

# FlexWork “Basic” Limited Medical MEC Plan<sup>1</sup>

If you don't have costly, ongoing medical conditions and you're looking for a less comprehensive medical plan with no deductibles and no coinsurance, the FlexWork “Basic” Limited Medical Plan may work well for you. This Minimum Essential Coverage plan covers a number of Essential Health Benefits as noted below.

- Essential Health Benefits coverage includes: zero-dollar copays for health care reform preventive services and medications; primary care physician (PCP) visits, specialist visits and urgent care visits
- No annual or lifetime dollar limits
- Guaranteed issue – no pre-existing condition exclusions or limitations
- COBRA continuation coverage available
- First-dollar coverage, meaning benefits are effective immediately with no deductibles
- In-network coverage via the nationwide UnitedHealthcare Choice network
- Benefits are subject to annual visit limits (see Benefits Summary table); you pay a fixed copayment for each covered service and the plan pays the rest
- Prescription drug coverage – see benefits summary

General description		
Policy type	Group health insurance policy	
Coverage type	Meets Affordable Care Act (ACA) definition of Minimum Essential Coverage	
Deductibles	None	
Coinsurance	None	
Out-of-network benefits	In-network only unless otherwise required by the 2021 Consolidated Appropriations Act (CAA) No Surprises Act	
Annual out-of-pocket max	Network providers: \$9,100 individual/\$18,200 family	
Hospital services	Not covered	
Non-hospital services	Pre-set number of annual visits. Members pay a per-visit copayment and plan pays the rest.	
High-level benefits summary		
Benefit category	Plan year annual limits	Copayment
Health care reform preventive services and drugs	No visit limits, no script limits	\$0 copayment
HealthiestYou™ virtual	No visit limits	\$0 copayment
Physician office visits	4 combined per year	PCP visit: \$25 copayment; Specialist visit: \$50 copayment
Chiropractor/acupuncture	Not covered	
Minor diagnostic labs and imaging (lab, X-ray, etc.)	Not covered	
Major diagnostic labs and imaging (PET, CT, MRI)	Not covered	
Urgent care	2 visits per year	\$150 copayment
Outpatient surgery	Not covered	
Emergency room	Not covered	
Hospital services	Not covered	
FlexWork Limited Pharmacy Benefit	Not covered	
COVID-19 test kits and vaccines	8 OTC at-home test kits per member/month reimbursed at retail cost. \$0 copayment after member files claim. Members can access the test kit reimbursement form on <a href="https://flexwork.uhc.com">flexwork.uhc.com</a> and submit receipts on <a href="https://myuhc.com">myuhc.com</a> ® or to the address on the ID card.	
Employee assistance/mental health	Members can access related services via the HealthiestYou virtual benefit, the physician office visit benefit or the Employee Assistance Program (EAP) support line	

# FlexWork “Enhanced” Limited Medical MEC Plan<sup>1</sup>

If you don’t have costly, ongoing medical conditions and you’re looking for a less comprehensive medical plan with no deductibles and no coinsurance, the FlexWork “Enhanced” Limited Medical Plan may work well for you. This Minimum Essential Coverage plan covers a number of Essential Health Benefits as noted below.

- Essential Health Benefits coverage includes: zero-dollar copays for health care reform preventive services and medications; primary care physician (PCP), specialist and urgent care visits; laboratory and imaging tests; emergency room; outpatient surgery; inpatient hospitalizations
- Chiropractor and acupuncture visits also included
- No annual or lifetime dollar limits
- Guaranteed issue – no pre-existing condition exclusions or limitations
- COBRA continuation coverage available
- First-dollar coverage, meaning benefits are effective immediately with no deductibles
- In-network coverage via the nationwide UnitedHealthcare Choice network
- Outpatient benefits are subject to annual visit limits (see Benefits Summary table); you pay a fixed copayment for each covered service and the plan pays the rest
- There are no annual limits on the number of inpatient hospital admissions. Benefits are capped at \$10,000 per admission after you pay a \$2,500 copay.
- Prescription drug coverage – see benefits summary

General description		
Policy type	Group health insurance policy	
Coverage type	Meets Affordable Care Act (ACA) definition of Minimum Essential Coverage	
Deductibles	None <sup>2</sup>	
Coinsurance	None	
Out-of-network benefits	In-network only unless otherwise required by the 2021 Consolidated Appropriations Act (CAA) No Surprises Act	
Annual out-of-pocket max	Network providers: \$9,100 individual/\$18,200 family	
Hospital services	No limit on annual admissions. Per-admission copayment applies. Maximum dollar benefit per admission applies. Members pay any amounts greater than the per-admission maximum benefit. Network discounts apply to entire bill.	
Non-hospital services	Pre-set number of annual visits. Members pay a per-visit copayment and plan pays the rest.	
High-level benefits summary		
Benefit category	Plan year annual limits	Copayment
Health care reform preventive services and drugs	No visit limits, no script limits	\$0 copayment
HealthiestYou™ virtual	No visit limits	\$0 copayment
Physician office visits	6 combined per year	PCP visit: \$25 copayment; Specialist visit: \$50 copayment
Chiropractor/acupuncture	15 combined per year	Chiropractor and Acupuncture visits: \$15 copayment
Minor diagnostic labs and imaging (lab, X-ray, etc.)	2 dates of service	Office visit: \$50 copayment; Outpatient visit: \$150 copayment
Major diagnostic labs and imaging (PET, CT, MRI)	2 dates of service	Office visit: \$50 copayment; Outpatient visit: \$150 copayment
Pregnancy termination (non-elective)	Surgical procedures are covered under the OP Surgery benefit. Drugs (i.e., mifepristone) are covered under the Pharmacy benefit. Travel and lodging coverage also included.	
Urgent care	4 visits per year	\$100 copayment
Outpatient surgery	1 visit per year	Freestanding center: \$500 copayment; Hospital OP facility: \$1,000 copayment
Emergency room	2 visits	\$500 copayment
Hospital services	No annual visit limits; \$10,000 maximum benefit per admission	\$2,500 copayment per admission
FlexWork Limited Pharmacy Benefit	No script limits; includes Optum Perks Pharmacy Discount Card	Tier 1, \$15 copayment; Tier 2, \$30 copayment; Tiers 3 and 4, 50% coinsurance
COVID-19 test kits and vaccines	8 OTC at-home test kits per member/month reimbursed at retail cost. \$0 copayment after member files claim. Members can access the test kit reimbursement form on <a href="https://flexwork.uhc.com">flexwork.uhc.com</a> and submit receipts on <a href="https://myuhc.com">myuhc.com</a> ® or to the address on the ID card.	
Employee assistance/mental health	Members can access related services via the HealthiestYou virtual benefit, the physician office visit benefit or the Employee Assistance Program (EAP) support line. Related inpatient diagnoses are also covered.	

# FlexWork Enhanced Hospital Indemnity Protection Plan (“E-HIPP”)<sup>1</sup>

An indemnity supplement to your FlexWork Limited Medical Plan that provides you with fixed cash benefits with no annual deductible or coinsurance.

- First-dollar coverage, meaning benefits are effective immediately with no deductibles
  - No annual or lifetime dollar limits
  - Guaranteed issue with no pre-existing condition exclusions or limitations
  - Pays fixed cash benefits for a certain number of days per year
  - Covers a variety of medical services such as hospital admissions and confinement, intensive care unit (ICU), office visits, diagnostic tests and more
  - You can spend your cash benefit any way you choose such as offsetting your medical plan copays or paying household expenses
- The plan is an excepted benefits plan designed to supplement your primary medical plan with cash benefits
  - The plan is not intended to be used as a substitute for health insurance
  - If you also are enrolled in a UnitedHealthcare medical plan and have a medical claim that qualifies for an indemnity benefits payment, a Benefit Assist representative will proactively contact you and help you file your claim for faster payment
  - Pharmacy claims are auto-paid with no claim form required
  - COBRA continuation not available

Benefit description	“Standard” E-HIPP	
	Cash benefit per day	Days per year limit
Deductibles	None	
Coinsurance	None	
Annual out-of-pocket max	N/A	
Non-hospital services	The plan pays you a fixed cash benefit for each covered non-hospital service regardless of the actual service expense	
Hospital services	The plan pays you a fixed cash benefit for each covered hospital service regardless of the actual service expense	
Physician office/online visits	\$50 cash benefit per day	6 days per year
Chiropractor/acupuncture	Not covered	
Minor diagnostic labs and imaging (lab, X-ray, etc.)	\$50 cash benefit per day	1 day per year
Major diagnostic labs and imaging (PET, CT, MRI, etc.)	\$100 cash benefit per day	1 day per year
Invasive diagnostic tests (colonoscopy, laparoscopy, etc.)	\$500 cash benefit per day	1 day per year
Urgent care	\$50 cash benefit per day	Covered under Physician office visit benefit
Outpatient surgery	\$500 cash benefit per day + anesthesia benefit equal to 25% of daily benefit (\$125)	2 days per year
Emergency room	\$100 cash benefit per day	2 days per year
Hospital admissions	\$500 cash benefit/day	2 days per year
Hospital ICU/non-ICU bed	\$100 cash benefit per day	364 days/year for both ICU and non-ICU
Hospital surgery	\$500 cash benefit per day + anesthesia benefit equal to 25% of daily benefit (\$125)	2 days per year
Employee assistance/mental health	Not covered	
Pharmacy	Not covered	

# FlexWork Accident Protection Plan<sup>1</sup>

An indemnity supplement to your FlexWork Limited Medical Plan that pays you fixed cash benefits for covered accidents such as fractures, dislocations and burns. You are eligible to enroll in the Standard A FlexWork Accident Protection Plan as outlined below.

- First-dollar coverage, meaning benefits are effective immediately with no deductibles
- No annual or lifetime dollar limits
- Guaranteed issue with no pre-existing condition exclusions or limitations
- Pays fixed cash benefits for covered accidents
- You can spend your cash benefit any way you choose such as offsetting your medical plan copays or paying household expenses
- The plan is an excepted benefits plan designed to supplement your primary medical plan with cash benefits
- The plan is not intended to be used as a substitute for health insurance
- If you also are enrolled in a UnitedHealthcare medical plan and have a medical claim that qualifies for an indemnity benefits payment, a Benefit Assist representative will proactively contact you and help you file your claim for faster payment
- COBRA continuation not available

Accidental death and dismemberment	Standard A
Life	\$20,000
Both hands or both feet	\$20,000
1 hand and 1 foot	\$20,000
1 hand or 1 foot	\$10,000
2 or more fingers or toes	\$4,000
1 finger or 1 toe	\$2,000

Additional covered conditions with benefit ranges – actual benefit amount varies according to selected plan			
Abdominal/thoracic surgery	\$1,000	Hernia surgery	\$200
Arthroscopic surgery	\$200	Hospital care	\$175–\$2,000
Blood/plasma/platelets	\$300	Initial care (air/ground ambulance, ER, etc.)	\$100–\$1,200
Burns	\$500–\$8,000	Lacerations	\$30–\$400
Coma	\$10,000	Lodging (per day up to 30 days)	\$150
Concussion	\$150	Non-specific surgery	\$100–\$200
Cranial surgery	\$200	Pain management (1 per covered accident)	\$75
Dislocations	\$500–\$2,250	Paralysis	\$5,000–\$10,000
Emergency dental work	\$100–\$200	Ruptured/herniated disc	\$400
Eye surgery	\$100–\$200	Surgery (tendon, ligament, cartilage, rotator cuff, knee)	\$150–\$800
Follow-up care (durable medical equipment [DME], exams, prosthetics, rehab)	\$50–\$2,000	Transportation	\$200
Fractures	\$300–\$4,500		

Accidental death common carrier	Standard A
	\$80,000

# FlexWork Dental Plan

Taking care of your teeth is an important part of maintaining your overall health. We can help keep your smile healthy and happy with our dental plan coverage.

- Coverage is guaranteed issue with no medical questions
- Premiums are automatically deducted from your paycheck
- Coverage for preventive care and basic needs includes exams, 2 cleanings per calendar year, X-rays, periodontal maintenance, fillings
- Coverage for major dental services includes crowns, bridges, dentures, root canals, implants, extractions
- COBRA continuation coverage is available
- Network benefits are provided through the UnitedHealthcare Options PPO 30 network
- Using an Options PPO 30 network provider may help lower your costs and extend your maximum benefits
- Find a network provider at the designated UnitedHealthcare portal
- Annual benefit maximums apply per the Benefits Summary table
- A new enrollee waiting period may apply for basic, diagnostic, preventive and major services per the Benefits Summary table

Benefit category	In-network	Out-of-network
<b>Diagnostic services</b>		
Periodic oral evaluation	80%	80%
Radiographs	80%	80%
Lab and other diagnostic tests	80%	80%
<b>Preventive services</b>		
Dental prophylaxis (cleaning)	80%	80%
Fluoride treatment	80%	80%
Sealants	80%	80%
Exams and cleanings	No deductible; 2 per calendar year, 80% coinsurance	100%
<b>Basic services</b>		
Restorations (amalgams or composite)	60%	60%
Space maintainers	60%	60%
Emergency treatment/general services	60%	60%
Simple extractions	60%	60%
Periodontics	60%	60%
Endodontics	60%	60%
<b>Major services</b>		
Oral surgery (incl. surgical extractions)	50%	50%
Inlays/onlays/crowns	50%	50%
Dentures and removable prosthetics	50%	50%
Fixed partial dentures (bridges)	50%	50%
Implants	50%	50%
<b>Other</b>		
Deductible	\$50/\$150	\$50/\$150
Deductible applies to prev. and diag.	No	No
Annual max	\$500	\$500
Waiting period – new enrollees only	3 months for basic; 12 months for major	
Out-of-network basis	MAC	
PPO network	Options PPO 30	
CMM – annual rollover	No	

# FlexWork Vision Plan

Vision insurance is designed to help you cover and budget for ongoing vision care expenses like routine eye exams, prescription glasses and contact lenses. You can buy vision plans in addition to your health insurance or even with other supplemental plans, like a dental plan.

- Coverage is guaranteed issue, no medical questions
- Premiums are automatically payroll deducted
- No annual deductible
- \$10 copayment for annual eye exams
- \$25 copayment for frames, lenses and contacts, network only
- Up to \$100 allowance on frames (40% discount on frame coverage at participating providers); up to \$105 allowance if you choose contacts over frames
- Lens options – UV protection or anti-reflective coating available at price-protected amounts, standard scratch coating and polycarbonate lenses for children available at no additional cost
- Frequency – 1 exam, 1 pair of lenses or 1 pair of contacts every 12 months; 1 pair of frames every 24 months
- Non-covered lens options – Price protection available for non-covered options (at least 20% off retail pricing at participating providers, except where not permitted by state law)
- Laser vision discounts via QualSight LASIK (up to 45% off national average) also provided on newer technologies such as custom bladeless (all laser) LASIK
- Find network vision providers including optometrists and ophthalmologists at [myuhcvision.com](http://myuhcvision.com)
- COBRA continuation coverage is available

Benefit category	In-network	Out-of-network
General		
Contribution	Voluntary	
Product type	Exam with materials	
Network type	Standard network	
Exam(s) copayment	\$10	Not applicable
Material copayment (frames/spectacle lenses or necessary contact lenses)	\$25	Not applicable
Service frequency		
Exams/lenses/frames/contacts	12/12/24/12	
Eye examination		
Exam(s) (includes additional eye exam for ages 0–12 and pregnant or breastfeeding women)	100%	Up to \$40
Lenses		
Single vision	100%	Up to \$40
Lined bifocal	100%	Up to \$60
Lined trifocal	100%	Up to \$80
Lenticular	100%	Up to \$80
Frames		
Retail frame allowance	Up to \$100	Up to \$45
Discount on frame coverage at participating providers	40%	Not applicable
Elective contact lenses		
Contact lens material allowance	Up to \$105	Up to \$80
Contact lens fitting and evaluation allowance	Up to \$40	\$0
Necessary contact lenses	100%	Up to \$210
Lens options		
Covered-in-full lens options, standard scratch coating	Polycarbonate lenses up to age 19	Not applicable
Non-covered lens options	Price protection available for non-covered options (20%–60% off retail pricing at participating providers, except where not permitted by state law)	
Laser vision discounts via QualSight LASIK	Up to 45% off national average. Discounts also provided on newer technologies such as custom bladeless (all laser) LASIK.	
Additional frame/lenses	Members ages 0–12 and members pregnant or breastfeeding who have a prescription change of 0.5 diopter or more are eligible for a replacement frame and lenses. Replacement benefits are the same as the benefits for the initial frame and lenses. Not applicable for Exam Core or Exam with Discounted Material Plans.	

# FlexWork Pharmacy Benefit

UnitedHealthcare FlexWork Pharmacy Plans use Optum Rx® for pharmacy care services.

If you elected the FlexWork Enhanced Limited Medical MEC Plan, your plan includes FlexWork Limited Pharmacy coverage.

- Benefits are only available if dispensed through a UnitedHealthcare Standard Select network retail pharmacy (mail order is not covered). To find a network pharmacy directory, visit your company’s enrollment site (or the UnitedHealthcare pre-enrollment site, if applicable).
- Covered medications are listed on the FlexWork Prescription Drug List (PDL) and include preventive medications (such as select contraceptives and asthma drugs), select acute medications (such as antibiotics, migraine medications, etc.) and drugs prescribed for substance use disorder treatment. Coverage for specialty drug is very limited. To see which medications are covered, click the link to UnitedHealthcare FlexWork PDL on your company’s enrollment site (or the UnitedHealthcare pre-enrollment site, if applicable).
- See if your medications have any requirements before filling them
- Once you’re a member, [flexwork.uhc.com](https://flexwork.uhc.com) is your go-to resource for accessing the latest PDL, pharmacy directory and prior authorization requirements

## Here are the member cost-share amounts

	FlexWork Limited Pharmacy Plan coverage
	All covered drugs
Tier 1	\$15 copayment
Tier 2	\$30 copayment
Tier 3	50% coinsurance
Tier 4	50% coinsurance
Mail order	Not covered





# Additional health and wellness programs and resources

Once enrolled in your FlexWork plan, you'll have access to these valuable wellness programs and health support services—all at no additional cost to you. All resources below are found on [flexwork.uhc.com](https://flexwork.uhc.com).



**24/7 Virtual Visits** – Video chat with a doctor from virtually anywhere\* with \$0 copayment and unlimited visits. Doctors can diagnose a wide range of nonemergency medical conditions, provide care plans and even provide prescriptions, if needed.\*\* Register at [healthiestyou.com](https://healthiestyou.com) or call **1-866-704-1259**.



**Benefit Assist** – A claims specialist will reach out proactively to notify you of any medical claims that may be eligible for a benefit payout. This process helps you identify and initiate claims faster via phone, email or regular mail.



**Hearing Discounts** – UnitedHealthcare Hearing offers access to hundreds of name-brand and private-label hearing aids at significant savings. You'll also get convenient ordering options and personalized care.



**UnitedHealthcare Discount Marketplace** – Members-only savings on health products and services



**Optum Perks Pharmacy Discount Card** – Save on medications not covered by your pharmacy plan and enjoy discounts on most FDA-approved medications



**24/7 confidential employee support** – When life gets stressful, the Employee Assistance Program (EAP) Support Line is just a phone call away. Our coordinators are available 24/7 for confidential conversations and referrals to expert care and services.



**Health and wellness rewards** – Have fun and get healthier with Rally®. Take a Health Survey to see how you're doing in key areas like nutrition and fitness, get personalized recommendations that fit your lifestyle, track your progress on your dashboard and earn Rally Coins that can be redeemed for rewards

\* Data rates may apply.

\*\*24/7 Virtual Visits is a service available with a provider via video, or audio-only where permitted under state law. It is not an insurance product or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available. **New Mexico only:** 24/7 Virtual Visits and video chat with a doctor are not an insurance product, health care provider or a health plan. Network benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations or for all members. Check your benefit plan to determine if these services are available.

<sup>1</sup> This plan has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your company or UnitedHealthcare. Please review your plan details in your Summary Plan Description or Summary of Benefit Coverage (SBC) document carefully to be sure the plan is right for your needs.

<sup>2</sup> Except for the FlexWork Limited Pharmacy benefit, which has a 50% coinsurance requirement for Tiers 4 and 4 covered prescription drugs.

<sup>3</sup> Administrative services provided by United HealthCare Services, Inc. or their affiliates.

UnitedHealthcare Hearing is provided through UnitedHealthcare and offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

Benefit Assist support is available at no additional cost to groups with a health plan and supplemental health plan from UnitedHealthcare. Benefit payments associated with the Supplemental Health Plan Benefit Assist program are subject to eligibility requirements and benefits outlined in your UnitedHealthcare policy.

The material provided through the Employee Assistance Program (EAP) is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the Health Survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.



# Here's the fine print

**We do not treat members differently because of sex, age, race, color, disability or national origin.**

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

**Mail:** UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

**Phone:** Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Avenue SW, Room 509F  
HHH Building  
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تعليمات: إذا كنت تتحدث بلغة عربية (**Arabic**)، فستتاح لك خدمات الترجمة مجاناً. يرجى الاتصال بالرقم المجاني المذكور على بطاقة هويتك.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍI BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yániłt'go, saad bee áka'anida'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shòqdí ninaaltsoos nítł'izí bee nééhozinígíí bine'déé' t'áá jíik'ehgo béesh bee hane'i biká'ígíí bee hodiilnih.

