

Secure Blue no Rx (PPO) offered by Blue Cross of Idaho Care Plus, Inc.

Annual Notice of Changes for 2019

You are currently enrolled as a member of *Secure Blue no Rx*. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
-

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections *1.1*, *1.2*, and *1.4* for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors in our network?
 - What about the hospitals or other providers you use?
 - Look in Section *1.3* for information about our Provider Directory.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click "Find health & drug plans."

- Review the list in the back of your Medicare & You handbook.
- Look in Section 3.2 to learn more about your choices.

Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you want to **keep** *Secure Blue no Rx*, you don't need to do anything. You will stay in *Secure Blue no Rx*.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between **October 15** and **December 7, 2018**

- If you **don't join another plan by December 7, 2018**, you will stay in *Secure Blue no Rx*.
- If you join another plan by December 7, 2018, your new coverage will start on January 1, 2019.

Additional Resources

- *This document may be available in alternate formats such as large print or audio. Please call Customer Service if you need this in another format.*
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

About *Secure Blue no Rx*

- *Secure Blue no Rx is a PPO health plan with a Medicare contract. Enrollment in Secure Blue no Rx depends on contract renewal.*
- When this booklet says "we," "us," or "our," it means *Blue Cross of Idaho Care Plus, Inc.* When it says "plan" or "our plan," it means *Secure Blue no Rx*.

Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for *Secure Blue no Rx* in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes*** and review the *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2018 (this year)	2019 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$30	\$29
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: \$3,400 From in-network and out-of-network providers combined: \$3,400	From network providers: \$3,400 From in-network and out-of-network providers combined: \$5,000
Doctor office visits	In-Network Primary care visits: \$15 copay per visit Specialist visits: \$25 copay per visit Out-of-Network Primary care visits: \$30 copay per visit Specialist visits: \$30 copay per visit	In-Network Primary care visits: \$15 copay per visit Specialist visits: \$25 copay per visit Out-of-Network Primary care visits: \$30 copay per visit Specialist visits: \$30 copay per visit

Cost	2018 (this year)	2019 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	In-Network	In-Network
	\$175 copay per day, Days 1-5	\$175 copay per day, Days 1-5
	\$0 copay per day, Days 6 +	\$0 copay per day, Days 6 +
	Out-of-Network	Out-of-Network
	\$200 copay per day, Days 1-10	\$200 copay per day, Days 1-10
	\$0 copay per day, Days 11 +	\$0 copay per day, Days 11 +

**Annual Notice of Changes for 2019
Table of Contents**

Summary of Important Costs for 2019 1

SECTION 1 Changes to Benefits and Costs for Next Year 4

 Section 1.1 – Changes to the Monthly Premium 4

 Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts 4

 Section 1.3 – Changes to the Provider Network 5

 Section 1.4 – Changes to Benefits and Costs for Medical Services 6

SECTION 2 Administrative Changes 8

SECTION 3 Deciding Which Plan to Choose..... 9

 Section 3.1 – If you want to stay in *Secure Blue no Rx* 9

 Section 3.2 – If you want to change plans 9

SECTION 4 Deadline for Changing Plans..... 10

SECTION 5 Programs That Offer Free Counseling about Medicare 11

SECTION 6 Programs That Help Pay for Prescription Drugs 11

SECTION 7 Questions?..... 12

 Section 7.1 – Getting Help from *Secure Blue no Rx*..... 12

 Section 7.2 – Getting Help from Medicare 12

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2018 (this year)	2019 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$30	\$29
Dental Plan Premium Healthy Smiles Plus Optional Supplemental Benefit (available for an additional cost)	\$24.20	Not available
Dental Plan Premium Healthy Smiles Basic Optional Supplemental Benefit (available for an additional cost)	Not available	\$9.20

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2018 (this year)	2019 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$3,400	\$3,400 Once you have paid \$3,400 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2018 (this year)	2019 (next year)
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.</p>	\$3,400	<p>\$5,000</p> <p>Once you have paid \$5,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.</p>

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at www.bcidaho.com/FindAProvider. You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2019 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2019 Evidence of Coverage*.

Cost	2018 (this year)	2019 (next year)
<i>Dental services</i>	<p>In- & Out-of-Network</p> <p>Preventive dental services benefit is <u>not</u> covered</p>	<p>In-Network</p> <p>You pay a \$10 office-visit copay for oral exams, prophylaxis (cleaning), and x-rays</p> <p>Out-of-Network</p> <p>You pay 50% of the total cost for preventive dental services after a \$100 deductible</p> <p>In- & Out-of-Network</p> <p>Preventive dental services are covered up to \$500 each year.</p>
<i>Emergency Care</i>	<p>In- & Out-of-Network</p> <p>You pay an \$80 copay for Medicare-covered emergency room visits.</p>	<p>In- & Out-of-Network</p> <p>You pay a \$90 copay for Medicare-covered emergency room visits.</p>
<i>Over-The-Counter (OTC) items</i>	<p>In- & Out-of-Network</p> <p>Over-The-Counter (OTC) Items benefit is <u>not</u> covered</p>	<p>In-Network</p> <p>You receive a \$60 allowance every three months</p> <p>Out-of-Network</p> <p>Not covered</p>
<i>Skilled nursing facility</i>	<p>Out-of-Network</p> <p>Days 1 - 12: \$100 copay per day</p> <p>Days 13 -100: \$0 copay per day</p>	<p>Out-of-Network</p> <p>Days 1 - 12: \$100 copay per day</p> <p>Days 13 -100: \$150 copay per day</p>

Cost	2018 (this year)	2019 (next year)
<i>Supervised Exercise Therapy (SET)</i>	<p>In- & Out-of-Network</p> <p>Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease is <u>not</u> covered</p>	<p>In-Network</p> <p>You pay a \$5 copay for Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) visits.</p> <p>Out-of-Network</p> <p>You pay a \$30 copay for Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) visits.</p>
<i>Worldwide coverage</i>	<p>In- & Out-of-Network</p> <p>You pay an \$80 copay for Medicare-covered emergency room visits and urgently needed services received outside the United States or United States Territories</p>	<p>In- & Out-of-Network</p> <p>You pay a \$90 copay for Medicare-covered emergency room visits and urgently needed services received outside the United States or United States Territories</p>

SECTION 2 Administrative Changes

Cost	2018 (this year)	2019 (next year)
<i>Blue Cross Blue Shield Medicare Advantage PPO National Network</i>	Secure Blue in-network providers include Blue Cross Blue Shield doctors and hospitals in select states and/or counties 34 states and 1 territory: Alabama, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Indiana, Kentucky, Maine, Massachusetts, Michigan, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia and Wisconsin.	In 2019, Arkansas will no longer participate in this program. In 2019, select counties in Kansas will participate in this program. Please call Customer Service for specific counties (phone numbers are in Section 7.1 of this booklet).
<i>Home health agency care</i>	Prior authorization is required	Prior authorization is not required
<i>Inpatient hospital care</i>	A benefit period ends when: You have not been in an inpatient facility for 60 days in a row, or you remain in an inpatient facility and haven't received care for 60 days in a row	Benefit period is per admission or per stay with no cost sharing on the day of discharge

Cost	2018 (this year)	2019 (next year)
<i>Inpatient mental health care</i>	A benefit period ends when: You have not been in an inpatient facility for 60 days in a row, or you remain in an inpatient facility and haven't received care for 60 days in a row	Benefit period is per admission or per stay with no cost sharing on the day of discharge
<i>Outpatient rehabilitation service</i> <i>Covered services include: physical therapy, occupational therapy, and speech language therapy</i>	Prior authorization is required for services beyond the Medicare therapy cap limits	Prior authorization is not required
<i>Skilled nursing facility (SNF) care</i>	A benefit period ends when: You have not been in a SNF for 60 days in a row, or you remain in a SNF and haven't received skilled care for 60 days in a row	Benefit period is per admission or per stay with no cost sharing on the day of discharge

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in *Secure Blue no Rx*

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2019.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2019 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2019*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, *Blue Cross of Idaho Care Plus, Inc.* offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change to a **different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from *Secure Blue no Rx*.
 - To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *Secure Blue no Rx*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2019.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2019, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2019. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In *Idaho*, the SHIP is called *Senior Health Insurance Benefits Advisors (SHIBA)*.

SHIBA is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. *SHIBA* counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call *SHIBA* at 1-800-247-4422. You can learn more about *SHIBA* by visiting their website (<http://www.doi.idaho.gov/shiba/default.aspx>).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance *through the Idaho AIDS Drug Assistance Program (IDAGAP)*. Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.
- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. *Idaho AIDS Drug Assistance can be reached by calling 1-208-334-5612. TTY users should call 711.*

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-208-334-5612. TTY users should call 711.

SECTION 7 Questions?

Section 7.1 – Getting Help from Secure Blue no Rx

Questions? We're here to help. Please call Customer Service at 1-888-494-2583. (TTY only, call 1-800-377-1363.) We are available for phone calls 8 a.m. to 8 p.m., seven days a week. Calls to these numbers are free.

Read your 2019 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2019. For details, look in the 2019 *Evidence of Coverage* for *Secure Blue no Rx*. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at medicare.bcidaho.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at medicare.bcidaho.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Find health & drug plans.”)

Read *Medicare & You 2019*

You can read *Medicare & You 2019* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Nondiscrimination Statement: Discrimination is Against the Law

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

Blue Cross of Idaho:

- 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 these services, contact Blue Cross of Idaho's Customer Service Department. Call 1-888-494-2583 (TTY: 1-800-377-1363), or call the customer service phone number on the back of your card.

If you believe that Blue Cross of Idaho 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 Blue Cross of Idaho's Grievances and Appeals Department at:

Manager, Grievances and Appeals
3000 East Pine Avenue, Meridian, Idaho 83642
Telephone: (800) 274-4018 ext.3838, Fax: (208) 331-7493
Email: grievances&appeals@bcidaho.com
TTY: 1-800-377-1363

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Grievances and Appeals team 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, DC 20201, 1-800-368-1019, 800-537-7697 (TTY). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. Reference: <https://federalregister.gov/a/2016-11458>

ATTENTION: If you speak Arabic, Chinese, French, German, Korean, Japanese, Persian (Farsi), Romanian, Russian, Serbo-Croatian, Spanish, Sudanic Fulfulde, Tagalog, Ukrainian, or Vietnamese, language assistance services, free of charge, are available to you. Call 1-888-494-2583 (TTY: 1-800-377-1363).

Arabic

ملحوظة: إذ كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-494-2583 (رقم هاتف الصم والبكم: 1-800-377-1363).

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 1-888-494-2583 (TTY : 1-800-377-1363)。

French ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1- 888-494-2583 (ATS : 1-800-377-1363).

German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1- 888-494-2583 (TTY: 1-800-377-1363).

Japanese 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1- 888-494-2583 (TTY: 1-800-377-1363) まで、お電話にてご連絡ください。

Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1- 888-494-2583 (TTY: 1-800-377-1363)번으로 전화해 주십시오.

Persian-Farsi توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت اریگان برای شما فراهم می باشد. با 1 888-494-2583 (TTY: 1-800-377-1363) تماس بگیرید.

Romanian ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1- 888-494-2583 (TTY: 1-800-377-1363).

Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1- 888-494-2583 (телетайп: 1-800-377-1363).

Serbo-Croatian OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1- 888-494-2583 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-377-1363).

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1- 888-494-2583 (TTY: 1-800-377-1363).

Sudanic Fulfulde MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1- 888-494-2583 (TTY: 1-800-377-1363).

Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1- 888-494-2583 (TTY: 1-800-377-1363).

Ukrainian УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1- 888-494-2583 (телетайп: 1-800-377-1363).

Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-494-2583 (TTY: 1-800-377-1363).



3000 East Pine Avenue | Meridian, Idaho | 83642-5995
Mailing Address: PO Box 8406 | Boise, Idaho | 83707-2406
1-888-494-2583 | TTY 1-800-377-1363