Absolute Total Care (Medicare-Medicaid Plan) offered by Absolute Total Care, Inc.

Annual Notice of Changes for 2019

Introduction

You are currently enrolled as a member of Absolute Total Care (Medicare-Medicaid Plan). Next year, there will be some changes to the plan's benefits, coverage, rules and costs. This document tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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Table of Contents

Introduction	1
A. Disclaimers	3
B. Reviewing Your Medicare and South Carolina Healthy Connections Medicaid Coverage for Next Year	3
B1. Additional Resources	4
B2. Information about Absolute Total Care	4
B3. Important things to do	5
C. Changes to the network providers and pharmacies	6
D. Changes to benefits and costs for next year	7
D1. Changes to benefits and costs for medical services	7
D2. Changes to prescription drug coverage	9
E. Administrative changes	2
F. How to choose a plan12	2
F1. How to stay in our plan12	2
F2. How to change plans12	2
G. How to get help10	6
G1. Getting help from Absolute Total Care16	6
G2. Getting help from the state enrollment broker, South Carolina Healthy Connections Choices1	7
G3. Getting help from the Healthy Connections Prime Advocate	7
G4. Getting help from the State Health Insurance Assistance Program (SHIP)	7
G5. Getting help from Medicare18	8
G6. Getting help from Healthy Connections Medicaid18	8
G7. Getting help from your Quality Improvement Organization (QIO)	8



If you have questions, please call Absolute Total Care at 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m. Monday through Evidence of the second sec 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. For more information, visit mmp.absolutetotalcare.com.

A. Disclaimers

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or refer to the Member Handbook.

B. Reviewing Your Medicare and South Carolina Healthy Connections Medicaid Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section F2 for more information.

If you leave our plan, you will still be in the Medicare and Healthy Connections Medicaid programs as long as you are eligible.

- If you leave our plan, you can choose to enroll in a different Medicare-Medicaid Plan, or you can go back to getting your Medicare and Healthy Connections Medicaid services separately.
- If you do not want to enroll in a different Medicare-Medicaid Plan, you will have a choice about how to get your Medicare benefits (go to page 12 to see your options).

NOTE: If you are in a drug management program, you may not be able to join a different plan. See Chapter 5, section G3, page 114 of your *Member Handbook* for information about drug management programs.



B1. Additional Resources

- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711) de 8 a.m. a 8 p.m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados federales, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- To always get this document and other material in another language or format, now and in the future, please call Member Services.

B2. Information about Absolute Total Care

- Absolute Total Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.
- Coverage under Absolute Total Care qualifies as minimum essential coverage (MEC). It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <u>www.irs.gov/Affordable-Care-</u> <u>Act/Individuals-and-Families</u> for more information on the individual shared responsibility requirement for MEC.
- Absolute Total Care (Medicare-Medicaid Plan) is offered by Absolute Total Care, Inc. When this *Annual Notice of Changes* says "we," "us," or "our," it means Absolute Total Care, Inc. When it says "the plan" or "our plan," it means Absolute Total Care (Medicare-Medicaid Plan).



B3. Important things to do:

- Check if there are any changes to our benefits and costs that may affect you.
 - Are there any changes that affect the services you use?
 - It is important to review benefit and cost changes to make sure they will work for you next year.
 - Look in section D, page 7 for information about benefit and cost changes for our plan.
- Check if there are any changes to our prescription drug coverage that may affect you.
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in section D, page 9 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices, visit https://go.medicare.gov/drugprices. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- Check to see if your providers and pharmacies will be in our network next year.
 - Are your doctors in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C, page 6 for information about our *Provider and Pharmacy Directory.*



- Think about your overall costs in the plan.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?
- Think about whether you are happy with our plan.

If you decide to stay with Absolute Total Care :	If you decide to change plans:
If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.	If you decide other coverage will better meet your needs, you can switch plans at any time. (See section F2 for more information.) If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section F, page 12 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2019.

We strongly encourage you to review our current *Provider and Pharmacy Directory* to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at mmp.absolutetotalcare.com. You may also call Member Services at 1-855-735-4398 (TTY: 711) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. For Member Services hours of operation, please see the bottom of this page.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.



D. Changes to benefits and costs for next year

D1. Changes to benefits and costs for medical services

We are changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

	2018 (this year)	2019 (next year)
Inpatient mental health care	You pay a \$0 copay. Prior authorization (approval in advance) is required. Please contact the plan for details. Authorization must be obtained from a designated behavioral health vendor.	You pay a \$0 copay. Prior authorization (approval in advance) is required. Please contact the plan for details.
Partial hospitalization services	You pay a \$0 copay. Prior authorization (approval in advance) is required. Please contact the plan for details. Authorization must be obtained from a designated behavioral health vendor.	You pay a \$0 copay. Prior authorization (approval in advance) is required. Please contact the plan for details.



	2018 (this year)	2019 (next year)
Mental Health Specialty Services	You pay a \$0 copay. Prior authorization (approval in advance) is required. Authorization must be obtained from a designated behavioral health vendor.	You pay a \$0 copay. You do not need prior authorization (approval in advance).
Psychiatric services	You pay a \$0 copay. Prior authorization (approval in advance) is required. Authorization must be obtained from a designated behavioral health vendor.	You pay a \$0 copay. You do not need prior authorization (approval in advance).
Outpatient substance abuse services	You pay a \$0 copay. Prior authorization (approval in advance) is required. Please contact the plan for details. Authorization must be obtained from a designated behavioral health vendor.	You pay a \$0 copay. Prior authorization (approval in advance) is required. Please contact the plan for details.

	2018 (this year)	2019 (next year)
Over-the-Counter (OTC) items The plan covers limited OTC	The Plan covers up to \$25 per month of items available by mail.	The Plan covers up to \$25 per month of items available by mail.
items available by mail.	Any unused amount cannot be carried over to the next month.	Any unused amount cannot be carried over to the next month.
	Products are for member use only.	There is an item limit of 5 per month of a specific product.
		Products are for member use only.
Supervised Exercise Therapy (SET)	Not covered	Up to 36 sessions during a 12-week period if all SET requirements are met.
The plan will pay for SET for members with symptomatic peripheral artery disease (PAD) who have a referral for PAD from the physician responsible for PAD treatment.		An additional 36 sessions over time if deemed medically necessary by a health care provider.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at mmp.absolutetotalcare.com. You may also call Member Services at 1-855-735-4398 (TTY: 711) for updated drug information or to ask us to mail you a *List of Covered Drugs*. For Member Services hours of operation, please see the bottom of this page.

The List of Covered Drugs is also called the "Drug List."



We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to see if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at 1-855-735-4398 (TTY: 711) to ask for a list of covered drugs that treat the same condition. For Member Services hours of operation, please see the bottom of this page.
 - This list can help your provider find a covered drug that might work for you.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days of medication at a retail pharmacy and up to 31 days of a medication at a long-term care pharmacy for Part D drugs. This temporary supply will be for up to 90 days of a non-Part D drug that is covered by Medicaid. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook*, section D1, page 108.)
 - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have a current formulary exception that has been approved by our plan in 2018, and you remain a member of Absolute Total Care for 2019, we may continue to cover this exception during 2019. You will receive a letter with approval dates if we decide to continue to cover your exception during 2019. However, if we decide not to continue to cover the exception during 2019, your doctor (or other prescriber) must work with Absolute Total Care to request a new exception for the 2019 calendar year. To learn what you must do to ask for an exception, see Chapter 9, section 6.2, page 174 of the *2019 Member Handbook* or call Member Services at 1-855-735-4398 (TTY: 711). For Member Services hours of operation, please see the bottom of this page.



Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2019. Read below for more information about your prescription drug coverage.

We moved some of the drugs on the Drug List to a lower or higher drug tier. To see if your drugs will be in a different tier, look them up in the Drug List.

The table below shows your costs for drugs in each of our three drug tiers.

	2018 (this year)	2019 (next year)
Drugs in Tier 1 (<i>Generic Drugs</i>) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 per prescription .	Your copay for a one-month (30-day) supply is \$0 per prescription.
Drugs in Tier 2 (<i>Brand Drugs</i>) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 per prescription .	Your copay for a one-month (30-day) supply is \$0 per prescription.
Drugs in Tier 3 (Non-Medicare Prescription and Over-the-Counter ("Rx/OTC") Drugs) Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 per prescription .	Your copay for a one-month (30-day) supply is \$0 per prescription .



E. Administrative changes

Administrative changes do not affect your coverage or costs. Read below for more information about these changes.

	2018 (this year)	2019 (next year)
Mental Health Specialty Services	Prior authorization (approval in advance) is required.	You do not need prior authorization (approval in advance).
Psychiatric Services	Prior authorization (approval in advance) is required.	You do not need prior authorization (approval in advance).
Mail Order Automatic Refill Program	N/A	In 2019, you have the option to sign up for automated prescription refills from our mail order pharmacies. The mail order pharmacy will contact you prior to shipping each refill.

F. How to choose a plan

F1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in our health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2019.

F2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.



NOTE: Effective January 1, 2019, if you're in a drug management program, you may not be able to change plans. See Chapter 5, section G3, page 114 of your *Member Handbook* for information about drug management programs.

1. You can change to:	Here is what to do:
A different Medicare-Medicaid Plan	Call South Carolina Healthy Connections Choices at 1-877-552-4642, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-877-552-4670. Tell them you want to leave Absolute Total Care and join a different Medicare- Medicaid Plan. If you are not sure what plan you want to join, they can tell you about other plans in your area. Your coverage with Absolute Total Care will end on the last day of the month that we get your request.

These are the four ways people usually end membership in our plan:

2. You can change to:	Here is what to do:
A Medicare health plan (such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE))	Call Medicare at 1-800-MEDICARE (1-800- 633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486- 2048.
	If you need help or more information:
	 Call the State Health Insurance Assistance Program (SHIP) at 1-800- 868-9095. TTY users should call 711. In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program.
	You will automatically be disenrolled from Absolute Total Care when your new plan's coverage begins.



If you have questions, please call Absolute Total Care at 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m. Monday through Existence for the second s 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. For more information, visit mmp.absolutetotalcare.com.

3. You can change to:	Here is what to do:
Original Medicare with a separate Medicare prescription drug plan	Call Medicare at 1-800-MEDICARE (1-800- 633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486- 2048.
	If you need help or more information:
	 Call the State Health Insurance Assistance Program (SHIP) at 1-800- 868-9095. TTY users should call 711. In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. You will automatically be disenrolled from
	Absolute Total Care when your Original Medicare coverage begins.

4. You can change to:

Original Medicare without a separate Medicare prescription drug plan

NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you get drug coverage from an employer, union or other source. If you have questions about whether you need drug coverage, call the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program at 1-800-868-9095. TTY users should call 711.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

 Call the State Health Insurance Assistance Program (SHIP) at 1-800-868-9095. TTY users should call 711. In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program.

You will automatically be disenrolled from Absolute Total Care when your Original Medicare coverage begins.

G. How to get help

G1. Getting help from Absolute Total Care

Questions? We're here to help. Please call Member Services at 1-855-735-4398 (TTY only, call 711). We are available for phone calls from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Your 2019 Member Handbook

The 2019 Member Handbook is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The 2019 Member Handbook will be available by October 15. An up-to-date copy of the 2019 *Member Handbook* is always available on our website at mmp.absolutetotalcare.com. You may also call Member Services at 1-855-735-4398 (TTY: 711) to ask us to mail you a 2019 Member Handbook. For Member Services hours of operation, please see the bottom of this page.



Our website

You can also visit our website at mmp.absolutetotalcare.com. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

G2. Getting help from the state enrollment broker, South Carolina Healthy Connections Choices

The enrollment broker helps people choose between the different Medicare-Medicaid Plans, enroll, change plans, or disenroll. The enrollment broker is called South Carolina Healthy Connections Choices, and it is not connected with any insurance company or health plan. You can call South Carolina Healthy Connections Choices at 1-877-552-4642, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-877-552-4670.

G3. Getting help from the Healthy Connections Prime Advocate

The Healthy Connections Prime Advocate is an ombudsman program that helps people enrolled in Healthy Connections Prime with service or billing problems. The Healthy Connections Prime Advocate can help you if you are having a problem with Absolute Total Care. The ombudsman's services are free.

- The Healthy Connections Prime Advocate is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The Healthy Connections Prime Advocate makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The Healthy Connections Prime Advocate is not connected with us or with any insurance company or health plan. The phone number for the Healthy Connections Prime Advocate is 1-844-477-4632. TTY users should call 711.

G4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. I-CARE counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. I-CARE is not connected with any insurance company or health plan. The I-CARE phone number is 1-800-868-9095. TTY users should call 711.



G5. Getting help from Medicare

To get information directly from Medicare, 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.

Medicare's Website

You can visit the Medicare website (<u>http://www.medicare.gov</u>). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <u>http://www.medicare.gov</u> and click on "Find health & drug plans.")

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 (<u>http://www.medicare.gov</u>) 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.

G6. Getting help from Healthy Connections Medicaid

The phone number for Healthy Connections Medicaid is 1-888-549-0820. This call is free. TTY users should call 1-888-842-3620.

G7. Getting help from your Quality Improvement Organization (QIO)

The QIO is a group of doctors and other healthcare professionals who help improve the quality of care for people with Medicare. In South Carolina, the QIO is a company called KEPRO. KEPRO is not connected with our plan. You can call KEPRO at 1-844-455-8708 (TTY: 1-855-843-4776). For more information, see Chapter 2, section E, page 23 of your *Member Handbook*.



Notice of Non-Discrimination. Absolute Total Care (Medicare-Medicaid Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Absolute Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Absolute Total Care: → Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).

→ Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Absolute Total Care's Member Services at 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

If you believe that Absolute Total Care 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 by calling the number above and telling them you need help filing a grievance; Absolute Total Care's Member Services 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, (TDD: 1-800-537-7697).

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

Language Services

ATTENTION: If you do not speak English, language assistance services are available to you, free of charge. Call 1-855-735-4398 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711).

ملحوظة: إذا كنت لا تجيد التحدث باللغة الإنجليزية، فإن خدمات المساعدة اللغوية تتوافر لكُ بالمجان. أتصل برقم 1-855-735-4398 (رقم هاتف الصم والبكم: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-4398 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-4398 (ТТҮ: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-4398 (TTY: 711).

ATENÇÃO: Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-855-735-4398 (TTY: 711).

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 電 1-855-735-4398 (TTY:711)。

RUAHSAKNAK: Mirang ttong hmang nan um silen, Mirang ttong thawn pehpar aw in a lak in bawm nak a um. Himi ah in contact thei asi: 1-855-735-4398 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-735-4398 (TTY: 711) पर कॉल करें।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-4398 (TTY: 711) 번으로 전화해 주십시오.

THEIHTERNAK: Mirang holh a thiammi na si ahcun, holh lei kongkau bawmchanh khawhnak a lak in nangmah caah a um. Hika hin au hna 1-855-735-4398 (TTY-711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-4398 (ATS : 711).

ဟ်သူဉ်ဟ်သးဘဉ်တက္i်–ဖဲနမ္iတကတိၤအဲးကလံးအကျိဉ်ဘဉ်နှဉ်,ကျိဉ်အတာ်ဆီဉ်ထွဲမၤစၢၤအတာဖ်ံးတာ်မၤတဖဉ်အိဉ်ဝဲဉေလၤနဂ်္ဂီလၢတလိဉ် ဟွဉ်အပူးဘဉ်နှဉ်လီၤ.ကိုးဘဉ် 1-855-735-4398 (TTY: 711) တက္ရှ်.

ማሳሰቢያ፦ አማርኛ የሚናንሩ ከሆነ የቋንቋ እንዛ አንልግሎቶች ያለ ምንም ክፍያ ለእርስዎ ሊሰጡ ይቸላሉ። ወደ 1-855-735-4398 (TTY: 711) ይደውሉ።

သတိပြုရန်။ သင် မြန်မာစကားပြောပါက အခမဲ့ ဘာသာပြန် ဝန်ဆောင်မှုကို ရရှိနိုင်သည်။ 1-855-735-4398 (TTY: 711) ကိုခေါ်ပါ။