

# Principal Benefits for Kaiser Permanente Deductible HMO Plan (7/1/23—6/30/24)

## Accumulation Period

The Accumulation Period for this plan is January 1 through December 31.

## Out-of-Pocket Maximums and Deductibles

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

For Services that are subject to the Plan Deductible or the Drug Deductible, you must pay Charges for covered Services you receive during the Accumulation Period until you reach the deductible amounts listed below. All payments you make toward your deductibles apply to the Plan Out-of-Pocket Maximum amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$3,000	\$3,000	\$6,000
Plan Deductible	\$500	\$500	\$1,000
Drug Deductible	\$100	\$100	Not applicable

## Plan Provider Office Visits

	You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits .....	\$20 per visit (Plan Deductible doesn't apply)
Most Physician Specialist Visits .....	\$20 per visit (Plan Deductible doesn't apply)
Routine physical maintenance exams, including well-woman exams ....	No charge (Plan Deductible doesn't apply)
Well-child preventive exams (through age 23 months) .....	No charge (Plan Deductible doesn't apply)
Scheduled prenatal care exams .....	No charge (Plan Deductible doesn't apply)
Routine eye exams with a Plan Optometrist.....	No charge (Plan Deductible doesn't apply)
Urgent care consultations, evaluations, and treatment .....	\$20 per visit (Plan Deductible doesn't apply)
Most physical, occupational, and speech therapy .....	\$20 per visit after Plan Deductible

## Telehealth Visits

	You Pay
Primary Care Visits and Non-Physician Specialist Visits by interactive video .....	No charge (Plan Deductible doesn't apply)
Physician Specialist Visits by interactive video .....	No charge (Plan Deductible doesn't apply)
Primary Care Visits and Non-Physician Specialist Visits by telephone..	No charge (Plan Deductible doesn't apply)
Physician Specialist Visits by telephone.....	No charge (Plan Deductible doesn't apply)

## Outpatient Services

	You Pay
Outpatient surgery and certain other outpatient procedures .....	20% Coinsurance after Plan Deductible
Most immunizations (including the vaccine) .....	No charge (Plan Deductible doesn't apply)
Most X-rays and laboratory tests .....	\$10 per encounter after Plan Deductible
Preventive X-rays, screenings, and laboratory tests as described in the EOC.....	No charge (Plan Deductible doesn't apply)
MRI, most CT, and PET scans .....	20% Coinsurance up to a maximum of \$50 per procedure after Plan Deductible

## Hospitalization Services

	You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs.....	20% Coinsurance after Plan Deductible

## Emergency Health Coverage

	You Pay
Emergency Department visits.....	20% Coinsurance after Plan Deductible

Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)

## Ambulance Services

	You Pay
Ambulance Services .....	\$150 per trip after Plan Deductible

## Prescription Drug Coverage

	You Pay
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items (Tier 1) at a Plan Pharmacy .....	\$10 for up to a 30-day supply (Drug Deductible doesn't apply)
Most generic (Tier 1) refills through our mail-order service .....	\$20 for up to a 100-day supply (Drug Deductible doesn't apply)

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**Prescription Drug Coverage****You Pay**

Most brand-name items (Tier 2) at a Plan Pharmacy .....	\$30 for up to a 30-day supply after Drug Deductible
Most brand-name (Tier 2) refills through our mail-order service .....	\$60 for up to a 100-day supply after Drug Deductible
Most specialty items (Tier 4) at a Plan Pharmacy .....	\$30 for up to a 30-day supply after Drug Deductible

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**Durable Medical Equipment (DME)****You Pay**

DME items as described in the <i>EOC</i> .....	20% Coinsurance (Plan Deductible doesn't apply)
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**Mental Health Services****You Pay**

Inpatient psychiatric hospitalization .....	20% Coinsurance after Plan Deductible
Individual outpatient mental health evaluation and treatment .....	\$20 per visit (Plan Deductible doesn't apply)
Group outpatient mental health treatment .....	\$10 per visit (Plan Deductible doesn't apply)

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**Substance Use Disorder Treatment****You Pay**

Inpatient detoxification .....	20% Coinsurance after Plan Deductible
Individual outpatient substance use disorder evaluation and treatment .....	\$20 per visit (Plan Deductible doesn't apply)
Group outpatient substance use disorder treatment .....	\$5 per visit (Plan Deductible doesn't apply)

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**Home Health Services****You Pay**

Home health care (up to 100 visits per Accumulation Period) .....	No charge (Plan Deductible doesn't apply)
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**Other****You Pay**

Skilled nursing facility care (up to 100 days per benefit period) .....	20% Coinsurance after Plan Deductible
Prosthetic and orthotic devices as described in the <i>EOC</i> .....	No charge (Plan Deductible doesn't apply)
Diagnosis and treatment of infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the <i>EOC</i> .....	50% Coinsurance (Plan Deductible doesn't apply)
Assisted reproductive technology ("ART") Services .....	Not covered
Hospice care .....	No charge (Plan Deductible doesn't apply)

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This proposal is a summary and does not include all benefits, member cost share, out-of-pocket maximums, exclusions, or limitations. For a complete description, please refer to the *Evidence of Coverage*.

# Your Kaiser Permanente **CHIROPRACTIC** benefits

## When you need chiropractic care, follow these simple steps:

1. Find an ASH Participating Provider near you:
  - Go to [ashlink.com/ash/kp](https://ashlink.com/ash/kp), or
  - Call **1-800-678-9133** (TTY **711**), Monday through Friday, from 5 a.m. to 6 p.m. Pacific time
2. Schedule an appointment.
3. Pay for your office visit when you arrive for your appointment.

(See the reverse for more details.)

# YOUR KAISER PERMANENTE CHIROPRACTIC BENEFIT

Office Visits	Cost Sharing and Visit Limits
<p>Covered Services are limited to Medically Necessary Chiropractic Services authorized and provided by ASH Participating Providers except for the initial examination, Emergency Chiropractic Services, Urgent Chiropractic Services, and Services that are not available from ASH Participating Providers or other licensed providers with which ASH contracts to provide covered care. You can obtain an initial examination from any ASH Participating Provider without a referral from a Kaiser Permanente Plan Physician. Each office visit counts toward any visit limit, if applicable.</p>	<p><b>Office visit cost share:</b> \$10 copayment per visit (if your <i>Amendment</i> is paired with an HDHP HMO evidence of coverage, this cost share is subject to the Plan Deductible described in your <i>EOC</i>)</p> <p><b>Office visit limit:</b> 30 visits per year</p> <p><b>Chiropractic supports and appliances:</b> If the amount of the appliance in the ASH Plans fee schedule exceeds \$50, you will pay the amount in excess of \$50. Covered chiropractic appliances are limited to: elbow supports, back supports, cervical collars, cervical pillows, heel lifts, hot or cold packs, lumbar braces and supports, lumbar cushions, orthotics, wrist supports, rib belts, home traction units, ankle braces, knee braces, rib supports, and wrist braces.</p>

**X-rays and laboratory tests:** Medically Necessary X-rays and laboratory tests are covered at no charge when prescribed as part of covered chiropractic care and an ASH Participating Provider provides the Services or refers you to another licensed provider with which ASH contracts for the Services. If your *Amendment* is paired with an HDHP HMO evidence of coverage, this cost share is subject to the Plan Deductible described in your *EOC*.

## ASH Participating Providers

ASH Plans contracts with ASH Participating Providers and other licensed providers to provide covered Chiropractic Services. You must receive these services from an ASH Participating Provider or another licensed provider with which ASH contracts, except for Emergency Chiropractic Services, Urgent Chiropractic Services, and Services that are not available from contracted providers that are authorized in advance by ASH Plans. The list of ASH Participating Providers is available on the ASH Plans website at [ashlink.com/ash/kaisercamedicare](http://ashlink.com/ash/kaisercamedicare) for Kaiser Permanente Senior Advantage members, or [ashlink.com/ash/kp](http://ashlink.com/ash/kp) for all other members, or from the ASH Plans Customer Service Department toll free at **1-800-678-9133 (TTY 711)**. The list of ASH Participating Providers is subject to change at any time without notice.

## How to obtain services

To obtain covered Services, call an ASH Participating Provider to schedule an initial examination. If additional Services are required, verification that the Services are Medically Necessary may be required. Your ASH Participating Provider will request any medical necessity determinations. An ASH Plans clinician in the same or similar specialty as the provider of Services under review will decide whether the Services are or were Medically Necessary. ASH Plans will disclose to you, upon request, the written criteria it uses to make the decision to authorize, modify, delay, or deny a request for authorization. If you have questions or concerns, please contact the ASH Plans Customer Service Department.

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**Second Opinions**

You may request a second opinion in regard to covered Services by contacting another ASH Participating Provider. An ASH Participating Provider may also request a second opinion in regard to covered Services by referring you to another ASH Participating Provider in the same or similar specialty.

**Your costs**

When you receive covered Chiropractic Services, you must pay the cost share described below. The cost share does not apply toward the Plan Deductible or Plan Out-of-Pocket Maximum described in your Health Plan *Evidence of Coverage* (“*EOC*”), unless your *Chiropractic Services Amendment* (“*Amendment*”) is amending an HSA-Qualified High Deductible Health Plan (HDHP) HMO plan evidence of coverage. If your *Amendment* is paired with an HDHP HMO evidence of coverage, the cost share you pay for covered Services is subject to the Plan Deductible and Plan Out-of-Pocket Maximum described in your *EOC*.

**Emergency and Urgent Chiropractic Services**

We cover Emergency Chiropractic Services and Urgent Chiropractic Services provided by both ASH Participating Providers and Non-Participating Providers. We do not cover follow-up or continuing care from a Non-Participating Provider unless ASH Plans has authorized the services in advance. Also, we do not cover services from a Non-Participating Provider that ASH Plans determines are not Emergency Chiropractic Services or Urgent Chiropractic Services.

**Getting Assistance**

If you have a question or concern regarding the Services you received from an ASH Participating Provider or another licensed provider with which ASH Plans contracts, you may call the ASH Plans Customer Service Department toll free at **1-800-678-9133 (TTY 711)**, weekdays from 5 a.m. to 6 p.m. Pacific time.

**Grievances**

You can file a grievance with Kaiser Permanente regarding any issue. Your grievance must explain your issue, such as the reasons why you believe a decision was in error or why you are dissatisfied with Services you received. You may submit your grievance orally or in writing to Kaiser Permanente as described in your Health Plan *EOC*.

**Exclusions**

- Services provided by a chiropractor that are not within the scope of licensure for a chiropractor licensed in California
  - Adjunctive therapy not associated with spinal, muscle, or joint manipulations
  - Air conditioners, air purifiers, therapeutic mattresses, chiropractic appliances, durable medical equipment, supplies, devices, appliances, and any other item except those listed as covered in your *Amendment*
  - Services for asthma or addiction, such as nicotine addiction
  - Hypnotherapy, behavior training, sleep therapy, and weight programs
  - Thermography
  - Experimental or investigational Services
  - CT scans, MRIs, PET scans, bone scans, nuclear medicine, and any other type of diagnostic imaging or radiology other than X-rays covered under the “Covered Services” section of your *Amendment*
  - Ambulance and other transportation
  - Education programs, non-medical self-care or self-help, any self-help physical exercise training, and any related diagnostic testing
  - Services for pre-employment physicals or vocational rehabilitation
  - Drugs and medicines, including non-legend or proprietary drugs and medicines
  - Services you receive outside the state of California except for Emergency Chiropractic Services and Urgent Chiropractic Services
  - Hospital services, anesthesia, manipulation under anesthesia, and related services
  - Dietary and nutritional supplements, such as vitamins, minerals, herbs, herbal products, injectable supplements, and similar products
  - Massage therapy
  - Maintenance care (services provided to members whose treatment records indicate that they have reached maximum therapeutic benefit)
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## Definitions

**ASH Participating Provider:** A chiropractor who is licensed to provide chiropractic services in California and who has a contract with ASH Plans to provide Medically Necessary Chiropractic Services to you.

**ASH Plans:** American Specialty Health Plans of California, Inc., a California corporation.

**Chiropractic Services:** Chiropractic services include spinal and extremity manipulation and adjunctive therapies such as ultrasound, therapeutic exercise, or electrical muscle stimulation, when provided during the same course of treatment and in conjunction with chiropractic manipulative services, and other services provided or prescribed by a chiropractor (including laboratory tests, X-rays, and chiropractic supports and appliances) for the treatment of your Musculoskeletal and Related Disorder.

**Emergency Chiropractic Services:** Covered Chiropractic Services provided for the treatment of a Musculoskeletal and Related Disorder which manifests itself by acute symptoms of sufficient severity (including severe pain) such that you could expect the absence of immediate Chiropractic Services to result in serious jeopardy to your health or body functions or organs.

**Medically Necessary:** A Service is Medically Necessary if it is medically appropriate and required to prevent, diagnose, or treat your condition or clinical symptoms in accord with generally accepted professional standards of practice that are consistent with a standard of care in the medical community.

**Musculoskeletal and Related Disorders:** Conditions with signs and symptoms related to the nervous, muscular, and/or skeletal systems. Musculoskeletal and Related Disorders are conditions typically categorized as structural, degenerative, or inflammatory disorders; or biomechanical dysfunction of the joints of the body and/or related components of the muscle or skeletal systems (muscles, tendons, fascia, nerves, ligaments/capsules, discs, and synovial structures), and related manifestations or conditions.

**Non-Participating Provider:** A provider other than an ASH Participating Provider.

**Services:** Health care services or items.

**Urgent Chiropractic Services:** Chiropractic Services that meet all of the following requirements:

- They are necessary to prevent serious deterioration of your health, resulting from an unforeseen illness, injury, or complication of an existing condition, including pregnancy.
- They cannot be delayed until you return to the Service Area.

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This is a summary and is intended to highlight only the most frequently asked questions about the chiropractic benefit, including cost share. Please refer to the *Amendment* for a detailed description of the chiropractic coverage.

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# Language Assistance Services

**English:** Language assistance is available at no cost to you, 24 hours a day, 7 days a week. You can request interpreter services, materials translated into your language, or in alternative formats. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

**Arabic:** خدمات الترجمة الفورية متوفرة لك مجاناً على مدار الساعة كافة أيام الأسبوع. بإمكانك طلب خدمة الترجمة الفورية أو ترجمة وثائق للغتك أو لصيغ أخرى. ما عليك سوى الاتصال بنا على الرقم **1-800-464-4000** على مدار الساعة كافة أيام الأسبوع (مغلق أيام العطلات). لمستخدمي خدمة الهاتف النصي يرجى الاتصال على الرقم (711).

**Armenian:** Ձեզ կարող է անվճար օգնություն տրամադրվել լեզվի հարցում՝ օրը 24 ժամ, շաբաթը 7 օր: Դուք կարող եք պահանջել բանավոր թարգմանչի ծառայություններ, Ձեր լեզվով թարգմանված կամ այլընտրանքային ձևաչափով պատրաստված նյութեր: Պարզապես զանգահարեք մեզ՝ **1-800-464-4000** հեռախոսահամարով՝ օրը 24 ժամ՝ շաբաթը 7 օր (տոն օրերին փակ է): TTY-ից օգտվողները պետք է զանգահարեն **711**:

**Chinese:** 您每週 7 天，每天 24 小時均可獲得免費語言協助。您可以申請口譯服務、要求將資料翻譯成您所用語言或轉換為其他格式。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

**Farsi:** خدمات زبانی در 24 ساعت شبانه روز و 7 روز هفته بدون اخذ هزینه در اختیار شما است. شما می توانید برای خدمات مترجم شفاهی، ترجمه جزوات به زبان شما و یا به صورتهای دیگر درخواست کنید. کفایت در 24 ساعت شبانه روز و 7 روز هفته (به استثنای روزهای تعطیل) با ما به شماره **1-800-464-4000** تماس بگیرید. کاربران TTY با شماره **711** تماس بگیرند.

**Hindi:** बिना किसी लागत के दुभाषिया सेवाएँ, दिन के 24 घंटे, सप्ताह के सातों दिन उपलब्ध हैं। आप एक दुभाषिये की सेवाओं के लिए, बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए, या वैकल्पिक प्रारूपों के लिए अनुरोध कर सकते हैं। बस केवल हमें **1-800-464-4000** पर, दिन के 24 घंटे, सप्ताह के सातों दिन (छुट्टियों वाले दिन बंद रहता है) कॉल करें। TTY उपयोगकर्ता **711** पर कॉल करें।

**Hmong:** Muajkwc pab txhais lus pub dawb rau koj, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg. Koj thov tau cov kev pab txhais lus, muab cov ntaub ntauv txhais ua koj hom lus, los yog ua lwm hom. Tsuas hu rau **1-800-464-4000**, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg (cov hnuv caiv kaw). Cov neeg siv TTY hu **711**.

**Japanese:** 当院では、言語支援を無料で、年中無休、終日ご利用いただけます。通訳サービス、日本語に翻訳された資料、あるいは資料を別の書式でも依頼できます。お気軽に **1-800-464-4000** までお電話ください（祭日を除き年中無休）。TTY ユーザーは **711** にお電話ください。

**Khmer:** ជំនួយភាសា គឺមានឥតអស់ថ្លៃដល់អ្នកឡើយ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែសំភារៈដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទម្រង់ផ្សេងទៀត។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ហៅលេខ **711**។

**Korean:** 요일 및 시간에 관계없이 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하는 통역 서비스, 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 편으로 전화하십시오 (공휴일 휴무). TTY 사용자 번호 **711**.

**Laotian:** ການຊ່ວຍເຫຼືອດ້ານພາສາມີໃຫ້ໂດຍບໍ່ເສັງຄ່າ ແກ່ທ່ານ, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ. ທ່ານສາມາດຮ້ອງຂໍຮັບບໍລິການນາຍພາສາ, ໃຫ້ແປເອກອໍສານເປັນພາສາຂອງທ່ານ, ຫຼື ໃນຮູບແບບອື່ນ. ພຽງແຕ່ໂທອາທິດເຮົາທີ່ **1-800-464-4000**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ (ປິດວັນພັກຕ່າງໆ). ຜູ້ໃຊ້ສາຍ TTY ໂທ **711**.

**Navajo:** Saad bee áká'a'ayeed náhóló t'áá jiiik'é, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáajj damoo ná'ádleejji. Atah halne'é áká'adoolwołígíí jókí, t'áadoo le'é t'áá hóhazaadji hadilyaa'go, éi doodaii' nááná lá a'aa'ádaat'ehígíí bee hádadilyaa'go. Kojí hodiilnih **1-800-464-4000**, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáajj damoo ná'ádleejji (Dahodiyin biniiyé e'e'aahgo éi da'deelkaal). TTY chodeeyoolnigíí kojí hodiilnih **711**.

**Punjabi:** ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਮਦਦ ਲਈ, ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਲਈ, ਜਾਂ ਕਿਸੇ ਵੱਖ ਫਾਰਮੈਟ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਬਸ ਸਿਰਫ ਸਾਨੂੰ **1-800-464-4000** ਤੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ (ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ) ਫੋਨ ਕਰੋ। TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** 'ਤੇ ਫੋਨ ਕਰਨ।

**Russian:** Мы бесплатно обеспечиваем Вас услугами перевода 24 часа в сутки, 7 дней в неделю. Вы можете воспользоваться помощью устного переводчика, запросить перевод материалов на свой язык или запросить их в одном из альтернативных форматов. Просто позвоните нам по телефону **1-800-464-4000**, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи линии TTY могут звонить по номеру **711**.

**Spanish:** Contamos con asistencia de idiomas sin costo alguno para usted 24 horas al día, 7 días a la semana. Puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o en formatos alternativos. Solo llame al **1-800-788-0616**, 24 horas al día, 7 días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al **711**.

**Tagalog:** May magagamit na tulong sa wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo. Maaari kang humingi ng mga serbisyo ng tagasalin sa wika, mga babasahin na isinalin sa iyong wika o sa mga alternatibong format. Tawagan lamang kami sa **1-800-464-4000**, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa **711**.

**Thai:** เรามีบริการล่ามฟรีสำหรับคุณตลอด 24 ชั่วโมงทุกวันตลอด 24 ชั่วโมงทำการของเราคุณสามารถขอให้ล่ามช่วยตอบคำถามของคุณที่เกี่ยวข้องกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีค่าบริการเพียงโทรหาเราที่หมายเลข **1-800-464-4000** ตลอด 24 ชั่วโมงทุกวัน (ปิดให้บริการในวันหยุดราชการ) ผู้ใช้ TTY โปรดโทรไปที่ **711**

**Vietnamese:** Dịch vụ thông dịch được cung cấp miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần. Quý vị có thể yêu cầu dịch vụ thông dịch, tài liệu phiên dịch ra ngôn ngữ của quý vị hoặc tài liệu bằng nhiều hình thức khác. Quý vị chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi **711**.