider to file a grievance for you
- Writing to us at:
Aetna Better Health of Virginia
PO Box 81139
5801 Postal Road
Cleveland, OH 44181

How to file an appeal. We must approve many services ahead of time in order to pay for them. If we decide not to pay for a service, we'll write to you and tell you why. We'll send you a Notice of Action letter if we:

- Decide not to approve a request for a service
- Approve only part of a request for a service

The Notice of Action letter will tell you the reasons. If you don't agree with it, you can file an appeal. You can file your appeal by phone with Member Services

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or in writing. You can send the appeal as a standard appeal or an expedited (fast) appeal

request. However, **you must follow up with a written request if it is not an expedited appeal, and you must submit your appeal within 60 days.**

You can write to us at:
Aetna Better Health of Virginia
PO Box 81139
5801 Postal Road
Cleveland, OH 44181

Please also make sure you write "Aetna Better Health of Virginia" on the envelope at the time of submission. For more information, please call Member Services. Their phone number is **1-855-652-8249 (TTY: 711)**.

Coverage during transition or when your benefits are exhausted

Frequently asked questions

I am new to Aetna Better Health of Virginia. Can I keep my appointments if I have already scheduled them?

You can keep previously authorized and scheduled doctor's appointments and prescriptions for the first 30 days.

What if my doctor is not in Aetna Better Health's network?

You may be asked to select a new provider that is in Aetna Better Health's provider network.

Can I file an appeal if I disagree with your decision?

If you believe we have not replaced your previous doctor with a qualified doctor or that your care is not being managed correctly, you have the right to file an appeal of our decision.

What if my doctor leaves Aetna Better Health's network?

We will send you a letter within 15 days or within 30 days of the termination date. This is so you have time to choose another doctor. If this happens, you can continue to see your doctor for up to 90 days after getting this letter. This is if you have been receiving ongoing follow-up care from your doctor during the previous year for certain conditions. We will let you know within two days of your request if your situation qualifies as "ongoing treatment."

What if I am getting pregnancy care from a doctor who leaves Aetna Better Health's network?

If you are in your second or third trimester, you can continue to see that doctor. You can see your doctor until you finish getting postpartum care. If you transition to CCC Plus from Medallion during your pregnancy, and your provider does not participate with any of the CCC Plus health plans,

you may request to receive coverage through fee-for-service Medicaid until after the delivery of your baby.

What if my benefits have been exhausted for certain limited treatments, like physical therapy?

We may require prior authorization before you can continue to receive these services.

What if I need coverage for nursing facility care?

If you have Medicare, Aetna Better Health will provide coverage for nursing facility care after you exhaust your Medicare covered days in the nursing facility. This is known as skilled nursing care.

Call Member Services if you have questions about what may or may not be covered in these situations. Their number is **1-855-652-8249 (TTY: 711)**.

Non-discrimination notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Aetna:

- Provides free aids 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, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need a qualified interpreter, written information in other formats, translation, or other services, call the number on your ID card or **1-800-385-4104**.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

Telephone: **1-888-234-7358**,
TTY: 711


Email:
**MedicaidCRCoordinator@
aetna.com**

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator 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 Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, **1-800-368-1019**, **1-800-537-7697 (TDD)**.

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

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates.

Contact us  Aetna Better Health® of Virginia
9881 Mayland Drive
Richmond, VA 23233-1458

1-855-652-8249 (TTY: 711)
AetnaBetterHealth.com/Virginia

This newsletter is published as a community service for the friends and members of Aetna Better Health® of Virginia. This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs. Models may be used in photos and illustrations.

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AetnaBetterHealth.com/Virginia

Multi-language interpreter services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104** (TTY: **711**).

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104** (TTY: **711**).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY: **711**) 번으로 연락해 주십시오.

VIETNAMESE: CHÚ Ý: nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi số có ở mặt sau thẻ id của bạn hoặc **1-800-385-4104** (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。請致電您的 ID 卡背面的電話號碼或 **1-800-385-4104** (TTY: **711**)。

ARABIC: ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-800-385-4104** (للصم والبكم: **711**).

TAGALOG: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **1-800-385-4104** (TTY: **711**).

PERSIAN: اگر به زبان فارسی صحبت می کنید، به صورت رایگان می توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره درج شده در پشت کارت شناسایی یا با شماره **1-800-385-4104** (TTY: **711**) تماس بگیرید.

AMHARIC: ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ ያለ ምንም ክፍያ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይችላሉ። በአርስቦ አይ.ዲ ካርድ ጀርባ ወዳለው ስልክ ቁጥር ወይም በስልክ ቁጥር **1-800-385-4104** (TTY: **711**) ይደውሉ።

URDU: توجہ دیں: اگر آپ اردو زبان بولتے ہیں، تو زبان سے متعلق مدد کی خدمات آپ کے لئے مفت دستیاب ہیں - اپنے شناختی کارڈ کے پیچھے موجود نمبر پر یا **1-800-385-4104** (TTY: **711**) پر رابطہ کریں۔

FRENCH: ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d'identité ou le **1-800-385-4104** (ATS : **711**).

RUSSIAN: ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки, или по номеру **1-800-385-4104** (TTY: **711**).

HINDI: ध्यान दें: यदि आप हिंदी भाषा बोलते हैं तो आपके लिए भाषा सहायता सेवाएं निः शुल्क उपलब्ध हैं। अपने आईडी कार्ड के पृष्ठ भाग में दिए गए नम्बर अथवा **1-800-385-4104** (TTY: **711**) पर कॉल करें।

GERMAN: ACHTUNG: Wenn Sie deutschen sprechen, können Sie unseren kostenlosen Sprachservice nutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104** (TTY: **711**) an.

BENGALI: লক্ষ্য করুন: যদি আপনি বাংলায় কথা বলেন, তাহলে নিঃ খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। আপনার পরিচয়পত্রের উল্টোদিকে থাকা নম্বরে অথবা **1-800-385-4104** (TTY: **711**) নম্বরে ফোন করুন।

KRU: TÛ DE NÂ JIÉ BÒ: ε yemâ wlu bèè ñ a po Klào Win, néc â-á win kwa cetiyɔ+ ne-là, i belé-ò bi má-ò mù bò kò putu bò. Dá nɔbâ né ê nea-ò ñ-á jì è jìpolê katèh je ná kpòh, mòò **1-800-385-4104** (TTY: **711**).

IGBO (IBO): NRỤBAMA: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ nomba di n'azụ nke kaadi ID gi ma ọ bụ **1-800-385-4104** (TTY: **711**).

YORUBA: ÀKÍYÈSÍ: Tí o bá sọ èdè Yorùbá, àwọn olùrànlọwọ̀ ipèsè èdè ti wá ní lẹ̀ fún ọ̀ lófẹ̀ẹ̀, pe nọ́nbà tí ó wà lẹ̀yìn káàdì ìdánimọ̀ rẹ̀ tàbí **1-800-385-4104** (TTY: **711**).