Annual Notice of Change 2027

UnitedHealthcare® Group Medicare Advantage (PPO)
Group Name (Plan Sponsor): CITY OF ALEXANDRIA
Group Number: 12229





Download the **UnitedHealthcare app**



retiree.uhc.com



Toll-free **1-800-457-8506,** TTY **711**
8 a.m.-8 p.m. CT, Monday-Friday



Y0066_ANOC_H2001_816_000 _2027_M

More information will be available online

This Annual Notice of Change (ANOC) provides important highlights about changes to your plan for next year, but it may not include all the updates.

To see the complete and most up-to-date details for your plan, review 2027 plan materials at **retiree.uhc.com** which are available at anytime.



Provider Directory

Confirm that your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.



Pharmacy Directory

See which pharmacies are in our network next year.



Drug List (Formulary)

Confirm that your drugs will be covered by your plan next year and review any new restrictions on our website.



Evidence of Coverage (EOC)

Review your 2027 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your rights and responsibilities as a member. You can also find information about your additional prescription drug coverage in your Additional Drug Coverage list and the **Certificate of Coverage.**

We know some members prefer having paper copies of their plan materials. Call or chat with our Customer Service if you'd like printed 2027 plan materials. We're happy to send them to you at no cost.

You can also visit retiree.uhc.com to sign up for paperless delivery.

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UnitedHealthcare® Group Medicare Advantage (PPO) offered by UnitedHealthcare

Annual Notice of Change for the 2027 plan year

You're enrolled as a member of UnitedHealthcare® Group Medicare Advantage (PPO).

This material describes changes to our plan's costs and benefits next plan year.

Members enrolled in our plan through a former employer, union group or trust administrator (plan sponsor) can make plan changes at times designated by your plan sponsor.

More Resources

- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- UnitedHealthcare provides free services to help you communicate with us such as materials in other languages, braille, large print, audio, or you can ask for an interpreter. Call us toll-free at the number on your member ID card or the front of your plan booklet.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, materiales en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Llámenos al número gratuito que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

About UnitedHealthcare® Group Medicare Advantage (PPO)

- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- When this material says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means UnitedHealthcare® Group Medicare Advantage (PPO).
- **If you do nothing, you'll automatically be enrolled in UnitedHealthcare® Group Medicare Advantage (PPO)**. Starting January 1, 2027, you'll get your medical and drug coverage through UnitedHealthcare® Group Medicare Advantage (PPO). Go to Section 2 for more information about how to change plans and deadlines for making a change.

OMB Approval 0938-1051 (Expires: July 31, 2029)

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Summary of important costs for 2027

	2026 (this plan year)	2027 (next plan year)
Maximum out-of-pocket amounts This is the **most** you'll pay out-of-pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From in-network and out-of-network providers combined: $3,400	From in-network and out-of-network providers combined: $3,400
Primary care office visits	You pay a $15 copayment per visit (in-network). You pay a $15 copayment per visit (out-of-network).	You pay a $15 copayment per visit (in-network). You pay a $15 copayment per visit (out-of-network).
Specialist office visits	You pay a $15 copayment per visit (in-network). You pay a $15 copayment per visit (out-of-network).	You pay a $15 copayment per visit (in-network). You pay a $15 copayment per visit (out-of-network).
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	You pay a $100 copayment for each Medicare-covered hospital stay for unlimited days (in-network). You pay a $100 copayment for each Medicare-covered hospital stay for unlimited days (out-of-network).	You pay a $100 copayment for each Medicare-covered hospital stay for unlimited days (in-network). You pay a $100 copayment for each Medicare-covered hospital stay for unlimited days (out-of-network).
Part D drug coverage deductible (Go to Section 1.7 for details.)	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.
Part D drug coverage	Copays/Coinsurance for a one-month (30-day)	Copays/Coinsurance for a one-month (30-day)

? **Questions?** Call Customer Service at **1-800-457-8506**, TTY **711**, 8 a.m.-8 p.m. CT, Monday-Friday

	2026 (this plan year)	2027 (next plan year)
(Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	supply during the Initial Coverage stage: • Drug Tier 1: Standard retail cost-sharing (in-network) $10 copayment • Drug Tier 2: Standard retail cost-sharing (in-network) $25 copayment You pay $25 per month supply of each covered insulin product on this tier. • Drug Tier 3: Standard retail cost-sharing (in-network) $25 copayment You pay $25 per month supply of each covered insulin product on this tier. • Drug Tier 4: Standard retail cost-sharing (in-network) $25 copayment You pay $25 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: • During this payment stage, you pay nothing for	supply during the Initial Coverage stage: • Drug Tier 1: Standard retail cost-sharing (in-network) $10 copayment • Drug Tier 2: Standard retail cost-sharing (in-network) $25 copayment You pay $25 per month supply of each covered insulin product on this tier • Drug Tier 3: Standard retail cost-sharing (in-network) $25 copayment You pay $25 per month supply of each covered insulin product on this tier. • Drug Tier 4: Standard retail cost-sharing (in-network) $25 copayment You pay $25 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: • During this payment stage, you pay nothing

	2026 (this plan year)	2027 (next plan year)
	your covered Part D drugs. • You can have cost sharing for additional drugs that are covered under our enhanced benefit.	for your covered Part D drugs. • You can have cost sharing for additional drugs that are covered under our enhanced benefit.

[1] You will pay a maximum of $35 for a 1-month supply of each Part D insulin product covered by our plan.

Section 1 Changes to Benefits & Costs for Next Plan Year

Section 1.1 Changes to the Monthly Plan Premium

Your plan sponsor will notify you of any changes to your plan premium amount, if applicable.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the plan year.

	2026 (this plan year)	2027 (next plan year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. Our plan premium and costs for prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services.	$3,400 Once you've paid $3,400 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the plan year.	$3,400 Once you've paid $3,400 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the plan year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next plan year. Review the 2027 Provider Directory (retiree.uhc.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Because you are a member of the UnitedHealthcare Group Medicare Advantage (PPO) plan, **you can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program.** Here's how to get an updated Provider Directory:

- Visit our website at retiree.uhc.com.
- Call Customer Service at 1-800-457-8506 (TTY users call 711) to get current provider information or to ask us to mail you a Provider Directory.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the plan year. If a mid-year change in our providers affects you, call Customer Service at 1-800-457-8506 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next plan year. Review the 2027 Pharmacy Directory (retiree.uhc.com) to see which pharmacies are in our network. Here's how to get an updated Pharmacy Directory:

- Visit our website at retiree.uhc.com.
- Call Customer Service at 1-800-457-8506 (TTY users call 711) to get current pharmacy information or to ask us to mail you a Pharmacy Directory.

We can make changes to the pharmacies that are part of our plan during the plan year. If a mid-year change in our pharmacies affects you, call Customer Service at 1-800-457-8506 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this plan year)	2027 (next plan year)
Plan year benefits	The plan's coverage begins January 1, 2026.	The plan's coverage begins January 1, 2027. Please see your Evidence of Coverage for information on benefits and costs for medical services.
Fitness program	In-network: You pay a $0 copayment. SilverSneakers® Steps kit for members 15 miles or more from a participating fitness center. Out-of-network: Not covered	In-network: You pay a $0 copayment. Out-of-network: You pay 90% of the total cost if you use an out-of-network fitness provider. SilverSneakers® Steps kit for members 15 miles or more from a participating fitness center is not covered.

	2026 (this plan year)	2027 (next plan year)
UnitedHealthcare Healthy at Home Post-discharge program	In-network: You pay a $0 copayment. Out-of-network: Not covered.	In-network: You pay a $0 copayment. Out-of-network: You pay 90% of the total cost if you use an out-of-network meals, transportation, or in-home care provider. Benefit is combined in and out-of-network.
Hearing Services Hearing Aids	You receive a $4,000 allowance for prescription hearing aids, combined, every three years. You are responsible for any remaining balance after your allowance is applied. Non-prescription hearing aids are covered in-network. In-network: You pay a $0 copayment Out-of-network: Not covered	You receive a $4,000 allowance for prescription hearing aids, combined, every three years. You are responsible for any remaining balance after your allowance is applied. Non-prescription hearing aids are not covered in or out-of-network. In-network: You pay a $0 copayment Out-of-network: You pay 90% of the total cost if you purchase hearing aids from an out-of-network provider.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. **You can get the complete Drug List** by calling Customer Service at 1-800-457-8506 (TTY users call 711) or visiting our website (**retiree.uhc.com**) to look up which drugs will be covered by your plan.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing

tier. **Review the Drug List to make sure your drugs will be covered next plan year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your Evidence of Coverage and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. Call Customer Service at 1-800-457-8506 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which tells you about your drug costs. If you get Extra Help, you will receive a LIS Rider. If you don't get this material, call Customer Service at 1-800-457-8506 (TTY users call 711) and ask for the LIS Rider to be sent to you.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

  We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

  In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach $2,400.

- **Stage 3: Catastrophic Coverage**

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this plan year)	2027 (next plan year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

Your cost-sharing in the Initial Coverage Stage may be changing from a copayment to coinsurance or a coinsurance to copayment. Go to the following table for the changes from 2026 to 2027.

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for mail-order prescriptions, go to Chapter 6 of your **Evidence of Coverage**.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this plan year)	2027 (next plan year)
Tier 1 - Preferred Generic	You pay $10 per prescription.	You pay $10 per prescription.
Tier 2 - Preferred Brand	You pay $25 per prescription. You pay $25 per month supply of each covered insulin product on this tier.	You pay $25 per prescription. You pay $25 per month supply of each covered insulin product on this tier.
Tier 3 - Non-Preferred Drug	You pay $25 per prescription. You pay $25 per month supply of each covered	You pay $25 per prescription. You pay $25 per month supply of each covered

	2026 (this plan year)	2027 (next plan year)
	insulin product on this tier.	insulin product on this tier.
Tier 4 - Specialty Tier	You pay $25 per prescription. You pay $25 per month supply of each covered insulin product on this tier.	You pay $25 per prescription. You pay $25 per month supply of each covered insulin product on this tier.

[1] You will pay a maximum of $35 for a 1-month supply of each Part D insulin product covered by our plan.

Section 2 How to Change Plans

To stay in our plan, you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare, you'll automatically be enrolled in our UnitedHealthcare® Group Medicare Advantage (PPO).

You should consult with your plan sponsor regarding the availability of other "employer-sponsored" coverage before you enroll in a plan not offered by your plan sponsor, or before ending your membership in our plan outside of your plan sponsor's open enrollment period. It is important to understand your plan sponsor's eligibility policies, and the possible impact to your retiree health care coverage options and other retirement benefits before submitting a request to enroll in a plan not offered by your plan sponsor, or a request to end your membership in our plan.

To learn more about Original Medicare and the different types of Medicare plans, visit www.Medicare.gov, check the **Medicare & You 2027 handbook**, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE.

Section 2.1 Deadlines for Changing Plans

Because you are enrolled in our plan through your plan sponsor, you are only allowed to make plan changes at times designated by your plan sponsor.

Important Note: You may join or leave a plan only at certain times designated by your plan sponsor. If you choose to enroll in a Medicare health plan or Medicare prescription drug plan that is not offered by your plan sponsor, you may lose the option to enroll in a plan offered by your plan sponsor in the future. You could also lose coverage for other retirement benefits you may currently have through your plan sponsor. Once enrolled in our plan, if you choose to end your membership outside of your plan

sponsor's open enrollment period, re-enrollment in any plan your plan sponsor offers may not be permitted, or you may have to wait until their next open enrollment period.

You should consult with your plan sponsor regarding the availability of other "employer-sponsored" coverage before you enroll in a plan not offered by your plan sponsor, or before ending your membership in our plan outside of your plan sponsor's open enrollment period. It is important to understand your plan sponsor's eligibility policies, and the possible impact to your retiree health care coverage options and other retirement benefits before submitting a request to enroll in a plan not offered by your plan sponsor, or a request to end your membership in our plan.

Section 3 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

  — 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week;

  — Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.

  — Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program (SPAP).** State Pharmaceutical Assistance Program helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the ADAP in your state. For information on eligibility criteria, covered drugs, how to enroll in the program, or if you're currently enrolled, how to continue getting help, call the ADAP in your state. You can find your state's ADAP contact information in Chapter 2 of the **Evidence of Coverage.** Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027. You do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**
- Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-800-457-8506 (TTY users call 711) or visit Medicare.gov.

Section 4 Questions?

Get Help from UnitedHealthcare® Group Medicare Advantage (PPO)

- **Call Customer Service at 1-800-457-8506. (TTY users call 711).**

  We're available for phone calls 8 a.m.-8 p.m. CT, Monday-Friday. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This **Annual Notice of Change** gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 **Evidence of Coverage** for UnitedHealthcare® Group Medicare Advantage (PPO). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the **Evidence of Coverage** on our website at retiree.uhc.com or call Customer Service at 1-800-457-8506 (TTY users call 711) to ask us to mail you a copy.

- **Visit retiree.uhc.com**

Our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (formulary/drug list).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

Call State Health Insurance Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. You can find your SHIP number and address in Chapter 2, Section 3 of the **Evidence of Coverage.**

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read Medicare & You 2027**

The Medicare & You 2027 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Notice of availability
of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ማሳሰቢያ፦ አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায় (Bengali)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

請注意： 如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

ATTENTION : Si vous parlez **français (French)**, des services d’assistance linguistique et des communications dans d’autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

注意事項: 日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

알림 사항: **한국어**(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

UWAGA: Dla osób mówiących po **polsku** (Polish) dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском** языке (Russian), вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt** (Vietnamese), quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

אויפמערק: אויב איר רעדט **אידיש** (Yiddish), קענט איר באקומען אומזיסטע שפראך הילף סערוויסעס און אומזיסטע קאמיוניקאציע אויף אנדערע פארמאטן, אזוי ווי גרויסע אותיות. רופט דעם אומזיסטן נומער אויף אייער מעמבער אידענטיפיקאציע קארטל.

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Phone: **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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

This notice is available at:**https://www.uhc.com/nondiscrimination-med**
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