

BENEFIT SUMMARY



Administered by - Cigna Health and Life Insurance Co.
For - Uplift Education
Open Access Plus Plan
OAPIN High Plan
Effective - 09/01/2026

Selection of a Primary Care Provider - your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

Direct Access to Obstetricians and Gynecologists - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Plan Highlights

In-Network

Lifetime Maximum	Unlimited
Plan Year Accumulation	Your plan's deductibles, out-of-pockets and benefit level limits accumulate on a plan year basis unless otherwise stated.
Plan Coinsurance	Plan pays 70%
Plan Deductible	Individual: \$2,500 Family: \$5,000
<ul style="list-style-type: none"> Benefit copays/deductibles always apply before plan deductible and coinsurance. Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance. <p>Note: Services where plan deductible applies are noted with a caret (^).</p>	
Plan Out-of-Pocket Maximum	Individual: \$8,150 Family: \$16,300
<ul style="list-style-type: none"> Plan deductible contributes towards your out-of-pocket maximum. All benefit copays/deductibles contribute towards your out-of-pocket maximum. Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. This plan includes a combined Medical/Pharmacy out-of-pocket maximum. 	

09/01/2026
 ASO
 Open Access Plus - OAPIN High Plan

Benefit**In-Network**

Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

Physician Services - Office Visits

Primary Care Physician (PCP) Services/Office Visit	\$30 copay, and plan pays 100%
Specialty Care Physician Services/Office Visit	\$70 copay, and plan pays 100%
Surgery Performed in Physician's Office	Covered same as Physician Services - Office Visit

Virtual Care**Dedicated Virtual Providers - MDLIVE**

MDLIVE Urgent Virtual Care Services	\$30 copay, and plan pays 100%
MDLIVE Primary Care Services	\$30 copay, and plan pays 100%
MDLIVE Specialty Care Services	\$70 copay, and plan pays 100%

- Primary Care cost share applies to routine care. Virtual wellness screenings are payable under Preventive Care.
- For MDLIVE Behavioral Services, please refer to the Mental Health and Substance Use Disorder section (below).
- Lab services supporting a virtual visit must be obtained through dedicated labs.
- Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies.

Virtual Physician Services - Office Visits

Primary Care Physician (PCP) Services/Office Visit	\$30 copay, and plan pays 100%
Specialty Care Physician Services/Office Visit	\$70 copay, and plan pays 100%

- Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services).
- Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting.

Convenience Care Clinic

Convenience Care Clinic	\$30 copay, and plan pays 100%
--------------------------------	--------------------------------

Preventive Care

Preventive Care Office Visit	Plan pays 100%
Preventive Services	Plan pays 100%

- Includes preventive Mammograms, Papanicolaou (Pap), Prostate Specific Antigen (PSA) tests and colorectal screenings.
- Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.

Immunizations	Plan pays 100%
----------------------	----------------

Benefit**In-Network**

Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

Inpatient**Inpatient Hospital Facility Services**

Plan pays 70% ^

Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Pharmaceutical Drugs

Inpatient Hospital Physician's Visit/Consultation

Plan pays 70% ^

Inpatient Professional Services

Plan pays 70% ^

- For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists

Outpatient**Outpatient Facility Services**

Plan pays 70% ^

Outpatient Professional Services

Plan pays 70% ^

- For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists

Emergency Services**Emergency Room**

- Includes ER Physician Charges, Lab and Radiology including Advanced Radiological Imaging (ARI)

Plan pays 70% ^

Urgent Care Facility

- Includes Physician Charges, Lab and Radiology

\$50 copay, and plan pays 100%

Ambulance

Plan pays 70% ^

Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.

Ambulance - Mental Health and Substance Use Disorder

Plan pays 70% ^

- Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.

Inpatient Services at Other Health Care Facilities**Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities**

- Annual Limit: 60 days

Plan pays 70% ^

Laboratory Services**Physician's Services/Office Visit**

Covered same as Physician Services - Office Visit

Independent Lab

Plan pays 70% ^

Outpatient Facility

Plan pays 70% ^

Radiology Services**Physician's Services/Office Visit**

Covered same as Physician Services - Office Visit

Outpatient Facility

Plan pays 70% ^

Advanced Radiological Imaging (ARI)

Includes MRI, MRA, CAT Scan, PET Scan, etc.

Outpatient Facility

Plan pays 70% ^

Physician's Services/Office Visit

Plan pays 70% ^

09/01/2026

ASO

Open Access Plus - OAPIN High Plan

Benefit

In-Network

Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

Outpatient Therapy Services

Outpatient Physical Therapy, Speech Therapy, Hearing Therapy and Occupational Therapy

\$70 copay, and plan pays 100%

Annual Limits:

- All Therapies Combined – Includes Physical, Speech, Hearing and Occupational Therapies – 35 visits - combined with Chiropractic Care

Note: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum.

Chiropractic Care

Plan pays 70% ^

Annual Limit:

- Chiropractic Care – 35 visits - combined with Outpatient Physical Therapy, Speech Therapy, Hearing Therapy and Occupational Therapy

Hospice

Inpatient Facilities

Plan pays 70% ^

Outpatient Services

Plan pays 70% ^

Note: Includes Bereavement counseling provided as part of a hospice program.

Medical Pharmaceutical Drugs

Cigna Pathwell Specialty® Medical Pharmaceuticals

Plan pays 70% ^

Other Medical Pharmaceuticals

Plan pays 70% ^

- Cigna Pathwell Specialty® Medical Pharmaceuticals are only covered when administered by a Cigna Pathwell Specialty® designated provider.
- This benefit only applies to the cost of Medical Pharmaceutical drugs administered. Related Facility, Office Visit or Professional charges are covered according to the plan design.

Family Planning

Women's Services

Plan pays 100%

Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)

Men's Services

Coverage varies based on Place of Service

Includes surgical sterilization services, such as vasectomy (excludes reversals)

Abortion

Abortion Services

Coverage varies based on Place of Service

Note: Non-elective procedures only

Benefit**In-Network**

Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

Infertility**Infertility Treatment**

Note: Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.

Outpatient Dialysis Services**Physician's Services/Office Visit**

Covered same as Physician Services - Office Visit

Home Dialysis

Note: Dialysis visits will not accumulate to Home Health Care maximum

Covered same as plan's Home Health Care benefit

Outpatient Facility Services

Covered same as plan's Outpatient Facility Services benefit

Outpatient Professional Services

Covered same as plan's Outpatient Professional Services benefit

Other Health Care Facilities/Services**Home Health Care**

Plan pays 70% ^

- Annual Limit: 60 visits (The limit is not applicable to mental health and substance use disorder conditions.)

Organ Transplants

Covered same as Inpatient benefit

- Services paid at in-network level if performed at Cigna LifeSOURCE Transplant Network® facilities.
- Travel Maximum - Cigna LifeSOURCE Transplant Network® facility only: \$10,000 maximum per Transplant per Lifetime

Condition-Specific Care

Plan pays 100%

- Must be enrolled in the Condition-Specific Care program for orthopedic treatment prior to surgery and receive care from a specifically designated provider in order to qualify.
- Includes specific services for surgery, including Facility and Professional charges from admission through discharge. Some limitations may apply.
- Travel Maximum - \$600 per procedure

Durable Medical Equipment and External Prosthetic Appliances

Plan pays 70% ^

- Annual Limit: Unlimited

Breast Feeding Equipment and Supplies

Plan pays 100%

- Limited to the rental of one breast pump per birth as ordered or prescribed by a physician
- Includes related supplies

Temporomandibular Joint Disorder (TMJ)

Coverage varies based on Place of Service

- Annual Limit: Unlimited for Surgical and Non-Surgical treatment

Note: Provided on a limited, case-by-case basis. Excludes appliances and orthodontic treatment.

Hearing Aids

Plan pays 70% ^

- Annual Limit: Unlimited
- Maximum of 2 devices (1 per ear) per 36 months
- Includes testing and fitting of hearing aid devices

09/01/2026

ASO

Open Access Plus - OAPIN High Plan

Note: Services where plan deductible applies are noted with a caret (^).

Mental Health and Substance Use Disorder

Inpatient Mental Health	Plan pays 70% ^
Outpatient Mental Health - Physician's Office	\$30 copay, and plan pays 100%
Outpatient Mental Health - MDLIVE Behavioral Services	\$30 copay, and plan pays 100%
Outpatient Mental Health - All Other Services	Plan pays 70% ^
Inpatient Substance Use Disorder	Plan pays 70% ^
Outpatient Substance Use Disorder - Physician's Office	\$30 copay, and plan pays 100%
Outpatient Substance Use Disorder - MDLIVE Behavioral Services	\$30 copay, and plan pays 100%
Outpatient Substance Use Disorder - All Other Services	Plan pays 70% ^

Annual Limits:

- Unlimited maximum

Notes:

- Inpatient includes Acute Inpatient and Residential Treatment.
- Outpatient - Physician's Office and MDLIVE Behavioral Services - may include Individual, family and group therapy, psychotherapy, medication management, etc.
- Outpatient - All other services - may include partial hospitalization, intensive outpatient services, Applied Behavior Analysis (ABA therapy), etc.

Important Note on Mental Health and Substance Use Disorder Coverage: Covered medical services listed above, which are received to diagnose or treat a Mental Health or Substance Use Disorder condition will be payable according to this section titled "Mental Health and Substance Use Disorder."

Pharmacy

In-Network

Cost Share and Supply

Pharmacy Cost Share

- Retail – up to 90-day supply (except Specialty up to 30-day supply)
- Home Delivery – up to 90-day supply (except Specialty up to 30-day supply)
- If you receive a supply of 34 days or less at home delivery of a Specialty Prescription Drug, the Specialty home delivery cost share will be adjusted to reflect a Retail (per 30-day supply) cost share.

Retail (per 30-day supply):

Generic: You pay \$15
 Preferred Brand: You pay \$30
 Non-Preferred Brand: You pay \$60

Retail and Home Delivery (per 30-day supply):

Specialty: You pay \$80

Retail and Home Delivery (per 90-day supply):

Generic: You pay \$45
 Preferred Brand: You pay \$90
 Non-Preferred Brand: You pay \$180

- **Cigna 90 Now CVS:** Retail drugs for a 30-day supply may be obtained in-network at a wide range of pharmacies across the nation although prescriptions for a 90-day supply (such as maintenance drugs) will be available at select network pharmacies. Walgreens will be considered out-of-network for a 90-day supply.
- This plan will not cover out-of-network pharmacy benefits.
- Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or network home delivery pharmacy. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan.
- Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.
- When you request a brand drug, you pay the brand cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug (unless the physician indicates "Dispense As Written" DAW) (MAC B).
- Your pharmacy benefits share an out-of-pocket maximum with the medical/behavioral benefits.

Pharmacy Deductible

Individual: \$100
 Family: \$200

Drugs Covered

Prescription Drug List:

Your Cigna Performance Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com.

Some highlights:

- Coverage includes self administered injectable drugs, but excludes infertility drugs.
- Contraceptive devices and drugs are covered with federally required products covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.
- Lifestyle drugs are covered - limited to sexual dysfunction.
- Prescription smoking cessation drugs are covered.
- Prescription vitamins are covered.

Pharmacy Program Information

Pharmacy Clinical Management: Essential

Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:

- Prior authorization requirements
- Step therapy on select classes of medications and drugs new to the market
- Quantity limits, including maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- Current users of step therapy medications will be allowed one 30-day fill during the first three months of coverage before step therapy program applies.
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- For customers with complex conditions taking a specialty medication, we will offer Accredo Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling. For customers taking a specialty medication not dispensed by Accredo, Cigna experts will offer this important specialty medication and condition counseling.

Patient Assurance Program

Your plan includes the Patient Assurance Program, which waives the deductible and reduces the amount you owe for certain medications used to treat chronic conditions included in the program. Additionally:

- Any amount you pay for these medications only count toward meeting your out-of-pocket maximum.
- Any discount provided by a pharmaceutical manufacturer for these medications only count toward meeting your out-of-pocket maximum.

Additional Information

Cigna Diabetes Prevention Program in collaboration with Omada

Cigna Diabetes Prevention Program in collaboration with Omada is a program to help you avoid the onset of diabetes, as well as health risks that might lead to heart disease or a stroke. The program is covered by your health plan at the preventive level, just like for your wellness visit. Program participants have access to a professional virtual health coach, an online support group, interactive lessons, and a smart-technology scale. The program will help you make small changes in your eating, activity, sleep, and stress to achieve healthy weight loss through a series of 16 weekly lessons and tools to help you maintain weight loss over time. You will also be offered the opportunity to join a gym for a low monthly fee and no enrollment fee.

09/01/2026

ASO

Open Access Plus - OAPIN High Plan

Additional Information

Out-of-Network Emergency Services Charges

1. Emergency Services are covered at the in-network cost-sharing level as required by applicable state or federal law if services are received from a non-participating (out-of-network) provider.
2. The allowable amount used to determine the plan's benefit payment for covered Emergency Services rendered in an out-of-network hospital, or by an out-of-network provider in an in-network hospital, is the amount agreed to by the out-of-network provider and Cigna, or as required by applicable state or federal law.

The member is responsible for applicable in-network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the out-of-network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

Medicare Coordination

In accordance with the Social Security Act of 1965, this plan will pay Secondary to Medicare Part A and B as follows:

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent Spouse and/or Dependent Child(ren), including a former Employee's Domestic Partner, or a COBRA continuant (whose insurance is continued for any reason), and who is also eligible for Medicare due to age or disability;
- (b) an Employee's Domestic Partner who is also eligible for Medicare due to age;
- (c) an Employee, a former Employee, an Employee's or former Employee's Dependent Spouse and/or Dependent Child(ren), an Employee's Dependent, including a Domestic Partner, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

When a person is eligible for Medicare A and B as described above, this plan will pay as the Secondary Plan to Medicare Part A and B **regardless if the person is actually enrolled in Medicare Part A and/or Part B and regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.**

One Guide

Available by phone or through myCigna mobile application. One Guide helps you navigate the health care system and make the most of your health benefits and programs.

Out-of-Area Services

- Coverage for services rendered outside a network area
- ER and Ambulance paid the same as network services
- Preventive care services covered at 100% for out-of-area
- In-network deductible and out-of-pocket maximums apply.

For all other services, plan pays 60% after the in-network deductible is met

Complete Care Management

Pre-authorization is required on all inpatient admissions and selected outpatient procedures, diagnostic testing, and outpatient surgery. Network providers are contractually obligated to perform pre-authorization on behalf of their customers.

Pre-Existing Condition Limitation (PCL) does not apply.

Well-Being Solution: Core Plus

- Health assessment
- Device/app integration
- Personalized online content and data-driven actions
- Social connections/challenges

Definitions

Coinsurance - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.

Copay - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

Deductible - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

Out-of-Pocket Maximum - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.

Place of Service - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

Prescription Drug List - The list of prescription brand and generic drugs covered by your pharmacy plan.

Professional Services - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists

Transition of Care - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

Exclusions

What's Not Covered (This Is Not All Inclusive; check your plan documents for a complete list)

- Services that aren't medically necessary
- Experimental or investigational treatments, except for routine patient care costs related to qualified clinical trials as described in your plan document
- Accidental injury that occurs while working for pay or profit
- Sickness for which benefits are paid or payable under any workers' compensation or similar law
- Services provided by government health plans
- Cosmetic surgery, unless it corrects deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption
- Dental treatments and implants
- Custodial care
- Surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses
- Vision therapy or orthoptic treatment
- Reversal of sterilization procedures
- Nonprescription drugs or anti-obesity drugs
- Smoking cessation programs
- Non-emergency services incurred outside the United States
- Bariatric surgery - except when medical necessity guidelines are met
- Infertility services

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate, service agreement or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation.

EHB State: TX

Discrimination is against the law

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English in a timely manner, such as:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.



Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc. Cigna HealthCare of California, Inc. Cigna HealthCare of Colorado, Inc. Cigna HealthCare of Connecticut, Inc. Cigna HealthCare of Florida, Inc. Cigna HealthCare of Georgia, Inc. Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance service, free of charge are available to you. For current Cigna Healthcare customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna

If you believe that Cigna Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator
P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue,
SW Room 509F, HHH Building
Washington, DC 20201

1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

Proficiency of Language Assistance Services

English – ATTENTION: If you speak English, 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- 800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意: 如果您讲中文，我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供，以提供无障碍格式的信息。请拨打 1-800-244-6224 (TTY : 拨打 711) 或与您的服务提供者联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Viet, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

Arabic - تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم. أو تحدث إلى مقدم الخدمة الخاص بك (اطلب 711) 1-800-244-6224 (TTY: 711)

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòm ki aksesib yo disponib tou gratis. Rele 1-800-244- 6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224 (TTY: 711 にダイヤル) に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero 1-800-244-6224 (TTY: componi il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) - همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنید، توجه:

اگر به فارسی تماس بگیرید یا با (شماره 711 را بگیرید: TTY) ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224 ارائه‌دهنده خود صحبت کنید