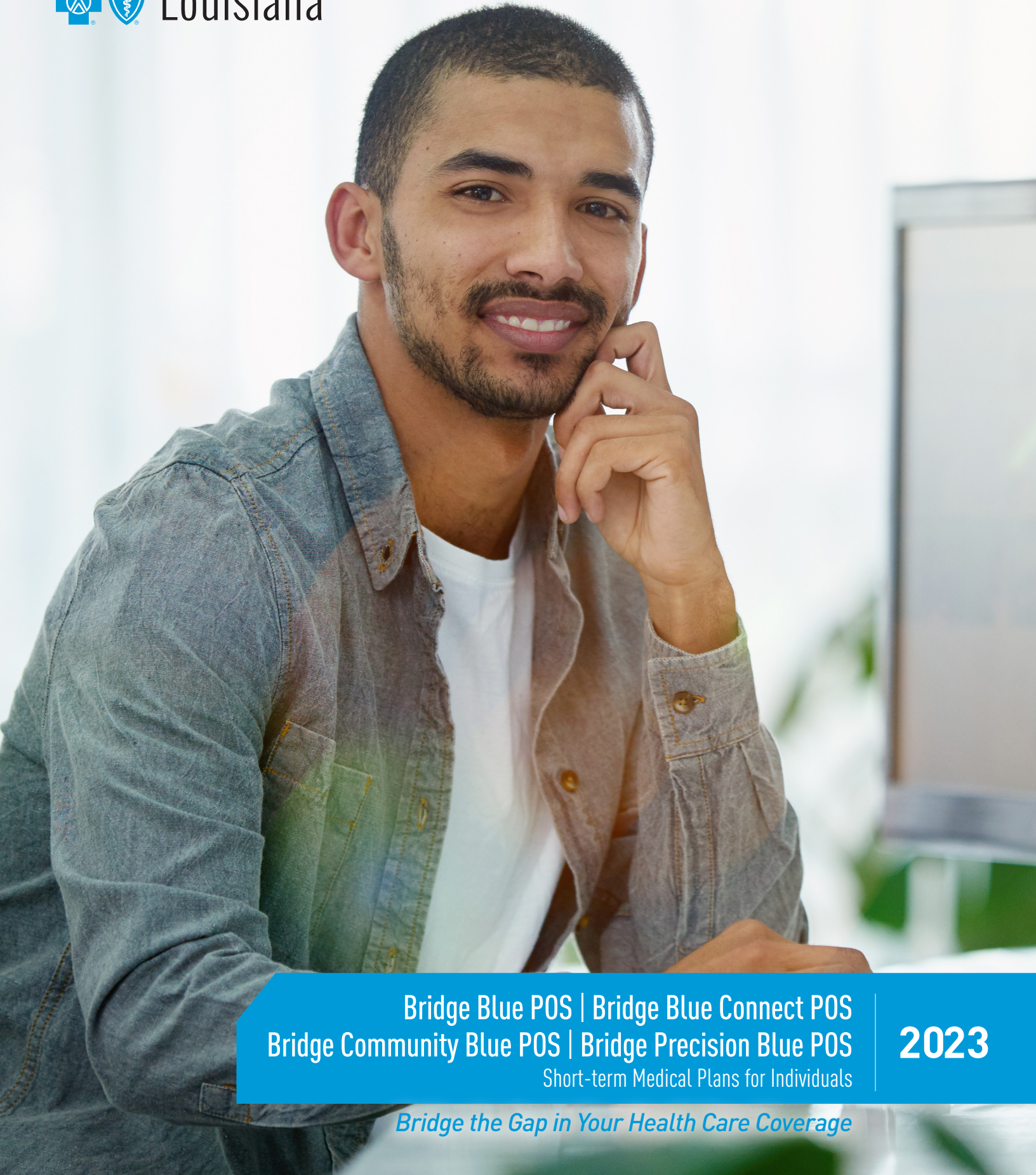




Louisiana



Bridge Blue POS | Bridge Blue Connect POS
Bridge Community Blue POS | Bridge Precision Blue POS
Short-term Medical Plans for Individuals

2023

Bridge the Gap in Your Health Care Coverage





For over 85 years, Louisianians have trusted their health insurance needs to Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. As the leading health insurer in the state, we take our mission of improving the health and lives of Louisianians to heart. That's why we're proud to offer you Bridge Blue, our short-term medical plans for those times when you need temporary health insurance coverage.

With multiple offices located around the state, we're always ready to serve you. We know many people have never had to shop for health insurance, so we are here — along with our agents — to answer questions and to support you.

Bridge Blue Point of Service (POS) plans are not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder benefits). Your policy might also have lifetime and/or other dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.

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If there is any discrepancy between the information in this brochure and the policy, the policy prevails. Premium will vary with the level of benefits chosen. For complete information, please refer to the policy.

Benefits are based on allowable charges. Allowable charge is defined as the lesser of the billed charge or the amount established or negotiated by HMO Louisiana, Inc. as the maximum amount allowed for all services covered under the policy.

NOTICE: HEALTH CARE SERVICES MAY BE PROVIDED TO YOU AT A NETWORK HEALTH CARE FACILITY BY FACILITY-BASED PHYSICIANS WHO ARE NOT IN YOUR HEALTH PLAN. YOU MAY BE RESPONSIBLE FOR PAYMENT OF ALL OR PART OF ANY FEES FOR THOSE OUT-OF-NETWORK SERVICES, IN ADDITION TO APPLICABLE AMOUNTS DUE FOR COPAYMENTS, COINSURANCE, DEDUCTIBLES AND NON-COVERED SERVICES.

SPECIFIC INFORMATION ABOUT IN-NETWORK AND OUT-OF-NETWORK FACILITY-BASED PHYSICIANS CAN BE FOUND AT **WWW.BCBSLA.COM/HBP** OR BY CALLING THE CUSTOMER SERVICE PHONE NUMBER ON YOUR ID CARD.

Bridge Blue Plans At-a-Glance

Flexible | Affordable | Convenient

- **Lower Premiums**

Save up to 50% over traditional Affordable Care Act (ACA)-compliant plans.

- **No Open Enrollment Period**

Bridge Blue plans are available year-round, and you don't have to qualify for a special enrollment.

- **Get Covered Fast**

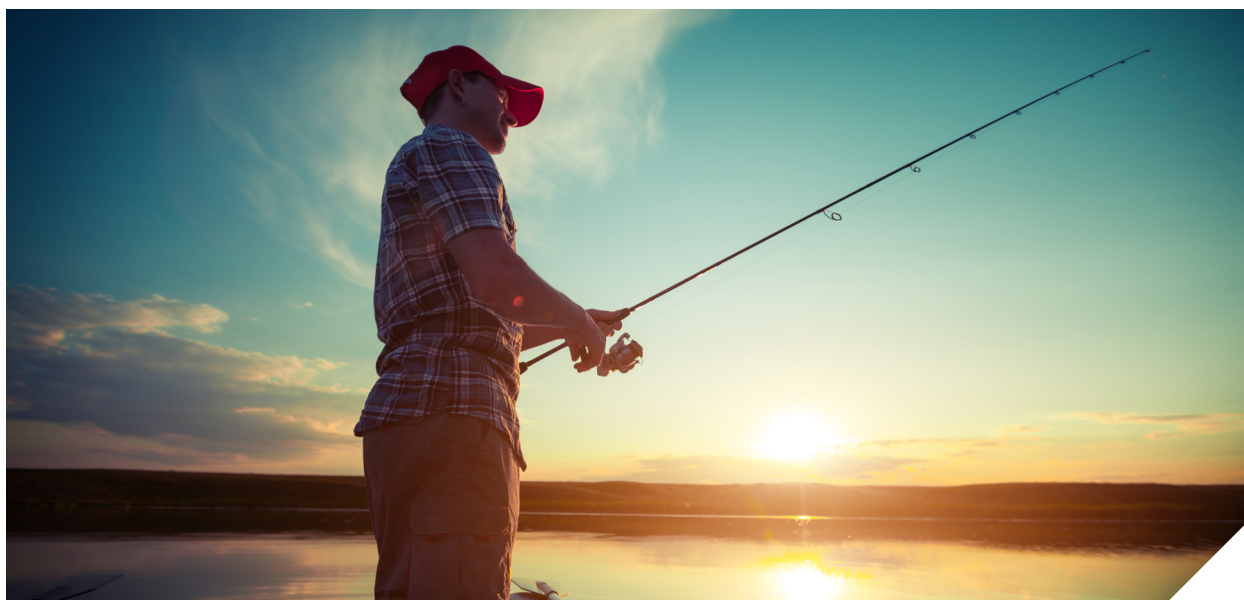
Apply up to the last calendar day of any month for coverage to begin the following month.

- **Quality Provider Networks**

Enjoy the same network access as traditional ACA plans.

- **Protection Against Large Medical Expenses**

Vital coverage for emergencies, unexpected illnesses, etc., without the regulations of the ACA.



Is a Bridge Blue Plan the Right Choice for Me?

Bridge Blue plans are designed to bridge gaps in your health care coverage during times of transition and can be an alternative solution to an ACA health plan. A Bridge Blue plan could be the right choice for you if you are:

- Healthy, price-sensitive and between ages 1 and 65
- Unable to apply for ACA coverage because it is outside of Open Enrollment and you do not qualify for a special enrollment period (SEP)
- Waiting for ACA coverage to begin
- Turning age 26 and coming off of your parent's insurance
- Between jobs or waiting for benefits to begin at a new job
- Looking for a temporary alternative to COBRA insurance
- In school or a recent college graduate

Bridge Blue plans are still considered comprehensive coverage, but are not the same as having an annual health insurance plan under the ACA. **Please note: There are important differences that may help you decide if a Bridge Blue plan is right for you. For example, Bridge Blue plans:**

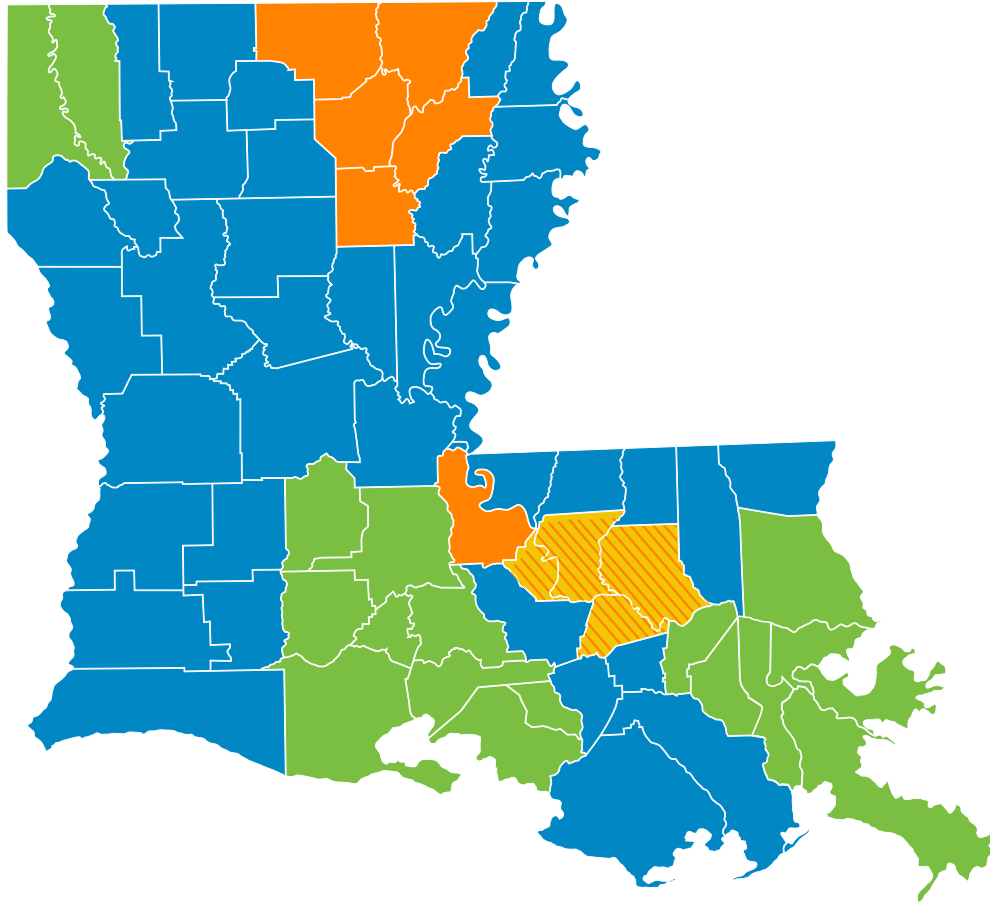
- Are not ACA-compliant and are not considered Qualified Health Plans.
- Are medically underwritten (application is approved based on health status).
- Are not guaranteed issue – underwriting rules will apply, and medical information is required.
- Do not cover dependents and will not be available to newborns under the age of one year. Since birth is a qualifying event for SEP under the ACA, an ACA product may be purchased for the newborn within 60 days of birth.
- Include a separate, high deductible for maternity benefits that does not count toward the maximum out-of-pocket.
- Include separate policy limits on Physical Therapy, Occupational Therapy, Speech Therapy, Private Duty Nursing, Home Health and Hospice.
- Do not cover contraceptives, pediatric vision or pediatric dental.
- Are up to 11-month policies and have benefits that run with the 11-month benefit period rather than a calendar year.

Compare the Benefits of ACA Plans vs. Bridge Blue Plans

| Benefit | ACA Plans | Bridge Blue Plans |
|-----------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------|
| Office visits | Yes | Yes |
| Emergency services | Yes | Yes |
| Hospitalization | Yes | Yes |
| Mental health care and substance use disorder services, including behavioral health treatment | Yes | Yes |
| Preventive and wellness services and chronic disease management | Yes | Yes* |
| Lab tests, blood work, X-rays | Yes | Yes |
| Prescription drugs | Yes | Yes (but NO contraceptive coverage) |
| Maternity and newborn care | Yes | Maternity – Yes, with a separate \$7,500 or \$9,000 deductible Newborn care – NO |
| Physical Therapy | Yes | Yes, but with \$5,000 allowable policy term limit |
| Occupational Therapy | Yes | Yes, but with \$5,000 allowable policy term limit |
| Speech Therapy | Yes | Yes, but with \$5,000 allowable policy term limit |
| Home Health | Yes | Yes, but with \$5,000 allowable policy term limit |
| Private Duty Nursing | Yes | Yes, but with \$5,000 allowable policy term limit |
| Hospice | Yes | Yes, but with \$5,000 allowable policy term limit |
| Pediatric dental and vision services | Yes | NO |
| Contraceptive coverage | Yes | NO |

*Excluding contraceptive drugs and devices.

Is a Bridge Blue Plan Available Near Me?



BRIDGE BLUE
POS

Available statewide

BRIDGE PRECISION BLUE
POS

- **A select network available in the following parishes:**
 - Greater Baton Rouge**
Ascension, East Baton Rouge, Livingston, Pointe Coupee, West Baton Rouge
 - Greater Monroe/West Monroe**
Caldwell, Morehouse, Ouachita, Richland, Union
- Bridge Precision Blue members have access to Franciscan Missionaries of Our Lady Health System, Affinity Health Group and other participating providers.*

BRIDGE BLUE CONNECT
POS

- **A select network available in the following parishes:**
 - Greater New Orleans/Northshore**
Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Tammany
 - Lafayette/Acadiana**
Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, Vermilion
 - Shreveport/Bossier**
Bossier and Caddo
- Bridge Blue Connect members have access to Ochsner Health Network and other participating providers.*

BRIDGE COMMUNITY BLUE
POS

- **A select network available in the following parishes:**
 - Ascension, East Baton Rouge, Livingston, West Baton Rouge
- Bridge Community Blue members have access to Baton Rouge General, The Baton Rouge Clinic** and other participating providers.*

**Always check the online provider directory for the most up-to-date providers in each network. Providers are subject to change.*

***Does not include gastroenterologists at The Baton Rouge Clinic.*

Why Choose Blue?

We are committed to offering value with our health insurance plans. As a customer, you can take advantage of several services and programs focused on your health and well-being.

Preventive and Wellness Benefits

Certain preventive and wellness care services are covered and some of those services will be paid at 100% when you go to a provider in your network. These covered services include annual exams, colonoscopies, mammograms and more. For more information on coverage of preventive and wellness care services, refer to your contract book by visiting www.bcbsla.com/contract-booklet.

Care Management

Members become STRONGER THAN EVER with our Care Management programs working for them. We offer care management programs with health coaching, education and hands-on support to help members with chronic conditions or serious illnesses. With a team of clinical professionals, including doctors, nurses, dietitians, pharmacists and social workers, we share personalized information to encourage members on their journey to optimal health. If you have diabetes, heart disease, other chronic conditions, traumatic injuries or serious illnesses, these programs help guide you through the health care system to get the services you need in a timely manner. Members do not pay anything to work with a health coach. Visit www.bcbsla.com/stronger to learn more.

Telehealth for Convenient, Affordable Care

What is telehealth?

Telehealth, also called virtual care, is an easy and convenient way to be treated for minor illnesses and also access behavioral health services online. All you need is a computer, tablet or smartphone with internet access and a telehealth account. Blue Cross members can call the customer service number on their ID card to learn about their telehealth benefits.

What are your options?

Members with telehealth coverage have two options for getting virtual care from anywhere:

1. BlueCare, Blue Cross' telehealth app, or
2. A network physician's telehealth service.

BlueCare: Get Care from Anywhere!

Blue Cross members and any dependents who are covered on their plans can access online medical and behavioral health visits. All BlueCare providers are U.S.-trained and board-certified.

Medical Visits

- BlueCare costs less than the ERs and urgent care centers.
- BlueCare lets your employees see a doctor online, 24/7, to treat non-emergency, common conditions like fever, colds and cough, stomach bugs or pink eye.

Behavioral Health Visits

- Online appointments for behavioral health needs are available with BlueCare. Simply log in and schedule a visit with a psychology or psychiatry provider.
- BlueCare behavioral health appointments can be a good service for members who may be experiencing depression, grief, stress, life transitions, anxiety, couples' counseling and more.

Drugs may be prescribed if needed. Prescription availability is defined by physician judgment; certain types of medication may not be prescribed. Before your BlueCare visit, you'll see what it will cost. This depends on your plan type and benefits. You can use any major credit card, and even HSA or FSA cards, to pay for BlueCare. Your card will not be charged until your visit is over.

To sign up, download the free BlueCare app or visit www.BlueCareLA.com. Have your Blue Cross ID card number handy.



BlueCare is powered by Amwell, a vendor that provides the BlueCare telehealth platform for Blue Cross and Blue Shield of Louisiana and its subsidiaries.

Other Telehealth Options

Members with telehealth benefits can also ask their own network physician (PCP) whether their office has telehealth options. Some clinics have dedicated virtual health care services allowing their patients to speak to their own network doctor. Members can also choose a network PCP from Blue Cross' provider directory and confirm virtual care options.

Blue365®: Healthy Discounts and Deals

Blue365® offers you discounts on health and wellness resources, 365 days a year. Blue Cross and HMO members enjoy special discounts on many services, such as:

- Gym memberships and workout gear
- Eye care
- Wearable devices
- Sneakers
- Meal delivery and nutrition deals
- Hearing aids

Register for your free online account at www.blue365deals.com/BCBSLA to access these exclusive discounts!



FREE Identity Protection Services

The Cross and Shield is here to protect you in good times and in challenging times. That's why we offer free identity protection services, in partnership with Experian, to all of our eligible customers. And the identity protection applies to all parts of life, not just health care.

- **Complete Identity Repair and Restoration**

If you are a victim of identity theft, an investigator will act as your guide and advocate until the issue is resolved and your identity is restored. This includes contacting creditors and other institutions involved.

- **Fraud Alerts with Credit Monitoring – enrollment required**

This service offers additional layers of protection, including credit monitoring, a \$1 million identity theft insurance, an annual credit score and credit report, and ChildScan services for minors. You can also renew and remove fraud alerts on your credit file to help protect you from credit fraud.

Learn more at www.bcbsla.com/idprotection.

The BlueCard® Program

Your health care benefits travel with you wherever you go. BlueCard® is a national program that allows you to receive health care services while traveling or living in another Blue Plan's service area. The program links participating health care providers with the independent Blue Plans across the country and in nearly 200 countries and territories worldwide through a single electronic network.

- Unless it is emergency care, care obtained outside your network will be paid at the out-of-network benefit level.

How Your Plan Works

Your Cost Share

These are the terms you need to know to help you understand the benefit charts in this brochure.

- **Premium**

A premium is the monthly payment you have to pay for your plan.

- **Copayments**

If your plan has a copayment, or “copay,” this means that you pay a set dollar amount, or flat fee, for some kinds of care, such as at your doctor’s office or pharmacy. Your copayment will be a lower amount for a primary care doctor and higher for specialists.

- **Deductibles**

This is the amount you must pay up front before your insurance pays for your care. If your plan also has copayments, these copays will not count toward your deductible. Your plan may have multiple types of deductibles. Your plan will also have a separate out-of-network deductible.

- **Coinsurance**

Once you’ve paid your deductible, you’ll pay a set percentage, or coinsurance, for your care. You will pay the lowest coinsurance amount when you stay in-network for care.

- **Maximum Out-of-Pocket**

What you pay toward your medical and pharmacy deductibles, copayments and coinsurance applies to your maximum out-of-pocket. Once you’ve paid your maximum out-of-pocket, your insurance will pay 100% of the cost of covered care for the remainder of the calendar year. A separate out-of-pocket maximum will apply for services you receive out of your network. Your maternity deductible will not be applied to the maximum out-of-pocket.

Your Plan’s Network Coverage

HMO Louisiana has a large network of doctors and hospitals. This means you have access to the care you need at a lower price. To get the most value out of your health plan and keep your costs as low as possible, it’s important that you get care from a provider in your network.

It’s easy to look up doctors and hospitals in your network. Just go to www.bcbsla.com/findcare or use the BCBSLA mobile app and choose your plan’s network directory based on your selected plan:

- **Bridge Blue POS** should search the **HMO Louisiana HMO/POS** directory
- **Bridge Blue Connect POS** should search the **Blue Connect HMO/POS** directory
- **Bridge Community Blue POS** should search the **Community Blue HMO/POS** directory
- **Bridge Precision Blue POS** should search the **Precision Blue HMO/POS** directory

When you need care, consider your options and costs:

- **Your primary care doctor or specialist \$**

If you are sick or injured, but it's not a life-threatening emergency, call your doctor and set up an office visit. Make sure that your primary care doctor is in your network, as well as any specialists you may see. Read below for information on how to select your primary care provider.

- **BlueCare: 24/7 online doctor \$**

With BlueCare telehealth, you can see a doctor online 24/7 for non-emergency, minor illnesses. It's easier, faster and cheaper than ER or urgent care. Visit www.BlueCareLA.com or download the free app to enroll and learn more.

- **Urgent care center \$\$**

If you have an illness or injury that you need to have looked at quickly, but it's not an emergency, urgent care centers have doctors who can treat you. Most urgent care centers have night and weekend hours, and the doctors there can often do X-rays, lab work or stitches. The wait time will be less than in an emergency room, and you can save money. Call ahead to make sure the urgent care clinic is in your network.

- **Emergency room \$\$\$\$**

If you have a life-threatening or serious illness or injury, call 911 or go to the nearest emergency room. When it's a true emergency, your insurance will pay for your care no matter which hospital you choose. However, once you're stabilized, we may ask you to move to a hospital in your network.

Look for these signs to tell whether it's an emergency:

- Fainting or unconsciousness
- Breathing trouble or choking
- Nonstop bleeding
- Coughing or vomiting blood
- Chest pain
- Sudden or severe pain anywhere
- Sudden dizziness

Selecting a Primary Care Provider

With all Bridge Blue plans, you must pick a primary care provider (PCP) in your network to handle most of your medical needs when sick or injured. This is a doctor practicing in General Practice, Family Practice, Internal Medicine or Geriatrics for adults, or Pediatrics for children. You may also select a Nurse Practitioner (NP) or Physician Assistant (PA) as your PCP if he or she is set up in our system as a network primary care provider. **You must choose a PCP.** If you do not choose a PCP, one will be chosen for you. You can change your PCP at any time by logging onto your account at www.bcbsla.com/login or by calling the Customer Service number on the back of your ID card.

Your Prescription Drug Coverage

Prescription drug benefits are included in all plans. Your plan may have a separate drug deductible. Drug benefits are managed by Express Scripts.* To get the most out of your drug benefits, you should take a drug that is covered under your plan.

**Express Scripts is an independent company that provides pharmacy benefit management services to HMO Louisiana, Inc., a subsidiary of Blue Cross and Blue Shield of Louisiana and an independent licensee of the Blue Cross Blue Shield Association.*

Covered Drug List

Your plan has a covered drug list, or formulary, that includes thousands of generic and brand drugs, but not every drug is covered. How much you pay for the drugs on the list depends on the plan you choose and the drug you buy. If you fill a drug that is not on the covered drug list, you could have to pay the full cost of the drug.

Two things a covered drug list can tell you:

1. If there are other drugs you can take for your health problem that will cost you less.
2. About any rules that you must follow before a drug may be covered.

Pay close attention to what your plan has. Is it a 2-tier pharmacy plan or a 3-tier pharmacy plan?

This means your plan has either two cost tiers or three cost tiers for drugs. Drugs in the lower tiers cost less than drugs in the higher tiers. To save money, start with a drug in Tier 1. If that one doesn't work, you can move up to a higher cost drug in a higher tier, and so on.

| 2-Tier Plans | | | 3-Tier Plans | | |
|-----------------------------------------------------|------|---------------|-----------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------|
| Coinsurance will apply once your deductible is met. | | | A separate drug deductible may apply, then copayments or coinsurance. | | |
| Tier 1 | \$ | Generic drugs | Tier 1 | \$ | Primarily generic drugs, although some brand-name drugs may fall into this category |
| Tier 2 | \$\$ | Brand drugs | Tier 2 | \$\$ | Includes traditional and specialty brands and generics and biosimilars |
| | | | Tier 3 | \$\$\$ | Includes traditional and specialty brands and generics and biosimilars and covered compound drugs |

Find out if your drugs are covered before you fill

You and your doctor can check to see if drugs you take are covered at www.bcbsla.com/pharmacy. If your doctor orders a new drug for you, ask if the drug is on your covered drug list before you go to the pharmacy.

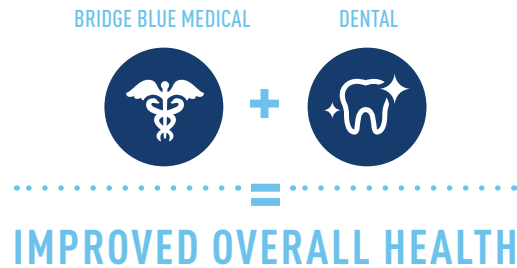
Reminder: Contraceptive drugs and devices are not covered on your Bridge Blue Plan.

Zero Dollar Drug Copay Program

Our \$0 Drug Copay Program offers \$0 copay for certain drugs used to treat certain chronic conditions. Members do not have to meet a deductible before getting program drugs for \$0. Drugs in this program are regularly recommended to treat asthma, chronic obstructive pulmonary disease (COPD), coronary heart disease, diabetes, heart failure and other common chronic conditions. The \$0 Drug Copay Program is available for copay-based pharmacy benefits. The program is not available for coinsurance-only pharmacy benefits. Go to www.bcbsla.com/covereddrugs for a list of drugs in the program.

Also Available – Dental Coverage for Whole-body Health

Oral health is about more than a good smile. Having regular dental exams can help find dental problems and other health conditions in the body like diabetes, heart disease, osteoporosis and cancer. Dental providers in the Advantage Plus Network* provide covered services at significant savings to you.



Choose Blue Dental with a Bridge Blue Plan. Contact your agent or visit www.bcbsla.com/shop-plans/dental for more information.

**Advantage Plus Network is administered by United Concordia Companies, Inc. United Concordia is an independent company that administers dental benefits on behalf of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

We're Here to Help

We'll make sure you have the support and protection you deserve.



Your Agent

Get personal assistance from your agent, who can answer your questions, help you choose the plan that's right for you, and guide you through the enrollment process – at no cost to you! Don't have an agent? Give us a call, and we can connect you with someone to help.



Online

Your online account lets you manage your account, pay bills, order ID cards, review your benefits and see claims status. It also gives you exclusive access to wellness tools and discounts. Go to www.bcbsla.com/login today to log in or register for your account.



By Phone

Help is just a phone call away. Call Customer Service toll free at **800-392-4087** from 8 a.m. to 8 p.m. CST, Monday through Friday.

Online Convenience

You can log in or register for an online account at www.bcbsla.com/login, where you can:



- **Manage Your Account**
View an ID card, statements and claims, access forms, look up your plan benefits and cost share, find a provider and more – all from a secure, password-protected online account.
- **Take a Personal Health Assessment**
Learn risks, get access to a personalized action plan and be set for a lifetime of good health.
- **Get Wellness Discounts**
Find Blue365® discounts on gym memberships, workout clothes, nutrition deals, Lasik surgery and more.
- **Choose to Go Paperless**
Our Paperless program allows you to access your plan-related information conveniently through your online account. Any time a document that is part of the Paperless program becomes available to you, we will send you an email notification.

Mobile Is the Way to Go

Downloading our BCBSLA app on an iPhone or Android will provide health care information at your fingertips!



- **Find a Doctor**
Find urgent care, locate a doctor or hospital, get directions and save locations to any doctor or hospital.
- **View Your Claims and Digital ID Card**
See all of your important health information, like claims, costs, balances, benefits and medical ID card from your mobile device.
- **Contact Us**
You can get maps and directions to any of our local offices or get phone numbers to talk to a Customer Service representative.



Blue Cross and Blue Shield of Louisiana
HMO Louisiana
Southern National Life

Nondiscrimination Notice

Discrimination is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc., does not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

Blue Cross and Blue Shield of Louisiana and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (audio, accessible electronic formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, you can call the Customer Service number on the back of your ID card or email **MeaningfulAccessLanguageTranslation@bcbsla.com**. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Blue Cross, one of its subsidiaries or your employer-insured health plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps;

1. If you are fully insured through Blue Cross, file a grievance with Blue Cross by mail, fax, or email.

Section 1557 Coordinator
P. O. Box 98012
Baton Rouge, LA 70898-9012
225-298-7238 or 1-800-711-5519 (TTY 711)
Fax: 225-298-7240
Email: Section1557Coordinator@bcbsla.com

2. If your employer owns your health plan and Blue Cross administers the plan, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Blue Cross or owned by your employer, go to www.bcbsla.com/checkmyplan.

Whether Blue Cross or your employer owns your plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights 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, 800-537-7697 (TDD)

Or

Electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

NOTICE

Free language services are available. If needed, please call the Customer Service number on the back of your ID card. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios lingüísticos gratuitos. De necesitarlos, por favor, llame al número del Servicio de Atención al Cliente que aparece en el reverso de su tarjeta de identificación. Clientes con dificultades auditivas, llamen al 1-800-711-5519 (TTY 711).

Des services linguistiques gratuits sont disponibles. Si nécessaire, veuillez appeler le numéro du Service clientèle figurant au verso de votre carte d'identification. Si vous souffrez d'une déficience auditive, veuillez appeler le 1-800-711-5519 (TTY 711).

Có dịch vụ thông dịch miễn phí. Nếu cần, xin vui lòng gọi cho Phục Vụ Khách Hàng theo số ở mặt sau thẻ ID của quý vị. Khách hàng nào bị suy giảm thính lực hãy gọi số 1-800-711-5519 (TTY 711).

我们为您提供免费的语言服务。如有需要，请致电您 ID 卡背面的客户服务号码。听障客户请拨打 1-800-711-5519 (TTY 711)。

الخدمات اللغوية متاحة مجاناً. يرجى، إذا اقتضى الأمر، الاتصال برقم خدمة العملاء المدون على ظهر بطاقة التعريف الخاصة بك. إذا كنت تعاني من إعاقة في السمع، فيرجى الاتصال بالرقم 1-800-711-5519 (TTY 711).

Magagamit ang mga libreng serbisyo sa wika. Kung kinakailangan, pakitawagan ang numero ng Customer Service sa likod ng iyong ID kard. Para sa mga may kapansanan sa pandinig tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 서비스를 이용하실 수 있습니다. 필요한 경우 귀하의 ID 카드 뒤에 기재되어 있는 고객 서비스 번호로 연락하시기 바랍니다. 청각 장애가 있는 분은 1-800-711-5519 (TTY 711)로 연락하십시오.

Oferecemos serviços linguísticos grátis. Caso necessário, ligue para o número de Atendimento ao Cliente indicado no verso de seu cartão de identificação. Caso tenha uma deficiência auditiva, ligue para 1-800-711-5519 (TTY 711).

ພວກເຮົາມີບໍລິການແປພາສາໃຫ້ທ່ານຟຣີ. ຖ້າທ່ານຕ້ອງການບໍລິການນັ້ນ, ກະລຸນາໂທຫາພະແນກບໍລິການລູກຄ້າຕາມເບີໂທທີ່ຢູ່ທາງຫຼັງຂອງບັດປະຈຳຕົວຂອງທ່ານ. ຖ້າທ່ານຫຼຸບໍ່ດີ, ຂໍໃຫ້ໂທເບີ 1-800-711-5519 (TTY 711).

無料の言語サービスをご利用頂けます。あなたのIDカードの裏面に記載されているサポートセンターの電話番号までご連絡ください。聴覚障害がある場合は、1-800-711-5519 (TTY 711)までご連絡ください。

زبان سے متعلق مفت خدمات دستیاب ہیں۔ اگر ضرورت ہو تو، براہ کرم اپنے آئی ڈی کارڈ کی پشت پر موجود کسٹمر سروس نمبر پر کال کریں۔ سمعی نقص والے کسٹمرز 1-800-711-5519 (TTY 711) پر کال کریں۔

Kostenlose Sprachdienste stehen zur Verfügung. Falls Sie diese benötigen, rufen Sie bitte die Kundendienstnummer auf der Rückseite Ihrer ID-Karte an. Hörbehinderte Kunden rufen bitte unter der Nummer 1-800-711-5519 (TTY 711) an.

خدمات رایگان زبان در دسترس است. در صورت نیاز، لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی تان درج شده است تماس بگیرید. مشتریانی که مشکل شنوایی دارند با شماره 1-800-711-5519 (TTY 711) تماس بگیرید.

Предлагаются бесплатные переводческие услуги. При необходимости, пожалуйста, позвоните по номеру Отдела обслуживания клиентов, указанному на обратной стороне Вашей идентификационной карты. Клиенты с нарушениями слуха могут позвонить по номеру 1-800-711-5519 (Телефон с текстовым выходом: 711).

มีบริการด้านภาษาให้ใช้ได้ฟรี หากต้องการ โปรดโทรศัพท์ติดต่อฝ่ายการบริการลูกค้าตามหมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของท่าน สำหรับลูกค้าที่มีปัญหาทางการได้ยิน โปรดโทรศัพท์ไปที่หมายเลข 1-800-711-5519 (TTY 711)



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