



Network Health Bravo (PPO) offered by Network Health Insurance Corporation

Annual Notice of Change for 2027

You're enrolled as a member of Network Health Bravo.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Network Health Bravo.
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a printed copy at networkhealth.com/medicare/plan-materials or call member experience at 800-378-5234 (TTY users call 711) to get a copy by mail.

More Resources

- Our member experience team has free language interpreter services available for non-English speakers (phone numbers are in Section 5 of this document).
- Call our member experience team at 800-378-5234 (TTY users call 711) for more information. Hours are Monday – Friday from 8 a.m. to 8 p.m. From October 1, 2026 through March 31, 2027, we are available every day from 8 a.m. to 8 p.m. This call is free.
- This information is available for free in other formats.

About Network Health Bravo

- Network Health Medicare Advantage Plans include PPO plans with a Medicare contract. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Network Health Insurance Corporation. When it says “plan” or “our plan,” it means Network Health Bravo.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Network Health Bravo.** Starting January 1, 2027, you'll get your medical coverage through Network Health Bravo. Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's), for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* *Your premium may be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amounts This is the <u>most</u> you'll pay out of pocket for your covered Part A and Part B services. (Go to Section 1.2 for details)	From in-network providers: \$4,500 From in-network and out-of-network providers combined: \$8,000	From in-network providers: \$4,500 From in-network and out-of-network providers combined: \$8,000
Primary care office visits	In-Network \$0 copayment per visit Out-of-Network \$30 copayment per visit	In-Network \$0 copayment per visit Out-of-Network \$30 copayment per visit
Specialist office visits	In-Network \$40 copayment per visit Out-of-Network \$75 copayment per visit	In-Network \$40 copayment per visit Out-of-Network \$75 copayment per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	In-Network You pay a copayment of \$295 for Medicare-covered inpatient hospital stays for days 1 - 6 and \$0 copayment per day for days 7 - 90 Out-of-Network You pay a copayment of \$550 for Medicare-covered inpatient hospital stays for days 1 - 6 and \$0 copayment per day for days 7 - 90	In-Network You pay a copayment of \$295 for Medicare-covered inpatient hospital stays for days 1 - 6 and \$0 copayment per day for days 7 - 90 Out-of-Network You pay a copayment of \$550 for Medicare-covered inpatient hospital stays for days 1 - 6 and \$0 copayment per day for days 7 - 90

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	You will receive a \$15 credit toward your Medicare Part B premium.	You will receive a \$15 credit toward your Medicare Part B premium.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network providers count toward your in-network maximum out-of-pocket amount.	\$4,500 Once you've paid \$4,500 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 providers for the rest of the calendar year.	\$4,500 Once you've paid \$4,500 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	\$8,000 Once you have paid \$8,000 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.	\$8,000 Once you’ve paid \$8,000 out-of-pocket for covered Part A and Part B services, you’ll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the *2027 Provider Directory* networkhealth.com/find-a-doctor to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here’s how to get an updated *Provider Directory*:

- Visit our website at networkhealth.com.
- Call our member experience team at 800-378-5234 (TTY users call 711) to get current provider information or ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call our member experience team at 800-378-5234 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to Benefits and Costs for Medical Services

	2026 (this year)	2027 (next year)
Dental services – extra benefits	Annual maximum of \$5,000 combined for preventive and comprehensive dental services.	Annual maximum of \$3,500 combined for preventive and comprehensive dental services.

	2026 (this year)	2027 (next year)
Fitness program	Out-of-Network When going to a non-contracted health club facility, fitness center membership charges will apply. We do not reimburse for these fees.	Out-of-Network Up to \$10 reimbursement annually towards a non-contracted health club facility, fitness center membership
Hearing services – extra benefits	Out-of-Network Must use our approved vendor, TruHearing to receive hearing aid allowance. You pay a \$40 copayment for each non-Medicare covered routine hearing exam.* This benefit is limited to 1 visit(s) every year. You pay a \$0 copayment for fitting/evaluation for hearing aid.	Out-of-Network \$4,000 deductible, then you pay 90% of the allowed amount per pair of non-Medicare covered hearing aids. Reimbursement up to a maximum of \$75 annually for hearing aids purchased through an out-of-network provider. \$200 deductible, then you pay 90% of the allowed amount for each non-Medicare covered routine hearing exam. This benefit is limited to 1 visit(s) every year. \$200 deductible, then you pay 90% of the allowed amount for each non-Medicare covered fitting/evaluation for hearing aids.

	2026 (this year)	2027 (next year)
Help with Certain Chronic Conditions - Acupuncture and Transportation	In-Network You pay a \$0 copayment for each acupuncture treatment. Maximum of 12 visit for acupuncture. You pay a \$0 copayment for each one-way transportation for dialysis treatment. Maximum of 24 one-way trips. Out-of-Network You pay a \$0 copayment for each acupuncture treatment. Maximum of 12 visit for acupuncture.	In-Network Acupuncture is not covered for treatment of severe nausea from chemotherapy. Transportation for dialysis treatments are not covered. Out-of-Network Acupuncture is not covered for treatment of severe nausea from chemotherapy. Transportation for dialysis treatments are not covered.
Outpatient diagnostic tests and therapeutic services and supplies	In-Network You pay a \$35 copayment for each Medicare-covered diagnostic mammogram service. Out-of-Network You pay a \$40 copayment for each Medicare-covered diagnostic mammogram service.	In-Network You pay a \$0 copayment for each Medicare-covered diagnostic mammogram service. Out-of-Network You pay a \$50 copayment for each Medicare-covered diagnostic mammogram service.

	2026 (this year)	2027 (next year)
Outpatient hospital services	In-Network You pay a \$35 copayment for each Medicare-covered diagnostic mammogram service. Out-of-Network You pay a \$40 copayment for each Medicare-covered diagnostic mammogram service.	In-Network You pay a \$0 copayment for each Medicare-covered diagnostic mammogram service. Out-of-Network You pay a \$50 copayment for each Medicare-covered diagnostic mammogram service.
Over-the-counter (OTC) catalog	Out-of-Network OTC items must be ordered from our plan’s approved service. We do not reimburse for OTC items purchased from retail stores or other mail order services. Over the counter (OTC) items services are not covered.	Out-of-Network \$200 deductible, then you pay 90% of the allowed amount of qualified OTC items, up to the combined in- and out-of-network \$100 quarterly maximum.

	2026 (this year)	2027 (next year)
Skilled nursing facility (SNF)	Per Admission In-Network You pay a copayment of \$0 for Medicare-covered hospital stays for days 1 - 20 You pay a copayment of \$218 for Medicare-covered hospital stays for days 21 - 45 You pay a copayment of \$0 for Medicare-covered hospital stays for days 46–100 Out-of-Network You pay a copayment of \$218 for Medicare-covered hospital stays for days 1 - 45 You pay a copayment of \$0 for Medicare-covered hospital stays for days 46 - 100	Per Admission In-Network You pay a copayment of \$0 for Medicare-covered hospital stays for days 1 - 20 You pay a copayment of \$221 for Medicare-covered hospital stays for days 21 - 45 You pay a copayment of \$0 for Medicare-covered hospital stays for days 46-100 Out-of-Network You pay a copayment of \$221 for Medicare-covered hospital stays for days 1 - 45 You pay a copayment of \$0 for Medicare-covered hospital stays for days 46 - 100.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Dental Services – Extra Benefits	One fluoride treatment per year Two periodontal maintenance appointments per year Includes one implant annually	Two fluoride treatments per year Four periodontal maintenance appointments per year Implants not covered Implant related services rendered in 2027 will not be covered

SECTION 3 How to Change Plans

To stay in Network Health Bravo, you don't need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in Network Health Bravo.

If you want to change plans for 2027 follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Network Health Bravo. Remember, not all Medicare health plans cover prescription drugs. Also be aware that for many plans you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Network Health Bravo.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call our member experience team at 800-378-5234 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 3).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You* 2027 handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE. As a reminder, Network Health Insurance Corporation offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 - December 7** each year.

If you enrolled in a Medicare Advantage Plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 - March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, those who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, seven days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Wisconsin has a program called Wisconsin SeniorCare that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Wisconsin AIDS/HIV Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call the Wisconsin AIDS/HIV Drug Assistance Program at 608-261-6952, 608-267-6875 or 800-991-5532. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 5 Questions?

Get Help from Network Health Bravo

- **Call our member experience team at 800-378-5234. (TTY users call 711).**

We're available for phone calls Monday – Friday from 8 a.m. to 8 p.m. From October 1, 2026, - March 31, 2027, we are available every day from 8 a.m. to 8 p.m. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Network Health Bravo. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at networkhealth.com/medicare/plan-materials or call our member experience team at 800-378-5234 (TTY users call 711) to ask us to mail you a copy.

- **Visit networkhealth.com**

Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Wisconsin, the SHIP is called Wisconsin SHIP.

Call Wisconsin SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Wisconsin SHIP at 800-242-1060. Learn more about Wisconsin SHIP by visiting dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm.

Get Help from Medicare

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

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

- **Chat live with [Medicare.gov](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Visit [Medicare.gov](https://www.medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at the Medicare website [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Discrimination is Against the Law

Network Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Network Health does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Network Health:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - o Qualified interpreters
 - o Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Network Health's Compliance Officer.

If you believe that Network Health 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:

Network Health
Attn: Compliance Officer
1570 Midway Place
Menasha, WI 54952
Phone: 800-378-5234
(TTY users should call 711)
Email: compliance@networkhealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Network Health's compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services,

Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

This notice is available at Network Health's website:
networkhealth.com

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 800-378-5234 (TTY: 711) or speak to your provider.

Albanian: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndiheja të përshtatshme dhe shërbime shpesh për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 800-378-5234 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

Arabic: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات تنبيه: كما تتوفر وسائل مساعدة وخدمات المساعدة اللغوية المجانية. مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. أو (711) 800-378-5234 اتصل على الرقم. تحدث إلى مقدم الخدمة.

Chinese: 如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 800-378-5234 (文本电话: 711) 或咨询您的服务提供商。

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires

appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 800-378-5234 (TTY : 711) ou parlez à votre fournisseur.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. *
Rufen Sie 800-378-5234 (TTY : 711) an oder sprechen Sie mit Ihrem Provider.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए नि: शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त साधन और सेवाएँ भी नि: शुल्क उपलब्ध हैं। 800-378-5234 (TTY : 711) पर कॉल करें या अपने प्रदाता से बात करें।

Hmong: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 800-378-5234 (TTY : 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조기구 및 서비스도 무료로 제공됩니다. 800-378-5234 (TTY : 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Laotian: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 800-378-5234 (TTY : 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Pennsylvania Dutch: Wann du Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtoffft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 800-378-5234 (TTY: 711) uff odder schwetz mit dei Provider.

Polish: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 800-378-5234 (TTY : 711) lub porozmawiaj ze swoim dostawcą.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 800-378-5234 (TTY : 711) или обратитесь к своему поставщику услуг.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 800-378-5234 (TTY : 711) o hable con su proveedor.

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 800-378-5234 (TTY : 711) o makipag-usap sa iyong provider.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 800-378-5234 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.