2027 Plan Guide

The Board of Pensions of the Presbyterian Church (U.S.A.)

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 25973

Effective: January 1, 2027 through December 31, 2027

United Healthcare®
Group Medicare Advantage

THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

With the UnitedHealthcare Group Medicare Advantage (PPO) plan, you get more

The Board of Pensions of the Presbyterian Church (U.S.A.) has selected UnitedHealthcare® to provide medical coverage to Medicare-eligible retirees. With this plan, you'll enjoy an easier-than-ever Medicare experience. You've earned it.

Your prescription drug coverage will be provided by Express Scripts.

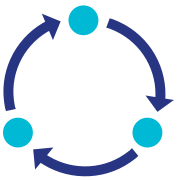
Read through this Plan Guide to get to know your new plan

The guide includes:

- A description of the plan and how it works
- Information about benefits, programs and services, and how much they cost
- What you can expect after you're enrolled in the plan

Please keep this Plan Guide. It has information that will be helpful once you become a member.

Visit **retiree.uhc.com/pcusa** to get plan information and more. Select the **Chat now** button to connect with one of our knowledgeable Customer Service Advocates. You can also use the Group Number on the front cover of this book to access plan materials online.



You'll be automatically enrolled in the plan

This plan will replace your current coverage, starting on January 1, 2027. If you don't want to be enrolled in this plan, please call Benistar Administrative Services by December 7, 2026, at 1-800-236-4782, 8:30 am – 5 pm local time, Monday – Friday. The Board of Pensions has engaged Benistar to manage plan enrollment. They will notify us that you don't want to enroll in this plan.

If you opt out of this plan, you won't be able to enroll in it later. Your current coverage under the Humana Group Medicare Advantage PPO and prescription drug plans will end on January 1, 2027. You'll need to get other health and drug coverage and pay the full cost. Benistar can connect you to someone who can help you find another Medicare Advantage or Medicare Supplement (Medigap) plan that meets your needs.

Take control of your health

We can help you get access to the care you need when you need it. Let us help you find ways to save money on your health care so you can focus on what matters most to you.

More than health insurance

With this UnitedHealthcare Group Medicare Advantage (PPO) plan you get medical coverage and so much more. More benefits. More savings. More experience. More choices. More convenience.

Here's just some of what this plan offers

- **No deductible**
- **$0 copay** for preventive dental care including exams, cleanings, X-rays and fluoride
- **$0 copay for an eye exam** every 12 months and $150 allowance every 12 months to spend on frames or contact lenses
- **Free extra support after a hospital or skilled nursing facility stay,** including home-delivered meals, transportation to medical appointments and the pharmacy, and non-medical personal care
- **Earn rewards** to spend on eligible items like gifts, clothing, groceries and more
- **Free standard gym membership** at participating locations
- **Free Optum® HouseCalls visit** from one of our licensed health care practitioners
- **$0 copay for a hearing exam** and $500 allowance to spend on a broad selection of hearing aids for both ears every 3 years
- **Virtual doctor and behavioral health visits** using your computer, tablet or smartphone – anytime, day or night
- **A large network of providers** through our Medicare National Network
- **Free diabetic supplies** like needles and test strips
- **Free transportation** for 24 one-way trips to your doctor appointments and the pharmacy

Review the Summary of Benefits in this guide for more details

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More from your health plan

Your PPO plan is a Medicare Advantage plan, also known as Medicare Part C. This plan has all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B).

You'll enjoy:

You pay a standard copay or coinsurance, or $0 in some cases, to see a provider in or out-of-network

Access to a large network of doctors and hospitals equipped with tools to support your health

Worldwide coverage for emergencies and urgent care

How the plan works:

- Select a primary care provider (PCP) to oversee and help manage your care. The plan doesn't require you to have a PCP, but using a PCP is very beneficial for your long-term health and well-being.
- Get care from providers in or out-of-network as long as they accept Medicare and the plan.
- You don't need a referral to see a specialist or other provider.
- This plan has a maximum annual out-of-pocket amount.
- Review your Summary of Benefits to see what's covered.

More ways to learn about your plan

It’s important that you understand your plan and what benefits are covered. You can find the Provider Directory and more at **retiree.uhc.com/pcusa**.

Review the online Provider Directory to see if your providers are in the network
It's okay if they’re not. This plan allows you to see out-of-network providers at the same cost share as long as they accept Medicare and the plan.

Review the Summary of Benefits in this guide to see how much you’ll pay for medical services
You can also review the Summary of Benefits online.

If you’re not sure if you are enrolled in Medicare Part B, check with Social Security at ssa.gov/locator or call 1-800-772-1213, TTY 1-800-325-0778, 8 a.m.–7 p.m., Monday–Friday, or call your local office.

You may be disenrolled from this plan if you stop paying your Medicare Part B premium.

You’re eligible to enroll in this plan if you:

Are entitled to Medicare Part A and enrolled in Medicare Part B.

Continue to pay your Part B premium (unless it’s paid for you).

Remember: If you drop or are disenrolled from your group-sponsored retiree coverage, you may not be able to re-enroll. Limitations and restrictions vary by former employer or plan sponsor.

Summary of Benefits 2027

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): The Board of Pensions of the Presbyterian Church (U.S.A.)
Group Number: 25973
H2001-869-000

Look inside to learn more about the plan and the health services it covers. Contact us for more information about the plan.

Download the **UnitedHealthcare app**

Visit **retiree.uhc.com/pcusa**

Call toll-free **1-844-205-2150**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

United Healthcare®
Group Medicare Advantage

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Summary of Benefits

January 1, 2027 - December 31, 2027

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can call Customer Service if you want a copy of the EOC or need help. When you enroll in the plan, you will get more information on how to view your plan details online.

UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium and limits	
	In-network and out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Maximum out-of-pocket amount	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of $2,590 for this plan year.

Medical benefits		
		In-network and out-of-network
Inpatient hospital care[1]		$320 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital[1] Cost sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)	$100 copay
	Outpatient surgery	$100 copay
	Outpatient hospital services, including observation	$100 copay
Doctor visits	Primary care provider (PCP)	$0 copay
	Virtual visit	$0 copay
	Specialist[1]	$10 copay
Preventive services	Routine physical	$0 copay; 1 per plan year*
	Medicare-covered	$0 copay
	• Abdominal aortic aneurysm screening • Alcohol misuse counseling	

Medical benefits		
		In-network and out-of-network
		• Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings and monitoring • Diabetes – Self-Management training • Dialysis training • Glaucoma screening • Hepatitis C screening • HIV screening • Kidney disease education • Lung cancer with low dose computed tomography (LDCT) screening • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screenings and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 • "Welcome to Medicare" preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100%.
Emergency care		$100 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgently needed services		$35 copay (worldwide) If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan)[1]	$10 copay
	Lab services[1]	$0 copay

Medical benefits			
		In-network and out-of-network	
	Diagnostic tests and procedures[1]	$10 copay	
	Therapeutic radiology[1]	$10 copay	
	Outpatient X-rays[1]	$10 copay	
Hearing services	Exam to diagnose and treat hearing and balance issues[1]	$10 copay	
	Routine hearing exam	$0 copay, 1 exam per plan year*	
	Hearing Aids	$0 copayment for prescription hearing aids, combined for both ears, unlimited devices, every 3 years, up to the $500 allowance amount.	90% coinsurance for prescription hearing aids, combined for both ears, unlimited devices, every 3 years, up to the $500 allowance amount.*
Routine dental services See Evidence of Coverage for more details.	Oral exams	$0 copay, 2 procedures per plan year.	
	Routine cleaning	$0 copay, 2 procedures per plan year.	
	Dental bitewing X-rays	$0 copay, 1 procedure per plan year.	
	Minor services (Includes fillings and nitrous oxide)	20% coinsurance	
	Major Services (Includes Crowns, Root Canals, and other restorative services)	50% coinsurance	
	Benefit limit	$50 yearly deductible and $1,000 combined in and out-of-network plan year maximum. If you receive services from an out-of-network dentist, the plan pays according to a maximum allowable fee schedule. You pay all fees in excess of this amount.	
Vision services	Exam to diagnose and treat diseases and conditions of the eye[1]	$10 copay	
	Eyewear after cataract surgery	$0 copay	
	Routine eye exam	$0 copay, 1 exam every 12 months*	

Medical benefits			
		In-network and out-of-network	
	Routine eyewear	Plan pays up to $150 combined allowance for eyeglasses and contact lenses every 12 months.*	
Mental health	Inpatient visit[1]	$320 copay per stay, up to 190 days Our plan covers 190 days for an inpatient hospital stay.	
	Outpatient group therapy visit[1]	$0 copay	
	Outpatient individual therapy visit[1]	$10 copay	
	Outpatient therapy or office visit with a psychiatrist[1]	$10 copay	
	Virtual behavioral visits	$10 copay	
Skilled nursing facility (SNF)[1]		$0 copay per day: days 1-20 $40 copay per day: days 21-100 $65 copay per day: days 101-180 Our plan covers up to 180 days in a SNF per benefit period.	
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)[1]		$10 copay	
Ambulance[2]		$50 copay	
Routine Transportation One-way trips to and from medically related appointments and the pharmacy, up to 50 miles per trip. Restrictions apply.		$0 copay	90% coinsurance if you use an out-of-network provider for transportation
Medicare Part B Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs[1]	$20 copay	
	Other Part B drugs[1]	$20 copay	

[1]Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

[2]Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.
*Benefits are combined in and out-of-network.

Additional benefits			
		In-network and out-of-network	
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	$10 copay	
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[1]	$10 copay	
Diabetes management	Diabetes monitoring supplies[1]	$0 copay We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.	
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies[1]	$0 copay	
	Diabetes self-management training[1]	$0 copay	
	Therapeutic shoes or inserts[1]	$10 copay	
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[1]	$10 copay	
	Prosthetics (e.g., braces, artificial limbs)[1]	$10 copay	
Fitness Program Renew Active, a health and fitness Fitness program program		$0 copay	90% coinsurance if you use an out-of-network fitness provider

Additional benefits			
		In-network and out-of-network	
	designed for Medicare plan members. Renew Active includes a standard monthly membership at participating fitness locations. Sign in to your member site, look for My Coverage and select Access gym code or call the number on your UnitedHealthcare member ID card to obtain your code.		
Foot care (podiatry services)	Foot exams and treatment[1]	$10 copay	
	Routine foot care	$10 copay, 6 visits per plan year*	
	**UnitedHealthcare Healthy at Home** Post-discharge program Benefits are available for up to 30 days following each inpatient hospital and skilled nursing facility (SNF) stay: • Meals: 28 home-delivered meals, referral required • Transportation: 12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required • In-home Care: 6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required Call Customer Service for more information, to request a referral after each discharge and to use your benefits	$0 copay	90% coinsurance if you use an out-of-network provider
	**Home health care[1]**	$0 copay	
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
Opioid treatment program services[1]		$0 copay	

Additional benefits		
		In-network and out-of-network
Outpatient substance use disorder services	Outpatient group therapy visit[1]	$0 copay
	Outpatient individual therapy visit[1]	$10 copay
Renal dialysis[1]		$10 copay

[1]Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

[2]Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

*Benefits are combined in and out-of-network.

About this plan

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all U.S. territories.

About providers

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, and other providers. 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.

You can go to **retiree.uhc.com/pcusa** to search for a network provider using the online directory.

Required Information

UnitedHealthcare® Group Medicare Advantage (PPO) is 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.

Plans may offer supplemental benefits in addition to Part C benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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 documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service 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, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

The provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Renew Active® Program and its gym network varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership at participating locations and other offerings. The participating locations and offerings may change at any time. Fitness membership equipment, classes and activities may vary by location. Certain services, classes, activities and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market and plan.

Here's what you can expect next

Once you're a member, the UnitedHealthcare Customer Service team and your online account can help you access the care you need, when and how you need it.

You are here
UnitedHealthcare will process your enrollment

Create your account to review your plan online

Receive your member ID card in the mail

Coverage begins! Start using your plan

Manage your plan online

If you haven't already, use your Medicare number or member ID number and email address to create an account at **retiree.uhc.com/pcusa**. Online you can:

- Look up your latest claim information and complete your health assessment
- Find network providers and other plan information
- Learn more about health and wellness topics
- Sign up to get plan information and your Explanation of Benefits online

Once your coverage begins

- Schedule your annual wellness visit
- Schedule your yearly in-home Optum® HouseCalls visit to help support your health. Visit **optum.com/healthvisitUHC** to learn more

Benefits and costs may change at the end of your plan year

Before your plan year ends, we'll send you an Annual Notice of Changes that explains what's changing for next year.

Thank you for trusting UnitedHealthcare with your health care coverage

If you have any questions, please call the toll-free number on the back of this Plan Guide. This number will also be on your member ID card when you get it.

Scan this code to access the member site

Statements of understanding

By enrolling in this plan, I agree to the following:

- **This is a Medicare Advantage Plan contracted with the federal government. This is not a Medicare Supplement Plan.**
  I need to keep my Medicare Part A and Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.
- **The service area includes the 50 United States, the District of Columbia and all U.S. territories.**
  I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.
- **I can only have one Medicare Advantage Plan at a time.**
  - Enrolling in this plan will automatically disenroll me from any other Medicare health plan.
  - If I enroll in a different Medicare Advantage Plan, I will be automatically disenrolled from this plan.
  - If I disenroll from this plan, I will be automatically transferred to Original Medicare.
  - Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.
- **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**
  Medicare may also release my information for research and other purposes that follow all applicable federal statutes and regulations.
- **For members of the Group Medicare Advantage Plan.**
  I understand that when my coverage begins, I must get all of my medical benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

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.

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.
ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե դուք խոսում եք **հայերեն (Armenian)**, ապա ձեզ հասանելի են անվճար լեզվական աջակցության ծառայություններ և անվճար հաղորդակցություններ այլ ձևաչափերով, ինչպիսին է մեծատառ տպագրությունը: Զանգահարեք ձեր անդամի նույնականացման քարտի վրա նշված անվճար հեռախոսահամարով:
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
ចំណាំ៖ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ សូមទូរស័ព្ទមកកាន់លេខឥតគិតថ្លៃដែលមាននៅលើកាតសម្គាល់សមាជិករបស់អ្នក។
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。
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.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.
ΠΡΟΣΟΧΗ: Εάν μιλάτε **ελληνικά (Greek)**, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.
ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કૉલ કરો.
MALIU MAI! Inā ʻōlelo ʻoe i ka **ʻōlelo Hawaiʻi (Hawaiian)**, loaʻa manuahi ke kōkua unuhi a me palapala i hoʻonohonoho ʻia e like me i paʻi ʻia me nā huapalapala nūnui no ke kōkua ʻana aku iā ʻoe. ʻOluʻolu e kāhea aku i ka helu kelepona kāki ʻole ma kou kāleka lālā.
ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।
LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.
PANANGIKASO: 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.
ATTENZIONE: Se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.
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。

알림사항: **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.

KŌJJELĀ: Ñe kwōj kōnono **Kajin Majol (Marshallese)**, jerbalin jipañ ko ikkijjien kajin ejjelok wōnāāeir im wāween kōnono ko ejjelok wōnāāeir, āinwōt jeje ko relap, rej pellok ñan eok. Kall e nōmba eo ejjelok wōnāān mwe ej pād ilo kaat in ro uwaan doulul eo am.

BAA'ÁKONÍNÍZIN: **Diné (Navajo)** saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó náánáł ahgo át'éego bee hadadilyaa bee ahił hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní baa h t'áá hiik'eh bee hane'í námboo bee hodíilnih.

ध्यान दिनुहोस्: यदि तपाईंले **नेपाली** (Nepali) बोल्नुहुन्छ भने, नि:शुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा नि:शुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्।. आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

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.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, ta3kich 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.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ**, (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਮੁਫ਼ਤ ਸੰਚਾਰ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਅੱਖਰ, ਤੁਹਾਡੇ ਵਾਸਤੇ ਉਪਲਬਧ ਹਨ। ਤੁਹਾਡੇ ਮੈਂਬਰ ਪਹਿਚਾਣ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

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.

FA‘AALIGA: Afai e te tautala i le **Faa-Samoa (Samoan)**, o lo‘o avanoa mo oe ‘au‘aunaga fesoasoani tau gagana e leai se totogi ma feso‘ota‘iga e leai se totogi i isi faiga, e pei o lomiga e lapopo‘a mata‘itusi. Valaau i le numera e leai se totogi i lau kata faailo o le sui auai (ID).

PAŽNJA: Ako govorite **srpski (Serbian)**, dostupne su vam besplatne usluge jezičke asistencije i besplatni načini komunikacije u drugim formatima, kao što je veliki format štampe. Pozovite besplatni broj koji se nalazi na vašoj članskoj identifikacionoj kartici.

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.

குறிப்பு: நீங்கள் **தமிழ் (Tamil)**, மொழி பேசுபவர் என்றால், இலவச மொழி உதவி மற்றும் பெரிய எழுத்தில் அச்சு போன்ற மற்ற வடிவுகளில் இலவச தகவல்கள் கிடைக்கின்றன. உங்கள் உறுப்பினர் அடையாள அட்டையில் இருக்கும் கட்டணமில்லா தொலைபேசி எண்ணை அழைக்கவும்.

గమనించండి: మీరు **తెలుగు (Telugu)** మాట్లాడేవారైతే, మీకు ఉచిత భాషా సహాయ సేవలు మరియు పెద్ద ముద్రణ వంటి ఇతర ఫార్మాట్లలో కమ్యూనికేషన్లు ఉచితంగా లభిస్తాయి. వాటి కొరకు మీ మెంబరు ఐడింటిఫికేషన్ కార్డులోని టోల్-ఫ్రీ నెంబరుకి కాల్ చేయండి.

FAKATOKANGA: Kapau ‘oku´ke **Lea Faka-Tonga (Tongan)**, ‘oku ‘i ‘ai ‘a e ngaahi tokoni ta‘etotongi ‘i he lea´ni pea mo e ngaahi founga kehe fakafetu‘utaki, hangē ko e ngaahi me‘a ‘oku paaki, ‘oku ‘ataa´ ma‘au. Fetu‘utaki ki he telefoni ta‘etotongi ‘oku hā ho kaati memipa.

ASINEI NGENI MEINISIN: Ika pwe ka fos **Chuuk (Chuukese)**, angangen aninisin fosun fonu ese wor momon me pwan kakapas fengen ese wor momor non pwan ekkoch sakkun maak kena, usun chok watten maak, ra kan kaworeno ngonuk. Kori ewe nampa ese wor momon won noumuwe aiititin katon chon non.

УВАГА: Якщо ви розмовляєте **українською (Ukrainian)**, вам надаються безкоштовні мовні послуги та безкоштовні повідомлення в інших форматах, наприклад, крупним шрифтом. Зателефонуйте за безкоштовним номером телефону, позначеним на Вашій ідентифікаційній картці.

توجہ دیں: اگر آپ **اردو (Urdu)** زبان بولتے ہیں تو آپ کے لیے زبان کی معاون خدمات اور دیگر فارمیٹ میں مفت مواصلات، جیسے بڑے پرنٹ، آپ کے لیے دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

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 nhận dạng thành viên của quý vị.

PANAWAGAN: Kung mosulti ka og **Bisaya (Visayan)**, libre nga serbisyo sa tabang sa pinulungan ug libre nga komunikasyon sa lain-laing pormat, sama sa dakong imprenta, anaa alang kanimo. Tawagi ang libre nga tawag sa numero nga makita sa imong kard sa identidad sa miyembro.

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