A plan designed to work for you. Take advantage of it.

Go ahead, take advantage.

2020 Benefit Plan Options
Institute for Advanced Studies
Welcome

Original Medicare Basics

Plan Benefits, Programs and Features

What to Expect Next

How to Enroll

Questions and Answers
UnitedHealthcare® is here for you

Helping you make the most of your plan

Connecting you to the care and coverage you may need

Providing programs, resources and tools

Dedicated to helping you live a healthier life
When are you eligible for Medicare?

You’re eligible for Original Medicare (Parts A and B) if:

- You’re 65 years old, or you’re under 65 and qualify on the basis of disability or other special situation

AND

- You’re a U.S. citizen or a legal resident who has lived in the United States for at least 5 consecutive years

If you (or your spouse) have contributed payroll taxes to Medicare throughout your working life, you are eligible for Medicare when you reach age 65 — regardless of your income or health status.
The ABCs of Medicare

Medicare choices

After you enroll in Original Medicare (Parts A and B), you may choose to enroll in additional Medicare coverage.

**STEP 1** Enroll in Original Medicare.

**STEP 2** Decide if you need additional coverage. There are two ways to get it.

**OPTION 1**
Add one or both of the following to Original Medicare:

- **Medicare Supplement Insurance Plan**
  - Offered by private companies
  - Helps pay some of the out-of-pocket costs that come with Original Medicare

- **Medicare Part D Plan**
  - Offered by private companies
  - Helps pay for prescription drugs

**OPTION 2**
Choose a Medicare Advantage plan:

- **Medicare Advantage Plan**
  - Offered by private companies
  - Combines Part A (hospital insurance) and Part B (medical insurance) in one plan
  - Usually includes prescription drug coverage
  - May offer additional benefits not provided by Original Medicare
Option 1:

Keep Original Medicare and add:

**Medicare Supplement Insurance Plan**
Offered by private companies

- Helps pay some of the out-of-pocket costs that come with Original Medicare

**Medicare Part D Plan**
Offered by private companies

- Helps pay for prescription drugs

**AND/OR**

**Medicare Supplement Insurance Plan**

**Medicare Part D (prescription drugs)**
Option 2:

Medicare Part C (Medicare Advantage Plan)

Medicare Advantage Plan
Offered by private companies

Combines Part A (hospital insurance) and Part B (medical insurance) in one plan

Usually includes prescription drug coverage

May offer additional benefits not provided by Original Medicare
Plan Benefits, Programs and Features

UnitedHealthcare Group Medicare Advantage PPO Plan
Your Medicare Advantage plan

The advantages of a single plan

Medicare Advantage (Part C) plans are provided through private insurers, like UnitedHealthcare.

All the benefits of Part A
- Hospital stays
- Skilled nursing
- Home health

Prescription drug coverage
- Included in many Medicare Advantage plans

All the benefits of Part B
- Doctor visits
- Outpatient care
- Screenings and shots
- Lab tests

Additional benefits, programs and features
- May be bundled with the plan
Your plan overview National PPO

- Coverage for visiting doctors, clinics and hospitals
- Prescription drug coverage
- No referral needed to see a specialist
- You can see doctors outside the network for the same cost share as in-network providers
Your doctors National PPO

• This plan lets you visit doctors, specialists and hospitals in or out of our network for the same cost share as long the provider participates in Medicare and accepts the plan

• Even though you are not required to see a network doctor, your doctor may already be part of our network. To find out, search our online Provider Directory at www.UHCRetiree.com or call UnitedHealthcare® Customer Service

• If your doctor is in the network, he or she must accept this plan if you are a current patient. If your doctor is not in our network, he or she may choose not to treat you unless it is an emergency
UnitedHealthcare Group Medicare Advantage PPO

<table>
<thead>
<tr>
<th></th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td>$0</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum</td>
<td>$2,000</td>
</tr>
</tbody>
</table>
## UnitedHealthcare Group Medicare Advantage PPO

<table>
<thead>
<tr>
<th>Benefit Coverage</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care provider (PCP) office visit</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$65</td>
<td>$65</td>
</tr>
<tr>
<td>Inpatient hospitalization</td>
<td>$250/admission</td>
<td>$250/admission</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

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# UnitedHealthcare Group Medicare Advantage Advantage PPO

## Preventive Services

<table>
<thead>
<tr>
<th>Benefit Coverage</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual physical</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Annual wellness visit</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Immunizations</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Breast cancer screening</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Colon cancer screening</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Benefit Coverage</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Medicare-covered podiatry</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>Medicare-covered chiropractic care</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td>Medicare-covered vision services</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>Medicare-covered hearing services</td>
<td>$30</td>
<td>$30</td>
</tr>
</tbody>
</table>
Your Part D prescription drug coverage

- UnitedHealthcare® has over 67,000 national, regional, local chains and independent neighborhood pharmacies in its network
- Thousands of covered brand name and generic prescription drugs

Call Customer Service to see if your prescription drugs are covered. Customer Service can be reached 8 am – 8pm local time, 7 days a week by calling 877-714-0178.
## Your Part D prescription drug plan:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Retail 30-day supply</th>
<th>Preferred Mail Order 90-day supply</th>
</tr>
</thead>
</table>
| Tier 1 | **Preferred Generic**  
Most generic drugs.                                                            | $10                   | $20                               |
| Tier 2 | **Preferred Brand**  
Many common brand name drugs, called preferred brands and some higher-cost generic drugs. | $20                   | $40                               |
| Tier 3 | **Non-preferred Drug**  
Non-preferred generic and non-preferred brand name drugs.  
In addition, Part D eligible compound medications are covered in Tier 3. | $35                   | $70                               |
| Tier 4 | **Specialty Tier**  
Unique and/or very high-cost brand and generic drugs.                          | $35                   | $70                               |
# Drug payment stages — Full Coverage in the Gap

<table>
<thead>
<tr>
<th>Initial Coverage</th>
<th>Coverage Gap (Donut Hole)</th>
<th>Catastrophic Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>In this drug payment stage:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You pay a copay or coinsurance (percentage of a drug’s total cost) and the plan pays the rest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You stay in this stage until your total drug costs reach $4,020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your plan provides additional coverage through the gap.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You continue to pay the same copay or coinsurance as you did in the initial coverage stage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You stay in this stage until your out-of-pocket costs reach $6,350</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After your out-of-pocket costs reach $6,350.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You pay $3.60 for generics, $8.95 for brands, or 5% whichever is higher.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You stay in this stage for the rest of the plan year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Diabetes testing and monitoring supplies

Your plan provides coverage for many of the OneTouch® and ACCU-CHEK® blood glucose testing strips and meters

When you use one of the approved meters and corresponding strips, your cost-share for diabetes testing and monitoring supplies is a $0 copay.

These supplies also include any brand of lancets, lancing device, glucose control solution (to test the accuracy of your meter), and replacement batteries for your meter.

To switch to one of the preferred brands, you may be required to get a new prescription from your doctor. A temporary supply of your current brand can be requested.
More ways you can save

- **Review your medications**
  Discuss all your prescription drugs with your doctor at least once a year

- **Use your UnitedHealthcare® Member ID card**
  Show your member ID card at the pharmacy to get the plan’s discounted rates

- **Use participating network pharmacies**
  You may save on the medication you take regularly

- **Ask your doctor about trial supplies**
  Fill a prescription for less than 30 days to make sure the medication works for you before getting a full month’s supply

- **Consider using OptumRx® Home Delivery Pharmacy**
  You could save time and trips to the pharmacy
UnitedHealthcare® HouseCalls

Enjoy a preventive care visit in the privacy of your own home*

With the UnitedHealthcare® HouseCalls program, you get an annual in-home preventive care visit from one of our health care practitioners at no extra cost. What to expect from a HouseCalls visit:

• A knowledgeable health care practitioner will review your health history and current medications, perform health screenings, help identify health risks and provide health education

• You can talk about health concerns and ask questions that you haven’t had time to ask before

• HouseCalls will send a summary of your visit to you and your primary care provider

• You may even be eligible for a reward when you complete a HouseCalls visit

*HouseCalls may not be available in all areas.
Take an active role in your health with Renew.

Renew by UnitedHealthcare* helps you unlock your unique potential and live your best life — with access to a wide range of resources, such as Renew magazine, brain games, recipes, learning courses, fitness activities, videos and more. Plus, you may be eligible to earn gift card rewards by completing certain health care activities such as your annual physical or wellness visit.**

Renew can help you take a more active role in your health and wellness through:

- *Renew Magazine
- Interactive quizzes and tools
- Renew Rewards
- Health news, articles and videos
- Brain games
- Health topic library
- Recipe library
- Photo gallery
- Streaming music
- Learning courses

* Renew by UnitedHealthcare is not available in all plans. Resources may vary.
** Reward offerings will vary by member and Renew Rewards is not available in all plans with Renew by UnitedHealthcare.
Annual wellness visit

Take charge of your health

Schedule your annual physical and wellness visit — both are covered by your health plan for a $0 copay.*+

• Save time by combining your wellness visit and physical into a single office visit

• Schedule your appointment early in the year to get any preventive care you may need

• Make sure you follow through with your provider’s recommendations for screenings, exams and other care

You can get your annual wellness visit any time during the calendar year no matter when you had your last visit the previous year.

*A copay or coinsurance may apply if you receive additional services that are not part of the annual physical.
*Covered at a $0 copay when you see a network doctor (if your plan has a network).
Gym membership

SilverSneakers® is a fitness program that includes:

- Access to exercise equipment
- Group classes and more at 16,000+ fitness locations*
- Signature classes led by certified instructors trained specifically in adult fitness

Classes, equipment, facilities and services may vary by location.

*At-home kits are offered for members who want to start working out at home or for those who can’t get to a fitness location due to injury, illness or being homebound.
Virtual Visits

With Virtual Visits, you’re able to live video chat with a doctor or behavioral health specialist from your computer, tablet or smartphone anytime, day or night.

Virtual Doctor Visits
You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection. Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachaches

Virtual Behavioral Health Visits
Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety

You can find a list of participating Virtual Visit providers by logging into your member website.
NurseLine

You are never alone with NurseLine

NurseLine provides you 24/7 access to a registered nurse who can help you with sudden health concerns as well as:

• Questions about a medication
• Finding a doctor or specialist
• Understanding an ongoing health condition or new diagnosis
Make caring for a loved one easier

At no additional cost, Solutions for Caregivers supports you, your family and those you care for by providing information, education, resources and care planning

- Get helpful advice and assistance finding services and programs from a professional care manager
- Receive a personalized care plan with recommendations and resources
- You will have access to the Solutions for Caregivers website to explore our library of articles and caregiver-related products and services
- Have a registered nurse perform an in-person assessment of your situation, if needed
UnitedHealthcare Hearing

Hear the moments that matter most

With UnitedHealthcare Hearing, you can receive a hearing exam and have access to a wide selection of brand name and private-labeled custom-programmed hearing aids at significant savings. Plus, you’ll receive personalized care and follow-up support from experienced hearing providers, helping you to hear better and live life to the fullest.

• Get access to more than 5,000 accredited hearing providers nationwide¹
• Choose hearing aids from major manufacturers, including Phonak, Starkey®, Oticon, Signia, Resound, Widex® and Unitron™
• Order hearing aids in-person or through home delivery
• Receive exclusive pricing on covered hearing aids, helping you save thousands of dollars

¹2019 UnitedHealthcare Internal Data. Other hearing exam providers are available in our network.

UnitedHealthcare Hearing is a new UnitedHealthcare owned hearing health company combining EPIC Hearing Healthcare and hi HealthInnovations®.
Understanding Original Medicare’s rules

• You must be entitled to Medicare Part A and/or enrolled in Medicare Part B and continue to pay your Medicare Part B premium.

• You can only be in one Medicare Advantage plan at a time. Enrolling in another plan will automatically disenroll you from any other Medicare Advantage or prescription drug plan.

• The EOC also covers specific plan benefits, copays, exclusions, limitations and other terms.

• Please review the full text of the Statement of Understanding in your 2020 enrollment kit.
Plan Benefits, Programs and Features

UnitedHealthcare Medicare Supplement and Part D Plan
Medicare Supplement Plans

Medicare Supplement Changes in 2020:

• Congressionally mandated changes to Plan F eligibility go into effective January 1, 2020.
  
  • Any Medicare eligible individual who turned 65 prior to January 1, 2020 will remain eligible for Plan F.
  
  • Any Medicare eligible individual who turned 65 after January 1, 2020 will no longer be able to enroll in Plan F.
  
• The main difference between Plan F and Plan G is that Plan G requires individuals to pay their Part B deductible, $185 in 2019.
## Your Part D prescription drug plan:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Prescription Drug Type</th>
<th>Your Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Retail 30-day supply</td>
<td>Preferred Mail Order 90-day supply</td>
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<td>You stay in this stage for the rest of the plan year</td>
</tr>
</tbody>
</table>
What to Expect Next
What to expect after enrollment

- You will receive your new UnitedHealthcare® Member ID card and you can start using it as soon as your plan is effective.
- You will receive a Quick Start Guide that gives you more information on how your benefits work and how to get the most out of your plan.
- After you receive your member ID card, you can register online at www.UHCRetiree.com to get access to your plan information.
- Soon after your effective date, we will contact you to complete a short health survey so we can understand your unique health needs.
How to use your new plan after January 1, 2020

It’s easy!

• Beginning effective date simply use your UnitedHealthcare® Member ID card each time you go to the doctor or hospital or get a prescription filled at the pharmacy

• The back of your member ID card lists important phone numbers you may need throughout the year

• Don’t discard your red, white and blue Medicare card
After you get your UnitedHealthcare® Member ID card, sign up for your secure online personal account at UHCRetiree.com.

After you sign up, you can:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary UnitedHealthcare® Member ID card and request a new one
- Search for drugs and see how much they cost under your plan
- Search for network doctors
- Explore Renew by UnitedHealthcare, our member-only Health & Wellness experience
- Get your Explanation of Benefits online

Follow these easy steps to sign up for your online account:

1. Visit the website and click on the "New user? Register Now" button and then click “Register Now”.
2. Enter your information (first and last name, date of birth, ZIP code, UnitedHealthcare Member ID number) and click "Continue".
3. Create your username and password, enter your email address, and click "Create my ID".
4. For security purposes, you will need to verify your account by email, call or text.
How to Enroll
How To Enroll

Enrollments can be completed over the phone or by mailing in your application

• If you would like to enroll in a plan offered by the Institute for Advanced Studies, please call our customer service team 8 am – 8pm local time, 7 days a week at 877-714-0178, TTY 711.
Questions and Answers
Thank You

We look forward to welcoming you to our Medicare family.
Additional information

This document is available in alternative formats. If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

This information is not a complete description of benefits. Call [insert customer service phone number/TTY] for more information. [Limitations, copayments, and restrictions may apply.] [Benefits, premiums and/or copayments/co-insurance] may change on January 1 of each year.

[[Formularies and/or provider/pharmacy networks disclaimer] [The <formulary, pharmacy network, and/or provider network> may change at any time. You will receive notice when necessary.]

You must continue to pay your Medicare Part B premium [,] [if not otherwise paid for under Medicaid or by another third party.]

Out-of-network/non-contracted providers are under no obligation to treat <Plan/Part D Sponsor> members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information [, including the cost-sharing that applies to out-of-network services].

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage and Prescription Drug Plans: A Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan’s contract renewal with Medicare.
Additional information

[<1>Preferred Retail Pharmacy Network] Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. [Copays apply after deductible.]

[<2>OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a [90- or 100-day] supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. Prescriptions from OptumRx should arrive within 5 business days after we receive the complete order. Contact OptumRx anytime at 1-888-279-1828, TTY 711.]

[Other pharmacies are available in our network.]
Additional information

Renew by UnitedHealthcare is not available in all plans.

[<3>Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © <2019>. All rights reserved.]

[<4>The NurseLine service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.]

[<5>Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.]
Additional information

The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

- **Online:** UHC_Civil_Rights@uhc.com
- **Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608, Salt Lake City, UT 84130

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 member toll-free phone number listed on your 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
- **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, D.C. 20201

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

ATENCION: Si habla espanol (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposicion. Llame al numero de telefono gratuito que aparece en su tarjeta de identificacion.

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 LUU Y: 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.

주의: 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasali ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika.

ПААЛАЛА: Если вы говорите на тагальском языке, у вас есть бесплатные услуги перевода.

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

Если вы говорите по-русски (Russian), вам предоставляются бесплатные услуги перевода. Пожалуйста, позвоните по бесплатному номеру, указанному на вашей идентификационной карте.

ATENSYON: 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 identifikasyon 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.

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

ATTENZIONE: in caso la lingua parlata sia l’italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

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.

注意事項: 日本語 (Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。