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BlueCard[®] PPO

Plan Benefits

Jefferson County Commission
BlueCard[®] PPO

Effective October 01, 2025



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

Jefferson County Commission
BlueCard® PPO
Effective October 01, 2025

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.		
SUMMARY OF COST SHARING PROVISIONS		
Plan year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.		
Plan Year Deductible (Plan Year runs October 1 – September 30)	\$200 per member per plan year; no family maximum Applies to Chiropractor Services, Allergy Testing and Treatment, Durable Medical Equipment (DME), Physical Therapy, Speech Therapy, Occupational Therapy, Skilled Nursing Facility, Temporomandibular Joint Services (TMJ) and Ambulance Services.	\$1,000 per member each plan year; 2 member family maximum
Plan Year Out-of-Pocket Maximum (Plan Year runs October 1 – September 30)	\$2,000 individual; 2 member family maximum All deductibles, copays and coinsurance for in-network services (except Skilled Nursing services) apply to the out-of-pocket maximum. Payments made by drug manufacturer assistance programs may not apply towards the deductible or out-of-pocket maximum. Coinsurance for out-of-network Home Health, Hospice and Other Covered Services (excluding occupational therapy, physical therapy, speech therapy and DME in Alabama) applies to the out-of-pocket maximum. After you reach Plan Year Out-of-Pocket Maximum, applicable expenses covered at 100% for remainder of plan year.	
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS		
Precertification is required for inpatient admissions (except medical emergency services, maternity and as required by Federal law); notification 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 Facilities	Covered at 100% of the allowed amount, after \$100.00 hospital copay per day for days 1-3 Covered for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries.	Covered at 50% of the allowed amount, subject to the plan year deductible Note: In Alabama, available only for medical emergency services and accidental injury Covered for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries.
Inpatient Physician Visits and Consultations	Covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to the plan year deductible
OUTPATIENT HOSPITAL BENEFITS		
Precertification is required for some outpatient hospital benefits. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. If precertification is not obtained, no benefits are available. NOTE: Facility copay waived for services rendered at Cooper Green Health Services Facility (Tax ID 636001579)		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 100% of the allowed amount, after \$100.00 hospital copay	Covered at 50% of the allowed amount, subject to the plan year deductible In Alabama, not covered
Emergency Room (Medical Emergency) Note: Copay waived if admitted within 24 hours.	Covered at 100% of the allowed amount, subject to \$200.00 hospital copay	Covered at 100% of the allowed amount, subject to \$200.00 hospital copay
Emergency Room (Non-Emergency)	Covered at 50% of the allowed amount, subject to out-of-network plan year deductible	Covered at 50% of the allowed amount, subject to the plan year deductible
Emergency Room (Accident)	Covered at 100% of the allowed amount, subject to \$200.00 hospital copay Note: Copay waived if admitted within 24 hours.	Covered at 100% of the allowed amount, subject to \$200.00 hospital copay

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Physician)	Covered at 100% of the allowed amount, subject to \$25.00 physician copay	Covered at 100% of the allowed amount, subject to \$25.00 physician copay
Outpatient Diagnostic Lab & X-ray	Covered at 100% of the allowed amount, subject to \$100.00 hospital copay	Covered at 50% of the allowed amount, subject to the plan year deductible In Alabama , not covered
Chemotherapy, Hemodialysis, IV Therapy, Pathology & Radiation Therapy	Covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to the plan year deductible In Alabama , not covered
PHYSICIAN BENEFITS		
Precertification is required for some physician benefits. Precertification is also 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.		
Office Visits and Consultations	Covered at 100% of the allowed amount, subject to \$25.00 physician copay Note: Office visit copay waived at Cooper Green Mercy Health Services	Covered at 50% of the allowed amount, subject to the plan year deductible
Second Surgical Opinions	Covered at 100% of the allowed amount, subject to \$25.00 physician copay	Covered at 50% of the allowed amount, subject to the plan year deductible
Surgery & Anesthesia	Covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to the plan year deductible
Bariatric Surgery Pre-approval required	Covered at 80% of the allowed amount, subject to the plan year deductible	Covered at 50% of the allowed amount, subject to the plan year deductible
Maternity Care	Covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to the plan year deductible
Infertility Services (Diagnostic & Testing)	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, Radiation Therapy & X-ray	Covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to the plan year deductible
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 drugs, 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

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Additional Preventive Services	<p>Covered at 100% of the allowed amount, no copay or deductible</p> <ul style="list-style-type: none"> • Urinalysis (when necessary) • CBC (when necessary) • TB skin testing (when necessary) • Bone density scan (when necessary) • Chest x-ray (annually) • EKG (annually) • Cholesterol screening and/or Lipid panel (annually) 	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.

PRESCRIPTION DRUG BENEFITS

Precertification is required for some drugs; if precertification is not obtained, no benefits are available.

<p>Retail Prescription Drug Card Benefits</p> <p>The pharmacy network for the plan is Prime Participating Network</p> <ul style="list-style-type: none"> • Some copays combined for diabetic supplies • Infertility drugs are not covered • Prescription drugs (other than maintenance drugs) - up to a 30-day supply • View the Standard Prescription Drug List drug lists that apply to the plan at AlabamaBlue.com/StandardDrugList • Maintenance drugs - up to a 60-day supply for 2 copays or up to a 90-day supply for 3 copays <p>The only in-network pharmacy for some Tier 4 (specialty) drugs is the Pharmacy Select Network</p> <ul style="list-style-type: none"> • Tier 4 (specialty) drugs can be dispensed for up to a 30-day supply • View the Specialty Drug List at AlabamaBlue.com/SelfAdministeredSpecialtyDrugList • Locate a Prime Participating Network pharmacy at AlabamaBlue.com/PrimeParticipatingPharmacyLocator • Certain drugs are part of the FlexAccess Program. See list at AlabamaBlue.com/FlexAccessDrugList • View the Specialty Drug List at AlabamaBlue.com/SelfAdministeredSpecialtyDrugList 	<p>Covered at 100% of the allowed amount, subject to the following copays:</p> <p>Tier 1 Drugs: \$5 copay per prescription</p> <p>Tier 2 Drugs: \$40 copay per prescription</p> <p>Tier 3 Drugs: \$90 copay per prescription</p> <p>Tier 4 (specialty) Drugs: \$150 copay per prescription</p> <p>Insulin, insulin needles and syringes purchased on the same day will require only one copay</p> <p>Blood glucose stripes and lancets purchased on the same day will require only one copay</p> <p>Glucose monitors will always require a separate copay</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>	Not Covered
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BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Select Generic Specialty and Biosimilar Drugs <p>Generic specialty and biosimilar drugs can be dispensed for up to a 30-day supply. The only in- network pharmacy for some generic specialty and biosimilar drugs is the Pharmacy Select Network.</p> <ul style="list-style-type: none"> View the Select Generic Specialty and Biosimilar Drug List that applies to the plan at AlabamaBlue.com/SelectGenericSpecialtyandBiosimilarDrugList. <p>Generic specialty and biosimilar drugs are not available through the Home Delivery Network.</p>	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Mail Order Pharmacy Benefits <ul style="list-style-type: none"> Up to a 90-day supply with one copay Mail Order Drugs are available through Home Delivery Network (Enroll online at AlabamaBlue.com/HomeDeliveryNetwork or call 1-855-793-5326) Only maintenance drugs can be purchased through this mail order pharmacy service View the Standard Drug List that applies to the plan at AlabamaBlue.com/StandardDrugList View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList Tier 4 (specialty) Drugs are not available through mail order 	<p>Covered at 100% of the allowed amount, subject to the following copays:</p> <p>Tier 1 Drugs: \$10 copay per prescription</p> <p>Tier 2 Drugs: \$80 copay per prescription</p> <p>Tier 3 Drugs: \$180 copay per prescription</p> <p>Tier 4 (specialty) Drugs: Not covered</p>	Not Covered
BENEFITS FOR OTHER COVERED SERVICES		
<p>Precertification is required for some other covered services; please see your benefit booklet. 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>		
Allergy Testing & Treatment	Covered at 80% of the allowed amount, subject to the plan year deductible	Covered at 50% of the allowed amount, subject to the plan year deductible
Ambulance Service	Covered at 80% of the allowed amount, subject to the plan year deductible	Covered at 80% of the allowed amount, subject to the in-network plan year deductible
Participating Chiropractic Services	Covered at 80% of the allowed amount, subject to the plan year deductible	Covered at 50% of the allowed amount, subject to the plan year deductible
Durable Medical Equipment (DME)	Covered at 80% of the allowed amount, subject to the plan year deductible	Covered at 50% of the allowed amount, subject to the plan year deductible
Rehabilitative Occupational, Physical and Speech Therapy <p>Occupational, physical and speech therapy limited to 20 visits per member per plan year for each service</p> <p>Children ages 0-18 with an autistic diagnosis are allowed unlimited visits for occupational, physical and speech therapy</p>	Covered at 80% of the allowed amount, subject to the plan year deductible	Covered at 50% of the allowed amount, subject to the plan year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Habilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to 20 visits per member per plan year for each service Children aged 0-18 with an autistic diagnosis are allowed unlimited visits for occupational, physical and speech therapy	Covered at 80% of the allowed amount, subject to the plan year deductible	Covered at 50% of the allowed amount, subject to the plan year deductible
TMJ (Temporomandibular Joint Disorder) - Phase I only	Covered at 80% of the allowed amount, subject to the plan year deductible	Covered at 50% of the allowed amount, subject to the plan year deductible
Organ Transplants	Covered at 100% of the allowed amount, no copay or deductible Note: Services must be rendered in a Blue Distinction Center facility unless there is not a Blue Distinction facility located in the state the member resides for the specific transplant being performed. Pre-approval is required	Not Covered
Home Health and Hospice <ul style="list-style-type: none">Home Health limited to a maximum of 60 visits per member per plan yearHospice limited to a 180-day lifetime maximum per member	Covered at 100% of the allowed amount, no copay or deductible Precertification required for services rendered outside of Alabama. Call 1-800-821-7231	Non-Preferred in Alabama: No benefits are available if a non-Preferred provider is used. Outside Alabama: Covered at 50% of the allowance, subject to the plan year deductible Precertification is required. Call 1-800-821-7231.
Home Infusion Services	Covered at 100% of the allowed amount, no copay or deductible	Non-Preferred in Alabama: No benefits are available if a non-Preferred provider is used. Outside Alabama: Covered at 50% of the allowance, subject to the plan year deductible
Skilled Nursing Facility <ul style="list-style-type: none">Limited to 60 days per member per plan year	Covered at 80% of the allowed amount, subject to the plan year deductible	Covered at 80% of the allowed amount, subject to the in-network plan year deductible
Medical Nutrition Therapy Services For adults and children, limited to 6 hours per member per plan year	Covered at 100% of the allowed amount, subject to \$25.00 physician copay	Covered at 50% of the allowed amount, subject to the plan year deductible
MENTAL HEALTH DISORDERS AND SUBSTANCE ABUSE		
Mental Health Disorders and Substance Abuse	Mental Health Disorders and Substance Abuse benefits are not administered by Blue Cross and Blue Shield of Alabama	
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, chronic obstructive pulmonary disease and other specialized conditions.	
Baby Yourself®	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at AlabamaBlue.com/BabyYourself .	
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.	

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 a Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard® PPO, PMD). 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/or Blue Shield Plans. 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, 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.
- Prime Therapeutics LLC® is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association.
- Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 1-800-222-4379 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

This is not a contract, benefit booklet or 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 #60100
8/15/2025 KF

Notice of Nondiscrimination

Discrimination is Against the Law

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 (consistent with the scope of sex discrimination described in 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides reasonable modifications and free appropriate auxiliary 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 assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance 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 member 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@bcbosal.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>.

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

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-216-3144 (TTY: 711) or call Customer Service.

Arabic: انتباه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات الإضافية المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم 1-855-216-3144 (الهاتف النصي: 711) أو الاتصال بخدمة العملاء.

Chinese: 请注意: 如果您说普通话, 我们可免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以易读格式向您提供信息。请拨打 1-855-216-3144 (TTY 用户请拨打 711) 或致电客户服务部。

French: À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1 855 216 3144 (TTY : 711) ou contactez le service client.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos erhältlich. Rufen Sie +1 855 216 3144 (Durchwahl: 711) oder den Kundendienst an.

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટેની યોગ્ય સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-216-3144 (TTY: 711) પર અથવા ગ્રાહક સેવા પર કોલ કરો.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें या ग्राहक सेवा को कॉल करें।

Japanese: ご案内: 日本語を話される方には、無料の言語アシスタントサービスをご用意しております。アクセシブルな形式で情報を提供するため、補助器具や支援サービスも無料で提供しております。1-855-216-3144 (TTY: 711) もしくは、カスタマーサービスにお電話でお問合せください。

Korean: 주의: 한국어(를) 하시면 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 제공됩니다. 1-855-216-3144(TTY: 711)로 전화하거나 고객 서비스에 문의하세요.

Lao: ເຂົາໃຈໃສ່: ຖ້າເຈົ້າເວົ້າ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີແມ່ນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໃດໆປະສາຍຄໍາ. ໂທ 1-855-216-3144 (TTY: 711) ຫຼື ໂທຫາຝ່າຍບໍລິການລູກຄ້າ.

Portuguese: ATENÇÃO: Se você falar português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-216-3144 (TTY: 711) ou ligue para o Atendimento ao Cliente.

Russian: ВНИМАНИЕ. Если ваш язык русский язык, к вашим услугам бесплатная языковая помощь. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-216-3144 (TTY: 711) или обратитесь в службу поддержки клиентов.

Spanish: ATENCIÓN: Si usted habla español, hay disponibles servicios gratuitos de asistencia lingüística. También hay disponibles, de forma gratuita, ayudas y servicios auxiliares adecuados para dar información en formatos accesibles. Llame al 1-855-216-3144 (TTY: 711) o llame a Servicio al cliente.

Tagalog: ATTENTION: Kung nagsasalita ka ng Tagalog, available sa iyo ang mga libreng serbisyo sa tulong sa wika. Available rin ang naaangkop na mga pantulong na tulong at serbisyo nang walang bayad para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-216-3144 (TTY: 711) o tumawag sa Serbisyo sa Customer.

Turkish: DİKKAT! Konuşmanız durumunda Türkçe, ücretsiz dil yardımı hizmetlerinden yararlanabilirsiniz. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak sunulmaktadır. 1-855-216-3144 (TTY: 711) nolu telefonu veya Müşteri Hizmetlerini arayın.

Vietnamese: CHÚ Ý: Nếu quý vị nói tiếng việt thì dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Chúng tôi cũng có các hỗ trợ và dịch vụ phụ trợ miễn phí phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận. Vui lòng gọi số 1-855-216-3144 (TTY: 711) hoặc gọi Dịch Vụ Khách Hàng.