Group Health Cooperative of South Central Wisconsin

2026 MEDICARE SELECT HEALTHY YOU OUTLINE OF COVERAGE

The Wisconsin Insurance Commissioner has set standards for Medicare Select insurance. This policy meets these standards. It, along with Medicare, may not cover all your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see "Wisconsin Guide to Health Insurance for People with Medicare," given to you when you applied for this policy. Do not buy this policy if you did not get this guide.

Premium information: Group Health Cooperative of South Central Wisconsin (GHC-SCW) can only raise your premium if it raises the premium for all policies like yours in this state. Your premium will also change on the next January 1 following your birthday if it places you in a new age category.

Disclosures: Use this outline to compare benefits and premiums among policies.

Read your policy very carefully. This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right to return policy: If you find that you are not satisfied with your policy, you may return it to GHC-SCW Administration, ATT: Medicare Plans, P.O. Box 44971, Madison, WI 53744-4971. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments directly to you.

Policy replacement: If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice: This policy may not fully cover all of your medical costs.

This policy supplements Medicare. It covers some hospital, skilled nursing facility, medical, surgical, and other outpatient services that are partially covered by Medicare.

This policy does not provide benefits for custodial care such as help in walking, getting in and out of bed, eating, dressing, bathing and taking medicine.

Neither Group Health Cooperative of South Central Wisconsin (GHC-SCW) nor its agents are connected with Medicare.

Medicare Select Part A – Hospital Services – Per Benefit Period

A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row

	Medicare Part A		If you use GHC-SCW Providers	
	Per Benefit Period	**Medicare Pays**	**This Policy Pays**	**You Pay***
Hospitalization Inpatient Hospital Services, Semi-Private Room and Board, General Nursing and Misc. Hospital Services and Supplies, such as Prescription Drugs, X-Rays, Lab Tests and Operating Room	First 60 days	All but $1,736	$1,736	$0
	61st to 90th day	All but $434 per day	$434 per day	$0
	91st to 150th day (Lifetime Reserve)	All but $868 per day	$868 per day	$0
	Beyond 150 days	Nothing	100% of Medicare Part A eligible expenses	$0
Skilled nursing care In a facility approved by Medicare. Confinement must meet Medicare standards. You must have been in a hospital for at least three days and enter the facility within 30 days after discharge	First 20 days	100% of costs	$0	$0
	21st to 100th day	All but $217 per day	$217 per day	$0
	After 100 days	$0	$0	100%
Inpatient psychiatric care In a participating psychiatric hospital	190 days per lifetime	190 days per lifetime	175 days per lifetime	100% of expenses for care beyond 365 days per lifetime
Blood	First 3 pints	$0	First 3 pints	$0
	Additional amounts	100%	$0	$0
Hospice Care Available as long as your provider certifies you are terminally ill and you elect to receive these services		All but very limited coinsurance for outpatient drugs and inpatient respite care	Limited coinsurance for outpatient drugs and inpatient respite care	$0

*This outline of coverage does not give all the details of Medicare coverage. The chart above, which summarizes Medicare benefits, is only a brief description of such benefits. Contact your local Social Security Office or consult the "Medicare and You" handbook for more details. There are limitations on the choice of providers and the geographical area served. To be eligible for coverage by GHC-SCW, all care must be obtained at a GHC-SCW clinic or upon written prior authorization of a GHC-SCW Provider. The only exception to this is care provided under emergency conditions and care received for an urgent condition while away from the service area.

**Notice: When your Medicare Part A hospital benefits are exhausted, GHC-SCW stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the Medicare Select policy's benefits.

Medicare Select Coverage – Part B Benefits – Per Calendar Year

After the first $283 of Medicare-eligible expenses for covered services has been paid, your Medicare Part B Deductible will have been met for the calendar year.

	Medicare Part B		If you use GHC-SCW Providers	
	Per Calendar Year	**Medicare Pays**	**This Policy Pays**	**You Pay***
Medical expenses In or out of the hospital and outpatient hospital treatment, such as provider's services, inpatient and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	Initial $283 Deductible*	$0	$0	$283 each calendar year
	After initial Deductible	Generally, 80% of Medicare eligible expenses	Generally, 20% of Medicare eligible charges or in case of hospital outpatient department services under a prospective payment system, applicable copayments	$0
Preventive Care Covered by Medicare	Preventive benefits for Medicare covered services	Generally, 80% or more of Medicare approved charges	Remainder of Medicare eligible expenses	$0
Preventive Care Not Covered by Medicare Some annual physical and preventive tests and services administered or ordered by your provider when not covered by Medicare	After initial deductible	$0	• Physical exam • Eye exam • Hearing exam • Immunizations (Contact your Part D Carrier prior to receiving immunizations)	$0
Blood	First 3 pints	$0	First 3 pints	$0
	After initial deductible	80% of costs	20% of costs	$0
Clinical laboratory services Tests for diagnostic services		100%	$0	$0
COVERED UNDER MEDICARE PARTS A & B **Home Health Care -** Medicare approved services		100% of charges for visits considered medically necessary by Medicare	365 visits per year including those covered by Medicare	100% of expenses for visits beyond 365 visits per calendar year *and* for expenses that are not eligible

***** This outline of coverage does not give all the details of Medicare coverage. The chart above, which summarizes Medicare benefits, is only a brief description of such benefits. Contact your local Social Security Office or consult the "Medicare and You" handbook for more details. There are limitations on the choice of providers and the geographical area served. To be eligible for coverage by GHC-SCW all care must be obtained at a GHC-SCW clinic or upon written prior authorization of a GHC-SCW Provider. The only exception to this is care provided under emergency conditions and care received for an urgent condition while away from the service area.

Summary of Benefits Provided by GHC-SCW

- Routine physical examinations and office calls.
- Consultations with specialists when referred by a GHC-SCW Provider.
- Chiropractic services.
- Diabetes treatment, including non-prescription equipment and supplies. Coverage is provided for test strips, lancets, blood glucose monitors, and insulin infusion pumps.
- Kidney disease treatment.
- Skilled nursing facility expenses to the extent covered by Medicare
- Skilled nursing facility expenses for 30 days when the confinement is not covered by Medicare
- Transplants covered by Medicare
- Injected medications and routine immunizations.
- Blood transfusions.
- Oral surgery, if it involves surgery of the jaw or setting fractures of the jaw.
- Mental health services, including inpatient and outpatient
- Outpatient programs for treatment of alcohol/ drug addiction.
- Preventive services, including routine eye exams and ear examinations to determine need for hearing correction. Hearing Aids, including the initial evaluation and fitting of the hearing aid. This benefit is limited to one hearing aid per ear every 36 months. Coverage is limited to 50% of $2,000 in eligible charges, for a maximum payment by GHC-SCW of $1,000 per hearing aid. Hearing aid must be purchased through a GHC-SCW contracted provider to be eligible for coverage.
- Prosthetic appliances (excluding dental) and durable medical equipment.
- Private hospital room and inpatient hospital private duty nurse when deemed medically necessary by the attending GHC-SCW Provider.
- Correction of temporomandibular disorders (TMJ).
- Hospital/ambulatory surgery center charges and anesthetics for dental care in specific circumstances.
- Breast reconstruction following mastectomy.
- Home health care services, including nutritional counseling and expenses associated with the assessment of, need for and development of a home care plan. However, all home health care must be pre-authorized by a GHC-SCW Provider, and services are limited to 365 visits per year.
- Ambulance service, including air ambulance if medically necessary.
- Emergency care anywhere without prior authorization. Urgent care while out of the service area, including emergency and urgent care provided in foreign countries. Bills for such services should be submitted directly to GHC-SCW.
- No waiting period for pre-existing conditions.

Limitations and Exclusions

- Any part of services paid by Medicare.
- Services which are not provided upon written prior authorization of a GHC-SCW Provider, except as allowed in emergency conditions and urgent care out-of-area.
- Services which Medicare does not cover unless this policy specifically provides for them.
- Services required as a result of war, act of war, enemy action, or action of the Armed Forces, or while serving on active duty in the Armed Forces.
- Personal comfort items, such as telephone, television and newspapers.
- Dental services of any kind, dental checkups, denture services or oral surgical procedures, except those oral surgical services specifically covered by GHC-SCW.
- Intermediate nursing home care.
- Services for any cosmetic purposes, cosmetic procedures or surgery or beautifying purposes except surgery for repair of accidental or traumatic injuries.
- Services which are covered by workers' compensation or occupational disease law of the United States or of a State.

Limitations and Exclusions (continued)

- Eyeglasses and contact lenses. Contact lens fittings provided for an additional fee.
- Items or services provided or rendered after the GHC-SCW subscriber's condition ceases to require such items or services.
- Gender affirming surgeries, the reversal of voluntarily induced infertility, or in vitro fertilization (IVF).
- Services provided in any hospital or other institution operated by or for any agency of the government of the United States or of a State, or by any subdivision of such an agency, and where the patient has no legal obligation to pay for items or services.
- Services for or in connection with experimental surgery or treatment, such as certain organ transplants, or which are experimental prosthetic appliances or durable medical equipment, except such surgery, treatment, appliance, or equipment as may be expressly approved in advance by the Medical Director of GHC-SCW. In such circumstances, the Medical Director will be no more restrictive than Medicare's coverage standards.
- Outpatient prescription drugs covered by Medicare Part D are not covered. Coverage is limited to drugs covered by Medicare Part A and Medicare Part B that are Medicare-Eligible Expenses
- Transportation other than medically necessary ambulance services.
- Special examinations to provide information to any third party, such as an insurance company or employer.
- Non-durable medical supplies, including but not limited to: support hose or sleeves, corrective shoes, arch supports, adhesive tape, antiseptics or other first aid supplies. GHC-SCW will make payment for the following prescribed non-durable medical items only: oxygen, ostomy supplies, catheters, and surgical dressings.
- Repair, maintenance, or replacement of abused prosthetic appliances or durable medical equipment.
- Coverage for skilled nursing facility care is limited to what is covered by Medicare and the 30-day skilled nursing mandate.
- Replacement of prosthetic appliances or durable medical equipment, except GHC-SCW will replace an item if it has exceeded its reasonable lifetime, if the patient's condition has changed or if the item has been lost or stolen.
- Private duty nursing, except that private duty nursing is covered in a hospital when determined to be medically necessary by the attending GHC-SCW Provider.
- Equipment items which are not primarily medical in nature or are for the subscriber's comfort or convenience.
- Physician's equipment.
- Deluxe equipment except when such deluxe features are necessary for the effective treatment of a subscriber's condition in order for the subscriber to operate the equipment him or herself.
- Most care outside the U.S. – coverage for foreign travel is limited.
- Routine foot care

Out-of-Service Area Care

To be eligible for coverage by GHC-SCW, all care must be obtained from your designated Primary Care Provider or with prior authorization from your Primary Care Provider. The only exception to this is care provided under emergency circumstances and care received for an urgent condition while away from the service area. Claims for such emergency or urgent services should be submitted directly to GHC-SCW.

Open Enrollment Period

If member capacity allows, the GHC-SCW *Medicare Select Healthy You* policy open enrollment period begins with the first month in which an individual first enrolls for benefits under Medicare Part B or the month in which an individual turns age 65 for any individual who was first enrolled in Medicare Part B when under age 65. It ends six months later.

Service Area

The service area for this policy is Dane County, Green County, Lafayette County, Columbia County, Iowa County, Sauk County, Adams County, Juneau County, or Grant County, in Wisconsin. Subscriber must reside in the Service Area 75% of the days in any 12-month period. Additionally, Subscribers who reside in Dodge, Jefferson, or Rock county are

eligible for renewal coverage so long as they have continuously resided in their respective county since a time of active enrollment that includes any date between October 1, 2022 through December 31, 2023.

Renewal Terms

You may terminate your coverage by providing GHC-SCW with written notice prior to the first day of the month in which you wish to terminate. Your premium rate will change only when premium rates change for all Medicare Select Policies. GHC-SCW will send you monthly statements. You may pay monthly, quarterly or annually. This policy term is annual and renews on January 1. This policy is guaranteed renewable, except for failure to pay premiums, knowingly providing fraudulent information on the application, or moving outside of the Service Area.

Claims Appeal/Grievance Procedure

For more information about how to file a grievance or the independent review process, refer to your Medicare Select Subscriber Policy that outlines the formal grievance procedure.

If you have a complaint relating to services received from GHC-SCW or a GHC-SCW Provider, please contact the Member Services Department. We will attempt to resolve issues on an informal basis and will document your complaint. In the event a complaint is not resolved, or we deny benefits under this plan, you may appeal the decision by filing a grievance. A grievance is any dissatisfaction with the administration, claims practices, or provision of services by GHC-SCW that is expressed in writing to GHC-SCW by or on behalf of a subscriber. If you feel there are other facts or materials that should be considered, or if there is something about our action that is not clear, please write to us at:

Member Services Department
P.O. Box 44971
Madison, WI 53744-4971

We will then review the matter and respond within 30 days after receiving your written request. Again, for more information about how to file a grievance or the independent review process, refer to your Medicare Select Subscriber Policy that outlines the formal grievance procedure.

Quality Assurance Program

The GHC-SCW Quality Assurance/Quality Improvement (QA/QI) Program incorporates leading edge philosophy and techniques to continuously improve the care and services you receive at GHC-SCW. Our QA/QI program is multifaceted and integrated and is approved, monitored and reviewed by the GHC-SCW Board of Directors' Health Services Committee. Some of the major QA/QI activities include peer review, risk management, service quality improvement, clinical quality improvement and utilization management.

HMO Medicare Select Healthy You Premium Information

Member Rates by County:

DANE County			
Age	**Monthly Premium**	**Quarterly Premium**	**Annual Premium**
0 – 64	$396.35	$1,189.05	$4,756.20
65 – 69	$229.74	$689.22	$2,756.88
70 – 74	$272.40	$817.20	$3,268.80
75 – 79	$320.20	$960.60	$3,842.40
80+	$369.17	$1,107.51	$4,430.04

NON-DANE County			
Age	**Monthly Premium**	**Quarterly Premium**	**Annual Premium**
0 – 64	$352.36	$1,057.08	$4,228.32
65 – 69	$204.25	$612.75	$2,451.00
70 – 74	$242.18	$726.54	$2,906.16
75 – 79	$284.66	$853.98	$3,415.92
80+	$328.20	$984.60	$3,938.40

GHC-SCW will not underwrite you if you buy the policy during your open enrollment period or when you have a guaranteed issue right.

Basic Medicare Select Policy

1. Part A Deductible
   100% of Part A deductible
2. Additional Home Health Care
   An aggregate of 365 visits per year including those covered by Medicare.
3. Foreign Travel Emergency Care
   100% coverage for emergency and urgent care while traveling outside of the United States.

Group Health Cooperative of South Central Wisconsin will send you premium statements monthly. You may pay monthly, quarterly or annually.

This policy is issued for a defined period. For members joining the plan due to special enrollment and who have an effective date of:

- November 1st, the initial period of coverage is 14 months. For all subsequent renewals, the coverage period is the calendar year;
- December 1st, the initial period of coverage is 13 months. For all subsequent renewals, the coverage period is the calendar year.

For all other members, the coverage period is the calendar year.

In addition to this outline of coverage, GHC-SCW will send an annual notice to you at least 30 days prior to the effective date of Medicare changes which will describe these changes and the changes in your Medicare Select coverage.

GHC-SCW Nondiscrimination Notice

Group Health Cooperative of South Central Wisconsin (GHC-SCW) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. GHC-SCW does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

GHC-SCW:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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, such as:
    - Qualified interpreters
    - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact GHC-SCW Member Services at (608) 828-4853 or (800) 605-4327, ext. 4504 (TTY: 1-608-828-4815), or by email at member_services@ghcscw.com.

If you believe that GHC-SCW 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 GHC-SCW's Chief Compliance Officer, 1265 John Q. Hammons Drive, Madison, WI 53717, Telephone: (608) 251-4156, TTY: (608) 828-4815, Fax: (608) 257-3842, or Email: compliance@ghcscw.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, GHC-SCW's Chief Compliance Officer 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, 1-800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

This notice is available at GHC-SCW's website:
https://ghcscw.com/SiteCollectionDocuments/Nondiscrimination_Notice_and_Language_Assistance_Services.pdf.

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND 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 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) or speak to your provider.

Español (Spanish):
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) o hable con su proveedor.

中文 (Simplified Chinese):
注意：**如果您**说**中文**，**我**们将免费为您提供语言协助服务。我们还免费提
供适当的辅助工具和服务，以无障碍格式提供信息。致电 608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) **或咨**询您的服务提供商。

繁體中文 (Traditional Chinese):
注意：**如果您**說**中文**，**我們可以為您提供免費語言協助服務。也可以免費**
提供適當的輔助工具與服務，**以無障礙格式提供資訊。請致電** 608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) **或與您的提供者討論**。

Hmoob (Hmong):
LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Русский (Russian):
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) или обратитесь к своему поставщику услуг.

Tiếng Việt (Vietnamese):
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) hoặc trao đổi với người cung cấp dịch vụ của bạn.

ພາສາລາວ (Laotian):
ເຊີນຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພ່ືອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂ້ົາເຖ ງໄດ້. ໂທຫາເບີ1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) ຫ ລ ມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Deutsch (German):
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) an oder sprechen Sie mit Ihrem Provider.

Deitsch (Pennsylvania Dutch):
LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bell 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) of spreek met je provider.

العربية (Arabic):
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانا. اتصل على الرق م -1-800-605-4327, ext 4504; 1-608-828-4853 (TTY: 1-608-828-4815) أو تحدث إلى مقدم الخدمة

Polski (Polish):
UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) lub porozmawiaj ze swoim dostawcą.

Français (French):
ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) ou parlez à votre fournisseur.

हिंदी (Hindi):
ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं।1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) पर कॉल करें या अपने प्रदाता से बात करें।

한국어 (Korean):
주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Shqip (Albanian):
VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas.Telefononi 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) ose bisedoni me ofruesin tuaj të shërbimit.

Tagalog (Tagalog – Filipino):
PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) o makipag-usap sa iyong provider.

Soomaali (Somali):
FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) ama la hadal bixiyahaaga.