CHRISTUS Health Plan

CHRISTUS HEALTH MEDICARE GUARDIAN (HMO)
H1189-008

2026 Annual Notice of Changes

CHRISTUS HEALTH MEDICARE GUARDIAN (HMO) H1189-008 COVERS MEMBERS IN THE FOLLOWING COUNTIES:

- Anderson
- Aransas
- Bee
- Bowie
- Caldwell
- Camp
- Cass
- Cherokee
- Comal
- Franklin
- Gregg
- Guadalupe
- Hardin
- Harrison
- Henderson
- Hopkins
- Jasper
- Jefferson
- Jim Wells
- Kleburg
- Marion
- Morris
- Newton
- Nueces
- Orange
- Panola
- Red River
- Refugio
- Rusk
- San Patricio
- Smith
- Titus
- Tyler
- Upshur
- Van Zandt
- Wood

CHRISTUS Health Plan

METHOD	MEMBER SERVICES – CONTACT INFORMATION
CALL	**844.282.3026** - Calls to this number are free. The CHRISTUS Health Plan Member Services department is available to assist you seven days a week, 8 a.m. to 8 p.m., local time, from Oct. 1 – Mar. 31, and Mon. – Fri., 8 a.m. to 8 p.m., local time, from Apr. 1 – Sept. 30. A voice response system is available after hours. Messages left will be responded to within one business day. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 Relay Texas This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Available to assist you seven days a week, 8 a.m. to 8 p.m., local time, from Oct. 1 – Mar. 31, and Mon. – Fri., 8 a.m. to 8 p.m., local time, from Apr. 1 – Sept. 30.
FAX	469.282.3013
WRITE	CHRISTUS Health Advantage, Attention: Member Services P.O. Box 169001 Irving, TX 75016
WEBSITE	**CHRISTUShealthplan.org**

TEXAS HEALTH AND HUMAN SERVICES

The Texas Health and Human Services is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

METHOD	CONTACT INFORMATION
CALL	866.451.2901 - Calls to this number are free.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	Health Information, Counseling, and Advocacy Program (HICAP) Texas Department of Insurance P.O. Box 149104 Austin, TX 787148
WEBSITE	www.hhs.texas.gov/services/health/medicare

CHRISTUS Health Medicare Guardian (HMO) offered by CHRISTUS Health Plan

Annual Notice of Change for 2026

You're enrolled as a member of CHRISTUS Health Medicare Guardian (HMO).

This material describes changes to your plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in CHRISTUS Health Medicare Guardian (HMO).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You* 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage***.** Get a copy at https://www.christushealthplan.org/member-resources/medicare-advantage/medicare-guardian-forms or call Member Services at 1-844-282-3026 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at 1-844-282-3026 (TTY users call 711) for additional information. Hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday. From October 1 – to March 31, the hours are 8:00 a.m. to 8:00 p.m. local time, 7 days a week. This call is free.
- This document is available in other formats such as braille, large print, or audio.

About CHRISTUS Health Medicare Guardian (HMO)

- CHRISTUS Health Medicare Guardian (HMO) is an HMO with a Medicare contract. Enrollment in CHRISTUS Health Medicare Guardian (HMO) depends on contract renewal.
- When this material says "we," "us," or "our," it means CHRISTUS Health Plan. When it says "plan" or "our plan," it means CHRISTUS Health Medicare Guardian (HMO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in CHRISTUS Health Medicare Guardian (HMO).** Starting January 1, 2026, you'll get your medical coverage through CHRISTUS Health Medicare Guardian (HMO). Go to

Section 3 for more information about how to change plans and deadlines for making a change.

- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

Table of Contents

Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	$0	**$0**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	$4,400	**$4,900**
Primary care office visits	$0 per visit	**$0 per visit**
Specialist office visits	$25 per visit	**$40 per visit**
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	Days 1-90: $0 per day Additional days after 90: $0 per day	**Days 1-90: $0 per day** **Additional days after 90: $0 per day**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	**$0** **There is no change in the monthly plan premium for the upcoming year.**
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$125	**$125**

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$4,400	**$4,900** **Once you've paid $4,900 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* www.christushealthplan.org/find-a-provider to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.christushealthplan.org/find-a-provider.
- Call Member Services at 1-844-282-3026 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-844-282-3026 (TTY users call 711) for help.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	**2026 (next year)**
Medicare-covered acupuncture treatments	$0-$25 copayment per visit for Medicare-covered acupuncture treatments.	**$40 copayment per visit for Medicare-covered acupuncture treatments.**
Additional cardiac rehabilitation services	$20 copayment per additional cardiac rehabilitation visit.	**Additional cardiac rehabilitation services are not covered.**
Additional pulmonary rehabilitation services	$20 copayment for each additional pulmonary rehabilitation service.	**Additional pulmonary rehabilitation services are not covered.**

	2025 (this year)	2026 (next year)
Chiropractic services	$20 copayment per visit for Medicare-covered chiropractic services. $20 copayment per visit for up to 24 routine chiropractic services per year.	**$15 copayment per visit for Medicare-covered chiropractic services.** **$15 copayment per visit for up to 24 routine chiropractic services per year.**
Dental services	$25 copayment for Medicare-covered dental services.	**$40 copayment for Medicare-covered dental services.**
Emergency care	$125 copayment for Medicare-covered emergency room visits. Copayment waived if admitted within 24 hours.	**$130 copayment for Medicare-covered emergency room visits.** **Copayment waived if admitted within 24 hours.**
Emergency care worldwide	$125 copayment for worldwide emergency room visits. Copayment is not waived if admitted.	**$130 copayment for worldwide emergency room visits.** **Copayment is not waived if admitted.**
Hearing services	$25 copayment per visit for Medicare-covered hearing exams.	**$40 copayment per visit for Medicare-covered hearing exams.**
Mental health specialty and psychiatric services	$25 copayment per session for Medicare-covered individual or group sessions.	**$40 copayment per session for Medicare-covered individual or group sessions.**

	2025 (this year)	2026 (next year)
Occupational, physical, and speech-language therapy	$20 copayment per visit for Medicare-covered occupational therapy services. $25 copayment for Medicare-covered physical and speech-language therapy services.	**$40 copayment per visit for Medicare-covered occupational therapy services.** **$40 copayment for Medicare-covered physical and speech-language therapy services.**
Opioid treatment program services	$25 copayment for Medicare-covered opioid treatment program services.	**$40 copayment for Medicare-covered opioid treatment program services.**
Outpatient diagnostic procedures and tests	$40 copayment per Medicare-covered outpatient diagnostic procedure or test.	**$75 copayment per Medicare-covered outpatient diagnostic procedure or test.**
Outpatient surgery or services provided at ambulatory surgical centers	$0 copayment for a Medicare-covered diagnostic colonoscopy at an ambulatory surgery center. $200 copayment for Medicare-covered surgery or other services provided at an ambulatory surgery center.	**$0 copayment for a Medicare-covered diagnostic colonoscopy at an ambulatory surgery center.** **$325 copayment for Medicare-covered surgery or other services provided at an ambulatory surgery center.**

	2025 (this year)	2026 (next year)
Outpatient surgery or observation services provided at outpatient hospitals	$0 copayment for a Medicare-covered diagnostic colonoscopy at an outpatient hospital. $300 copayment for Medicare-covered surgery, observation services, or other services provided at an outpatient hospital.	**$0 copayment for a Medicare-covered diagnostic colonoscopy at an outpatient hospital.** **$325 copayment for Medicare-covered surgery, observation services, or other services provided at an outpatient hospital.**
Over-the-Counter (OTC) items	$100 allowance every quarter for over-the-counter drugs and items purchased from Convey.	**$75 allowance every quarter for over-the-counter drugs and items purchased from Convey.**
Physician specialist services	$25 copayment per visit for Medicare-covered physician specialist services.	**$40 copayment per visit for Medicare-covered physician specialist services.**
Podiatry services	$25 copayment for Medicare-covered podiatry services. $0 copayment per visit for up to 6 routine podiatry visits per year.	**$40 copayment for Medicare-covered podiatry services.** **$40 copayment per visit for up to 6 routine podiatry visits per year.**

	2025 (this year)	2026 (next year)
Skilled nursing facility (SNF)	Days 1-20: $0 copayment Days 21-100: $214 copayment per day	**Days 1-20: $0 copayment** **Days 21-100: $218 copayment per day**
Urgently needed services **Worldwide urgent care**	$0 copayment for virtual urgent care. $35 copayment per visit for Medicare-covered urgent care visit. $125 copayment per visit for worldwide urgent care visit.	**$0 copayment for virtual urgent care.** **$40 copayment per visit for Medicare-covered urgent care visit.** **$130 copayment per visit for worldwide urgent care visit.**
Vision care	$25 copayment for Medicare-covered eye exams.	**$40 copayment for Medicare-covered eye exams.**

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Options to make payments to CHRISTUS Health Plan	Payments can be made by: • mailing a check • calling Member Services to set up automatic payments via credit card or bank account, or • deductions from Social Security	**Payments can be made by:** • **setting up automatic payments with a credit card or bank account via a single-sign on link in the member portal,** • **by mailing a check,** • **by calling Member Services to set up automatic payments with a credit card or bank account, or** • **deductions from Social Security**

SECTION 3 How to Change Plans

To stay in CHRISTUS Health Medicare Guardian (HMO), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7. you'll automatically be enrolled in our CHRISTUS Health Medicare Guardian (HMO).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from CHRISTUS Health Medicare Guardian (HMO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from CHRISTUS Health Medicare Guardian (HMO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll Call Member Services at 1-844-282-3026 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll

in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1).

- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, CHRISTUS Health Plan offers other Medicare health plans and Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles,

and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday -Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778 or
- Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program (SPAP).** Texas has a program called Kidney Health Care Program (KHC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

SECTION 5 Questions?

Get Help from CHRISTUS Health Medicare Guardian (HMO)

- **Call Member Services at 1-844-282-3026. (TTY users call 711.)**

  We're available for phone calls 8:00 a.m. to 8:00 p.m. local time, Monday through Friday. From October 1 to March 31, the hours are 8:00 a.m. to 8:00 p.m. local time, 7 days a week. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the 2026 *Evidence of Coverage* for CHRISTUS Health Medicare Guardian (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.christushealthplan.org/member-resources/medicare-advantage/medicare-guardian-forms or call Member Services at 844-282-3026 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.christushealthplan.org**

  Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Texas, the SHIP is called Texas State Health Insurance Assistance Program.

Call Texas State Health Insurance Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Texas State Health Insurance Assistance Program at 1-800-252-9240. Learn more about Texas State Health Insurance Assistance Program by visiting https://hhs.texas.gov/services/health/medicare.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

  You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2026**

  The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

ATTENTION: If you speak another language, 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 1-844-282-3026 (TTY: 711) or speak to your provider.

Español Spanish	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 1-844-282-3026 (TTY: 711) o hable con su proveedor.
العربية Arabic	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 1-844-282-3026 (711) أو تحدث إلى مقدم الخدمة.
中文 Chinese	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 1-844-282-3026（文本电话：711）或咨询您的服务提供商。
Français French	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 1-844-282-3026 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-844-282-3026 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-844-282-3026 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-844-282-3026 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
日本語 Japanese	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。1-844-282-3026（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。

한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-844-282-3026 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.
ລາວ Laotian	ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-844-282-3026 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.
فارسي Farsi	توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-844-282-3026 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
РУССКИЙ Russian	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 1-844-282-3026 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog 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 1-844-282-3026 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔1-844-282-3026 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Tiếng Việt Vietnamese	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 1-844-282-3026 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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