

healthjournal



The Priority Health magazine for healthy living

Fall 2016

Message from our President and CEO

Page 2

5 ways to cut your drug costs

Page 7

A message from the President & CEO of Priority Health

Thank you for choosing Priority Health to be a partner in your health. I am honored and humbled to lead an organization that is truly dedicated to the health of our members and the community.

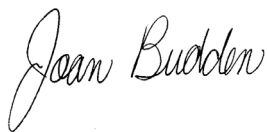
With my 25 years of experience in the health care industry, I can assure you that what we offer to the community, employers and individuals like you is unique. Priority Health is unmatched in its ability to provide innovative and thoughtful care and programs to keep our members healthy.

It's for that reason that over the last few years, Priority Health has become one of the fastest growing health plans in Michigan and received national recognition for the quality of care and service we provide. We now serve more than 730,000 people across Michigan with benefit plans that include employer-sponsored coverage, individual, Medicaid, Healthy Michigan and Medicare.

I fully expect us to continue to grow in the coming year. Time and time again, when individuals have a choice in their health care coverage they choose Priority Health.

My promise to you is that under my leadership, we'll continue our commitment to improve the health and lives of the people we serve. In the coming year, I look forward to demonstrating for you, our valued member, why Priority Health represents a healthier approach to health care.

Sincerely,

A handwritten signature in black ink that reads "Joan Budden". The signature is written in a cursive, flowing style.

Joan Budden
President & CEO

Get big savings with member perks

With Priority Health Member Perks, powered by Benefit Mobile app, we offer our members an easy way to save on national and local brand-name favorites like Target, Amazon, Banana Republic, Groupon, Nike, Starbucks, Whole Foods, Athleta and more, through the purchase of digital gift cards that earn them cash back rewards.

Every dollar spent within the Benefit app results in money back in your pocket. Once you earn \$10 within a month, you'll get cash back in the form of a check. You can then use that money on your monthly premium, health care expenses or other everyday purchases.

You can access information about Member Perks through your **MyHealth** account or by downloading the Benefit Mobile app.



Two calls you won't want to miss

Priority Health Medicare is partnering with MyAdvocate and CenseoHealth to make sure you're receiving the best care for the healthiest you.

Stay on the lookout for calls from:

- **MyAdvocate** to find money-saving health care programs you may qualify for. Visit myadvocatehelps.com for more information.
- **CenseoHealth** to schedule your in-home health assessment each year. As a Medicare Advantage member, you can take advantage of a bonus checkup in the comfort of your own home.



We want to hear from you

Join our new online feedback community, **PriorityVoice**. Tell us what's important to you as we continue to make improvements to our plans and services. When you do, you'll:

- Be the first to preview new products and services
- Share your experiences and opinions with other members
- Receive updates on how your responses helped influence decisions that improve the member experience

Go to priorityvoice.com/myvoice to join.



Go paperless!

Join the members who chose email. If you haven't already signed up to receive plan information by email, now is the time. Sign up for email and you'll help the environment and yourself by reducing waste. Email is faster, easy to store and search and you can take it anywhere!

Go to priorityhealth.com/email2me.



Receive Explanation of Benefits Electronically

You can also choose to “go paperless” with your Explanation of Benefits statements. We’ll send you an email each time a new statement is ready to view online.

1. Sign into your MyHealth account
2. Select the “Insurance” tile on the left margin
3. Select “Claims”
4. Click “View Claim Details” on a non-pharmacy claim
5. Click the “Go Paperless” icon at the top of the screen

Review your plan. Explore your benefits.

As a valued Priority Health Medicare member, it’s important that you review your plan each year to make sure you’re making the most of your benefits.

Individual Medicare Advantage members

We strongly encourage all individual Priority Health Medicare Advantage members to thoroughly review their Annual Notice of Changes so they can be aware of any changes to benefits or premiums for 2017. You can also see a summary of the changes for your plan at priorityhealth.com/mapdchanges2017.

If you’re happy with your current plan, you don’t have to do anything. Your plan will automatically renew on January 1. If you decide that you’d like to switch to a different Priority Health Medicare Advantage plan, you will need to do so between October 15 and December 7, 2016.

Medigap members

Priority Health Medigap members will receive their Annual Change Notice later in the year. Each year the federal government may make changes to Original Medicare benefits and costs which may impact your Medigap plan. This notice explains your plan benefits that are effective Jan. 1, 2017.

When you receive your change notice, please review it so you are familiar with your Priority Health Medigap coverage in 2017. This is considered an update to the “Covered Services” section of your Certificate and therefore it is a legal document that becomes part of your Certificate. The “Benefits and costs” section of this document will show you benefits and costs that have changed.

Your Priority Health Medigap plan will automatically renew as long as you continue to pay your premium.



Provider-based billing – an explanation and an update

If you have received a bill for a “facility fee” from your provider, here is an explanation and an update.

That bill was because of a billing process called “provider-based billing” or “hospital-based billing.” This is a billing practice allowed under Centers for Medicare and Medicaid Services (CMS) rules, used by some large integrated delivery systems. What this means is when a member sees a provider whose practice is owned by a hospital who participates in provider-based billing, the provider submits two bills: one for professional services rendered and one for the facility.

In January 2016, as outlined in our plans’ Annual Notice of Changes and Evidence of Coverage documents, Priority Health started sharing the cost of the facility fee with our members. We always want to do the right thing for our members, and after getting feedback, we have since decided to cover that charge in full. So for any covered services our Medicare Advantage members have for the remainder of 2016, even with a provider who participates in provider-based billing, members will not be responsible for that facility/clinic fee.

Our first priority is to do what’s right for our members. If you have any questions, please feel free to contact us at 888.389.6648, TTY users should call 711, from 8 a.m. to 8 p.m., seven days a week.

Your eyes, teeth and ears want attention, too



As a member of a Priority Health Medicare Advantage plan, you can choose enhanced vision, dental and hearing coverage for your overall health. There are no deductibles or waiting periods and you’ll have access to comprehensive list of providers around Michigan.

You’ll have access to thousands of independent vision providers, including national retailers like LensCrafters, Pearle Vision and Sears Optical. You’ll be able to see dentists who participate with Delta Dental – whose network includes two of the largest dental networks in the states of Michigan, Indiana and Ohio. And you can see professional

audiologists and otolaryngologists (ear, nose and throat physicians) throughout Michigan.

If you don’t already have this package, you can add it during the Annual Election Period (which is October 15 through December 7 each year) or within two months of your plan’s start date.

For more information, visit us online at priorityhealth.com/vdh, or call one of our Medicare experts toll-free at 866.562.5913, from 8 a.m. – 8 p.m., seven days a week.

Make the most of your individual Medicare Advantage plan in 2017!

At Priority Health, we're committed to helping you be your healthiest, and we want to help you get the most of your benefits:

- Routine care helps keep you healthy. That's why we encourage you to schedule your preventive care and screenings, covered at no cost.
- Being physically active on a regular basis is one of the healthiest things you can do for yourself. That is why we offer, at no cost to you, the Silver & Fit® gym membership or home fitness kits.
- You can travel with confidence, knowing you're covered anywhere in the world for emergency and urgent care, the same as if you were at home¹.
- For non-emergency care, you can choose to see a doctor without leaving your home through virtual visits.
- You can earn up to 20% cash back with Member Perks. When you purchase digital gift cards from hundreds of national and local retailers using the Benefit app on your mobile phone, you start earning.

And you'll see a few new options this year on some plans.

Save even more on prescriptions

We know that the cost of prescriptions is one of the biggest concerns of Medicare beneficiaries and we continue to add ways to help our members save money on their prescription drugs.

Several of our plans offer more savings in 2017 when you get your prescriptions filled at a preferred pharmacy. Many major pharmacies are in our preferred network, like Meijer, Walgreens, Costco, Kroger and more across Michigan². Check out our pharmacy directory online at prioritymedicare.com for the complete list (available in Find a Doctor tool January).

We're also keeping the \$0 copay for 90-day mail order generic drugs in tiers 1 and 2 on the same plans.

These cost-saving options are available on **PriorityMedicare Value**SM, **PriorityMedicare Merit**SM, **PriorityMedicare**SM and **PriorityMedicare Select** plansSM. If you're not in one of these plans and you're interested in these pharmacy options, now is the time to take a look.

"Snowbirds" delight

All of Priority Health Medicare Advantage plans offer unlimited emergency and urgently needed care around the world. But new for 2017 to **PriorityMedicare** and **PriorityMedicare Select** members is the same copay for both in- and out-of-network for many services. Those services include PCP and specialist visits, inpatient hospital stays, labs and outpatient surgery. With these plans, if you spend time outside of Michigan for part of the year, you'll have even more coverage on your travels.

5 ways to cut your drug costs

As we've all seen in the news and likely felt in our pocketbooks, prescription drug prices are increasing. Here are five ways anyone can use to help control or reduce what you spend on prescription drugs.

- 1 Ask for generic options.** The first, and easiest, option is to ask your doctor for generic prescription drug options. Generic drugs tend to cost significantly less than their brand name counterparts, yet are just as safe and effective. Nearly 90% of your fellow Priority Health Medicare Advantage members use generics on a regular basis.
- 2 Check for options with a lower copayment.** In the case where a generic drug is not available, check the approved drug list to see if there are any brands that are offered at a lower copayment, possibly even a generic copayment. For example, Priority Health Medicare covers both Humalog and Novolog insulins, but Humalog is offered at a generic copay* during the initial coverage phase – making the out-of-pocket expense significantly less. The initial coverage phase starts after you pay your yearly deductible, if applicable, and ends when your total yearly drug costs (total paid by both you and us) reach a certain amount, \$3,310 in 2016. If you have questions about whether or not your medication has a generic option, consult with your local pharmacist or call Customer Service.
- 3 Count on your Medicare Advantage plan.** Many members ask about or use pharmacy discount cards, but don't rely on these. The discount card likely isn't reducing your cost if you have Medicare Part D (prescription drug coverage), which all of Priority Health Medicare Advantage plans include. Always make sure to show your insurance card when having a prescription filled. In addition to getting the best value, showing your card also improves your safety, since pharmacists check for drug interactions against our prescription claims. And Priority Health tracks your out-of-pocket expenses which is especially important for members that reach the coverage gap (donut hole) to allow them to reach the next coverage level.
- 4 Get a prescription "checkup."** Another way to help control costs is to participate in Medication Therapy Management (MTM). This service is designed to ensure you get the best results from your medications and to help control your out-of-pocket costs. MTM is provided through a large network of community pharmacists who will do a thorough review of the medications you are taking, both prescription and over the counter, then work with your doctor to make sure each medication is providing the maximum benefit. Think of it as an "annual checkup" for your medications. If you are interested in participating in the MTM program call Customer Service.
- 5 Use mail-order and/or preferred pharmacies.** You can also save money by using our mail-order pharmacy to get up to a 90-day supply of your prescription drugs. Instead of paying for three 30-day copayments, you only pay for two and a half 30-day copayments. In addition, 90-day mail order generic tier 1 and tier 2 prescriptions are filled at \$0 copayment if you're enrolled in one of these four individual plans: **Priority**Medicare Value, **Priority**Medicare Merit, **Priority**Medicare, **Priority**Medicare Select.

To get order forms and information about filling your prescriptions by mail, call Customer Service or visit our website at prioritymedicare.com.

Those same plans also offer preferred pharmacy pricing so you can save even more on your prescriptions. See the "Make the most of your individual Medicare Advantage plan in 2017" article for more information.²

**Brand drug covered at a generic copay during the initial coverage phase. During the coverage gap phase in 2016, you pay 45% of our cost for brand drugs.*

Understanding your benefits

We provide important information to help you understand how your health plan works. Knowing how your health plan works will help you get the most out of your Priority Health Medicare plan. You can visit prioritymedicare.com, check your Evidence of Coverage document, or contact Customer Service at 888.389.6648, TTY users call 711, if you have any questions.

Plan basics

Review your Evidence of Coverage for information about benefits, procedures and much more. You'll find information about how to make the most of your plan using in-network doctors. You can learn about getting primary care and specialty care, like behavioral health and hospital services. There's information about getting care after normal offices hours, receiving emergency care and what to do when you're out of our service area.

You'll also find the benefits and services included and excluded from coverage, copayments and other charges, restrictions on services outside the network, how to submit claims and how we evaluate new technology for inclusion as a covered benefit.

Prescription drug updates*

We regularly review new drugs to help make sure you're receiving safe and effective care. If you take prescriptions, please review our Approved Drug List occasionally to note changes or updates. We also provide information about our prescription coverage and pharmacy management procedures.



96% of our members stayed with us,
compared to the national average of 88%.³



Privacy statement

Priority Health protects the privacy, confidentiality and security of your information online. In general, this means:

Your personal information is safe. We will not sell or share your email address, phone number, or any other information about you without your permission.

Your health information is safe. If you are a member of one of our plans, we will not discuss your health with anyone online or over the phone unless you give us permission. (If we can figure out from circumstances that you don't object, we will share your health information with a family member.)

Grievance (complaint) procedure

The Centers for Medicare and Medicaid Services (CMS) calls complaints about the service you get from Priority Health or from our doctors, hospitals, pharmacies, etc., "grievances." We will try to resolve any complaint that you might have over the phone. If you ask for a written answer to your phone complaint, we will answer you in writing. You can also send us your grievance in writing to Priority Health Medicare Member Resolution Coordinator, 1231 East Beltline NE, MS 1115, Grand Rapids, MI 49525 or fax at 616.942.0995.

Quality performance

We want to make sure you receive safe and effective health care services. That's why our Quality Improvement Program sets standards for the quality of the health care you get. We monitor and analyze how health care is delivered and how well we provide services to you. And we use what we learn to improve the delivery of health care services and help people live healthier lives.

Care management programs*

We have professional care managers available to help our members coordinate their care. This is available to members who are at risk for, or who have experienced, a significant health episode or who have one or more chronic conditions. Please contact us if you think this service might provide value to you.

Rights and responsibilities

As a Priority Health member, you have certain rights and protections afforded to you. You also have responsibilities. It's important for you to understand these for your own protection and to make the most of your plan benefits. This is available in individual Medicare Advantage plans' Evidence of Coverage document in chapter 8.

Decision criteria

Our goal is to cover care that meets high medical standards and is also cost-effective. This is called utilization management. If you have questions regarding our process or decisions, contact Customer Service, and they'll contact a health management staff member to help. Know that all utilization management decisions are based on appropriateness of care and service and that no financial incentives exist for issuing denials.

**Does not apply to Medigap (Medicare Supplement) plans.*



FAQs from our members

What is HIPAA and why is it important?

HIPAA stands for the Health Insurance Portability and Accountability Act. This is a national law that regulates the use and disclosure of your health information.

Unless you give us permission by signing a "HIPAA authorization" form, we will not discuss your health information with someone else online or over the phone—not even your spouse. The HIPAA form can be found online at prioritymedicare.com. You can also request one by contacting Customer Service by phone or email.

Who pays when I'm in an auto accident?

In the case of auto-related claims with Medicare, auto personal injury protection (PIP) coverage is always primary. Individuals should make sure their auto insurance covers PIP. Michigan is a No-Fault state, auto coverage is primary (Medicare rarely pays auto-related claims). There is no "primary or secondary" between automobile insurance and Medicare, MAPD or Medigap. For more information go to medicare.gov and search for "who pays first."

What's the difference between Medicare Advantage and Medigap?

Medicare Advantage and Medigap plans both offer additional coverage to Original Medicare – Parts A and B – but they work differently. To learn more, we invite you to visit prioritymedicare.com and use our videos, booklets and other informational resources to learn more about how Medicare works.



New services covered by Medicare

The Centers for Medicare and Medicaid Services (CMS) has announced new information about coverage under Medicare. There are four recent National Coverage Determinations (NCDs) that have added new coverage or expanded what is already covered:

- Allogeneic stem cell transplantation clinical studies
- Left atrial appendage closure (LAAC)
- Screening for cervical cancer with human papillomavirus
- Screening for the human immunodeficiency virus (HIV)

Take control of your health

Here are some ways to stay healthy. Next time you see your doctor or pharmacist, be sure to ask them about some of these items.

Reduce your risk of falling

As you age, physical changes, health conditions and certain medications make falls more likely, but many falls can be prevented. Talk with your doctor about:

- ✓ Taking a fall risk assessment
- ✓ Reviewing your medications
- ✓ Engaging in regular physical activity
- ✓ Making changes to your home. As a Priority Health Medicare Advantage member, you can get a bonus checkup and an in-home health assessment from our partner CenseoHealth at no cost. To schedule an appointment call CenseoHealth toll-free at 855.746.8710.

Check your bone health

Osteoporosis results in low bone mass and thinning bone tissue, causing bones to break more easily. Unfortunately, osteoporosis doesn't have many symptoms. Unless you're tested, you may not know you have it until a fracture develops. With new technology and medications, there are many ways to prevent, slow down and reverse low bone density and bone strength. Talk with your doctor about a bone density screening.

Improve bladder control

Bladder control or incontinence doesn't have to be a normal part of aging. It can be caused by food or drinks, prescription drugs or a medical condition. Many times bladder control can be improved. Talk with your doctor about your symptoms and what treatment options are available.

Help avoid fraud, waste and abuse

Our compliance program helps us detect and prevent fraud, waste and abuse. Here's how you can help:

- Check your medical bills and claim activity summaries to make sure you were only charged for services you received.
- Never give your Social Security number, Medicare or banking information to someone you don't know.
- Know that free services do not require you to give your Priority Health member ID or Medicare information to anyone.
- Tell us if you have questions or suspect fraud or abuse. You don't have to give your name, address or phone number. Contact us in the way that's most convenient:
 - Call Customer Service at 800.446.5674 Monday – Thursday 7:30 a.m. – 7 p.m., Friday 9 a.m. – 5 p.m. or Saturday 8:30 a.m. – noon.
 - Call our Compliance Department at 800.942.0954, 8:30 a.m. – 5 p.m.
 - Call the Compliance Helpline at 800.560.7013. This third-party organization is open 24 hours a day, and they'll report your concern to us.
 - Use the Fraud, Waste and Abuse Report form on priorityhealth.com.
 - Contact us by mail at Fraud and Abuse Program, MS 3175, 1231 E. Beltline NE, Grand Rapids, MI 49525 or fax 616.942.7916.

An ounce of prevention

Priority Health Medicare members are eligible for preventive services at no cost to help them stay healthy. This includes all Medicare preventive health screenings, including a yearly physical, blood pressure screenings, depression screenings and Medicare-covered immunizations. More details can be found in your Evidence of Coverage.

1. Schedule important health screenings

Make sure you're staying up to date on your health screenings. When you see an in-network doctor for a preventive colon cancer screening or diabetes check, there's no cost. If your doctor recommends a screening to monitor a condition or because you're having symptoms, the test is no longer preventive and your copayments, coinsurance and deductible apply.

Here's a check list for important screenings and when you should schedule them:

Every year:

- **Diabetes screening:** A simple blood test is recommended to check for diabetes, especially if you have risk factors such as high blood pressure, high cholesterol, obesity or a history of high blood sugar.

Every 2 Years:

- **Mammogram:** This is the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms.
- **Colonoscopy** (if you are at high risk for colon cancer): Cancer of the colon and rectum often has few or no symptoms, yet it is one of the leading causes of cancer deaths in the United States. If found and removed early, however, the chances of full recovery are very good.

Every 5 years:

- **Cholesterol test:** If high cholesterol is found, your doctor can help you get the care you need to lower your cholesterol and your risk of heart attack or stroke.

Every 10 years:

- **Colonoscopy** (if you are at low risk for colon cancer)

Consult your physician:

- **Osteoporosis:** Your risk for osteoporosis varies depending on a number of factors, including age, medications, and medical history. Talk to your doctor for recommendation on bone screening and frequency.

2. Get your free flu and pneumonia shots

It's not too early to get your flu shot. We recommend that everyone get one, and there is no cost to you whether you get your flu vaccine at your doctor's office or a vaccine pharmacy. Be sure to show your Priority Health member ID card when you get your flu vaccine this fall. And if you haven't had a pneumonia vaccination, you should think about getting that, too. Most people only need it once in a lifetime, but a different, second shot is covered 11 months after the first if needed. Vaccine pharmacies in our network are noted with a "v" in the pharmacy directory.

3. Look into a free medication review

Ever wondered if you're taking too many types of medicine, if you're taking them properly, or if they're working together? As a Priority Health member, you're eligible for a medication review with a specially trained Medication Therapy Management (MTM) pharmacist at no cost to you.

.Your pharmacist will provide:

- **Comprehensive medication review:** Looks at all your medications to identify duplications and conflicts and organize your medication schedule.
- **Doctor consult:** Works with your doctor(s) to resolve any problems found with your medication
- **Non-prescription consult:** Helps you figure out which over-the-counter drugs to use to treat minor ailments easily and inexpensively.
- **Drug information:** Explains the purpose and correct use of new medications and follows up with you to make sure everything is right.



Diabetes care

If you have diabetes, it's important to stay healthy and avoid complications.

- **Check for kidney disease.** An annual urine test and blood test can help measure your kidney function and reduce your chances of kidney failure.
- **Control cholesterol.** A cholesterol blood test once a year allows you to monitor your progress.
- **Check your A1c.** Check it at least every six months and try to keep your A1c level at less than 7%.
- **Control blood pressure.** The goal is to stay below 140/90 mmHg to lower your risk.



Individual plans for your family

If you know someone who is self-employed, retiring early or no longer getting insurance through their job, we have a **MyPriority**® plan for them. Our health plans for individuals under 65 are designed to give our members affordable options for every budget.

Your friends and family members can shop during the Open Enrollment Period that begins Nov. 1, 2016 and ends Jan. 31, 2017.

Because our plans are also offered on the Health Insurance Marketplace (HealthCare.gov), they may also qualify for a federal subsidy.

Visit priorityhealth.com/mypriority to learn more about our individual plans.

Health Insurance **Marketplace**

MyPriority is a Qualified Health Plan in the Health Insurance Marketplace.

Contact us

We're here for you online or on the phone.



Send us a secure email anytime from your Priority Health Mailbox in your **MyHealth** Message Center. If you haven't registered your **MyHealth** account yet, just visit priorityhealth.com, click on the Login button and follow the instructions.



Call us at the number on the back of your membership ID card or at one of the numbers listed below and we will help answer your questions:

Medicare Advantage members

888.389.6648, 7 days a week, 8 a.m. – 8 p.m. (TTY users call: 711)

Medigap members

800.852.9780, Monday – Friday 8 a.m. – 8 p.m. or Saturday 8 a.m. – noon (Eastern time). TTY users call: 711.

Best times to call

To get faster service, call: before 9 a.m. on Wednesdays and Fridays, or after 5 p.m. Monday through Friday.

Register your account

Want 24/7 access to your health plan documents, claim information and more? Register your online **MyHealth** account to get your health plan information whenever you want it.

If you haven't registered your **MyHealth** account yet, just visit priorityhealth.com, click on the Login button and follow the instructions. If you need help setting up or accessing your **MyHealth** account, call 877.308.5083 or email myhealthsupport@spectrumhealth.org.



1231 East Beltline Ave. NE
Grand Rapids, MI 49525



Get the latest news, tips and information. "Like" us on Facebook or follow @PriorityHealth on Twitter and Pinterest.

¹Out-of-network/non-contracted providers are under no obligation to treat Priority Health Medicare members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. ²Priority Health Medicare's pharmacy network offers limited access to pharmacies with preferred cost sharing in Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call Customer Service at 888.389.6648, TTY users call 711, or consult the online pharmacy directory at prioritymedicare.com. ³According to the 2015 Medicare Advantage Health and Drug Plan Disenrollment Reasons Survey Results issued by the Centers for Medicare and Medicaid Services (CMS), August 2016. Results for HMO-POS plans. Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits premiums and/or co-payments may change on January 1 of each year. You must continue to pay your Part B premium. Employer group plans may not offer all benefits. Y0056_4000_4009_1700 CMS-accepted 09202016 ©2016 Priority Health 9292A 09/16. Priority Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.389.6648 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 8466.983.888 (رقم هاتف الصم والبكم: 117).