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BlueCard[®] PPO Plan Benefits

Auburn University
PPO Copay Plan
BlueCard[®] PPO

Effective January 1, 2024



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

Auburn University
PPO Copay Plan- BlueCard PPO
January 1, 2024

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p><i>Benefit payments are based on the amount of the provider's charge that Blue Cross and Blue Shield recognizes for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received. Some services require a copay, coinsurance or calendar year deductible for each visit or service.</i></p>		
SUMMARY OF COST SHARING PROVISIONS		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.		
Calendar Year Deductible	\$500 per person each calendar year; 3-member family maximum.	
	4 th Quarter Carryover Deductible: Any covered expenses incurred in the last 3 months of any benefit period which may have been allocated toward all <u>or</u> a portion of the Calendar Year Deductible for that year may also be allocated toward next year's Calendar Year Deductible.	
Calendar Year Out-of-Pocket Maximum	<p>\$9,450 individual (including the calendar year deductible) \$18,900 family (including the calendar year deductible)</p> <p>Deductibles, copays and coinsurance for in-network services and out-of-network mental health and substance abuse emergency services apply to the in-network out-of-pocket maximum; payments made by drug manufacturer assistance programs may not apply towards the deductible or out-of-pocket maximum.</p> <p>After you reach your individual Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year.</p>	There is no out-of-pocket maximum for out-of-network services.
Cancer Treatment (Facility and Physician)	Covered at 100% of the allowed amount; no copay or deductible	
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS		
Precertification is required for inpatient admissions (except medical emergency services, maternity and as required by Federal law); notification is required within 48 hours for medical emergencies. Generally, if precertification is not obtained, no benefits are available. Call 1-800-248-2342 (toll-free) for precertification.		
Inpatient Hospital (including maternity)	Covered at 100% of the allowed amount after \$300 per admission facility copay and calendar year deductible	Covered at 80% of the allowed amount after \$300 per admission facility copay and calendar year deductible
		Note: In Alabama, available only for medical emergency services and accidental injury
Inpatient Physician Visits and Consultations	Covered at 100% of the allowed amount; no copay or deductible	Covered at 80% of the allowed amount subject to calendar year deductible
		In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible
OUTPATIENT HOSPITAL BENEFITS		
Precertification is required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . If precertification is not obtained, no benefits are available.		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 100% of the allowed amount after \$300 per visit facility copay and calendar year deductible.	Covered at 80% of the allowed amount after \$300 per visit facility copay and calendar year deductible.
		In Alabama: Not covered
Emergency Room (Medical Emergency)	Covered at 100% of the allowed amount after \$300 per visit facility copay and calendar year deductible.	Covered at 100% of the allowed amount after \$300 per visit facility copay and in-network calendar year deductible.
Emergency Room (Accident)	Covered at 100% of the allowed amount after \$300 per visit facility copay and calendar year deductible.	Covered at 100% of the allowed amount after \$300 per visit facility copay and in-network calendar year deductible
Emergency Room Physician	Covered at 100% of the allowed amount subject to the \$50 per visit physician copay and calendar year deductible.	Covered at 100% of the allowed amount subject to the \$50 per visit physician copay and in-network calendar year deductible.
Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy (including oncology medical specialty drugs), Chemotherapy & Radiation Therapy	Covered at 100% of the allowed amount; no copay or deductible.	Covered at 80% of the allowed amount subject to calendar year deductible.
		In Alabama: Not covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
IV Therapy (medical specialty drugs other than oncology)	Covered at 70% of the allowed amount subject to calendar year deductible up to a maximum member responsibility of \$250 or the full amount of the available manufacturer or provider cost share assistance program payments (such as manufacturer cost share assistance, manufacturer discount plans, and/or manufacturer coupons. The \$250 maximum only applies to medical specialty drugs not included in the HealthSmartRx program.	Covered at 70% of the allowed amount subject to calendar year deductible up to a maximum member responsibility of \$250 or the full amount of the available manufacturer or provider cost share assistance program payments (such as manufacturer cost share assistance, manufacturer discount plans, and/or manufacturer coupons. The \$250 maximum only applies to medical specialty drugs not included in the HealthSmartRx program. In Alabama: Not covered
PHYSICIAN BENEFITS		
<p style="text-align: center;">Precertification is required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. If precertification is not obtained, no benefits are available. For provider-administered drugs listed on AlabamaBlue.com/Providers/HealthSmartRx, cost share may vary based on available manufacturer assistance. Upon enrollment, cost share will be lowered or reduced to zero.</p>		
Office Visits & Consultations Benefits are provided for treatment of ADD and ADHD when services are rendered by a Pediatrician and Primary Care Physician	Covered at 100% of the allowed amount subject to \$30 per visit primary physician copay or \$40 per visit specialist physician copay	Covered at 80% of the allowed amount subject to calendar year deductible In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible
Urgent Care	Covered at 100% of the allowed amount subject to \$30 per visit physician copay	Covered at 80% of the allowed amount subject to calendar year deductible In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible
Second Surgical Opinions	Covered at 100% of the allowed amount; no copay or deductible	Covered at 80% of the allowed amount subject to calendar year deductible In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible
Surgery & Anesthesia	Covered at 100% of the allowed amount; no copay or deductible	Covered at 80% of the allowed amount subject to calendar year deductible In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible
Maternity Care	Covered at 100% of the allowed amount; no copay or deductible	Covered at 80% of the allowed amount subject to calendar year deductible In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible
Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy (including oncology medical specialty drugs), Chemotherapy & Radiation Therapy	Covered at 100% of the allowed amount; no copay or deductible	Covered at 80% of the allowed amount subject to calendar year deductible In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible
IV Therapy (outpatient setting or office visit setting for administration of medical specialty drugs other than oncology)	Covered at 70% of the allowed amount subject to calendar year deductible up to a maximum member responsibility of \$250 or the full amount of the available manufacturer or provider cost share assistance program payments (such as manufacturer cost share assistance, manufacturer discount plans, and/or manufacturer coupons. The \$250 maximum only applies to medical specialty drugs not included in the HealthSmartRx program.	Covered at 70% of the allowed amount subject to calendar year deductible up to a maximum member responsibility of \$250 or the full amount of the available manufacturer or provider cost share assistance program payments (such as manufacturer cost share assistance, manufacturer discount plans, and/or manufacturer coupons. The \$250 maximum only applies to medical specialty drugs not included in the HealthSmartRx program. In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
TELEHEALTH SERVICES		
Benefits are provided for Telehealth Services subject to applicable cost-sharing for in-network and out-of-network services, when services rendered are performed within the scope of the health care providers license and deemed medically necessary.		
PREVENTIVE CARE BENEFITS		
Routine Immunizations and Preventive Services <ul style="list-style-type: none"> See AlabamaBlue.com/preventiveservices and AlabamaBlue.com/StandardACAPreventiveDrugList for a listing of the specific immunizations and preventive services or call our Customer Service Department for a printed copy Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/VaccineNetworkDrugList for more information 	Covered at 100% of the allowed amount; no copay or deductible	Not covered
Note: In some cases, office visit copays or facility copays may apply. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.		
BENEFITS FOR OTHER COVERED SERVICES		
Precertification is required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. If precertification is not obtained, no benefits are available. For provider-administered drugs listed on AlabamaBlue.com/Providers/HealthSmartRx, cost share may vary based on available manufacturer assistance. Upon enrollment, cost share will be lowered or reduced to zero.		
Allergy Testing & Treatment	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible
Ambulance Service	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to in-network calendar year deductible
Chiropractic Services	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible In Alabama, covered at 50% of the allowed amount, subject to the calendar year deductible
Durable Medical Equipment (DME)	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible
Rehabilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible
Habilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible
Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18 with a diagnosis of autism meeting certain clinical criteria	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible
Home Health and Hospice Precertification is required for Skilled Nursing visits when rendered by a provider outside the State of Alabama. Call 1-800-821-7231.	Covered at 100% of the allowed amount subject to calendar year deductible.	Covered at 70% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Home Infusion Services	Covered at 70% of the allowed amount subject to calendar year deductible.	Covered at 70% of the allowed amount, subject to calendar year deductible In Alabama, not covered
MENTAL HEALTH AND SUBSTANCE ABUSE		
Mental Health and Substance Abuse administered through Uprise Health (formerly American Behavioral). For pre-authorization or pre-certification, call 1-800-925-5327.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUG BENEFITS		
Precertification is required for some drugs; if precertification is not obtained, no benefits are available.		
<p>Prescription Drug Card</p> <ul style="list-style-type: none"> • Prescription medications can be filled with up to a 30 day supply at retail at one time. The designated copayment for the medication's tier is due with each fill. • The pharmacy network for the plan is Prime Participating Network Locate a Prime Participating Network pharmacy at AlabamaBlue.com/PrimeParticipatingPharmacyLocator • View the Standard Prescription Drug list that applies to the plan at AlabamaBlue.com/StandardDrugList • Retail pharmacy benefits are available for prescription drugs up to a 90-day supply with one copay when purchased through pharmacies participating in Prime's Extended Supply Network (ESN). • Retail pharmacy benefits are available for prescription drugs up to a 90 day supply with two copays when purchased at the Auburn University Employee Pharmacy. • AU maintains a list of select medications that are considered maintenance medications. (Note: This list does not include all chronic medications.) These medications are used to treat chronic disease and are often stabilized at treatment doses. For medications on this list, the first fill is limited to a 30 day supply (this includes when the medication is first started, re-started after a lapse in therapy, or the dosage is adjusted). After 30 days of treatment, if the prescriber is comfortable that the medication is effective, well tolerated and dosed optimally, then the prescriber has the option to write for up to a 90 day supply, and the patient will only be responsible for two copays instead of three when purchased through pharmacies participating in the extended supply pharmacy network (ESN Network). View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList • AU offers a pharmacy benefit where a beneficiary can elect to participate in a voluntary pill-splitting program for cholesterol-lowering medications called "statins". Through this program if the prescriber writes for half a tablet of a higher strength medication instead of a whole tablet of a lower strength medication, then the patient will pay a half co-pay (for 17 tabs for a 34 day supply and one copay for 45 tabs for a 90 day supply). For the 90-day supply, the statin must be on the AU approved maintenance drug list. • Specialty drugs can be dispensed for up to a 30-day supply. They can be filled at the AU Employee Pharmacy (334-844-8938 or tigermeds@auburn.edu). View the Specialty Drug Lists at AlabamaBlue.com/SelfAdministeredSpecialtyDrugList and AlabamaBlue.com/ProviderAdministeredSpecialtyDrugList • Certain drugs are part of the FlexAccess Program. See list at AlabamaBlue.com/FlexAccessDrugList • AU offers a manufacturer's coupon assistance program for specific drugs. The FlexAccess Program will apply to AU Employee Pharmacy (334-844-8938 or tigermeds@auburn.edu). So long as the manufacturer's coupon exist, if the member is eligible for a manufacturer's coupon, the coupon shall be used to pay the member's 	<p>Participating Pharmacy (In Network): Covered at 100% of the allowed amount, subject to the following copays per prescription:</p> <p>No Copay (\$0): Certain prescription medications that are used for contraception and for smoking cessation will have no copay at network pharmacies</p> <p>Tier 1 Medications:</p> <ul style="list-style-type: none"> • \$0 through the TigerMeds Program (see below) • \$15 copay per prescription at all in-network pharmacies • \$30 copay per prescription at non-preferred pharmacies* <p>Tier 2 Medications:</p> <ul style="list-style-type: none"> • \$10 through the TigerMeds Program (see below) • \$25 copay per prescription at all in-network pharmacies • \$40 copay per prescription at non-preferred pharmacies* <p>Tier 3 Medications:</p> <ul style="list-style-type: none"> • \$55 copay per prescription at all in-network pharmacies • \$70 copay per prescription at non-preferred pharmacies* <p>Tier 4 Medications:</p> <ul style="list-style-type: none"> • \$85 copay per prescription at all in-network pharmacies • \$100 copay per prescription at non-preferred pharmacies* <p>Tier 5 Medications: 25% coinsurance up to a maximum of \$800 per prescription at preferred and non-preferred pharmacies *</p> <p>For drugs on the FlexAccess Drug List, cost share may vary based on available drug manufacturer assistance. If assistance is available, the amount member pays out-of-pocket will be set by the drug manufacturer assistance program.</p> <ul style="list-style-type: none"> • The TigerMeds program is an employee benefit offered to employees and family members who subscribe to the AU Health Insurance Plan. It is offered exclusively through AU's Employee Pharmacy. To enroll in TigerMeds, beneficiaries must complete a baseline medication therapy management (MTM) (medication check-up) appointment with a pharmacist, and must transfer all prescription medications to the AU Employee Pharmacy (not a partial list; must transfer all meds). Once enrolled in TigerMeds, the beneficiary receives generic Tier 1 medications at no copay (\$0), and Tier 2 at \$10 copay per prescription. Patients are also eligible for free on-campus and local delivery, free refill reminders, remote pharmacy consultations, etc. (334) 844-8938 or tigermeds@auburn.edu. • Medication Tiers are subject to change. To look up the tier of a specific medication visit AlabamaBlue.com/StandardDrugList 	<p>Non-Participating Pharmacy in Alabama: No benefits are available for prescriptions purchased in a non-Participating Pharmacy in Alabama. Non-covered.</p> <p>Non-Participating Pharmacy Outside Alabama: Covered at 100% of the allowed amount subject to the in-network copays (see column to left). In addition, the member will be responsible for any difference between the allowance and the actual billed charge.</p> <p>(Note: The amount paid for the difference between the allowance and the actual billed charge does not apply to the in-network out-of-pocket maximum.)</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p>plan copay</p> <ul style="list-style-type: none"> • Diabetic Supplies (copays apply) are covered only through the Prescription Drug Card Program. Some copays might be combined. • There have been several medications excluded from the AU prescription plan this year, and some medications have changed tiers. Support is available for any beneficiary who has experienced a change in prescription drug coverage or cost in prescription medications. Individual medication consultations are available through the Auburn University Pharmaceutical Care Center (AUPCC). Call 334-844-4099 or e-mail aupcc4u@auburn.edu to schedule an appointment. For more information about the AUPCC- See: http://www.auburn.edu/academic/pharmacy/phs/clinic/employee.html • Oral prescription medications used to treat impotence, erectile dysfunction, sexual dysfunction (in men or women) is not covered by the AU prescription plan. Sildenafil (generic Viagra®) is covered with a PA when medical necessity is demonstrated for other disease states such as pulmonary artery hypertension (PAH). • Prescription Proton Pump Inhibitors (PPIs) will be restricted to generic omeprazole, generic pantoprazole, and generic lansoprazole (all Tier 1). No step therapy will be required. Many PPIs that were historically only available with a prescription are now available over-the-counter (OTC). Prevacid Solutabs® ODT tablets are available only with a PA demonstrating medical need. (Tier 4 - \$80 copayment or \$95 copayment at a non-preferred pharmacy - per prescription, when approved). • Prescription nasal steroids will be restricted to generic fluticasone only (Tier 1). Prescription strength nasal steroids are available over the counter (OTC) without a prescription. Medication information and assistance with OTC selections are available through the AU Employee Pharmacy (tigermeds@auburn.edu). • Infertility limited to oral medications only. No injectable fertility medications are covered. • The AUPCC offers a "TigerMeds Cholesterol" program. Beneficiaries who take certain brand name cholesterol medications might be invited to participate in this employee benefit program. The TigerMeds Cholesterol program focuses on providing quality, individualized care by a team of healthcare professionals to ensure optimal outcomes of medication use----and also the potential to save the beneficiary money in out-of-pocket medication costs. The AUPCC also has diabetes management, asthma, COPD, congestive heart failure, and smoking cessation programs. Call 334-844-4099 for more information. Employee incentives are provided for qualifying patients who participate in these programs in the AUPCC. • The AU Employee Pharmacy (AUEP) is proud to serve as a local resource for specialty medications, drug information and medication monitoring. Please call the AU Employee Pharmacy at (334) 844-4938 or e-mail tigermeds@auburn.edu for more information. • The AU Employee Pharmacy provides 24 hour/7 days a week access to a pharmacist. You or your physician can access the on-call pharmacist by calling 334-750-1048. The on-call pharmacist will assist you with medication filling during medication emergencies. 	<ul style="list-style-type: none"> • *Non-preferred pharmacies: CVS owned and operated pharmacies, such as, CVS pharmacy and Target pharmacy. • AU strictly enforces a mandatory generic policy. If a generic is available for a brand name medication, then the generic must be dispensed. The only exception to this policy is a short list of narrow therapeutic drugs (NTD) that might be prescribed brand name by a physician if brand is deemed necessary. In all other situations, if a brand name of a medication is requested for a medication where there is a generic available (regardless if the request comes from the doctor or the patient), the medication will be non-covered and the patient will be responsible for all costs. The only exception is for the NTI override list. • A limited number of medications used for chronic diseases at stable doses are classified as "maintenance medications" on our plan. This list does not include all chronic medications. If a prescriber considers a treatment (drug and dose) as stable and wishes to write for a 90-day supply, then the subscriber can get a 90 day supply for two copayments instead of three. All Tier 4 and Tier 5 chronic maintenance medications are excluded from the maintenance medication program. • Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/VaccineNetworkDrugList for more information <p>For more information on AU's pharmacy benefit, please refer to your Benefit Booklet</p>	

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
HEALTH MANAGEMENT BENEFITS		
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury; For more information, please call 1-800-821-7231.	
Chronic Condition Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease and other specialized conditions.	
Contraceptive Management	Covers prescription contraceptives, which include: birth control pills, injectables, diaphragms, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance.	
Baby Yourself®	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at AlabamaBlue.com/BabyYourself . Auburn University will waive the \$300 inpatient hospital copay and calendar year deductible (or remainder of deductible at time of admission) through the end of calendar year for covered members, spouses and dependents who enroll in Baby Yourself® during the first 16 weeks of pregnancy.	

Useful Information to Maximize Benefits

- To maximize your benefits, always use in-network providers for services covered by your health benefit plan. To find in-network providers, check a provider directory, provider finder website (AlabamaBlue.com) or call 1-800-810-BLUE (2583).
- In-network hospitals, physicians and other healthcare providers have a contract with Blue Cross and Blue Shield of Alabama or another Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard® PPO, PMD, Preferred Care).
- In-network pharmacies are pharmacies that participate with Blue Cross and Blue Shield of Alabama or its pharmacy benefit manager(s). Sometimes an in-network provider may furnish a service to you that is not covered under the contract between the provider and a Blue Cross and/or Blue Shield Plan. When this happens, benefits may be denied or reduced. Please refer to your benefit booklet for the type of provider network that we determine to be an in-network provider for a particular service or supply.
- Out-of-network providers generally do not contract with Blue Cross and Blue Shield of Alabama or another Blue Cross and/or Blue Shield Plan. If you use out-of-network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to in-network providers in the same area or the average charge for care in the area or in accordance with applicable Federal Law.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.

This is not a contract, benefit booklet or a Summary Plan Description.

Benefits are subject to the terms, limitations and conditions of the group contract (including your benefit booklet).

Check your benefit booklet for more detailed coverage information.

Please visit our website, AlabamaBlue.com.

Group #37655 (pharmacy benefits are excluded from divisions 15R and 16R)

Revised 10-17-23 AR

Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- 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, audio, 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 our 1557 Compliance Coordinator. If you believe that we have 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 in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator 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, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Foreign Language Assistance

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-216-3144 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-216-3144 (TTY: 711)번으로 전화해 주십시오.

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 1-855-216-3144 (TTY: 711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-216-3144 (TTY: 711).

Arabic: انتباه: إذا كنت تتحدث العربية، توجد خدمات مساعدة فيما يتعلق باللغة، بدون تكلفة، متاحة لك. اتصل بـ 1-855-216-3144 (الهاتف النصي: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-216-3144 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-216-3144 (ATS: 711).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis ed pou lang ki disponib gratis pou ou. Rele 1-855-216-3144 (TTY: 711).

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાયતા સેવા, તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. 1-855-216-3144 પર કોલ કરો (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-216-3144 (TTY: 711).

Hindi: ध्यान दें: अगर आपकी भाषा हिंदी है, तो आपके लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें।

Laotian: ໂປດຊາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄວມມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-855-216-3144 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-216-3144 (телефайп: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-216-3144 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-216-3144 (TTY: 711).

Turkish: DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-216-3144 (TTY: 711) irtibat numaralarını arayın.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-216-3144 (TTY: 711).

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。1-855-216-3144 (TTY: 711) まで、お電話にてご連絡ください。