



Medicare Supplement Plans

WEST VIRGINIA & OHIO ENROLLMENT GUIDE

FORM # OH: MS20EG
WV: MS20EG

1110 Main Street
Wheeling, WV 26003
1.877.847.7915 (TTY: 711)
healthplan.org



Table of Contents

1 – 3	Introduction
4 – 9	Plan Benefit Summaries
10 – 11	How to Enroll
12 – 17	Guaranteed Issue Guide
19	Nondiscrimination Statement

Thank you

for requesting information
about the Medicare
Supplement plans offered
by THP Insurance Company.

You've taken a **great** first step

We are pleased that you are considering us for your Medicare Supplement Plan.

We invite you to learn more by reading this enrollment guide. Inside this all-in-one booklet, you will find much of the information that you need as you consider your health care coverage options.

Locally owned and operated since 1979, we provide prompt, personal, and reliable service to our members. We are easy to find, with offices and customer service call centers located in West Virginia and Ohio. We offer Medicare Supplement Plans A, C, D, F, F High Deductible, G, G High Deductible, and N.

May we help you get started? Call 1.877.847.7915 (TTY: 711). Our hours of operation are October 1 through March 31: 8:00 a.m. to 8:00 p.m., 7 days a week and April 1 through September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday.



Understanding the Parts of Medicare



Medicare Part A

Helps cover the following:

- Inpatient care in hospitals
- Inpatient care in a skilled nursing facility (not custodial or long-term care)
- Hospice care services
- Inpatient care in a religious non-medical health care institution



Medicare Part B

Helps cover the following:

- Doctor's services
- Testing
- Outpatient care
- Home health services
- Durable medical equipment
- Some preventive services
- Other medical services

Medicare Supplement Insurance

Original Medicare pays for many of your health care services and supplies, but it doesn't pay for everything. That is why you may want to consider getting a Medicare Supplement insurance plan. A Medicare Supplement plan is sold by private insurance companies. These plans help pay some of the hospital and medical costs that Original Medicare doesn't cover. A Medicare Supplement plan helps to fill in the "gaps" in Original Medicare coverage, which is why it is also called "Medigap" insurance.

If you have Original Medicare and a Medicare Supplement plan, Medicare will pay first, as your primary insurance. Your Medicare Supplement plan will pay second, as your secondary insurance. (Please note: This may be different if you are covered under an employer group plan). A Medicare Supplement plan covers one person. If you and your spouse both want Medicare Supplement coverage, you'll each need to buy separate, individual policies.

Here are a few advantages to choosing Medicare Supplement coverage:

- Medicare Supplement policies give you predictable out-of-pocket costs. With a Medicare Supplement, you can easily plan for what your out-of-pocket costs will be for the year.
- Medicare Supplement plans are standardized plans. This means that the core medical benefits are determined by the Federal Government, not the insurance company. This also means that those benefits generally do not change each year.
- Coverage can only be cancelled in certain situations, like non-payment of your monthly premium or material misrepresentation. Coverage cannot be cancelled due to your health changing.

Give THP Insurance Company a call today at 1.877.847.7915. We can help you choose a plan that will meet your needs now, and in the future.



West Virginia & Ohio Outline

Benefit plans A, C, D, F, High Deductible F, G, High Deductible G, and N are available from THP (see below)

Columns in gray are the Medicare Supplement Plans NOT available from THP Insurance Company.

Note: Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high Deductible F.

Plan A	Plan B	Plan C	Plan D	Plan F/F*
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible
				Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

* Plan F has an option called a high-deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,870. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,870. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B but do not include the plans separate foreign travel emergency deductible.

Outline of Medicare Supplement Plan Coverage

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make plan "A" available. Some plans may not be available in your state. See Outline of Coverage sections for details about all plans.

Basic Benefits

Hospitalization

Part A coinsurance plus coverage for 365 additional days after Medicare benefits end

Medical Expenses

Part B coinsurance (generally 20% of Medicare-approved expenses), or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood

First 3 pints of blood each year

Hospice

Part A coinsurance

Plan G/G**	Plan K	Plan L	Plan M	Plan N
Basic, including 100% Part B coinsurance**	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
Part B Excess (100%)				
Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
	Out-of-Pocket limit \$7,220; paid at 100% after limit reached	Out-of-Pocket limit \$3,610; paid at 100% after limit reached		

** Plan G also offers a high-deductible plan. This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2,870. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.



THP Insurance Company, Inc. Ben

THP

BENEFIT	MEDICARE PAYS	PLAN A	PLAN C
MEDICARE PART A HOSPITAL CARE			
First 60 days	All but \$1,676 (Part A Deductible)	\$0	\$1,676 (Part A Deductible)
Days 61-90	All but \$419 a day	\$419 a day	\$419 a day
Days 91-150: while using 60 lifetime reserve days	All but \$838 a day	\$838 a day	\$838 a day
Once lifetime reserve days are used: additional 365 days	\$0	100% of Medicare eligible expenses	100% of Medicare eligible expenses
Beyond the additional 365 days	\$0	\$0	\$0
SKILLED NURSING FACILITY CARE			
First 20 days	All approved amounts	\$0	\$0
Days 21 - 100	All but \$209.50 a day	\$0	Up to \$209.50 a day
Days 101 and after	\$0	\$0	\$0
BLOOD			
Blood – first 3 pints	\$0	First 3 pints	First 3 pints
Blood – additional amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	Medicare copayment/ coinsurance

* The purpose of this communication is a solicitation of insurance from THP Insurance Company, Inc. (THP). THP is a private insurance company not endorsed by or connected with the federal Medicare program or the U.S. government. This communication provides a brief summary of coverage, see your agent or contact THP for specific costs and details of the coverage. Benefits vary by policy.

Benefits Summary

Choose the Medicare Supplement insurance policy from THP that best meets your needs and budget.*

MEDICARE SUPPLEMENT INSURANCE POLICIES PAY

PLAN D	PLAN F**	PLAN G***	PLAN N
\$1,676 (Part A Deductible)	\$1,676 (Part A Deductible)	\$1,676 (Part A Deductible)	\$1,676 (Part A Deductible)
\$419 a day	\$419 a day	\$419 a day	\$419 a day
\$838 a day	\$838 a day	\$838 a day	\$838 a day
100% of Medicare eligible expenses	100% of Medicare eligible expenses	100% of Medicare eligible expenses	100% of Medicare eligible expenses
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
Up to \$209.50 a day	Up to \$209.50 a day	Up to \$209.50 a day	Up to \$209.50 a day
\$0	\$0	\$0	\$0
First 3 pints	First 3 pints	First 3 pints	First 3 pints
\$0	\$0	\$0	\$0
Medicare copayment/coinsurance	Medicare copayment/coinsurance	Medicare copayment/coinsurance	Medicare copayment/coinsurance

Note: Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.



THP Insurance Company, Inc. Ben

THP

BENEFIT	MEDICARE PAYS	PLAN A	PLAN C
MEDICARE PART B'S PHYSICIAN SERVICES AND SUPPLIES (PER CALENDAR YEAR)			
Part B deductible \$257	\$0	\$0	\$257 (Part B Deductible)
Coinsurance	Generally 80% (after Part B Deductible)	Generally 20%	Generally 20%
Part B – Excess Charges	\$0	\$0	\$0
Blood – first 3 pints	\$0	First 3 pints	First 3 pints
Blood – next \$257 of Medicare-approved amounts	\$0	\$0	\$257 (Part B Deductible)
Blood – remainder of Medicare-approved amounts	80%	20%	20%
Preventive benefits for Medicare covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare approved amounts	Remainder of Medicare approved amounts
ADDITIONAL BENEFITS			
Foreign Travel – Emergency care outside U.S.	\$0	\$0	80% to a lifetime maximum benefit of \$50,000 (after \$250 annual deductible)

** Plan F also has an option called High Deductible Plan F. This high deductible plan pays the same or offers the same benefits as Plan F after you have paid a calendar year \$2,870 deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses are \$2,870. Out-of-pockets expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Parts A and B, but does not include the plan's separate foreign travel emergency deductible.

Benefits Summary

Note: Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high Deductible F.

MEDICARE SUPPLEMENT INSURANCE POLICIES PAY

PLAN D	PLAN F**	PLAN G***	PLAN N
\$0	\$257 (Part B Deductible)	\$0	\$0
Generally 20%	Generally 20%	Generally 20%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
\$0	100%	100%	\$0
First 3 pints	First 3 pints	First 3 pints	First 3 pints
\$0	\$257 (Part B Deductible)	\$0	\$0
20%	20%	20%	20%
Remainder of Medicare approved amounts	Remainder of Medicare approved amounts	Remainder of Medicare approved amounts	Remainder of Medicare approved amounts
80% to a lifetime maximum benefit of \$50,000 (after \$250 annual deductible)	80% to a lifetime maximum benefit of \$50,000 (after \$250 annual deductible)	80% to a lifetime maximum benefit of \$50,000 (after \$250 annual deductible)	80% to a lifetime maximum benefit of \$50,000 (after \$250 annual deductible)

*** This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2,870. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

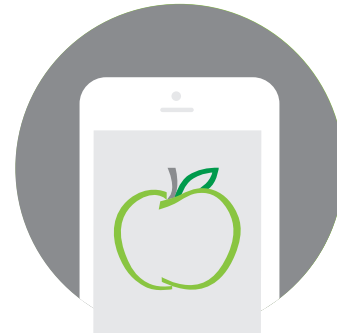


How to Enroll



In-Person

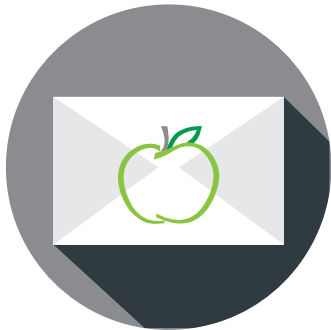
We have representatives available to assist you in-person with your enrollment. Please call **1.877.847.7915 (TTY: 711)** for more information. Our hours of operation are October 1 through March 31: 8:00 a.m. to 8:00 p.m., 7 days a week and April 1 through September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday.



By Phone

Please call **1.877.847.7915** to discuss your telephonic enrollment options with THP Insurance Company.

Enrolling is easy. Once you choose a plan, select the enrollment method that works best for you.



By Mail

Complete and return the enclosed enrollment form. Complete an enrollment form for EACH PERSON enrolling. Be sure to indicate which plan you would like to enroll in. Mail all necessary forms in the postage-paid envelope included with this guide, or to: **The Health Plan, 1110 Main Street, Wheeling, WV 26003.**



Online

Go to **www.healthplan.org/medicare-supplement** to view your online enrollment options with THP Insurance Company.

This document may be available in other formats such as braille, large print or other alternate formats. For additional information, please contact our customer service number at **1.877.847.7915**.



Guaranteed Issue Guide

Guaranteed issue means your automatic acceptance into specific Medicare Supplement insurance policies without having to complete the “Statement of Health” section of the application.

HOW TO USE THIS GUIDE

- Review the “Situations” and “Plan Options” in this guide. Pay special attention to the “Time Frame” requirements.
- Turn to the “Guaranteed Issue” section of the application. Circle your applicable “Situation” number. If you do not have a Guarantee Issue qualification, you may skip the “Statement of Health” section of the application.
- Submit required documentation. You must attach proof of the date your previous coverage ended. (Example: A letter from your insurance company giving the dates your coverage began and ended.)

If this Medicare Supplement insurance policy is replacing Medicare Advantage plan coverage, you must request, in writing, to be disenrolled from your Medicare Advantage plan. Your written request will formally confirm that you are disenrolling from your Medicare Advantage plan and replacing it with a Medicare Supplement policy.

If you have any questions about this process, please contact your Medicare Advantage plan.

1

Situation Description

You are 65 years of age or older and are newly enrolled in Medicare Part B.

Options

If age 65 or older: All plans available from us.

Time Frame – Open Enrollment Period

You must submit your application no later than six (6) months after the date your Medicare Part B coverage took effect.

2

Situation Description

Upon first becoming eligible for Medicare Part A for benefits at age 65 or older, you enroll in a Medicare Advantage Plan under Medicare Part C, or with a PACE provider under Section 1894 of the Social Security Act, and disenroll from the plan or program by no later than 12 months after the effective date of enrollment.

Options

If age 65 or older: All plans available from us.

Time Frame

If your enrollment is involuntarily terminated, your guaranteed issue period begins on the date you receive termination notice and ends 63 days after your coverage is terminated. If your enrollment is voluntarily terminated, your guaranteed issue period begins 60 days before your disenrollment date and ends 63 days after your disenrollment date.

3

Situation Description

You enrolled under an employee welfare benefit plan, or a state Medicaid plan as described in Title XIX of the Social Security Act that provides health benefits that supplement the benefits under Medicare, and the plan terminates, or the plan ceases to provide all such supplemental health benefits; or you are enrolled under an employee welfare benefit plan that is primary to Medicare and the plan terminates or the plan ceases to provide all health benefits to you because you disenrolled from the plan.

Options

If age 65 or older: All plans available from us.

Time Frame

Your guaranteed issue period begins on the later of the date you receive a notice of termination or cessation of all supplemental health benefits (or, if a notice is not received, notice that a claim has been denied because of such a termination or cessation), or the date that the applicable coverage terminates or ceases, and ends 63 days thereafter.

4

Situation Description

A. You enrolled in one of the following:

- A Medicare Advantage plan; or
- A PACE provider, if you are 65 years of age or older

— **AND** —

B. One of the following occurs:

You involuntarily lost coverage because:

- Your organization lost its certification;
- Your organization stopped providing the plan in your area
- You moved, or a specified change in your circumstance caused you to no longer be eligible for your plan, or the plan terminated for everyone in your residential area. This section does not apply if you lost eligibility because you failed to pay premium or engaged in disruptive behavior.

— **OR** —

You voluntarily terminated coverage but can demonstrate that:

- The organization substantially violated a material provision of its contract with you; or
- The organization or its representative materially misrepresented plan provisions in marketing to you; or
- You meet such other exceptional conditions as the Secretary may provide.

Options

If age 65 or older: All plans available from us.

Time Frame

If your enrollment is involuntarily terminated, your guaranteed issue period begins on the date you receive termination notice and ends 63 days after your coverage is terminated.

If your enrollment is voluntarily terminated, your guaranteed issue period begins 60 days before your disenrollment date and ends 63 days after your disenrollment date.

5

Situation Description

A. You enrolled in one of the following:

- An eligible Medicare cost organization;
- A health care prepayment plan; or
- A Medicare SELECT policy

— **AND** —

B. One of the following occurs:

You involuntarily lost coverage because:

- Your organization lost its certification;
- Your organization stopped providing the plan in your area
- You moved, or a specified change in your circumstance caused you to no longer be eligible for your plan, or the plan terminated for everyone in your residential area. This section does not apply if you lost eligibility because you failed to pay premium or engaged in disruptive behavior.

— **OR** —

You voluntarily terminated coverage but can demonstrate that:

- The organization substantially violated a material provision of its contract with you; or
- The organization or its representative materially misrepresented plan provisions in marketing to you; or
- You meet such other exceptional conditions as the Secretary may provide.

Options

If age 65 or older: All plans available from us.

Time Frame

If your enrollment is involuntarily terminated, your guaranteed issue period begins on the date you receive termination notice and ends 63 days after your coverage is terminated.

If your enrollment is voluntarily terminated, your guaranteed issue period begins 60 days before your disenrollment date and ends 63 days after your disenrollment date.

6

Situation Description

You enrolled in a Medicare Supplement policy, but your coverage ended description involuntarily because of:

- The issuer's insolvency or the non-issuer organization's bankruptcy;
- OR —
- Another involuntary coverage or enrollment termination.

You enrolled in a Medicare Supplement policy, and you voluntarily terminated your coverage because:

- The insurer substantially violated a material provision of the policy;
- OR —
- The insurer or its representative materially misrepresented a policy provision to you.

Options

If age 65 or older: All plans available from us.

Time Frame

Your guaranteed issue period begins on the earlier of the date on which you receive notice of termination, notice of bankruptcy, or a similar notice, or the date on which your coverage was terminated and ends 63 days after coverage terminates.

7

Situation Description

You enrolled in a Medicare Supplement policy. You terminated that Medicare Supplement policy and enrolled, for the first time, in a Medicare Advantage plan, an eligible Medicare risk or cost program, a similar organization under a demonstration project, a Medicare SELECT policy, or a PACE provider, and terminated that enrollment within the first 12 months.

Options

If age 65 or older where the same Medicare Supplement policy in which you most recently enrolled, if available from the same insurer, or, if not available, all plans available from us.

Time frame – Open Enrollment Period

If your enrollment is involuntarily terminated, your guaranteed issue period begins on the date you receive termination notice and ends 63 days after your coverage is terminated. If your enrollment is voluntarily terminated, your guaranteed issue period begins 60 days before your disenrollment date and ends 63 days after your disenrollment date. after coverage terminates.

Discrimination is Against the Law

The Health Plan of West Virginia (The Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex (consistent with the scope of sex discrimination as described by applicable law).

The Health Plan does not exclude people or treat them less favorably because of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex.

The Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Director, Health Equity & Wellness.

If you believe that The Health Plan of West Virginia has failed to provide these services or discriminated in another way on the basis of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex, you can file a grievance with: Director, Health Equity & Wellness, 1110 Main Street, Wheeling, West Virginia 26003, Phone: 740.699.6142, TTY: 711, Fax: 740.699.6163, civilrightscoordinator@healthplan.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Director, Health Equity & Wellness is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 1.800.537.7697 (TDD)

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

This notice is available at The Health Plan's website: healthplan.org.



1110 Main Street, Wheeling, WV 26003-2704 | healthplan.org

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1.877.847.7907 (TTY: 711) or speak to your provider.

Spanish

Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1.877.847.7907 (TTY: 711) o hable con su proveedor.

Chinese (Simplified)

中文 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1.877.847.7907 (TTY: 711) 或咨询您的服务提供者。

Chinese (Traditional)

中文

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1.877.847.7907 (TTY: 711) 或與您的提供者討論。

German

Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1.877.847.7907 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Arabic

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1.877.847.7907 (TTY: 711) أو تحدث إلى مقدم الخدمة.

Pennsylvania Dutch

Hinweis: Wenn du Pennsylvania Deitsch redst, kannst du kostenlose Sprachhilfe-Dienste nutzen. Auwersichtliche Hilfsmittel und Dienste, um Information in zugängliche Formate zu geben, sind auch kostenlos verfügbar. Ruf 1.877.847.7907 (TTY: 711) an oder red mit deinem Anbieter für Hilfe.

Russian

РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1.877.847.7907 (TTY: 711) или обратитесь к своему поставщику услуг.

French

Français

ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1.877.847.7907 (TTY: 711) ou parlez à votre fournisseur.

Vietnamese

Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1.877.847.7907 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Korean

한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1.877.847.7907 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Cushite (Oromo)

HUBACHIISA: Afaan Oromoo dubbattu yoo ta'eef, tajaajilli gargaarsa Afaan Hiikuu (Turjumaanaa) bilisaan kan isiniif dhiyaatu ta'a. Gargaarsi walqabataa fi tajaajilli sirrii ta'ee fi odeeffannoo bifa unkaalee dhaqqabamoo ta'aaniin kennuunis bilisaan ni argama. 1.877.847.7907 (TTY: 711) irratti bilbilaa ykn dhiyeessaa keessan waliin haasa'aa.

Japanese

日本語

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1.877.847.7907 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

Italian

Italiano

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama 1.877.847.7907 (TTY: 711) o parla con il tuo fornitore.

Dutch

Nederlands

LET OP: als je Nederlands spreekt, zijn er gratis taalhelpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1.877.847.7907 (TTY: 711) of spreek met je provider.

Ukrainian

українська мова

УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1.877.847.7907 (TTY: 711) або зверніться до свого постачальника.

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii gratuite de asistență lingvistică. De asemenea, sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru a furniza informații în formate accesibile. Sunați la 1.877.847.7907 (TTY: 711) sau vorbiți cu furnizorul dvs.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1.877.847.7907 (TTY: 711) o makipag-usap sa iyong provider.



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