

Health Plan Guidebook



We Mean Health

ConnectiCare[®]

We're Here for You

At ConnectiCare, we've made it our purpose to be there for you, to advocate for you, and to come through for you when you need us most. Why? Because we don't just mean coverage. We mean health.

When it comes to getting the most out of your health insurance plan, it helps to know how it works, what it pays for, and where to go for help. Look inside this guide for:

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How To Reach Us

BY PHONE

Call us at **800-251-7722**
(TTY: **711**).

Monday – Friday, 8 a.m. to 8 p.m.
Saturday, 9 a.m. to 2 p.m.

IN PERSON

For hours and locations, and to make an appointment at a ConnectiCare Center, go to **visitconnecticare.com** or call **877-523-6837**.

ONLINE

Visit **connecticare.com** to look up what your plan covers, view claims activity, and compare costs of treatment or services you may need.

Additional important contact information is on page 10 of this guide. Thank you for choosing ConnectiCare!

Health Plan Basics

ConnectiCare offers a range of health plans. It's important for you to read your **benefit summary** to find out what type of plan you have.

Your benefit summary shows what your plan covers and what you may pay for medical care and prescription drugs through deductibles, copayments (or copays), and coinsurance. (Find what those terms mean on page 9.)

Find your benefit summary and other important health plan documents by signing in to **connecticare.com**. If you don't have an account, it's easy to create one.

Understanding Health Plan Networks

Your benefit summary refers to your shares of costs for "in-network" and "out-of-network" services. Here's what those terms mean – and how they can affect your choices when you need care:

ConnectiCare and its parent company, EmblemHealth, negotiate the costs of services provided by doctors, hospitals, and other health care providers to our members. Together, those health care providers make up a network.

You benefit from paying negotiated (and discounted) rates for health care from providers in your plan's network.

HMO ("health maintenance organization") and **EPO** ("exclusive provider organization") plans only cover services by in-network doctors and hospitals.

POS ("point of service") plans cover services by in-network doctors and hospitals as well as services by out-of-network doctors and hospitals, although you generally pay more for them.

FlexPOS plans include national coverage through the First Health network and coverage for services both in and out of your plan's network.

All plans cover urgent and emergency care anywhere in the United States. (Some limitations and restrictions may apply.)

What's in Your Plan's Name

Your member ID card has your plan's name printed on the front. Here's what it means:

CHOICE PLANS

Let you visit a broad network of doctors and hospitals in Connecticut and parts of New York, Massachusetts, and Rhode Island.


FLEXPOS PLANS

Add geographic coverage through a national network of doctors and hospitals in the First Health network.

PASSAGE PLANS

Reinforce the important role of your primary care doctor, or PCP. You must choose a PCP who accepts Passage plans (not all do) and get your PCP's referral to some types of specialists.

COMPASS PLANS

Offer you the opportunity to pay less when you visit a preferred PCP or hospital. Look up preferred PCPs and hospitals in the "Find a Doctor" directory on **connecticare.com**. 



Find Doctors in Your Plan's Network

Use "Find a Doctor" on **connecticare.com**. Answer a few questions, and "Find a Doctor" will point you to doctors, hospitals, other facilities, and health care professionals in your plan's network.

Some ConnectiCare plans let you visit doctors in the **EmblemHealth Prime Network** with health professionals, facilities, and hospitals in the following **counties in New York state**: Albany, Bronx, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Kings, Montgomery, Nassau, New York, Orange, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington, and Westchester.

Get Your Preventive Care

One of the most important things you can do for your health is to stay up to date with preventive care. Preventive care includes screenings, tests, and vaccines that can help you avoid getting sick or detect an illness early, when it's easier to treat.

Your PCP will recommend the preventive care you need based on your age, gender, and medical history. Some examples of preventive care include:

- Annual physical exam and some types of bloodwork
- Mammogram
- Colon cancer screening
- Cervical cancer screening
- Depression screening
- Flu and other vaccines

Many preventive services are covered by your ConnectiCare plan at no cost to you – no deductible, copay, or coinsurance — when you see an in-network, participating PCP.*

Don't Have a PCP?

It's time to find one! Use "Find a Doctor" on **connecticare.com** to look up PCPs near you who are accepting new patients. Or call us at **800-251-7722** (TTY: **711**) for help.



Healthy Is Within Your Reach

WellSpark Health, a ConnectiCare affiliate, helps people discover the power to lead healthier lives. Sign in to **connecticare.com** and connect to WellSpark digital tools to:

- **Take a health assessment** to find out where you're doing well – and how you can still improve.
- **Get a personalized action plan** to improve your health and lower your risk for serious illness.
- **Set goals** to improve your health – and get tips for how.
- **Look up topics important to you** by browsing the health library.

*Sometimes, a preventive care visit leads to other medical care or tests, even at the same appointment. You should check with your doctor or doctor's staff during your visit to see if there are services you may be billed for.

Take Care of Your Mental Health, Too

Your plan includes confidential support, information, treatment, and resources to help you with:

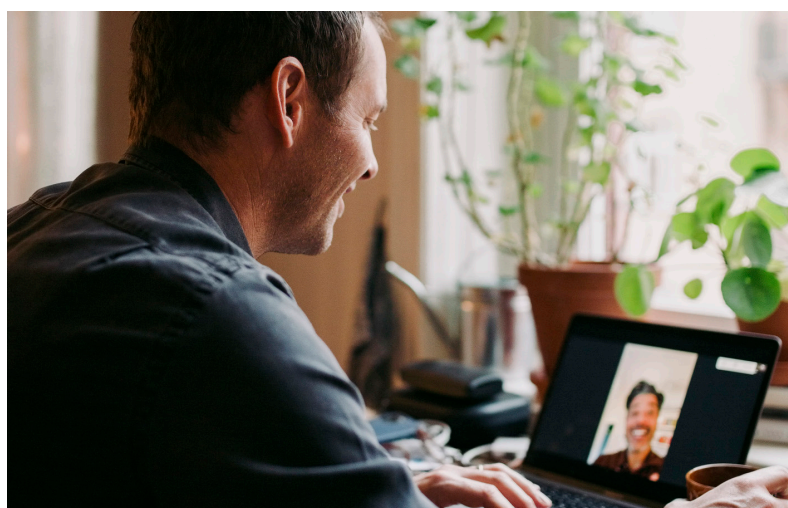
- Stressful or challenging situations
- Depression, anxiety, or other mental illness
- Substance use disorder

These benefits are available through Optum to anyone covered by your ConnectiCare plan, even dependents living away from home. Information on your plan's mental health deductible, copays, and coinsurance are in your ConnectiCare benefit summary.

How to Get Help

- Go to "Find a Doctor" on **connecticare.com** to search for mental health facilities and professionals, including counselors, psychiatrists, and social workers.
- Visit **liveandworkwell.com**, hosted by Optum. Use your ConnectiCare member ID to sign up for an account. You can search for mental health professionals and facilities.
- Call **888-946-4658** (TTY: **711**) 24 hours a day for confidential support and help understanding your options.
- Call the Substance Use Disorder Helpline operated by Optum at **855-780-5955** (TTY: **711**).

In an emergency, or if you think you may harm yourself or others, call 911.



Virtual Mental Health Visits

You can schedule virtual visits with mental health professionals in your ConnectiCare plan's network. Visit **liveandworkwell.com** to find counselors and make appointments. You'll need to register with your ConnectiCare ID number.

Your Pharmacy Benefits

Many people take medicines to stay healthy. Or, sometimes you need to fill a prescription because you are sick or hurt.

Your plan's drug list (also called a formulary) lists all the prescription drugs that are covered and assigns each to a "tier." Your plan's benefit summary has information about what you'll pay for prescription medicines in each tier.

Filling Prescriptions

You can use your ConnectiCare member ID card to fill prescriptions at participating retail pharmacies around the United States, including most major chains. Find in-network pharmacies in the "Pharmacy" section of **connecticare.com**. Or visit **express-scripts.com**. Express Scripts is the company that manages our pharmacy benefit program.

With Express Scripts, you also get:

- Free home delivery and 90-day supplies of medicines you take regularly.
- A pharmacist available by phone 24 hours a day, 7 days a week at **877-866-5798**.
- A mobile app that lets you look up the price of a drug, order prescriptions and refills, and set reminders to take your medicines.



Tips for When Your Doctor Writes a New Prescription

Here are three questions to ask your doctor about a new prescription. The answers could help you save money and be alert to any potential side effects.

- 1 Can we look up what this drug may cost me?
- 2 Is there a less expensive drug that may work the same?
- 3 Are there possible side effects?

Register for an Account on **connecticare.com**

Sign up for an account on **connecticare.com** as soon as you have your member ID card and number. Then you'll be ready to:

- Tell us your primary care doctor (PCP).
- Look up your health plan benefit summary. It explains the services covered by your plan and your share of the costs.
- Find in-network doctors, walk-in clinics, or urgent care centers.
- Estimate your costs for hundreds of tests and treatments.
- Track what you've spent (and ConnectiCare has paid) for medical and pharmacy services.
- Get a copy of your member ID card whenever you need it.

You can also find information on how to use your plan, stay healthy, save money on health care, and more on **connecticare.com**.



Have a Health Savings Account (HSA)?

Members with HSAs through HealthEquity can arrange to pay doctors' bills automatically from their HSA. HealthEquity also has a handy mobile app for checking balances and paying bills from your account. Visit **healthequity.com**.



Keep in Touch

We share information we think our members will find helpful and informative through our monthly newsletter – sent by email – and on social media. Follow us – and share with your friends, too.



ConnectiCare provides only health plan coverage and administration. HealthEquity provides HSA accounts and administration. The accounts are separate from ConnectiCare health plans. ConnectiCare is not responsible for the administration of any HSA accounts or other financial accounts used in connection with its health coverage products.

Ways to Save

You work hard for your money. Here are some tips for getting the most out of what you spend on your health care.

Stay In-Network

Using any of the thousands of doctors and many hospitals and pharmacies in our networks can save you money.

Take Care of Yourself

The best way to avoid health problems is to take care of yourself. Take advantage of annual checkups, vaccines, and screenings.

Use Telemedicine

Teladoc®, a well-known name in telemedicine, is included with most plans (check your benefit summary to confirm). Visit **teladoc.com/connecticare** to download the Teladoc mobile app, or call **800-835-2362** (TTY: **711**). (For information on virtual mental health visits, go to page 4.)

Take Advantage of Tax Savings With a Health Savings Account (HSA)

Enrollment in some ConnectiCare plans allow you to open and save money tax-free in an HSA. (Your employer will tell you if your plan allows this.) You can use your HSA funds to pay for qualified health care expenses, including prescriptions.

Keep Your Student Healthy

Do you have a child studying or working outside Connecticut? They can receive certain types of care – like mental health, and advanced radiology services – wherever they are. In most cases, you need to get preauthorization first. See FAQs on the next page for details on preauthorization. Call Member Services for help after your plan starts.



Use the Extras That Don't Cost Extra

ConnectiCare members get exclusive discounts on eyeglasses and contacts, gym memberships, and health-and-wellness services, like acupuncture and massage. They can also buy pet insurance and get discounts on everyday items, like groceries, as well as major purchases, like cars and vacations. Learn more at **connecticare.com/discountprograms**.

FAQs (and Answers)

I met my deductible, but I'm still paying for services or prescriptions. Why?

Check your benefit summary (sign in to **connecticare.com** to get a copy). Your plan may have copayments or coinsurance that you pay even if you've met your deductible. See what "coinsurance" and "copayment" mean on the next page.

What do I do if I get married, divorced, have a child, or adopt a child?

Contact your human resources or benefits department as soon as possible. You have a limited time to make a change to your plan. Please refer to the eligibility section of your Certificate of Coverage (COC) for the exact guidelines for your plan.

My doctor's office (or pharmacist) told me that ConnectiCare requires "preauthorization" for a service or a prescription drug. What is that?

We review doctors' requests for certain services and drugs before we will cover them. This is called "preauthorization," or "prior approval," or "prior authorization." It's a step we – like most health plans – take to be sure that a service or drug is medically necessary. We will notify you if we deny the doctor's request and will include information on how you can appeal our decision. If you have any questions, please call us.

Why does ConnectiCare ask for the name of my primary care doctor (or provider)?

We ask because we remind primary care doctors (PCPs) to encourage members who are their patients to get important preventive care. That includes checkups, vaccines, and screenings for diabetes, cancer, and other health conditions.

How do I find out what ConnectiCare paid my doctor for a visit or test?

You can use our website, **connecticare.com**, to look up the claims your doctors sent to us, what we paid, and what you owe. Just sign in to look up claim statements. These are also called "explanations of benefits," or EOBs. Want to be notified when we've processed a claim? Just sign in to our website, go to your communication preferences, and choose electronic delivery of claim statements.

My spouse/child is on my health plan. Why can't I see his/her medical or pharmacy claims?

This is to protect our members' privacy and security. Members who are age 18 and older can sign in to our website and grant you permission to view claims, if they choose.

How do I find doctors and hospitals that I can visit?

Go to **connecticare.com** and use "Find a Doctor" to find doctors, hospitals, urgent care centers, and other health care professionals and facilities that are in your plan's network. If in doubt, you can call us, or ask the doctor's office to confirm that it is in-network for your plan.

Terms to Know

Health insurance has its own language. We try to explain terms when we use them in talking with or writing to our members. Here are a few you'll see or hear often.

Benefit summary

Lists some medical services covered by your plan and how much you'll pay toward them.

Claim summary

Explanation of the services you received, how much the doctor billed ConnectiCare, what ConnectiCare paid, and how much you are responsible for paying. A claim summary is also called an "explanation of benefits," or EOB for short.

Coinsurance

Sharing of health care costs between you and ConnectiCare. Coinsurance will be listed in your benefit summary as a percentage of a doctor's or drug's cost you pay *after* your deductible (if your plan has a deductible).

Copayment (or copay)

The fixed amount that you pay for a health care service or prescription drug. Your benefit summary lists copayments.

Covered services

Health plans like ConnectiCare define what medical services they will pay for. But, you may still pay some or all of the cost of a "covered service" if your plan has a deductible, copayment, or coinsurance.

Deductible

A specific dollar amount that you have to pay for covered services in each plan year before ConnectiCare starts to pay.

High-deductible health plan

A type of health plan that requires you to pay a higher dollar amount for services your plan covers. It's often shortened to "HDHP." High-deductible health plans that meet certain federal requirements let you open and save money tax-free in a health savings account (HSA) to help pay for qualified medical expenses.

In-network

Doctors, hospitals, and other health care providers who have contracts with ConnectiCare agree to accept our negotiated rate for services. Some plans limit you to using in-network providers in order for us to pay any costs.

Out-of-pocket maximum

This is the most you'll have to pay in deductibles, copayments, or coinsurance toward covered medical costs in any plan year.

Important Contact Information

For questions about or help with:

Call or visit:

**Benefits, claims, coverage, referrals,
prescriptions, or general information**

800-251-7722 (TTY: 711)

Monday – Friday, 8 a.m. to 8 p.m.

Saturday, 9 a.m. to 2 p.m.

Or visit a ConnectiCare Center.

Go to **visitconnecticare.com** or

call **877-523-6837** for locations,
hours, and appointments.

**Mental health, alcohol, and
substance use services**

888-946-4658 (TTY: 711)

Call anytime, 24 hours a day.

**Chronic health conditions, help quitting
smoking, how to find community resources**

800-251-7722 (TTY: 711)

Contact Member Services and ask to
be connected to a care manager.

**Prescription drug benefits, where to fill
prescriptions, how to order home delivery**

800-282-2881

Contact Express Scripts

24 hours a day.

express-scripts.com

**Telemedicine visits (non-emergency)
from Teladoc®**

800-835-2362 (TTY: 711)

Call anytime, 24 hours a day.

teladoc.com/connecticare

How We Protect Your Personal Information

Protecting the privacy and confidentiality of your personal information is a responsibility that ConnectiCare takes very seriously. Find our Privacy Notice in your plan documents or on our website. You can also call Member Services to ask for a copy.

Collecting, Using, and Sharing Your Personal Information To Administer Your Plan

ConnectiCare collects, uses, and shares personal information about you in order to administer your benefit plan and to provide services to you such as paying claims and providing health education programs. ConnectiCare may also share your personal information with health care providers to facilitate your treatment and with other third parties who help us administer your benefit plan. These parties are required to keep your personal information confidential and are prohibited from using this personal information for anything other than administering your health plan. ConnectiCare does not otherwise disclose personal information about you, except with your written authorization or as permitted or required by law.

Safeguarding Your Personal Information

ConnectiCare maintains security standards and processes, including physical, electronic, and procedural safeguards, to protect your personal information. We train our employees about our privacy and security policies and practices, and we limit access to your personal information to authorized persons who need it to provide services and benefits to you.



Protect Your Privacy

Beware of anyone who calls and asks you for personal information such as your Social Security number (SSN), ConnectiCare member ID, credit or debit card, or bank account numbers. When in doubt about a caller, hang up and call us!

Member Rights and Responsibilities

Knowing your rights and responsibilities is important. Rely on your Membership Agreement/Certificate of Coverage for complete plan information.

As a ConnectiCare member, you have a right to:

- Receive information about us, our services, our participating providers and practitioners, and Member Rights and Responsibilities.
- Be treated with respect, and with recognition of your dignity and right to privacy.
- Participate with practitioners in decision-making regarding your health care.
- A candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- Refuse treatment and to receive information regarding the consequences of such action.
- Voice complaints or appeals/grievances about us, the care you are provided, or the care the organization provides.
- Make recommendations regarding our Member Rights and Responsibilities policies.

As a ConnectiCare member, you have the following responsibilities:

- Select a primary care doctor (PCP).
- Provide, to the extent possible, information providers, practitioners, and organizations need to render care and information they need to provide coverage.
- Follow the plans and instructions for care that you have agreed to with practitioners.
- Keep scheduled appointments or give sufficient advance notice of cancellation.
- Pay applicable copayments, deductibles, or coinsurance.
- Read the Membership Agreement/Certificate of Coverage describing your plan's benefits and rules.
- Follow the rules of this plan and assume financial responsibility for not following the rules.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
- Be considerate of our providers and their staff and property, and respect the rights of other patients.
- Be considerate of our employees by treating them with respect and dignity.

As a ConnectiCare member, you have the right to the following disclosure of information:

- The names, business addresses, and official positions of board members, officers, controlling persons, owners, or partners of ConnectiCare.
- A copy of your Membership Agreement detailing your plan benefits.
- Information relating to consumer complaints (compiled pursuant to applicable state laws).
- Procedures for protecting the confidentiality of medical records and other enrollee information.
- Drug lists used by us and the inclusion/exclusion of individual drugs.
- A written description of our quality assurance program and related policies and procedures.
- A description of the procedures followed in making decisions about experimental or investigational drugs, medical devices, or treatments in clinical trials.
- Individual health practitioner affiliations with participating hospitals.
- Upon written request, specific written clinical review criteria/information relating to a particular condition or disease, which we might consider in our utilization review process.
- Other information as required by state or federal law.

We Are Here for Concerns You May Have

When a claim from a practitioner or provider isn't covered by ConnectiCare, you'll receive a claim denial from us, along with an explanation. We'll also tell you if you're responsible for the bill. If you disagree, contact Member Services at **800-251-7722** (TTY: **711**), or you can email us through our secure messaging online at **connecticare.com**. If you're still not happy, send us a written statement telling us why you disagree. Include your name and phone number and mail it to: Member Appeals, P.O. Box 4061, Farmington, CT 06034-4061. We'll carefully review your information. We'll talk to any doctors and case managers involved, and we'll make a decision based on their input as well as yours.

Eligibility Requirements – Connecticut

Subject to your employer's rules, here is a brief summary of who is eligible for membership under plans issued in Connecticut.

Employees

- If enrolling in an individual plan, you must live in the service area.
- If enrolling in a group plan, through your employer, you do not have to live or work in the service area. For lower cost sharing and covered services to be paid at the in-network level of benefits, please refer to your plan documents.

Spouses

- The spouse of an employee is also eligible for coverage if the employee and spouse are in a legally valid, existing marriage and the spouse resides with the employee or in the service area.
- A partner under a legally valid civil union recognized by the State of Connecticut who resides with the employee or in the service area.

Children

Children under age 26 are eligible if they meet one of the conditions/criteria below. Some plans may end dependent child eligibility if a child age 26 has his/her own employer-sponsored coverage.

- Natural children.
- Adopted children who are legally adopted by the employee and meet the requirements for natural children once the adoption is final. Before the adoption is final, the children are eligible for coverage when you become legally responsible for at least partial support.
- Stepchildren who are natural or adopted children of your spouse, or for whom your spouse is appointed legal guardian.
- Children for whom the employee or spouse are appointed legal guardians.

Coverage for dependent children will end on the policy anniversary date that is on or after the date the child turns age 26.

For example, if a dependent turns age 26 in July and the parent's policy renews on Jan. 1, the dependent child is covered until the policy renewal date and the coverage will be terminated on Dec. 31.

Coverage for disabled children may be extended beyond the age when it would normally end if the disabled children meet the following conditions:

- Reside in the service area or with the employee;
- Are unable to support themselves by working because of a mental or physical handicap as certified by the children's physician and;
- Are chiefly dependent on the employee or spouse for support and maintenance due to the mental or physical handicap; and have become and continuously remain handicapped, while they would have been eligible for dependent children coverage if they were not disabled.

Eligibility Requirements – Massachusetts

Subject to your employer's rules, here is a brief summary of who is eligible for membership under plans issued in Massachusetts.

Employees

- If enrolling in an HMO plan, you must live or work in the service area.
- If enrolling in a POS plan, you do not have to live or work in the service area.

Spouses

- The spouse of an employee is also eligible for coverage if the employee and spouse are in a legally valid, existing marriage and the spouse resides with the employee or in the service area.

Children

Children under age 26 are eligible if they meet one of the conditions/criteria below. Some plans may end dependent child eligibility if a child age 26 has his/her own employer-sponsored coverage.

- Natural children.
- Adopted children who are legally adopted by the employee and meet the requirements for natural children once the adoption is final. Before the adoption is final, the children are eligible for coverage when you become legally responsible for at least partial support.
- Stepchildren who are natural or adopted children of your spouse, or for whom your spouse is appointed legal guardian.
- Children for whom the employee or spouse are appointed legal guardians.

Coverage for children enrolled in Massachusetts Group Plans will end on the last day of the month in which the child turns age 26.

Coverage for disabled children may be extended if the children:

- Reside in the service area or with the employee;
- Are unable to support themselves by working because of a mental or physical handicap as certified by the children's physician;
- Are chiefly dependent on the employee or spouse for support and maintenance due to the mental or physical handicap; and
- Have become and continuously remain disabled, while they would have been eligible for dependent children coverage if they were not disabled.

Grandchildren

Your eligible dependent children's natural children may be covered, as long as your dependent children continue to be covered as eligible dependents under your plan.

Note: For children covered by Qualified Medical Child Support Orders (QMCSOs), there is no requirement that the child must live in the service area. If a court of law has given you a QMCSO ordering you to provide health insurance for your child, let your employer know. If your employer decides to enroll your child in the plan, we'll follow the decision. If your child receives care outside the service area and is in an HMO plan, however, benefits will be considered out-of-network.

Language & Non-Discrimination Notice

ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ConnectiCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ConnectiCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, including qualified interpreters and information in alternate formats.
- Provides free language services to people whose primary language is not English, including translated documents and oral interpretation.

If you need these services, contact The Committee for Civil Rights.

If you believe that ConnectiCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

The Committee for Civil Rights, ConnectiCare, 175 Scott Swamp Road, Farmington, CT 06032, Phone: **800-833-8134**, and TTY: **711**. You can file a grievance in person or by mail. If you need help filing a grievance, The Committee for Civil Rights 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, DC 20201, **800-368-1019**, **800-537-7697** (TTY).

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-833-8134 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-833-8134 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-833-8134 (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 1-800-833-8134 (TTY: 711)。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-833-8134 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-833-8134 (ATS: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-833-8134 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-833-8134 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-833-8134 (رقم هاتف الصم والبكم: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-833-8134 (TTY: 711)번으로 전화해 주십시오.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-833-8134 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मु त मे भाषा सहायता सेवाएं उपलब्ध ह । 1-800-833-8134 (TTY: 711) पर कॉल करें ।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-833-8134 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-833-8134 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-833-8134 (TTY: 711)។

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-833-8134 (TTY: 711).



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