

Open Enrollment is here!



Dear HealthSource RI Customer,

Open Enrollment for 2026 health coverage begins November 1, 2025 and you will be automatically enrolled in the same plan that you had in 2025. We have used the income information in your account to determine your costs — however, it's important to note that costs will be increasing overall. If you think your income or family size may change for 2026, please call us.

Carefully review this packet for details on your auto-renewal into the same plan you've had in 2025. Your plan may have changes to deductible amounts or other cost-sharing features, so it's important to review how these updates may affect your coverage.

Recent federal changes to marketplace health coverage will affect the costs of coverage this year and beyond by reducing the amount of financial assistance available. We're here to help you prepare and to help you stay covered. Learn more about these changes — and about how we're working to minimize their impact on our customers — at HealthSourceRI.com/StayConnected. If you find that your current plan no longer works for you, please consider your options. We offer a variety of plan and pricing options that we hope will allow all of our customers to maintain coverage, protecting their overall health and wellbeing.



To continue your current plan:

The last day to enroll in and pay for January 2026 coverage is December 31. We encourage you to make payment by December 23 so your health insurance cards arrive before January. If you make a payment after the 23rd, your health insurance cards will arrive in January.

We will take care of everything else. Timely payment ensures automatic renewal of your coverage.

To review all available plans:

You can compare plans and get a quick quote using our Plan Comparison and Savings Tool at HealthSourceRI.com/Calculator.

To update your estimated income, family size or plan selection for 2026:

Call us or log into your secure HealthSource RI account to get started. Complete enrollment and pay for 2026 coverage by December 23, 2025 for coverage starting January 1, 2026.

We are here to help you!

- Call us at 1-855-840-4774
- Login to your secure HealthyRhode portal account through HealthSourceRI.com
- Use our web chat on the HealthSourceRI.com homepage
- Visit HealthSourceRI.com/Events and attend a virtual info session
- Call 211 to find a Navigator in your community
- Schedule an in-person visit at our Contact Center at HealthSourceRI.com/OE

Remember, health coverage is required in Rhode Island. Be sure to stay covered all year to avoid a penalty during tax time. If you had a plan through HealthSource RI and received Advance Premium Tax Credits (APTCs), you are required to file a federal income tax return for every year that you receive tax credits. Be sure to include IRS Form 8962 for every year that you receive Advance Premium Tax Credits (APTCs). **If you don't file federal taxes correctly for a year in which you get Advance Premium Tax Credits (APTCs), you may no longer qualify for a tax credit in the future.**

Thank you for being a HealthSource RI customer. Open Enrollment ends January 31, 2026 — we're here to help.

Sincerely,
Your Team at HealthSource RI



COMPARE PLANS WITH OUR ONLINE CALCULATOR TOOL.

Make sure your coverage still fits your needs and your budget. Each year, plans and prices can change — take a moment to refresh.

GET COVERED IN RHODE ISLAND WITH HEALTHSOURCE RI.

READY TO ENROLL OR RENEW?

Here's what you'll need to enroll in a plan and apply for financial assistance with confidence.



WHAT YOU NEED

- ✓ Photo ID of the primary applicant (driver's license or passport)
- ✓ Social Security Numbers for everyone applying
- ✓ Information on current health insurance (if any)
- ✓ Names of any doctors you want to keep
- ✓ Current monthly and projected annual income
- ✓ Proof of immigration status if not a U.S. citizen



NEED HELP CHOOSING A PLAN?

- ✓ Call HSRI at 1-855-840-4774
- ✓ Visit [HealthSourceRI.com](https://www.healthsourceri.com) for web chat
- ✓ Call 211 to find a Navigator who can offer 1-on-1 enrollment support



ENROLL ON YOUR OWN

Visit [HealthSourceRI.com](https://www.healthsourceri.com) and start your enrollment process in our self-serve HealthyRhode portal.



CONTACT CENTER HOURS

Regular operating hours for our call center and live chat are Monday – Friday, 8:00 A.M. – 6:00 P.M. During Open Enrollment, we are open extended hours to better serve you. Please check our website for updates.

Health insurance is required in Rhode Island — enroll today to avoid a tax penalty later.

GET STARTED AT
[WWW.HEALTHSOURCERI.COM/
CALCULATOR](https://www.healthsourceri.com/calculator)

1

**COMPARE MONTHLY
PREMIUMS AND YEARLY
OUT-OF-POCKET COSTS**

2

**SEE WHAT FINANCIAL HELP
YOU MAY QUALIFY FOR**

3

**CHECK IF YOUR DOCTORS
AND PRESCRIPTIONS ARE
COVERED**

4

**NO LOGIN NEEDED— IT
TAKES LESS THAN 30
SECONDS!**

We know healthcare costs will be rising due to changes at the federal level. We're here to help.

Want to stay up-to-date? Visit
www.healthsourceri.com/stayconnected
for the latest information and updates.



STATE OF RHODE ISLAND
P.O. BOX 8709
CRANSTON, RI 02920-8787



Date : XX/XX/2025
Account Number : 00000



FIRST LAST
XX STREET ST
ANYTOWN, RI 02XXX

Manage Your Benefits:

Download the **HealthyRhode Mobile App** in the App Store® or on Google Play® to manage your benefits from your phone or tablet.

Visit our website www.healthyrhode.ri.gov to manage your benefits online. To only receive notices electronically, use the **Go Green** option on the My Profile page.

ANNUAL OPEN ENROLLMENT

Dear FIRST LAST,

It is time to review your health and dental coverage and costs for 2026. Open Enrollment is from November 1, 2025, through January 31, 2026.

Please pay close attention to this notice to learn more about your 2026 health plan. There are a range of plans and price offerings available through HealthSource RI this year, so be sure to check out all of your options.

HealthSource RI has automatically renewed you and your household members into the same plan or the most closely matched plan available for next year. That plan is listed below. While you are welcome to choose a different plan, if you do not make a change by December 31, 2025, this will be the plan you are enrolled in for 2026 so long as you pay your first month's premium and any outstanding balance.

You are still required to make a payment according to deadlines explained below in order to activate your coverage for 2026. You must continue to pay monthly premiums throughout 2026 to remain enrolled. If you do not make a payment by December 31, 2025, you will not have coverage beginning January 1, 2026.

The last day to purchase a plan for 2026 is January 31, 2026, unless you experience a life change that qualifies you for a Special Enrollment Period.

If you have had changes to your household (such as income or family size), please make sure to contact HealthSource RI or update your information in the customer portal. We will use the most recent account information to determine what financial assistance, including Advance Premium Tax Credits (APTC) to lower the cost of your premium, or even no-cost Medicaid, you may be eligible to receive in 2026.

Keep in mind that insurance companies often make changes to the plans and coverage options they offer, including monthly premiums, cost sharing amounts (deductibles and co-pays) and benefits. Your

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insurance carrier sends you a letter around this time each year to let you know more about these changes. You can refer to that letter for more detailed information.

Below is your current year plan and the people who are currently enrolled. This table also shows you what plan each person will be automatically enrolled in for 2026. If we do not hear from you by December 31, 2025 this will be the plan you are enrolled in for 2026, so long as you pay your first month's premium and any outstanding balance.

Health Coverage

Name	2025 Medical Plan	2026 Medical Plan
FIRST LAST	Insurance Carrier:Neighborhood Health Plan of RI Plan: *Neighborhood VALUE (CSR87) Total Cost: \$ xxx.xx Advance Premium Tax Credit(APTC) Amount: \$ xxx.xx Your Monthly Cost: \$ xx.xx	Insurance Carrier: Neighborhood Health Plan of RI Plan: *Neighborhood VALUE (CSR87) Estimated Total Cost: \$ xxx.xx Estimated Advance Premium Tax Credit(APTC) Amount: \$ xxx.xx Your Estimated Monthly Cost: \$ xxx.xx

Advance Premium Tax Credit (APTC) Information

Instead of receiving a monthly reduction on your bill, you may choose to defer some of your tax credit amount and receive the balance when you file your federal taxes.

In order to be eligible for Advance Premium Tax Credits, you must comply with the following requirements:

- File taxes for the year in which you are receiving health insurance coverage.
- Report any changes affecting your eligibility.

Please note that you may be responsible for repaying tax credits when filing your federal taxes if the amount applied to your monthly premium exceeds the amount you are eligible for based on your total annual income. Keeping your income up-to-date throughout the year is your best protection against incorrect calculations.

Cost Sharing Reductions Information

Based on your income, you can receive more financial assistance for insurance. Cost sharing reductions lower the amount you to pay for your healthcare out-of-pocket (in other words, for medications or copays at the doctor's office). For instance, if your income decreases, your copays or deductibles may be lowered. The level of reductions depends on your household income. If your household income changes, your copays and deductibles may also change.

Important dates for picking your 2026 health and dental coverage

For more information visit <https://healthyrhode.ri.gov>

Para más información visite <https://healthyrhode.ri.gov>

Para mais informações visite <https://healthyrhode.ri.gov>



- **November 1, 2025:** Open Enrollment begins. First day to review HealthSource RI's plan options.
- **December 31, 2025:** Last day to enroll in and pay for January **2026** coverage. We encourage all customers to make payment by **December 23**, so your health insurance cards arrive before January. If you make your payment after **December 23**, your health insurance cards will arrive in January.
- **January 31, 2026:** Open Enrollment ends. Last day to enroll in and pay for February 2026 coverage.

Review your HealthSource RI application for any needed changes

You must review your HealthSource RI application every year to ensure that we have the most current information about you and your family. The amount of financial assistance you receive is based on the information in your HealthSource RI application. This information is reconciled by the Internal Revenue Service (IRS) when you file your federal tax return. You may have to pay back some or all of the Advance Premium Tax Credits (APTC) you received if your household income is higher than what you provided in your HealthSource RI application or if you're no longer eligible for financial assistance.

Reminder: you are required to report any changes in circumstances to HealthSource RI within 30 days.

How to contact us

We look forward to assisting you during the annual Open Enrollment period. You can reach us:

Online: Visit www.HealthSourceRI.com/OE to:

- Learn more about Open Enrollment
- Use our live web chat (available in English and Spanish)
- Access your secure account on the HealthyRhode portal
- Find enrollment support through a Navigator in your community (Some limitations may be in place. Call the Navigator agency before visiting)
- Find a virtual enrollment info session
- You can make sure that your current plan meets your needs by comparing plans and getting a quick quote using our Plan Comparison and Savings Tool at HealthSourceRI.com/Calculator

By phone: Call 1-855-840-4774

In person: Call 211 or visit HealthSourceRI.com/OE to find a Navigator in your community.

Our Customer Service Center at 401 Wampanoag Trail in East Providence is accepting scheduled appointments. Please visit <https://healthsourceri.com/appointments/> to schedule your appointment.

Thank you for using HealthSource RI for your insurance needs in 2025. We look forward to serving you in 2026.

Your Team at HealthSource RI

For more information visit <https://healthyrhode.ri.gov>

Para más información visite <https://healthyrhode.ri.gov>

Para mais informações visite <https://healthyrhode.ri.gov>



Change Reporting Requirements

The Rhode Island Department of Human Services and HealthSource RI requires you to report changes that may affect the eligibility and enrollment of you or any member of your household. You must report any of the following changes that may affect the eligibility and enrollment of anyone in your household within ten (10) days of the date of the change:

- Residential address;
- Mailing address;
- Income;
- Marital status;
- Persons moving in or out of your home, or who is in your tax filing unit;
- Pregnancy status of any person in the household;
- Incarceration or institutional status;
- Access to other health insurance coverage including eligibility for Medicare or access to insurance through your job or through a family member's job;
- Immigration or citizenship status;
- Birth, adoption, placement for adoption, marriage, divorce, or death;
- Federal income tax filing status; or
- The number of tax dependents claimed on federal income taxes.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRMail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRMail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

For more information visit <https://healthyrhode.ri.gov>

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YOUR RIGHTS

Information about your Coverage and Rights:

You have a RIGHT to confidentiality. Under state law, all agencies administering programs are bound by state and federal laws and regulations to use information about you and other members of your household only for purposes directly related to the administration of the programs and in compliance of the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information. HIPAA restrictions prevent us from discussing the health information of you or any member of your household with anyone, including unauthorized representative, unless that individual has power of attorney or you have signed a consent form authorizing the disclosure of this information. This includes disclosure of mental health information, HIV, AIDS, STD test results or treatment and chemical dependency services.

The EOHHS and DHS do not release information about you or other members of your household without your consent except as provided in Rhode Island General Laws 40-6-12, 40-6-12.1, and 42-7.2-5(13), regulations set forth in the DHS Administrative Code and Medicaid Codes of Administrative Rules. Any person found guilty of violating the provisions of Rhode Island General Laws 40-6-12 shall be deemed guilty of a misdemeanor. Violators are subject to a maximum fine of two hundred dollars (\$200), or imprisonment of up to six (6) months, or both.

You have a RIGHT to name an authorized representative. An authorized representative is a person designated by the head of the household or the spouse, or any other responsible member of the household, to act on behalf of the household in applying for program benefits, or using the benefits. The authorized representative for benefits may or may not be the same individual designated as an authorized representative for the application process or for meeting reporting requirements. The authorized representative designation must be made in writing.

YOUR RESPONSIBILITIES

Information about your Coverage and Responsibilities:

You have a RESPONSIBILITY to supply accurate information about your income, resources and living arrangements on this application.

You have a RESPONSIBILITY to provide Social Security numbers (or proof that you have applied for one) for yourself and the members of your household, as a condition of eligibility. The collection of information on the application, as well as the Social Security numbers of all members of your household for whom you receive assistance, is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), as amended, 7 U.S.C. 2011-2036 and under Federal Law (45 C.F.R. § 155.305 and 42 CFR 435.910). This information will be used to determine whether your household is eligible or continues to be eligible to participate in SNAP, Medicaid, RIW, GPA, CCAP, and/or Commercial Health Insurance with Financial Help. The Department will verify this information through computer matching with the Department of Labor and Training, the Social Security Administration, the Internal Revenue Service, the Food and Nutrition Service, and other governmental and non-governmental entities authorized by law, regulation or contract, and they will be subject to verification by Federal, State, and local officials. The income and eligibility information obtained from these agencies will be used to make sure your household is eligible for and receiving the correct amount of SNAP benefits, GPA, Child Care,

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RIW, Medicaid, and Commercial Health Insurance with Financial Help. This information will also be used to monitor compliance with program regulations, for program management as well as to prevent fraud and verify health care claims.

This information may be disclosed to other federal and state agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. If a claim arises against your household, the information you provided on your application, including all SSNs, may be referred to Federal and State agencies as well as private claims collection agencies for claims collection action. Providing the requested information is voluntary. However, failure to provide a SSN will result in the denial of benefits to any individual applying for benefits. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

You have a RESPONSIBILITY to cooperate with the Office of Child Support Services if you receive RI Works, Child Care Assistance or Medicaid. You must help establish, modify, or enforce child support for the child(ren) in your care, and establish paternity (if necessary). If you can show that you have a good reason to believe that cooperating with the Office of Child Support Services puts you, your children, or the children in your care at risk of harm from the non-custodial parent, you may claim good cause not to cooperate.

I understand that my application serves as authorization to the EOHHS and/or DHS to obtain from Medical providers information that is pertinent to me or to any person included in my application for as long as the case remains open. I understand and agree that the EOHHS or its eligibility agent, DHS, may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.

I also understand that EOHHS and DHS can use or share information I provided on my application and in my private account for the administration of any programs for which I applied and/or may be providing me with benefits in accordance with state and federal law, contract and regulation. The EOHHS and DHS can release non-identifying information for research purposes. Any release of identifying information must be done in accordance with state and federal law.

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Para mais informações visite <https://healthyrhode.ri.gov>



Date : XX/XX/2025

Account Number : 00000



APPEAL RIGHTS

You may have the right to appeal and have an Administrative Fair Hearing if you disagree with our decisions. You may:

- 1. Call us to discuss the benefit decision.** Contact us at the telephone number at the top of the first page of this notice. Be sure to have this notice and the case/identification number on-hand when you call.
- 2. Appeal for an Administrative Fair hearing.** An Appeal is a formal request asking for the decision to be reviewed at an administrative hearing. Please continue reading for further information.

What is a fair hearing?

A fair hearing is a chance for you to tell an administrative hearing officer why you disagree with the agency's decision about your eligibility, benefits, and/or any costs you must pay. An agency representative is also present at the hearing to explain the basis for the agency decision. By law, the administrative officer must review the facts of the case presented by both sides in a fair and objective manner.

Deadlines for appeals and asking for a fair hearing

The chart below explains the deadlines for filing an appeal for each program. For some programs, your benefits or services may be continued until a hearing decision is made if you appeal by the deadlines listed in the chart. If you miss this deadline, you may lose your right to appeal. After you have filed your appeal, we will schedule your hearing and issue a decision within 90 days, or 60 days if the hearing relates to your SNAP benefits. A decision will issue on all HealthSource RI appeals within 90 days of the date an appeal request is received, as administratively feasible.

Program	You must file an appeal in:	To continue receiving benefits (Aid Pending) under appeal, the appeal must be made within:
Medicaid	30 days after the notice date plus five days for mailing time	30 days after the notice date plus five days for mailing time
SNAP	90 days from the notice mail date	10 days from the notice mail date
CCAP	30 days from the notice mail date	10 days from the notice mail date (however, benefits may be reduced until a hearing decision is made.)
GPA	10 days from the notice mail date	10 days from the notice mail date (request must be made in writing)
Commercial Health Insurance	30 days after the notice date plus five days for mailing time.	30 days from the notice mail date (you must call HealthSource RI within this timeframe to request Aid-Pending)
All other programs	30 days from the notice mail date	10 days from the notice mail date



Expedited Appeals

You have the right to an expedited appeal if you have an immediate need for health services or SNAP benefits and waiting for a standard appeal could seriously jeopardize your life or health, or ability to attain, maintain, or regain maximum function. We must decide expedited appeals as quickly as possible, given the circumstances. If we deny your request for an expedited appeal, we must inform you quickly, and we must handle your appeal through our standard process.

Right to Continue Benefits While Awaiting Hearing

You may have the right to have your benefits continue unchanged while you wait for your hearing (this is called "Aid-Pending"). Except for Commercial Health Insurance through HealthSource RI, if you appeal within 10 days, in most instances, you will be automatically granted Aid-Pending. Unless you can show otherwise, for Medicaid and HealthSource RI, we will assume that you received the notice 5 days after the date on the notice.

If you have Medicaid and you receive Aid-Pending, and then you lose your appeal, the State may make you pay back its costs for covering you during the Aid-Pending period. For HealthSource RI, Aid-Pending is only available if you are appealing an eligibility redetermination that occurred within 30 days of the date you file your appeal, and the request is made by telephone to HealthSource RI at 1-855-840-HSRI (4774). If you are receiving tax credits to help pay for your premiums and you receive Aid-Pending, and then you lose your appeal, then you may owe extra money in your federal taxes next year. If you pay monthly premiums, you must still pay during the Aid-Pending period.

If you receive SNAP, RIW or GPA benefits and receive Aid-Pending, and you lose your appeal, you may need to pay back the benefits you were issued but were not entitled to during this period.

Right to Represent Yourself and Right to be Represented

You have the right to represent yourself at the hearing, or to be represented by anyone you choose, including an attorney, advocate, friend, or relative.

Legal advice is available from Rhode Island Legal Services, Inc. at 274-2652 or 1-800-662-5034. If you choose to have Legal representation, the representative must file a written Entry of Appearance with the Hearing Office at or before the hearing. The Entry of Appearance acts as a release of confidential information, allowing the Legal representative access to the Agency case record. It is also needed for the Hearing Office to confirm the representation for purposes of follow-up, review, request for continuances, etc.

Eligibility of Other Household Members May be Affected

Our appeal decision may result in changes to the eligibility of another member of your household.

Access to Your Case Record

You have the right to see your case record, including any evidence the State will use at your hearing. To view your case record, call us at 1-855-MYRIDHS (1-855-697-4347). If you are appealing an action taken by HealthSource RI, you may request a copy of your record by calling: 1-855-840-HSRI (4774).

Informal Resolution

We may be able to fix your problem quickly without a hearing. Please call 1-855-MYRIDHS (1-855-697-4347) so that we can review your case informally. If you are appealing an action taken by HealthSource RI, you may contact HealthSource RI at 1-855-840-HSRI (4774) to request an informal review of your appeal. We will reach out to you in an effort to resolve your appeal informally. Your right to a hearing will not be impacted by efforts to resolve your issue informally.





APPEAL FORM

Appeal Request Process

You may request an appeal by doing one of the following below. If you submit this form, the state will complete a review of your case to try to resolve the issue.

- **Online.** Log into your account at www.healthyrhode.ri.gov and click on "file an appeal".
- **By phone.** You can file an appeal regarding Medicaid and Purchased Health Coverage through HealthSource RI by calling HealthSource RI at 1-855-840-HSRI (4774). For questions about filing an appeal for human services programs such as SNAP, RIW, Child Care, GPA, or SSP call the Department of Human Services at 1-855-MY-RI-DHS (1-855-697-4347).
- **In person.** For in-person assistance visit www.dhs.ri.gov to view office locations.
- **By mail.** Complete this form and mail it to ATTN: Appeals State of Rhode Island, PO Box 8709 Cranston, RI 02920-8787.

Name (required): _____

Date of Birth (required): _____

Account Number (as displayed at the top of the notice): _____

Address (required): _____

Phone number: _____

Email: _____

Do you need help speaking, reading or writing English? ☐ Yes ☐ No:

If yes, what is your primary language? _____

Preferred method of contact (circle one): email / paper mail

You must check off the reason(s) for your appeal:

Health Coverage:

_____ Medicaid
_____ Purchased plan through HSRI
_____ Both/Unsure

Human Services:

_____ SNAP
_____ RIW
_____ SSP
_____ GPA
_____ CHILD CARE
_____ CCRU

_____ Other (Please explain) _____



Please explain the reason for your appeal:

Do you need important health services or SNAP benefits immediately? If so, would you like an expedited appeal? ☐ Yes ☐ No:

If yes, Please explain:

IF THE HEARING DECISION IS NOT IN MY FAVOR, I UNDERSTAND THAT I MUST REPAY ANY ASSISTANCE AND/OR SNAP BENEFITS FOR WHICH I AM DETERMINED INELIGIBLE

☐ Check this box if someone is going to help you with the appeal or represent you during the appeals process. This can be an attorney, friend, or family member. Provide this person's contact information:

Name: _____

Phone: _____

Address: _____

Email: _____

Would you like your coverage and benefits to continue unchanged while you wait for a hearing decision? ☐ Yes ☐ No:

By signing this document below, I am submitting my Appeal and attest that the all of the information I have provided is true and accurate to the best of my knowledge.

Signature _____
(Recipient)

Date _____



ATTENTION: Language assistance services are available to you free of charge. Call . 1-855-697-4347 (TTY 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-697-4347 (TTY 711)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-697-4347 (TTY 711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-697-4347 (TTY 711)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-697-4347 (TTY 711)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ 1-855-697-4347 (TTY 711)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-697-4347 (ATS 711)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-697-4347 (TTY 711)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-697-4347(TTY 711)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 1-855-697-4347 TTY 711

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-697-4347 (телетайп 711)

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