

PLAN UPDATES

What's new for Virginia small business group plans with coverage effective on or after January 1, 2025

VIRGINIA
2025



This booklet contains a summary of important information about our Virginia small group plans. For more details on plan information, see the *Administrative Guide for Off-Exchange Plans*.

Your partner in good health

At Kaiser Permanente, we offer a fully integrated health care delivery system with providers, hospitals, pharmacies, and labs working together to provide coordinated care for our members.

What's new at Kaiser Permanente



NEW – Updated **kp.org** website and app experience

Our members can expect a newly modernized digital experience with the addition of MyChart by Epic on **kp.org** and the Kaiser Permanente app. The latest MyChart features give members easier access to their favorite self-service tools and greater compatibility with outside care providers.



NEW – After Hours Care at 4 medical centers: Annapolis, Ashburn, Fredericksburg, and White Marsh

Our After Hours Care locations are designed to care for minor health concerns like:

- Ear pain
- Cold, sinus, and flu-like symptoms
- Rash
- Minor injuries
- Neck pain
- Urinary tract infection (UTI)
- And more



NEW – Urgent Care at Kensington Medical Center

Our Urgent Care locations, including the new service at Kensington, can address additional health concerns, such as:

- Stomach pain
- Back pain
- Deep cuts
- Skin infections
- Strains and sprains
- Vomiting, diarrhea, and nausea
- And more



Suite of self-care apps

The following behavioral health providers in our contracted network offer app-based teletherapy services to Kaiser Permanente members at no additional cost:

- Grow Therapy
- myStrength Complete by Teladoc Health¹
- Open Mind Health
- UpLift

¹ App services may not be covered under your health plan benefits and may not be subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. Psychiatry is not included in the myStrength Complete membership. Telecoaching is not available to members age 13 to 17. myStrength® is a wholly owned subsidiary of Livongo Health, Inc.



Skip the appointment line with our waitlist service¹

Kaiser Permanente now offers an automated waitlist option that can get members in to their physician's office sooner (by 21 days on average) if an appointment becomes available. NOTE: The new appointment will be for the same service and same clinician as initially booked.



Top-rated health plans

Out of more than 1,200 health plans evaluated in 2023, Kaiser Permanente of the Mid-Atlantic States received the region's highest rating from the National Committee for Quality Assurance for every commercial, Medicare, and Medicaid plan we offer.²



Going all in against cancer

Our cancer care team leads the way in early detection, clinical trials, and innovative treatments, giving patients more options in the fight against cancer.



Furthering our mission with community health

We help people experiencing health inequities address the clinical, genetic, social, economic, and environmental factors that affect their ability to thrive. In 2023 alone, we invested nearly \$200 million in the community.³



High marks in the industry

Insure.com recently rated Kaiser Permanente as the nation's *Best Health Insurance Company of 2024* for customer satisfaction.⁴ We also received top marks in their 2024 health insurance customer survey: We earned the top rating for affordability, customer satisfaction, and trustworthiness.

¹ Sooner appointments are available for phone, video, or in-person appointments. Availability varies by service and department.

² NCQA evaluated over 1,200 health plans based on clinical performance, member satisfaction and NCQA Accreditation. In the NCQA Commercial Health Plan Ratings 2023, our commercial plan is rated 5 out of 5, the highest rating in the region; our Medicare plan is rated 4.5 out of 5, the highest rating in the region; and our Medicaid plan is rated 4.5 out of 5, the highest rating in the region

³ According to year-end financial result, 2023 at mykp.kp.org.

⁴ In the survey *Best Health Insurance Companies of 2024* by **Insure.com**, Kaiser Permanente as a national enterprise is rated #1 overall among 70+ competitors—for the fourth year in a row.

2025 Medical plan portfolio

Our plan portfolio offers choice and flexibility with multiple plans to choose from in all four metal levels. We've made necessary cost-sharing changes to keep plans within their respective metal levels. No plans have been discontinued. New Plan names and specific cost-sharing changes for each plan are provided under 2025 medical plan changes on pages 7 through 14 of this document. Groups may choose to renew with their current plan or select any other plan in our portfolio

2025 Dental plan portfolio

At Kaiser Permanente, we believe dental care is a vital part of living a balanced, healthy life. We've teamed with LIBERTY Dental Plan to offer Kaiser Permanente Smile—a suite of dental plans available for purchase as riders for those aged 19 and above.

For off-exchange plans in Maryland and Virginia, employers can enhance medical coverage with one of five dental options. All the plans share a robust network with no need for referrals for specialist procedures. There are no office visit charges and no waiting periods. Each plan includes comprehensive coverage of the full range of common dental procedures, including preventive, diagnostic, and restorative services. Each plan can be paired with the Kaiser Permanente OrthoPlus enhanced dental benefit—which includes cosmetic orthodontia, implants, veneers, and teeth whitening—at a discount to the market rate. When added to an adult dental rider, employers can choose to have OrthoPlus cover all family members or only children. It's also available for children under age 19 without the purchase of an adult dental plan. For more information, visit kp.org/dental/mas.

Pediatric dental services and coverage for your renewal

Pediatric dental coverage for members is required by law, so all our medical plans are offered along with an ACA-compliant pediatric dental plan. The KP Smile Kids Embedded Dental C-POS is included with Kaiser Permanente's Flexible Choice and Added Choice POS medical plans, and can only be paired with adult dental C-POS or POS plans. The KP Smile Kids Dental Copay is included with Kaiser Permanente HMO / DHMO medical plans.

Both plans include preventive care procedures—such as oral evaluations, routine cleanings, bitewing X-rays, and topical fluoride treatments—every 6 months, at no additional cost. Additional diagnostic and restorative services and medically necessary orthodontia are also covered. For more information, visit kp.org/dental/mas.

Automatic renewals

Your coverage will renew automatically at the 2025 rates and plan changes unless you notify us at least 30 days prior to November 1, 2024. Your acceptance of this renewal also confirms that you meet the definition of small employer as defined by applicable federal and state law.

2025 Plan highlights and reminders

Prescription drug coverage is automatically covered on all medical plans

All our plans come with built-in coverage for outpatient Prescription drugs. All prescription drug plans have a four-tiered benefit design with different cost-sharing amounts for generic, preferred brand, non-preferred brand, and specialty drugs.

Your employees can save time and money by ordering prescription refills online or by phone. Members can get a 90-day supply for only two times the 30-day supply copay when using Kaiser Permanente Mail Order Pharmacy.¹ We can mail most prescription medications to you within 3 to 5 days, and you don't pay anything extra for standard U.S. postage.

Employee assistance program

We've teamed with a national vendor to deliver nonclinical support for mental health by offering an optional employee assistance program for small and mid-size employees. Please reach out to your account manager for more information.

Routine adult vision eye exam and hardware benefits

All our plans include an adult vision benefit at Vision Essentials by Kaiser Permanente (located in many of our medical centers). Routine eye exams with an optometrist are available at each plan's primary care office visit cost share. A discount of \$125 is offered off the retail price of combined frames and lenses once per year. The discount may be applied to contact lenses; it may also be applied to initial fit and the first purchase of contact lenses at Vision Essentials. Go to **kp2020.org** for more information, including our optical locations.

Pediatric vision coverage on all medical plans

All our plans cover routine pediatric vision exams and one pair of standard frames from a select group with lenses per year, at no additional charge. Regular contacts may be substituted for pediatric frames and lenses once per contract year. Go to **kp2020.org** for more information, including our optical locations.

Benefits that accrue to the medical out-of-pocket maximum

Most benefits, including copays and coinsurance for services not subject to deductible, as well as the deductible itself, accrue to the medical out-of-pocket maximum. Copays and coinsurance that accrue to the out-of-pocket maximum are waived once an individual or family has reached that maximum.

¹Some medications are not eligible for Mail Order Pharmacy. Mail Order Pharmacy can deliver to addresses in MD, VA, DC, and certain locations outside the service area.

Summary of 2025 plan changes for Virginia

This document provides an overview of changes Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and Kaiser Permanente Insurance Company (KPIC)¹ are making to your small group plan offerings effective upon your group's 2025 renewal date.

For more information, please refer to your Summary of Benefits and Coverage (SBC) and/or your *Evidence of Coverage (EOC)*.



HMO and DHMO Plus plans

In service area Urgent Care provided by non-Kaiser Permanente providers will be counted as part of the 10 out-of-network (OON) visit limit. The plan-specific OON specialty cost share applies..



Silver Virtual Forward Plan - Participating network pharmacy and mail delivery

Network has been expanded to include coverage for participating network pharmacies and mail-order delivery.

¹ Kaiser Foundation Health Plan of the Mid-Atlantic States (KFHP-MAS) underwrites the in-network tier (Option 1) and KPIC, a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the out-of-network coverage consisting of the participating provider tier (Option 2) and the non-participating provider tier (Option 3) of the POS plan.

2025 Medical plan changes

VA HMO plans

YEAR	2024	2025
Plan name	KP VA Gold 0 Ded/Vision	KP VA Gold 0 Ded/Vision
Services provided by physicians while a covered person is in a hospital or related institution	No charge	\$35 per admission
Outpatient surgery physician services	No charge	\$35

VA HMO Plus plans

YEAR	2024	2025
Plan name	KP VA Gold Plus 0 Ded/Vision	KP VA Gold Plus 0 Ded/Vision
In-plan changes	The following changes apply	
Services provided by physicians while a covered person is in a hospital or related institution	No charge	\$35 per admission
Outpatient surgery physician services	No charge	\$35

2025 Medical plan changes (continued)

VA DHMO plans

YEAR	2024	2025
Plan name	KP VA Gold Virtual Complete 2000 Ded	KP VA Gold Virtual Complete 2000 Ded
Self-only out-of-pocket maximum	\$5,000	\$4,800
Family out-of-pocket maximum	\$5,000 individual / \$10,000 family	\$4,800 individual / \$9,600 family

2025 Medical plan changes (continued)

VA HDHP plans

YEAR	2024	2025
Plan name	KP VA Gold 1600 Ded/HSA/Vision	KP VA Gold 1650 Ded/HSA/Vision
Self-only deductible	\$1,600	\$1,650
Family deductible	Individual N/A / \$3,200 Family	Individual N/A / \$3,300 Family
Plan name	KP VA Bronze 7050 Ded/HSA/Vision	KP VA Bronze 7000 Ded/HSA/Vision
Self-only deductible	\$7,050	\$7,000
Family deductible	\$7,050 individual / \$14,100 family	\$7,000 individual / \$14,000 family
Self-only out-of-pocket maximum	\$7,050	\$7,000
Family out-of-pocket maximum	\$7,050 individual / \$14,100 family	\$7,000 individual / \$14,000 family

2025 Medical plan changes (continued)

VA POS plans

YEAR	2024	2025
Plan name	KP VA Gold Added Choice 0 Ded/Vision	KP VA Gold Added Choice 0 Ded/Vision
In-plan changes	The following changes apply	
Services provided by physicians while a covered person is in a hospital or related institution	No charge	\$35 per admission
Outpatient surgery physician services	No charge	\$35
Out-of-network changes	The following changes apply	
Self-only deductible	\$3,500	\$2,000
Family deductible	\$3,500 individual / \$7,000 family	\$2,000 individual / \$4,000 family
Self-only out-of-pocket maximum	\$10,600	\$17,200
Family out-of-pocket maximum	\$10,600 individual / \$21,200 family	\$17,200 individual / \$34,400 family
Inpatient hospital admission skilled nursing facility	20% after deductible	\$600 per admission after deductible
Services provided by physicians while a covered person is in a hospital or related institution	20% after deductible	\$45 per admission after deductible
Outpatient surgery facility fee	20% after deductible	\$250 after deductible
Outpatient surgery physician services	20% after deductible	\$45 after deductible
Specialty care office visit, accidental dental injury office visit, allergy services - evaluation and treatment, dialysis services outpatient care, early intervention services, private duty nursing, pulmonary rehabilitation, radiation therapy, chemotherapy, routine foot care, therapy - habilitative and rehabilitative, chiropractic/osteopathic/manipulation therapy, pretransplant dental services office visit, after-hours urgent care or urgent care center, eye exam by an ophthalmologist, sleep studies	\$60 after deductible	\$55 after deductible
Mental health services - all other mental health outpatient services, partial hospitalization	20% after deductible	\$40 after deductible

2025 Medical plan changes (continued)

YEAR	2024	2025
Specialty imaging, sleep laboratory, and interventional radiology	20% after deductible	\$400 after deductible
Preventive health care services, prenatal and postnatal services, and postpartum home health visits	20% after deductible	No charge after deductible
Laboratory outpatient and professional services	20% after deductible	\$60 after deductible
X-rays and diagnostic imaging	20% after deductible	\$60 after deductible
Home health services and hospice care services	20% after deductible	\$150 after deductible
House calls	20% after deductible	\$45 after deductible
Blood, blood products, and their administration	20% after deductible	No charge after deductible
Prescription drugs	Non-participating pharmacy	
Tier 1 drugs (30-day supply)	20% after deductible	\$30 after deductible
Tier 2 drugs (30-day supply)	20% after deductible	\$80 after deductible
Tier 3 drugs (30-day supply)	20% after deductible	\$110 after deductible
Tier 1 drugs (90-day supply)	20% after deductible	\$60 after deductible
Tier 2 drugs (90-day supply)	20% after deductible	\$160 after deductible
Tier 3 drugs (90-day supply)	20% after deductible	\$220 after deductible
Plan name	KP VA Gold Added Choice 1000 Ded/Vision	KP VA Gold Added Choice 1000 Ded/Vision
In-plan changes	No changes	
Out-of-network changes	The following changes apply	
Self-only deductible	\$3,500	\$2,000
Family deductible	\$3,500 individual / \$7,000 family	\$2,000 individual / \$4,000 family
Self-only out-of-pocket maximum	\$8,000	\$13,800
Family out-of-pocket maximum	\$8,000 individual / \$16,000 family	\$13,800 individual / \$27,600 family

2025 Medical plan changes (continued)

YEAR	2024	2025
Inpatient hospital admission and skilled nursing facility services	20% after deductible	\$600 per admission after deductible
Services provided by physicians while a covered person is in a hospital or related institution	20% after deductible	\$60 per admission after deductible
Outpatient surgery facility fee	20% after deductible	\$350 after deductible
Outpatient surgery physician services	20% after deductible	\$60 after deductible
Mental health services – all other mental health outpatient services, partial hospitalization	20% after deductible	\$45 after deductible
Specialty imaging, sleep laboratory, and interventional radiology	20% after deductible	\$400 after deductible
Preventive health care services, prenatal and postnatal services, and postpartum home health visits	20% after deductible	No charge after deductible
Home health services and hospice care services	20% after deductible	\$250 after deductible
House calls	20% after deductible	\$60 after deductible
Blood, blood products, and their administration	20% after deductible	No charge after deductible
Laboratory outpatient and professional services	20% after deductible	\$60 after deductible
X-rays and diagnostic imaging	20% after deductible	\$60 after deductible
Prescription drugs	Non-participating pharmacy	
Tier 1 drugs (30-day supply)	20% after deductible	\$30 after deductible
Tier 2 drugs (30-day supply)	20% after deductible	\$80 after deductible
Tier 3 drugs (30-day supply)	20% after deductible	\$110 after deductible
Tier 1 drugs (90-day supply)	20% after deductible	\$60 after deductible
Tier 2 drugs (90-day supply)	20% after deductible	\$160 after deductible
Tier 3 drugs (90-day supply)	20% after deductible	\$220 after deductible

2025 Medical plan changes (continued)

YEAR	2024	2025
Plan name	KP VA Silver Added Choice 2750 Ded/500 RxDed	KP VA Silver Added Choice 2750 Ded/500 RxDed
In-plan changes	No changes	
Out-of-network changes	The following changes apply	
Self-only out-of-pocket maximum	\$15,800	\$18,200
Family out-of-pocket maximum	\$15,800 individual / \$31,600 family	\$18,200 individual / \$36,400 family
Inpatient hospital admission skilled nursing facility	30% after deductible	\$600 per day not to exceed \$1,800 per admission after deductible
Services provided by physicians while a covered person is in a hospital or related institution	30% after deductible	\$70 per day not to exceed \$210 per admission after deductible
Outpatient surgery facility fee	30% after deductible	\$450 after deductible
Outpatient surgery physician services	30% after deductible	\$70 after deductible
Mental health services - all other mental health outpatient services, partial hospitalization	30% after deductible	\$70
Specialty imaging, sleep laboratory, and interventional radiology	30% after deductible	\$500 after deductible
Home health services, hospice care services	30% after deductible	\$350 after deductible
House calls	30% after deductible	\$70 after deductible
Blood, blood products, and their administration	30% after deductible	No charge after deductible
Laboratory outpatient and professional services	30% after deductible	\$70 after deductible
X-rays and diagnostic imaging	30% after deductible	\$70 after deductible
Prescription drugs	Non-participating pharmacy	
Tier 1 drugs (30-day supply)	30% after deductible	\$35 after deductible
Tier 2 drugs (30-day supply)	30% after deductible	\$70 after deductible
Tier 1 drugs (90-day supply)	30% after deductible	\$70 after deductible
Tier 2 drugs (90-day supply)	30% after deductible	\$140 after deductible

2025 Medical plan changes (continued)

VA 3TPOS plans

YEAR	2024	2025
Plan name	KP VA Gold Flexible Choice 0 Ded/300 RxDed	KP VA Gold Flexible Choice 0 Ded/300 RxDed
Option 1	No changes	
Option 2	The following changes apply	
Durable medical equipment, home ultraviolet light box, medical foods, TMJ appliances, external prosthetics and orthotics	No charge after deductible	20% after deductible
Diabetic equipment and supplies, glucose-monitoring equipment and supplies, peak flow meters	No charge	20%
Option 3	No changes	
Plan name	KP VA Gold Flexible Choice 500 Ded/300 RxDed	KP VA Gold Flexible Choice 500 Ded/300 RxDed
Option 1	No changes	
Option 2	The following changes apply	
Durable medical equipment, home ultraviolet light box, medical foods, TMJ appliances, external prosthetics and orthotics	No charge after deductible	20% after deductible
Diabetic equipment and supplies, glucose-monitoring equipment and supplies, peak flow meters	No charge	20%
Option 3	No changes	
Plan name	KP VA Gold Flexible Choice 1000 Ded/300 RxDed	KP VA Gold Flexible Choice 1000 Ded/300 RxDed
Option 1	No changes	
Option 2	The following changes apply	
Durable medical equipment, home ultraviolet light box, medical foods, TMJ appliances, external prosthetics and orthotics	No charge after deductible	20% after deductible
Diabetic equipment and supplies, glucose-monitoring equipment and supplies, peak flow meters	No charge	20%
Option 3	No changes	

Kaiser Foundation Health Plan of the Mid-Atlantic States (KFHP-MAS) underwrites the in-network tier (Option 1) and KPIC, a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the out-of-network coverage consisting of the participating provider tier (Option 2) and the non-participating provider tier (Option 3) of the POS plan.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-777-7902** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 2101 East Jefferson St., Rockville, MD 20852, telephone number: 1-800-777-7902.

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, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

In the event of dispute, the provisions of the approved English version of the form will control.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-777-7902** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-777-7902** (TTY: **711**)፡

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-777-7902** (TTY: **711**)፡

Bàsòò Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̀ Bàsòò-wùdù-po-nyò jũ ní, nìí, à wuqu kà kò dò po-poò béin m̀ gbo kpáa. Dá **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-800-777-7902** (TTY: **711**)।

中文 (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 **1-800-777-7902** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-777-7902 (TTY: 711)** تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-777-7902 (TTY: 711)**.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-777-7902 (TTY: 711)**.

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-777-7902 (TTY: 711)**.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-777-7902 (TTY: 711)**.

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-777-7902 (TTY: 711)** पर कॉल करें।

Igbo (Igbo) NRUBAMA: O bụrụ na i na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-777-7902 (TTY: 711)**.

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-777-7902 (TTY: 711)**.

日本語 (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。**1-800-777-7902 (TTY: 711)** まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-777-7902 (TTY: 711)** 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíilnih **1-800-777-7902 (TTY: 711)**.

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-777-7902 (TTY: 711)**.

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-777-7902 (TTY: 711)**.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-777-7902 (TTY: 711)**.

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-777-7902 (TTY: 711)**.

ไทย (Thai) เรียน: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-777-7902 (TTY: 711)**.

اردو (Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-777-7902 (TTY: 711)**.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-777-7902 (TTY: 711)**.

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-777-7902 (TTY: 711)**.