



# MVP Non-Discrimination and Language Notices

## Commercial and Essential Plans Members

## Medicaid, Child Health Plus, and MVP Harmonious Health Care Plan Members

## Medicare Advantage Plans Members

**Non-Discrimination Notice for MVP Commercial Plans**

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

**What MVP Health Care Provides**

Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

**If You Need These Services**

If you need these services, contact Jane Strange at **1-844-946-8009 (TTY: 1-800-662-1220)**.

**How to File a Grievance or Complaint**

If you believe that MVP has not given you these services or that we treat you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with MVP by:

**Mail:** ATTN: JANE STRANGE  
CIVIL RIGHTS COORDINATOR  
MVP HEALTH CARE  
625 STATE ST  
SCHENECTADY NY 12305

**Phone:** 1-844-946-8009  
(TTY) (TDD): 1-800-662-1220

**In person:** 625 State Street, Schenectady, NY

**Online:** [ocportal.hhs.gov](http://ocportal.hhs.gov)

**Mail:** US DEPT OF HEALTH & HUMAN SERVICES  
200 INDEPENDENCE AVE SW  
HHH BLDG ROOM 509F  
WASHINGTON DC 20201

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

Complaint forms are available by visiting [hhs.gov](http://hhs.gov) or contacting Case & Regulation, then Complaints & Appeals, then Civil Rights. How to file a complaint.

**Multi Language Interpreter Services**

**Spanish (Español)**  
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-946-8009 (TTY: 1-800-662-1220)**.

**Chinese (Chinés)**  
注意：如果您说普通话，您可以通过免费的语言援助服务获得帮助。请致电 **1-844-946-8009 (TTY: 1-800-662-1220)**。

**French (Français)**  
ATTENTION: Si vous ne parlez pas français, nous pouvons vous offrir gratuitement des services d'interprétation linguistique. Appelez le **1-844-946-8009 (ATS: 1-800-662-1220)**.

**Tagalog (Tagalog)**  
Paliwanag: Kung hindi mo alam ang Tagalog, mayamang libre ang mga serbisyo ng interpretasyon ng wika para sa mga tagalog. Tumawag sa **1-844-946-8009 (TTY: 1-800-662-1220)**.

**English (Inglés)**  
Atención: Si no habla inglés, puede obtener gratuitamente servicios de interpretación lingüística. Llame al **1-844-946-8009 (TTY: 1-800-662-1220)**.

**Shqip (Shqipërisht)**  
Kujdes: Nëse flishe shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefoni në **1-844-946-8009 (TTY: 1-800-662-1220)**.

**Non-Discrimination Notice for Medicaid and Child Health Plus**

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

**What MVP Health Care Provides**

Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

**If You Need These Services**

If you need these services, contact MVP at **1-800-852-7826 (TTY: 1-800-662-1220)**.

**How to File a Grievance or Complaint**

If you believe that MVP has not given you these services or has treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with MVP by:

**Mail:** ATTN: JANE STRANGE  
CIVIL RIGHTS COORDINATOR  
MVP HEALTH CARE  
625 STATE ST  
SCHENECTADY NY 12305

**Phone:** 1-800-852-7826 (TTY) (TDD): 1-800-662-1220  
**Fax:** 514-531-3746

**In person:** 625 State Street, Schenectady, NY

**Online:** [ocportal.hhs.gov](http://ocportal.hhs.gov)

**Mail:** US DEPT OF HEALTH & HUMAN SERVICES  
200 INDEPENDENCE AVE SW  
HHH BLDG ROOM 509F  
WASHINGTON DC 20201

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

Complaint forms are available by visiting [hhs.gov](http://hhs.gov) and selecting Case & Regulation, then Complaints & Appeals, then Civil Rights. How to file a complaint.

**Aviso de No-Discriminación para Medicaid y Child Health Plus**

MVP Health Care cumple con las leyes federales de derechos civiles aplicables y no discrimina por raza, color, nacionalidad, edad, discapacidad, o sexo. MVP Health Care no excluye a personas o las trata de manera diferente por motivos de raza, color, nacionalidad, edad, discapacidad, o sexo.

**Qué MVP Health Care Provee**

Servicios y asistencia gratis para las personas con discapacidades para ayudarlos a comunicarse con nosotros, como:

- intérpretes de lenguaje de señas capacitados
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Servicios gratis de lenguaje para personas cuya lengua materna no es el inglés como:

- intérpretes capacitados
- Información escrita en otros idiomas

**Si Usted Necesita Estos Servicios**

Si usted necesita estos servicios, llame a MVP al **1-800-852-7826 (TTY: 1-800-662-1220)**.

**Cómo Presentar una Queja o Reclamación**

Si considera que MVP no le ha proporcionado estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad, o sexo, puede presentar un reclamo con MVP por:

**Correo:** ATTN: JANE STRANGE  
CIVIL RIGHTS COORDINATOR  
MVP HEALTH CARE  
625 STATE ST  
SCHENECTADY NY 12305

**Teléfono:** 1-800-852-7826 (TTY) (TDD): 1-800-662-1220  
**Fax:** 514-531-3746

**En persona:** 625 State Street, Schenectady, NY

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles de la Oficina de Salud y Servicios Humanos del Departamento de Salud y Servicios Humanos de EE. UU. por:

**Web:** [ocportal.hhs.gov](http://ocportal.hhs.gov)

**Correo:** US DEPT OF HEALTH & HUMAN SERVICES  
200 INDEPENDENCE AVE SW  
HHH BLDG ROOM 509F  
WASHINGTON DC 20201

**Teléfono:** 1-800-368-1019 (TTY) (TDD): 1-800-537-7697

Formularios de reclamo están disponibles en [hhs.gov](http://hhs.gov) seleccionando Case & Regulation, luego Complaints & Appeals, luego Civil Rights. How to file a complaint.

**Non-Discrimination Notice for Medicare Advantage Plans**

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

**What MVP Health Care Provides**

Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

**If You Need These Services**

If you need these services, contact Jane Strange, Civil Rights Coordinator. If you believe that MVP Health Care 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:

**Mail:** ATTN: JANE STRANGE  
CIVIL RIGHTS COORDINATOR  
MVP HEALTH CARE  
625 STATE ST  
SCHENECTADY NY 12305

**Phone:** 1-844-946-8009 (TTY: 1-800-662-1220)

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200 INDEPENDENCE AVE SW  
HHH BLDG ROOM 509F  
WASHINGTON DC 20201

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

Complaint forms are available by visiting [hhs.gov/ocportal](http://hhs.gov/ocportal) with-ocr.



# Non-Discrimination Notice for MVP Commercial Plans

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

## What MVP Health Care Provides

Free aids and services to people with disabilities to communicate effectively with us, such as:

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Free language services to people whose primary language is not English, such as:

- Qualified interpreters
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## If You Need These Services

If you need these services, contact Jane Strange at **1-844-946-8009** (TTY: **1-800-662-1220**).

## How to File a Grievance or Complaint

If you believe that MVP has not given you these services or has treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with MVP by:

**Mail:** ATTN: JANE STRANGE  
CIVIL RIGHTS COORDINATOR  
MVP HEALTH CARE  
625 STATE ST  
SCHENECTADY NY 12305

**Phone:** **1-844-946-8009**  
(TTY/TDD: **1-800-662-1220**)

**In person:** 625 State Street, Schenectady, NY

**Email:** [civilrightscoordinator@mvphealthcare.com](mailto:civilrightscoordinator@mvphealthcare.com)

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights by:

**Online:** [ocrportal.hhs.gov](http://ocrportal.hhs.gov)

**Mail:** US DEPT OF HEALTH & HUMAN SRVS  
200 INDEPENDENCE AVE SW  
HHH BLDG ROOM 509F  
WASHINGTON DC 20201

**Phone:** **1-800-368-1019**  
(TTY/TTD: **1-800-537-7697**)

Complaint forms are available by visiting [hhs.gov](http://hhs.gov) and selecting *Laws & Regulations*, then *Complaints & Appeals*, then *Civil Rights: How to file a complaint*.

## Multi-Language Interpreter Services

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-946-8010** (TTY: **1-800-662-1220**).

繁體中文 (Chinese)

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 **1-844-946-8010** (TTY: **1-800-662-1220**)。

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-844-946-8010** (телетайп: **1-800-662-1220**).

Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-844-946-8010** (TTY: **1-800-662-1220**).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-844-946-8010** (TTY: **1-800-662-1220**) 번으로 전화해 주십시오.

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-844-946-8010** (TTY: **1-800-662-1220**).

אידיש (Yiddish)

אויפגערוקאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פון אפצאל. **1-844-946-8010** (TTY: **1-800-662-1220**) רופט

বাংলা (Bengali) লক্ষ্য করন: যিদ আপিন বাংলা, কথা বলতে পারেন, তাহেল নি:খরচার ভাষা সহায়তা পিরেখবা উপলব্ধ আছ। কোল করন **১-৮৪৪-৯৪৬-৮০১০** (TTY: **১-৮০০-৬৬২-১২২০**)।

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-844-946-8010** (TTY: **1-800-662-1220**).

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **0108-649-448-1** (رقم هاتف الصم والبكم: **0221-266-008-1**).

Français (French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-844-946-8010** (ATS: **1-800-662-1220**).

اُردُو (Urdu)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ **1-844-946-8010** (TTY: **1-800-662-1220**)

Tagalog (Tagalog-Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-844-946-8010** (TTY: **1-800-662-1220**).

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-844-946-8010** (TTY: **1-800-662-1220**).

Shqip (Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-844-946-8010** (TTY: **1-800-662-1220**).

# Non-Discrimination Notice for Medicaid and Child Health Plus

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

## What MVP Health Care Provides


Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

## If You Need These Services

 If you need these services, contact MVP at **1-800-852-7826** (TTY: **1-800-662-1220**).

## How to File a Grievance or Complaint

If you believe that MVP has not given you these services or has treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with MVP by:

**Mail:** ATTN: JANE STRANGE  
CIVIL RIGHTS COORDINATOR  
MVP HEALTH CARE  
625 STATE ST  
SCHENECTADY NY 12305

**Phone:** **1-800-852-7826** (TTY/TDD: **1-800-662-1220**)

**Fax:** **914-631-1746**

**In person:** 625 State Street, Schenectady, NY

**Email:** [civilrightscoordinator@mvphealthcare.com](mailto:civilrightscoordinator@mvphealthcare.com)

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights by:

**Online:** [ocrportal.hhs.gov](http://ocrportal.hhs.gov)

**Mail:** US DEPT OF HEALTH & HUMAN SERVICES  
200 INDEPENDENCE AVE SW  
HHH BLDG ROOM 509F  
WASHINGTON DC 20201

**Phone:** **1-800-368-1019** (TTY/TTD: **1-800-537-7697**)

Complaint forms are available by visiting [hhs.gov](http://hhs.gov) and selecting *Laws & Regulations*, then *Complaints & Appeals*, then *Civil Rights: How to file a complaint*.

# Aviso de No-Discriminación para Medicaid y Child Health Plus

MVP Health Care® cumple con las leyes federales de derechos civiles aplicables y no discrimina por raza, color, nacionalidad, edad, discapacidad, o sexo. MVP Health Care no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, o sexo.

## Qué MVP Health Care Provee

Servicios y asistencias gratis para las personas con incapacidades para ayudarlos a comunicar con nosotros, como:

- Intérpretes de lenguaje de señas capacitados
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Servicios gratis de lenguaje para personas cuya lengua materna no es el inglés como:

- Intérpretes calificados
- Información escrita en otros idiomas

## Si Usted Necesita Estos Servicios

 Si usted necesita estos servicios, llame a MVP al **1-800-852-7826** (TTY: **1-800-662-1220**).

## Cómo Presentar una Queja o Reclamación

Si considera que MVP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad, o sexo, puede presentar un reclamo con MVP por:

**Correo:** ATTN: JANE STRANGE  
CIVIL RIGHTS COORDINATOR  
MVP HEALTH CARE  
625 STATE ST  
SCHENECTADY NY 12305

**Teléfono:** **1-800-852-7826** (TTY/TDD: **1-800-662-1220**)

**Fax:** **914-631-1746**

**En persona:** 625 State Street, Schenectady, NY

**Email:** [civilrightscoordinator@mvphealthcare.com](mailto:civilrightscoordinator@mvphealthcare.com)

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. por:

**Web:** [ocrportal.hhs.gov](http://ocrportal.hhs.gov)

**Correo:** US DEPT OF HEALTH & HUMAN SERVICES  
200 INDEPENDENCE AVE SW  
HHH BLDG ROOM 509F  
WASHINGTON DC 20201

**Teléfono:** **1-800-368-1019** (TTY/TTD: **1-800-537-7697**)

Formularios de reclamo están visitando [hhs.gov](http://hhs.gov) y seleccione *Laws & Regulations*, luego *Complaints & Appeals*, luego *Civil Rights: How to file a complaint*.



# Multi-Language Interpreter Services

English	ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-852-7826 (TTY: 1-800-662-1220).
Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-852-7826 (TTY: 1-800-662-1220).
繁體中文 (Chinese)	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 1-800-852-7826 (TTY: 1-800-662-1220)。
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-852-7826 (телетайп: 1-800-662-1220).
Kreyòl Ayisyen (French Creole)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-852-7826 (TTY: 1-800-662-1220).
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-852-7826 (TTY: 1-800-662-1220)번으로 전화해 주십시오.
Italiano (Italian)	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-852-7826 (TTY: 1-800-662-1220).
אידיש (Yiddish)	אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-852-7826 (TTY: 1-800-662-1220).
বাংলা (Bengali)	লক্ষ্য করন: যিদ আপিন বাংলা, কথা বলেত পারেন, তাহেল নি:খরচায় ভাষা সহায়তা পিরেখবা উপলব্ধ আেছ। ফোন করন ১-৮০০-৮৫২-৭৮২৬ (TTY: ১-৮০০-৬৬২-১২২০)।
Polski (Polish)	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-852-7826 (TTY: 1-800-662-1220).
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-852-7826 (رقم هاتف الصم والبكم: 1-800-662-1220).
Français (French)	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-852-7826 (ATS : 1-800-662-1220).
اُردُو (Urdu)	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-852-7826 (TTY: 1-800-662-1220)۔
Tagalog (Tagalog-Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-852-7826 (TTY: 1-800-662-1220).
Ελληνικά (Greek)	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-852-7826 (TTY: 1-800-662-1220).
Shqip (Albanian)	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-852-7826 (TTY: 1-800-662-1220).



# Non-Discrimination Notice for Medicare Advantage Plans

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## What MVP Health Care Provides

Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)


Free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

## If You Need These Services

If you need these services, contact Jane Strange, Civil Rights Coordinator. If you believe that MVP Health Care 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:

ATTN: JANE STRANGE CIVIL RIGHTS COORDINATOR  
MVP HEALTH CARE  
625 STATE ST  
SCHENECTADY NY 12305

 **1-844-946-8009 (TTY: 1-800-662-1220)**

 **civilrightscoordinator@mvphealthcare.com**

## How to File a Grievance

You can file a grievance in person, or by mail or email. If you need help filing a grievance, Jane Strange, Civil Rights Coordinator, 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 **ocrportal.hhs.gov**, or by mail or phone at:

US DEPARTMENT OF HEALTH & HUMAN SERVICES  
200 INDEPENDENCE AVE SW  
HHH BLDG ROOM 509F  
WASHINGTON DC 20201



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

Complaint forms are available by visiting **hhs.gov/ocr/filing-with-ocr**.

# Multi-Language Interpreter Services

English	ATTENTION: Language assistance services, free of charge, are available to you. Call <b>1-844-946-8010</b> (TTY: <b>1-800-662-1220</b> ).
Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al <b>1-844-946-8010</b> (TTY: <b>1-800-662-1220</b> ).
繁體中文 (Chinese)	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 <b>1-844-946-8010</b> (TTY: <b>1-800-662-1220</b> )。
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните <b>1-844-946-8010</b> (телетайп: <b>1-800-662-1220</b> ).
Kreyòl Ayisyen (French Creole)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele <b>1-844-946-8010</b> (TTY: <b>1-800-662-1220</b> ).
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. <b>1-844-946-8010</b> (TTY: <b>1-800-662-1220</b> )번으로 전화해 주십시오.
Italiano (Italian)	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero <b>1-844-946-8010</b> (TTY: <b>1-800-662-1220</b> ).
אידיש (Yiddish)	אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט <b>1-844-946-8010</b> (TTY: <b>1-800-662-1220</b> )
বাংলা (Bengali)	লক্ষ্য করন: যিহ আপিন বাংলা, কথা বলতে পারেন, তাহেল নি:খরচায় ভাষা সহায়তা পিরেশবা উপলব্ধ আছ। ফোন করন <b>১-৪৪৪-৯৪৬-৮০১০</b> (TTY: <b>১-৮০০-৬৬২-১২২০</b> )।
Polski (Polish)	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer <b>1-844-946-8010</b> (TTY: <b>1-800-662-1220</b> ).
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم <b>0108-649-448-1</b> (رقم هاتف الصم والبكم: <b>1-0221-266-008</b> ).
Français (French)	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le <b>1-844-946-8010</b> (ATS : <b>1-800-662-1220</b> ).
اُردُو (Urdu)	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں <b>1-844-946-8010</b> (TTY: <b>1-800-662-1220</b> )۔
Tagalog (Tagalog-Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa <b>1-844-946-8010</b> (TTY: <b>1-800-662-1220</b> ).
Ελληνικά (Greek)	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε <b>1-844-946-8010</b> (TTY: <b>1-800-662-1220</b> ).
Shqip (Albanian)	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në <b>1-844-946-8010</b> (TTY: <b>1-800-662-1220</b> ).