



# Understanding Health Savings Accounts

**Terms, tips and tools to help you maximize your investment.**





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# Let's navigate health savings accounts together.

This guide is designed to explain what a health savings account (HSA) is, how it works and what it means to have one.

We want to teach you how to contribute to your HSA and how to pay for your health care expenses so you can get the most out of your HSA while receiving the best care possible.

*Please refer to the “terms to know” section on pg. 8 to learn any unfamiliar terms.*

## What is a health savings account?

An HSA is a savings account designed to help pay for your medical expenses. Unlike traditional savings accounts, HSAs pair with high-deductible health plans (HDHPs)—health insurance plans that have higher deductibles, and in turn, generally lower monthly premiums.

## Why open an HSA?

HSAs work with HDHPs to help cover the costs of care. HSAs are extremely flexible and tax-free—they're even backed by the federal government, like traditional savings accounts. If you choose an HDHP, you're eligible to open an HSA.

HSAs work well for many people because they have a triple tax advantage:

- The money you or your employer deposits is tax-free (up to a capped amount).
- The money you withdraw to pay for qualified medical services is tax-free.
- The money in your HSA can grow and earn interest tax-free.

Your balance rolls over from year to year, which means you can invest in your HSA, and it can even help fund your retirement.



**HSA eligibility**

## Who's eligible for an HSA?

The government regulates eligibility for opening and contributing to an HSA account.



**You must be enrolled in a high-deductible health plan.**



**You aren't enrolled in Medicare or any other non-HDHP plan.\***



**You're not claimed as a dependent on someone else's tax return.**

*\*Refer to pg. 7 for additional plans and HSA eligibility*

## What qualifies as an HDHP?

According to the IRS, high-deductible health plans:

- Must meet a minimum deductible set by the IRS each year (Go to [irs.gov](https://www.irs.gov) for more.)
- Must limit out-of-pocket expenses
- Can use any plan design: HMO/EPO, POS or PPO
- Require you to meet the deductible before the health plan benefits apply—all covered medical and prescription costs count toward the deductible
- Are allowed to include preventive care services at no cost before the deductible is met
- Cover standard services, such as physician services, hospital services, preventive care, prescription drugs, etc.
- Pay all medical and prescription drug services included in your plan in full for the rest of the year once you meet the out-of-pocket maximum

## Additional plans and HSA eligibility

You're generally eligible for an HSA if you have an HDHP without any additional (non-HDHP) plans, aren't a Medicare member and aren't claimed as a dependent on another individual's tax return. It's your responsibility to make sure you don't have coverage under any other non-HDHP plans. However, there are exceptions in which you can belong to other plans or programs and maintain HSA eligibility. The following plans shouldn't disqualify you from contributing to an HSA:

- Most employer wellness programs
- Other insurance types—auto, dental, vision, disability, specific insurance for illness or disease
- Long-term care insurance
- Limited-purpose FSA or HRA plans (See pg. 7 for more on this.)



## A closer look at HDHPs

As the name indicates, the deductible in an HDHP is high. Minimum deductibles for HDHPs are based on the Consumer Price Index. To see the current minimum annual deductibles for individual and family policies, go to [priorityhealth.com/member](https://priorityhealth.com/member).

If you're on a family HDHP, which includes two or more people on the policy, the entire family's covered medical expenses go toward the deductible. Most of Priority Health's HSA deductibles are aggregate, meaning that an individual can receive benefits after meeting the family deductible or out-of-pocket limit. Some HSA deductibles are embedded, which means the plan contains an individual limit, or stop, within the family total. The embedded stop occurs when an individual's deductible or out-of-pocket limit has been met but the family deductible or out-of-pocket limit has not. This allows the individual to receive benefits without meeting the family deductible.

Keep in mind that if you switch health plans from an HDHP to something else, you're immediately ineligible to contribute to your HSA. The HSA remains yours, and you can continue to pay for health care services using this account, but you can't make new contributions until you become eligible again.

## Remember, your HSA is tax-free

Whatever you, your family members or your employer choose to contribute to your HSA is tax-free. Your HSA collects interest and grows tax-free. When you withdraw from your HSA to pay for qualified health care costs—you guessed it—those are tax-free, too.

## PriorityHSA

PriorityHSA<sup>SM</sup> is a high-deductible health plan that can be paired with an HSA to help pay for qualified medical expenses. Although PriorityHSA administers the medical benefits, it does not administer the HSA—your HSA banking partner does. You can use money in your account at any time on qualified medical expenses not paid for by the PriorityHSA plan.

**Priority Health has no access to information related to your HSA funds. If you have questions about your HSA bank account or qualified medical expenses, contact your banking partner.**

The benefits of PriorityHSA:

- ✓ Free banking—HealthEquity, our banking partner, helps you set up and manage your HSA account. Priority Health is one of the few carriers in Michigan offering this service at no cost to you. Talk to your employer about banking options for your HSA.
- ✓ Preventive care is 100% covered (even before meeting your deductible) when you use doctors and other health care providers in the Priority Health network.
- ✓ You can make fixed HSA contributions to ensure you have money set aside to pay for qualified medical expenses.
- ✓ Triple tax advantage: All contributions, account earnings and money withdrawn to pay for eligible medical expenses are tax-free.
- ✓ Emergency and urgent care services are covered wherever you travel.
- ✓ Maximize your savings by pairing your HSA with a limited flexible spending arrangement, if offered. We partner with HealthEquity to offer FSA solutions to our members.

Go to [priorityhealth.com/member](https://priorityhealth.com/member) and search "HSA" to learn more.

## Other funding accounts and HSA eligibility

Limited-purpose flex spending accounts (LPFSAs) or limited-purpose health reimbursement arrangements are the only additional funding accounts you can have to remain eligible for an HSA. A limited-purpose FSA or HRA only covers non-medical expenses, such as eligible dental and vision expenses, for you, your spouse and covered dependents. If you're contributing to a traditional FSA or HRA, you'll lose your eligibility to have an HSA. The same applies if you're part of your spouse's traditional FSA or HRA. Having a limited-purpose FSA or HRA allows you to pay for dental and vision expenses while your HSA account continues to grow. With both, you can save more money for your health care costs or funds for the future, tax-free.

Here are some differences between HSAs, FSAs and HRAs:

HSA	FSA	HRA
You, your employer or anyone else can contribute to your account	You or your employer can contribute to your account	Only your employer can contribute to your account
You own the account	Your employer owns the account	Your employer owns the account
Funds roll over automatically at the end of each year	Your employer may allow funds to roll over up to a certain amount	Your employer may allow funds to roll over
Funds are available when deposits are made to the account	Funds are available at the start of your plan	Funds may be available at the start of your plan as a lump sum or as deposits are made
Must be used with a qualified HDHP	No plan requirements	Generally allowed with the plan set by your employer
You can take the funds with you if you change jobs	You lose the funds if you change jobs	You may be able to take the funds with you at your employer's discretion

### A quick breakdown of funding accounts

Your employer may offer other types of funding accounts, and it's important to identify which of these can be combined with an HSA.

**FSA**

**FLEX SPENDING ACCOUNT**

*An employer-funded flexible spending account (FSA), also called a flex spending arrangement, is a special account you put pre-tax money into to pay for certain out-of-pocket health costs.*

**HRA**

**HEALTH REIMBURSEMENT ACCOUNT**

*A health reimbursement account (HRA), also called a health reimbursement arrangement, is an employer-funded account from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year.*

**LPFSA**

**LIMITED-PURPOSE FSA**

*A limited-purpose FSA is a flexible spending account that only reimburses you for eligible dental and vision expenses when you're enrolled in an HDHP as well as an HSA.*

## Can family members be on additional plans?

Yes. Unlike you, your spouse and dependents can have other insurance plans without affecting your HSA eligibility. However, if you're covered under your spouse's FSA or HRA, you can lose your eligibility.

**Coinsurance**

After you've paid your deductible, coinsurance is your portion of the cost for medical services listed as benefits in your plan, or prescriptions listed in the approved drug list.

**Copayments**

A copayment, or copay, is the portion you pay at the time you receive a health care service or have a prescription filled. If you have an HDHP, you most likely won't have a copay until after you reach your deductible for the year.

**Deductible**

Your deductible is the amount you pay each year for health care services before your health plan starts to pay for medical services listed as benefits in your plan or prescriptions listed in the approved drug list.

**High-deductible health plan**

According to [healthcare.gov](https://www.healthcare.gov), an HDHP is "a plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs yourself before the insurance company starts to pay its share (your deductible)."

**In-network**

The specific doctors, hospitals, medical centers or labs that your insurance company contracts with to provide health care services are known as in-network.

**Out-of-network**

Other doctors, hospitals, medical centers or labs that are not contracted with your insurance company. Other doctors, hospitals, medical centers or labs that are not contracted with our insurance company are known as out of network. Out-of-network services generally cost you more, as they're not part of your health plan or network. are known as out-of-network.

**Out-of-pocket limit**

This is your annual maximum cost. It's the most you'll pay for health care services including copays, coinsurance and prescription costs in one year.

**Premium**

The monthly amount you or your employer pays to keep your health insurance plan active.

**Special enrollment period (SEP)**

The time frame, generally between 30 and 60 days depending on your plan, during which you can enroll or make changes to your health plan coverage, and that is outside the yearly open enrollment period (when you sign up for health insurance). You qualify for a special enrollment period if you've had certain life events including starting a new job, getting married, having a baby or adopting a child.

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**Know your plan**

Your HDHP can include the following benefit plans:

**HMO (health maintenance organization)**

You select your primary care doctor within your network of participating providers in this managed-care plan. Once selected, your primary care doctor provides most of your care. You stay in-network to receive additional care as well.

**PPO (preferred provider organization)**

You can receive care in-network or outside your network of participating providers. However, your plan will not pay for care the same way and out-of-network care is generally more expensive, meaning you will pay a larger share of the costs.

**POS (point-of-service)**

You can visit a doctor associated with your plan and pay lower costs or receive care from an unaffiliated provider, in which case you'll pay a larger portion of the costs.





**Managing  
your HSA**

## Opening an HSA account

You can open an HSA account the moment your HDHP takes effect. If you're in the process of enrolling in an HDHP, you can begin your HSA paperwork and have your deposit ready. If your employer contributes to your HSA, it may require you to open an account through its banking institution. If you decide to open an account at another institution, you have the freedom to do so, but keep in mind you may have to forfeit employer contributions to your HSA. If it doesn't have a preferred bank, try your own bank or credit union. Some banks may even pay interest on HSA accounts. At Priority Health, we partner with HealthEquity®, the leader in HSA banking, to offer services to you at no cost.

Go to [healthequity.com/priorityhealth](https://healthequity.com/priorityhealth) to learn more.

The IRS must verify your HDHP enrollment before you can establish an HSA. It checks your status on the first of the month to see when you enrolled, so remember to open your HSA account on or after the first day of the month you enroll in an HDHP.

.....  
*Example:*

*If your HDHP policy becomes effective on Valentine's Day (February 14), the earliest you can open your HSA is March 1.*  
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Now that you've established your HSA, it's time to start contributing to it. The following section explains how to contribute and invest to grow your HSA.

## Depositing money

As the owner of your HSA, you decide:

- How much to contribute to your account
- How to invest your funds
- How much to spend from your account
- What qualified medical expenses to spend your money on
- Whether to spend now or save for future expenses

No matter who contributes to your HSA, the money in it is all yours. What's more, it stays in your account even if you change jobs, move or retire. The only thing you can't do is borrow against it or pledge funds. If you borrow against your HSA account by purchasing non-qualifying medical expenses, you'll be subject to taxes and fees.

Contribute to your HSA just as you would a checking or savings account, but remember: the money you put in your HSA account is pre-tax, meaning that the entire amount makes it into your account before the government takes a portion—as it would on your paycheck, for example.

While you're probably the largest contributor to your HSA, you don't have to be the only contributor. Your employer can pay into your account, and so can any other individual who would like to help fund your account (e.g., spouse, family member or friend). However, it's up to you to make sure you don't exceed the annual allowed contribution limit set by the IRS, regardless of who's contributing.

## Avoid overages at all costs

It's important to keep track of the amount deposited in your HSA to avoid penalties set by the government for going over the annual contribution limit. Overages also include contributions you make when you're not eligible, such as contributions made during a period in which you don't belong to an HDHP. If you're \$100 over your limit, you'll have to withdraw that amount, along with any others, from your account before the tax deadline. If not, you will pay a 6% excise tax, or per-unit tax, for each year that goes by and you'll pay taxes on any amounts that would otherwise be tax-free.

If you're 55 or older and not enrolled in Medicare, you may make catch-up contributions to your HSA, up to \$1,000 more every year. When you enroll in Medicare, typically at age 65 or older, you no longer can contribute to your HSA; however, you can continue to invest the money in your account and use the funds for qualified medical expenses, including many Medicare premiums, tax-free.

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**Take advantage of cafeteria plans.** Check to see if your employer has a Section 125 plan, also known as a cafeteria plan. Cafeteria plans let you choose the benefits you want and deduct the cost of those benefits from your salary before payroll deducts your income taxes. In other words, cafeteria plans let you deposit pre-tax contributions directly to your HSA.

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## Does enrolling mid-year affect contribution limit amounts?

The IRS determines HSA contribution limits on a tax-year (calendar-year) basis. Like eligibility, you establish contribution limits based on the active date of your HDHP and may either contribute a prorated amount or take advantage of the IRS full-contribution rule. For instance, if your HDHP becomes active December 1, you can contribute for up to your full yearly maximum. However, if you become ineligible before December 31 the following year, the IRS considers some or all of those contributions excess and therefore subject to income tax and penalty fees. If you are not certain you will still be enrolled in your HDHP during the entire next tax year, consider prorating your contribution.

### DOING THE MATH

Use these steps to calculate your prorated personal contribution limit:

- 1 Divide your total annual contribution limit (based on your individual or family plan) by 12 months.
- 2 Multiply that by the number of months for which you qualify that year. *Example: if you're effective October 1, use three months.*
- 3 Check to make sure you're not contributing more money to your HSA than your prorated amount for that year.



## Investing in your HSA

Similar to an IRA, you can invest money from your HSA in stocks, bonds, mutual funds and certificates of deposit. These investment types can help you grow your HSA.

According to regulations, the institution that holds your HSA investment is either a custodian or a trustee. You can place your HSA in a trust, which makes the institution a “trustee” that can invest in your account for you. Your institution may simply be a “custodian” that holds funds for you and makes changes at your request. Either way, you’re in control. It’s best to discuss which type of investments work for you with the institution holding your HSA.

As long as the institution is a federally insured bank, a federally insured credit union or a qualified insurance company, it can handle your HSA investments. It will be responsible for sending you important tax forms and distribution reports at the end of the year so you can file accordingly.

We recommend that you discuss investments with your institution before you make any. Be sure to ask if your HSA has any monthly or setup fees, as many institutions charge to oversee your account.

## Tax tips

### Keep your receipts

To write off your HSA contributions at tax time, you don’t have to itemize your deductions. You take an above-the-line deduction by writing your contribution total on the designated line of your 1040 form and attaching a Form 8889, found at [irs.gov](https://www.irs.gov). If you choose to itemize deductions on your tax return, save all receipts for health care expenses. Your receipts help you show the IRS that you’re spending funds from your HSA on qualified medical expenses.

### Keep track of your explanation of benefits

Explanation of benefits, or EOBs, are important for your records. Priority Health sends an EOB whenever you receive a health service. While it’s not a bill, an EOB shows what your health plan paid and how much you owe toward qualified medical expenses. If you’re a Priority Health member, you can also access and print all of your EOBs from your member account by logging in at [priorityhealth.com](https://priorityhealth.com) or request copies by calling the number on the back of your membership ID card.

# Five tips to maximize your HSA



**Spend on  
qualified medical  
expenses only**



**Contribute as much, and as  
often, as possible (up to the  
contribution limit)**



**Save your  
receipts**



**Make tax-free  
deposits**



**Invest wisely**





**Spending  
your HSA**



## Enjoy tax-free spending

Remember, just as contributing and investing toward your HSA are tax-free, so is spending from it. The main thing to consider when spending your HSA funds is making sure you're paying for qualified medical services or expenses. According to the IRS, a qualified medical expense is money you pay to primarily prevent or treat a physical or mental illness. You'll find a list of qualified medical expenses at [priorityhealth.com/member](https://priorityhealth.com/member) or at [irs.gov](https://irs.gov). These services include optical, dental and hearing, but come with caveats and exceptions, including expenses that even your health plan doesn't cover; be sure to study the list of qualified services at length.

You can't use your HSA to pay your health insurance premiums, unless:

- You're receiving federal or state unemployment benefits
- You're paying for COBRA continuation of coverage
- You're paying Medicare premiums
- You're paying a qualified long-term care insurance policy

Most HSAs include a checkbook or debit card. Either can be used to pay for medical services at the time you receive them or afterward, in the event that you're invoiced. You can use HSA funds to reimburse yourself for a previous year's expenses—as long as your HSA was established on or before the date of the expense. You can go back any number of years, which is why it's important to keep good records and hold onto receipts for all qualified medical services.

To reimburse yourself, you must prove that:

- You incurred the expenses
- You haven't received reimbursement
- Someone else didn't pay the expense already
- You haven't itemized and deducted the expense on your tax return

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**Leaving your HDHP.** *If you decide to enroll in a more traditional plan, it makes you ineligible to contribute to your HSA, but you still own your HSA and can continue to use it on qualified medical expenses—tax-free.*

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## Know your qualified medical expenses

It's important to understand which medical expenses are qualified, because paying for unqualified expenses, such as cosmetic surgery, with your HSA account can be costly. The IRS will add taxes and penalties each time you pay for something you shouldn't. Find qualified medical

### **Remove guesswork and reduce costs with Cost Estimator.**

Did you know the price of a procedure can vary depending on where it's performed?

Want to know what health care services will cost you?

You can with our Cost Estimator. It's a valuable tool in your member account that allows you to see what in-network facilities charge for common services and your out-of-pocket share, based on your plan—this puts you in control of how you spend your money.

Find Cost Estimator in your member account. Use it to search by procedure, at locations near you.

***Download the Priority Health app today to access your health information anytime, anywhere. Available in the App Store and Google Play.***

expenses at [priorityhealth.com/member](https://priorityhealth.com/member).

## Paying penalties

While we express the importance of spending your HSA funds solely on qualified medical expenses, you may use funds for other financial emergencies—but it'll cost you. The following requirements may apply when you spend outside the rules:

- Claim the amount on your income taxes
- Pay income tax on the amount
- Pay a 20% penalty on top of taxes

If you're 65 or older (or disabled) you are not liable for penalties.

You also can't pay for medical expenses that happened before you started your HSA.

## Paying for your family

A big advantage of an HSA account is that you can spend funds on the qualified medical expenses of your spouse and any tax dependents, even if they're not covered on your HDHP.

## Reaching retirement

Once you enroll in Medicare, you're no longer eligible to establish an HSA. You can't contribute to your existing HSA, either. However, you can use what's in your existing account to pay for a wider range of medical services than before, including:

- Paying any Medicare premiums, deductibles, copays and coinsurance costs (not including premiums for supplemental insurance plans)
- Paying for company retiree benefits premiums

Your HSA can also become a source of retirement income. If you're age 65 or over, you can spend your HSA money on anything, as you're no longer bound to qualifying medical expenses. However, the amount you use toward non-medical things is subject to tax.

In the event of death, if you have money in your HSA, the balance will go to your beneficiary. If your surviving beneficiary is your spouse, they may treat the HSA as their own. For any other beneficiary, the HSA is dissolved into your estate and may be subject to tax. Your beneficiary has one year to use the remaining funds to pay for any qualified medical expenses you made leading up to your death, which is deducted from the taxable portion of the remaining balance.

## Your balance carries over. Keep money in your account as long as you'd like.

Like with any savings account, the money in your HSA is yours to keep. Your balance rolls over annually and will continue to grow tax-free (if you're investing it) until you decide to use the funds. You're not required to spend from it, and can save your HSA funds as long as you'd like.

## Find even more HSA resources online

At Priority Health, we're committed to lowering the cost of care. We created this guide to help you control out-of-pocket costs by better understanding how to open and use an HSA. To download a digital copy of this guide or get more information including the how-to video, go to [priorityhealth.com/member](https://priorityhealth.com/member) and search "HSA." To stay up to date on ongoing HSA practices, go to [thinkhealth.priorityhealth.com](https://thinkhealth.priorityhealth.com) and search "HSA."

**If you have any additional questions regarding HSAs or your health plan, please call the phone number on the back of your member ID card.**



# NOTICE OF NONDISCRIMINATION AND LANGUAGE ASSISTANCE SERVICES

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. Priority Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Federal law requires that we provide you with this Notice of Nondiscrimination and Language Assistance Services.

## Free aides and services

Priority Health provides free aides 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)

Priority Health provides 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, contact Priority Health customer service by calling the number at the back of your membership ID card (TTY users call 711).

## To file a civil rights grievance

If you believe that Priority Health 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:

Priority Health Compliance Department  
Attention: Civil Rights Coordinator  
1231 East Beltline Ave NE  
Grand Rapids, MI 49525-4501  
Toll free: 866.807.1931 (TTY users call 711), Fax: 616.975.8850  
[PH-compliance@priorityhealth.com](mailto:PH-compliance@priorityhealth.com)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Priority Health 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](https://ocrportal.hhs.gov) 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 (TDD)

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 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。請撥打會員卡背面的客服電話 (TTY: 711)。

සටහන: ඔබ සිංහල භාෂාවෙන් කතා කරන්නේ නම්, ඔබට නිවැරදි භාෂා සහාය සේවාවක් නොමිලේ ලබා ගත හැකිය. සේවා සහාය සේවාව සඳහා ඇතුළත් වන්න. (අසව හා අසව නොවන අය සඳහා: 711).

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin hãy gọi tới số điện thoại của bộ phận dịch vụ khách hàng có ở mặt sau thẻ ID thành viên của quý vị. (TTY: 711).

KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Ju lutem kontaktoni qendrën e shërbimit për klient në pjesën e pasme të ID kartës tuaj të anëtaresimit (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 멤버십 ID카드의 뒷면에 있는 고객 서비스 번호로 전화해 주십시오. (TTY: 711)

লক্ষ্য করুন: আপনি বাংলায় কথা বলতে পারলে আপনার জন্য নিঃখরচায় ভাষা সহায়তা সেবা সুলভ রয়েছে। অনুগ্রহ করে আপনার সদস্যপদ আইডি কার্ডের পেছনে থাকা গ্রাহক সেবা নম্বরে কল করুন। (TTY: 711)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer telefonicznej obsługi klienta wskazany na odwrocie Twojej legitymacji członkowskiej (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienste zur Verfügung. Bitte rufen Sie die Kundendienstnummer auf der Rückseite Ihrer Mitgliedskarte an. (TTY: 711).

ATTENZIONE: se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero sul retro della tessera identificativa di membro. (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。メンバーシップIDカードの裏面にあるお客様サービスセンターの番号までお電話にてご連絡ください。(TTY: 711).

ВНИМАНИЕ! Если Вы говорите на русском языке, то Вам доступны услуги бесплатной языковой поддержки. Пожалуйста, позвоните в службу поддержки клиентов по номеру, указанному на обратной стороне Вашей идентификационной карточки участника (телетайп (TTY: 711)).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Molimo nazovite broj službe za korisnike na pozadini vaše članske iskaznice (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, ng libre, ay available para sa iyo. Pakitawan ang numero ng customer service sa likod ng iyong ID card ng pagiging miyembro. (TTY: 711).

